

**Cwm Taf Morgannwg University  
Health Board pharmaceutical needs  
assessment**

**Consultation draft**

**May 2026**

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## Executive summary

From 1 October 2021, Cwm Taf Morgannwg University Health Board has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. This is the health board's second pharmaceutical needs assessment, and its development has been overseen by a steering group of which Community Pharmacy Wales, Bro Taf Local Medical Committee and Llais were invited to be members.

The pharmaceutical needs assessment:

- Sets out the current health needs of the population and how they will change over the five-year lifetime of the document (1 October 2026 to 30 September 2031),
- Describes the current provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors both within and outside of the health board's area,
- Takes into account known changes that will arise during the lifetime of the document such as demographic changes, housing developments, regeneration projects, and changes to the location of other NHS service providers, and
- Identifies any current gaps in service provision and any that will arise during the lifetime of the document.

The pharmaceutical needs assessment will be used by the health board when considering whether to grant applications to join its pharmaceutical list or dispensing doctor list under The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Decisions on such applications may be appealed to Welsh Ministers who will then also refer to the document when hearing any such appeal. It will also be used to inform decisions on applications for the relocation of existing pharmacy and dispensing doctor premises, applications to change pharmacy core opening hours, and in relation to the commissioning of new services from pharmacies.

For the purposes of the pharmaceutical needs assessment, the localities have been defined as the eight clusters which make up the health board.

In developing the pharmaceutical needs assessment, several sources of information were used to gain an overview of the demographic characteristics and health profile of the health board's 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 questionnaires. The information gained was used, in conjunction with other data sources, to inform the conclusions of the pharmaceutical needs assessment.

A 60-day consultation with the statutory persons will be undertaken and a report on the responses will be included in appendix K.

An overview of the demographic characteristics of residents of the health board's area is set out in chapter 2, and chapter 3 focusses on their health needs with data included at cluster, local authority and health board level. In addition, any specific groups identified as present in the health board's area, including those who share a protected characteristic under the Equality Act 2010, and their likely health needs have been included in chapter 4. Consideration has been given as to how these health needs can be met by contractors in the health board's area.

The current provision of pharmaceutical services has been identified and described. Those providers who are located outside of the 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 pharmaceutical needs assessment.

While an overview has been considered at health board and local authority level, a cluster level review has also been undertaken covering the demographic characteristics, health needs and current provision of pharmaceutical services to residents in each cluster. This has been used to identify whether current 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 document. The increase in housing from the known housing developments has also been taken into account, noting that the projected increase in the number of people who live in the health board's area would suggest that not all residents moving into these new houses will be new to the health board's area.

There are 109 pharmacies in the health board all providing the full range of essential services. In 2024/25, 95.2% of all prescriptions written by GP practices in the health board were dispensed by the pharmacies in the health board's area with the remainder dispensed elsewhere in Wales or in England. Pharmacies also provide a range of national community pharmacy and appliance contractor services and additional clinical services.

There are three GP dispensing doctor practices in the health board who dispense to eligible patients. They dispensed or personally administered approximately 1.3% of prescription items. Non-dispensing doctors personally administered approximately 1.0% of all prescribed items. Of the two dispensing practices in Bridgend North, one dispenses from its branch surgery, which is located outside the health board's area, in Neath Port Talbot (Swansea Bay University Health Board).

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. Approximately 2.5% of prescriptions are dispensed outside of the health board's area. Whilst many were dispensed by contractors in neighbouring health boards, some were dispensed in England. This suggests that some residents prefer to access pharmaceutical services close to their home, their place of work,

their GP practice or where they go for shopping, recreational or other reasons. It is noted that most of the items dispensed in England were dispensed by a dispensing appliance contractor.

Access to pharmaceutical services for the residents of the health board is good. The vast majority of residents can access a pharmacy or dispensing doctor practice (where eligible to be dispensed to) within 20 minutes by car with many residents able to access a pharmacy within a shorter journey time. The main conclusion of this pharmaceutical needs assessment 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 pharmaceutical needs assessment, consideration has been given to:

- the forecasted population growth,
- the ageing population,
- the known housing developments,
- the direction of travel set out in Pharmacy: delivering a healthier Wales, and
- the pharmacies' ability to manage an increase in demand.

A future need has been identified for a pharmacy providing essential services, the clinical community pharmacy service and the pharmacist independent prescribing service for 40 hours a week, Monday to Friday and on Saturday mornings in the development at the former Llanilid open cast coal site on completion of 80% of the expected housing.

The pharmaceutical needs assessment has also identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list, there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service and the pharmacist independent prescribing service for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

The pharmaceutical needs assessment has also identified that should a pharmacy cease to provide the medicines administration record service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

# **1 Introduction**

## **1.1 Purpose of a pharmaceutical needs assessment**

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

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the health board, in whose area the premises are to be located, to be included in its pharmaceutical list. In general, their application must offer to meet a need that is set out in that health board's pharmaceutical needs assessment. There are however two exceptions to this; change of ownership applications and relocation for business purposes.

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

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

## **1.2 Health board duties in respect of the pharmaceutical needs assessment**

Cwm Taf Morgannwg University Health Board published its first pharmaceutical needs assessment on 1 October 2021. Further information on the health board's specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs assessments can be found in appendix A, however in summary the health board must:

- Publish revised statements (ie subsequent pharmaceutical needs assessments), on a five-yearly basis, which comply with the regulatory requirements,
- Publish a subsequent pharmaceutical needs assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

## **1.3 Pharmaceutical services**

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

Pharmaceutical services may be provided by:

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

Each health board is responsible for preparing, maintaining, and publishing its lists. In Cwm Taf Morgannwg University Health Board there are 109 pharmacies, and three dispensing practices (March 2026).

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 (Clinical Services) (Wales) Directions 2022, and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010.

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

- Essential services – all pharmacies must provide these services
  - Dispensing of prescriptions, 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
- National community pharmacy and appliance contractor services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of these services, they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements.

- Appliance use review service
  - Clinical community pharmacy service
  - Discharge medicines review service
  - Lateral flow test supply service
  - Pharmacist independent prescribing service
  - Seasonal influenza vaccination service
  - Stoma appliance customisation service
- Additional clinical services – service specifications for this type of service are developed by the health board or on an All Wales basis and then commissioned to meet specific health needs. The list of additional clinical services that may be commissioned are:
    - Anticoagulation monitoring
    - Care home service
    - Disease specific medicines management service
    - Emergency pandemic treatment and prophylaxis supply service
    - Emergency pandemic vaccination service
    - Gluten free food supply service
    - Home delivery service
    - Language access service
    - Medication review service
    - Medicines assessment and compliance support service
    - Needle and syringe supply service
    - On demand availability of specialist drugs service
    - Out of hours service
    - Patient group direction service
    - Prescriber support service
    - Schools service
    - Screening service
    - Stop smoking service
    - Supervised administration service
    - Prescribing service
    - An anti-viral collection service
    - Waste reduction service

Further information on the essential, national community pharmacy and appliance contractor and additional clinical services requirements can be found in appendices B, C and D, respectively.

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

- A patient and public involvement programme
- Collaboration with other healthcare professionals through clusters in order to identify and improve the health and wellbeing of the population service by the pharmacy
- 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 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 pharmacy contractors to successfully apply to open a pharmacy with a greater number of core opening hours in order to meet a need identified in a pharmaceutical needs assessment. If a pharmacy wishes to reduce its core opening hours to fewer than 40 per week it must first apply to the health board, however the health board is not required to agree to such a request.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and the health board will assess the application against the needs of the population of its area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours, they simply notify the health board of the change, giving at least 12 weeks' 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 national community pharmacy and appliance contractor 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 national community pharmacy and appliance contractor services that they may provide are:

- appliance use reviews service
- stoma appliance customisation 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 pharmaceutical needs assessment.

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

### **1.3.3 Pharmaceutical services provided by doctors**

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 allow 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 pharmaceutical needs assessment.

## **1.5 How the assessment was undertaken**

### **1.5.1 Pharmaceutical needs assessment steering group**

Cwm Taf Morgannwg University Health Board has overall responsibility for the publication of the pharmaceutical needs assessment, and the director of primary care, community and mental health is accountable for its development. Cwm Taf Morgannwg University Health Board established a pharmaceutical needs assessment steering group whose purpose was to ensure that the development of a robust pharmaceutical needs assessment that complies with the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and meets the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

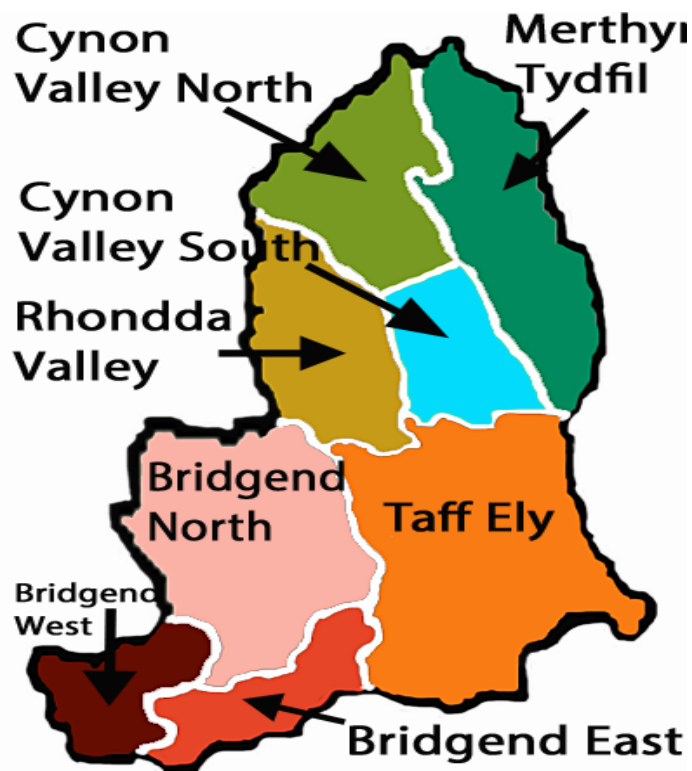
### **1.5.2 Pharmaceutical needs assessment localities**

Across Wales there are 60 clusters, tasked with improving access to and the quality of primary care to deliver improved local health and wellbeing and reduced health inequalities.

The clusters bring together 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. The health board has therefore decided that they are a natural footprint for the localities within this pharmaceutical needs assessment.

There are eight clusters in Cwm Taf Morgannwg University Health Board as shown in the map below.

**Map 1.1: The clusters within Cwm Taf Morgannwg University Health Board**



The localities for the purpose of this pharmaceutical needs assessment have been referred to as clusters to utilise familiar terminology given the geographical similarity with the primary care one clusters although boundaries are not necessarily aligned with the primary care one clusters.

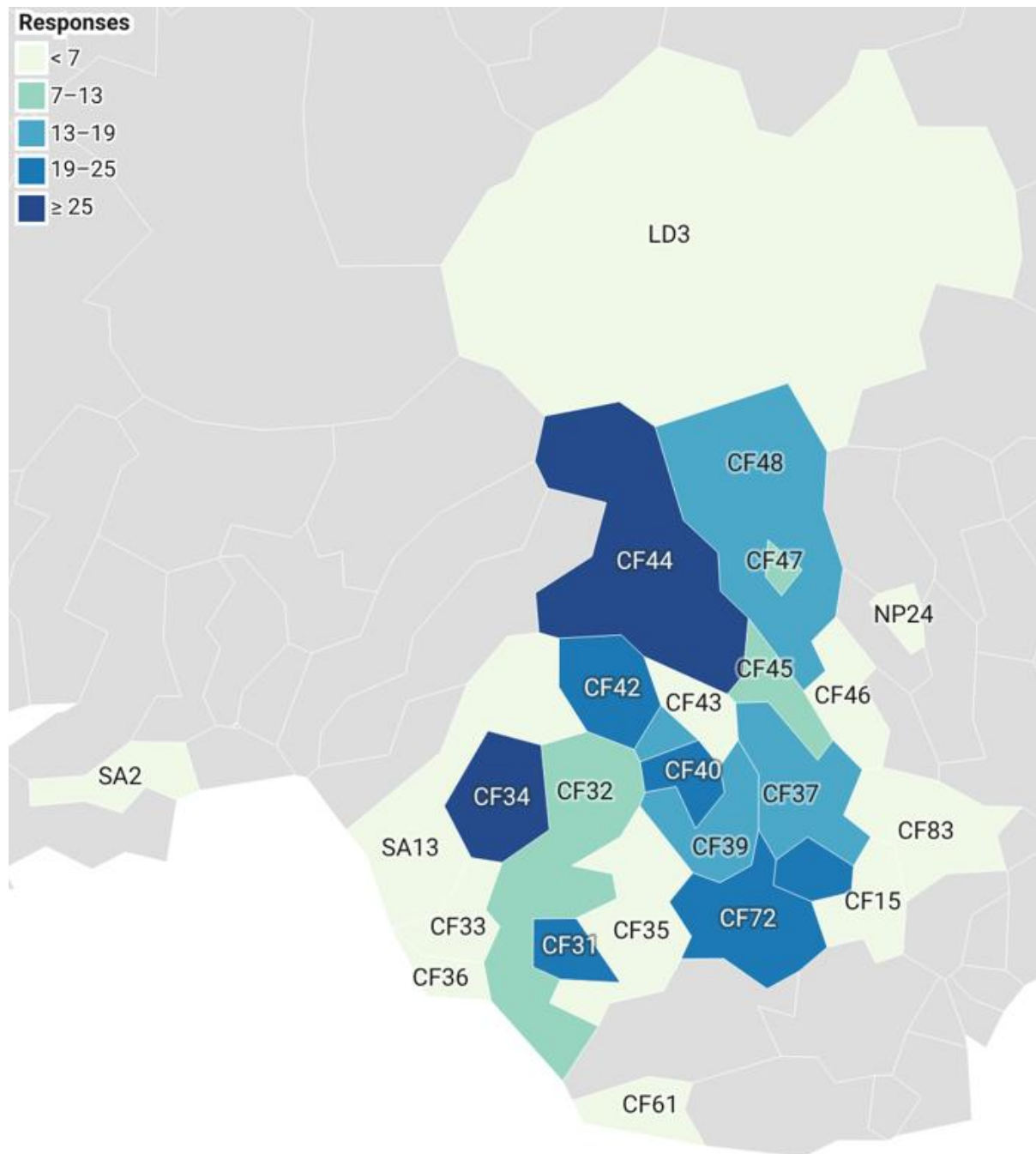
### **1.5.3 Patient and public engagement**

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available online from 17 March to 7 April 2026. The questionnaire was promoted on the Cwm Taf Morgannwg University Health Board website and via social media.

The questionnaire was made available in Welsh and English and a copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H.

Responses to the questionnaire were received from people living across the health board's area as can be seen from the map below.

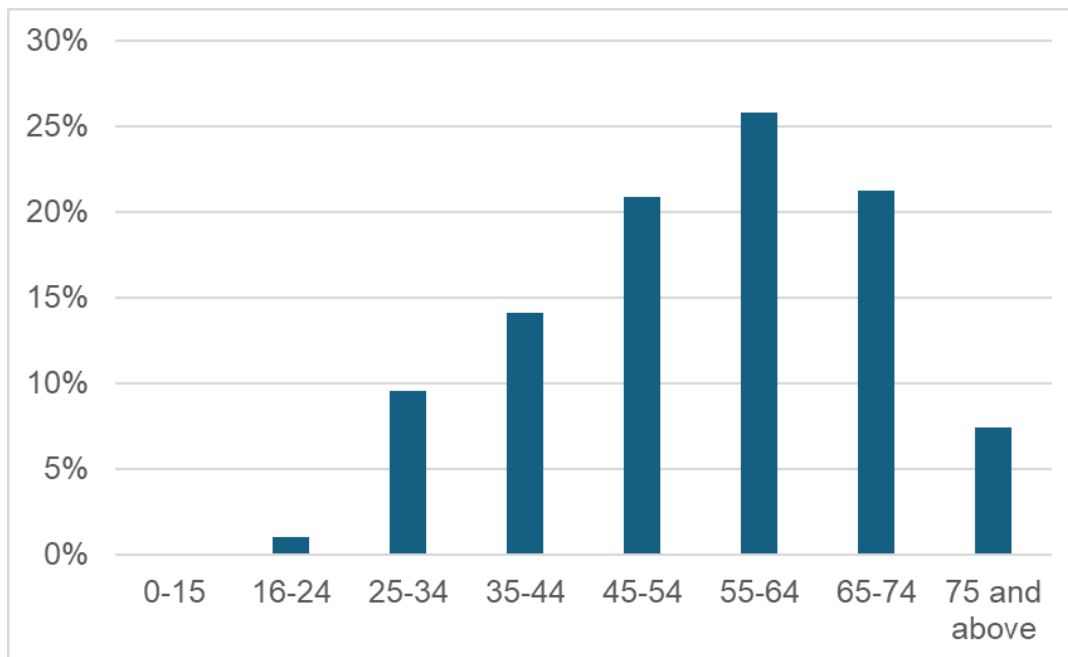
## Map 1.2: Location of respondents



Map data: © Open Door Logistics Created with Datawrapper

A total of 286 people completed the questionnaire, however, not everyone answered every question. 86.2% of respondents were female and 13.1% were male. 0.7% of respondents preferred not to say. All respondents who provided information about their age were over 16 years old. 25.8% of respondents were aged 55 to 64, 21.2% were 65 to 74 years old, 20.8% were aged 45 to 54, 14.1% were aged 35 to 44, and 9.5% were aged 25 to 34 years old.

**Figure 1.1: Age range of respondents**



98.6% said their preferred language was English when accessing services at a pharmacy or GP practice. 1.4% said their preferred language was Welsh.

The questionnaire then asked if people collected their medicines from a pharmacy or their doctor's surgery. 98.2% said from a pharmacy and 1.8% from their doctor's surgery.

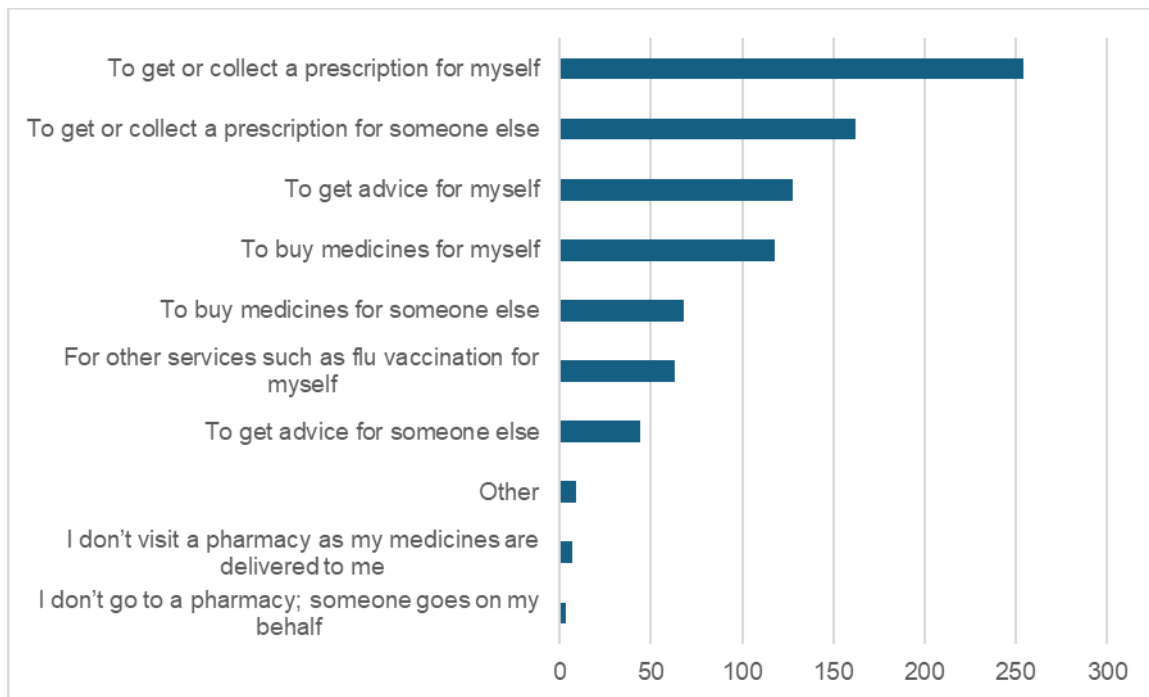
For those who are dispensed to by their GP practice:

- 83.3% did not have a preferred time when visiting the dispensary at their GP practice, and 16.7% said between 08.00 and 12.00 noon.
- 83.3% also did not have a preferred day when visiting the dispensary and 16.7% said weekdays in general.
- 40.0% said they there had been a time recently when they were not able to use the dispensary. They went to a pharmacy instead. One person said they went to a pharmacy because they were told to do so by the practice. It isn't clear from the response whether this was to access medication or another service.
- 40.0% of people walk to the dispensary, 40.0% drive and 20% have their medicines delivered to them.
- For 60.0% of respondents it takes them between five and 15 minutes to travel to the dispensary, for 20.0% it takes less than five minutes, and for one person it takes 20 minutes or more (although this is the person who has their medicines delivered to them).
- One person said they have difficulty in travelling to the dispensary and this is because they are disabled and live with chronic pain and other issues. However, this person has their medicines delivered to them from their comment their difficulty is in travelling to the practice to see a GP or another healthcare professional rather than to collect their medicines.

- 60.0% of respondents also use a pharmacy.

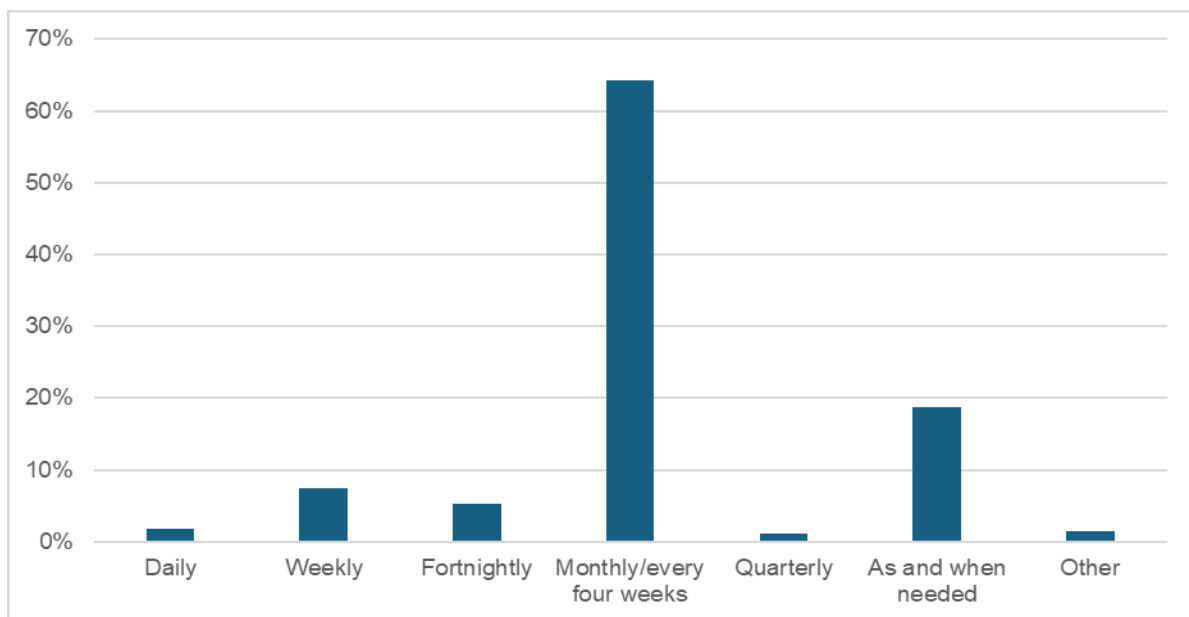
When asked why they usually visit a pharmacy, 283 people answered the question. Multiple answers could be given to this question, and the number of responses received indicates that some people chose more than one reason. The majority of responses received show that people visit a pharmacy to get or collect a prescription for themselves (89.8%) or to get or to collect a prescription for someone else (52.5%). Of the nine people who responded “other”, three people said it was to access another service.

**Figure 1.2: Reasons for visiting a pharmacy**



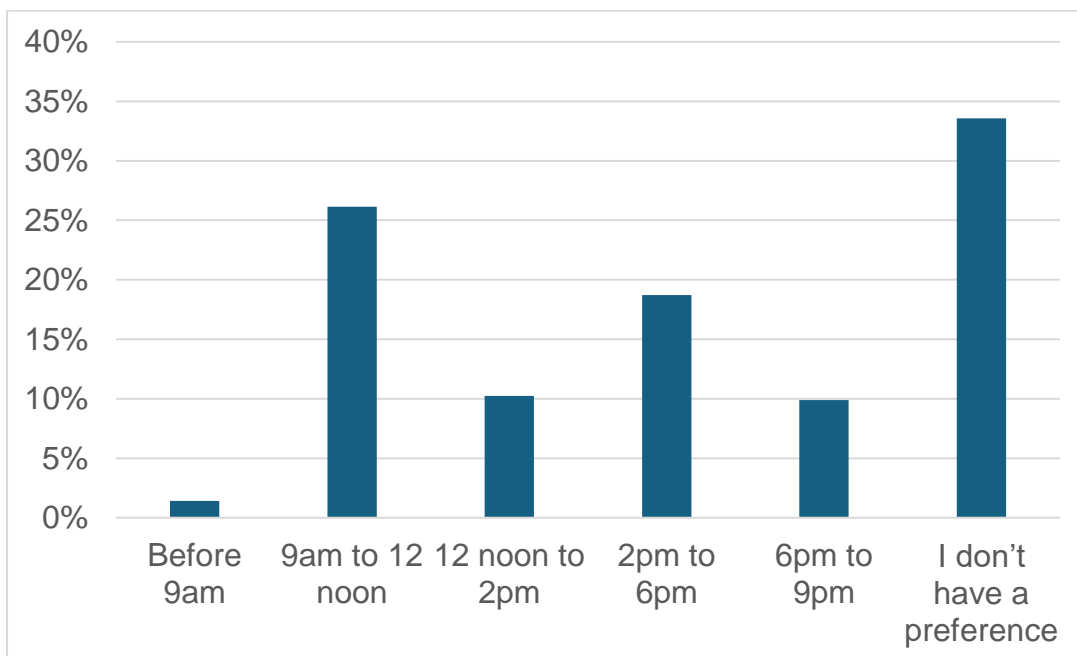
Most respondents (64.3%) visit a pharmacy on a monthly/every four weeks basis, reflecting the length of their prescription. 18.7% said the visit on an “as and when needed” basis, 7.4% said weekly and 5.3% said fortnightly. Of the four people who responded “other”, three visit every two months.

**Figure 1.3: Frequency of using a pharmacy**



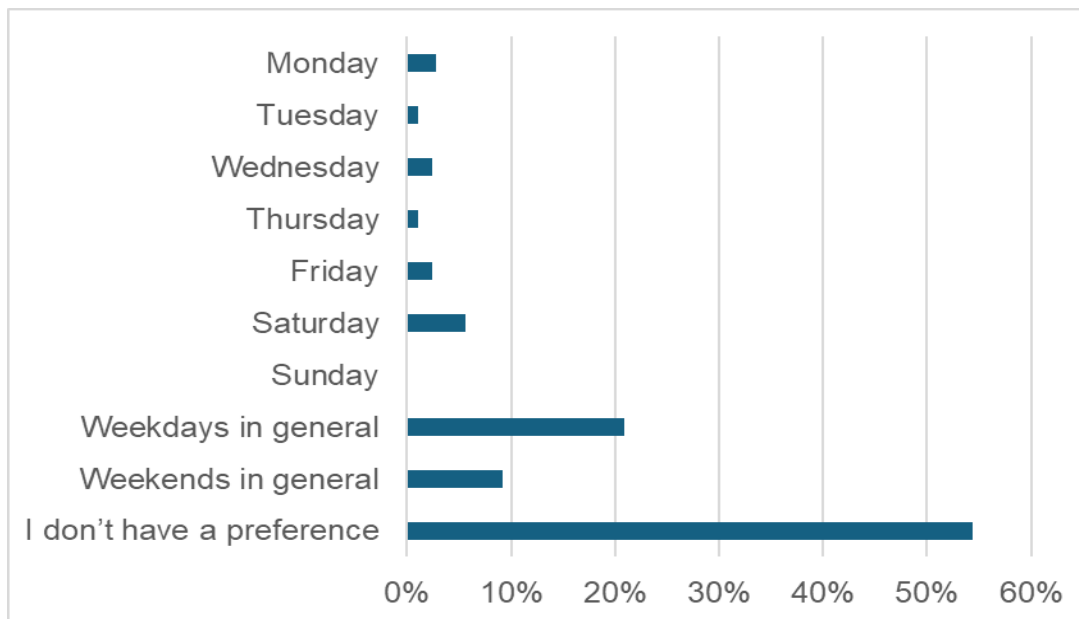
When asked what time is the most convenient to use a pharmacy, 33.6% said they do not have a preference. 26.1% said between 09.00 and 12noon, 18.6% said between 14.00 and 18.00m and 9.9% between 18.00 and 21.00.

**Figure 1.4: The most convenient time to use a pharmacy**



The majority of respondents (54.4%) did not have a preference about the most convenient day to use a pharmacy. Of the remaining responses, 20.8% found the weekdays in general the most convenient time to access a pharmacy and 9.2% said the weekends in general. Other respondents preferred a specific day of the week.

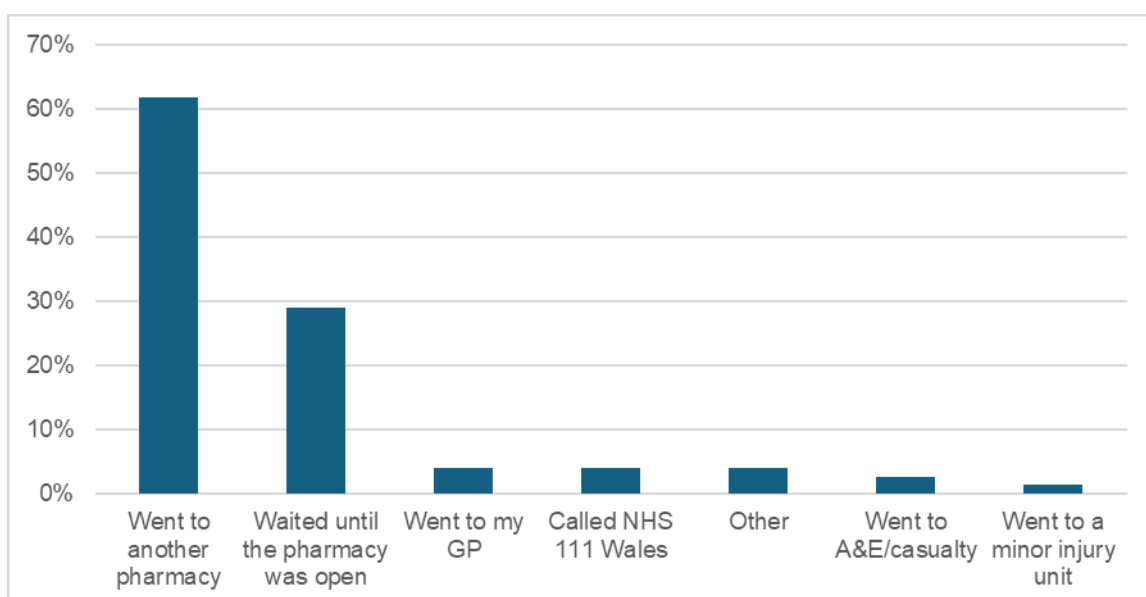
**Figure 1.5: The most convenient day to use a pharmacy**



When asked about whether there had been a recent time when they were not able to use their normal pharmacy, 26.7% responded 'yes', 65.5% responded 'no' and 7.8% said the question was 'not applicable'.

When asked what they did, 61.8% said they went to another pharmacy, 28.9% waited until the pharmacy was open, 3.9% contacted NHS 111 Wales, 3.9% went to their GP, 2.6% went to A&E, and 1.3% went to a minor injury unit. Multiple answers could be given to this question. Of the three people who said "other", one went without treatment, one returned at a later time, and one contacted the hospital department they are under the care of.

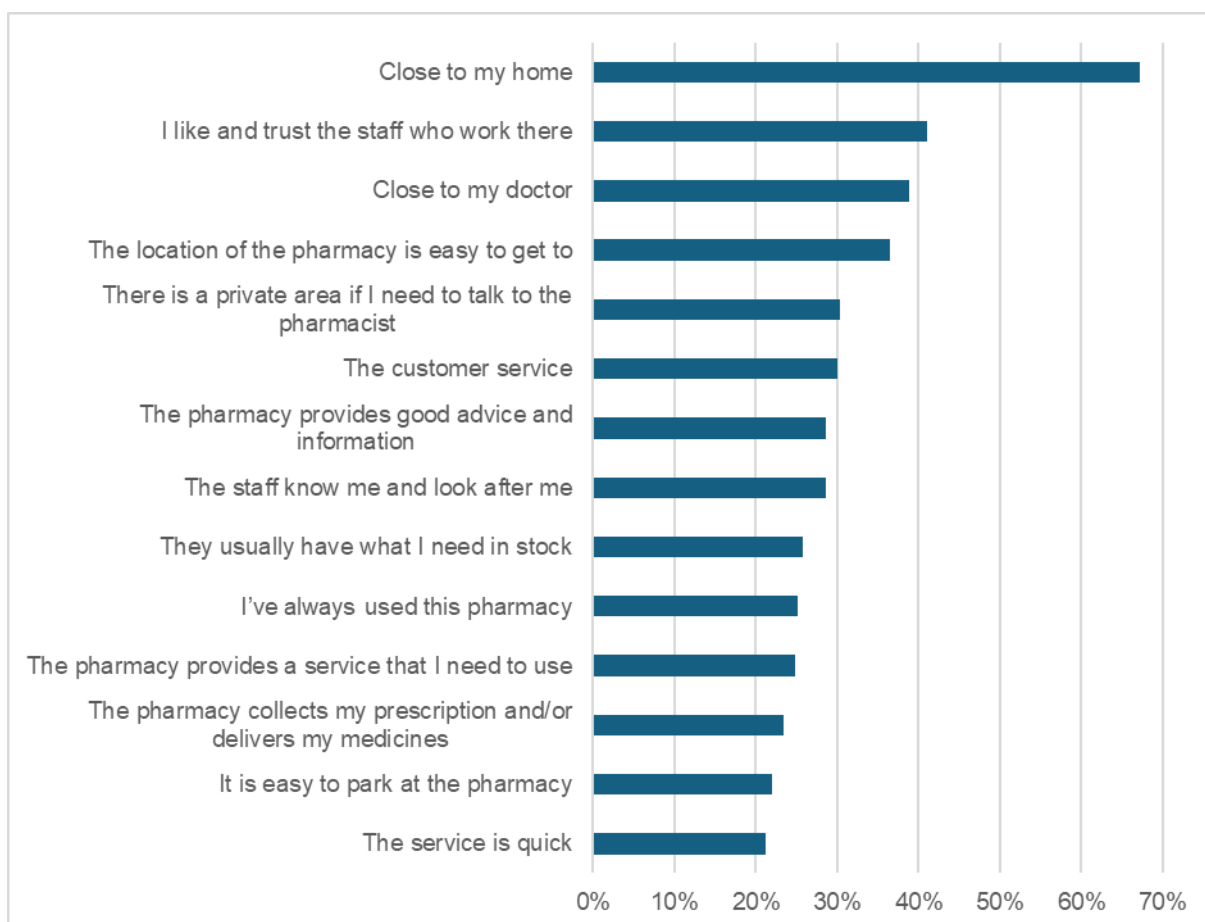
**Figure 1.6: What respondents did when they weren't able to use their normal pharmacy**



Most respondents prefer to use the same pharmacy (76.7%) with 21.9% using different pharmacies but preferring to visit one most often. 1.1% said they always use different pharmacies and 0.4% said they rarely use a pharmacy.

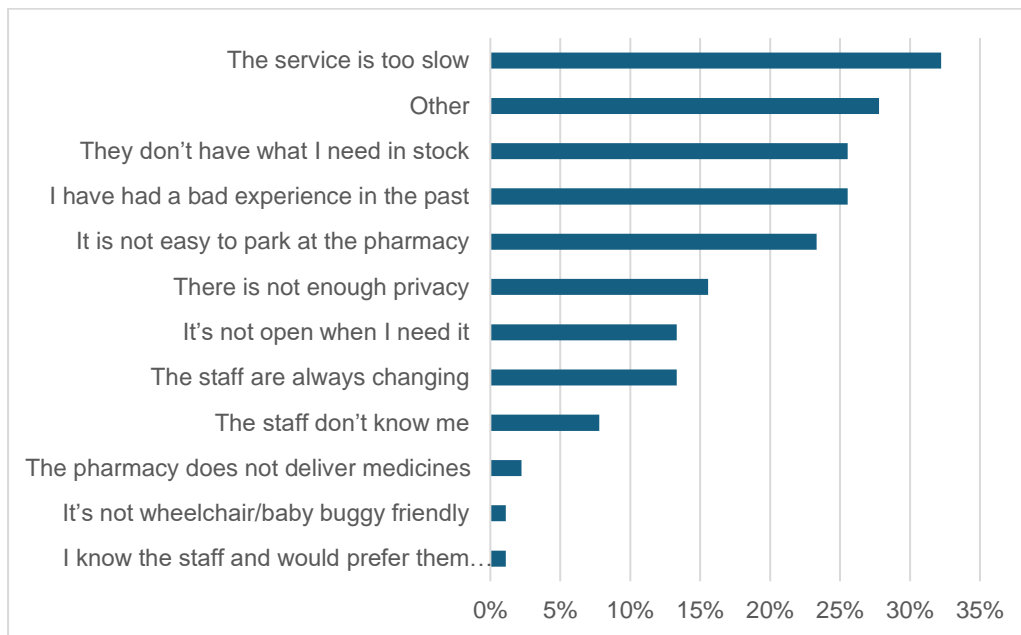
There are many reasons that influence the choice of pharmacy. Multiple answers were given by the respondents as to what influences their choice of pharmacy. The most popular reasons were close to home (67.1%), like and trust the staff (41.0%), close to my doctor (38.9%), the location of the pharmacy is easy to get to (36.4%).

**Figure 1.7: Most popular reasons that influence choice of pharmacy**



The majority of respondents (63.1%), use the pharmacy that is closest or most convenient for them to use. 3.5% did not know whether there was a closer or more convenient pharmacy. However, for 33.3% of respondents there was a more convenient or closer pharmacy that they were choosing not to use. When asked why they did not use that pharmacy, not everyone responded. For those who did respond, the top four reasons provided were the service is too slow (32.2%), having had a previous bad experience (25.6%), not having items in stock (25.6%) and difficulty parking at the pharmacy (23.3%).

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

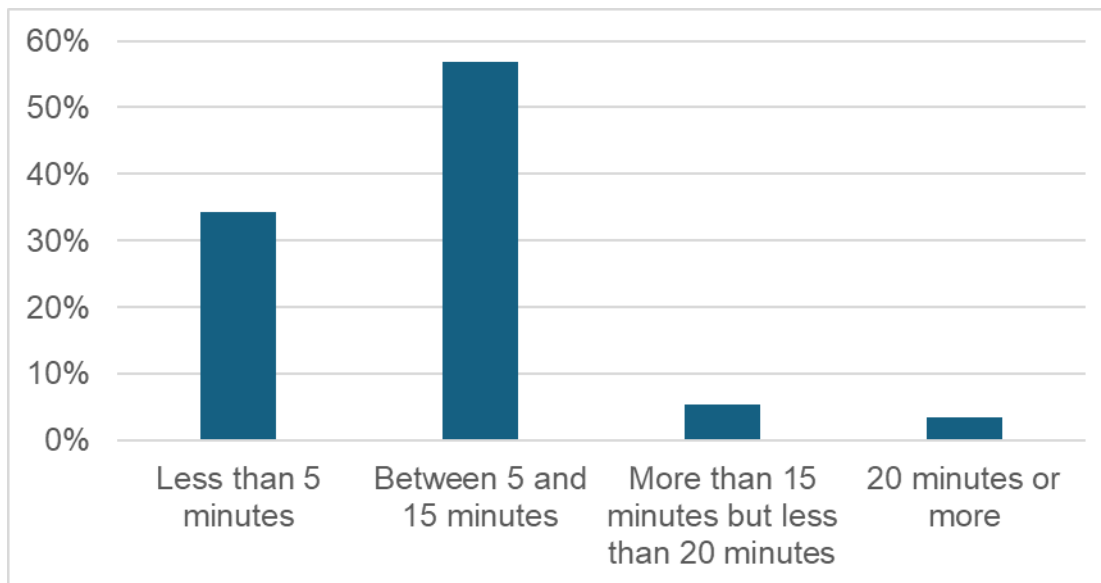


For those who selected “other”, the main reason was customer service – respondents were either very happy with the pharmacy they use and see no reason to change, or the customer service at the closer pharmacy isn’t good. The other two main reasons were the closer pharmacy doesn’t offer all the services respondents wish to use, or the opening hours of the closer pharmacy aren’t convenient.

When asked how they travel to the pharmacy, 66.8% of respondents said they go by car, 27.9% said they walk, and 3.2% said they use public transport. Three people said they use different methods of transport.

Nearly all respondents (96.4%) could get to a pharmacy in less than 20 minutes. Only for 3.6% of respondents (ten people) did it take more than 20 minutes to get to a pharmacy. Of these ten people, six travel by car, three walk and one uses public transport however, only two said they have difficulty in accessing a pharmacy.

**Figure 1.9: Time taken to travel to a pharmacy**



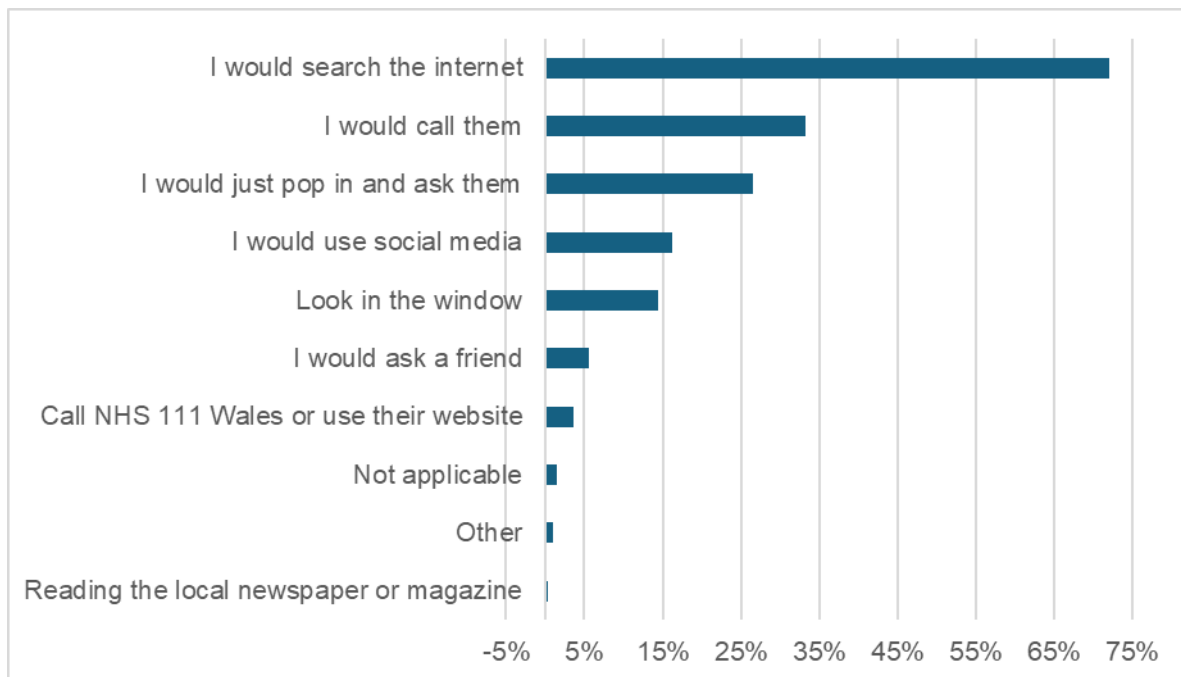
The majority of respondents (88.3%) said they didn't have difficulty getting to a pharmacy. Only 8.8% (25 people) replied that they did and 2.8% said the question was not applicable. For those who do have difficulty, the main reasons were:

- Health or mobility issues (seven people)
- The pharmacy isn't open when the respondents need to use it (six people)
- Parking difficulties (four people)
- Difficulty using public transport (three people)

When asked about the methods or resources used to find out information about a pharmacy such as opening times or the services being offered, 283 responded with some giving multiple answers.

Overall, the internet (72.1%) was the most popular way people used to find out information. 33.2% said they would phone the pharmacy, and 26.5% said they would pop in and ask. 16.3% used social media and one person used local newspapers and magazines.

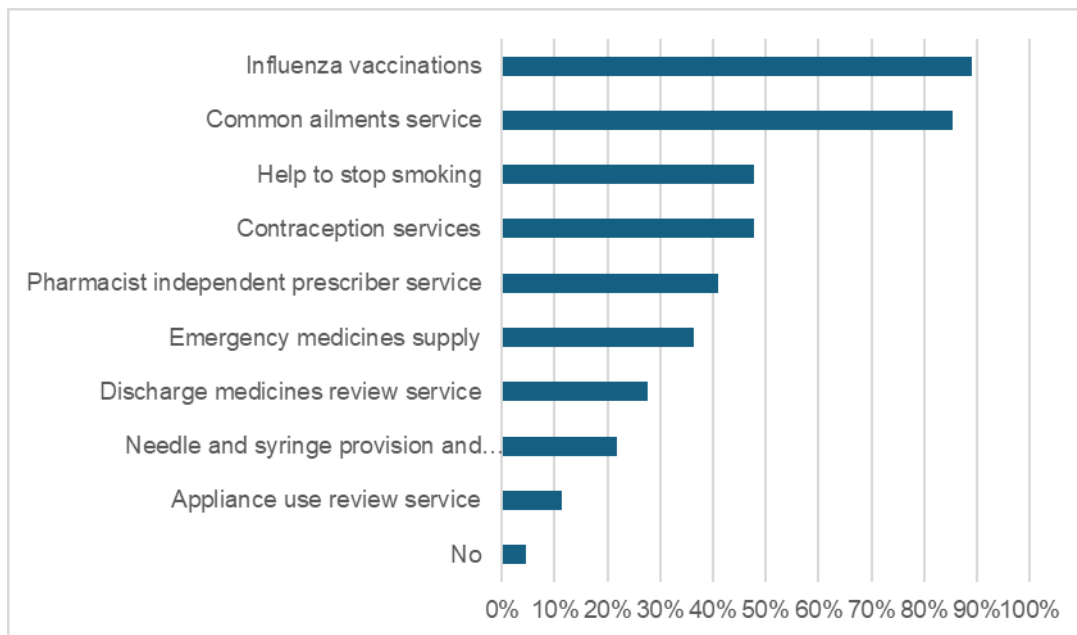
**Figure 1.10: Most common ways to find out information on pharmacies**



10.2% didn't feel able to discuss something private with their pharmacist as opposed to 68.6% who did. 17.0% had never needed to and 4.2% said that they didn't know.

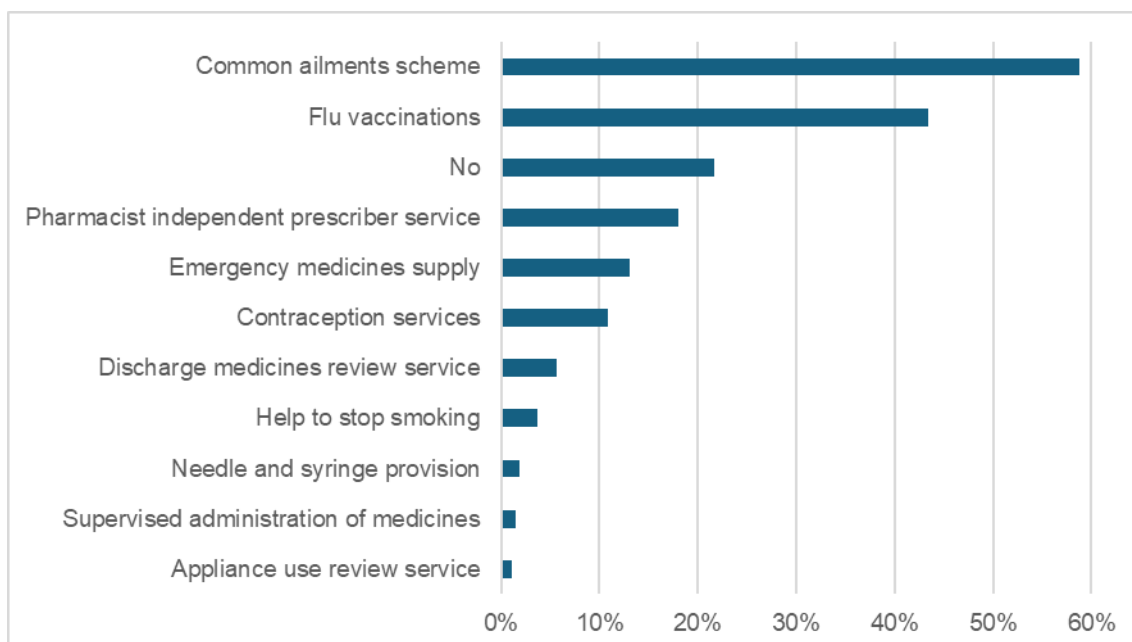
When asked whether they were aware that they may be able to access certain services from pharmacies as part of the NHS, 280 said yes and listed multiple services. Influenza vaccinations (88.9%) followed by the common ailments service (85.4%) are the services most respondents were aware of. In general, there was limited awareness of the appliance use review service (11.4%); 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. 4.6% of respondents 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 service (58.8%) followed by influenza vaccinations (43.4%). However, 21.7% said they had never used any of these services.

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



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 153 comments were received although 12 people then said “No” or “N.A.”. Several

themes emerged from the remaining comments, with some comments containing more than one theme.

- Customer service - the quality of service provided by friendly and approachable staff – 55 people.
- Poor customer service – staff attitude, problems with prescriptions being found, poor communication, delays in prescriptions being ready for collection – 52 people.
- Insufficient stock – 15 people commented on the lack of stock and having to make multiple trips to the pharmacy.
- Opening times – 12 people commented on the lack of lunchtime, evening and weekend opening hours.
- Waiting times – eight people commented on the amount of time it takes for prescriptions to be dispensed, or having to wait in the pharmacy.

When asked if there were any services that they would like to see provided in pharmacies, 65 people said “Yes” although two didn’t expand upon that. Services mentioned most frequently include:

- Expanded range of ailments covered by the common ailments service
- Expansion of the pharmacist independent prescriber service – both the number of pharmacies providing and conditions covered by it.
- Provision of services in the evening and at the weekends

#### **1.5.4 Contractor engagement**

An online questionnaire for pharmacies was made available 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 9 March to 7 April 2026 and the results are summarised below. 78 pharmacies responded, a response rate of 71.5%.

76 pharmacies said that their premises were accessible by wheelchair and 73 have a consultation area that is accessible by wheelchair

When considering whether the consultation area met the minimum requirements:

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

The two pharmacies whose consultation areas do not meet all the minimum requirements confirmed they have alternative arrangements for confidential discussions.

30 pharmacies confirmed they have Welsh speakers and 17 confirmed that other languages are spoken (other than English). These are:

- Spanish (three pharmacies)
- Cantonese (three)
- Bengali (two)
- Mandarin (two)
- Urdu (two)
- Japanese (two)
- Malay (two)
- Tagalog, Shona, French, Bahasa Melayu, Gujarati, German, Hindi, Punjabi, and Polish (one pharmacy each)

In addition, one pharmacy reported a limited speaker of French, Italian and Spanish.

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

73 pharmacies confirmed that prescriptions for all types of appliances are dispensed from the premises. Four pharmacies dispense dressings only (two noted that they do not generally receive prescriptions for appliances as GP practices sent them directly to another supplier) and one pharmacy dispenses all types other than stoma and incontinence appliances.

When asked whether they collect prescriptions from GP practices, 77 pharmacies responded that they did. 71 pharmacies said that they provide a free delivery service for dispensed medicines on request, and five provide it for a fee. Five provide it to certain patient groups only, primarily those who are housebound, and two restrict the service to specific areas. No pharmacy stated that it has an automated collection point.

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 additional clinical service which is not currently provided in the area, four pharmacies replied positively.

- Blood pressure monitoring (two pharmacies)
- Syringe and needle exchange
- Blood borne virus checking service
- Contraception service to be extended to include Depo-provera injections
- Extension of urinary tract infection service to include the ability to send samples for appropriate antibiotic selection
- Diabetic needle collection.

When asked if there is a requirement for a new service that is currently not available, 21 pharmacies said there is.

- Blood pressure monitoring/screening (six pharmacies)
- Ear wax removal (five pharmacies)
- Period delay service (two pharmacies)
- Weight management (two pharmacies)
- Treatment of ear infections/ add acute otitis media to the common ailment service (two pharmacies)
- Travel clinic
- Meningitis vaccination
- Any type of service where there is a definitive outcome from a swab or dip test that provides patients with accurate and efficient results and a need to be treated swiftly
- Patient group direction for chest infections which would beyond the sore throat test and treat service with strict guidance on when to refer and when to treat
- Patient group direction for shingles
- Monitored dosage system

The demand for pharmaceutical services in general is increasing so the questionnaire asked pharmacies about their ability to meet an increased need. The responses were as follows.

- 70 pharmacies said they have sufficient capacity within their premises to manage the increase in demand, five said they did not but could make adjustments to do so, and two said they didn't have capacity and would have difficulty managing an increase in demand. One pharmacy did not answer the question.
- 66 pharmacies said they have sufficient capacity within their staffing levels to manage the increase in demand, eight said they did not but could make adjustments to do so, and two said they didn't have capacity and would have difficulty managing an increase in demand. Two pharmacies did not answer the question.

When asked whether pharmacies have any plans to develop or expand their premises or service provision, 39 pharmacies responded positively with 38 pharmacies providing further details. The themes of the responses are as follows.

- Pharmacists training to become independent prescribers or recruit a pharmacist to train as an independent prescriber (eleven pharmacies).
- Start to provide, or develop provision of, the pharmacist independent prescribing service (ten pharmacies).
- Increase patient awareness of services offered (ten pharmacies).
- Use advanced patient medication record technology to release pharmacist time (two pharmacies).
- Develop relationship with nearest GP practice for better joint working and increased common ailment service referrals (two pharmacies).
- Adding more, or extending existing, consultation rooms (nine pharmacies).
- Increase provision of private services (six pharmacies).

- Staff training to become an accuracy checking technician.
- Reducing opening hours.
- Considering the introduction of automation into the dispensing process.

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 between 9 March to 7 April 2026. Of the three dispensing practices one responded.

- The dispensary is open 09.00 to 13.00 and 14.00 to 17.00 Mondays, Tuesdays and Thursdays, and 09.00 to 13.00 on Wednesdays and Fridays.
- The only appliances that are dispensed are dressings.
- A delivery service is provided, free of charge.
- There are Welsh speakers in the dispensary.
- The practice has sufficient capacity in its premises to manage an increase in demand for the dispensing service and could make adjustments to its staffing levels to manage an increase in demand.

### **1.5.5 Consultation**

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

## 2 Overview of Cwm Taf Morgannwg University Health Board

### 2.1 Introduction

The 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 Bannau Brycheiniog 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.

The 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 priority is providing effective, personalised, and sustainable care to the people living in its communities.

### 2.2 Population<sup>1</sup>

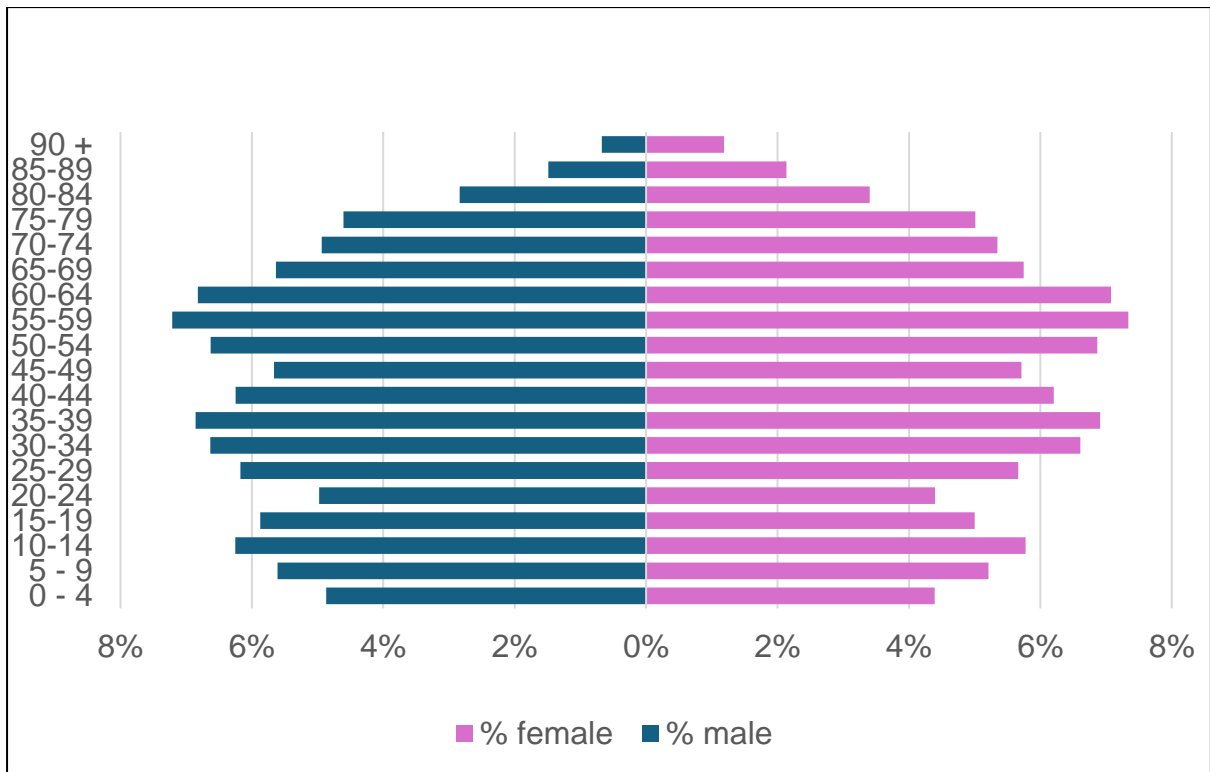
Merthyr Tydfil is the smallest local authority in the health board and in Wales in terms of population, with an estimated 58,972 residents in 2024. Rhondda Cynon Taf is the largest local authority in the health board area with a population of 242,844 followed by Bridgend with a population of 147,530.

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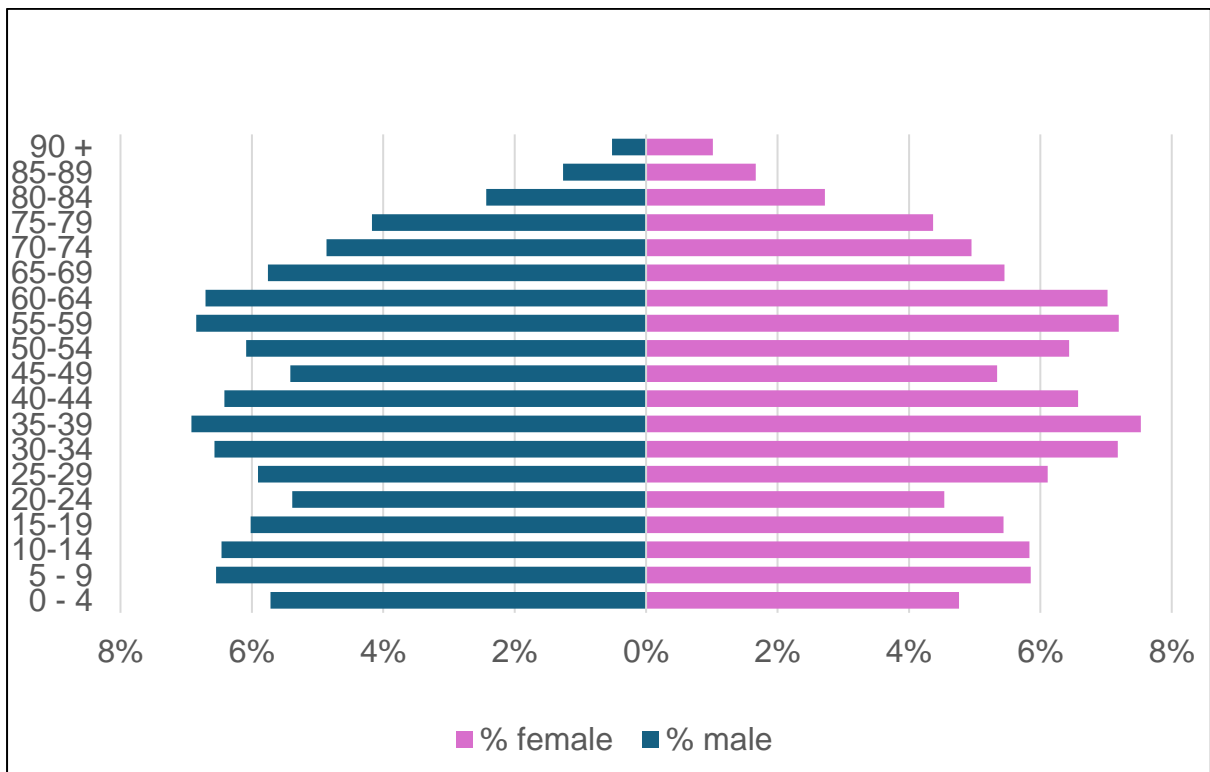
<sup>1</sup> Nomis 2024 mid-year estimates – [Merthyr Tydfil](#), [Rhondda Cynon Taf](#), [Bridgend](#)

**Figure 2.1: Population pyramids for Bridgend, Merthyr Tydfil and Rhondda Cynon Taf local authorities, 2024**

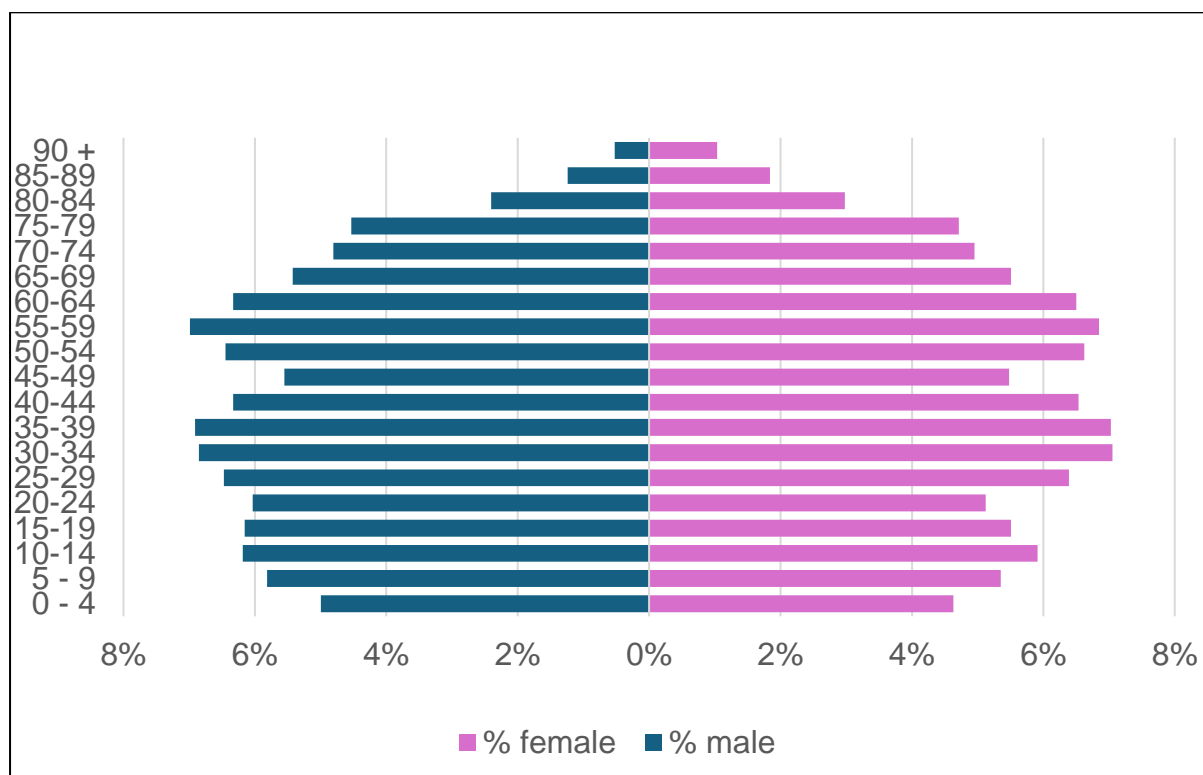
**Percentage of population by age and sex, Bridgend local authority, 2024**



**Percentage of population by age and sex, Merthyr Tydfil local authority, 2024**



## Percentage of population by age and sex, Rhondda Cynon Taf local authority, 2024

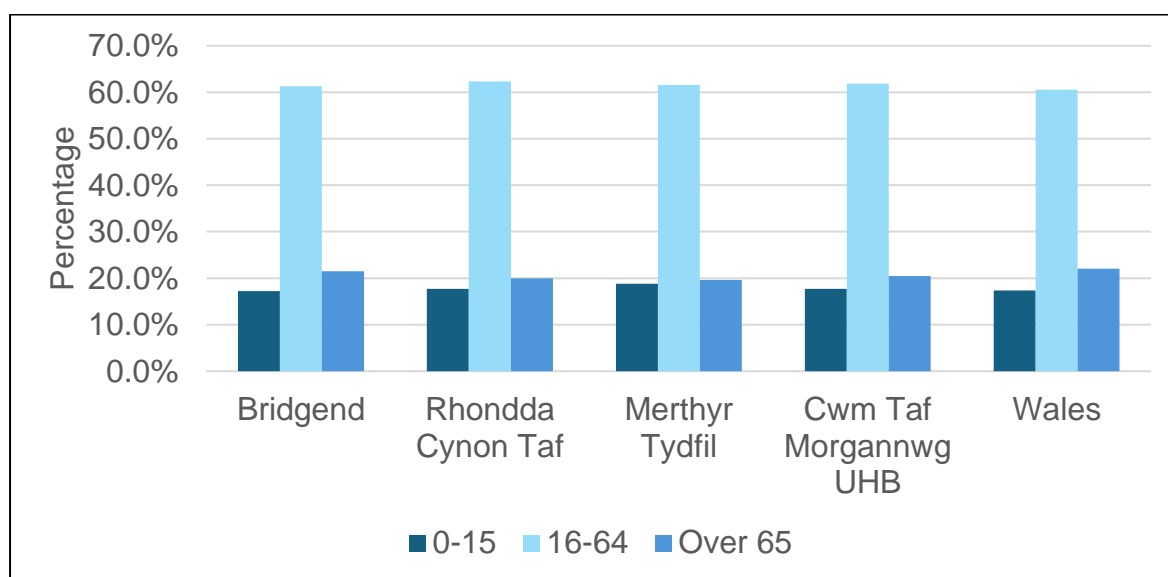


In Bridgend, the median age<sup>2</sup> (the age at which half the population is older than and half the population is younger than) is 43.6 years, above the average for Wales at 43.0 years. The median age for Rhondda Cynon Taf is 41.5 years and for Merthyr Tydfil 41.3 years, which is 1.5 years and 1.7 years lower than the average for Wales, respectively.

The majority of the population living in all three boroughs (around 62%) is between the ages of 16 and 64 (working age). For the under 15 age group Merthyr Tydfil has the highest proportion at 18.8% compared to 17.7% in Rhondda Cynon Taf and 17.2% in Bridgend. When looking at the over 65 age group, Bridgend has the highest proportion of the population in this group at 21.5%, whilst Rhondda Cynon Taf's over 65 population is 20% and for Merthyr Tydfil it is 19.6%

<sup>2</sup> Office for National Statistics - [Median age – 2024 mid-year estimates](#)

**Figure 2.2: Population percentages, all persons by age group and by local authority, health board and Wales, 2024**



Between 2023 and 2024 the population of the health board increased by 1,514 (0.34%) from 447,832 in 2023 to 449,346 in 2024. At a local authority level, the increases were all less than 1%. Bridgend had the largest population increase of 630 (0.43%) followed by Rhondda Cynon Taf with a population increase of 753 (0.31%). Merthyr Tydfil had the smallest population increase at 131.

For Bridgend local authority the main reason for the population increase was internal migration; with more people moving into the local authority area from other regions within Wales or countries within the United Kingdom, than moving out. For Merthyr Tydfil internal migration and international migration were contributory factors for the population increase, while in Rhondda Cynon Taf, the main reason for the population increase was international migration (more international immigrants than emigrants). Natural change (births and deaths) saw all local authorities having more deaths than births, which is the same position for Wales as a whole. Other changes which include changes to armed forces personnel and prisoners was less than 0.1% for each of the local authority area.

**Table 2.1: Components of population change by local authority, health board and Wales, 2023 to 2024**

Area	Population 2023	Natural change	Internal migration	International migration	Other changes	Population 2024
Bridgend	146,900	-391	695	252	74	147,530
Merthyr Tydfil	58,841	-127	111	156	-9	58,972
Rhondda Cynon Taf	242,091	-653	-466	1,863	9	242,844
Cwm Taf Morgannwg University Health Board	447,832	-1,171	340	2,271	74	449,346

### 2.2.1 Population projections 2022 to 2032<sup>3</sup>

Between 2022 and 2032, the population of Bridgend is projected to increase by up to 5.5%, the tenth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 154,191 by 2032, making it the eighth largest local authority in Wales. The increase in population will mainly be driven by net migration ie 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 there will be a decrease in the number of children and young people aged 0 to 15 years old. The largest population increases will be in the over 65 age group followed by the 75 and over age group. The population is projected to continue to age in the local authority.

Over the same period, the population of Merthyr Tydfil is projected to increase by up to 1.0%, the smallest percentage increase of all the local authorities in Wales. It is expected to have a population of around 59,445 by 2032 making it the smallest local authority in Wales. The increase in population will mainly be driven by net migration ie 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 75 age group followed by the over 65 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 2022 and 2032, the population of Rhondda Cynon Taf is projected to increase by up to 4.9%, the 13th largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 251,235 by 2032, making it the third largest local authority in Wales. The increase in population will mainly be driven by net migration ie 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 75, which is significant compared to the other age groups, 20% compared to less than 4%. The population is projected to continue to age in the local authority.

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<sup>3</sup> Office for National Statistics – [National population projections \(2022 based\)](#)

**Table 2.2: Percentage population change by broad age groups based on 2023 projections by local authority, 2022 to 2032**

Age group	Bridgend			Merthyr Tydfil			Rhondda Cynon Taf		
	Estimated population			Estimated population			Estimated population		
	2022	2032	% change	2022	2032	% change	2022	2032	% change
0-15	25,840	23,533	-8.9%	10,445	10,661	2.1%	43,368	43,886	1.2%
16 - 64	89,535	92,758	3.6%	36,947	36,168	-2.1%	148,082	153,740	3.8%
65 - 74	16,013	19,514	21.9%	6,057	6,439	6.3%	25,167	26,149	3.9%
Over 75	14,785	18,386	24.4%	5,432	6,177	13.7%	22,877	27,460	20.0%
<b>All ages</b>	<b>146,173</b>	<b>154,191</b>	<b>5.5%</b>	<b>58,881</b>	<b>59,445</b>	<b>1.0%</b>	<b>239,494</b>	<b>251,235</b>	<b>4.9%</b>

### 2.2.2 Population density<sup>4</sup>

Bridgend is the most densely populated local authority in the health board with 588 persons per square kilometre. Rhondda Cynon Taf has seen the biggest change in population density between 2021 and 2004 of 2.7%. Merthyr Tydfil is less densely populated with 529 persons per square kilometre. All areas are over three times as densely populated as the average for Wales.

**Table 2.3: Population density (persons per square kilometre) and percentage change by local authority and Wales between 2021 and 2024**

Area	2024	2021	Percentage increase
Bridgend	588	581	1.2%
Merthyr Tydfil	529	528	0.2%
Rhondda Cynon Taf	573	560	2.7%
Wales	154	150	1.5%

### 2.3 Ethnicity<sup>5</sup>

The health board has a less ethnically diverse population than the average for Wales. At local authority level, Rhondda Cynon Taf has the most ethnically diverse population in the health board with 3.3% of its population estimated to be Black, Asian and minority ethnic. Bridgend has 3.2% of its population estimated to be Black, Asian and minority ethnic, while Merthyr Tydfil has the lowest proportion at 2.9%.

<sup>4</sup> Office for National Statistics – [Mid-year population estimates 2024 – population density](#)

<sup>5</sup> StatsWales - [People by ethnic group, for Wales and local authorities, Census 2021](#)

**Table 2.4: Ethnicity by ethnic group and by local authority, health board and Wales, 2021**

Area	White	Black, Asian, and other minority ethnic	Total	Percentage Black, Asian and minority ethnic
Bridgend	140,799	4,691	145,490	3.2%
Merthyr Tydfil	57,140	1,699	58,839	2.9%
Rhondda Cynon Taf	229,923	7,730	237,653	3.3%
Cwm Taf Morgannwg University Health Board	427,862	14,120	441,982	3.2%
Wales	2,915,848	191,646	3,107,494	6.2%

## 2.4 Household language<sup>6</sup>

10.9% of residents in the health board aged three years and over speak Welsh, lower than the average for Wales of 17.8%. At local authority level, the lowest proportion of Welsh speakers is in Merthyr Tydfil (8.9%) and the highest is in Rhondda Cynon Taf (12.4%). In Bridgend 9.2% of the population can speak Welsh.

**Table 2.5: People aged three or more who say they can speak Welsh by local authority, health board and Wales, 2021**

Area	All aged three or over	Yes, can speak Welsh	Percentage of people who say they can speak Welsh
Bridgend	141,294	13,037	9.2%
Merthyr Tydfil	56,957	5,079	8.9%
Rhondda Cynon Taf	230,318	28,556	12.4%
Cwm Taf Morgannwg University Health Board	428,569	46,672	10.9%
Wales	3,018,172	538,298	17.8%

## 2.5 Religion<sup>7</sup>

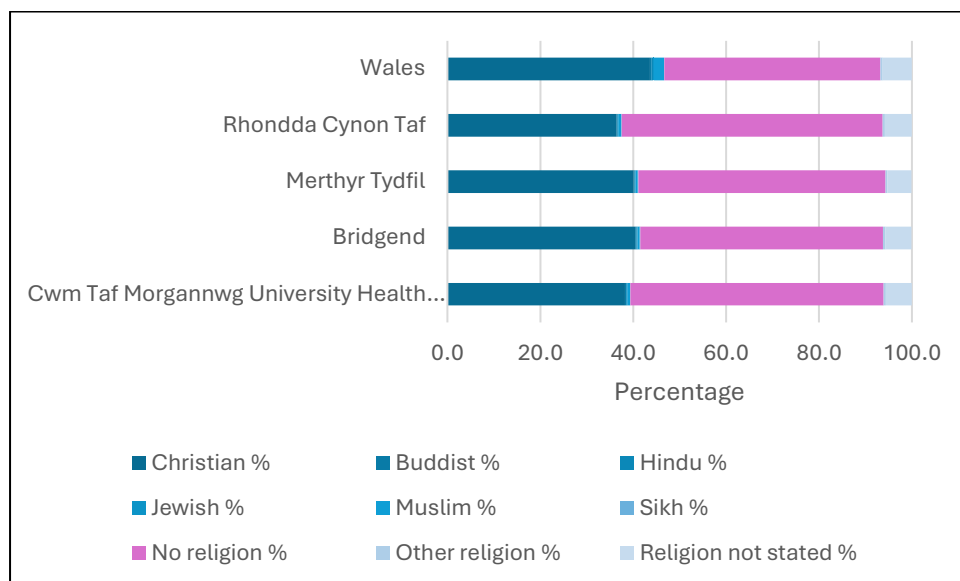
In the health board, 38.2% identify themselves as Christian. 54.5% identify as having no religion, 0.6% identify as Muslim, 0.5% as other minority religious groups and 0.6% as other religions.

Similarly, at the local authority levels, less than half the population are estimated to be Christian. Islam is the second most common religion.

<sup>6</sup> Nomis 2021 Census – [TS033 - Welsh language skills](#)

<sup>7</sup> Nomis 2021 Census – [TS031 - Religion](#)

**Figure 2.3: Religion of Welsh residents by local authority, health board and Wales, 2021**



## 2.6 Index of multiple deprivation<sup>8</sup>

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation 2025 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 1,917 small areas or lower layer super output areas in Wales, which are ranked from one (most deprived) to 1,917 (least deprived). There are 280 lower layer super output areas in the health board.

Within the health board, Merthyr Tydfil has the highest level of deprivation with 16.7% of its lower layer super output areas in the most deprived 10% of lower layer super output areas in Wales. 72.2%<sup>9</sup> of all lower layer super output areas in Merthyr Tydfil lie within the 50% most deprived lower layer super output areas in Wales. The most deprived lower layer super output areas in Merthyr Tydfil are Penydarren 1 (rank 16) and Cyfarthfa 2 (rank 69). The least deprived small area is Cyfarthfa 4, ranked 1,768 out of 1,917.

Rhondda Cynon Taf has 13.1% of its lower layer super output areas in the most deprived 10% of lower layer super output areas and 64.1% within the 50% most deprived lower layer super output areas in Wales. The most deprived lower layer super output areas in Rhondda Cynon Taf are Pen-y-waun 2 (rank 14) followed by Tylorstown 1 (rank 23). The least deprived area is Church Village 3 ranked 1,907 out of 1,917.

<sup>8</sup> Welsh government - [Welsh Index of Multiple deprivation 2025 - guidance](#)

<sup>9</sup> StatsWales - [Ranking of LSOAs in Wales by Local Authority WIMD 2025](#)

Bridgend is the least deprived local authority in the health board. It has 6.6% of its lower layer super output areas in the most deprived 10% of lower layer super output areas and 52.7% within the 50.0% most deprived lower layer super output areas in Wales. The most deprived lower layer super output areas in Bridgend are Caerau (Bridgend) 1 (rank 4) followed by Brackla 3 (rank 41). The least deprived area is Coity Higher 3, ranked 1,913 out of 1,917.

**Table 2.6: Number and percentage of lower layer super output areas by deprivation fifth by local authority and health board, 2025**

Area	Total lower layer super output areas	% of lower layer super output areas in 10% most deprived (ranks 1-191)	% of lower layer super output areas in 20% most deprived (ranks 1-382)	% of lower layer super output areas in 30% most deprived (ranks 1-574)	% of lower layer super output areas in 50% most deprived (ranks 1-958)
Bridgend	91	6 (6.6%)	17 (18.7%)	31 (34.1%)	48 (52.7%)
Merthyr Tydfil	36	6 (16.7%)	12 (33.3%)	15 (41.7%)	26 (72.2%)
Rhondda Cynon Taf	153	20 (13.1%)	37 (24.2%)	64 (41.8%)	98 (64.1%)
Cwm Taf Morgannwg University Health Board	280	32 (11.4%)	66 (23.6%)	110 (39.3%)	172 (61.4%)

## 2.7 Births<sup>10</sup>

There were 3,869 live births in the health board in 2024, a decrease of 3.0% since 2023.

In 2024, the total fertility rate (the average number of children a woman gives birth to during reproductive years) for Wales was 1.41 children per woman. This was a decrease from 1.42 children per woman in 2023. The total fertility rate for England and Wales has been in decline since 2010. 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 slightly from 10.4 to 10.5 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 Bridgend and Merthyr Tydfil local authorities was higher than the average for Wales in 2024, while Rhondda Cynon Taf was slightly below the average for Wales. Merthyr Tydfil had the highest total fertility rate at 1.51 children per woman, a decrease from 1.5 in 2023. When considering the age-specific fertility

<sup>10</sup> Office for National Statistics - [Births in England and Wales: 2024](#)

rates, there were increases in the under 18, under 20, ages 20-24 and 30-34 groups, with decreases in the remaining age groups.

Rhondda Cynon Taf's total fertility rate decreased from 1.4 children per women in 2023 to 1.3 children per women in 2024. When considering the age-specific fertility rates, the decrease was in all age groups except for women aged 20-24 and 40 years and over.

Over the same period, the total fertility rate for Bridgend decreased to 1.4 children per women from 1.5 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 between 25 to 29, and those over 35, (the rate for women over 40 remained the same).

In 2023, the standardised mean age of mother at childbirth was 29.5 years in Merthyr Tydfil, 30.1 years in Bridgend and 30.0 years in Rhondda Cynon Taf. All were lower than the average for Wales at 30.4 years.

**Table 2.7: Percentage change in live births, and total fertility rate by local authority and Wales, 2023 and 2024**

Area	2023 live births	Total fertility rate	2024 Live births	Total fertility rate	Live birth % change
Bridgend	1,294	1.50	1,231	1.40	-4.9%
Merthyr Tydfil	566	1.53	558	1.51	-1.4%
Rhondda Cynon Taf	2,126	1.38	2,080	1.32	-2.2%
Wales	27,374	1.39	26,832	1.35	-2.0%

## 2.8 Life expectancy<sup>11</sup>

In Wales, the average life expectancy for females at birth was 81.8 years and 77.9 years for men between 2020 to 2022.

All the local authority areas in the health board have a shorter life expectancy for females than the average for Wales (81.8 years). Bridgend has the highest life expectancy across the three boroughs at 81.6 years, with Rhondda Cynon Taf and Merthyr Tydfil at 80.7 years and 79.4 years, respectively.

Males also have a shorter life expectancy than the average for Wales (77.9 years) across the three local authorities. Bridgend has the highest life expectancy of 77.4 years, with Rhondda Cynon Taf at 76.9 years and Merthyr Tydfil at 76.1 years.

<sup>11</sup> Info Base Cymru - [Life expectancy by local authority 2020-22](#)

**Table 2.8: Life expectancy at birth and age 65 by local authority, health board and Wales, 2020 to 2022**

Area	Female at birth Years	Male at birth Years	Female at 65 Years	Male at 65 Years
Bridgend	81.6	77.4	19.6	17.8
Merthyr Tydfil	79.4	76.1	18.4	16.6
Rhondda Cynon Taf	80.7	76.9	19.2	17.2
Wales	81.8	77.9	20.2	17.9

Further details on life expectancy, healthy life expectancy and the inequalities gap for 2020 to 2022, can be found in the cluster level chapters.

## 2.9 Deaths<sup>12</sup>

The health board had a higher age standardised mortality rate per 100,000 population for both females (949.0) and males (1,372.3) compared to the Wales averages in 2024.

In the health board, 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 (1,046.2) had the second highest age standardised mortality rate per 100,000 population for females of all the local authorities, after Blaenau Gwent. Rhondda Cynon Taf (958.8) had the fourth highest rate and Bridgend (900.4) had the ninth highest rate for females.

The three local authorities were in the four highest age-standardised mortality rate per 100,000 population for males of all local authorities. Merthyr Tydfil had the highest rate at 1,478.2, Rhondda Cynon Taf (1,428.7) had the second highest rate and Bridgend (1,256.2) had the fourth highest age-standardised rate per 100,000 population for males across the local authorities in Wales.

**Table 2.9: Age standardised mortality rate per 100,000 population by local authority, health board, Wales, and UK, 2024**

Area	Age standardised mortality rate per 100,000		
	All persons	Females	Males
Bridgend	1,063.4	900.4	1,256.2
Merthyr Tydfil	1,250.9	1,046.2	1,478.2
Rhondda Cynon Taf	1,165.8	958.8	1,428.7
Cwm Taf Morgannwg University Health Board	1,140.0	949.0	1,372.3
Wales	1,016.5	872.7	1,190.0

The avoidable mortality rate (deaths defined as either preventable or treatable) for females in Wales was 277.3 deaths per 100,000 population in 2023. Of the 8,193

<sup>12</sup> Office for National Statistics - [Deaths registered in England and Wales](#)

avoidable deaths in Wales in 2023, 5,305.5 (64.8%) could be attributed to conditions considered preventable and 2,887.5 (35.2%) could be attributed to conditions considered treatable<sup>13</sup>.

The health board had the highest rate of avoidable mortality rates for all persons across the seven health boards in Wales. It had the second highest rate of treatable mortality rate for males of all the health boards, significantly higher than the average for Wales. When looking at the preventable deaths the health board has the highest rate across all of the health boards in Wales.

**Table 2.10: Number and age-standardised avoidable, preventable, and treatable mortality rates per 100,000 population by sex, health board and Wales, 2023**

Area		Rate per 100,000 population – avoidable	Rate per 100,000 population – treatable	Rate per 100,000 population – preventable
Cwm Taf Morgannwg University Health Board	All persons	323.9	105.8	218.1
	Male	398.9	119.9	279.0
	Female	252.3	92.2	160.1
Wales	All persons	277.3	97.4	179.9
	Male	346.2	109.9	236.3
	Female	212.1	85.6	126.5

## 2.10 People with disabilities

Local authority disability registers are voluntary and incomplete. They capture only people who choose to register and therefore significantly underestimate the true number of people with disabilities in the population.

The Welsh Government ceased publication of disability register data after 2021–22, replacing it with person-level care and support datasets under the Social Services and Well-being (Wales) Act 2014 framework. New population-wide estimates are instead drawn primarily from Census 2021 data.

The 2021 Census data show that in Wales a smaller proportion and a smaller number of people were disabled (21.6%, 670,264), compared with 2011 (23.4%, 696,000).<sup>14</sup>

<sup>13</sup> Office for National Statistics - [Avoidable mortality by Integrated Care Boards in England and Health Boards in Wales](#)

<sup>14</sup> Nomis Census 2021 - [Disability, England and Wales](#)

**Table 2.11: Proportion of the population disabled under the Equality Act in Cwm Taf Morgannwg area and Wales**

Area	Disabled	Day-to-day activities limited a lot	Day-to-day activities limited a little	Not disabled
Bridgend	22.6%	11.3%	11.4%	77.4%
Merthyr Tydfil	23.8%	12.8%	11.0%	76.2%
Rhondda Cynon Taf	23.6%	11.9%	11.7%	76.4%
Wales	21.6%	10.3%	11.3%	78.4%

The three local authorities have a higher rate of the population reported as disabled under the Equality Act compared with the Wales average. Merthyr Tydfil has the highest percentage of the population registered disabled across the three local authorities (23.8%) and is the third highest across the local authorities in Wales. 12.8% of residents reported that their activities are limited a lot, whilst 11.0% noted their activities are limited a little, both of which are higher than the Wales average.

Rhondda Cynon Taf has the fifth highest percentage of the population registered disabled across the local authorities in Wales (23.6%). 11.9% reported that their activities are limited a lot, whilst 11.7% noted their activities are limited a little, both of which are higher than the Wales average.

Bridgend has the lowest rate of the population registered disabled and is the ninth highest across the local authorities in Wales. 11.3% reported that their activities are limited a lot, whilst 11.7% noted their activities are limited a little. Day to day activities limited a lot is one percentage point higher than the Wales average, while activities limited a little are only slightly higher (0.1%).

## 2.11 Households<sup>15</sup>

Around 26,048 people aged 66 years and over live alone in the health board, 13.6% of the population. This is lower than the average for Wales.

<sup>15</sup> Nomis Census 2021 – [TS003 - household composition](#)

**Table 2.12: Household composition, number, and percentage of one person households by age group, local authority, health board and Wales, 2021**

One person household	Aged 66 years and over		Aged 65 years and below	
	Number	Percentage	Number	Percentage
Bridgend	8,535	13.7%	10,129	16.2%
Merthyr Tydfil	3,464	13.4%	4,794	18.6%
Rhondda Cynon Taf	14,049	13.6%	18,121	17.5%
Cwm Taf Morgannwg University Health Board	26,048	13.6%	33,044	17.3%
Wales	196,056	14.6%	233,505	17.3%

## 2.12 Car ownership<sup>16</sup>

Just under a quarter of households in the health board do not have a car or van, higher than the average for Wales. Merthyr Tydfil (25.0%) has the highest percentage of households with no cars or vans. Rhondda Cynon Taf has 22.2% of the population that do not have a car. Bridgend (18.2%) has a lower percentage than the average for Wales.

**Table 2.13: Number and percentage of households with no cars or vans by local authority, health board and Wales, 2021**

Area	Number of households with no cars or vans	
	Number	Percentage
Bridgend	11,366	18.2%
Merthyr Tydfil	6,455	25.0%
Rhondda Cynon Taf	22,958	22.2%
Cwm Taf Morgannwg Health Board	40,779	21.3%
Wales	261,859	19.4%

## 2.13 Economic activity

In the year ending December 2023, the unemployment rate for people aged 16 and over in Wales was 3.7%, up 0.7% compared with the previous year. The UK rate was also 3.7%, up 0.1% over the year.

<sup>16</sup> Nomis Census 2021 – [TS045 - Car ownership](#)

**Table 2.14: Summary of economic activity by local authority and Wales, year to December 2023**

Area	Unemployment rate (Age 16+)	Employment rate (Ages 16 to 64)	Economic inactivity (Ages 16 to 64)
Bridgend	3.5%	67.1%	30.6%
Merthyr Tydfil	3.5%	73.9%	23.3%
Rhondda Cynon Taf	3.8%	69.1%	27.0%
Wales	3.7%	74.1%	23.0%

Merthyr Tydfil had the highest percentage level of employment (the total number of people aged 16 and over that are in employment) across the three local authorities at 28,400. Of people aged 16 to 64 years living in Merthyr Tydfil, 73.9% were employed in the year ending December 2023. This is an increase compared with the year ending December 2022 when the local rate was 70.1%. Around 1,000 people aged 16 and over in Merthyr Tydfil were unemployed in the year ending December 2023. This is a rate of 3.5%, a slight increase compared with the year ending December 2022 when the unemployment rate was 3.4%.

Bridgend's employment rate was lower than across Wales as a whole in the year ending December 2023. Of people aged 16 to 64 years living in Bridgend, 67.1% were employed in the year ending December 2023, a decrease compared with the year ending December 2022 when the local rate was 71.9%. Overall, there were around 61,600 people aged 16 and over in Bridgend who were employed in the year ending December 2023. This is down from the previous year when there were around 64,500 people aged 16 and over who were employed. Around 2,200 people aged 16 and over in Bridgend were unemployed in the year ending December 2023. This is a rate of 3.5%, an increase compared with the year ending December 2022 when the unemployment rate was 2.7%.

Rhondda Cynon Taf's employment rate was lower than across Wales as a whole in the year ending December 2023. Of people aged 16 to 64 years living in Rhondda Cynon Taf, 69.1% were employed in the year ending December 2023, a decrease compared with the year ending December 2022 when the local rate was 70.1%. Overall, there were around 105,000 people aged 16 and over in Rhondda Cynon Taf who were employed in the year ending December 2023. This is down from the previous year, when there were around 107,000 people aged 16 and over who were employed. Around 4,100 people aged 16 and over in Rhondda Cynon Taf were unemployed in the year ending December 2023. This is a rate of 3.8%, an increase compared with the year ending December 2022 when the unemployment rate was 2.9%.

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 December 2023, Bridgend (30.6%) had the highest economic inactivity rate in the health board and Rhondda Cynon Taf (27.0%) had the second

highest economic inactivity rate across the health board, both higher than the Wales average. Merthyr Tydfil (23.3%) had the lowest economic inactivity rate of the three local authorities, which is only slightly higher than the Wales average.

## 2.14 Sexual orientation

The 2024 Annual Population Survey<sup>17</sup> identified:

- An estimated 93.4% of adults aged 16 years and over in the UK identified as heterosexual or straight.
- Younger people were more likely to identify as lesbian, gay, or bisexual (LGB) than older people in 2024. 8.0% of people aged 16 to 24 years identified as LGB, compared with 1.2% of people aged 65 years and over.
- The percentage of people identifying as LGB between 2019 and 2024 grew the most for those aged 25 to 34 years, increasing from 3.6% to 6.4%.
- Men were more likely to identify as gay or lesbian (2.9%) than as bisexual (1.1%) in 2024, while women were more likely to identify as bisexual (2.0%) than as gay or lesbian (1.4%).
- The proportion of people who identified as LGB in Wales was 3.6% in 2024.

Population wide estimates are also available from Census 2021 which asked voluntary questions on sexual orientation and gender identity for the first time. Census 2021 data provide improved geographic coverage but still requires careful interpretation, particularly for gender identity estimates, which are classed as official statistics in development.

Data from the 2021 Census showed that Merthyr Tydfil (91.5%) had the highest proportion in the health board area identifying as heterosexual or straight. Rhondda Cynon Taf (1.5%) had the highest proportion identifying as gay or lesbian, with Bridgend and Merthyr Tydfil having the same proportion of the population identifying as gay or lesbian (1.4%). The percentage of people who identified as bisexual was highest in Rhondda Cynon Taf (1.1%), followed by Bridgend (0.9%) and Merthyr Tydfil (0.8%) respectively.

**Table 2.15: Sexual orientation by local authority, 2021**

Area	Straight or heterosexual	Gay or lesbian	Bisexual	All other sexual orientation	Not answered
Bridgend	91.0%	1.4%	0.9%	0.2%	6.5%
Merthyr Tydfil	91.5%	1.4%	0.8%	0.2%	6.1%
Rhondda Cynon Taf	90.1%	1.5%	1.1%	0.2%	7.1%
Wales	89.4%	1.5%	1.2%	0.3%	7.6%

<sup>17</sup> Office for National Statistics - [Sexual orientation, UK: 2024](#)

## 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 frailer 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.<sup>18</sup>

At the 2021 Census, 46,512 adults self-reported as being an unpaid carer in the health board. This is a fall on the previous Census data however, it is likely that this figure is much higher than the data suggests<sup>19</sup>. Census 2021 was undertaken during the Covid-19 pandemic, which may also have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people chose to respond.

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.

**Table 2.16: Number of unpaid carers and percentage that provide 50 or more hours of unpaid care a week<sup>20</sup>**

Area	Total of unpaid carers	Percentage of unpaid carers that provide 50 or more hours of unpaid care a week
Bridgend	15,310	36.4%
Merthyr Tydfil	6,212	38.4%
Rhondda Cynon Taf	24,990	37.3%
Cwm Taf Morgannwg Health Board	46,512	37.1%
Wales	310,748	34.4%

## 2.16 Traveller and gypsy communities

In the 2021 Census there were 4,000 residents of Wales (0.1%) that identified as "Gypsy or Irish Traveller" ethnicity, an increase from 2011 when almost 3,000 residents responded with this ethnicity. In 2021, "Roma" was included as a tick box category within the high-level "White" category for the first time on a census form, with close to 2,000 usual residents in Wales (0.1%) identifying with this ethnic group.<sup>21</sup>

<sup>18</sup> Cwm Taf Morgannwg Regional Partnership Board - [Population Needs Assessment 2022-2027](#)

<sup>19</sup> Carers Trust - [Response to Census 2021 data – February 2023](#)

<sup>20</sup> Census 2021 - [Unpaid care, England and Wales: Census 2021](#)

<sup>21</sup> Welsh Government - [Ethnic group, national identity, language and religion in Wales \(Census 2021\)](#)

On 16 January 2025<sup>22</sup>, there were 1,320 Gypsy and Traveller caravans, and 177 sites reported in Wales. At local authority level, Bridgend had the highest number of caravans (87), with 79 located across its 11 authorised sites (both local authority and private). Out of the 31 caravans in Rhondda Cynon Taf, 28 caravans were on the six available authorised sites (local authority and private). In Merthyr Tydfil there were a total of 28 caravans all of which were in the one local authority authorised site.

**Table 2.17: Count of Gypsy and Traveller Caravans by local authority and Wales, January 2025.**

Area	Caravans on local authority authorised sites	Caravans on private authorised sites	Caravans on unauthorised sites	All caravans
Bridgend	35	44	8	87
Merthyr Tydfil	28	0	0	28
Rhondda Cynon Taf	11	17	3	31
Wales	692	455	173	1,320

In the health board area, Bridgend had the highest number of pitches with 45 residential pitches, 35 of which were occupied (77.7%). Merthyr Tydfil had 24 pitches, all of which were occupied. Rhondda Cynon Taf had six pitches, all of which were occupied.

**Table 2.18: Number of pitches by residential status, occupied status and local authority, January 2025**

Area	Residential pitches occupied	Residential pitches vacant	Total pitches	Percentage occupied
Bridgend	35	10	45	77.7%
Merthyr Tydfil	24	0	24	100.0%
Rhondda Cynon Taf	6	0	6	100.0%

## 2.17 Offenders<sup>23</sup>

HMP Parc Prison is a category B/C men’s prison with a small young offender unit. It is privately operated by G4S and has a population of approximately 1,829 (February 2026). The overall capacity of the prison is 1,849.

## 2.18 Homeless and rough sleepers<sup>24</sup>

Rough sleepers are defined as persons who are sleeping overnight in the open air (such as shop doorways, bus shelters or parks) or in buildings, vehicles or other

<sup>22</sup> Welsh Government - [Gypsy and Traveller caravan count: January 2025](#)

<sup>23</sup> HM Chief Inspector of Prisons - [Report on an unannounced inspection of HMP Parc by HM Chief Inspector of Prisons, 6–17 January 2025](#)

<sup>24</sup> StatsWales - [Rough sleepers by local authority](#)

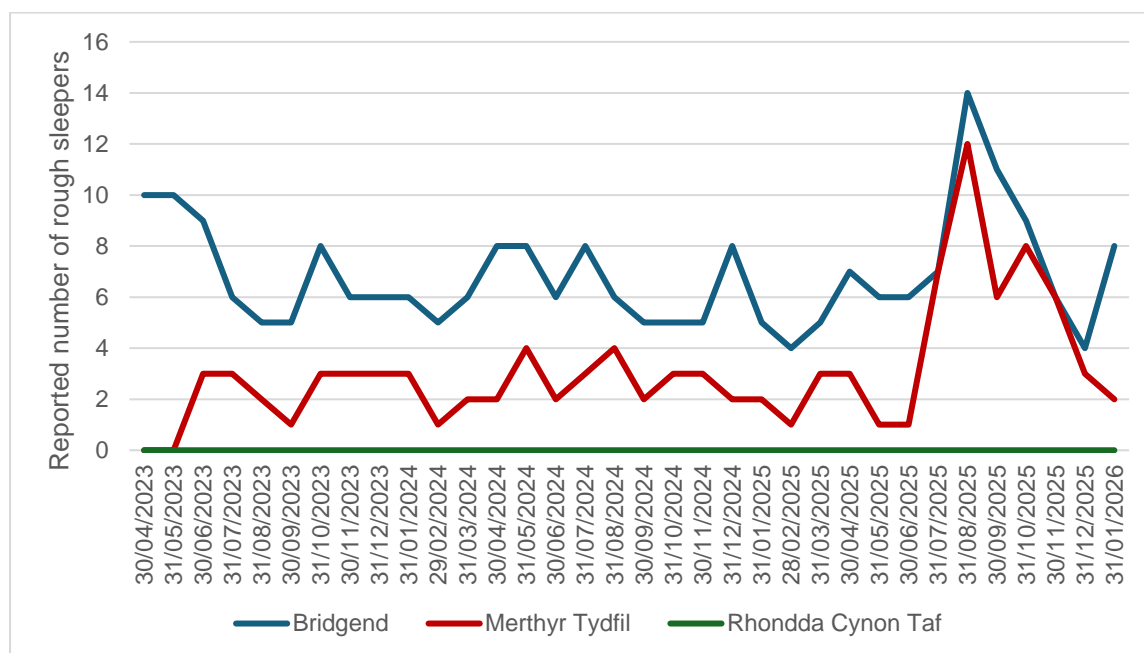
places not designed for habitation (such as stairwells, barns, sheds, car parks, tents, cars/vans).

Data on rough sleepers is collected via monthly returns from local authorities. The numbers of individuals sleeping rough is a snapshot on the last day of the month.

**Table 2.19: Rough sleeper count by local authority, Wales, 2025/26 (to January 2026)**

Date of count	Bridgend	Merthyr Tydfil	Rhondda Cynon Taf	Wales
30 Apr 25	7	3	0	116
31 May 25	6	1	0	131
30 June 25	6	1	0	169
31 July 25	7	7	0	160
31 Aug 25	14	12	0	168
30 Sept 25	11	6	0	160
31 Oct 25	9	8	0	157
30 Nov 25	6	6	0	137
31 Dec 25	4	3	0	140
31 Jan 26	8	2	0	128

**Figure 2.4: Trend of rough sleepers local authority and Wales, 2023-2026**



### **3 General health needs of Cwm Taf Morgannwg University Health Board**

Health, disability and unpaid care data, are all closely related to age of a population. In more elderly populations, poorer health, more disability, and more unpaid care is expected. Therefore, to compare data fairly across areas with different age profiles, age-standardised rates have been used throughout this chapter, unless otherwise stated<sup>25</sup>.

This process removes the effect of age, showing what the results would look like if all areas had the same age structure, based on the 2013 European standard population.

Where quality and outcomes framework data has been used, caution should be taken when interpreting the data. Reported quality and outcomes framework data is dependent on diagnosis and recorded prevalence (what a GP has recorded) within the general practice clinical system. If a condition is not coded, it is not counted in the quality and outcome framework register. It is also dependent on the social and demographic characteristics of the population and their readiness to seek healthcare services. Population prevalence (“true” prevalence) often underestimates the actual number of people with a condition who have not yet presented to or been diagnosed by their GP. Therefore, quality and outcome framework data should be seen as a measure of diagnosis and managed care rather than the absolute “true” prevalence of disease in the population.

The health board is made up of eight clusters. However, health condition data for the three clusters within the Rhondda Cynon Taf area (Merthyr Tydfil, Rhondda Valley, and Taff Ely) are split into North and South. For this reason, this chapter refers to six clusters.

#### **3.1 Chronic disease**

##### **3.1.1 Chronic conditions**

The table below shows the recorded prevalence of selected long-term conditions based on the quality and outcomes framework 2025 reported by GP practice data across clusters in Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf. Figures are compared with the health board and Wales averages.

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<sup>25</sup> Office of National Statistics - [Age standardising data: What does this mean and why does it matter? \(January 2023\)](#)

**Table 3.1: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, health board and Wales 2025<sup>26</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend East	7.0%	3.4%	1.9%	8.4%	1.4%	2.6%
Bridgend North	8.4%	4.1%	3.1%	10.3%	1.9%	2.8%
Bridgend West	8.5%	4.5%	2.7%	8.5%	1.7%	3.3%
Merthyr Tydfil North	7.5%	3.6%	3.5%	9.6%	1.3%	2.4%
Merthyr Tydfil South	7.4%	3.1%	2.0%	8.8%	1.1%	2.0%
Cynon Valley North	7.2%	3.7%	3.0%	9.5%	1.2%	2.3%
Cynon Valley South	6.5%	3.5%	3.1%	10.0%	1.0%	2.0%
Rhondda Valley North	7.5%	4.2%	3.5%	10.0%	1.1%	2.6%
Rhondda Valley South	7.8%	3.6%	2.7%	9.6%	1.0%	2.2%
Taff Ely North	7.1%	3.1%	2.4%	8.4%	1.0%	2.0%
Taff Ely South	7.9%	3.3%	1.8%	7.7%	0.8%	2.3%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

As can be seen from the above table, the health board has a higher estimated prevalence across all the above chronic health conditions, except for heart failure, when compared to the average for Wales.

At cluster level, Bridgend clusters have a higher or equivalent estimated prevalence of chronic health conditions when compared with the health board and Wales except for the following clusters:

- Asthma – Bridgend East (7.0%) is lower than the health board and Wales rates (7.5% and 7.1% respectively)
- Coronary heart disease – Bridgend East (3.4%) is lower than the health board's rate (3.6%)
- Chronic pulmonary obstructive pulmonary disease – Bridgend East (1.9%) is lower than the health board and Wales rates (2.6% and 2.3% respectively)
- Diabetes – Bridgend East (8.4%) and Bridgend West (8.5%) are both lower than the health board's rate (9.0%)

Merthyr Tydfil clusters have a higher or equivalent estimated prevalence of chronic conditions than the health board and Wales except for the following clusters:

- Asthma – Merthyr Tydfil South (7.4%) is lower than the health board rate (7.5%)
- Coronary heart disease – Merthyr Tydfil South (3.1%) is lower than both the health board and Wales rates (3.6% and 3.4% respectively)
- Chronic obstructive pulmonary disease – Merthyr Tydfil South (2.0%) is lower than both the health board and Wales rates (2.6% and 2.3% respectively)
- Diabetes – Merthyr Tydfil South (8.8%) is lower than the health board's rate (9.0%)
- Heart failure – Merthyr Tydfil North (1.3%) is lower than the Wales rate (1.4%) and Merthyr Tydfil South (1.1%) is lower than both the health board and Wales rates (1.2% and 1.4% respectively)
- Stroke and transient ischaemic attacks – Merthyr Tydfil South (2.0%) is lower than both the health board and Wales rates (2.4% and 2.2% respectively)

Rhondda Cynon Taf clusters have a higher or equivalent estimated prevalence of chronic conditions than the health board and Wales except for the following clusters:

- Asthma – Cynon Valley South (6.5%), Taff Ely North (7.1%) and Cynon Valley North (7.2%) are lower than the health board and Wales rates (7.5% and 7.1% respectively)
- Coronary heart disease – Taff Ely North (3.1%), Taff Ely South (3.3%) and Cynon Valley South (3.5%) are lower than the health board's rate (3.6%) and Taff Ely North (3.1%) and Taff Ely South (3.3%) are both lower than the Wales rate (3.4%)
- Chronic obstructive pulmonary disease – Taff Ely South (1.8%) and Taff Ely North (2.4%) are both lower than the health board's average (2.6%) and Taff Ely South is lower than the Wales rate (2.3%)
- Diabetes – Taff Ely South (7.7%) and Taff Ely North (8.4%) are both lower than the health board's rate (9.0%) and Taff Ely South (7.7%) is lower than the Wales rate (8.4%)
- Heart failure – All six clusters are lower than both the health board and Wales rates (1.2% and 1.4% respectively)
- Stroke and transient ischaemic attacks – Cynon Valley South (2.0%), Taff Ely North (2.0%), Rhondda Valley South (2.2%), Cynon Valley North (2.3%) and Taff Ely South (2.3%) are all lower than the health board's rate (2.4%) and Cynon Valley South and Taff Ely North are both lower than the Wales rate (2.2%)

The table below shows the recorded prevalence of musculoskeletal conditions through specific indicators osteoporosis (50 years and over) and rheumatoid arthritis (16 year and over) across the clusters. Figures are compared with the health board and Wales averages.

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<sup>26</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

**Table 3.2: Estimated percentage prevalence of osteoporosis (50 years and over) and rheumatoid arthritis (16 year and over) based on people on GP practice registers by cluster, health board and Wales, 2025<sup>27</sup>**

Area	Osteoporosis (50 years and over)	Rheumatoid arthritis (16 year and over)
Bridgend East	0.6%	0.9%
Bridgend North	0.6%	0.9%
Bridgend West	0.4%	1.0%
Merthyr Tydfil North	0.4%	1.1%
Merthyr Tydfil South	0.1%	1.1%
Cynon Valley North	0.2%	1.1%
Cynon Valley South	0.2%	1.1%
Rhondda Valley North	0.2%	1.0%
Rhondda Valley South	0.4%	0.8%
Taff Ely North	0.4%	0.7%
Taff Ely South	0.6%	1.0%
Cwm Taf Morgannwg University Health Board	0.4%	1.0%
Wales	0.6%	0.9%

As can be seen, osteoporosis is lower in the health board than Wales and rheumatoid arthritis rate is slightly higher in the health board's area than Wales.

Overall, in Bridgend osteoporosis rates range from 0.4% (Bridgend West) to 0.6% (Bridgend East and Bridgend North). One of the three clusters is equal the health board rate, but lower than the Wales rate. Two clusters are higher than the health board rate and equal to the Wales rate. For rheumatoid arthritis, rates range from 0.9% (Bridgend East and Bridgend North) to 1.0% (Bridgend West). Two of the three clusters are lower than the health board rate and one is equal to it. Two clusters are lower than the Wales rate and one is equal to it.

In Merthyr Tydfil, osteoporosis rates range from 0.1% (Merthyr Tydfil South) to 0.4% (Merthyr Tydfil North). One cluster is equal to the health board's rate but lower than the Wales rate and one cluster is lower than both the health board and Wales rates. For rheumatoid arthritis, both clusters Merthyr Tydfil North and Merthyr Tydfil South are equal (1.1%), both higher than the health board and Wales rates.

In Rhondda Cynon Taf, osteoporosis rates range from 0.2% (Cynon Valley North, Cynon Valley South, and Rhondda Valley North) to 0.6% (Taff Ely South). Five of the six clusters are lower or equal to the health board's rate and all clusters are lower or equal to the Wales rate. For rheumatoid arthritis, rates range from 0.7% (Taff Ely North) to 1.1% (Cynon Valley North and Cynon Valley South). Four of the clusters are lower or equal to the health board's rate and two are higher. Four of the clusters are higher than the Wales rates and two clusters are lower.

<sup>27</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

### 3.1.2 Mental health

The table below shows the recorded prevalence of mental health conditions across clusters in Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf. Figures are compared with the health board and Wales rates.

**Table 3.3: Estimated percentage prevalence of patients registered as having a mental health condition by cluster, health board and Wales, 2025<sup>28</sup>**

Area	Mental health condition
Bridgend East	1.1%
Bridgend North	1.3%
Bridgend West	1.3%
Merthyr Tydfil North	1.0%
Merthyr Tydfil South	1.0%
Cynon Valley North	1.2%
Cynon Valley South	1.0%
Rhondda Valley North	1.3%
Rhondda Valley South	1.1%
Taff Ely North	1.0%
Taff Ely South	0.9%
Cwm Taf Morgannwg University Health Board	1.1%
Wales	1.1%

Rates of mental health conditions in the health board are equivalent to the Wales rate.

Across Bridgend clusters, recorded prevalence of mental health conditions ranges from 1.1% (Bridgend East) to 1.3% (Bridgend North and Bridgend West). One of the three clusters is equal to both the health board and Wales rates (Bridgend East) and two are higher than both the health board and Wales rates (Bridgend North and West).

For Merthyr Tydfil clusters, recorded prevalence of mental health conditions is the equivalent for both clusters (1.0%). Both clusters are lower than the health board and Wales rates (Merthyr Tydfil North and Merthyr Tydfil South).

For Rhondda Cynon Taf clusters, recorded prevalence of mental health conditions ranges from 0.9% (Taff Ely South) to 1.3% (Rhondda Valley South). Four of the six clusters are lower or equal to the health board and Wales rates (Cynon Valley South, Rhondda Valley South, Taff Ely North, and Taff Ely South) and two clusters are higher than both the health board and Wales rates (Cynon Valley North and Rhondda Valley North).

As part of the Welsh Government national survey for Wales 2024/25<sup>29</sup>, people were asked about their mental wellbeing using the Warwick Edinburgh Mental Well-being

<sup>28</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>29</sup> Welsh Government - [National Survey for Wales headline results: April 2024 to March 2025](#)

Scale, a scale of 14 self-assessed questions with scores ranging from 14 to 70. A higher score (58 to 70) is classified as having high mental wellbeing, 45 to 57 as medium mental wellbeing, and 44 or lower as low mental wellbeing.

The average Warwick Edinburgh Mental Well-being Scale score in 2024/25 is 48.4. 33% of people have low mental wellbeing, 52% have medium mental wellbeing, and 15% have high mental wellbeing. Younger people on average have lower mental wellbeing, those aged 16 to 44 (score of 47.5), compared with a score of 49.7 for those aged 65 and over. These figures are all similar to those in 2022/23 except for a decrease in those aged 65 and over (the mean wellbeing score for this group in 2022/23 was 50.7).

The National Survey for Wales for 2024/25 did not measure levels of loneliness in Wales. However, information on loneliness was included in the Welsh Government Wellbeing of Wales 2025<sup>30</sup>.

The National Survey for Wales for the period 2022/23 included all six measures of emotional and social loneliness. 13.0% of people in Wales were found to be lonely, the same for the survey period 2021/22 and 2020/21, but was higher in 2019/2020. There were, however, some marked variations in the percentages of people who say they feel lonely across individual measures:

- In 2019/20, 36.0% of people said they missed having people around. This increased substantially during the Covid-19 pandemic (71.0% in 2020/21 and 53.0% in 2021/22), before falling back again to 36.0% in 2022/23
- The percentage of people who reported that they have people they can trust increased from 59.0% in 2019/20 to 67.0% in 2020 to 2021. This was maintained in 2021/22 and 2022/23
- From 2019/20 to 2021/22 there were increases in the percentage of people who said they had enough people they felt close to, and enough people they could rely on. The figures for 2022/23 were slightly lower but not a statistically significant change from 2020/21

The most recent results (2022/23) from the National Survey for Wales suggested that younger adults (aged 16 to 44) were more likely to feel lonely than those aged 65 and above.

People living in material deprivation, and individuals with a mental health condition or in poorer general health, were more likely to be lonely. There were also differences by ethnicity, with Black, Asian and Minority Ethnic people being more likely to be lonely. The impact of these inequalities can be exacerbated where they intersect.

In April 2025 Welsh Government published “Understanding: a suicide prevention and self-harm strategy 2025 - 2035<sup>31</sup>” which replaced the “Talk to me 2” strategy 2015 to 2022. This new strategy should be read in connection with the Mental Health and

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<sup>30</sup> Welsh Government - [Wellbeing of Wales 2025](#)

<sup>31</sup> Welsh Government - [Understanding: The Suicide Prevention and Self-harm strategy for Wales \(2025-2035\)](#)

Wellbeing 2025-2035 strategy<sup>32</sup>. The risk factors for poor mental health, self-harm and suicide are similar and sometimes inter-related.

The new strategy is accompanied by Welsh Government three-year delivery plan “Understanding: The Suicide Prevention and Self-harm Delivery Plan for Wales 2025-2028<sup>33</sup>” and builds on the progress made under the previous strategies “Talk to Me” (2009 – 2013) and “Talk to Me 2” (2014 - 2018).

The table below shows the suicide rate at local authority, health board and Wales level for 2020-24<sup>34</sup>. As can be seen the rates for the health board and Bridgend, Merthyr Tydfil and Rhondda Cynon Taf are all higher than the rate for Wales (13.1). Bridgend and Rhondda Cynon Taf are both lower (13.3 and 14.1 respectively) than the health board rate (14.4%), while Merthyr Tydfil is higher (18.8).

**Table 3.4: Suicide, European age-standardised rate per 100,000 persons 2020-2024<sup>35</sup>**

Area	Rate
Bridgend	13.3
Merthyr Tydfil	18.8
Rhondda Cynon Taf	14.1
Cwm Taf Morgannwg University Health Board	14.5
Wales	13.1

## 3.2 Risk factors

### 3.2.1 Clinical risk factors

Risk factors can be broadly categorised into modifiable and non-modifiable. Modifiable risk factors may be directly within an individual’s control, such as physical activity. They may also be affected by local or national government policy, decisions or legislative change. Public health prevention and health improvement focuses primarily on these modifiable risk factors<sup>36</sup>.

Atrial fibrillation and hypertension are both important public health priorities. More than 80,000 people in Wales have been diagnosed with atrial fibrillation, and it is estimated around 750,000 adults in Wales have high blood pressure, with around 540,000 (April 2025<sup>37</sup>) people in Wales on their GP practice’s hypertension register<sup>38</sup>.

<sup>32</sup> Welsh Government - [The Mental Health and Wellbeing Strategy 2025-2035](#)

<sup>33</sup> Welsh Government - [Understanding: The Suicide Prevention and Self-harm Delivery Plan for Wales 2025-2028](#)

<sup>34</sup> Public Health Wales – [Public Health Outcomes Framework](#)

<sup>35</sup> NHS Wales Public Health Wales - [Public Health Outcomes Framework for Wales reporting tool](#)

<sup>36</sup> Public Health Wales - [A summary of trends in risk factors for non-communicable diseases \(February 2025\)](#)

<sup>37</sup> Welsh Government StatsWales - [Disease register for hypertension Wales](#)

<sup>38</sup> British Heart Foundation - [Wales Cardiovascular Disease Factsheet \(v2\) January 2026](#)

In April 2025, Public Health Wales published “Cardiovascular disease prevalence – trends, risk factors, and 10-year projections<sup>39</sup>” which states the following:

### 3.2.1.1 Hypertension

- Is a clinical risk factor and the leading modifiable risk for heart and circulatory diseases in Wales
- Around half of heart attacks and strokes in Wales are associated with high blood pressure
- Whilst almost 530,000 (April 2024<sup>40</sup>) people in Wales are captured on their GP’s hypertension register, it is estimated that as many as 220,000 people could be undiagnosed
- The number of people on the hypertension register is projected to increase from 529,300 in 2023/24 to 565,900 people in 2033/34. These figures equate to a little over 1 in 6 people, an increase of 7%. This follows an increase of 11% between 2009/10 and 2023/24.

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 areas<sup>41</sup>.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices, for hypertension across clusters. Figures are compared with the health board and the Wales rates.

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<sup>39</sup> Public Health Wales - [Cardiovascular disease prevalence – trends, risk factors, and 10-year projections \(April 2025\)](#)

<sup>40</sup> Welsh Government StatsWales - [Disease register for hypertension Wales](#)

<sup>41</sup> Public Health England (2017). [Guidance Health matters: combating high blood pressure](#)

**Table 3.5: Estimated percentage prevalence of patients registered as having hypertension by cluster, health board and Wales, 2025<sup>42</sup>**

Area	Hypertension prevalence
Bridgend East	16.3%
Bridgend North	20.4%
Bridgend West	17.6%
Merthyr Tydfil North	17.7%
Merthyr Tydfil South	16.4%
Cynon Valley North	16.9%
Cynon Valley South	17.8%
Rhondda Valley North	18.8%
Rhondda Valley South	17.3%
Taff Ely North	16.0%
Taff Ely South	16.1%
Cwm Taf Morgannwg University Health Board	17.3%
Wales	16.3%

The health board has a higher prevalence of hypertension than the rate for Wales (17.3% and 16.3% respectively).

As can be seen, across the Bridgend clusters, recorded prevalence of hypertension ranges from 16.3% (Bridgend East) to 20.4% (Bridgend North). One of the three clusters is lower than the health board rate but equal to the Wales rate (Bridgend East), and two clusters are higher than both the health board and Wales rates (Bridgend North and Bridgend West).

For the Merthyr Tydfil clusters, recorded prevalence of hypertension ranges from 16.4% (Merthyr Tydfil South) to 17.7% (Merthyr Tydfil North). Merthyr Tydfil North is higher than both the health board and Wales rates, while Merthyr Tydfil South is lower than the health board but higher than Wales.

For Rhondda Cynon Taf clusters, recorded prevalence of hypertension ranges from 16.0% (Taff Ely North) to 18.8% (Rhondda Valley North). Four of the six clusters are lower than or equal to the health board rate (Cynon Valley North, Rhondda Valley South, Taff Ely North, and Taff Ely South) and two clusters are higher (Cynon Valley South and Rhondda Valley North). Four of the six clusters are higher than the Wales rate (Cynon Valley North, Cynon Valley South, Rhondda Valley North, and Rhondda Valley South) and two clusters are lower (Taff Ely North and Taff Ely South).

### 3.2.1.2 Atrial fibrillation<sup>43</sup>

- The most common form of abnormal heart rhythm (arrhythmia) and a major cause of stroke.

<sup>42</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>43</sup> NHS Wales Public Health Wales - [Cardiovascular disease prevalence – trends, risk factors, and 10-year projections](#) (April 2025)

- Is a contributing factor to one in five strokes in Wales, and people with atrial fibrillation are five times more likely to have a stroke than people without the condition.
- In 2009/10 there were approximately 53,400 people diagnosed with atrial fibrillation in Wales, this increased to 84,900 in 2023/24 (59% increase). Public Health Wales projections show this could increase to 106,900 in 2033/34 (26% increase).
- Atrial fibrillation is often asymptomatic, frequently undetected and undiagnosed, meaning there are likely to be thousands more affected by the condition across Wales.

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.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices for atrial fibrillation across the clusters. Figures are compared with the health board and Wales rates.

**Table 3.6: Estimated percentage prevalence of patients registered as having atrial fibrillation by cluster, health board and Wales, 2025<sup>44</sup>**

Area	Atrial fibrillation prevalence
Bridgend East	2.8%
Bridgend North	3.0%
Bridgend West	3.5%
Merthyr Tydfil North	2.5%
Merthyr Tydfil South	2.5%
Cynon Valley North	2.9%
Cynon Valley South	2.5%
Rhondda Valley North	2.9%
Rhondda Valley South	2.6%
Taff Ely North	2.2%
Taff Ely South	2.6%
Cwm Taf Morgannwg University Health Board	2.7%
Wales	2.7%

The health board has a prevalence of atrial fibrillation equivalent to the Wales rate (2.7%).

Across the Bridgend clusters, recorded prevalence of atrial fibrillation ranges from 2.8% (Bridgend East) to 3.5% (Bridgend West). All three clusters are higher than both the health board and Wales rates (Bridgend East, Bridgend North, and Bridgend West).

<sup>44</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

The Merthyr Tydfil clusters, have the same recorded prevalence of atrial fibrillation (2.5%). Both clusters are lower than the health board and Wales rates.

For Rhondda Cynon Taf clusters, recorded prevalence of atrial fibrillation ranges from 2.2% (Taff Ely North) to 2.9% (Cynon Valley North and Rhondda Valley North). Four of the six clusters are lower than the health board and Wales rates (Cynon Valley South, Cynon Valley North, Taff Ely North, and Taff Ely South) and two clusters are higher than both the health board and Wales rates (Cynon Valley North and Rhondda Valley North).

### **3.2.2 Adult lifestyle behaviours**

In February 2025, Public Health Wales published “A summary of trends on risk factors for non-communicable diseases<sup>45</sup>” which highlights:

- Poor diet, alcohol consumption and physical inactivity are not improving
- The reductions in prevalence of smoking have slowed down
- Unhealthy behaviours are generally higher in more deprived areas, except for alcohol consumption
- Although individuals living in the most deprived areas may consume less alcohol, they tend to suffer worse health outcomes (Lewer et al., 2016)<sup>46</sup>
- The prevalence of adults living with obesity in Wales has increased by 44% in the last 20 years. (National Survey for Wales (2016/17 - 2022/23), Welsh Government)
- Since 2003/04, the prevalence of adults living with obesity has increased from just under one in five people, to a little over one in four people in 2022/23 (Welsh Health Survey, 2003/04 – 2015/16, National Survey for Wales 2016/17 - 2022/23, Welsh Government).
- A multi-pronged approach encompassing education, programmes, services, and legislation were successful in reducing the prevalence of smoking. However, this is yet to be replicated to the same extent for other risks factors, such as living with obesity.

The table below presents the percentage of adults aged 16 years and over, in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>47</sup> between 2021 and 2023.

**Table 3.7: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023<sup>48</sup>**

Area	Count	Prevalence					
	Population 16 years and over <sup>49, 50</sup>	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Ate five portions of fruit and vegetables the previous day
Bridgend	122,161	18.0%	14.0%	70.0%	30.0%	51.0%	32.0%
Merthyr	47,880	28.0%	15.0%	75.0%	33.0%	48.0%	22.0%
Rhondda Cynon Taf	199,852	25.0%	16.0%	65.0%	28.0%	54.0%	22.0%
Wales	2,641,000	20.0%	16.0%	62.0%	25.0%	56.0%	29.0%

### 3.2.2.1 Smoking

Smoking is extremely damaging to health. It is the cause of death for around half of all long-term smokers<sup>51</sup> and the World Health Organisation<sup>52</sup> estimates that tobacco kills more than eight million people each year worldwide.

Smoking remains a major cause of mortality and ill health in Wales. Over the period 2020 – 2022<sup>53</sup>:

- An estimated 3,845 deaths per year amongst those aged 35 and over in Wales were due to smoking. This means that on average 10.7% of all deaths in Wales amongst those aged 35 and over in these years were attributable to smoking.
- The number of deaths attributable to smoking varies considerably by deprivation. Amongst those aged 35 and over living in the most deprived fifth of areas, 14.5% of all deaths were attributable to smoking. The European age-standardised rate of smoking attributable mortality was 337 per 100,000 adults aged 35 and over in the most deprived fifth of areas, more than three times higher compared with the least deprived fifth of areas.

<sup>45</sup> Public Health Wales - [A summary of trends in risk factors for non-communicable diseases \(February 2025\)](#)

<sup>46</sup> Lewer, D., Meier, P., Beard, E. et al. [Unravelling the alcohol harm paradox: a population-based study of social gradients across very heavy drinking thresholds](#). BMC Public Health **16**, 599 (2016)

<sup>47</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

<sup>48</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

<sup>49</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>50</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

<sup>51</sup> Doll, R., et al. (2004). [Mortality in relation to smoking: 50 years' observations on male British doctors](#)

<sup>52</sup> World Health Organization 2022 - [Tobacco: Fact sheet \(June 2025\)](#)

<sup>53</sup> NHS Wales Public Health Wales - [Smoking attributable mortality and hospital admissions for Wales, 2020-22 \(new analysis\)](#)

- An estimated 17,195 hospital admissions per year in Wales were due to smoking. This means that on average 3.4% of all hospital admissions in Wales amongst those aged 35 and over in these years were attributable to smoking.

The table below shows smoking attributable mortality, by European age-standardised rate per 100,000, persons aged 35 years and over by health board and Wales, 2020-2022 for the seven health boards in Wales.

Ranking: First (one) equals the health board with the lowest smoking attributable mortality and seven is the health board with the highest.

**Table 3.8: Smoking attributable mortality, European age-standardised rate per 100,000, persons aged 35 years and over by health board and Wales, 2020-2022<sup>54</sup>**

Rank	Health board	Smoking attributable mortality per 100,000 persons, 25 years and over
1	Powys	152
2	Cardiff and Vale	165
3	Hywel Dda	172
4	Betsi Cadwaladr	188
5	Swansea Bay	200
6	Aneurin Bevan	206
7	Cwm Taf Morgannwg	220
	Wales	190

Smoking is also known to increase people’s risk of developing a wide range of illnesses, which can be fatal or cause irreversible long-term damage to health<sup>55</sup>. These include cancers, respiratory diseases, and cardio-vascular diseases, including strokes, heart attacks and dementia.

Exposure to second-hand smoke has been shown to cause significant harm, increasing non-smokers risks of developing smoking related diseases including lung cancer and cardio-vascular disease<sup>56</sup>. Exposure to second-hand smoke is particularly harmful to children, leading to conditions including middle-ear disease, asthma, and allergies<sup>57</sup>.

Smoking in pregnancy is known to have a range of impacts on the pregnancy and child in later life, including increased risk of miscarriage, premature birth, and sudden infant death syndrome<sup>58</sup>.

<sup>54</sup> NHS Wales Public Health Wales - [Smoking attributable mortality and hospital admissions for Wales, 2020-22 \(new analysis\)](#)

<sup>55</sup> NHS 2018 - [What are the health risks of smoking?](#)

<sup>56</sup> Department of Health Scientific Committee on Tobacco and Health (SCOTH) 2004. [Secondhand Smoke: Review of the evidence since 1998](#)

<sup>57</sup> Royal College of Physicians London - [Passive smoking and children \(March 2010\)](#)

<sup>58</sup> Royal College of Obstetricians and Gynaecologists - [Smoking and pregnancy \(2021\)](#)

The table below, shows the average percentage of current smokers (adults 18 years and over) across the local authorities in Wales between 2020 to 2024 (The averages presented are five-year averages, calculated using data from 2020 to 2024, where available).

The local authorities are ranked based on the average percentage of current smokers. Number one is the lowest average percentage of smokers by local authority and 22 being the highest.

Bridgend Authority is eighth (12.5%), Merthyr Tydfil is 22nd (15.7%) and Rhondda Cynon Taf is 19th (14.4%) out of 22 local authorities.

**Table 3.9: The average percentage of current smokers (adults 18 years and over) across the local authorities in Wales between 2020 to 2024<sup>59</sup>**

Rank	Local authority	2020 to 2024 Current smoker percentage (average)
1	Monmouthshire	7.6
2	Vale of Glamorgan	8.5
3	Powys	9.5
4	Carmarthenshire	11.6
5	Cardiff	11.8
6	Ceredigion	11.9
7	Flintshire	12.3
8	Bridgend	12.5
9	Swansea	12.6
10	Isle of Anglesey	12.7
11	Conwy	12.7
12	Pembrokeshire	13.3
13	Wrexham	13.4
14	Denbighshire	14.0
15	Caerphilly	14.0
16	Newport	14.0
17	Neath Port Talbot	14.2
18	Gwynedd	14.4
19	Rhondda Cynon Taf	14.4
20	Blaenau Gwent	15.4
21	Torfaen	15.4
22	Merthyr Tydfil	15.7

The table below shows the percentage of adults aged 16 years and over, in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf who have self-reported engaging in

<sup>59</sup> Office of National Statistics - [Adult smoking habits in the UK: 2024](#)

smoking and e-cigarettes as recorded by the National Survey for Wales<sup>60</sup> between 2021 and 2023.

**Table 3.10: Percentage of adults (aged 16 years and over) who self-reported engaging in smoking and e-cigarettes by local authority and Wales, 2021 to 2023**

Area	Population 16 years and over <sup>61, 62</sup>	Percentage of self-reported smokers	Percentage of self-reported e-cigarette users
Bridgend	122,161	11.0%	7.0%
Merthyr Tydfil	47,880	19.0%	9.0%
Rhondda Cynon Taf	199,852	16.0%	9.0%
Wales	2,641,000	13.0%	7.0%

The numbers of young people vaping have risen substantially in Wales in recent years, even though it has been illegal to sell a vape to anyone under 18 years since 2015<sup>63</sup>.

The evidence suggests that the availability of disposable devices and the ways in which vapes are marketed have strongly contributed to their appeal amongst young people. Several pieces of legislation have been announced to address rises in vaping amongst young people, including banning the sale of tobacco products to anyone born after 1 January 2009.

The School Health Research Network Student Health and Well-being Survey in secondary schools, 2023 is based on 129,761 learners from year seven to 11 from 201 schools in Wales responding to The Student Health and Well-being survey administered between September and December 2023. The key findings were:

- The number of learners in year seven to 11 in Wales reporting vaping at least once a week is 7.0%, an increase from 5.4% (2021) and 2.7% (2019)
- Since 2021, vaping has increased amongst girls, year 11 learners and non-smokers, but weekly vaping increased between 2021 and 2023 in all year groups except year seven
- Girls (8.6%) are more likely to vape regularly than boys (5.1%). Those in year 11 (15.9%) are more likely to vape than those in younger year groups
- More than a quarter (25.7%) of all learners in year seven to 11 have tried a vape, an increase from 20.5% (2021). Amongst year 11 learners the figure was 45.4%

<sup>60</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

<sup>61</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>62</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

<sup>63</sup> NHS Wales Public Health Wales and The School Health Research Network - [Vaping and Smoking amongst Learners in Year seven to 11 in Wales - Analysis from The School Health Research Network Student Health and Well-being Survey in secondary schools, 2023](#)

- Only 2.7% of learners in years seven to 11 now smoke regularly. The majority of these also vape
- The number of learners in year seven to 11 who only vape is 5.2%, higher than in 2021 (3.5%)
- The proportion of learners who only smoke and the proportion who smoke and vape regularly have both fallen since 2021
- Nicotine use by smoking or vaping at least weekly is currently 8.0% amongst learners in years seven to 11. This proportion has risen on every Survey since 2019 when it was 5.4%
- The data provides evidence that an increasing number of learners who have never and would never smoke regularly, are vaping regularly

The table below shows the percentage of 11- to 16-year-olds who were weekly smokers and E-cigarette users in 2023. The results are taken from Public Health Wales NHS Trust's Secondary School Children's Health and Well-being Dashboard: School Health Research Network Survey Data<sup>64</sup>.

**Table 3.11: Percentage of adolescent weekly smokers and e-cigarette users by local authority, health board and Wales, 2023**

Area	Percentage of weekly smokers aged 11 to 16 years	Percentage of weekly e-cigarette users aged 11 to 16 years
Bridgend	2.1%	7.4%
Merthyr Tydfil	4.2%	10.2%
Rhondda Cynon Taf	2.3%	7.5%
Cwm Taf Morgannwg University Health Board	2.5%	7.8%
Wales	2.6%	6.9%

### 3.2.2.2 Obesity, diet, and physical activity

Obesity prevalence is rising in Wales, (as it is globally). 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, kidney disease, obstructive sleep apnoea, gout, osteoarthritis, and liver disease, among others<sup>65</sup>.

Obesity is complex and can be influenced by a number of factors including economic, commercial, social, and environmental determinants, cutting across government departments.

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

<sup>64</sup> NHS Wales Public Health Wales - [Secondary School Children's Health and Well-being Dashboard: School Health Research Network Survey Data](#)

<sup>65</sup> NHS Wales Public Health Wales - [Overweight and obesity](#)

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

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

Government advice is that everyone should have at least five portions of a variety of fruit and vegetables every day. An adult portion of fruit or vegetables is 80g. Physical activity guidelines for adults aged 19 to 64 include at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week.

The table below shows the percentage of adults aged 16 years and over, in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf who have self-reported lifestyle behaviours, as recorded by the National Survey for Wales<sup>66</sup> between 2021 and 2023.

**Table 3.12: Percentage of adults (aged 16 years and over) self-reporting lifestyle behaviours by local authority and Wales, 2021 to 2023**

Area	Population 16 years and over <sup>67</sup> , <sup>68</sup>	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Ate five portions of fruit and vegetables the previous day
Bridgend	122,161	70.0%	30.0%	51.0%	32.0%
Merthyr	47,880	75.0%	33.0%	48.0%	22.0%
Rhondda Cynon Taf	199,852	65.0%	28.0%	54.0%	22.0%
Wales	2,641,000	62%	25%	56%	29%

The table below is a comparison of the local authorities in Wales and shows the percentages of adults (16 years and over) who self-reported lifestyle behaviours in the period 2021-2023, and where Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf rank.

Ranking: First (one) equals the local authority with the lowest percentage of adults and 22 is the local authority with the highest.

<sup>66</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours \(2021 to 2023\)](#)

<sup>67</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>68</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

**Table 3.13: Comparison of adults (16 years and over) who self-reported lifestyle behaviours for the period 2021-2023 across the local authorities in Wales, and where Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf rank**

Lifestyle behaviour	Lifestyle percentage range	Bridgend	Merthyr Tydfil	Rhondda Cynon Taf	Local authority at one (lowest)	Local authority at 22 (highest)
Being overweight (body mass index over 25)	51.0% - 77.0%	19th	21st	16th	Powys	Blaenau Gwent
Being obese (body mass index over 30)	17.0% - 37.0%	18th	21st	14th	Denbighshire	Blaenau Gwent
Being active for 150 minutes in the week	37.0% - 69.0%	Ninth	Sixth	12th	Conwy	The Vale of Glamorgan
Ate five portions of fruit and vegetables the previous day	14.0% - 41.0%	15th	Fourth	Sixth	Blaenau Gwent	Cardiff

The table below shows the recorded prevalence based on the quality outcomes framework 2025, reported prevalence rates by GP practices for obesity across clusters in Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf. Figures are compared with the Cardiff and Vale University Health Board and the Wales rates.

**Table 3.14: Estimated percentage prevalence of patients registered as having obesity by cluster, health board and Wales, 2025<sup>69</sup>**

Area	Obesity prevalence
Bridgend East	12.0%
Bridgend North	21.3%
Bridgend West	13.1%
Merthyr Tydfil North	19.8%
Merthyr Tydfil South	15.1%
Cynon Valley North	18.9%
Cynon Valley South	19.8%
Rhondda Valley North	16.7%
Rhondda Valley South	19.6%
Taff Ely North	16.9%
Taff Ely South	12.1%
Cwm Taf Morgannwg University Health Board	16.4%
Wales	14.4%

The health board has a higher prevalence of obesity than the rate for Wales (16.4% and 14.4% respectively).

Across the Bridgend clusters, recorded prevalence of obesity ranges from 12.0% (Bridgend East) to 21.3% (Bridgend North). Two of the three clusters are lower than the health board and Wales rates (Bridgend East and Bridgend West) and one cluster is higher than both the health board and Wales rates (Bridgend North)

In the Merthyr Tydfil clusters, recorded prevalence of obesity ranges from 15.1% (Merthyr Tydfil South) to 19.8% (Merthyr Tydfil North). Of the two clusters one is lower than the health board's rate but higher than the Wales rate (Merthyr Tydfil South) and the other cluster is higher than both the health board and Wales rates (Merthyr Tydfil North).

For Rhondda Cynon Taf clusters, recorded prevalence of obesity ranges from 12.1% (Taff Ely South) to 19.8% (Cynon Valley South). All clusters are higher than the health board and Wales rates, except for Taff Ely South which is lower than both.

The table below shows the recorded prevalence range of obesity by local authority areas, compared with health board and Wales rates.

<sup>69</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

**Table 3.15: Range of estimated percentage prevalence of obesity based on people on GP practice registers by local authority, health board and Wales, 2025**

Area	Obesity prevalence
Bridgend	12.0% - 21.3%
Merthyr Tydfil	15.1% - 19.8%
Rhondda Cynon Taf	12.1% - 19.8%
Cwm Taf Morgannwg University Health Board	16.4%
Wales	14.4%

### 3.2.2.3 Alcohol<sup>70,71</sup>

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<sup>72</sup>. 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. It has also been identified as a causal factor (consuming alcohol is a direct or partial cause) in more than 200 medical conditions.

Alcohol misuse is also a cause of falls, accidents, and injuries as well as social problems such as assaults and crimes. In Wales, 49% of all violent crime is alcohol related, as well as contributing to public order and anti-social behaviour in communities, child neglect, domestic and intimate partner violence and the abuse of vulnerable individuals<sup>73</sup>.

Growing up in families where alcohol or substance misuse is a problem and can have negative impacts which persist long into adulthood. 14% of adults have been exposed to alcohol misuse during childhood. Reducing adverse childhood experiences can reduce levels of harmful drinking by 35%.

In 2023, alcohol specific death (wholly caused by alcohol) in Wales increased to a new record high with 562 deaths recorded, marking a 16.0% increase from the previous year (486). Of the alcohol specific deaths in 2023, nearly two thirds (64.8%) involved males.

Alcohol-specific hospital admissions continue to rise with over 12,000 admissions involving more than 8,000 individuals. Older adults aged 50 years and over made up two thirds (67.0%) of those cases.

<sup>70</sup> NHS Wales Public Health Wales - [Alcohol](#)

<sup>71</sup> NHS Wales Public Health Wales - [Record high alcohol related deaths in Wales highlight urgent public health concerns \(March 2025\)](#)

<sup>72</sup> Department of Health and Social Care - [UK Chief Medical Officers' Low Risk Drinking Guidelines \(2016\)](#)

<sup>73</sup> Alcohol Change UK - [Alcohol, crime and disorder](#)

While overall alcohol-specific hospital admissions among those under 25 declined by 17.4% compared to the previous year, school exclusions related to drugs and alcohol reached a new record high of 939 cases in the 2022/23 academic year.

The table below presents the percentage of adults aged 16 years and over, in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf who have self-reported engaging in drinking 14 units or more per week, as recorded by the National Survey for Wales<sup>74</sup> between 2021 and 2023.

**Table 3.16: Percentage of adults (aged 16 years and over) self-reporting drinking 14 units or more per week, by local authority and Wales, 2021 to 2023**

Area	Population 16 years and over <sup>75, 76</sup>	Percentage of adult who self-reported drinking 14 units or more per week
Bridgend	122,161	14.0%
Merthyr Tydfil	47,880	15.0%
Rhondda Cynon Taf	199,852	16.0%
Wales	2,641,000	16.0%

The percentage of adults who self-reported drinking 14 or more units of alcohol per week in the period 2021-2023, across the local authorities in Wales, showed the lowest percentage of adults were in the Isle of Anglesey (12.0%) and the highest percentage was in Monmouthshire (24%), Bridgend ranked fifth, Merthyr Tydfil ranked ninth and Rhondda Cynon Taf ranked 13th.

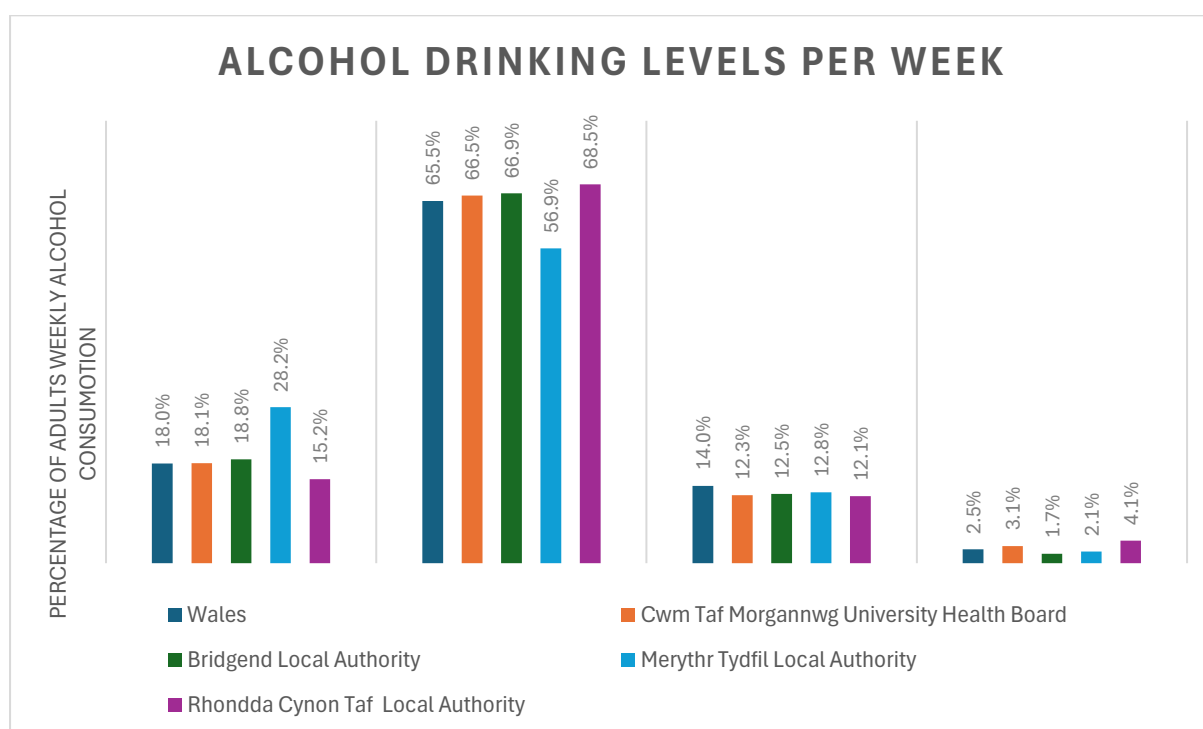
The figure below highlights the reported drinking patterns in the health board, Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf compared to the rate for Wales.

<sup>74</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

<sup>75</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>76</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

**Figure 3.1: Adult weekly drinking levels by local authority, health board and Wales (2021-2023)<sup>77</sup>**



**Key**

Alcohol drinking levels per week
1. Non-drinker (zero units)
2. Moderate drinker (up to and including 14 units)
3. Hazardous drinker (up to 35 units for females and 50 unit for males)
4. Harmful drinker (more than 35 units for females and 50 units for males)

In 2021-23, the European age-standardised rate of alcohol-attributable mortality in Wales was 54.9 deaths per 100,000 population, an increase of 3.4% compared to 2020-22<sup>78</sup>.

The three-year rolling average of deaths from alcohol-specific causes over the most recent five-year reporting period shows that the European age-standardised rate of deaths per 100,000 population increased between 2017-19 and 2021-23. In 2021-23, the three-year rolling average European age-standardised rate was 16.0 alcohol-specific deaths per 100,000 population. This rate has gradually increased in recent years. The rate per 100,000 in the health board was 21.0. The health board was the highest of the seven health boards, the second highest was Swansea Bay University Health Board (18.4), the lowest was Powys Teaching Health Board (10.9).

<sup>77</sup> Social Care Wales - [National social care data portal for Wales - Drinking](#)

<sup>78</sup> NHS Wales Public Health Wales - [Data mining Wales: The annual profile for substance misuse 2023/24](#)

## 3.3 Healthy aging

### 3.3.1 Low birth weight

Low birthweight is defined as a birthweight of less than 2.5kg (around 5.5lbs) and can be associated with health risks in an infant's first year of life<sup>79</sup>. 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<sup>80</sup>.

In 2024 the health board had a higher percentage of low birthweights compared to Wales (6.9% and 6.3% respectively), with Merthyr Tydfil seeing the highest percentage of the three local authorities with 8.0% compared with Bridgend and Rhondda Cynon Taf (5.9% and 7.2% respectively)<sup>81</sup>.

### 3.3.2 Breastfeeding

Breastfeeding provides the best nutritional start in life for a baby. In 2024, breastfeeding rates in Wales were the highest on record at ten days, six weeks, and six months. 64.0% of babies were breastfed at birth. 57.3% of babies were breastfed at ten days, 44.1% at six weeks and 32.5% at six months.

In 2024, the percentage of babies that were breastfed (any breastfeeding) in the health board's area<sup>82</sup> at birth was 56.1%, at ten days 46.8%, at six weeks 32.8% and 22.8% at six months. These percentage rates were lower when compared to the Wales rates.

### 3.3.3 Children living in poverty

In January 2024, Welsh Government published a new "Child Poverty Strategy for Wales 2024"<sup>83</sup> a ten-year strategy, replacing the 2015 "Child Poverty Strategy". The strategy sets out the long-term approach to tackling child poverty and achieving better outcomes for children and young people, regardless of their background or circumstances. Providing a strategic framework to make the most of the levers available to contributing to the eradication of child poverty.

In December 2025, Welsh Government published a new "Child Poverty Strategy Monitoring Framework"<sup>84</sup> replacing the 2024 "Child Poverty Strategy Monitoring Framework". The monitoring framework presents robust population-level data across a range of child poverty indicators, offering insight into the impact of actions and the direction of travel in improving outcomes for children and young people.

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<sup>79</sup> Welsh Government - [Maternity and birth statistics: 2024](#)

<sup>80</sup> NHS Wales Public Health Wales - [Low Birth Weight - Review of risk factors and interventions summary report \(2014\)](#)

<sup>81</sup> Public Health Wales – [Public Health Outcomes Framework](#)

<sup>82</sup> Welsh Government StatsWales - [Breastfeeding by age of baby, type of breastfeeding and local health board](#)

<sup>83</sup> Welsh Government - [Child Poverty Strategy for Wales 2024](#)

<sup>84</sup> Welsh Government - [Child Poverty Strategy Monitoring Framework 2025](#)

The percentage of people in Rhondda Cynon Taf (27.2%) and Merthyr Tydfil (27.7%, and the second highest percentage in Wales after Blaenau Gwent) aged 0 to 15 who live in poverty is higher than the rate for Wales (24.0%). Bridgend has the lowest rate at 22.5%<sup>85</sup>.

### 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 health is an important aspect of a child's overall health status and of their school readiness<sup>86</sup>.

In 2024/25, of 1,227 five-year-olds examined in state-maintained schools in the health board's area:<sup>87</sup>

- 29.7% were affected by tooth decay (range across Wales 20.2% to 36.0%), a reduction since 2022/23.
- Prevalence of tooth decay was highest in Merthyr Tydfil (34.8%) and lowest in Bridgend (27.2%).
- 1.05 teeth were affected by tooth decay, a reduction in the severity of tooth decay since 2022/23 but still higher than the rate for Wales.
- 25.9% of children had untreated tooth decay, higher than the rate for Wales.
- Oral health had a negative impact on 15.3% of the children examined, compared to 17.7% across Wales.

In 2023/24, of 807 12-year-olds examined from 29 state-maintained schools across the health board's area:<sup>88</sup>

- 21.9% (over one in five) children were affected by tooth decay, lower than Wales.
- Across Wales, the prevalence of children affected by tooth decay ranged from 16.8% to 36.4%.
- Across localities authorities and Wales prevalence ranged from 16.8% (Bridgend) to 24.8% (Merthyr Tydfil), Wales was 25%.
- Approximately one in eight children has untreated tooth decay (12.4%)
- Oral health had a negative impact on 41.2% of children examined, compared to 28.1% for Wales.

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<sup>85</sup> Public Health Wales – [Public Health Outcomes Framework](#)

<sup>86</sup> Public Health England. Health Matters: Child dental health. From: [Health Matters: Child dental health - Public health matters \(blog.gov.uk\)](#)

<sup>87</sup> Public Health Wales – [Dental epidemiology programme for Wales](#)

<sup>88</sup> NHS Wales Public Health Wales - [Oral health of school year seven \(12-year-olds\) children 2023/2024 Cwm Taf Morgannwg University Health Board](#)

### 3.3.5 Sexual health

The Royal College of Midwives published a “Wales state of maternity service 2023<sup>89</sup>” below are some of the findings from this document:

- The demographic makeup of women using maternity service in Wales is changing for example, the majority of women giving birth in Wales are now over 30 years. A significant shift over the past decade, where the proportion of births to women aged 30 or older has jumped from 42% (2011) to 53% (2021).
- There were just over 15,000 babies born to women aged 30 years or older, with just over 13,500 births to younger women and girls.
- Nearly six in ten pregnant women in Wales in 2021 were overweight or obese. Higher body mass index during pregnancy is a significant risk factor, for both women and their babies, and can lead to conditions such as gestational diabetes.
- In 2021 the total number of “live” births in Wales was 28,879 of which 4,213 were in the health board.
- In 2021, the most common age for mothers in the health board was 30-34, followed by 25-29. The least common age was 19 years and under.

In 2022, out of the local authorities in Wales, Bridgend was ranked 16th with 17.8 conceptions per 1,000 women 18 years and under, Merthyr Tydfil was ranked tenth with 15.5 conceptions and Rhondda Cynon Taf ranked 22<sup>nd</sup> (24.4)<sup>90</sup>.

Data from the latest Sexual Health Trends in Wales report<sup>91</sup> has shown the number of gonorrhoea diagnoses increased by 27.0% in 2023 compared to the previous year, reaching a total of 5,292 cases. Similarly, syphilis diagnoses saw a 20.0% increase, with 507 cases reported, marking a 17.0% rise from the previous peak in 2019<sup>92</sup>.

This increase may in part be due to enhanced testing efforts, which have improved case detection. However, it is also likely to represent increased transmission of these diseases in Wales. The introduction of the Test and Post home testing service<sup>93</sup> in 2020 has been important in making confidential sexually transmitted infections testing available to all in Wales. These kits allow individuals to test for sexually transmitted infections at home.

The report outlines that the overall sexually transmitted infections testing is at a decade-high level. In 2023, 87,235 individuals were tested for gonorrhoea, and 65,742 for syphilis, showing a significant rise in testing numbers compared to previous years. This increased accessibility to testing is likely uncovering more

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<sup>89</sup> Royal College of Midwives – [Wales state of maternity services 2023](#)

<sup>90</sup> Office of National Statistics - [Conceptions in England and Wales](#)

<sup>91</sup> NHS Wales Public Health Wales - [Sexual Health Trends in Wales: Sexually Transmitted Infections, Emergency and Long-acting Reversible Contraception provision and Termination of Pregnancy Annual report 2024 \(Data to end of 2023\)](#)

<sup>92</sup> NHS Wales Public Health Wales - [Sexually transmitted infection cases climb in Wales: Increases in Gonorrhoea and Syphilis reported \(August 2024\)](#)

<sup>93</sup> NHS Wales Sexual Health Wales - [Test and Post: Home testing for sexually transmitted infections](#)

cases that might have gone undiagnosed in the past, providing a clearer picture of the sexually transmitted infections across Wales.

### **3.3.6 Frailty and falls in older people**

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.

Falls and fractures in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing, and independence of older people.

The causes of having a fall are multifactorial – a fall is the result of the interaction of multiple risk factors. These include:

- Muscle weakness
- Poor balance
- Visual impairment
- Polypharmacy – and the use of certain medicines
- Environmental hazards
- Some specific medical conditions, which might make a person more likely to fall

Falls are events resulting from the presence of risk factors. The likelihood and severity of injury resulting from an event is related to a number of possible factors including bone health, risk of falls, frailty and low weight. Strong bones are important for a person's health. People with low bone mineral density are more likely to experience a fracture following a fall. Osteoporosis is one of the reasons why people have low bone mineral density.

Over three million people in the UK have osteoporosis and they are at much greater risk of fragility fractures. Fragility fractures are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level (or 'low energy') trauma. Hip fractures alone account for 1.8 million hospital bed days and £1.1 billion in hospital costs every year, excluding the high cost of social care.

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.

Fragility fractures are most common in bones of the spine, wrists, and hips. The risk of osteoporosis starts to increase in women after the menopause because their ovaries no longer produce oestrogen, which helps to protect the bones. People may also be at increased risk of osteoporosis because it runs in their family or because of the side effects of some medications such as steroid tablets or injections. Therapies and treatments are available to help prevent fractures in people with osteoporosis.

Other factors can also put a person at risk of fractures are:

- Low body weight (body mass index less than 19)
- Diet lacking in calcium and vitamin D
- Poor mobility
- Smoking
- Alcohol
- Diabetes, and
- Certain long-term medications, especially corticosteroids.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices for osteoporosis (50 years and over) across clusters in Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf. Figures are compared with the health board and Wales rates.

**Table 3.17: Estimated percentage prevalence of patients registered as having osteoporosis (50 years and over) by cluster, health board and Wales, 2025<sup>94</sup>**

Area	Osteoporosis (50 years and over)
Bridgend East	0.6%
Bridgend North	0.6%
Bridgend West	0.4%
Merthyr Tydfil North	0.4%
Merthyr Tydfil South	0.1%
Cynon Valley North	0.2%
Cynon Valley South	0.2%
Rhondda Valley North	0.2%
Rhondda Valley South	0.4%
Taff Ely North	0.4%
Taff Ely South	0.6%
Cwm Taf Morgannwg University Health Board	0.4%
Wales	0.6%

Osteoporosis is lower in the health board (0.4%) than Wales (0.6%)

In Bridgend clusters, osteoporosis rates range from 0.4% (Bridgend West) to 0.6% (Bridgend East and Bridgend North). One of the three clusters is equal the health board rate, but lower than the Wales rate (Bridgend West). Two clusters are higher than the health board rate and equal to the Wales rate (Bridgend East and Bridgend North).

In Merthyr Tydfil, osteoporosis rates range from 0.1% (Merthyr Tydfil South) to 0.4% (Merthyr Tydfil North). One cluster is equal to the health board's rate but lower than the Wales rate and one cluster is lower than both the health board and Wales rates.

<sup>94</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

In Rhondda Cynon Taf, osteoporosis rates range from 0.2% (Cynon Valley North, Cynon Valley South, and Rhondda Valley North) to 0.6% (Taff Ely South). Five of the six clusters are lower or equal to the health board’s rate and all clusters are lower or equal to the Wales rate.

The table below shows the recorded prevalence range of osteoporosis (50 years and over) by local authority areas, compared with health board average and Wales average.

**Table 3.18: Range of estimated percentage prevalence of osteoporosis (50 years and over) based on people on GP practice registers by local authority, health board and Wales, 2025<sup>95</sup>**

Area	Osteoporosis (50 years and over) percentage prevalence range
Bridgend	0.4% - 0.6%
Merthyr Tydfil	0.1% - 0.4%
Rhondda Cynon Taf	0.2% - 0.6%
Cwm Taf Morgannwg University Health Board	0.4%
Wales	0.6%

### 3.3.7 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.

Dementia is a major and growing global health challenge<sup>96</sup>. In 2019, an estimated 57 million people worldwide were living with the condition, a figure projected to rise to 153 million by 2050. It is currently the seventh leading cause of death globally and a major contributor to disability among older adults.

Research suggests that up to 45.0% of dementia cases could be prevented by addressing 14 modifiable risk factors across the life course. These include:

- Physical inactivity
- Smoking
- Excessive alcohol consumption
- Untreated hearing and vision loss
- Social isolation, and
- Conditions such as hypertension, diabetes, and obesity.

<sup>95</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>96</sup> NHS Wales Public Health Wales - [Almost Half of Dementia Cases Could Be Prevented Through Lifestyle Changes \(March 2026\)](#)

This evidence challenges the long-held view that dementia is an unavoidable part of ageing and highlights the importance of early and sustained action to protect brain health.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices for dementia across clusters in Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf. Figures are compared with the health board and Wales rates.

**Table 3.19: Estimated percentage prevalence of patients registered as having dementia by cluster, health board and Wales, 2025<sup>97</sup>**

Area	Dementia prevalence
Bridgend East	0.7%
Bridgend North	0.7%
Bridgend West	0.9%
Merthyr Tydfil North	0.6%
Merthyr Tydfil South	0.6%
Cynon Valley North	0.7%
Cynon Valley South	0.5%
Rhondda Valley North	0.7%
Rhondda Valley South	0.8%
Taff Ely North	0.6%
Taff Ely South	0.6%
Cwm Taf Morgannwg University Health Board	0.7%
Wales	0.8%

The health board has a lower prevalence of dementia than Wales (0.7% and 0.8% respectively).

Across Bridgend clusters, recorded prevalence of dementia ranges from 0.7% (Bridgend East and Bridgend North) to 0.9% (Bridgend West). Two of the three clusters are equal to the health board rate and lower than the Wales rate, and one cluster is higher than both the health board and Wales rates.

The Merthyr Tydfil clusters, have the same recorded prevalence of dementia (0.6%), both clusters are lower than the health board and Wales rates.

For the Rhondda Cynon Taf clusters, recorded prevalence of dementia ranges from 0.5% (Cynon Valley South) to 0.8% (Rhondda Valley South). Five of the six clusters are lower than or equal to the health board rate and one clusters is higher (Rhondda Valley South). All clusters are lower than or equal to the Wales rate.

<sup>97</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

## 3.4 Cancer and screening

### 3.4.1 Cancer

The four most common types of cancer in Wales<sup>98</sup> are prostate cancer, breast cancer, lung cancer, and colorectal cancer. These cancer types had between 2,500 and 3,100 new cases each in 2019. Together, they made up more than half of all new cancer cases in Wales (not including non-melanoma skin cancer).

By 2025, Public Health Wales projected that there would be around 24,000 new cancer cases each year among people living in Wales, up from around 20,000 in 2019. This is mostly because there will be more older people than in the past, and cancer is more common in older people.

Cancer causes around one in four of all deaths of people living in Wales (2024). Lung cancer is the leading cause of cancer death in Wales and in 2024, it caused 1,759 deaths, almost twice as many as the next most common cause. Other cancers that caused more than 500 deaths in 2024 were colorectal cancer (987), cancer of unknown primary origin (659), prostate cancer (624), breast cancer (590, 589 female breast)), and pancreatic cancer (555).

The most common cancer types in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf are identified in accordance with the Public Health Wales Cancer Reporting Tool (March 2026)<sup>99</sup>.

The table below shows the incidence of the six most common types of cancer for women between 2020 and 2022.

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<sup>98</sup> NHS Wales Public Health Wales - [Cancer in Wales – trends and projections \(September 2025\)](#)

<sup>99</sup> NHS Wales Public Health Wales - [Cancer reporting tool Wales \(March 2026\)](#)

**Table 3.20: Cancer incidence by cancer type, European age-standardised rate per 100,000, women, all ages, by health board, local authority, and Wales (three-year period, 2020 – 2022)**

Area	Breast	Lung	Colorectal	Uterus	Melanoma of the skin	Cancer of unknown primary origin
Bridgend	132.4	67.2	49.3	29.9	36.1	18.4
Merthyr Tydfil	153.3	77.9	47.4	41.2	28.2	21.0
Rhondda Cynon Taf	169.5	78.5	59.1	36.5	24.6	17.4
Cwm Taf Morgannwg University Health Board	154.7	74.5	54.2	34.8	29.0	18.2
Wales	163.3	68.1	58.7	31.4	28.4	16.2

Across the three-year period (2020–2022), Bridgend, Merthyr Tydfil and Rhondda Cynon Taf show different incidence patterns across the cancer types shown for females (all ages) per 100,000.

- Breast cancer incidence was higher in Rhondda Cynon Taf (169.5 per 100,000) than Bridgend and Merthyr Tydfil (132.4 and 153.3 respectively). Rhondda Cynon Taf was higher than both the health board and Wales rates (154.7 and 163.3 respectively), while Bridgend and Merthyr Tydfil were lower.
- Lung cancer incidence was higher in Rhondda Cynon Taf (78.5) than Bridgend and Merthyr Tydfil (67.2 and 77.9 respectively). Rhondda Cynon Taf and Merthyr Tydfil were both higher than the health board and Wales rates (74.5 and 68.1 respectively), while Bridgend was lower.
- Colorectal cancer incidence was higher in Rhondda Cynon Taf (59.1) than Bridgend and Merthyr Tydfil (49.3 and 47.4 respectively). Rhondda Cynon Taf was higher than both the health board and Wales rates (54.2 and 58.7 respectively), while Bridgend and Merthyr Tydfil were lower.
- Uterus cancer incidence was higher in Merthyr Tydfil (41.2) than Bridgend and Rhondda Cynon Taf (29.9 and 36.6 respectively). Merthyr Tydfil and Rhondda Cynon Taf were both higher than the health board and Wales rates (34.8 and 31.4 respectively), while Bridgend was lower.
- Melanoma of the skin cancer incidence was higher in Bridgend (36.1) than Merthyr Tydfil and Rhondda Cynon Taf (28.2 and 24.6 respectively). Bridgend was higher than both the health board and Wales rates (29.0 and 28.4 respectively), while Merthyr Tydfil and Rhondda Cynon Taf were lower.
- Cancer of unknown primary origin incidence was higher in Merthyr Tydfil (21.0) than Bridgend and Rhondda Cynon Taf (18.4 and 17.4 respectively). Bridgend and Merthyr Tydfil were higher than both the health board and Wales rates (18.2 and 16.2 respectively), while Rhondda Cynon Taf was lower than the health board, but higher than Wales rates.

The table below shows the incidence of the six most common types of cancer for men between 2020 and 2022.

**Table 3.21: Cancer incidence by cancer type, European age-standardised rate per 100,000, mean, all ages, by health board, local authority, and Wales (three-year period, 2020 – 2022)**

Area	Prostate	Colorectal	Lung	Melanoma of the skin	Head and neck	Urinary tract excluding bladder
Bridgend	195.6	96.7	69.8	40.0	38.3	20.8
Merthyr Tydfil	195.5	121.5	95.0	50.4	40.9	21.4
Rhondda Cynon Taf	168.8	92.1	90.5	38.8	35.1	27.9
Cwm Taf Morgannwg University Health Board	181.7	97.3	84.0	40.7	37.0	24.6
Wales	164.4	94.0	79.9	32.9	31.8	27.9

Across the three-year period (2020–2022), Bridgend, Merthyr Tydfil and Rhondda Cynon Taf show different incidence patterns across the cancer types shown for men (all ages) per 100,000.

- Prostate cancer incidence was higher in Bridgend (195.6 per 100,000) and Merthyr Tydfil (195.5) than Rhondda Cynon Taf (168.8). Bridgend and Merthyr Tydfil were higher than both the health board and Wales rates (181.7 and 164.4 respectively), while Rhondda Cynon Taf was lower than the health board but higher than Wales.
- Colorectal cancer incidence was higher in Merthyr Tydfil (121.5) than Bridgend and Rhondda Cynon Taf (96.7 and 92.1 respectively). Merthyr Tydfil was higher than both the health board and Wales rates (97.3 and 94.0 respectively), while Bridgend was lower than the health board rate but higher than the Wales rate and Rhondda Cynon Taf was lower than both.
- Lung cancer incidence was higher in Merthyr Tydfil (95.0) than Bridgend and Rhondda Cynon Taf (69.8 and 90.5 respectively). Merthyr Tydfil and Rhondda Cynon Taf were higher than the health board and Wales rates (84.0 and 79.9 respectively), while Bridgend was lower than both.
- Melanoma of the skin cancer incidence was higher in Merthyr Tydfil (50.4) than Bridgend and Rhondda Cynon Taf (40.0 and 38.8 respectively). Merthyr Tydfil is higher than the health board and Wales rates (40.7 and 32.9 respectively), while Bridgend and Rhondda Cynon Taf and lower than the health board rate but higher than the Wales rate.
- Head and neck cancer incidence was higher in Merthyr Tydfil (40.9) than Bridgend and Rhondda Cynon Taf (38.3 and 35.1 respectively). Bridgend and Merthyr Tydfil were higher than the health board and Wales rates (37.0 and 31.8 respectively), while Rhondda Cynon Taf was lower than the health board rate but higher than the Wales rate.

- Urinary tract excluding bladder cancer incidence was higher in Rhondda Cynon Taf (27.9) than Bridgend and Merthyr Tydfil (20.8 and 21.4 respectively). Rhondda Cynon Taf is higher than the health board rate and equal to the Wales rate (24.6 and 27.9 respectively), while Bridgend and Merthyr Tydfil are lower than both.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 of cancer across clusters in Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf. Figures are compared with the health board and the Wales rates.

**Table 3.22: Estimated percentage prevalence of patients registered as having cancer by cluster, health board and Wales, 2025<sup>100</sup>**

Area	Cancer prevalence
Bridgend East	3.7%
Bridgend North	4.0%
Bridgend West	5.0%
Merthyr Tydfil North	3.7%
Merthyr Tydfil South	2.9%
Cynon Valley North	3.0%
Cynon Valley South	3.1%
Rhondda Valley North	3.7%
Rhondda Valley South	3.0%
Taff Ely North	3.0%
Taff Ely South	3.2%
Cwm Taf Morgannwg University Health Board	3.5%
Wales	3.7%

The health board as a whole has lower prevalence of cancer than Wales (3.5% and 3.7% respectively).

In Bridgend clusters, recorded prevalence of cancer ranges from 3.7% (Bridgend East) to 5.0% (Bridgend West). All three clusters are higher than the health board rate, two clusters are higher than the Wales rate (Bridgend North and Bridgend West) and one cluster is equal to the Wales rate (Bridgend East).

Merthyr Tydfil clusters recorded prevalence of cancer ranges from 2.9% (Merthyr Tydfil South) to 3.7% (Merthyr Tydfil North). Merthyr Tydfil North is higher than the health board rate but is equal to the Wales rate, while Merthyr Tydfil South is lower than both.

For Rhondda Cynon Taf clusters, recorded prevalence of cancer ranges from 3.0% (Cynon Valley South, Rhondda Valley South, and Taff Ely North) to 3.7% (Rhondda Valley North). Five of the six clusters are lower than the health board and Wales rates, while one cluster is higher than the health board rate and equal to the Wales rate (Rhondda Valley North).

<sup>100</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

The table below shows the cancer mortality rates in Wales, the health board, Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf across the three-year period (2022-2024), for all cancers, all cancers (aged under 75 years), colorectal cancer, female breast cancer, prostate cancer and trachea, bronchus, and lung cancer (age-standardised per 100,000 persons, all ages unless stated).

**Table 3.23: Cancer death rates (age-standardised per 100,000) for all cancers, all cancers (aged under 75 years), colorectal cancer, female breast cancer, prostate cancer and trachea, bronchus and lung cancer by local authority, health board and Wales (three-year period, 2022 – 2024)<sup>101</sup>**

Area	All cancers	All cancers (aged under 75 years)	Colorectal cancer	Female breast cancer	Prostate cancer	Trachea, bronchus, and lung cancer
Bridgend	253.3	126.7	30.4	28.0	34.6	47.2
Merthyr Tydfil	300.0	151.8	36.1	30.5	44.0	64.2
Rhondda Cynon Taf	276.2	136.8	25.0	29.4	43.2	53.6
Cwm Taf Morgannwg University Health Board	271.2	135.4	28.3	29.1	40.1	52.7
Wales	264.1	131.1	28.3	30.7	43.3	51.2

Across the three-year period (2022–2024), Bridgend, Merthyr Tydfil and Rhondda Cynon Taf show different mortality rates across the cancer types shown for males and females (all ages, unless stated) per 100,000.

- All-cancer mortality rates were higher in Merthyr Tydfil (300.0 per 100,000) than Bridgend and Rhondda Cynon Taf (253.3 and 276.2 respectively). Merthyr Tydfil and Rhondda Cynon Taf were higher than the health board rate and Wales rate (271.2 and 264.1 respectively), while Bridgend was lower than both.
- All cancers in people aged under 75 years mortality rates were higher in Merthyr Tydfil (151.8) than Bridgend and Rhondda Cynon Taf (126.7 and 136.8 respectively). Merthyr Tydfil and Rhondda Cynon Taf were higher than the health board and Wales rates (135.4 and 131.1 respectively), while Bridgend was lower than both.
- Colorectal cancer mortality rate was higher in Merthyr Tydfil (36.1) than Bridgend and Rhondda Cynon Taf (30.4 and 25.0 respectively). Bridgend and Merthyr Tydfil were higher than the health board and Wales rate (28.3), while Rhondda Cynon Taf was lower than both.
- Female breast cancer mortality rate was higher in Merthyr Tydfil (30.5) than Bridgend and Rhondda Cynon Taf (28.0 and 29.4 respectively). Merthyr Tydfil and Rhondda Cynon Taf are higher than the health board's rates (29.1), while

<sup>101</sup> NHS Wales Digital Health and Care Wales - [Cancer mortality dashboard](#)

Bridgend is lower. All three local authorities are lower than the Wales rate (30.7).

- Prostate cancer mortality rate is higher in Merthyr Tydfil (44.0) than Bridgend and Rhondda Cynon Taf (34.6 and 43.2 respectively). Merthyr Tydfil and Rhondda Cynon Taf are higher than the health board rate (40.1) and Bridgend is lower. Merthyr Tydfil is higher than the Wales rate (43.3), while Bridgend and Rhondda Cynon Taf are lower.
- Trachea, bronchus, and lung cancer mortality rates were higher in Merthyr Tydfil (64.2) than Bridgend and Rhondda Cynon Taf (47.2 and 53.6 respectively). Merthyr Tydfil and Rhondda Cynon Taf are higher than the health board and Wales Rates (52.7 and 51.2 respectively), while Bridgend is lower than both.

The table below is a comparison of the local authorities in Wales and shows cancer mortality rate ranges across the cancer types shown for males and females (all ages (unless stated) per 100,000) across the same three-year reporting period (2022-2024) and where Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf rank.

Ranking: First (one) equals the local authority with the lowest mortality rate and 22 is the local authority with the highest.

**Table 3.24: Comparison of cancer mortality rate ranges across the cancer types shown for males and females (all ages (unless stated) per 100,000) across the same three-year reporting period (2022-2024) for the local authorities in Wales, and Bridgend, Merthyr Tydfil, and Rhondda Cynon Taf<sup>102</sup>**

Cancer type	Cancer mortality rate range	Bridgend	Merthyr Tydfil	Rhondda Cynon Taf	Local authority at one (lowest)	Local authority at 22 (highest)
All cancers	229.5 - 315.4	Fifth	21st	16th	Vale of Glamorgan	Blaenau Gwent
All cancers (aged under 75 years)	104.0 – 155.1	Sixth	20th	16th	Monmouthshire	Blaenau Gwent
Colorectal cancer	23.3 – 37.9	17th	21st	Second	Swansea	Blaenau Gwent
Female breast cancer	23.3 – 36.9	Sixth	Nineth	Eighth	Isle of Anglesey	Wrexham
Prostate cancer	29.5 – 61.0	Third	13th	12th	Cardiff	Carmarthenshire
Trachea, bronchus, and lung cancer	38.2 – 65.7	Fifth	21st	15th	Monmouthshire	Blaenau Gwent

<sup>102</sup> NHS Wales Digital Health and Care Wales - [Cancer mortality dashboard](#)

### 3.4.2 Screening

#### 3.4.2.1 Bowel screening

The table below shows bowel screening uptake for the clusters, health board and Wales in 2023/24.

**Table 3.25: Bowel screening uptake at cluster, health board and all-Wales level for 2023/24<sup>103</sup>**

Area	Bowel screening uptake
Bridgend East	67.1%
Bridgend North	64.9%
Bridgend West	67.5%
Merthyr Tydfil North	58.1%
Merthyr Tydfil South	62.7%
Cynon Valley North	64.3%
Cynon Valley South	63.6%
Rhondda Valley North	63.5%
Rhondda Valley South	64.2%
Taff Ely North	61.7%
Taff Ely South	70.3%
Cwm Taf Morgannwg University Health Board	64.5%
Wales	65.5%

#### 3.4.2.2 Diabetic eye screening<sup>104</sup>

In 2023/24 uptake in the health board was 76.7%. 14,858 people were invited to attend a diabetic screening appointment and 11,402 people attended.

#### 3.4.2.3 Cervical screening<sup>105</sup>

Cervical screening uptake in 2022/23 for eligible 25 to 49-year-olds in the health board was 67.4% and for eligible 50 to 64-year-olds was 70.1%.

#### 3.4.2.4 Breast screening<sup>106</sup>

Breast screening coverage has increased, at a national level, from 56.1% (31 March 2023) to 70.0% (31 March 2024). This pattern is replicated across all health boards and is due to recovery following the impact of the Covid-19 pandemic. For the health board, the percentage coverage at 31 March 2024 for women resident in the health board's area (2022-2024) aged 53-70 years was 69.2%, below the programme target of 70%.

<sup>103</sup> NHS Wales Public Health Wales - [Bowel Screening Wales - Programme reports](#)

<sup>104</sup> NHS Wales Public Health Wales - [Diabetic Eye Screening Wales Annual Statistical Report 2023-24](#)

<sup>105</sup> NHS Wales Public Health Wales - [Cervical Screening Wales Annual Statistical Report 2022-2023](#)

<sup>106</sup> NHS Wales Public Health Wales - [Breast Test Wales Annual Statistical Report 2023-24](#)

## 3.5 Prevention of infectious diseases

### 3.5.1 Childhood vaccination uptake

The annual results for 2024/25 are for one-year cohorts of children living in Wales as of 31 March 2025. Uptake is reported on those reaching their first, second, fourth, fifth birthdays between 1 April 2024 to 31 March 2025. Uptake of vaccinations in those reaching 14, 15 and 16 years of average are presented in the school year<sup>107</sup>.

In 2024/25, 6 in 1 DTaP/IPV/Hib/HepB1 vaccine uptake of all three doses in children reaching their first birthday was 96.0% in the health board's area, 96.2% in Bridgend, 95.4% in Merthyr Tydfil and 96.1% in Rhondda Cynon Taf, compared to Wales 94.1%.

Meningococcal serotype B vaccination was introduced in September 2015 for those born 1 May 2015 onwards. Uptake of a complete course in children at two years of age was 92.3% for the average for Wales, and 94.7% for the health board. At a local authority level, Bridgend (95.0%), Merthyr Tydfil (94.0) and Rhondda Cynon Taf (94.7%).

The percentage of resident children reaching their fourth birthday and who are up to date with all scheduled vaccines was 88.0% for the health board higher than the average for Wales (85.3%). There is variation between the three local authorities with uptake within Bridgend (90.8%) higher than Merthyr Tydfil and Rhondda Cynon Taf (84.5% and 87.3% respectively).

Measles, mumps, and rubella - uptake of two doses in children at five years of age was 92.2% for the health board, compared with the Wales average 89.5%. Two doses in teenagers turning 16 years of age between 1 September 2024 and 31 August 2025 was 92.9% for Wales and 95.3% for the health board – Bridgend (95.4%), Merthyr Tydfil (94.2%) and Rhondda Cynon Taf (95.6%).

### 3.5.2 Influenza vaccination uptake<sup>108</sup>

In 2024/25 the influenza vaccination uptake in those aged 65 years and older in Wales was 70.4 % and in the health board it was 69.3%. The rate of vaccination in 2021/22 was 76.7% and rates have declined year on year since.

Uptake in those aged under 65 years and at risk in Wales was 36.9% and in the health board's area it was 35.4%. The rate of vaccination in 2021/22 was 43.2% and rates have declined year on year since.

In Wales, 43.7% of children aged two and three years old were immunised against influenza in general practice between 1 September 2024 and 31st March 2025

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<sup>107</sup> NHS Wales Public Health Wales - [Vaccine uptake in children in Wales - COVER annual report 2025- year ending 31 March 2025](#)

<sup>108</sup> Public Health Wales – [Annual influenza surveillance and influenza vaccination uptake report 2024/25](#)

compared to 44.2% for the health. Uptake in children aged four to 15 years was higher for the health board compared to Wales for ages four to ten years and lower for ages 11 to 15 years.

## 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
- 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 the area for business, or to visit friends and family or tourist attractions, eg Porthcawl area
- Carers
- People living in deprivation
- Prison leavers
- People with substance dependency
- Former coal miners (colliers), steel workers and their communities

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

### 4.1 Age<sup>109</sup>

Health issues tend to be greater amongst the very young and the very old. However, whilst it is clear that the number and proportion of people aged 65 years and over is set to rise and the prevalence of nearly all chronic and long-term conditions increases with age, it is important to recognise that the older population is very diverse in nature with many people remaining fit and active. While it is indeed the case that a growing older population will lead to an increasing number of people living with complex health and care needs, there will also be growing numbers across all older age groups living without any significant needs for support.

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<sup>109</sup> Cwm Taf Morgannwg - [Population Needs Assessment 2022 - 2027](#)

Furthermore, acquiring a health condition or disability does not necessarily equate to high levels of demand for health and care services. Many people aged 75 years and over will have one or more health conditions but may not consider that their health condition has, or conditions have, a significant impact on their life. Older people also provide significant amount of time and energy caring for others.

Over the next 10 years (2022 to 2032) it is predicted Cwm Taf Morgannwg University Health Board's population will rise to 463,809 (3%), and to 475,229 (5%) over the next 20 years (2022 – 2042). The total number of people living in Cwm Taf Morgannwg University Health Board who are aged over 50 years is 178,087, equating to 40% of the total population.

It is predicted over the next 10 years the number of children and young people will rise by 846 (0.6%). The population aged 64 years and under is predicted to decrease. The expectation is people aged 65 years will increase with the most significant increase in those aged 85 years and over. This will have a considerable effect on individuals, their communities and the services that support them.

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<sup>110</sup> 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”.

For older people:

- Age is the single biggest factor associated with having a long-term condition with two-thirds of people aged 65 and over in Wales reporting they have at least one long-term or chronic condition. One third (33%) of older adults (65+) have multiple long-term conditions (multimorbidity) and over three-quarters of people aged 85+ report having a limiting long-term illness<sup>111</sup>. Public Health Wales provided a written response in June 2023 to the Health and Social Care Committee on supporting people with chronic conditions<sup>112</sup> which noted that a “considerable proportion of the burden of disease and ill-health in Wales is preventable” by addressing behavioural (lifestyle) risk factors such as smoking, excessive alcohol consumption, unhealthy diets, and physical inactivity.
- Unhealthy behaviours are common in older people too, just as with the rest of the population. Behaviours such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are major cause of long-term

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<sup>110</sup> Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council and Cwm Taf University Health Board - [Joint commissioning statement for Older People's Services 2015 - 2025](#)

<sup>111</sup> National Assembly for Wales - [A profile of long-term conditions in Wales](#)

<sup>112</sup> Health and Social care Committee - [Supporting people with chronic conditions Public Health Wales written response June 2023](#)

conditions. In particular, there is concern over significant numbers of older people who drink excessive alcohol.

- 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. In 2020/21 there were 6,573 falls across Cwm Taff Morgannwg University Health Board's area that required an ambulance, with almost 50% requiring an ambulance involving people aged over 80. There has been a significant increase in the calls since the 2018/19 year, with the 2020/21 numbers over 80% higher than 2018/19<sup>113</sup>.
- 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. The lockdown restrictions imposed during the Covid-19 pandemic in 2020, are likely to have exacerbated these issues across all age groups. 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 an 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 2021 showed that 26,048 people aged 66 years and over live alone in Cwm Taf Morgannwg University Health Board's area, around 13.6% of the population<sup>114</sup>. 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. Age Cymru hosted an event in April 2024, which highlighted the gap between the current level of investment in older people's mental health and the pressing needs across Wales. The event spotlighted some key statistics regarding poor mental health among older demographics in Wales including 22% of men and 28% of women over 65 suffering from depression, while 30% of older carers experience depression at some point. It also highlighted that older individuals experiencing bereavement are four times more likely to suffer from depression<sup>115</sup>.

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<sup>113</sup> Cwm Taf Morgannwg - [Population Needs Assessment 2022 - 2027](#)

<sup>114</sup> [NOMIS TS003](#) – Household composition

<sup>115</sup> Age Cymru - [Welsh Government consults on mental health and wellbeing, and suicide prevention strategies \(2024\)](#)

- Dementia is the leading cause of deaths in England and Wales. Welsh Government estimates there to be 42,000 people over the age of 65 living with dementia in Wales, but Alzheimer’s Society Cymru<sup>116</sup> estimates suggest the total number could be as high as 51,000. This figure is set to rise by 37% to almost 70,000 people by 2040.
- 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. The Welsh Government will be publishing in 2026 a new Dementia Strategy (2026 – 2036) replacing the Dementia Action Plan published in 2018<sup>117</sup>, and subsequent Companion Document in 2021. The 2026 Dementia Strategy aims to improve dementia care and support across Wales. At the time of writing this pharmaceutical needs assessment the strategy was not published.
- Good physical health has a significant beneficial impact on health and wellbeing in older age. The ability to be physically active improves muscle strength and emotional health whilst reducing risk of falls and isolation.
- A Welsh study<sup>118,119</sup> funded by Health and Care Research Wales in collaboration with Cardiff University explored how to improve lives of people living with vision impairment. The study commenced 1 October 2022 and ended 30 September 2024. In 2020, over 1,000 people in Wales were formally registered as sight impaired or severely sight impaired. Vision impairment is one of the most common disabling conditions in older people that affects every day lives, including relationships and social connections. According to Age UK around 1.5 million people in the UK, over the age of 65 are living with vision impairment.
- Sight loss is a significant public health issues, particularly for older people, as it can affect physical and mental health and a person’s independence, making people more likely to have a fall or become socially isolated.

For young people:

- There is evidence that the first one thousand days of life<sup>120</sup> (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”.
- Children born into poverty are more likely to be adults with poor health than those born into affluence.

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<sup>116</sup> Alzheimer’s Society Cymru - [A new dementia action plan for Wales \(2025\)](#)

<sup>117</sup> Welsh Government - [Dementia action plan 2018 - 2022](#)

<sup>118</sup> Health and Care Research Wales - [Research into pathway for older people with vision impairment to navigate support and services](#)

<sup>119</sup> Health and Care Research Wales - [A preventative approach to ensuring access to a sustainable, whole system pathway for older people with vision impairment \(ASSIST\)](#)

<sup>120</sup> Public Health Wales - [The First 1000 Days programme](#)

- 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. Adverse childhood experiences are stressful experiences occurring during childhood that directly harm a child or affect the environment in which the child lives in and can continue to harm the health of children throughout their life.
- In 2016 Public Health Wales published the first Welsh adverse childhood experiences study<sup>121</sup>. A substantial proportion of the Welsh population, nearly half (47%) of adults, experienced at least one adverse childhood experience before the age of 18, and 14% suffered four or more. Adverse childhood experiences cause long lasting health harms which continue into adulthood and older age.
- People who have experienced four or more adverse childhood experiences are:
  - four times more likely to be a high-risk drinker
  - Six times more likely to smoke
  - Six times more likely to have had underage sex
  - Six times more likely to have had or caused unintended teenage pregnancy
  - 11 times more likely to have smoked cannabis
  - 14 times more likely to have been a victim of violence in the previous 12 months
  - 15 times more likely to have committed violence against another person in the previous year
  - 16 times more likely to have used heroin or crack cocaine, and
  - 20 times more likely to be incarcerated during their lifetime.
- In Wales, a quarter (23%) of adults were exposed to verbal abuse as a child, a fifth (20%) to parental separation; 17% to physical abuse, 16% to domestic violence, 14% to mental illness, 14% to alcohol abuse, 10% to sexual abuse, and 5% each to drug use or incarceration of a parent. ‘Trauma-informed’ services can provide a supportive environment for people who have experienced adverse childhood experiences, encouraging engagement and improved management of conditions.
- Making sure that children are supported to take control of their own lives and wellbeing, will help them to live their best possible lives. Providing clear and

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<sup>121</sup> Public Health Wales - [Adverse Childhood Experiences](#)

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.

- Teenage years are also important and there is strong evidence that teenage lifestyle behaviours impact on future longer-term health and social care outcomes in adults. With many children developing unhealthy behaviours in terms of physical activity and diet, 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.
- On average across Wales, one in four children is either overweight or obese (25.5%). As deprivation levels increase in Wales, so does the percentage of children at risk of becoming obese. For example, just over one in seven children living in the most deprived neighbourhoods are likely to be obese in the future, compared to less than one in ten residing in areas of least deprivation<sup>122</sup>. Obesity Alliance Cymru in their 2025 response to the “Healthy Eating and drinking in maintained schools in Wales” advised studies have shown that children and adolescents living with obesity are around five times more likely to live with obesity into adulthood, with 80% of adolescents living with obesity still measuring as having obesity in adulthood<sup>123</sup>.
- Public Health Wales collected data across Wales during the 2022-2023 school year.<sup>124</sup> The data for Cwm Taf Morgannwg University Health Board showed:
  - the proportion of children categorised as experiencing ‘overweight not obesity’ was slightly lower at 14.1% compared with 15.0% observed in 2018/19. The proportion with overweight not obesity was higher in Merthyr Tydfil at 15.8% compared with the other two local authorities
  - the proportion of children categorised as having obesity was 12.9%. This was lower than the 15.2% observed in 2018/19. There was an upward trend pre-pandemic however, the 2022/23 observation is lower. This should be interpreted with caution as there is only one observation since the pandemic.
  - 90% of people who smoke in the UK started before the age of 21<sup>125</sup>. Vaping has become the dominant nicotine behaviour among adolescents in Wales. 5% of children and young people aged 11–16 vape at least weekly (increasing from 3% in 2019)<sup>126</sup>.
- 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<sup>127</sup>. Children and young people who are at greater risk of mental health problems include those

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<sup>122</sup> Chemisy4u - [Obesity Statistics Report 2025](#)

<sup>123</sup> Obesity Alliance Cymru Response - [Healthy Eating and drinking in maintained schools in Wales \(2025\)](#)

<sup>124</sup> Public Health Wales - [Child Measurement Programme 2022-2023](#)

<sup>125</sup> Cancer Research UK - [Around 350 young adults start smoking every day in the UK - Cancer News](#)

<sup>126</sup> Public Health Network Cymru - [Smoking and vaping](#)

<sup>127</sup> The Children’s Society - [Children's mental health statistics](#)

going through family breakdown; those in the 'looked after system', those showing behavioural problems, and children who have experienced trauma.

- The Wales Centre for Evidence Based Care produced the most recent national forecast of long-term conditions across age groups in Wales<sup>128</sup>. The burden of long-term conditions is expected to rise over the next ten years, driven by increases in multimorbidity, obesity, poor nutrition, and persistent health inequalities.

## 4.2 Disability<sup>129</sup>

According to the World Health Organization<sup>130</sup>, an estimated 1.3 billion people experience significant disability, and this number is growing due to demographic and epidemiological changes in the population (such as ageing and the global increase in chronic health conditions), and health emergencies (such as disease outbreaks, natural disasters, and conflicts).

- Some persons with disabilities die up to 20 years earlier than those without disabilities.
- Persons with disabilities have twice the risk of developing conditions such as depression asthma, diabetes, stroke, obesity, or poor oral health.
- Persons with disabilities face many health inequities.
- Persons with disabilities find inaccessible and unaffordable transportation 15 times more difficult than for those without disabilities.
- Health inequities arise from unfair conditions faced by persons with disabilities, including stigma, discrimination, poverty, exclusion from education and employment, and barriers faced in the health system itself.

People with disabilities are not a homogeneous group. They include people of different ages, genders and ethnicity which will influence their healthcare needs and access.

Between 2021 and 2023:

- 9.0% of adults reported being in bad or very bad health in Bridgend,
- 12% reported in Merthyr Tydfil and
- 8% in Rhondda Cynon Taf.

55% of people in Cwm Taf Morgannwg University Health Board's area reported their day to day activities to be 'limited by longstanding illness'<sup>131</sup>.

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

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<sup>128</sup> Wales Centre for Evidence Based Care - [Forecasted prevalence and incidence of long-term conditions in Wales \(2023\)](#)

<sup>129</sup> Cwm Taf Morgannwg - [Population Needs Assessment 2022 - 2027](#)

<sup>130</sup> World Health Organization - [Disability factsheet 2023](#)

<sup>131</sup> StatsWales - [Adult general health and illness by local authority and health board, 2020-21 onwards](#)

sighted, deaf, and hard of hearing. A disability may be present from birth or occur during a person's lifetime.

The Cwm Taf Morgannwg University Health Board sight loss briefing published March 2023 estimated the number of people in Cwm Taf Morgannwg University Health Board living with sight loss was 14,780. By 2032 it is expected there will be 17,270 living with sight loss, an estimated increase of 17% over the next decade.

**Figure 4.1: projected increase in the number of people living with sight loss**

Severity of sight loss	2022	2032
Mild sight loss	9,500	11,090
Moderate sight loss	3,330	3,860
Severe sight loss	1,950	2,340
<b>Total</b>	<b>14,780</b>	<b>17,270</b>

There are 1,899 people in Cwm Taf Morgannwg University Health Board registered blind or partially sighted.

**Figure 4.2: number of people who are registered blind or partially sighted by age group**

Age band	Registered blind	Registered partially sighted	Total
0-17	38	46	84
18-64	309	241	550
65+	658	894	1,265
<b>Total</b>	<b>1,005</b>	<b>894</b>	<b>1,899</b>

The older you are, the greater your risk of sight loss. The proportion of people aged 75 years and over in Cwm Taf Morgannwg University Health Board's area is similar to the average for Wales - 9.0% of the population are aged 75 plus, compared to 10% in Wales. People from different ethnic communities are at greater risk of some of the leading causes of sight loss. The proportion of people from minority ethnic groups is lower than the average for Wales - 2.5% of the population are from minority ethnic groups, compared to 4.3% across Wales.

The number of people impacted by slight loss and the impact this has on their daily life in Cwm Taf Morgannwg University Health Board as follow.:

- Only one in four registered blind and partially sighted people of working age are in employment.
- Half of blind and partially sighted people are always or frequently limited in the activities that they would like to take part in.
- 36% of blind and partially sighted people never use the internet or don't have access to it. This is significantly higher than the UK average of 10%.

The estimated numbers for people living with certain sight threatening eye conditions in Cwm Taf Morgannwg University Health Board are as follows:

## Age-related macular degeneration

Severity of condition	Estimated number of people living with it
Early-stage age-related macular degeneration	20,660
Late-stage dry age-related macular degeneration	1,500
Late-stage wet age-related macular degeneration	3,100
Combined late-stage age-related macular degeneration	4,370

Between 2022 and 2032 it is estimated there will be an increase of 20% in the number of people living with late-stage age-related macular degeneration.

## Cataract

Eye condition	Estimated number of people living with it
Cataract	4,900

Between 2022 and 2032 it is estimated there will be an increase of 20% in the number of people living with cataract.

## Glaucoma

Eye condition	Estimated number of people living with it
Ocular hypertension	9,440
Glaucoma	4,900

Between 2022 and 2032 it is estimated there will be an increase of 14% in the number of people living with glaucoma.

## Diabetic eye disease

Severity of condition	Estimated number of people living with it
Adults have diagnosed diabetes	29,480
People are living with diabetic retinopathy, of these	8,910
Of those living with diabetic retinopathy, the number who have severe diabetic retinopathy, a later stage of the disease that is likely to result in significant and potentially certifiable sight loss.	820

Between 2022 and 2032 it is estimated there will be an increase of 5.0% in the number of people living with diabetic retinopathy.

Sight loss can be linked to poor health and other health conditions. People are also more likely to experience a stroke as they get older around 60% of people who suffer a stroke will also experience some form of visual impairment immediately afterwards.

Certain risk factors can also increase the chance of sight loss. For example, smoking can double the risk of age-related macular degeneration and obesity increases the risk of developing diabetes which can cause sight loss. Falls are more common and more likely to have serious outcomes amongst older people. In some cases, falls can lead to serious medical problems and a range of adverse outcomes for health and wellbeing. It is estimated in Cwm Taf Morgannwg University Health Board:

- 1,890 people with sight loss aged over 65 experience a fall per year,
- of these falls, 900 are directly attributable to sight loss,
- 150 people aged over 65 with sight loss experience a severe fall per year (a severe fall is defined as a fall that results in hospital admission through Accident & Emergency), and
- of these severe falls, 75 are directly attributable to sight loss.

People with learning disabilities are ten times more likely to experience sight loss than the general population. It is estimated in Cwm Taf Morgannwg University Health Board's area that 565 adults have a learning disability and partial sight. A further 160 adults have a learning disability and blindness.

Prevalence of sight loss is higher among people with dementia, especially those living in care homes. In Cwm Taf Morgannwg University Health Board's area, it is estimated that 7,120 people are living with dementia. Within this group it is estimated that 2,520 people have dementia and vision impairment.

It is estimated in Cwm Taf Morgannwg University Health Board's area that 48,820 people have moderate or severe hearing impairment, and 1,020 people have a profound hearing impairment. It is also estimated 2,820 people are living with some degree of dual sensory loss. Of these people, it is estimated that 1,070 are living with severe dual sensory loss (sight and hearing loss).

In 2022 it was estimated that 1,010 people are included on the local authority hearing impairment register for Bridgend, 248 people in Merthyr Tydfil and 986 people in Rhondda Cynon Taf<sup>132</sup>.

In 2021 to 2022 there were 427 people registered with learning disabilities in Bridgend, 17 people in Merthyr Tydfil and 1,045 people in Rhondda Cynon Taf<sup>133</sup>. 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<sup>134</sup>.

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<sup>132</sup> StatsWales - [Physically/sensory disabled persons by local authority, disability and age range](#)

<sup>133</sup> StatsWales - [Persons with learning disabilities by local authority, service and age range](#)

<sup>134</sup> National Institute for Health and Care Excellence - [Care and support of people growing older with learning disabilities \(2018\)](#)

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.

In Wales<sup>135</sup>, there are:

- 54,000 adults with a learning disability
- 40,000 adults of working age with a learning disability (18 to 64 years)
- 15,000 children with a learning disability (0 to 17 years).
- 6,000 children aged 0 to 7 years with a learning disability

Social isolation and feeling lonely is an issue for people with physical disabilities including sensory impairment and people with learning disabilities. Access to accessible communication and information, including services available, is required.

### **4.3 Pregnancy and maternity**

Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child's future development at risk. However, pregnancy is also a powerful motivator for change as it represents a time when women and partners are more susceptible to new information and are more likely to make positive lifestyle changes to provide optimal conditions to ensure the health and wellbeing of the unborn baby.

The periods before, during and after pregnancy also provide opportunities to give women practical, consistent advice to help them manage their weight and stop smoking to avoid associated complications.

#### **4.3.1 Perinatal mental health<sup>136,137</sup>**

Perinatal mental illnesses affect at least 10% of women and, if untreated, can have a devastating impact on them and their families. When mothers suffer from these illnesses it increases the likelihood that children will experience behavioural, social, or learning difficulties and fail to fulfil their potential. If perinatal mental illnesses go untreated, they can have long term implications for the wellbeing of women, their babies, and families.

Key findings<sup>138</sup>.

- At least one in five women experience mental health problems during pregnancy and after birth.

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<sup>135</sup> Mencap - [How Common Is Learning Disability In The UK?](#)

<sup>136</sup> National Institute for Health and Care Excellence - [Antenatal and postnatal mental health: clinical management and service guidance, 2020. National Institute for Health and Care Excellence](#)

<sup>137</sup> Royal College of Midwives - [Strengthening perinatal mental health, a roadmap to the right support at the right time](#)

<sup>138</sup> Institute of Health Visiting - [Supporting Perinatal Mental Health Through the Power of Reading](#)

- Anxiety and depression are the most common serious maternity health considerations, affecting 10 to 15% of women.
- In Wales, almost 9,000 new mothers experience perinatal mental health problems each year.

Guidance issued by the National Institute for Health and Care Excellence states that depression and anxiety are the most common mental health problems experienced during pregnancy, with around 12% of pregnant women experiencing depression and 13% anxiety at some point, with many experiencing both. Both can continue to affect women for up to a year after their child's birth.

During pregnancy and the postnatal period, [anxiety disorders](#), including panic disorder, generalised anxiety disorder, obsessive compulsive disorder, posttraumatic stress disorder and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can reemerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between one and two in 1,000 women who have given birth. Women with bipolar I disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history.

Changes to body shape, including weight gain, in pregnancy and after childbirth may be a concern for women with an eating disorder. Although the prevalence of anorexia nervosa and bulimia nervosa is lower in pregnant women, the prevalence of binge eating disorder is higher.

In Wales<sup>139</sup>:

- 32% of pregnant women reported a mental health condition at their initial assessment in 2023. This is an increase of 1.4% from the previous year, and an increase of 12.2% from 2016 (first year of comparable data).
- 38% of pregnant women aged 16 to 19 and 40% of those aged 20 to 24 reported a mental health condition in Wales in 2023. The proportion fell to 29% for those in age groups 30 to 34 and 35 to 39.
- 38% of pregnant women from Mixed ethnic groups and 36% from White ethnic groups reported a mental health condition at their initial assessment in 2023. These were two ethnic groups with the highest proportion of pregnant women reporting a mental health condition and has followed an upward trend since data was first collected in 2016.

NB The percentage of women who reported a mental health condition at their initial assessment does not include data for Betsi Cadwaladr University Health Board or Cwm Taf Morgannwg University Health Board.

#### 4.3.2 Smoking

Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy. Encouraging pregnant women to stop smoking during pregnancy can help them kick

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<sup>139</sup> Welsh Government - [Wales maternity and birth statistics 2023](#)

the habit for good, provide health benefits for the mother and unborn child, and reduce children's exposure to second-hand smoke.

In Wales<sup>140</sup>:

- 20% of women who were smokers at the initial assessment were not smokers at birth. This is a decrease of 6.5% since the previous year, and an increase of 2.0% since data was first collected in 2016. The large increase since 2021 may be affected by nearly all data being self-reported, rather than being carbon monoxide monitored and the higher-than-usual amount of missing data in the past two years.
- 14% of pregnant women were recorded as smokers at their initial assessment in 2023 and 12% of women who birthed in 2023 were recorded as being smokers at the time they gave birth. Both rates are similar to the previous two years.
- 28% of pregnant women aged under 20 were recorded as a smoker at initial assessment, compared to 21% aged 20 to 24, and 12% aged 35 or over.
- 27% of pregnant women aged under 20 were recorded as smokers at birth, compared to 19% aged 20 to 24 and 10% aged 35 or older.
- Smoking rates were highest among younger mothers and mothers from White and Mixed ethnic backgrounds.
- The percentage of pregnant women recorded as a smoker differs widely by ethnic group. At initial assessment in 2023, smoking rates varied from 2% of pregnant women from Asian ethnic groups to 16% of pregnant women from White ethnic groups.
- At birth in 2023, smoking rates varied between 1% of pregnant women from Black ethnic groups and 2% of pregnant women from Asian ethnic groups to 14% of pregnant women from both White and Mixed ethnic groups.
- Over the past five years the smoking rates have decreased in the White and Mixed ethnic groups, while rates have been broadly similar (but at a much lower level) for pregnant women of Other, Black, and Asian ethnic groups.
- Large decreases in smoking rate at initial assessment since 2020 coincide with nearly all data being self-reported, rather than being carbon monoxide monitored. Suspended since the Covid-19 pandemic in 2020. This change in data collection method may explain the sharp falls from this point onwards.

NB The percentages for smoking at birth does not include data from Hywel Dda University Health Board.

### **4.3.3 Substance and alcohol use**

Maternal misuse of drugs during pregnancy increases the risk of low birth weight, premature delivery, perinatal mortality, and sudden unexpected death in infancy (sometimes known as cot death).

A number of risks are associated with drinking alcohol during pregnancy<sup>141</sup>, including:

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<sup>140</sup> Welsh Government - [Wales maternity and birth statistics 2023](#)

<sup>141</sup> Royal College of Obstetricians & Gynaecologists 2018 - [Alcohol and pregnancy patient information](#)

- increased chances of miscarriage,
- affects the way the baby develops in the uterus and, in particular, the way its brain develops,
- affects the way the baby grows in the uterus by causing the placenta not to work as well as it should,
- increases the risk of a stillbirth,
- increases the risk of premature labour,
- makes the baby more prone to illness in infancy and in childhood, and also as an adult, and
- causes foetal alcohol spectrum disorder or foetal alcohol syndrome.

Being drug-free in pregnancy reduces the risk of:

- early birth,
- underweight birth,
- feeding and breathing problems,
- getting infections,
- having problems with their development and growth,
- miscarriage,
- stillbirth, and
- sudden Unexplained Death in Infancy.

#### **4.3.4 Healthy weight and nutrition**

Being overweight whilst pregnant increases the chances of complications for the mother for example miscarriage, gestational diabetes, high blood pressure and pre-eclampsia and blood clots. For the baby, being overweight can lead to the baby being born early (before 37 weeks) and an increased chance of stillbirth. There is also a higher chance of the baby having a health condition, such as a neural tube defect like spina bifida.

In Wales<sup>142</sup>:

- 32% of pregnant women were classed as obese by their body mass index score at initial assessment in 2023 this is an increase of 0.8% from the previous year continuing the upward trend since 2016 and has increased every year since data collection started in 2016. In 2023 it was 5.8% higher than in 2016.
- 33% of pregnant women from Black and 33% of pregnant women from White ethnic groups had a body mass index of 30 or more. The percentage for both ethnic groups only changed marginally from the previous year. An upward trend since data was first collected in 2016.
- 27% of pregnant women from Mixed ethnic groups had a body mass index of 30 or more. This was a small decrease on the previous year, but the percentage of this group had the steepest longer-term upward trend and was 8.7% higher in 2023 than in 2016.

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<sup>142</sup> Welsh Government - [Wales maternity and birth statistics 2023](#)

- Pregnant women in the Other and Asian ethnic groups had the lowest proportion of women with a body mass index of 30 or more out of all five ethnic groups at 21% and 19% respectively.
- 32% of pregnant women with no stated ethnic group had a body mass index of 30 or more in 2023.
- There was little variation in the percentage of pregnant women with a body mass index of 30 or more between most age groups. The percentage varied between 30% and 34% in all age groups between 20 to 24 and 40 to 44; while the percentage was markedly lower for the under 16 (5%), the 16 to 19 (21%), and the 45 or over (25%) age groups.

NB A person with a body mass index of 30 or more is considered obese.

#### 4.3.5 Breastfeeding<sup>143</sup>

Breastfeeding is important for the health and development of infants and their mothers and is linked to the prevention of major health inequalities. The provision of human milk is the most accessible and cost-effective activity available to public health which is known to prevent a range of infectious and non-communicable diseases, specifically gastroenteritis, childhood obesity, diabetes type 2 and maternal breast cancer.

Every child in Wales should receive the best start in life<sup>144</sup>, and breastfeeding can enhance this start. However, breastfeeding may not be every woman's choice. Therefore, it is essential all families have access to sufficient evidence-based information to make an informed choice and subsequently supported in whatever choice they make.

Breastfeeding data for Wales for 2024<sup>145</sup> is based on a mother's intentions to breastfeed prior to birth, therefore data is based on mothers who delivered in 2024 rather than children born in 2024.

- 65% of all mothers in Wales intended to breastfeed prior to giving birth. This percentage has remained broadly stable, however in the latest year it had decreased by 1.0% when compared to the previous year but increased by 1.7% when compared to five years ago.
- 61% of mothers who gave birth to multiple children (twins, triplets or quadruplets) intended to breastfeed in 2024. This is 1.9% lower than the previous year and 3.1% higher than the rate five years ago.
- 64% of babies were breastfed at birth. The percentage has been on an upward trend and is 2.2% higher than five years. But also decreased in the latest year as it was 1.2% lower compared to 2023.
- 57% of babies were breastfed at 10 days. The percentage has been on an upward trend and is 8.3% higher than five years ago and 1.9% higher than 2023.

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<sup>143</sup> Welsh Government - [Breastfeeding data: 2024 \(Wales\)](#)

<sup>144</sup> Welsh Government - [The Well-being of Future Generations](#)

<sup>145</sup> Welsh Government - [Breastfeeding data: 2024 \(Wales\)](#)

- 44% of babies were breastfed at 6 weeks. The percentage has been on an upward trend and is also 9.8% higher than five years ago and 3.4% higher than 2023.
- 32% of babies were breastfed at 6 months. The percentage has been on an upward trend and is also 10% higher than five years ago and 3.8% higher than 2023.

Mothers in the most deprived areas were less likely to breastfeed than those in the least deprived areas. 52% of mothers in the most deprived areas in 2024 breastfed at birth compared with 75% of mothers in the least deprived areas in 2024.

Breastfeeding rates at birth within each quintile of deprivation have remained relatively stable since 2019. However there has been an increase of over 3% in breastfeeding rates at birth in the most deprived areas from 49% in 2019 to 52% in 2024. There was an increase of 0.7% over the same time period for those in the least deprived areas.

NB Percentages do not included data for Aneurin Bevan University Health Board.

#### **4.3.6 General health needs**

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.

An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.

Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

A report by The King's Fund<sup>146</sup> examined ethnic differences in health outcomes, highlighted the variation across ethnic groups and health conditions, and considered what is needed to reduce health inequalities.

- Before the Covid-19 pandemic, life expectancy at birth was higher among ethnic minority groups than the white and mixed groups. The headline figures however conceal significant differences between ethnic groups, for example:
  - people from White gypsy or Irish traveller, Bangladeshi and Pakistani communities have the poorest health outcomes across a range of indicators,
  - rates of infant and maternal mortality, cardiovascular disease and diabetes are higher among Black and South Asian groups, and
  - mortality from cancer, and dementia and Alzheimer's disease is highest among white groups.
- Access to primary care health services is generally equitable for ethnic minority groups, but this is less consistently so, for example dental health care. However, people from some ethnic minority groups are more likely to report being in poorer health and to report poorer experiences of using health services than their white counterparts.
- In relation to cardiovascular disease:
  - there is a higher incidence, prevalence and mortality from cardiovascular disease in South Asian groups compared with the white group or national average,
  - South Asian groups have the highest mortality from heart disease and also develop heart disease at a younger age, and
  - stroke incidence and mortality are also higher in the South Asian population.
- Higher clustering in South Asians of the risk factors that increase the risk of heart disease, stroke, and diabetes:
  - although body mass index levels are lower among South Asian groups compared with normal ranges, rates of excess abdominal fat and insulin resistance is higher, and
  - smoking prevalence is lower among South Asian groups; however, they have lower physical activity rates, especially among women.
- Black groups in the UK have a significantly lower risk of heart disease compared to the majority of the population, despite having a high prevalence of hypertension and diabetes (risk factors for heart disease and stroke).
- The risk of developing diabetes is up to six times higher in South Asian groups than in white groups, and they have a higher mortality from diabetes.

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<sup>146</sup> The King's Fund, 2023 - [The health of people from ethnic minority groups in England](#)

- Diabetes prevalence in Black groups is up to three times higher than in the white population and they have higher mortality from diabetes. They also have a higher risk of hypertension and stroke but, unlike South Asians, are less prone to heart disease.
- The incidence of cancer overall is generally lower among ethnic minority groups in England than in white groups. Asian, Chinese, and Mixed groups have a significantly lower risk (of 20–60%) of getting cancer than the white group and smoking rates are generally lower in these groups. Cancer incidence is also lower among Black women compared with white women but similar in Black and white men.

#### **4.5 Religion and belief<sup>147</sup>**

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 patient's reactions to a particular clinical situation 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 for people born in Cwm Taf Morgannwg is 79.1 years (2017-19 figures) which is below the Wales average of 80.4 years.

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<sup>147</sup> Government UK - [Culture, spirituality and religion: migrant health guide](#)

When we look at the gender split across the region females are predicted to live for 3.7 years longer than males<sup>148</sup>.

- Across the Cwm Taf Morgannwg region males can expect to live in good or very good health until they are 61.1 years and females until they are 62.8 years. For both genders it is considerably lower than the Wales average of 65.3 and 66.7 respectively<sup>149</sup>.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the English Department of Health and Social Care<sup>150</sup> into the use of pharmacies in 2009 showed men aged 16 to 55 tend to be 'avoiders' ie 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 86.2% of responders were female and 13.1% 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.
- Based on obesity statics from the Welsh Government<sup>151</sup> 25% of men and 27% of women were reported as being obese in 2022/23, with 65% of men and 57% of women regarded as being either overweight or obese. Obesity rates were highest in 45-64 age group (31%) and lowest in the 16-24 and over 75 age groups (19% and 17% respectively).
- 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.
- According to the Welsh Government's 2025 modelling update on alcohol consumption<sup>152</sup> 23% of adult drinkers in Wales drink above the UK low-risk weekly guidelines. This group consumes 70% of all alcohol sold in Wales, highlighting a concentration of consumption among heavier drinkers. Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women<sup>153</sup>.

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<sup>148</sup> Cwm Taf Morgannwg - [Population Needs Assessment 2022 - 2027](#)

<sup>149</sup> Cwm Taf Morgannwg - [Population Needs Assessment 2022 - 2027](#)

<sup>150</sup> Pharmacy consumer research - [Pharmacy usage and communications mapping – Executive summary. June 2009](#)

<sup>151</sup> Chemist4u - [Obesity Statistics Report 2025](#)

<sup>152</sup> Welsh Government - [New modelling of alcohol pricing policies, alcohol consumption and harm in Wales](#)

<sup>153</sup> Department of Health and Social Care "[The Gender and Access to Health Services Study](#)" 2008

## 4.7 Sexual orientation

A report published by the LGBT Foundation in 2023<sup>154</sup> highlighted key statistics which it believes most clearly evidence the sequential and significant impact of experiencing inequality over the life course.

- In 2017, 21% lesbian, gay, bisexual, and transgender people reported that they had experienced a homophobic, biphobic, or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.
- 23% of lesbian, gay, bisexual, and transgender people have at one time witnessed anti-lesbian, gay, bisexual, and transgender remarks by healthcare staff.
- In 2017, one in six lesbian, gay, bisexual, and transgender people reported drinking almost every day in the last year, this compares to one in ten adults in the general population who report drinking alcohol on five or more days per week.
- 45% of trans young people (aged 11-19) and 22% of cis lesbian, gay, and bisexual young people have tried to take their own life. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.
- 24% of homeless people aged 16-24 are lesbian, gay, bisexual, and transgender and 69% of these people believe parental rejection was a main factor in becoming homeless.
- 42.8% of lesbian, bisexual, transgender women said that they had experienced sexual violence compared to an estimated 20% of all women in the UK.
- 55% of gay, bisexual, and trans men were not active enough to maintain good health, compared to 33% of men in the general population.
- In 2017, 52% of lesbian, gay, bisexual, and transgender people reported experiencing depression in the previous year. This includes 67% of trans people and 70% of non-binary people.
- In 2017, 40% of trans people who had accessed or tried to access public healthcare services reported having experienced at least one negative experience because of their gender identity in the previous 12 months.
- 93% of lesbian, gay, bisexual, and transgender specialists and service users consider that more work needs to be done to improve end of life services for lesbian, gay, bisexual, and transgender people.
- LGB+ people are 2.2 times more likely to have self-harmed or attempt suicide than heterosexual people.
- Gay and bisexual men are 2.5 times more likely to attempt suicide.
- Nearly one in five (18.6%) lesbian, gay and bisexual young people (aged 16–24) have attempted suicide<sup>155</sup>.

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<sup>154</sup> LGBT Foundation - [Hidden Figures: LGBT Health Inequalities in the UK](#)

<sup>155</sup> UK wide data from ONS data reported [ONS Data: LGB+ Community Facing Higher Mental Health Risks | LGBT HERO](#)

## 4.8 Gender re-assignment<sup>156</sup>

Gender reassignment refers to individuals, who have either:

- undergone, intend to undergo or are currently undergoing gender reassignment (medical and surgical treatment to alter the body), or
- do not intend to undergo medical treatment but wish to live permanently in a different gender from their gender at birth.

‘Transition’ refers to the process and/or the period of time during which gender reassignment occurs (with or without medical intervention). According to the Gender Identity Research and Education Society there are a number of health and wellbeing issues associate with gender re-assignment. These include:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- 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. This is primarily driven by a sense of difference and not being accepted by society.
- If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

## 4.9 Marriage and civil partnership

There are no specific health needs that are unique to this population.

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<sup>156</sup> Gender Identity Research and Education Society. From: [Trans Health Factsheets](#)

## 4.10 Children and young people in contact with the Youth Justice System

Children and young people in contact with the youth justice system can have more health and wellbeing needs than other children of their age. They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems.

Many of the children and young people in contact with the youth justice system may also be known to children's social care and be among those children and young people who are not in education, employment, or training.

On 28 January 2021, the Youth Justice Board published a second set of experimental statistics for 2019/2020<sup>157</sup>, (the first report on experimental statistics of the assessed needs of sentenced children in the Youth Justice System in England and Wales was published on 28 May 2020) and 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 (57%) of children were assessed to be a current or previous 'child in need'; 1% were considered to have a current status and around 38% had a previous status. Almost a third (32%) were assessed as having a high or very high risk of serious harm rating, and almost half (46%) as having a high or very high safety and wellbeing rating.

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

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<sup>157</sup> Youth Justice Board - [Assessing the needs of sentenced children in the Youth Justice System 2019/20 England and Wales \(2021\)](#)

## 4.11 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 Crisis<sup>158</sup>, 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 average life expectancy for someone sleeping rough in Wales remains at 45 years for men and 43 years for women and has not improved since the 1990s. This is compared to the average life expectancy for the general population of 77.9 for males and 81.8 for females. The overall numbers of people who have died whilst homeless across the UK have increased by 9% with an average of four deaths every day. 90 people died while homeless in Wales in 2024 with Bridgend seeing a notable spike. The majority of homelessness deaths (55%) can now be classed as a 'death of despair' with more deaths by suicide being reported and evidence of a higher rate of drug related deaths. There are significant issues with psychoactive substances such as spice and synthetic opioids<sup>159</sup>.

The monthly rough sleeper count is now published by Welsh Government<sup>160</sup>. Recent data shows that over a six-month period (February to July 2025) Bridgend had an average of 35 rough sleepers recorded with seven rough sleepers reported as the highest number in one month, Merthyr Tydfil had 16 rough sleepers, with seven rough sleepers reported as the highest number in one month, however there were no rough sleepers reported in Rhondda Cynon Taf.

According to a report by Centrepoin<sup>161</sup>, 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.

The key findings of a report by Homeless Link in 2022<sup>162</sup> were as follows.

- People experiencing homelessness suffer from worse physical and mental health than the general population.
- Between 2018 and 2021 63% of respondents reported they had a long-term illness, disability, or infirmity (22% in the general population).
- 80% of those with a physical health condition reported having at least one comorbidity, with 29% having between five and ten diagnoses.
- The most commonly reported condition was joint aches/problems with bones and muscles, followed by dental/teeth problems.

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<sup>158</sup> Crisis, Sanders, B. & Albanese, F. - ["It's no life at all" - Rough sleepers' experiences of violence and abuse on the streets of England and Wales \(2016\)](#)

<sup>159</sup> Museum of Homelessness – [The Wallich homeless deaths \(2025\)](#)

<sup>160</sup> StatsWales - [Rough sleepers by local authority](#)

<sup>161</sup> Centrepoin - [Toxic Mix: The health needs of homeless young people](#)

<sup>162</sup> Homeless Link - [The unhealthy state of homelessness 2022: Findings from the homeless health needs audit](#)

- The number of people with a mental health diagnosis has increased substantially from 45% in 2014 to 82% in the 2018 – 2021 cohort, compared to 12% in the general population.
- 81% of those with a mental health condition reported experiencing at least two mental health conditions, with 17% reporting five or more.
- 45% of respondents reported they were self-medicating with drugs or alcohol to help them cope with their mental health.
- Barriers in accessing needed support for physical and mental health means people experiencing homelessness are over reliant on emergency health care services, with 48% of respondents having used A&E services in the last year, three times more than the general population.
- Between 2018 and 2021 a total of 38% of respondents had been admitted to hospital in the 12 months before participating in a homeless health needs audit. The most common reason for hospital admission related to a physical health condition (37%), and 28% related to either a mental health condition or self-harm or attempted suicide.
- For those who had been admitted to hospital nearly a quarter (24%) had been discharged to the streets.
- 54% of respondents had used drugs in the 12 months prior to taking part in a homeless health needs assessment. 38% reported that they have, or are recovering from, a drug problem.
- 20% regularly exceeded the low risk drinking guidelines (compared to 24% in the general population) and 29% reported they have, or are in recovery from, an alcohol problem.
- 76% of respondents reported that they smoke cigarettes, cigars, or a pipe (13.8% in the general population). Of these, 50% would like to give up.
- Nutrition presents as a big challenge with a third of respondents reporting that on average, they eat only one more meal a day. 66% ate one or fewer portions of fruit or vegetables per day, with just 4% eating the recommended five or more.

Groundswell's study Healthy Mouths<sup>163</sup> reveals that homeless people suffer extremely poor oral health compared to the general population.

- 90% have had issues with their mouth since becoming homeless. Particularly common were bleeding gums (56%), holes in teeth (46%) and dental abscesses (26%).
- Many participants had experienced considerable dental pain. 60% had experienced pain from their mouths since they had been homeless. 30% were currently experiencing dental pain.
- 70% reported having lost teeth since they had been homeless and 7% had no teeth at all 35% had teeth removed by a medical professional, 17% lost teeth following acts of violence and 15% of participants pulled out their own teeth.

The study identified some key factors underlying poor oral health in homeless people.

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<sup>163</sup> Groundswell - [Healthy Mouths, 2017](#)

- The diet of participants is damaging to oral health – lack of access to health food and a need for a source of energy meant high levels of sugar consumption were present.
- High rates of drug and alcohol misuse and smoking tobacco were likely to be damaging oral health. 37% had alcohol misuse issues, 33% had drug misuse issues and 78% were current smokers.
- Poor mental health was common which had a significant impact on their ability to care for themselves and seek treatment.
- Whilst participants highly valued and understood the importance of taking care of their oral health, the ability to do so was impacted by homelessness.
- Rates of cleaning teeth were significantly lower than the advised minimum levels – 35% were cleaning their teeth twice or more a day compared to 75% of the general population. 29% were cleaning their teeth less than once a day or never.
- Alcohol and drugs were commonly used in an attempt to manage oral health issues. 27% of participants had used alcohol to help them deal with dental pain and 28% had used drugs.

#### 4.12 Traveller and gypsy communities<sup>164</sup>

Gypsies and Travellers are among the UK's longest established minority ethnic populations. Romani Gypsies and Irish Travellers are recognised racial groups under the Equality Act 2010. In the 2021 Census 3,630 people identified as Gypsy or Irish Traveller in Wales, representing 5.1% of the total Gypsy/Irish Traveller population across England and Wales. This is approximately 0.12% of the Welsh population and is an increase of 845 people from the 2011 Census<sup>165</sup>.

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, and
- low levels of health literacy of what services they are entitled to use or how to access them.

Romany Gypsy, Roma, and Irish Traveller communities face some of the most severe inequalities in healthcare access and outcomes amongst the UK population, including when compared with other minority ethnic groups. The reasons for these poor health outcomes are complex, but include the impact of discrimination and stigmatisation, the complicated nature of health systems and the effects of wider social determinants of health.

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<sup>164</sup> Welsh Government - [Travelling to Better Health Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers \(2015\)](#)

<sup>165</sup> Census 2021 [Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics](#)

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.

A presentation to the health and wellbeing in Doncaster in November 2023<sup>166</sup> highlighted the following facts.

- Gypsy and Traveller people will live between ten and 25 less years than the general population.
- The average health of 60 year olds from Gypsy or Irish Traveller communities is similar to those of an average white British 80 year old.
- Gypsy, Roma, and Traveller men are over 12 times more likely to suffer with more than two physical health conditions than white British men.
- Roma people had the highest risk of not being able to access health and social care services.
- Gypsy and Traveller mothers are 20 times more likely to experience the death of a child.
- 29% of Gypsy Roma and Traveller parents are likely to experience one or more miscarriages (compared to 16% in the non-traveller group surveyed).
- Roma mothers experience higher rates of poor infant outcomes, such as preterm births and low birth weight.
- Whilst the evidence on mental health and suicide is limited due to poor data collection it shows:
  - high levels of unmet need,
  - people in the Gypsy, Roma and Traveller community are three times more likely to be anxious and twice as likely to suffer from depression
  - mental health is a taboo subject,
  - men are more likely to “reach for the rope” than talk, and
  - Irish Traveller men are seven times more likely to die by suicide, with women six times more likely.
- The challenges faced in accessing health and care include:
  - hate crime, marginalisation, discrimination,
  - cultural beliefs,
  - low or no literacy,
  - English not first language,
  - digital exclusion,
  - lack of education,
  - poverty,
  - transport, and
  - unconscious bias/staff attitude.
- The Evidence for Equality National Survey<sup>167</sup> in 2023 revealed that more than a third of people from ethnic and religious minority groups had experienced some form of racist assault. The survey had the largest number of Gypsy, Roma, and Traveller participants in any national survey to date and revealed:

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<sup>166</sup> Doncaster Health and Wellbeing Board meeting (Item 11) - [Health inequalities – a focus on Gypsy Roma Traveller communities](#)

<sup>167</sup> Evidence for Equality National Survey, Centre on the Dynamics of Ethnicity - [Racism and ethnic inequality in a time of crisis](#)

- 62% of Gypsies and Travellers had experienced racial abuse, which was the highest out of all minority ethnic groups surveyed,
- 47% of Roma people had been racially assaulted, and
- 37% of Roma people have been physically attacked.

The wide effects of discrimination include:

- poor housing, limited access amenities,
- Gypsy, Roma and Traveller people experience the highest levels of social and economic deprivation,
- more than half of Gypsy, Roma and Traveller people have no educational qualifications,
- 85% of Gypsy or Traveller men and 65% of Roma men were in precarious employment, compared with 19% of white British men, and
- the Gypsy Roma Traveller community accounts for 6% of the prison population.

In relation to Gypsy Roma Traveller children and young children:

- they are statistically the most vulnerable of any group in UK,
- 86% reported bullying as their biggest challenge at school,
- leave school early,
- approximately 50% are persistent non-attenders,
- they have the lowest attainment of all ethnic groups, and
- make up 15% secure training units.

#### **4.13 Asylum seekers, refugees, and migrants<sup>168</sup>**

An asylum seeker is a person who is also seeking international protection from dangers in their home country, but whose claim for refugee status hasn't been determined legally. For example, a person has come to the UK to exercise his or her legal right to claim asylum under the 1951 UN Convention on the Status of Refugees, often shorted to 1951 Refugee Convention. If their claim is successful, person is granted refugee status.

A refugee is a person who has been forced to flee their home because of war, violence, or persecution, often without warning and is unable to return home unless and until conditions in their native lands are safe for them.

A migrant is an umbrella term which does not have a legal definition under international law. It usually describes a person who has left their home, either within their country or across borders. This can be temporary or permanent and be due to various reasons. For example, they may feel they have no choice but to leave their homes due to political unrest, poverty or other serious circumstances which may make returning unsafe. Others voluntarily leave for reasons such as education, seasonal work opportunities or to join their families.

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.

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<sup>168</sup> Welsh Government - [Nation of Sanctuary – Refugee and Asylum Seeker Plan \(2019\)](#)

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. These may be influenced by experiences prior to leaving their home country, during transit, or on arrival in the UK.

Many asylum seekers have complex health and social care needs. Pregnant women, unaccompanied children, those with significant mental health problems, and those who have experienced traumatic events such as rape or torture, are likely to be particularly vulnerable.

Although, many of their health requirements are the same as those of the local community, asylum seekers may also have different health and health-related problems<sup>169</sup>. These may include:

- specific problems arising from their experiences and circumstances that may have led to their asylum application eg experienced or witnessed torture/abuse,
- health challenges such as:
  - incomplete immunisations
  - 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 eg post-traumatic stress disorder, and
- dental health.

There is evidence that non-UK born individuals residing in the UK have poorer outcomes for physical and mental health than other residents, although this varies by migration history. Socioeconomic circumstances and immigration regulations affecting some migrant groups impact negatively on their access and use of health care. Rates of infectious diseases, including tuberculosis and HIV, are higher than for non-migrants. A lack of awareness of eligibility for healthcare, language issues, and a fear of being reported to the UK Border Agency, can be barriers to accessing care.

There is evidence of higher levels of depression and anxiety among asylum seekers and refugees compared with the national population, and much research has focused on the physical and mental impact of conflict and war in countries of origin. Particularly vulnerable groups are children, and women who have suffered sexual and physical abuse.

In January 2019, the Welsh Government launched the Nation of Sanctuary Refugee and Asylum Seeker Plan<sup>170</sup> which seeks to address the following 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

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<sup>169</sup> Welsh Government - [Health and wellbeing provision for refugees and asylum seekers \(2018\)](#)

<sup>170</sup> Welsh Government - [Nation of Sanctuary – Refugee and Asylum Seeker Plan \(2019\)](#)

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.

#### 4.14 Military veterans<sup>171</sup>

Veterans are defined as anyone who has served for at least one day in His Majesty's armed forces (regular or reserved) or merchant mariners or who have seen duty on legally defined military operations.

The 2021 Census in England and Wales<sup>172</sup> was the first to ask people if they had previously served in the UK armed forces. People aged 16 years and over were asked whether they had previously served in the regular or reserve UK armed forces, or both. People currently serving in the UK armed forces and those who had never served were both advised to tick "no".

The Census data indicates:

- There were 1,853,112 people who had previously served in the UK armed forces in England and Wales in 2021, 3.8% of the population aged 16 years and over. This is almost one in 25 people aged 16 years and over in England and Wales.
- Over three-quarters of UK armed forces veterans residing in Wales had previously served in the regular armed forces only (88,000 people), while 22,000 had served in the reserve armed forces only. The remaining 5,000 had served in both the regular and the reserve armed forces.
- The proportion of UK armed forces veterans was higher in Wales (4.5% of the population aged 16 years and over) than it was in England (3.8%).
- Across Wales, the local authorities with the highest percentage of veterans were Conwy (5.9%), Pembrokeshire (5.7%) and the Isle of Anglesey (5.6%). These local authorities all contain or are located near military establishments, suggesting that UK armed forces veterans tend to stay in the same areas after they have left service.
- Cardiff had the lowest proportion of veterans with less than 2.9% of the population.
- 15,564 residents of Cwm Taf Morgannwg University Health Board identified as previously served in the UK armed forces<sup>173</sup> (either regular and/or reserve).

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<sup>171</sup> Ministry of Defence - [Veterans Key Facts](#)

<sup>172</sup> Census 2021 - [UK armed forces veterans, England and Wales - Office for National Statistics](#)

<sup>173</sup> NOMIS TS071 – previously served in UK Armed Forces

The age distribution of the ex-service population is skewed towards those over retirement age. However, the predicted decline in this group, and the changes<sup>174</sup> 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 around physical fitness. However, conditions attributable to military service include higher rates of 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.
- 48.7% of UK veterans are disabled<sup>175</sup> (self-reported, weighted estimate). Disabled veterans were significantly more likely to report poor wellbeing, loneliness, and barriers accessing services. Musculoskeletal problems<sup>176</sup> are the most common long-term health issues among UK veterans, often arising from heavy physical demands during service.
- These conditions are strongly linked to:
  - chronic pain
  - mobility problems
  - reduced independence
  - increased risk of depression and loneliness.

In September 2024, Kings Centre for Military Health Research published a report<sup>177</sup> covering data collected from serving and ex-serving UK armed forces personnel. 4,104 responded to a detailed questionnaire exploring symptoms of common mental disorders, probable post-traumatic stress disorder, complex post-traumatic stress disorder and alcohol misuse. This data showed that:

- 28% of respondents reported symptoms of common mental disorders, up from 22% in 2014/16 and 20% in 2004/2006.
- 9% of respondents reported probable post-traumatic stress disorder, up from 6% in 2014/16 and 4% in 2004/2006.
- Ex-serving regular personnel reported higher probable post-traumatic stress disorder rates than serving Regulars at 11% versus 7%, respectively.

The data highlights the prevalence based on serving status with ex-serving regular personnel at 11% and serving regular personnel at 7%. This supports past findings that post-traumatic stress disorder often emerges or worsens after leaving service, particularly during the transition to civilian life.

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<sup>174</sup> Public Health Wales - [Health and Wellbeing Needs of Armed Forces Veterans](#)

<sup>175</sup> GOV.UK - [Health and wellbeing of UK Armed Forces veterans: Veterans' Survey 2022, UK](#)

<sup>176</sup> Forward Assist - [Alone After Service: Addressing the Crisis of Isolation Among UK Veterans with Musculoskeletal Mobility Issues](#)

<sup>177</sup> Office for Veterans' Affairs - [Office for Veterans' Affairs Final Report. Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel: Phase 4](#)

Phase 4 is the first time complex post-traumatic stress disorder had been measured in this cohort providing essential new evidence. It is a subset condition of post-traumatic stress disorder that is often brought about by experiencing long-term or recurring traumatic events while also experiencing additional symptoms such as difficulty controlling emotions. Researchers found that almost three quarters (72%) of respondents with probable post-traumatic stress disorder met the threshold for complex post-traumatic stress disorder.

Dr Marie-Louise Sharp, Senior Research Fellow at Kings Centre for Military Health Research and the report's lead author said, "post-traumatic stress disorder is a potentially life changing condition that can be difficult to treat. Providing effective treatment to individuals with complex post-traumatic stress disorder can be more complicated, as they can take more time to come forward and ask for help and are more likely to be managing a range of different mental illnesses. Services providing for ex-service personnel will need to assess how well they support and treat complex and comorbid health conditions."

Alcohol misuse had seen declines in previous phases but appears to have levelled off remaining at a high level compared to the general population.

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.

The first national data published on veteran suicide in England and Wales<sup>178</sup> showed that in 2021, 253 UK armed forces veterans died by suicide of which 93.7% were male and 6.3% were female. 5.9% of the 253 UK armed forces veterans' suicides in 2021 were in Wales.

Overall rates for UK veterans were not higher than the general population. However, suicide rates are two to four times higher among male and female veterans aged 16 to 24 compared with the same age group in the general population.

Suicide after leaving the UK Armed Forces 1996–2018: a cohort study<sup>179,180</sup> published in 2023 found UK armed forces veterans are at their highest risk of suicide in their first two years of leaving the armed forces. Factors associated with higher risk of suicide are:

- being male,
- serving in the Army,
- being discharged between the ages of 16 and 34 years,
- a length of service under 10 years, and
- being untrained on discharge.

A quarter of all veterans who died by suicide had been in contact with mental health services in the year before they died.

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<sup>178</sup> Census 2021- [Suicides in UK armed forces veterans, England and Wales - Office for National Statistics](#)

<sup>179</sup> National Confidential Inquiry into Suicide and Safety in Mental Health, The University of Manchester - [Suicide after leaving the UK Armed Forces 1996–2018: A cohort study](#)

<sup>180</sup> Samaritans - [Armed Forces and Veteran Suicide](#)

The United Kingdom armed forces Veteran's Health and Gambling Study was published in 2021<sup>181</sup> and found that veterans are significantly more likely to struggle with gambling problems than non-veterans in the UK. Veterans who responded to the survey were more than ten times more likely than non-veteran respondents to experience gambling harm. They were also four times more likely to have gambled recently, and on more activities than non-veteran respondents. Veterans' gambling was seven times more likely to be motivated by a need to escape or avoid distress and were also found to be at a much greater risk of poor mental health outcomes including depression, anxiety, post-traumatic stress disorder, and to have an alcohol and/or nicotine dependence.

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.

#### **4.15 University students**

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<sup>182</sup> identified include:

- Screening for, and treatment of, sexually transmitted diseases.
- Smoking cessation.
- Meningitis vaccination
- Alcohol and substance use support.
- Contraception, including emergency contraception, provision.
- Mental health support (stress, anxiety, and depression are common due to academic pressures and personal issues).
- Social wellbeing support (feeling connected and supported within the university community. Loneliness and isolation can negatively impact both mental and physical health).
- Physical health concerns (poor nutrition, lack of exercise, and sleep disturbances)

A UK study undertaken by Transforming Access and Student Outcomes in Higher Education and The Policy Institute Kings College London examined British higher education in 2024<sup>183</sup> and found:

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<sup>181</sup> Swansea University - [The United Kingdom Armed Forces Veterans' Health and Gambling Study](#)

<sup>182</sup> Education - [Health and Wellbeing Services for Students in UK Universities](#)

<sup>183</sup> Transforming Access and Students outcomes in Higher Education - [Report Student mental health in 2024: How the situation is changing for LGBTQ+ students](#)

- Almost one fifth (18%) of students reported a mental health issue in 2024, triple the rate in 2017, when it was 6%.
- 17.9% of students report mental health challenges, indicating nearly one in five students, or around 300,000 UK students are now experiencing mental health difficulties.
- Anxiety and depression continue to be the primary mental health challenges among students, linked to:
  - cost of living pressures,
  - academic stress,
  - post pandemic effects, and
  - social isolation and loneliness.
- Mental health difficulties are higher amongst lesbian, gay, bisexual, queer and allies. In 2024 bisexual students had the highest rate (30%), followed by Lesbian students (29%).
- More than half of non-binary students and queer-identifying students now experience mental health difficulties.
- Female students are twice as likely to report mental health difficulties (22%) compared to male students (11%), with the gap increasing compared to 2023, although death by suicide is more prevalent among young men than young women, suggesting a highly acute need for support among male students.
- 40,810 students were asked if they had considered dropping out of university, 27.9% or just over one in four students had considered it with the most common reason being mental health difficulties. This reason was significantly greater than all other reason, including financial difficulties.
- The 2024 data show the proportion of students who have considered dropping out has fallen after previous years of fairly consistent rates.

#### **4.16 Visitors to the areas for business, to visit friends and family, or tourist attractions**

Cwm Taf Morgannwg University Health Board's area, part of South Wales Valleys, is situated between the coast and the Brecon Beacons and is rich in history, nature, and fun activities, featuring attractions like the Rhondda Heritage Park (coal mining), Brecon Beacons National Park, Bikepark Wales, The Royal Mint Experience, Royal National Lifeboat Institution, Zip World Tower, walking trails such as Penrhys Pilgrimage Way, the charming Cynon Valley Museum, and coastal spots like Barry Island with its pleasure park and beaches.

Visitors can explore castles, enjoy outdoor adventures, and discover local heritage within this diverse Welsh valleys area.

It is not anticipated that the health needs of this patient group are likely to be different to those of the general population in Cwm Taf Morgannwg University Health Board's area. As they may only be in the area for a short while, their health needs are likely to be:

- treatment of an acute condition which requires the dispensing of a prescription,

- consultations for minor ailments or illness,
- the need for repeat medication,
- support for self-care, or
- signposting to other health services such as a GP or dentist.

#### 4.17 Carers

Carers Wales<sup>184</sup> defines an unpaid carer as a person who provides unpaid support and care for one or more people because they are ill, have a disability, are vulnerable, have a mental health condition, have an active addiction or are older.

There were approximately 310,751 people across Wales who identified themselves in the 2021 Census as an unpaid carer. This equates to around 10.5% or one in 11 people living in Wales aged five and over. Around 58% of the carers in Wales are female and 42% male. The highest proportion of unpaid carers is in the age group 55 to 59.

The proportion of people providing care had dropped in Wales between the two censuses - 13% to 10.5%. The possible reasons for the decline are:

- fewer people in Wales were providing unpaid care
- the 2021 Census was carried out during the Covid-19 pandemic with restrictions on travel and household mixing which may have meant people stopped or reduced the amount of care they provided. One person may have taken on caring responsibilities that had previously been shared, meaning fewer people providing care but some individuals taking on more hours.
- there were also a higher number of deaths than expected in the older population at the beginning of 2021 due to Covid-19 and other causes<sup>185</sup>. This may have led to a reduction in the need for unpaid care.

The 2021 Census also identified a higher percentage of people providing unpaid care in the most deprived areas in Wales (11.5%) compared to the least deprived areas (9.7%) and the assertion is that local authorities with high rates of unpaid care in Wales align with the former coalfield communities in the South Wales Valleys, which also have high proportion of disabled people reporting “bad” or “very bad” health.

Many carers are unlikely to be well prepared for their caring role and stressors related to providing care can be frequently persistent, uncontrollable, and unpredictable. The challenges carers may experience<sup>186</sup> are as follows.

- Impact on physical and mental health
  - Neglecting their own health — this may be because it is not a priority because of their caring role, or because they are unable to leave the person they care for in order to attend appointments.

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<sup>184</sup> Carers Wales making life better for carers - [Policy briefing: Census 2021](#) (March 2023)

<sup>185</sup> The Office for National Statistics [Excess deaths in England and Wales](#)

<sup>186</sup> National Institute for Health and Care Excellence – November 2020 [Support for adult carers: What challenges do carers experience?](#)

- More likely to report a long-term condition, disability, or illness compared with non-carers and may experience physical injury as a result of caring, for example back and shoulder injuries.
- Up to 40% of carers experience significant distress and depression compared with the general population, and carers in the UK are almost twice as anxious.
- A national survey of 195,364 carers in England found a poorer health-related quality of life (in relation to mobility, self-care, pain, anxiety, depression, and usual activities) among carers, compared with non-carers of similar age, gender, ethnicity, and social deprivation.
- Social effects, for example social isolation and loneliness
  - Compared with the general population, carers are seven times more likely to report being often or always lonely. Caring can also affect relationships and the ability to participate in social activities.
- Financial difficulties
  - Their income may be affected by their caring role. The time and costs of providing care may also result in higher bills and financial pressure.
  - Many carers do not claim all the benefits for which they are eligible.

This is further supported by a survey undertaken by Carers Wales<sup>187</sup> between June and August 2025, with respondents reporting their caring role has a negative impact on their mental health, physical health, levels of sleep deprivation, and loneliness and isolation.

Cares in Wales also have frequent health issues which include anxiety, depression, hypertension, musculoskeletal disorders, and chronic fatigue. However, a significant proportion also experience positive outcomes, including a sense of purpose, personal growth and closer relationships<sup>188,189,190</sup>.

#### 4.18 People living in deprivation

Deprivation in South Wales is deeply rooted and concentrated particularly within former industrial valleys and pockets of large cities, with local authorities such as Blaenau Gwent, Merthyr Tydfil, Rhondda Cynon Taf, and Cardiff showing the highest concentrations of inequality. In these areas, health disparities are stark, with residents in the most deprived communities living on average 17 years less in good health compared to those in the least deprived areas<sup>191</sup>.

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<sup>187</sup> Carers Wales [State of Caring in Wales 2025](#)

<sup>188</sup> Bristol University Press Digital July 2020 - [The positive effects of caring for family carers of older adults: a scoping review](#)

<sup>189</sup> Cambridge University Press June 2022 - [Positive experiences in dementia care-giving: findings from the IDEAL programme](#)

<sup>190</sup> Aum Care November 2023 - [Emotional and Psychological Benefits of Caregiving](#)

<sup>191</sup> Public Health Wales January 2025 - [Preventing poor health is better value for money for NHS Wales and tackles inequalities](#)

Based on various data the following groups in Wales are disproportionately affected by deprivation<sup>192,193,194</sup>:

- Children (0 to 19 years)
  - Around 29.3% of children in Wales live in poverty, with rates rising in the most deprived areas.
  - Young children aged 0-4 are the most likely age group to live in income-deprived households.
- Disabled people
  - Those whose day-to-day activities are limited "a lot" are most likely to live in the 10% most deprived areas.
- Single parents and separated individuals
  - Nearly half (49%) of single parents in Wales experience material deprivation.
- Specific ethnic groups
  - People identifying as African, Other Black, or Bangladeshi are among the most likely to live in the 10% most deprived areas.
- Younger adults (16 to 34 years)
  - This age group has a higher likelihood of living in the most deprived areas compared to older, retired individuals.
- Unpaid carers
  - Individuals providing 20 or more hours of care per week are associated with a greater likelihood of living in deprived areas.

Deprivation acts as a "compounding" factor, with higher mortality rates, lower life expectancy, and higher chronic disease prevalence in the most deprived areas.

A review published by Welsh Government in October 2021<sup>195</sup> summarised key evidence relating to how socio-economic deprivation affects the people of Wales. In relation to health, the evidence shows that health inequalities disproportionately affect certain communities, and socio-economic deprivation is linked to worse health outcomes. Health outcomes are linked to factors such as:

- being able to sustain income security and social protection,
- decent living conditions,
- social and human capital,
- access to adequate health services, and
- decent employment and working conditions.

As well as lower life expectancies for adults living in the most deprived parts of Wales, children in those areas have worse health outcomes. People's mental health is worse in such areas, with deprivation linked to increase stress, mental health problems and suicide.

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<sup>192</sup> Welsh Government - [Analysis of population characteristics by area deprivation](#)

<sup>193</sup> Welsh Government - [Poverty and deprivation \(National Survey for Wales\) April 2021 to March 2022](#)

<sup>194</sup> Welsh Government - [Welsh Index of Multiple Deprivation 2019: deprivation analysis relating to young children](#)

<sup>195</sup> Welsh Government [A review of evidence on socio-economic disadvantage and inequalities of outcome](#)

Interrelated factors such as having poorer access to sport and being less able to have a healthier diet can lead to poorer physical outcomes. Economic and work related stress, and not being able to participate and feel part of a community, can increase loneliness and social isolation, leading to poorer mental wellbeing.

#### 4.19 Prison leavers

Prison leavers in the UK face significant, often complex health needs that are frequently compounded by social exclusion, housing instability, and poor continuity of care, resulting in a population with far worse health outcomes than the general population. Approximately 90% of the 72,000 people released from prison annually in the UK have some form of mental health or substance abuse need<sup>196</sup>.

A significant portion of people leaving Welsh prisons are homeless or lack stable accommodation upon release, which acts as a barrier to accessing healthcare. Prison leavers in Wales are frequently drawn from the most deprived areas, experiencing "double disadvantage" through both health inequality and difficulty accessing services.

Health needs of prison leavers include<sup>197,198,199</sup>:

- mental health,
- substance misuse,
- physical health issues, which include respiratory conditions, infectious diseases, and mobility issues. Ageing prisoners often have complex health problems, appearing ten years older than the general population,
- blood-borne viruses,
- chronic health conditions including cardiovascular disease,
- social care and disability,
- communication and neurodiversity - approximately 25% of the UK prison population has difficulties communicating or processing information, often leading to increased vulnerability on release,
- mortality rates in the first two weeks of people on post-release supervision can be up to 12.5 times higher and suicide risk 3.7 times higher than the general population, and
- medication issues and continuity of care bridging the gap between prison and community health services, particularly for medication access and ongoing care.

#### 4.20 People with substance dependency

Based on the latest data on substance misuse in Wales<sup>200</sup>, there were 869 school exclusions because of alcohol or drugs amongst school aged children in Wales in

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<sup>196</sup> Centre for Mental Health [Report: From prison to work](#) (2018)

<sup>197</sup> Sage Journals May 2024 - [People on probation as an inclusion health group: Exploring needs, barriers and service provision in Wales](#)

<sup>198</sup> GOV.UK - [Wales Reducing Reoffending Strategy 2014 - 2016](#)

<sup>199</sup> HM Prison & Probation Service - [Wales Reducing Reoffending Plan 2022 - 2025](#)

<sup>200</sup> Public Health Wales [Latest data on substance misuse in Wales published](#) (2023 to 2023)

2022/23, an increase of 119% from 2020/21. This is the highest number of exclusions since 2011/12.

There were 4,960 children in Wales receiving care and support due to parental substance misuse in 2022/23, with 630 children receiving care and support for their own substance abuse.

Hospital admissions for young people under the age of 25 for alcohol conditions showed a decrease of 34.6% compared to 2021/22. Hospital admissions for adults aged 25 to 29 years for illicit drug poisonings decreased by 10.6% in the previous year from 4,859 in 2021/22 to 4,342 in 2022/23.

For adults aged 25-49 years, the number of hospital admissions for illicit drug poisonings decreased by 10.6%, from 4,859 in 2021/22 to 4,342 in 2022/23. When hospital admissions for illicit drugs do occur, opioids continue to account for substantially more admissions than any other illicit substance group. 38.3% of hospital admissions for illicit drugs in Wales in 2022/23 were due to opioids.

Cannabinoids were the second highest substance group with 1,097 hospital admissions in 2022/23 relating to 917 individuals admitted to hospital. In previous years, the largest increases in hospital admissions for illicit drugs had involved cocaine, however, admissions decreased over the previous three years with a slight increase in the most recent year.

Hospital admissions for foetuses and neonates affected by maternal use, or withdrawal from alcohol or other substance dependency, have declined over recent years. However, in 2022/23 there were 63 admissions of Welsh residents in which these conditions were recorded.

Adults aged 40 to 49 years had the highest drug misuse deaths accounting for 33.7% of all drug misuse deaths registered in the previous year. Betsi Cadwaladr University Health Board's area had the highest admissions related to illicit drugs (152.1 per 100,000 population) and along with all health boards (other than Cardiff and Vale and Powys Health Board areas) had rates above the Wales average in 2022/23.

Adults aged over 50 years are most likely to be admitted for alcohol specific conditions, accounting for 65% of all those admitted to hospital for alcohol related issues. Within specialist substance misuse services, alcohol was the most frequent problematic substance for the over-50s, representing over 80% of assessments, while opioids were reported as taking up on 13.5% of assessments.

The health needs for people with substance misuse issues include<sup>201</sup>:

- integrated care pathways creating stronger links between substance misuse service, primary care, and mental health services,
- harm reduction measures such as needle syringe programmes, wound management to reduce drug-related deaths and infections,

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<sup>201</sup> Welsh Government October 2019 - [Substance Misuse Delivery Plan 2019 - 2022](#)

- specialist treatment such as access to opioid substitute treatment,
- mental health support,
- physical health monitoring – testing and treatment for blood-borne viruses,
- tailored services for specific demographics, including young people needing early intervention and support for families, and older adults aged over 50 years, with specific health needs, and
- out of hours support such as crisis orientated services to reduce relapse and overdose risk.

#### **4.21 Former coal miners (colliers), steel workers and their communities**

The rise of heavy industries in Wales such as coal, iron and steel, slate, chemical and tin fuelled economic and social development over almost 300 years and brought prosperity and social and economic progress but left a painful economic, environmental and social legacy.

Harsh working conditions left many with chronic illnesses and life-limiting physical hardships that in some cases persist to this day<sup>202</sup>. The poorest areas of Wales, particularly those once tied to old heavy industries, such as Bridgend Valley, Cynon Valley, Merthyr Tydfil, and Rhondda Cynon Taf, face significant disparities in health and wellbeing. For example, residents in old heavy industry areas live on average 17 fewer healthy years than those in wealthier regions and avoidable mortality rates are nearly four times higher<sup>203</sup>.

The decline of heavy industry has exacerbated economic hardships, leaving former industrial areas struggling with high numbers on incapacity benefits and reduced job opportunities. Today's incapacity counts remain high in the old industrial communities of Wales because these places face not only high underlying levels of ill health but also a shortfall in the opportunities that in the more affluent parts of Britain allow residents with health problems or disabilities to remain in employment.

Sheffield Hallam University published a report in 2024<sup>204</sup> which focused on the former coalfields compared to the rest of Britain.

- The South Wales coalfield has an exceptionally low job density, high numbers on out-of-work benefits, poor health, extensive deprivation and has largely been by-passed by the growth in warehousing jobs in specific places.
- In several former coalfields, warehousing jobs have become the dominant source of employment in specific places likely due to accessible motorway networks, driven by the industry's operational requirement and helped by many former colliery sites cleared and made available for new development, such as:
  - Yorkshire coalfield 60,000 (numbers grew by 26,000 between 2012 and 2022).

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<sup>202</sup> Industrial Communities Alliance (Wales) - [The environmental and economic legacy of Wales industrial past - January 2025](#)

<sup>203</sup> Public Health Wales - [Investing in a Healthier Wales prioritising prevention](#)

<sup>204</sup> Sheffield Hallam University, Centre for Regional Economic and Social Research, authors Steve Fothergill, Tony Gore and David Leather [State of the coalfields 2024](#)

- Adjoining coalfields, Nottinghamshire, and North Derbyshire account for around 30,000.
- Lancashire coalfield 20,000.
- In contrast there are far fewer jobs in warehousing in South Wales coalfield (or indeed in the Scottish coalfields).
- The average life expectancies in 2020/22 (local authority data) in the former coalfields for men (78 years) and women (82 years) are a year less than the national average. Life expectancy increased by around a year for both men and women between the late 2000s and the mid 2010s, however the gap between the former coalfields and the national average has stayed much the same.
- The Census 2021 data provide a useful measure of self-declared health, with former coalfields showing a high incidence of health problems with 8% of adults (aged 16 and over) experiencing bad and very bad health compared to the national average of 5.5%. The extent of poor health can be evidenced by the number of people claiming disability living allowance or personal independence payment. Both these benefits are welfare benefits paid to help offset costs of care and/or mobility arising from disability, paid to the working age population who may or may not be employed and paid to a substantial number of people above the state pension age.
- In September 2023 just over 10% of the entire former coalfields' population were claiming disability living allowance or personal independence payment, higher than the national average 7.7%. Of the 600,000 people claiming disability living allowance or personal independence payment 58.3% were of working age. In the South Wales coalfield, 13.3% of the total population were claiming disability living allowance or personal independence payment, nearly 60% of working age.

The former coalfields tend to have a relatively uniform level of income and social status across their neighbourhoods, rather than being split into starkly wealthy and desperately poor areas like many modern cities which have affluent suburbs and deprived inner-city areas often existing side by side.

The historical, single-industry nature of mining has meant most people lived in similar housing and had similar employment, creating communities with less extreme, visible, and localised inequality. As such poverty and deprivation tends to be more evenly spread across larger areas. Many of the coalfield areas struggle with low wages and poor health but often do not appear in the top 10% of the most deprived areas. The best guide, therefore, to the extent of coalfield deprivation is to share neighbourhoods in the worst 30% in each country.

In Wales, the former South Wales coalfield stands out as deprived; more than two thirds of neighbourhoods are among the most deprived 30% in Wales. With a population of 750,000 the South Wales coalfields account for almost a quarter of the total population of Wales.

There are several former coalfields described as 'Pit Villages' - smaller settlements often in a semi-rural location, usually owing their whole existence to the coal industry, and where there was rarely much other significant business activity. As such when the mines closed it took away the reason for being, for these places.

There are three pit villages in England, Grimethorpe (South Yorkshire), Easington (County Durham) and Aylesham (East Kent), and one in South Wales - Maerdy which sits at the head of the smaller of the two main Rhondda Valleys, in an inaccessible location, 25 miles north of Cardiff and with only a steep road over the mountain top in the opposite direction. This colliery closed in 1990.

The South Wales mining valleys have been slow to recover from the loss of the coal industry. In such a difficult location, Maerdy is one of the most challenging former mining settlements in South Wales and possibly an extreme case within Britain as a whole.

The table below shows selected local statistics taken from the 2021 Census and 2023 Department of Work and Pensions benefit data for Maerdy compared to the average for England and Wales.

**Figure 4.3: population statistics for Maerdy compared to England and Wales<sup>205</sup>**

	<b>Maerdy (South Wales)</b>	<b>England and Wales average</b>
<b>Population</b>	3,100	59.6 million
<b>Deprivation household (on at least one official indicators*)</b>	73%	48%
<b>Residents reporting bad or very bad health (% of all residents)</b>	18%	5%
<b>Disability living allowance / personal independence payment claimant rates (% of all residents)</b>	22%	7%
<b>Employment rate (% of all 16 to 64s)</b>	53%	71%
<b>Unemployment rate (% of economically 16 to 64s)</b>	9%	6%
<b>Economically inactive (excluding students) (% of all 16 to 64s)</b>	35%	17%
<b>Economically inactive long-term sick or disabled (% of all 16 to 64s)</b>	18%	5%
<b>Overall out of work benefit claimant rate (% of all 16-64s)</b>	38%	13%

\*Low qualifications, unemployment/economic inactivity, poor health, poor housing.

Focussing on the community of Maerdy, what the statistical information shows is:

- deprivation is significantly higher than the England and Wales average (the national average),

<sup>205</sup> Taken from "State of the coalfields 2024". Sources credited as 2021 Census of Population and 2023 DWP benefits data

- the proportion of residents reporting “bad or very bad health” is several percentage points higher than the national average,
- the disability benefit claimant rate is several percentage points higher than the national average,
- the employment rate among working age adults (16 to 64 years) is significantly below the national average,
- the economically inactive population (16 to 64 years) is significantly higher than the national average with a high proportion on long-term sick or disabled, and
- the overall out-of-work benefit claimant rate is significantly higher than the national average.

It also means that the consequence of the loss of the coal industry is still being felt, even in the generations that are too young to have ever worked in the industry.

The health legacy for workers and their communities from heavy industries such as coal mining and iron and steelworks in Wales is considerable<sup>206</sup>.

- Respiratory conditions (dusty lung)
  - Coal workers pneumoconiosis (black lung) - 85% of British coal miners with this condition lived in South Wales<sup>207</sup>. Caused by inhaling coal dust, and in some cases, silica dust, leading to severe disabling lung disease.
  - Steel industry - occupational exposure in steel foundries can increase the risk of lung cancer by 500% and the likelihood of developing lung cancer amongst retired iron and steelworkers is one of the biggest health hazards in the industry<sup>208</sup>.
  - Chronic obstructive pulmonary disease – high incidences of chronic bronchitis and emphysema found in miners, even when smoking is controlled.
  - Occupational asthma – major concern for steel workers, caused by exposure to fumes, dust and particulate matter.
  - Silicosis – caused by inhaling silica dust (particularly during rock cutting/tunnelling), leading to lung fibrosis and risk of tuberculosis and lung cancer.
  - Smoking/lifestyle interaction - coal miners often display higher rates of smoking and alcohol consumption, compounding the effects of occupational dust exposure<sup>209</sup>.
- Cardiovascular disease
  - Heart disease and stroke – exposure to particulate matter and gases like sulphur dioxide in steelworks can cause inflammation, systemic toxicity, and blood coagulation leading to cardiovascular issues.

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<sup>206</sup> ScienceDirect - [The health legacy of coal mining: Analysis of mortality rates over time in England and Wales \(1981–2019\)](#)

<sup>207</sup> Health and Care Research Wales - [Wales rich heritage of research excellence](#)

<sup>208</sup> AirBench - [Dust and Fume Hazards in Iron and Steel Founding](#)

<sup>209</sup> ScienceDirect - [Coal as an energy source and its impacts on human health](#) (Volume 2, Issue 2, April 2021)

- Heavy metal poisoning – rare, but exposure to toxic metals such as chromium, zinc, lead, manganese in steel production can occur.
- Occupational and physical injuries
  - Noise-induced hearing loss - highly prevalent among miners and steelworkers due to machinery, cutting, and grinding.
  - Hand arm vibration syndrome and vibration white finger - caused by using vibrating tools.
  - Musculoskeletal disorders - back injuries, repetitive strain injuries, and joint issues are common due to manual handling and, at times, restricted working spaces.
  - Burns and acute injuries - skin burns from heated equipment/chemicals and accidents from machinery are common in steel foundries.
  - Occupational dermatitis – inflammation of the skin caused by contact with certain hazardous substances or other elements of the working environment.
- Mental health and occupational legacy
  - Deindustrialisation effects - research on Welsh coalfield communities reveals long-lasting mental health issues, including anxiety, depression, and stress, often linked to the economic decline and closure of industries.
  - Psychological distress - living in the "shadow" of industrial sites or disused, unstable mine tips causes, or has caused, significant mental health strain.
- Specific environmental and workplace exposure issues
  - Air pollution (particulates) - in areas like Port Talbot, high levels of polycyclic aromatic hydrocarbons from steelworks have been linked to local health issues and poor air quality.
  - Metal mining pollution - old metal mine sites (lead, zinc, cadmium) present ongoing risks to health through dust inhalation or environmental contamination.

The age distribution of the coalfield population is subtly different from the national average. In the coalfield there are proportionally more older people (65 and over) and fewer of working age (16 to 64) likely due to the younger adults being better qualified and moving away for more opportunities and employment, while the proportion of under 16s is close to the national average. Just over one in five of the coalfield population is aged 65 or older, compared to one in seven in the main regional cities and one in eight in London. Between 2011 and 2021 the coalfield population aged 65 and over increased by almost 3%, and the gap between the coalfields and the national average widened too<sup>210</sup>.

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<sup>210</sup> Sheffield Hallam University, Centre for Regional Economic and Social Research, authors Steve Fothergill, Tony Gore and David Leather [State of the coalfields 2024](#)

## **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 in section 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 particularly 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**

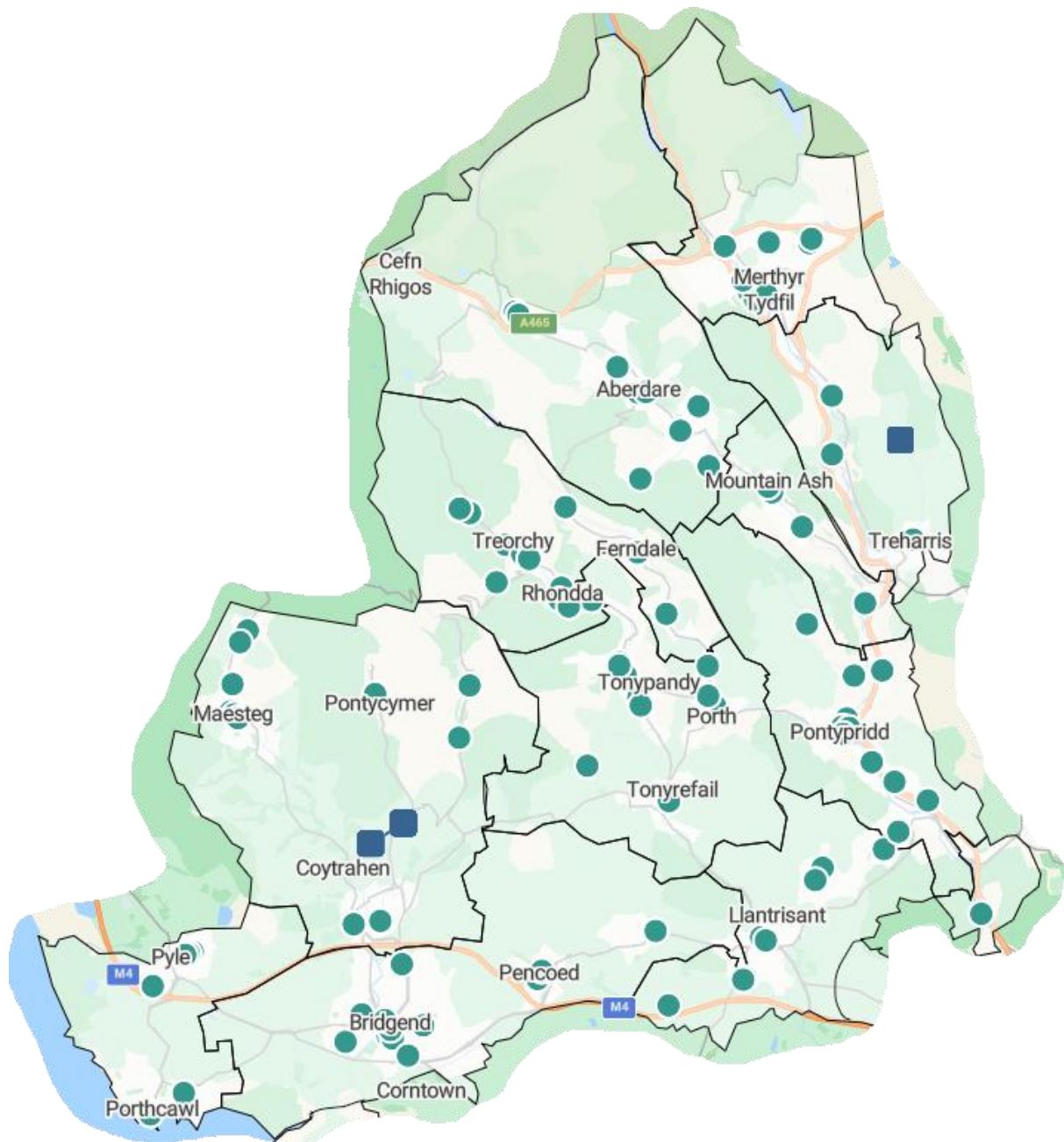
There are 109 pharmacies included in the pharmaceutical list for the area of the health board (April 2026), operated by 33 different contractors.

Of the 44 GP practices in the health board area, three GP practices dispense to eligible patients. Two of the dispensing practices are situated in Bridgend North, and one in Merthyr Tydfil. Of the two dispensing practices in Bridgend North, one dispenses from its two branch surgeries and the other dispenses from its branch surgery, which is located outside the health board's area, in Neath Port Talbot (Swansea Bay University Health Board).

As of December 2025, the three GP practices dispensed to 4,678 of their registered patients, 19.1% of the total list size for all three practices. The percentage of dispensing patients at practice level varied between 6.7% to 40.6% of registered patients.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are in close proximity the circles and squares representing them will overlap. The pharmacies are represented by green circles, and the dispensing practice premises by blue squares.

**Map 5.1: location of the pharmacies and dispensing practice premises**



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The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies were located in or near areas of higher population density and the dispensing doctor premises were in rural areas with lower population density. In addition, both pharmacies and dispensing doctor premises are located in or close to areas of higher levels of deprivation. Noting the current locations of the pharmacies and dispensing doctor premises, the health board is satisfied these conclusions remain valid.

In 2024/25, 95.2% 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 as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, the three GP dispensing practices in the health board's area dispensed or personally administered 1.3% of items.

### 5.1.1 Access to premises

The access to services domain of the Welsh Index of Multiple Deprivation 2025<sup>211</sup> 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 ie by car.

In Wales, the average return travel time to a pharmacy by public transport is 40.4 minutes. This reduces to 7.1 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, 2025**

Area	Average return travel 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	28.5 minutes	5 to 90 minutes	6 minutes	2 to 16 minutes
Merthyr Tydfil	29 minutes	7 to 107 minutes	6 minutes	2 to 21 minutes
Rhondda Cynon Taf	23.4 minutes	7 to 89 minutes	5.1 minutes	2 to 12 minutes
Cwm Taf Morgannwg University Health Board	25.9 minutes		5.6 minutes	
Wales	40.4 minutes		7.1 minutes	

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the vast majority of residents can access a pharmacy by car within 20 minutes, and for many the journey would take 15 minutes or less. Those areas not within a 20-minute drive of a pharmacy are open countryside, wooded hills, and mountains with little or no resident population. Noting the locations of the pharmacies have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Responses to the public engagement questionnaire provide the following insights into accessing pharmacies.

<sup>211</sup> Welsh Government StatsWales - [Welsh Index of Multiple Deprivation 2025 indicator data by lower layer super output area and local authority: access to services domain](#)

For those who use a pharmacy:

- 66.8% travel by car, 27.9% on foot, and 3.2% by bus.
- For 56.8% of respondents their journey takes them between five and 15 minutes, for 34.3% it takes less than five minutes, for 5.4% it takes more than 15 minutes but less than 20, and for 3.6% it takes 20 minutes or more. For those whose journey is 20 minutes or more, six travel by car, three on foot, and one by bus.

The majority of respondents (88.3%) said they didn't have difficulty getting to a pharmacy. Only 8.8% replied that they did and 2.8% said the question was not applicable. Key themes as to why people have difficulty included:

- pharmacy opening hours coinciding with working hours,
- mobility issues,
- transport issues (eg lack of bus service, do not drive, or insufficient parking at or near the pharmacy), and
- health issues.

For those who are dispensed to by their GP practice:

- 40.0% travel by car, and 40.0% on foot. The remaining person has their medicines delivered to them by the practice.
- For 60.0% of respondents their journey takes them between five and 15 minutes, for 20.0% it takes less than five minutes, and for 20.0% it takes 20 minutes or more (this person has their medicines delivered to them).

One person (20.0%) said they have difficulty in getting to the dispensary at their doctor's surgery and this is because they cannot drive or afford a taxi to a pharmacy.

### **5.1.2 Access to the 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 public engagement questionnaire showed that for those using a pharmacy:

- 33.6% do not have a preferred time to visit a pharmacy, 26.1% said 9am to 12noon, 18.7% said 2 to 6pm, 10.2% said 12 noon to 2pm, and 9.9% said 6 to 9pm.
- 54.4% do not have a preferred day to visit a pharmacy, 20.8% said weekdays in general, 9.2% said weekends in general, 5.7% said Saturday and the remainder said a specific weekday.

For those using the dispensary at their GP practice, 83.3% did not have a preferred time to visit, with the remainder saying 8am to 12noon. 88.3% did not have a preferred day, with 16.7% saying weekdays in general.

Appendix L provides information on the pharmacies' opening hours as of December 2025 and at that point in time there were:

- Seven pharmacies open seven days a week
- Ten pharmacies open Monday to Saturday
- 51 pharmacies open Monday to Friday, and part of Saturday, and
- 41 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 each of Cynon Valley North, Merthyr Tydfil, and Rhondda Valley, 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 section 5.1.4.10.

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.

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

### **5.1.3 Access to the national community pharmacy and appliance contractor services**

#### **5.1.3.1 Access to the appliance use reviews service**

None of the pharmacies provide this service.

#### **5.1.3.2 The clinical community pharmacy service**

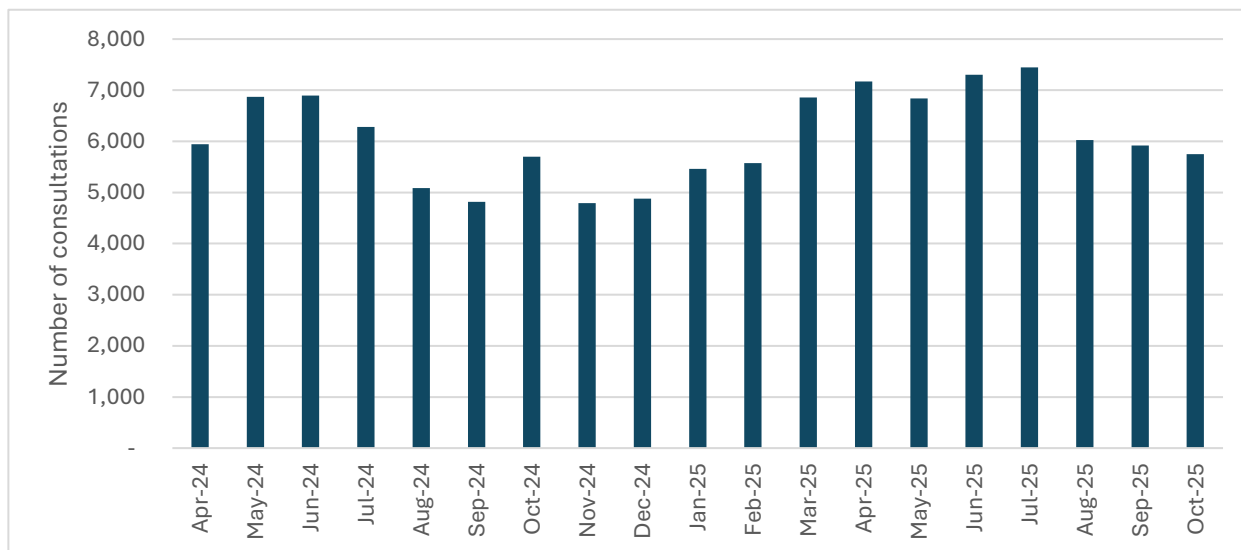
All 109 pharmacies have signed up to provide this service.

##### **5.1.3.2.1 Access to the common ailment service element**

All 109 pharmacies provided the common ailments service element of this service between April 2024 and October 2025, providing a total of 69,159 consultations in 2024/25, and 46,453 consultations in the first seven months of 2025/26.

The figure below shows the total number of common ailments consultations claimed (115,612) under the service by pharmacies between April 2024 and October 2025.

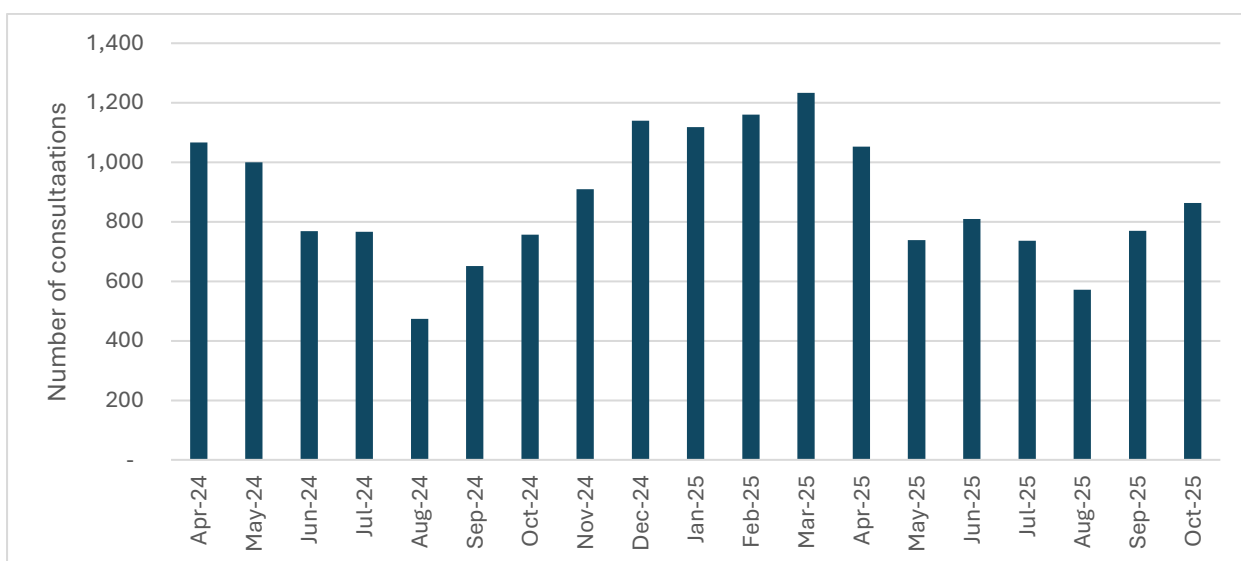
**Figure 5.1: Number of common ailments consultations claimed between April 2024 and October 2025**



102 pharmacies provided at total of 11,042 sore throat test and treat consultations in 2024/25, and in the first seven months of 2025/26 104 pharmacies provided a total of 5,541 sore throat test and treat consultations.

The figure below shows the total number of sore throat, test and treat consultations claimed under this element of the service between April 2024 and October 2025.

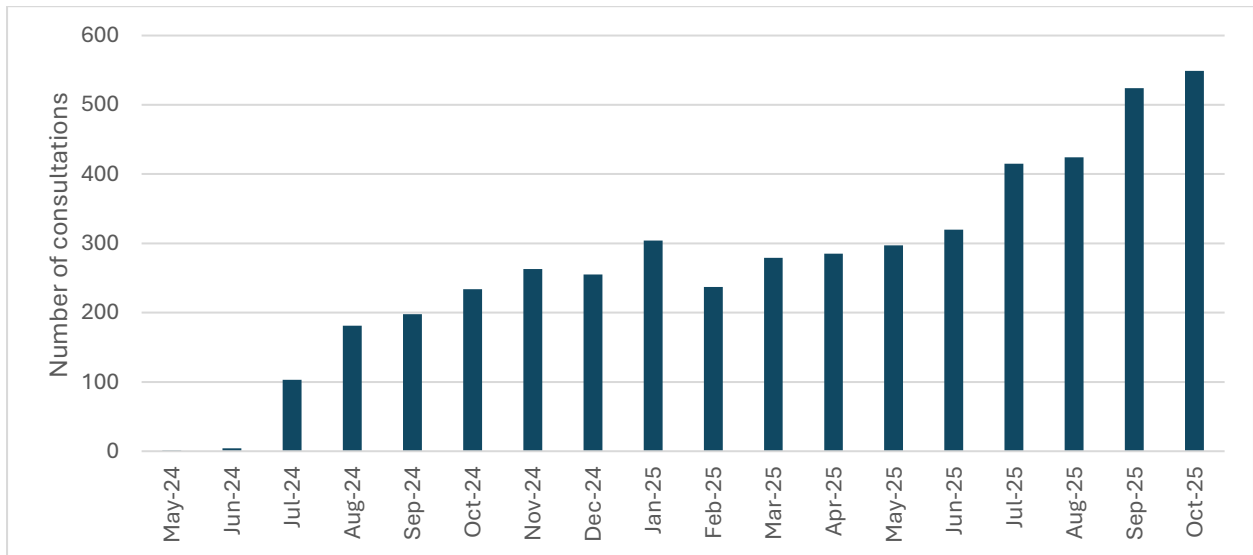
**Figure 5.2: Number of sore throat test and treat consultations claimed between April 2024 and October 2025**



82 pharmacies provided a total of 2,059 urinary tract infection consultations in 2024/25 and in the first seven months of 2025/26 101 pharmacies provided a total of 2,814 urinary tract infection consultations.

The figure below shows the total number of urinary tract infection consultations claimed under this element of the service between April 2024 and October 2025.

**Figure 5.3: Number of urinary tract infection consultations claimed between April 2024 and October 2025**

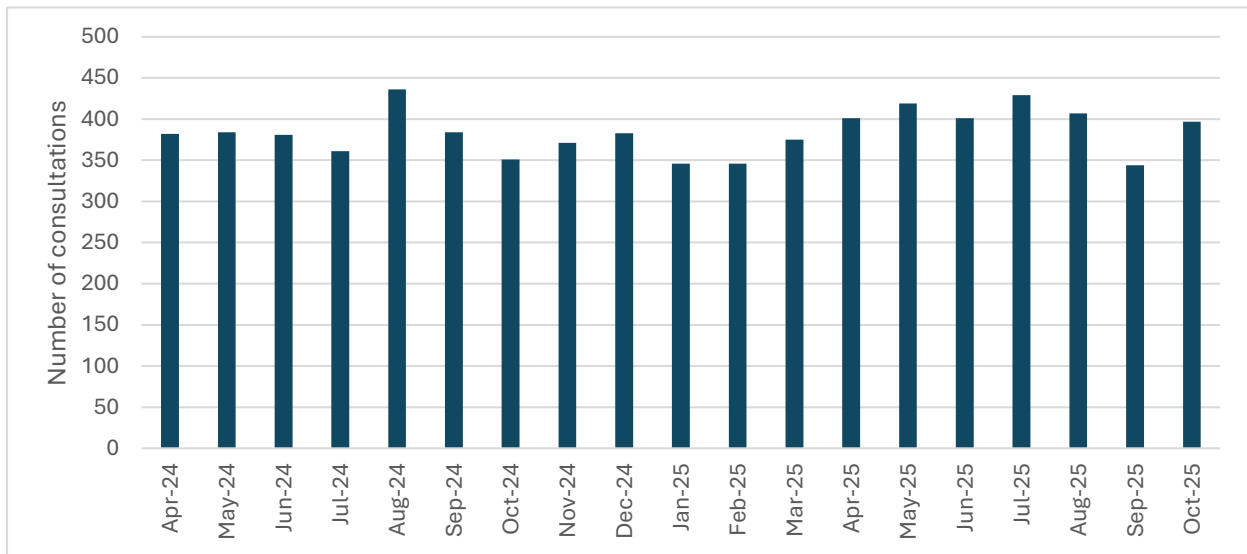


#### 5.1.3.2.2 Access to the emergency contraception service element

108 pharmacies provided a total of 4,500 consultations in 2024/25, and 2,798 in the first seven months of 2025/26.

The figure below shows the total number of emergency contraception consultations claimed under this element of the service by pharmacies between April 2024 and October 2025.

**Figure 5.4: Number of emergency contraception consultations claimed between April 2024 and October 2025**

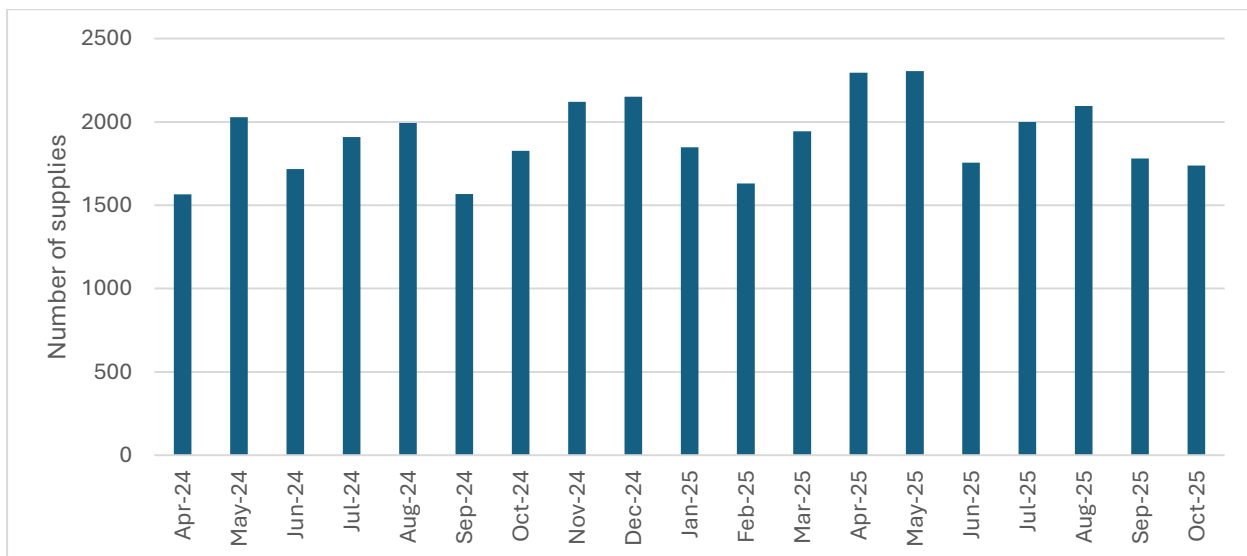


**5.1.3.2.3 Access to the emergency medicines supply service element**

All 109 pharmacies provided a total of 22,301 supplies in 2024/25 and provided a total of 13,967 supplies in the first seven months of 2025/26 under this element of the clinical community pharmacy service.

The figure below shows the total number of emergency medicine supply supplies claimed under the service by pharmacies between April 2024 and October 2025.

**Figure 5.5: Number of emergency medicine supplies claimed between April 2024 and October 2025**



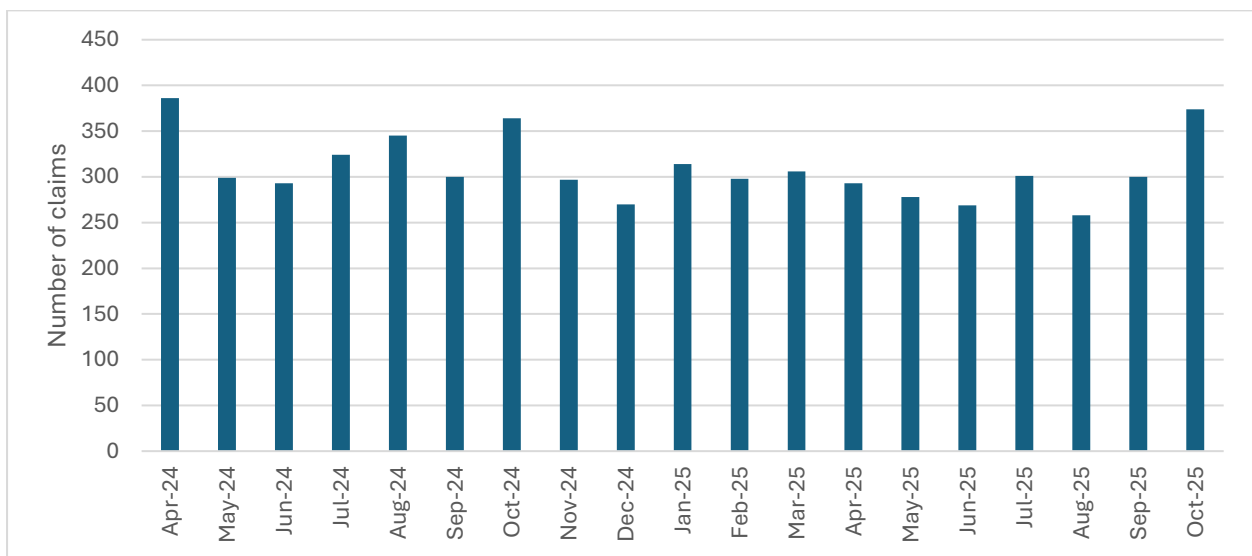
**5.1.3.3 Access to the discharge medicines review service**

95 of the 109 pharmacies provided a total of 3,796 full-service interventions in

2024/25, and 94 pharmacies provided a total of 2,073 full-service interventions in the first seven months of 2025/26.

The figure below shows the total number of full-service interventions claimed by pharmacies between April 2024 and October 2025.

**Figure 5.6: Total number of discharge medicines reviews claimed between April 2024 and October 2025**

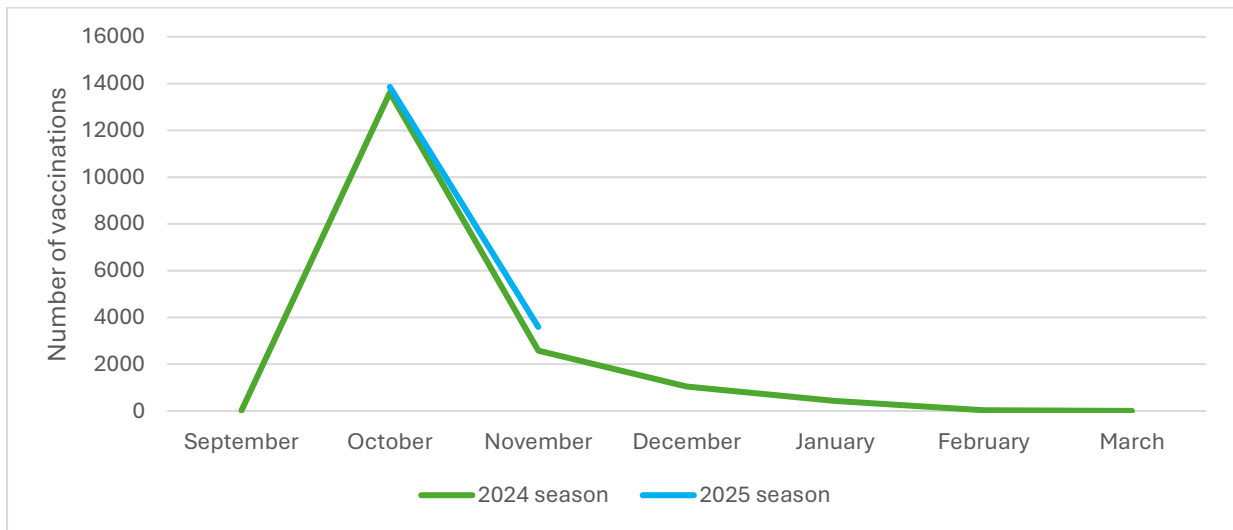


#### 5.1.3.4 Access to the influenza vaccination service

107 of the pharmacies provided this service and between September 2024 and March 2025 provided a total of 17,728 vaccinations. In October 2025 and November 2025, the first two months of the 2025/26 season, the pharmacies provided a total of 17,454 vaccinations.

The figure below shows the total number of vaccinations claimed under the service by pharmacies between September 2024 and November 2025.

**Figure 5.7: Number of influenza vaccinations claimed between September 2024 and November 2025**

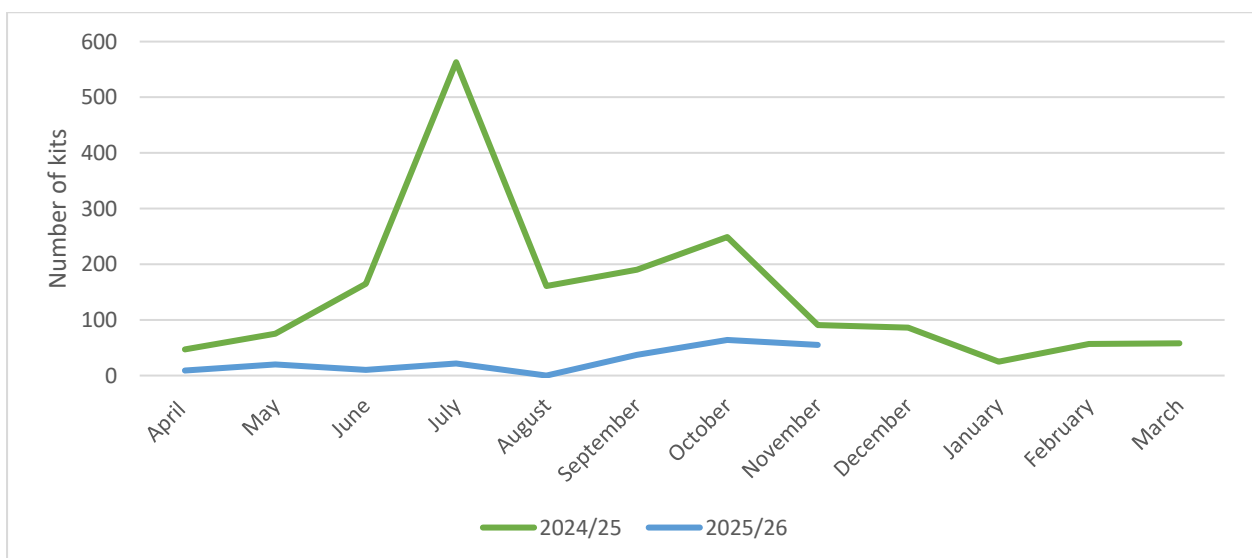


### 5.1.3.5 Access to the lateral flow test supply service

73 of the pharmacies provide this service and provided a total of 1,767 lateral flow test kits in 2024/25. In the first eight months of 2025/26, 26 pharmacies provided a total of 217 lateral flow test kits.

The figure below shows the total number of test kits supplied and by pharmacies between April 2024 and November 2025.

**Figure 5.8: Number of lateral flow test kits supplied between April 2024 and November 2025**



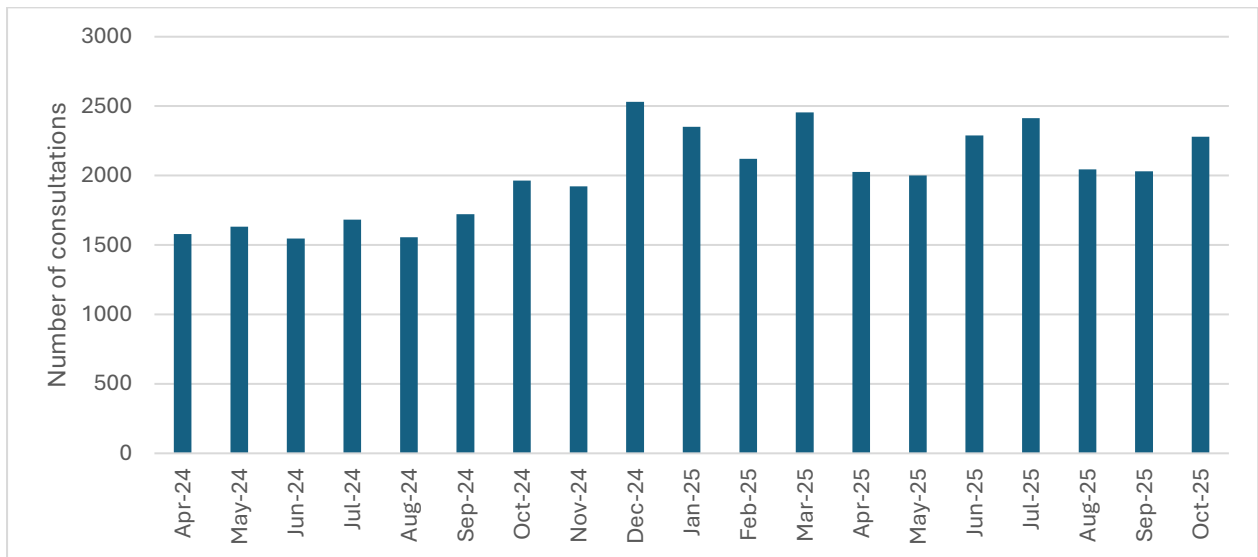
### 5.1.3.6 Access to the pharmacist independent prescribing service

43 of the pharmacies provide this service. In 2024/25, 35 pharmacies provided a

total of 23,059 consultations and in the first seven months of 2025/26, 41 pharmacies provided a total of 15,084 consultations.

The figure below shows the total number of consultations claimed under the service by pharmacies between April 2024 and October 2025.

**Figure 5.9: Number of pharmacist independent prescribing consultations between April 2024 and October 2025**



### 5.1.3.7 Access to stoma appliance customisation service

None of the pharmacies provide this service.

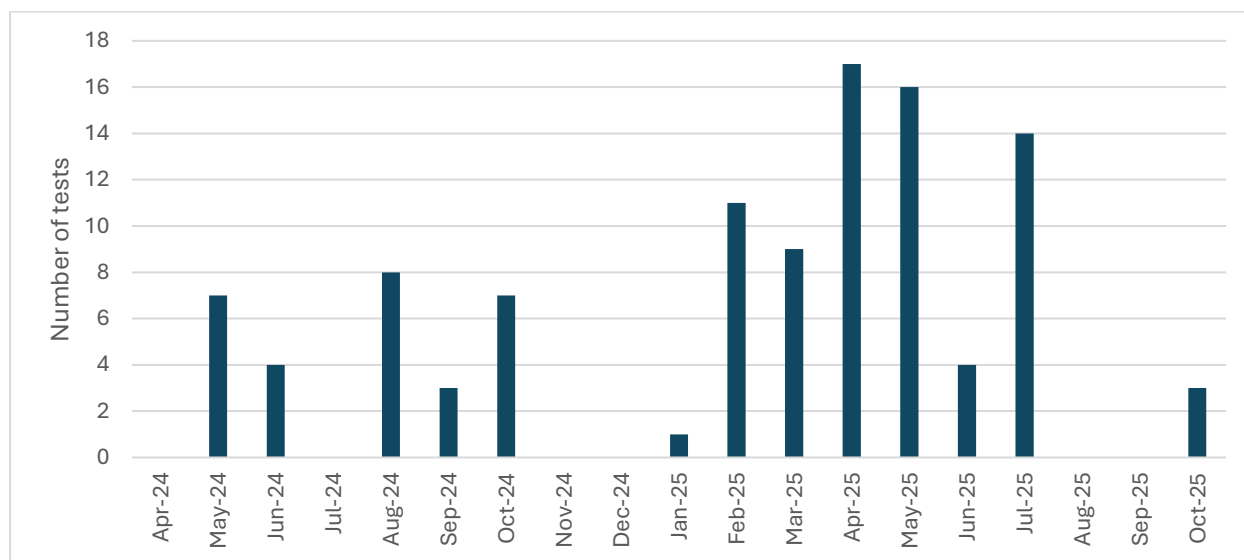
### 5.1.4 Access to the additional clinical service

#### 5.1.4.1 Access to the blood borne virus screening service

15 of the pharmacies signed up to provide this service. In 2024/25, eight pharmacies provided a total of 50 screening consultations and in the first seven months of 2025/26, five pharmacies provided a total of 54 screening consultations.

The figure below shows the total number of screening consultations claimed under the service by pharmacies area between April 2024 and October 2025.

**Figure 5.10: Number of blood borne virus screenings between April 2024 and October 2025**



The table below show the number and location of pharmacies signed up to provide the blood borne virus service.

**Table 5.2: Number and location of pharmacies signed up to provide the blood borne virus service**

Cluster	Number of pharmacies
Bridgend North	Four
Bridgend West	Two
Cynon Valley North	One
Merthyr Tydfil	Three
Rhondda Valley	Three
Taff Ely	Two

NB In Bridgend West one of the two pharmacies provided a blood borne virus screening service trial which was extended to August 2025. The three Merthyr Tydfil pharmacies provide the blood borne virus screening addendum service only.

#### 5.1.4.2 Access to the care home support service - level 1 medicines management support visits

12 of the pharmacies signed up to this service. In 2024/25, four pharmacies provided a total of 90 support visits and in the first eight months of 2025/26, three pharmacies provided a total of 41 support visits.

The table below shows the number and location of the pharmacies signed up to provide the service.

**Table 5.3: Number and location of pharmacies signed up to provide the care home support service - level 1 medicines management support visits**

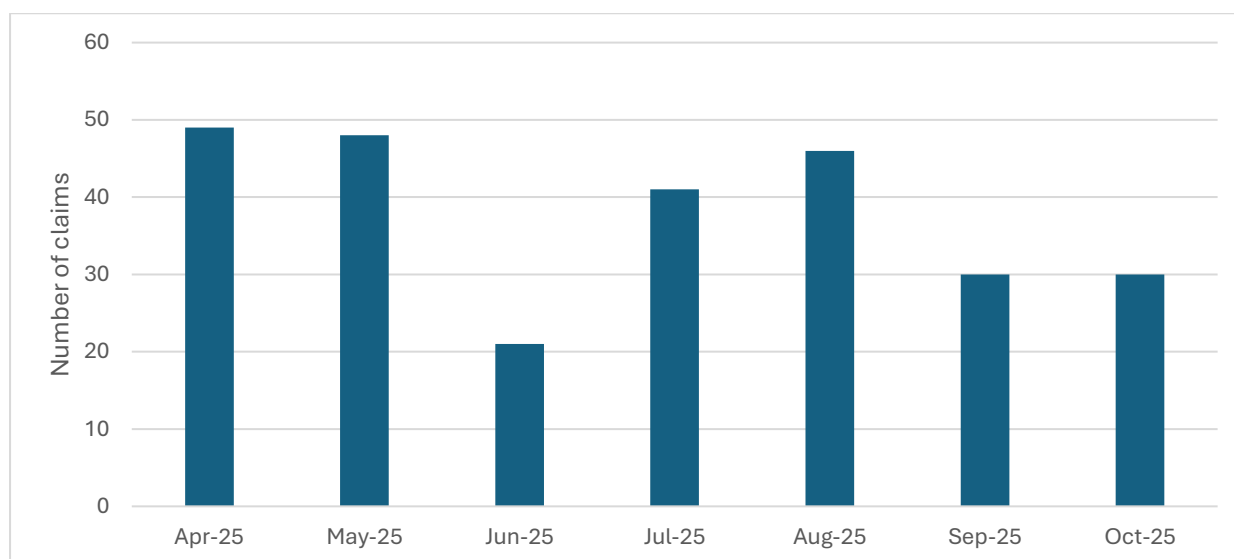
Cluster	Number of pharmacies
Bridgend East	Two
Bridgend West	Two
Cynon Valley North	Three
Rhondda Valley	Three
Taff Ely	Two

#### 5.1.4.3 Access to the medication reminder device service

67 of the pharmacies have signed up to this service. In the first seven months of 2025/26 five pharmacies provided a total of 265 medication reminder devices.

The figure below shows the total number of reminder devices claimed under the service by pharmacies between April 2025 and October 2025.

**Figure 5.11: Number of medication reminder devices claimed between April 2025 and October 2025**



The table below show the number and location of pharmacies providing the service.

**Table 5.4: Number and location of pharmacies providing the medication reminder device service**

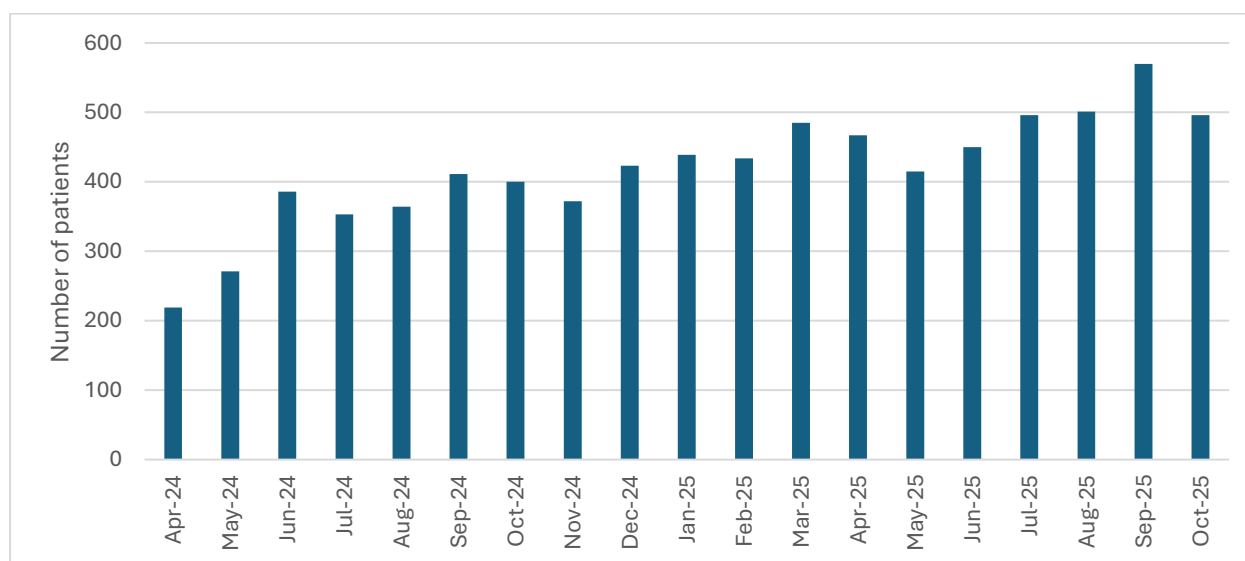
Cluster	Number of pharmacies
Bridgend East	Two
Bridgend North	One
Bridgend West	Two

#### 5.1.4.4 Access to the medicines administration record service

107 of the pharmacies signed up to provide this service. In 2024/25 88 pharmacies supported a total of 4,557 patients with medicines administration record charts and in the first seven months of 2025/26 90 pharmacies supported 3,395 patients.

The figure below shows the total number of medicines administration record chart supplied and claimed under the service by pharmacies between April 2024 and October 2025.

**Figure 5.12: Number of patients supplied with a medicines administration record chart between April 2024 and October 2025**

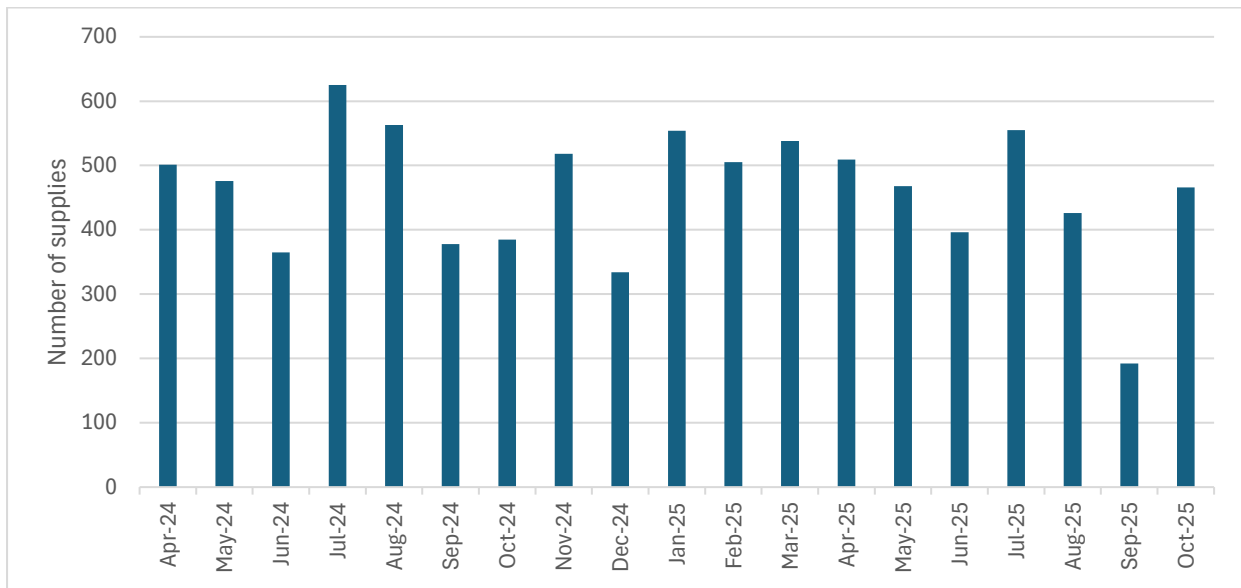


#### 5.1.4.5 Access to needle and syringe programmes

34 of the pharmacies signed up to provide this service. In 2024/25 28 pharmacies provided a total of 5,742 needle and syringe packs and in the first seven months of 2025/26 26 pharmacies provided a total of 3,437 needle and syringe packs.

The figure below shows the total number of packs provided claimed under the service by pharmacies April 2024 and October 2025.

**Figure 5.13: Number of needle and syringe packs supplied between April 2024 and October 2025**

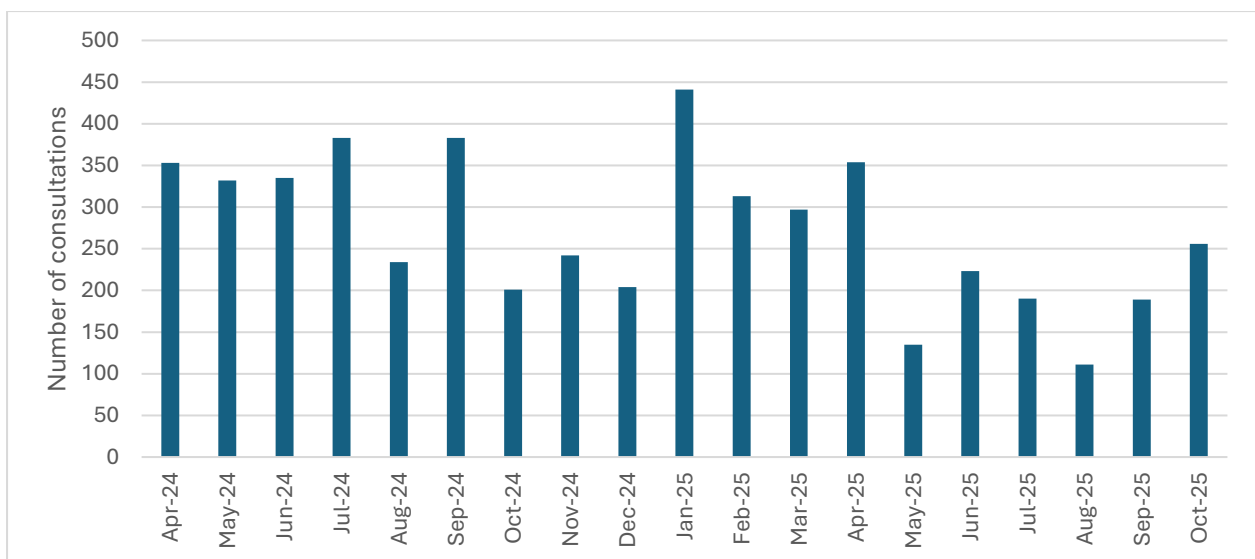


**5.1.4.6 Access to the help me quit @ pharmacy (level 2 smoking cessation) service**

107 of the pharmacies signed up to provide this service. In 2024/25 90 pharmacies provided a total of 3,718 consultations and in the first seven months of 2025/26, 77 pharmacies provided a total 1,458 consultations.

The figure below shows the total number of consultations claimed under the service by pharmacies between April 2024 and October 2025.

**Figure 5.14: Number of level 2 smoking cessation consultations claimed between April 2024 and October 2025**

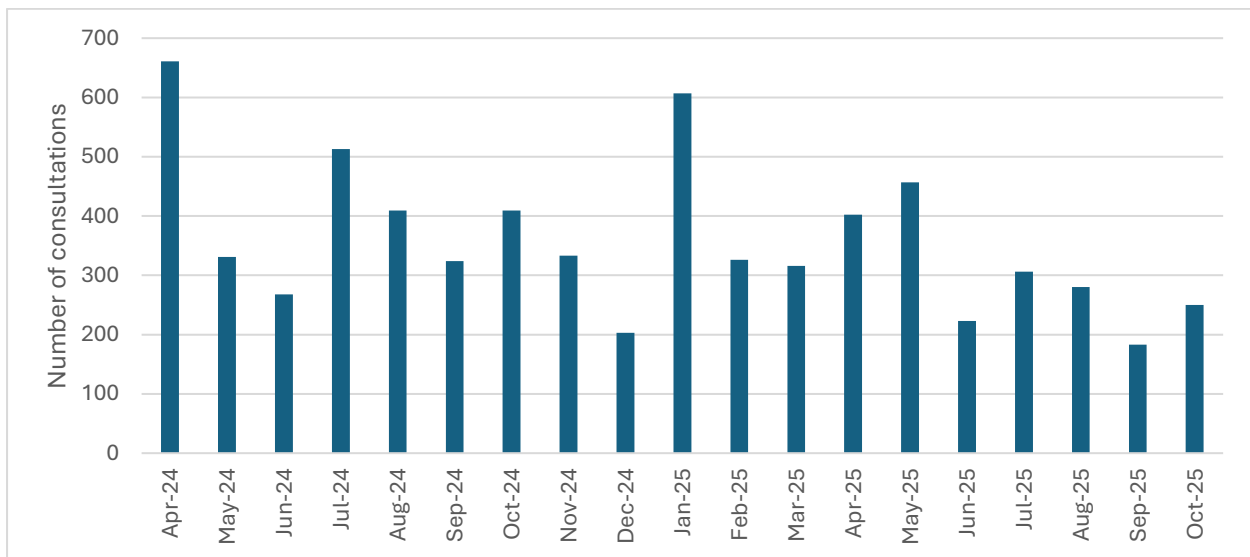


#### 5.1.4.7 Access to the help me quit @ pharmacy (level 3 smoking cessation) service

102 of the pharmacies signed up to provide this service. In 2024/25 81 pharmacies provided a total of 4,700 consultations and in the first seven months of 2025/26 65 pharmacies provided a total of 2,101 consultations.

The figure below shows the total number of level 3 smoking cessation consultations claimed under the service by pharmacies between April 2024 and October 2025.

**Figure 5.15: Number of level 3 smoking cessation consultations claimed between April 2024 and October 2025**



#### 5.1.4.8 Palliative care service

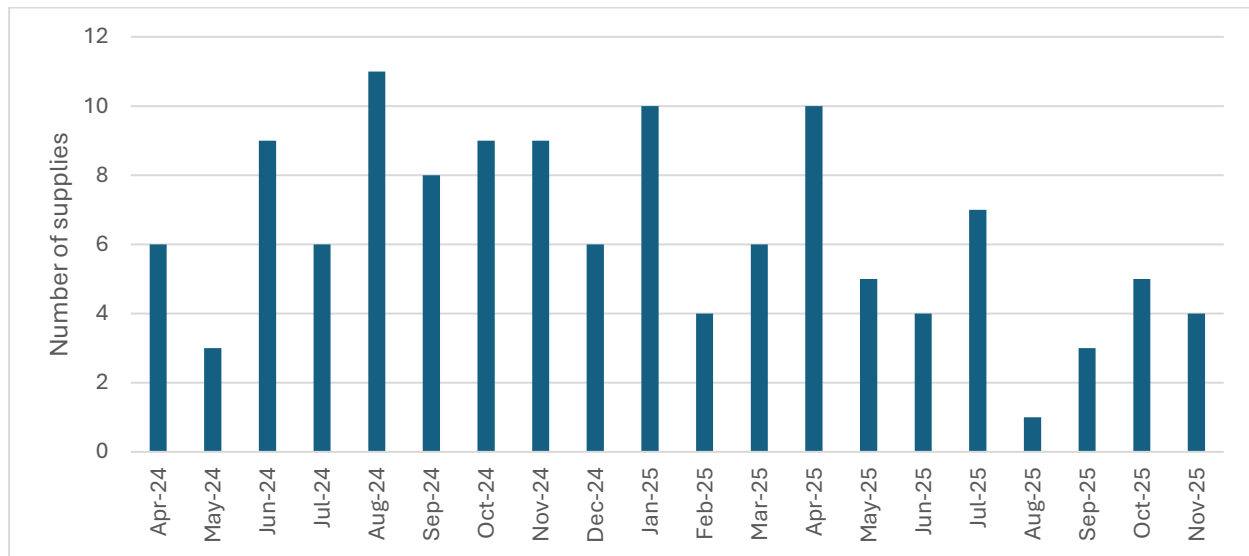
There are three pharmacies in the health board’s area, one in each of Merthyr Tydfil, Rhondda Valley and Taff Ely, who provide “in-hours” access to palliative care drugs under this service.

#### 5.1.4.9 Access to just in case service (palliative care service)

92 of the pharmacies signed up to provide this service. In 2024/25 23 pharmacies provided a total of 87 packs and in the first eight months of 2025/26 11 pharmacies provided a total of 39 packs.

The figure below shows the total number of packs claimed under the service by pharmacies between April 2024 and November 2025.

**Figure 5.16: Number of just in case packs claimed between April 2024 and November 2025**



**5.1.4.10 Access to pharmaceutical services on Sundays, weekday evenings 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 in addition to the existing dispensing service provided within the essential service, to ensure that at least one pharmacy in each of Cynon Valley North, Merthyr Tydfil, and Rhondda Valley is open at various times over the public and bank holiday periods. This facilitates prompt access to medicines during the out of hours period.

By advance agreement of Cwm Taf Morgannwg University Health Board, at least one pharmacy in each of Bridgend North and Taff Ely is open at various times over the public and bank holiday period.

At least pharmacy is open on weekday evenings, at various times in each of Cynon Valley North, Merthyr Tydfil (excluding Thursdays), and Rhondda Valley (excluding bank holidays).

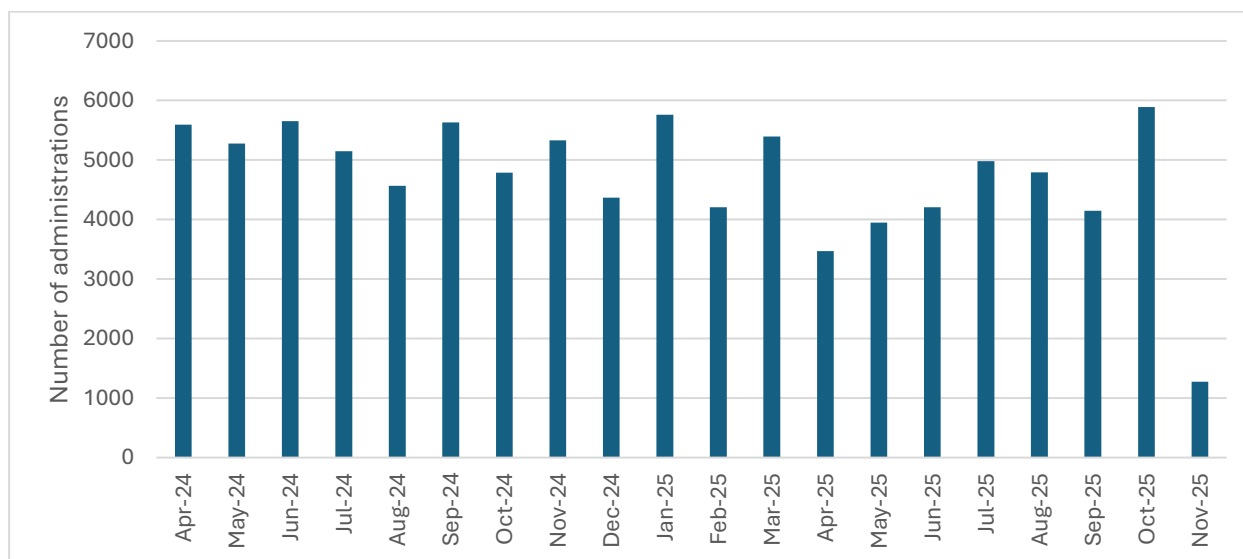
Similarly, there is also a Sunday rota in place within the health board’s area which ensures that at least one pharmacy in each of Cynon Valley North, Merthyr Tydfil, and Rhondda Valley is open at various times over the Sunday period. One pharmacy in Merthyr Tydfil is open Easter Sunday and Christmas Day.

#### 5.1.4.11 Supervised administration of methadone and buprenorphine service

97 of the pharmacies signed up to provide this service. In 2024/25 89 pharmacies provided a total of 61,714 supervised administrations and in the first eight months of 2025/26 84 pharmacies provided 32,714 supervised administrations.

The figure below shows the total number of supervised administrations claimed under the service by pharmacies area between April 2024 and November 2025.

**Figure 5.17: Number of supervised administrations claimed between April 2024 and November 2025**



#### 5.1.4.12 Access to the urgent medicines service

The urgent medicines service has two service levels:

- Level 1 (standard) – the pharmacy shall maintain a stock of at least the minimum quantity of each medicine specified on the locally agreed standard stock list (maximum of 25 medicines).
- Level 2 (enhanced) – the pharmacy shall maintain a stock of at least the minimum quantity of each medicine specified on the locally agreed enhanced stock list (maximum of 40 medicines).

16 of the pharmacies signed up to provide this service. Ten pharmacies provide level 1 (standard) and six provide level 2 (enhanced) and the table below shows their location and which level they provide.

**Table 5.5: Number and location of pharmacies signed up to the urgent medicines service**

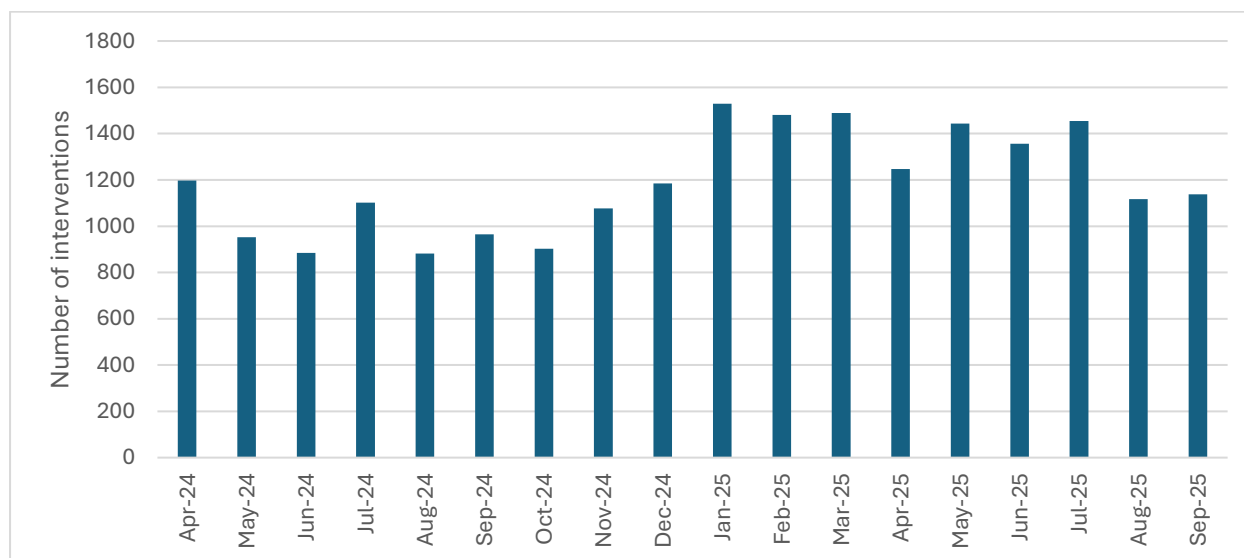
Cluster	Number of pharmacies – level 1	Number of pharmacies – level 2
Bridgend East	Two	One
Bridgend North	Two	One
Bridgend West	One	One
Merthyr Tydfil	One	One
Rhondda Valley	One	One
Taff Ely	Three	One

#### 5.1.4.13 Access to the waste reduction service

97 out of pharmacies signed up to provide this service. In 2024/25, 97 pharmacies provided a total of 13,645 interventions and in the first six months of 2025/26 90 pharmacies provided a total of 7,756 interventions.

The figure below shows the total number of waste reductions interventions claimed under the service by pharmacies between April 2024 and September 2025.

**Figure 5.18: Number of waste reductions interventions claimed between April 2024 and September 2025**



#### 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 2025, 4,678 people were registered as a dispensing patient with their practice, 19.1% of the total list size for all three practices. The percentage of dispensing patients at practice level varied between 6.7% to 40.6% of registered

patients. The dispensing takes place from premises for which the practice has premises approval with one GP practice dispensing from two sites, and one GP practice dispensing from one site.

**Table 5.6: details of the dispensing GP practices**

<b>GP dispensing practice</b>	<b>Dispensing site address</b>	<b>Cluster</b>
Cwm Garw Practice (Pontycymmer)	Heol Arfryn, Bettws, Bridgend CF32 8TP	Bridgend North
	Heol Gellilodrau, Llangeinor, Bridgend CF32 8PS	
Treharris Primary Care Centre (Treharris)	Oaklands Surgery, Oaklands Street, Bedlinog CF46 6TE	Merthyr Tydfil

Llynfi Surgery (Maesteg) holds a contract with the health board to provide general medical services and dispenses to eligible patients from its premises on Maesteg Road, Port Talbot which are in the area of Swansea Bay University Health Board.

## **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 section 5.1, the majority of items are.

In 2024/25, 2.5% of items were dispensed outside of the health board's area - 2.1% were dispensed elsewhere in Wales by 600 different contractors (trading at any time during that period) and the remaining 0.4% were dispensed in England.

Of the 290,156 items dispensed elsewhere in Wales in 2024/25:

- 164,025 were dispensed by 111 contractors in Cardiff and Vale University Health Board's area,
- 117,196 were dispensed by 1170 contractors in Aneurin Bevan University Health Board's area
- 6,507 were dispensed by 83 contractors in Swansea Bay University Health Board's area.
- 1,921 were dispensed by 78 contractors in Hywel Dda University Health Board's area,
- 331 were dispensed 16 pharmacies contractors in Powys Teaching Health Board's area, and

- 176 were dispensed by 43 pharmacies contractors in Betsi Cadwaladr University Health Board's area.

A similar pattern was seen in the first nine months of 2025/26.

### **5.2.2 Access to the national community pharmacy and appliance contractor services**

Information on the type of national community pharmacy and appliance contractor services provided by pharmacies outside the health board's area to its residents is not available. When claiming for these 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 the additional clinical service services**

As with national community pharmacy and appliance contractor services information on the provision of additional clinical 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 109 pharmacies, operated by 33 different contractors. Outside of the health board's area residents chose to access a further 582 pharmacies and the four dispensing appliance contractors in Wales alone in 2024/25, although many are not used on a regular basis.

In the first nine months of 2025/26, residents chose to access 421 pharmacies and the four dispensing appliance contractors elsewhere in Wales.

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

- Close to my home (190 of people)
- I like and trust the staff who work there (116)
- Close to my doctor (110)

- The location of the pharmacy is easy to get to (103\_)
- There is a private area if I need to talk to the pharmacist (86)
- The customer service (85)
- The staff know me and look after me (81)
- The pharmacy provides good advice and information (81).

Please note that more than one option could be provided to this question.

When asked if there is a more convenient and/or closer pharmacy that they don't use, 63.1% of respondents said 'no'. 33.3% of respondents said 'yes' and 3.5% said they didn't know. When asked why they did not use that closer pharmacy, 90 people responded. The top four reasons provided were:

- the service is too slow (29 people)
- I have had a bad experience in the past (23)
- they don't have what I need in stock (23), and
- it isn't easy to park at the pharmacy (21).

## 6 Other NHS services

This chapter describes the NHS services that are deemed, by the health board, to affect the need for pharmaceutical services within its area.

### 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 - Coity 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 may receive a supply of medicines.

There are also four community hospitals and a range of health facilities in the health board area, which offer a range of inpatient, day care and outpatient clinics. These include the three mental health inpatient units, the Keir Hardie University Health Park and the integrated women's health hub at Ysbyty Cwm Cynon.

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 may be 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 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.

The hospitals therefore both reduce (by dispensing in-patient medicines) and increase (by issuing prescriptions to be dispensed by pharmacies) the need for pharmaceutical services.

## **6.2 Provision of drugs, medicines and appliances for immediate treatment or personal administration of items by GPs**

Under their primary medical services contract with the health board there will be occasions where a GP or other healthcare professionals at the practice:

- must provide a drug, medicine, or appliance to a patient where such provision is needed for the immediate treatment of the patient before provision can otherwise be obtained, or
- may provide a drug, medicine, or appliance to a patient which the GP or healthcare professional administers or applies to the 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.

Separately, a GP practice may provide a drug, medicine, or appliance for the immediate treatment of a patient because the patient is unable to access the item from a pharmacy within the required timescale.

It is not possible to quantify the total number of items that were personally administered or provided for immediate treatment by GP practices in Wales as the published figures include items which have been either personally administered, provided for immediate treatment, or dispensed by dispensing practices. However, as a minimum in 2024/25, 135,037 items were personally administered or provided for immediate treatment by practices that do not also dispense. In the first nine months of 2025/26 at least 43,654 items were personally administered or provided for immediate treatment.

This service therefore reduces the demand for the dispensing essential service as certain items will be personally administered or provided to the patient for immediate treatment.

## **6.3 NHS 111 and GP out of hours service**

The NHS 111 service provides a single point of entry to non-emergency healthcare, 24 hours a day, seven days a week. The 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'.

The NHS 111 service also includes access to the GP out of hours service at times when the GP practices are closed. 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 public 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.

The service therefore increases the need for pharmaceutical services.

#### **6.4 Minor injury units**

There are two minor injury units in the health board's area that open Monday to Friday (Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon) and one that is open on weekends and public and bank holidays (Royal Glamorgan Hospital). These units assess adults and children aged over one with:

- injuries to the limbs and minor injuries to the head, face, neck, back and chest
- human, animal, or insect bites
- minor burns or scalds
- wounds or grazes
- foreign bodies in ears, noses, and soft tissues.

The minor injury units therefore reduce the need for the support for self-care essential service and the common ailments service element of the clinical community pharmacy service.

#### **6.5 Prisons**

HMP and 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 person's unit for juvenile offenders (aged 15 to 17).

A range of health services are provided within the prison with medicines supplied by an in-house pharmacy service. This therefore reduces the demand for the dispensing essential service.

## **6.6 Online non prescription ordering service dressings system**

The wound dressing procurement system was introduced 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 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 the service 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.

The service therefore reduces the demand for the dispensing essential service.

## **6.7 Prescribing by dentists and optometrists**

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the health board's area. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in health board's area.

In 2024/25, a total of 31,419 items were dispensed by the pharmacies and 24,241 items were dispensed in the first nine months of 2025/26.

The position is the same for prescriptions written by optometrists. In 2024/25, a total of 5,754 items were dispensed by the pharmacies and in the first nine months of 2025/26 6,926 items were dispensed.

These services therefore increase the demand for the dispensing essential service.

## **6.8 Services provided by GPs under their General medical services contract**

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

- Provision of advice and issuing prescriptions in relation to emergency hormonal contraception
- Influenza and Covid-19 vaccinations
- Advice and treatment for common ailments
- Support to stop smoking.

Provision of general medical services increases the need for the dispensing essential service as prescriptions are issued. However, it will also reduce the need for the provision of some of the national community pharmacy and appliance contractor services and additional clinical services.

## **6.9 Child and adolescent mental health services**

Under these services a team of professionals with different backgrounds, skills and training relevant to the mental health and emotional wellbeing of children and young people provides support to children, young people and their families.

In 2024/25, a total of 10,625 items were prescribed and 7,596 items in the first nine months of 2025/26.

This service therefore increases the demand for the dispensing essential service.

## **6.10 Community drug and alcohol team**

This team provides a service for people experiencing problems with substance misuse. As part of the service people receive a community-based assessment and co-ordinated care plan.

In 2024/25, a total of 20,338 items were prescribed and 14,067 items in the first nine months of 2025/26.

This service therefore increases the demand for the dispensing essential service.

## **6.11 Adult community mental health team**

This team provides a range of services for adults (18 – 65 years) who have moderate to severe, unstable mental health problems. The team offers support to people with a range of mental health difficulties. Examples of these include psychosis, bi-polar, personality disorder, severe depression, and anxiety.

In 2024/25, a total of 2,432 items were prescribed and 2,057 in the first nine months of 2025/26.

## 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<sup>212</sup>. 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 commissioned by the health board.

### 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, as prescribed medicines are one of the most common interventions in health care. 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. The only exception to that is where delivery is commissioned under a national community pharmacy and appliance contractor service, or an additional clinical service.

The discharges medicines review service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (eg 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. This is a national community pharmacy and appliance contractor service, that contractors may choose to provide.

There may be occasions where a person runs out of their regular medication and the pharmacist believes that it would not be practicable for the person to obtain the previously prescribed medicines they require in a clinically appropriate timeframe via the usual route without undue delay. Under the clinical community pharmacy service, a person may be able to access a supply of their urgently needed medicines.

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<sup>212</sup> Community Pharmacy Wales (2020) [Pharmacy advice audit \(full report\)](#) Richard Brown PhD, FRPharmS

For those who have an appliance, the appliance use review service will help improve their knowledge and use of it. The service aims to ensure people get the maximum benefit from the use of their appliance and improve their experience of its usage.

For those with a stoma appliance that requires customisation, the stoma appliance customisation service will ensure the proper use and comfortable fitting of the appliance and improve the duration of its usage thereby reducing waste.

## **7.2 Substance misuse**

The provision of a supervised administration of methadone and buprenorphine additional clinical service, referred to for the purpose of this pharmaceutical needs assessment as supervised administration of medicines by pharmacies can:

- assist prescribing clinicians in the provision of community-based prescribing,
- improve adherence to an agreed treatment plan,
- provide support and access to further advice and assistance including referring individuals to specialist treatment services or other health and social care services,
- reduce the risk of inappropriate medicines taking, which might result in harm
- ensure the individual takes the correct dosing regimen of medication as prescribed,
- reduce the risk of 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 provision additional clinical 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.

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

- Pharmacies are required to participate in up to four 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. Where the pharmacy does not provide the additional clinical services of needle and syringe provision and/or supervised administration of 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.

- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

### **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 four 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.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Smoking cessation services, including those provided by pharmacies, are part of prehabilitation prior to admission for cancer treatments.

### **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 appears to the pharmacist that they are suffering from or at risk of developing an adverse health issue, the pharmacist must provide advice to that person with the aim of increasing their knowledge and understanding of the health issues which are relevant to their personal circumstances
- Pharmacies are required to participate in up to four 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
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition
- Providing healthy living advice during consultations and engagement with people attending the pharmacy

Provision of the flu vaccinations, lateral flow tests, stoma appliance customisation, appliance use review, needle and syringe provision, smoking cessation, supervised administration of medicines, care home service, blood borne virus screening, and just in case packs additional clinical services 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:

- Pharmacies are required to participate in up to four 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 for weight management services.
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

## **7.6 Sexual health**

Alongside the clinical community pharmacy service which includes the provision of a contraception service there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to four 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 it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Where the pharmacy does not provide the clinical community pharmacy service signposting people using the pharmacy to other providers of sexual health services, including sexually transmitted infection screening kits.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

## **7.7 Teenage pregnancy**

The clinical community pharmacy service contraception service coupled with elements of essential service provision will help address this health need:

- Pharmacies are required to participate in up to four 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 the clinical community pharmacy service contraception service, signposting people using the pharmacy to other providers of the service.

## 7.8 Smoking

In addition to the Help Me Quit @ Pharmacy service smoking cessation levels 2 and 3 additional clinical services there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to four 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 additional clinical service, signposting people using the pharmacy to other providers of the service.
- Routinely discussing stopping smoking when selling relevant over the counter medicines.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

## 7.9 Support for self-care

Support for self-care is an essential service. As part of their essential services pharmacies must provide advice on self-care to patients in terms of treatment options and lifestyle changes.

## 7.10 Blood borne viruses

The blood borne virus additional clinical service aims to improve access to blood borne virus screening, associated treatments, and health advice by increasing the number of people tested and to reduce the personal and public health risks associated with infection by hepatitis B and C and human immunodeficiency virus<sup>213,214,215</sup>.

The service supports the detection and early diagnosis of those at risk from blood borne viruses such as human immunodeficiency virus, hepatitis B and C using dried blood spot testing, and ensures treatment is commenced at an early stage, preventing further virus transmission. The group of clients considered to be at risk of

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<sup>213</sup> Welsh Government January 2023 - [Eliminating hepatitis \(B and C\) as a public health threat in Wales - Actions for 2022-2023 and 2023-2024](#) (Welsh Health Circular WHC/2023/001)

<sup>214</sup> Welsh Government - [Written Statement: World Hepatitis Day 2024 \(26 July 2024\)](#)

<sup>215</sup> Welsh Government - [Written Statement: Eliminating hepatitis B and C in Wales \(7 August 2025\)](#)

infection are regularly accessing services provided by pharmacies such as needle and syringe provision and supervised administration of medicines.

### **7.11 Care home support level 1 medicines management support visits**

The care home support & level 1 medicines management support visits additional clinical 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, with pharmacists working collaboratively with the health board and GP practice colleagues to support care homes in Cwm Taf Morgannwg, to ensure that improvements in service provision are maintained and the development of medicines protocols and procedures to support effective use of medicines, reduction of risk and reductions of avoidable waste.

### **7.12 Palliative care service**

The just in case pack service provides a palliative care emergency medicine pack to individuals for whom it is anticipated their medical condition may deteriorate into the terminal phase of illness. Providing easily identifiable course of medication to facilitate the effective management of unexpected breakthrough symptoms by healthcare professionals in urgent situations.

Identifying key pharmacies that have agreed to provide the just in case pack service will enable the proactive planning for the care of patients whose condition is deteriorating.

### **7.13 Pharmacist independent prescribing service**

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)<sup>216</sup>, 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 pharmacist independent prescribing service differs from the common ailments service under the clinical community pharmacy service in that appropriately trained pharmacists are required to prescribe medications for NHS supply where appropriate, often replacing the need for a GP appointment. Unlike the common ailments service, which typically focuses on minor health issues and supplies over-the-counter treatments, the independent prescribing service empowers pharmacists to manage a wider range of conditions independently. This advanced role supports patients with timely access to healthcare, reducing pressure on general practice and enhancing the provision of care within the community.

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<sup>216</sup> Royal Pharmaceutical Society - [Pharmacy: Delivering a healthier Wales](#) (accessed 15/02/2026)

Any pharmacy contractor wishing to provide the pharmacist independent prescribing service must also provide the clinical community pharmacy service which includes three elements; common ailments service, emergency, Bridging and QuickStart contraception service and emergency medicine supply service.

#### **7.14. Vaccination against infectious disease**

Vaccines are the most effective way to prevent many infectious diseases and prevent millions of deaths worldwide every year.

Influenza, also known as flu, is a key factor in NHS Wales' resilience, impacting patient health and service demand. The annual vaccination programme reduces unplanned admissions and pressures on A&E. The health board commissions pharmacies to provide the seasonal influenza vaccination service.

## 8 Bridgend East cluster

### 8.1 Overview

Bridgend East cluster is the largest of the three clusters within Bridgend local authority serving a practice registered population of 84,301<sup>217</sup> in a predominantly urban environment. There are 12 pharmacies in the cluster and five GP practices; two of the GP practices have branch surgery sites. One has three branch sites, and the other has one branch site.

Following a 4.5%<sup>218</sup> population increase between 2011 (139,200) and 2021 (145,500), Bridgend's population growth was the third highest in Wales after Newport (9.5%) and Cardiff (4.7%), also exceeding the overall Welsh average (1.4%). Bridgend is the seventh most densely populated of the 22 local authorities, making it the eighth largest local authority in Wales.

Bridgend local authority has a lower life expectancy at birth for females (81.6 years) and males (77.4 years) when compared to the Wales averages - 81.8 years (females) and 77.9 years (males).

Deprivation is not heavily concentrated in the Bridgend East cluster. 8.5% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% for the health board.

Bridgend East has a mixed profile of long-term health conditions, based on estimated prevalence, when compared with both the health board and Wales overall.

- Lower than both the health board and Wales averages in asthma and chronic obstructive pulmonary disease
- Higher than both the health board and Wales averages in atrial fibrillation and stroke and transient ischaemic attack
- Lower than the health board average but aligns with the Wales averages in coronary heart disease, diabetes, and hypertension
- Heart failure is higher than the health board average but aligns with the Wales average
- Dementia aligns with the health board average but lower than the Wales average
- Mental health aligns with both health board and Wales averages

Lifestyle behaviours within the adult population (16 years and over) across Bridgend, captured by the National Survey for Wales<sup>219</sup> and detailed in the section 8.2.4 health profile reveal a mix of positive habits and ongoing challenges. For example, residents smoke less (including e-cigarettes), drink less alcohol, and consume more

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<sup>217</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>218</sup> Office of National Statistics - [How the population changed in Bridgend: Census 2021](#)

<sup>219</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

fruit and vegetables. However, more residents report being overweight and/or obese and fewer residents undertake physical activity than Wales as a whole.

## 8.2 Key population features

### 8.2.1 Population projections 2022 to 2032

The population of Bridgend is projected to increase by up to 5.5% between 2022 (146,173) and 2032 (154,189).

It is projected by 2032<sup>220</sup>, Bridgend local authority will:

- See a decrease in the number of people aged 0 to 15 years
- Be one of eight local authorities with the largest projected increases in working-age population aged 16 to 64 years
- See an increase in the population aged 65 years and over. Bridgend will be one of three local authorities with the largest increase (23.1%) after Pembrokeshire (24.6%) and the Vale of Glamorgan (23.2%)
- See an increase in the population aged 75 years and over

The population is projected to continue to age in the local authority over this period.

The increase in population will mainly be driven by net migration ie 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).

### 8.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Bridgend local authority has a slightly lower total life expectancy at birth for females and for males when compared to the average for Wales (table 8.1).
- Healthy life expectancy<sup>221</sup> is defined as the number of years a person can expect to live in good health and is measured at local authority level. In Bridgend, healthy life expectancy stands at 61.3 years for males and 61.4 years for females. Comparatively, the Wales averages are slightly lower at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Bridgend tend to enjoy a longer period of good health than the average across Wales.
- 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 4.9 years for males and 4.7 years for females<sup>222</sup>.

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<sup>220</sup> Welsh Government - [Local authority population projections: 2022-based](#)

<sup>221</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>222</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

**Table 8.1: Total life expectancy at birth for females and males, 2020 to 2022<sup>223</sup>**

Area	Female at birth (years)	Males at birth (years)
Bridgend local authority	81.6	77.4
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 8.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the three clusters in Bridgend, Bridgend East has the lowest concentration of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (8.5%), lower than the health board average (24.7%).

There are, however, small areas of “deep-rooted” deprivation<sup>224</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple Deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Bridgend East cluster, compared with the health board.

**Table 8.2: Estimated percentage of patients living in the most deprived 20% of areas in Bridgend East and the health board (2025)<sup>225</sup>**

Area	Percentage
Bridgend East cluster	8.5%
Cwm Taf Morgannwg University Health Board	24.7%

### 8.2.4 Health profile

Noncommunicable diseases<sup>226</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental, and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers

<sup>223</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

<sup>224</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation \(WIMD\) 2025 results report: overall index](#)

<sup>225</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>226</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows the estimated prevalence of chronic disease in Bridgend East cluster when compared with the average for the health board and Wales.

**Table 8.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025<sup>227</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend East cluster	7.0%	3.4%	1.9%	8.4%	1.4%	2.6%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below shows the percentage of people registered with a mental health condition and dementia in Bridgend East cluster, alongside averages for the health board and Wales as a whole. The data reveals that Bridgend East aligns with both the health board and Wales averages. In contrast, the percentage of people registered with dementia in Bridgend East aligns with the health board average but is slightly lower than the average for Wales (0.1% lower).

**Table 8.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025<sup>228</sup>**

Area	Mental health	Dementia
Bridgend East cluster	1.1%	0.7%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

The table below shows the estimated prevalence of atrial fibrillation and hypertension amongst people registered on GP practice registers in Bridgend East cluster, when compared with averages for both the health board and Wales as a whole. Bridgend East cluster prevalence of atrial fibrillation is slightly higher than the health board and Wales average (0.1% higher). In contrast, the prevalence for hypertension within Bridgend East aligns with the Wales average but lower than the health board average (1.0% lower).

<sup>227</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>228</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

**Table 8.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025<sup>229</sup>**

Area	Atrial fibrillation	Hypertension
Bridgend East cluster	2.8%	16.3%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Bridgend who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>230</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

**Table 8.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count	Prevalence					
	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Bridgend local authority	122,161 <sup>231</sup>	18%	14%	70%	30%	51%	32%
Wales	2,641,000 <sup>232</sup>	20%	16%	62%	25%	56%	29%

This suggests that there are positive lifestyle behaviours prevalent in Bridgend compared with Wales as a whole, such as reduced smoking (2.0% lower) and excessive drinking (2.0% lower), as well as increased fruit and vegetable consumption (eating five portions of fruit and vegetables daily) (3.0% higher). However, a higher number of people reported being overweight (8.0% higher), being obese (5.0% higher) and undertaking less physical activity (5.0% lower) than Wales.

### 8.3 Current provision of pharmaceutical services within the cluster

There are 12 pharmacies in Bridgend East cluster operated by seven different contractors.

<sup>229</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>230</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours \(2021 to 2023\)](#)

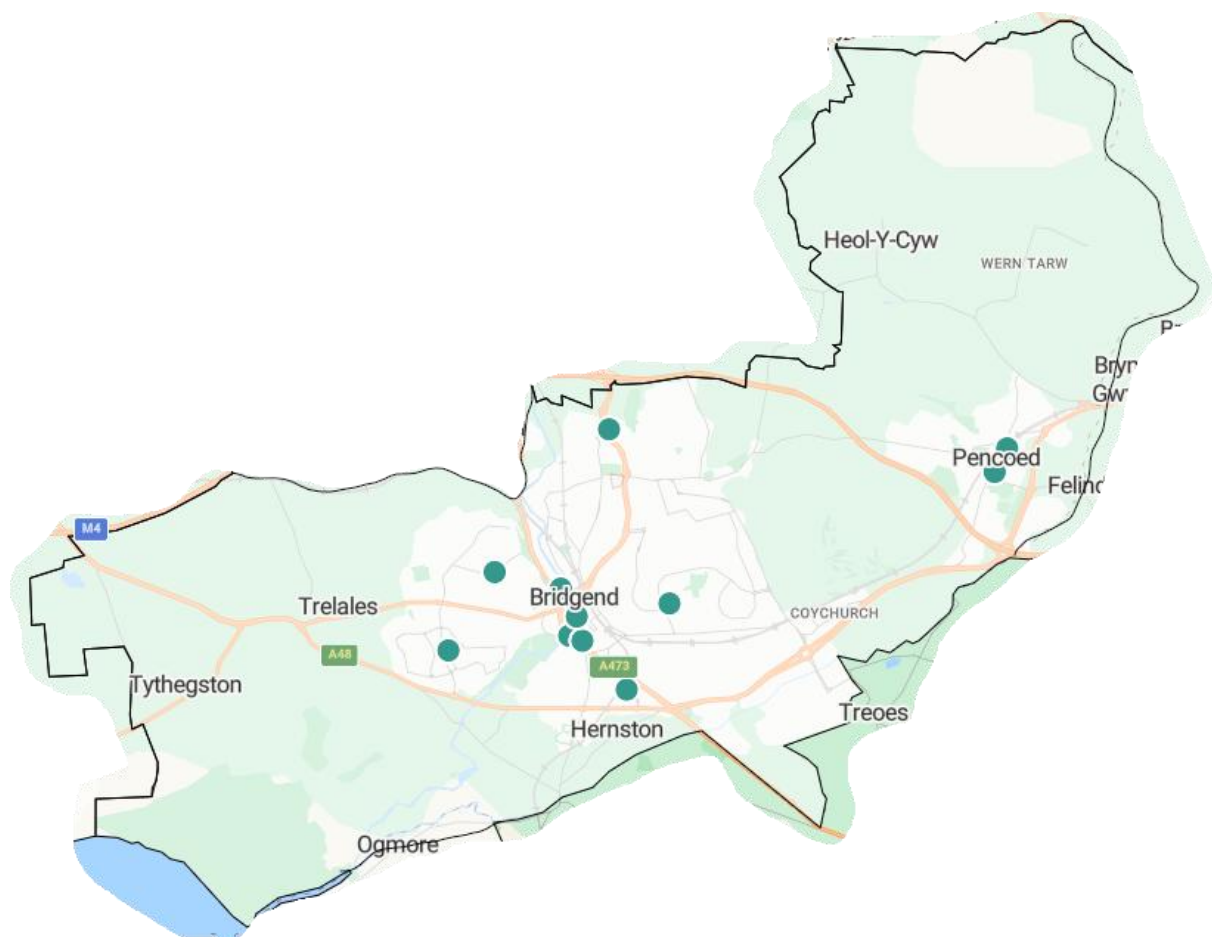
<sup>231</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>232</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

In 2024/25, 80.2% of items on prescriptions written by the GP practices in Bridgend East cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 80.4% of items on prescriptions written by the GP practices in Bridgend East cluster were dispensed by one of the pharmacies within the cluster.

**Map 8.1: Location of pharmacy premises within the cluster**



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It should be noted that where premises are in close proximity the circles representing them will overlap.

Bridgend East cluster is a mainly urban population with small rural areas. The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 15 minutes, with the majority within five to ten minutes. Noting the locations of the pharmacies have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 15 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- Two pharmacies open seven days a week
- Two pharmacies open Monday to Saturday
- Four pharmacies open Monday to Friday, and Saturday morning
- Four pharmacies open Monday to Friday

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 8.7: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00am	5.00pm to 8.00pm
Saturday	8.00am to 9.00am	12.00pm to 8.00pm
Sunday	10.00am	4.00pm

- One pharmacy closes at 5.00pm Monday to Friday
- Nine pharmacies close between 5.30pm and 6.30pm Monday to Friday
- One pharmacy closes at 7.00pm Monday to Saturday
- One pharmacy closes at 8.00pm Monday to Saturday
- Two pharmacies close at 5.30pm on a Saturday

Full details of when pharmacies are open can be found in Appendix L.

Four pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

Three of the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. The four consultation areas are:

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

Three pharmacies confirmed they have Welsh speakers in their staff. Two pharmacies confirmed that other languages are spoken. One pharmacy has staff that speak French, German, Spanish and Japanese, and another has staff that speak Spanish.

All four pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services:

- all four pharmacies collect prescriptions from GP practices,
- three pharmacies provide a free of charge delivery service on request, and
- one provides a delivery service for a fee.

There were no suggestions for an existing additional clinical service which is not currently provided in the area, and no suggestions that there is a need for a new service that is not currently available.

When asked if they have capacity to meet the increasing need for pharmaceutical services three confirmed they have sufficient capacity within their premises and staffing levels. The fourth doesn't have sufficient capacity within its staffing levels but could make adjustments to cope with an increase in demand. It does not have sufficient capacity within its premises and would have difficulty in managing an increase in demand.

When asked if they have any plans to develop or expand the premises or range of services provided one pharmacy said it had plans for a second consultation room approved and it would be fitted imminently.

### **8.3.1 National community pharmacy and appliance contractor services**

#### **8.3.1.1 Appliance use review service**

None of the pharmacies provided this service in 2025/26.

#### **8.3.1.2 Clinical community pharmacy service**

All 12 pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 8,927 consultations for common ailments (range at pharmacy level 135 to 1,384)
- 1,028 consultations for sore throats (range at pharmacy level 15 to 210)
- 289 consultations for urinary tract infections (range at pharmacy level two to 70)
- 882 consultations for contraception (range at pharmacy level 13 to 197)
- 2,316 emergency medicines supplies (range at pharmacy level seven to 614)

In the first seven months of 2025/26 the pharmacies provided:

- 6,128 consultations for common ailments (range at pharmacy level 46 to 1,134)
- 592 consultations for sore throats (range at pharmacy level one to 127)
- 518 consultations for urinary tract infections (range at pharmacy level three to 129)
- 568 consultations for contraception (range at pharmacy level three to 131)
- 1,410 emergency medicines supplies (range at pharmacy level nine to 342)

#### **8.3.1.3 Discharge medicines review service**

Eight pharmacies provided this service in 2024/25, providing a total of 265 reviews

(range at pharmacy level two to 98).

Nine pharmacies provided the service in the first seven months of 2025/26, providing a total of 137 reviews (range at pharmacy level one to 51).

#### **8.3.1.4 Influenza vaccination service**

11 pharmacies have signed up to provide this service.

11 pharmacies provided this service in 2024/25, providing a total of 1,798 vaccinations (range at pharmacy level five to 554).

Ten pharmacies provided the service in October and November 2025, providing a total of 1,678 vaccinations (range at pharmacy level 11 to 481).

#### **8.3.1.5 Lateral flow test supply service**

Ten pharmacies supplied 373 kits in 2024/25 (range at pharmacy level two to 108).

Five pharmacies supplied 41 kits in the first seven months of 2025/26 (range at pharmacy level two to 20).

#### **8.3.1.6 Pharmacist independent prescribing service**

Four of the pharmacies have signed up to provide this service.

Four pharmacies provided this service in 2024/25, providing a total of 1,284 consultations in 2024/25 (range at pharmacy level two to 1,181).

Four pharmacies provided the service in the first seven months of 2025/26, providing a total of 1,129 consultations (range at pharmacy level 14 to 878).

#### **8.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

### **8.3.2 Additional clinical services**

#### **8.3.2.1 Blood borne virus screening service**

No pharmacies have signed up to provide this service.

#### **8.3.2.2 Care home support service - Level 1 medicines management support visits**

Two pharmacies have signed up to provide this service.

Two pharmacies provided this service in 2024/25, undertaking a total of 21 visits.

The same two pharmacies provided the service in the first seven months of 2025/26, undertaking a total of 14 visits.

### **8.3.2.3 Just in case service (palliative care packs)**

Nine pharmacies have signed up to provide this service.

Five pharmacies provided the service in 2024/25 supplying a total of 21 packs (range at pharmacy level one to 13).

Four pharmacies provided the service in the first seven months of 2025/26 supplying a total of 10 packs (range at pharmacy level one to four).

### **8.3.2.4 Medication reminder device service**

Six pharmacies have signed up to provide this service.

Two pharmacies provided the service in the first seven months of 2025/26 and provided a total of 178 devices, (range at pharmacy level 12 to 166).

### **8.3.2.5 Medicines administration record service**

All the pharmacies have signed up to provide this service.

Seven pharmacies provided the service in 2024/25, providing charts to 35 patients (range at pharmacy level three to 10).

Eight pharmacies provided the service in the first seven months of 2025/26, providing charts to 43 patients (range at pharmacy level two to seven).

### **8.3.2.6 Needle and syringe programmes**

Two pharmacies have signed up to provide this service.

One pharmacy provided it in 2024/25, a total of 150 provisions, and the first seven months of 2025/26, a total of 81 provisions.

### **8.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

All 12 pharmacies have signed up to provide this service.

11 pharmacies provided it in 2024/25, supporting 588 people (range at pharmacy level six to 103).

Eight provided it in the first seven months of 2025/26, supporting 223 people (range at pharmacy level four to 118).

### **8.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

Ten pharmacies have signed up to provide this service.

Ten pharmacies provided the service in 2024/25, supporting 491 people (range at pharmacy level one to 141).

Eight pharmacies provided the service in the first seven months of 2025/26, supporting a total of 138 people (range at pharmacy level three to 42).

### **8.3.2.9 Supervised administration of methadone and buprenorphine service**

Eight pharmacies have signed up to provide this service.

In 2024/25, seven pharmacies provided the service to 310 clients (range at pharmacy level six to 134 at pharmacy level), supervising a total of 4,069 doses (range at pharmacy level 61 to 1,943).

In the first seven months of 2025/26, seven pharmacies provided the service to 197 clients (range at pharmacy level four to 91), supervising a total of 2,636 doses (range at pharmacy level 48 to 1,295).

### **8.3.2.10 Urgent medicines service level 1 (standard)**

Two pharmacies have signed up to provide this service.

### **8.3.2.11 Urgent medicines service level 2 (enhanced)**

One pharmacy has signed up to provide this service.

### **8.3.2.12 Waste reduction service**

Ten pharmacies provided this service in 2024/25, providing a total of 262 interventions (range at pharmacy level six to 77).

Ten pharmacies provided the service in the first seven months of 2025/26, providing a total of 312 interventions (range at pharmacy level one to 95).

## **8.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 2024/25 were dispensed by the pharmacies in the cluster (80.2%), the remainder were dispensed outside the cluster.

- 11.2% by pharmacies in Bridgend North cluster
- 6.3% by pharmacies in Taff Ely cluster

- 0.4% by contractors in England
- 0.2% in Cardiff and Vale University Health Board
- 0.2% in Swansea Bay University Health Board
- 0.1% by pharmacies in Bridgend West cluster

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the cluster (80.4%), with the remainder dispensed outside the cluster.

- 11.5% by pharmacies in Bridgend North cluster
- 6.5% by pharmacies in Taff Ely cluster
- 0.4% by contractors in England
- 0.2% in Cardiff and Vale University Health Board
- 0.2% in Swansea Bay University Health Board
- 0.1% by pharmacies in Bridgend West cluster

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.

## 8.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

## 8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.3 and 8.4, 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 326 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the Bridgend East cluster, of which 240 were outside of the health board's area. 8,711 prescription items were dispensed in England.

A total of 299 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Bridgend East cluster, of which 211 were outside of the health board's area. 6,075 prescription items were dispensed in England.

## 8.7 Housing developments

The Replacement Bridgend Local Development Plan 2018 to 2033<sup>233</sup> includes

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<sup>233</sup> Bridgend County Borough Council [Replacement Bridgend Local Development Plan 2018 to 2033](#)

development schemes across Bridgend local authority area. The trajectory for the remaining period of the plan is included in the Bridgend County Borough local development plan 2018 to 2033 Annual Monitoring Plan<sup>234</sup>. The information below summarises the plan for the larger developments (over 100 houses).

### 8.7.1 Craig y Parcau, Bridgend

- 108 dwellings
- Number of residents: (2.5 per household) 270
- As of 2025/26, ten dwellings were either under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2026 and 2033

**Table 8.8: number of dwellings projected to be completed by year**

2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
50	48	0	0	0	0	0

- No further dwellings have been identified beyond the plan.

### 8.7.2 Land East of Pencoed (Pencoed Agricultural College site)

- 804 dwellings, 20% (161 dwellings) will be affordable housing
- Number of residents: (2.5 per household) 2,010
- Site is allocated for a comprehensive, mixed-use development
- Located to the north-east of Bridgend and to the north of the M4 motorway, the site lies directly adjacent to the boundary with Rhondda Cynon Taf County Borough Council
- As of 2025/26 no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2026 and 2033

**Table 8.9: number of dwellings projected to be completed by year**

2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
84	120	120	120	120	120	120

- No further dwellings have been identified beyond the plan.

### 8.7.3 Land South of Bridgend (Island Farm)

- 788 dwellings, 20% (158 dwellings) will be affordable housing
- Number of residents: (2.5 per household) 1,970
- Site is allocated for a comprehensive green infrastructure-led mixed-use development

<sup>234</sup> Bridgend County Borough October 2025 - [Annual monitoring report \(2025\) - Local development plan 2018 - 2033](#)

- As of 2025/26 no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2026 and 2033

**Table 8.10: number of dwellings projected to be completed by year**

2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
68	120	120	120	120	120	120

- No further dwellings have been identified beyond the plan.

#### **8.7.4 Land West of Bridgend (Bryntirion/Laleston)**

- 850 dwellings
- Number of residents: (2.5 per household) 2,125
- The table below shows the number of dwellings to be completed between 2025 and 2033

**Table 8.11: number of dwellings projected to be completed by year**

2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
30	100	100	100	100	100	100	100

- 120 dwellings have been identified beyond the plan.

### **8.8 Gaps in provision**

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that three pharmacies confirmed they have sufficient capacity within their premises and staffing levels to manage an increase in demand for services. The fourth doesn't have sufficient capacity within its staffing levels but could make adjustments to cope with an increase in demand. It does not have sufficient capacity within its premises and would have difficulty in managing an increase in demand.

#### **8.8.1 Essential services**

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 15 minutes and for many the travel time will be shorter. 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.
- There are four known housing developments in Bridgend East due within the lifetime of this document which will deliver up to 2,550 new houses for 6,375 residents (2.5 per household).

- The opening hours of the pharmacies.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current needs for essential services within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

## **8.8.2 National community pharmacy and appliance contractor services**

### **8.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies provide this service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months 2025/26.

In addition, of the items dispensed in England in 2024/25, 83.0% were dispensed by dispensing appliance contractors and 72.7% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **8.8.2.2 Clinical community pharmacy service**

The health board has noted all the pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This

future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **8.8.2.3 Discharge medicines review service**

The health board has noted nine of the pharmacies provided this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **8.8.2.4 Influenza vaccination service**

The health board has noted 11 of the pharmacies had signed up to provide this service, and 11 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

#### **8.8.2.5 Lateral flow test supply service**

The health board has noted ten of the pharmacies provided this service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **8.8.2.6 Pharmacist independent prescribing service**

The health board has noted five of the pharmacies provided this service in 2025/26 and two are due to start providing it in 2026.

It has not identified any current needs for this service within the cluster.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027 and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This

future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **8.8.2.7 Stoma appliance customisation service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months of 2025/26.

The health board has noted that of the items dispensed in England in 2024/25, 83.0% were dispensed by dispensing appliance contractors and 72.7% in the first eight months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **8.8.3 Additional clinical services**

#### **8.8.3.1 Blood borne virus screening service**

The health board has noted none of the pharmacies had signed up to provide this service in 2025/26. The service is commissioned in areas where there is high demand for the needle and syringe programmes.

Blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **8.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted two of the pharmacies had signed up and provided it in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **8.8.3.3 Just in case service (palliative care packs)**

The health board has noted nine of the pharmacies had signed up to provide this service, and five pharmacies provided it in 2025/26. Commissioning of this service is led by demand.

Services are available within the cluster through several other providers in the health board's area, such as the Bridgend and West Vale team who care for patients living in their homes and nursing homes in the West of the health board's area. They also provide specialist palliative care for inpatients at Princess of Wales Hospital, Maesteg and Glanryhd Hospitals and Ysbyty Seren and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **8.8.3.4 Medication reminder device service**

The health board has noted six of the pharmacies had signed up to provide this service, and two pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **8.8.3.5 Medicines administration record service**

The health board has noted all of the pharmacies had signed up to provide this service, and eight pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **8.8.3.6 Needle and syringe programmes**

The health board has noted two of the pharmacies had signed up to provide this service, and one pharmacy provided it in 2025/26.

This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **8.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted all of the pharmacies had signed up to provide this service, and 11 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **8.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted ten of the pharmacies had signed up to provide this service, and ten pharmacies provided it in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **8.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted eight of the pharmacies had signed up to provide this service, and seven pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **8.8.3.10 Urgent medicines services**

The health board has noted two of the pharmacies had signed up to provide the level 1 service in 2025/26 and one had signed up to provide the level 2 service.

Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

#### **8.8.3.11 Waste reduction service**

The health board has noted ten of the pharmacies provided this service in 2025/26. It has not identified any current or future needs for this service within the cluster.

## 9 Bridgend North cluster

### 9.1 Overview

Bridgend North cluster is the second largest of the three clusters within Bridgend local authority serving a practice registered population of 43,552<sup>235</sup> in rural and urban areas with beautiful countryside and natural features set within a region shaped by the former coal-mining heritage of the South Wales Valleys.

There are 13 pharmacies in the cluster and six GP practices. Two of the six GP practices have branch surgery sites; one has two branch sites and the other has one branch site. These two GP practices are also dispensing doctor practices. Dispensing is undertaken from the branch surgery sites, although one of the dispensing sites is outside the health board's area in Neath Port Talbot (Swansea Bay University Health Board) and so has not been included in this document.

Following a 4.5%<sup>236</sup> population increase between 2011 (139,200) and 2021 (145,500) Bridgend's population growth was the third highest in Wales after (Newport (9.5%) and Cardiff (4.7%)), also exceeding the overall Welsh average (1.4%). Bridgend is the seventh most densely populated of the 22 local authorities, making it the eighth largest local authority in Wales.

Bridgend local authority has a lower life expectancy at birth for females (81.6 years) and males (77.4 years) when compared to the Wales averages - 81.8 years (females) and 77.9 years (males).

Deprivation is heavily concentrated in the Bridgend North cluster - 37.3% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% across the health board.

Bridgend North has higher estimated prevalence of long-term health conditions, when compared with both the health board and Wales overall.

- Higher than both the health board and Wales averages in asthma, atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, diabetes, heart failure, hypertension, mental health and stroke and transient ischaemic attack.
- Dementia aligns with the health board average but is lower than the Wales average.

Lifestyle behaviours within the adult population (16 years and over) across Bridgend, captured by the National Survey for Wales<sup>237</sup> and detailed in the section 9.2.4 health profile reveal a mix of positive habits and ongoing challenges. For example, residents smoke less (including e-cigarettes), drink less alcohol, and consume more

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<sup>235</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>236</sup> Office of National Statistics - [How the population changed in Bridgend: Census 2021](#)

<sup>237</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

fruit and vegetables. However, more residents report being overweight and/or obese and fewer residents undertake physical activity than Wales as a whole.

## 9.2 Key population features

### 9.2.1 Population projections 2022 to 2032

The population of Bridgend is projected to increase by up to 5.5%, between 2022 (146,173) and 2032 (154,189).

It is projected by 2032<sup>238</sup>, Bridgend local authority will:

- See a decrease in the number people aged 0 to 15 years
- Be one of eight local authorities with the largest projected increases in the working-age population aged 16 to 64 years
- See an increase in the population aged 65 years and over across all local authorities. Bridgend will be one of three local authorities with the largest increase (23.1%) after Pembrokeshire (24.6%) and the Vale of Glamorgan (23.2%)
- See an increase in the population aged 75 years and over

The population is projected to continue to age over this period.

The increase in population will mainly be driven by net migration ie 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).

### 9.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Bridgend local authority has a slightly lower total life expectancy at birth for females and for males when compared to the average for Wales (table 9.1).
- Healthy life expectancy<sup>239</sup> is defined as the number of years a person can expect to live in good health and is measured at local authority level. In Bridgend healthy life expectancy stands at 61.3 years for males and 61.4 years for females. Comparatively, the Wales averages are slightly lower at 60.8 years for men and 60.2 years for women. This indicates that both males and females in Bridgend tend to enjoy a longer period of good health than the average across Wales.
- 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 4.9 years for males and 4.7 years for females<sup>240</sup>.

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<sup>238</sup> Welsh Government - [Local authority population projections: 2022-based](#)

<sup>239</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>240</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

**Table 9.1: Total life expectancy at birth for females and males, 2020 to 2022<sup>241</sup>**

Area	Female at birth (years)	Males at birth (years)
Bridgend local authority	81.6	77.4
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 9.2.3 Deprivation

The link between deprivation and poor health is well documented. Of Bridgend’s three clusters, Bridgend North has the highest share of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (37.3%). This is higher than the health board average (24.7%).

There are, however, small areas of “deep-rooted” deprivation<sup>242</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of the Welsh Index of Multiple Deprivation ranks. Within the cluster, there are pockets of severe deprivation between Caerau and Pen y Fai and where deprivation exists the population is likely to be experiencing the poorest health.

The table below shows estimated percentage of people living in the most deprived 20% areas in Bridgend North cluster, compared with the health board.

**Table 9.2: Estimated percentage of patients living in the most deprived 20% of areas in Bridgend North cluster and the health board (2025)<sup>243</sup>**

Area	Percentage
Bridgend North cluster	37.3%
Cwm Taf Morgannwg University Health Board	24.7%

### 9.2.4 Health profile

Noncommunicable diseases<sup>244</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental, and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers

<sup>241</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

<sup>242</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation 2025 results report: overall index](#)

<sup>243</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>244</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows the estimated prevalence of chronic disease in Bridgend North cluster when compared with the average for the health board and Wales.

**Table 9.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025<sup>245</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend North cluster	8.4%	4.1%	3.1%	10.3%	1.9%	2.8%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

This table below shows the percentage of people registered with a mental health condition and dementia in Bridgend North cluster, alongside averages for the health board and Wales as a whole. The data reveals that Bridgend North reports a slightly higher estimated prevalence of mental health conditions compared to the health board and Wales averages (0.2% higher). The prevalence of dementia in Bridgend North aligns with the health board average but is slightly lower than the average for Wales (0.1% lower).

**Table 9.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025<sup>246</sup>**

Area	Mental health	Dementia
Bridgend North cluster	1.3%	0.7%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people registered on GP practice registers in Bridgend North cluster, when compared with averages for both the health board and Wales as a

<sup>245</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>246</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

whole. Bridgend North cluster prevalence of atrial fibrillation is higher than the health board and Wales averages (0.3% higher). In contrast the prevalence for hypertension within Bridgend North is noticeably higher than the health board average (3.1% higher) and the Wales average (4.1% higher).

**Table 9.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales 2025<sup>247</sup>**

Area	Atrial fibrillation	Hypertension
Bridgend North cluster	3.0%	20.4%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Bridgend who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>248</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

**Table 9.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count population 16 years and over	Prevalence					
		Smoking (including e- cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Bridgend local authority	122,161 <sup>249</sup>	18%	14%	70%	30%	51%	32%
Wales	2,641,000 <sup>250</sup>	20%	16%	62%	25%	56%	29%

This suggests there are positive lifestyle behaviours prevalent in Bridgend compared with Wales as a whole, such as reduced smoking (2.0% lower) and excessive drinking (2.0% lower), as well as increased fruit and vegetable consumption (eating five portions of fruit and vegetables daily) (3.0% higher). However, a higher number of people reported being overweight (8.0% higher), being obese (5.0% higher) and undertaking less physical activity (5.0% lower) than Wales.

<sup>247</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>248</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours \(2021 to 2023\)](#)

<sup>249</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>250</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

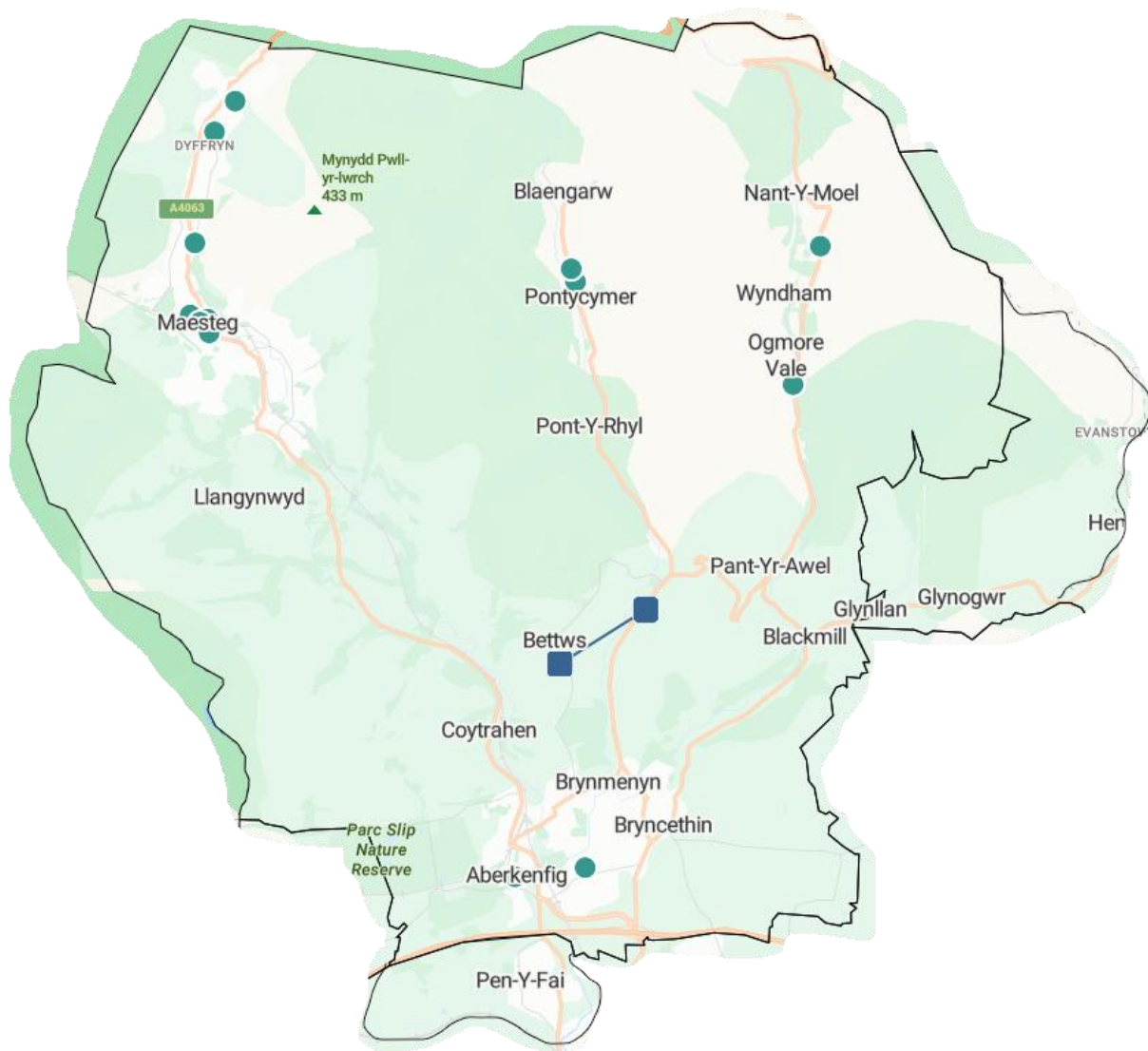
### 9.3 Current provision of pharmaceutical services within the cluster area

There are 13 pharmacies in Bridgend North cluster operated by seven different contractors. 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 Neath Port Talbot (Swansea Bay University Health Board).

In 2024/25, 85.9% of prescriptions written by the GP practices in Bridgend North cluster were dispensed by one of the pharmacies within the cluster. The two dispensing practices in total dispensed or personally administered 9.3%.

In the first nine months of 2025/26, 86.9% of prescriptions written by the GP practices in Bridgend North cluster were dispensed by one of the pharmacies within the cluster. The two dispensing practices in total dispensed or personally administered 9.0%.

**Map 9.1: Location of pharmacy and dispensing practice premises within the cluster**



It should be noted that where premises are in close proximity the circles and squares representing them will overlap. The pharmacies are represented by green circles, and the dispensing practice premises by blue squares.

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies and dispensing doctor practices in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. As can be expected the dispensing doctor practices are located in rural, less densely populated areas. In addition, all residents could access one of the pharmacies or dispensing doctor practices by car within 20 minutes, with the majority within 15 minutes. There are two areas where access to a pharmacy or dispensing doctor is greater than 20 minutes; these areas are hilly grassland areas surrounded in part by woodlands, and contain windfarms, and as such are unlikely to be populated. Noting the locations of the pharmacies and dispensing doctor practices have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- One pharmacy is open Monday to Saturday
- Five pharmacies are open Monday to Friday and Saturday morning
- Seven pharmacies are open Monday to Friday

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 9.7: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 6.00pm (except Tuesday)
Saturday	8.30am to 9.00am	11.00am to 5.00pm

- One pharmacy closes at 2.00pm on a Tuesday
- Nine pharmacies close at 6.00pm Monday, Wednesday, Thursday, and Friday
- Eight pharmacies close at 6.00pm on a Tuesday, and
- One pharmacy closes at 5.00pm on a Saturday

Although no pharmacy routinely opens on Sundays, the health board has an arrangement with one pharmacy that will open on Sundays and public and bank holidays, if required.

The opening hours of the dispensaries at the two dispensing practices are as follows.

- Llangeinor

- Monday to Friday 9.00am to 5.00pm.
- Monday 1.30pm to 6.00pm.
- Bettws
  - Monday to Thursday 8.30am to 12.30pm.
  - Monday 1.00pm to 6.00pm
  - Tuesday to Thursday 1.00pm to 5.00pm
  - Friday 1.00pm to 3.00pm.

Full details of when pharmacies are open can be found in Appendix L

11 of the pharmacies responded to the contractor questionnaire and the following information was taken from their responses.

All 11 pharmacies are accessible by wheelchair and nine have a consultation area that is accessible by wheelchair. All the consultation areas are:

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

Three pharmacies confirmed they have Welsh speakers in their staff and three pharmacies confirmed their staff speak other languages.

- One pharmacy has staff that speak Cantonese and Mandarin,
- Another has staff that speak Hindi, Gujarati, Urdu, and Panjabi, and
- A third has staff that speak Shona.

Nine pharmacies dispense all types of appliances, and two just dispense dressings but added that they do not generally receive prescriptions for appliances as the surgeries send them straight to their own ostomy suppliers, but the pharmacies can obtain them if needed.

Although non-commissioned services:

- The 11 pharmacies collect prescriptions from GP practices
- Nine provide a free of charge delivery service on request (one noted this may need to change due to the funding decline) and two provide it for a fee
- One restricts the service to the CF34 area only

There were no suggestions for existing additional clinical services that are not currently provided in the area.

Two pharmacies stated that there is a need for a blood pressure monitoring service as they are frequently asked for this, and the GP practices send patients to them.

When asked if they have capacity to meet the increasing need for pharmaceutical services:

- Nine said they have sufficient capacity within their premises to manage an increase in demand. Two said they did not but could make adjustments to do so.
- Eight said they have sufficient capacity within their staffing levels to manage an increase in demand. Three said they did not but could make adjustments to do so.

When asked if they have any plans to develop or expand the premises or range of services provided, the following responses were received.

- One has a trainee independent prescriber at the pharmacy. It is looking to increase the range of private services.
- Two more said they are looking at providing private services.
- One plans to introduce independent prescriber services and a weight management programme. It also has plans to refit the premises to introduce an extra consultation room.
- One pharmacy has recently expanded its consultation room and is developing its independent prescriber service.
- Two pharmacies mentioned the need for additional funding in order to properly deliver the vision of Presgripsiwn Newydd. They need more staff but cannot fund it within the current resources. They are frequently losing money on prescription items which cannot continue.

### **9.3.1 National community pharmacy and appliance contractor services**

#### **9.3.1.1 Appliance use review service**

None of the pharmacies have signed up to provide this service.

#### **9.3.1.2 Clinical community pharmacy service**

All 13 pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 12,558 consultations for common ailment consultations, (range at pharmacy level 229 to 3,126)
- 2,574 consultations for sore throat test and treat, (range at pharmacy level three to 1,357)
- 203 consultations for urinary tract infection, (range at pharmacy level one to 69)
- 393 consultations for emergency contraception, (range at pharmacy level two to 59)
- 2,138 emergency medicine supplies, (range at pharmacy level seven to 494)

In the first seven months of 2025/26 the pharmacies provided:

- 8,507 consultations for common ailment consultations, (range at pharmacy level 238 to 1,881)
- 1,254 consultations for sore throat test and treat, (range at pharmacy level three to 653)
- 416 consultations for urinary tract infection, (range at pharmacy level seven to 157)
- 292 consultations for emergency contraception, (range at pharmacy level one to 62)
- 1,582 emergency medicine supplies, (range at pharmacy level five to 438)

### **9.3.1.3 Discharge medicines review service**

12 of the pharmacies provided the service in 2024/25, providing a total of 373 reviews (range at pharmacy level one to 69).

11 of the pharmacies provided the service in the first seven months of 2025/26, providing a total of 212 reviews (range at pharmacy level one to 45).

### **9.3.1.4 Influenza vaccination service**

All 13 pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing a total of 2,135 vaccinations (range at pharmacy level 22 to 474).

All pharmacies provided the service in October and November 2025, providing a total of 2,033 vaccinations (range at pharmacy level 44 to 618).

### **9.3.1.5 Lateral flow test supply service**

Ten of the pharmacies provided the service in 2024/25, supplying a total of 131 kits (range at pharmacy level one to 27).

Five of the pharmacies provided the service in the first seven months of 2025/26, supplying a total of 22 kits (range at pharmacy level one to 13).

### **9.3.1.6 Pharmacist independent prescribing service**

Seven of the pharmacies have signed up to provide this service.

Five pharmacies provided the service in 2024/25, providing a total of 6,112 consultations (range at pharmacy level 156 to 2,793).

Seven pharmacies provided the service in the first seven months of 2025/26, providing a total of 3,791 consultations (range at pharmacy level three to 1,398).

### **9.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

### **9.3.2 Additional clinical services**

#### **9.3.2.1 Blood borne virus screening service**

Four of the pharmacies have signed up to provide this service.

Three pharmacies provided the service in 2024/25, providing a total of 12 screenings (range at pharmacy level one to seven).

No pharmacies provided the service in the first seven months of 2025/26.

#### **9.3.2.2 Care home support service - Level 1 medicines management support visits**

None of the pharmacies have signed up to provide this service.

#### **9.3.2.3 Just in case service (palliative care packs)**

Ten of the pharmacies have signed up to provide the service.

Four pharmacies provided the service in 2024/25, providing a total of 17 packs (range at pharmacy level two to seven).

Two pharmacies provided the service in the first seven months of 2025/26, providing a total of eight packs (range at pharmacy level three to five).

#### **9.3.2.4 Medication reminder device service**

12 of the pharmacies have signed up to provide the service.

One pharmacy provided the service in the first seven months of 2025/26, providing a total of 48 devices.

#### **9.3.2.5 Medicines administration record service**

All 13 pharmacies have signed up to provide the service.

Nine pharmacies provided the service in 2024/25, providing charts to 26 patients (range at pharmacy level one to five).

11 pharmacies provided the service in the first seven months of 2025/26, providing charts to 56 patients (range at pharmacy level two to seven).

#### **9.3.2.6 Needle and syringe programmes**

Seven of the pharmacies have signed up to provide the service.

Seven pharmacies provided the service in 2024/25, providing a total of 1,656 provisions (range at pharmacy level five to 668).

Seven pharmacies provided the service in the first seven months of 2025/26, providing a total of 1,290 provisions (range at pharmacy level five to 445).

#### **9.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

All 13 pharmacies have signed up to provide the service.

All pharmacies provided the service in 2024/25, supporting a total of 509 people (range at pharmacy level two to 147).

12 pharmacies provided the service in the first seven months of 2025/26, supporting a total of 216 people (range at pharmacy level five to 49).

#### **9.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

All 13 pharmacies have signed up to provide the service.

11 pharmacies provided the service in 2024/25, supporting a total of 632 people (range at pharmacy level five to 117).

11 pharmacies provided the service in the first seven months of 2025/26, supporting a total of 392 people (range at pharmacy level two to 71).

#### **9.3.2.9 Supervised administration of methadone and buprenorphine service**

12 of the pharmacies have signed up to provide the service.

In 2024/25, 11 pharmacies provided the service to 266 clients (range at pharmacy level one to 71), supervising a total of 3,672 doses (range at pharmacy level ten to 770).

In 2025/26, ten pharmacies provided the service to 171 clients (range at pharmacy level one to 41), supervising a total of 2,215 doses (range at pharmacy level five to 510).

#### **9.3.2.10 Urgent medicines service level 1 (standard)**

Two of the pharmacies have signed up to provide this service.

#### **9.3.2.11 Urgent medicines service level 2 (enhanced)**

None of the pharmacies have signed up to provide this service.

#### **9.3.2.12 Waste reduction service**

11 of the pharmacies provided the service in 2024/25, providing a total of 705 interventions (range at pharmacy level three to 270).

Ten pharmacies provided the service in the first seven months of 2025/26, providing a total of 389 interventions (range at pharmacy level two to 190).

## **9.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 2024/2025 were dispensed by the pharmacies in the cluster (85.9%), the remainder were dispensed outside the cluster.

- 3.0% by pharmacies in Bridgend East cluster
- 0.4% by pharmacies in Bridgend West cluster
- 0.4% by contractors in England
- 0.1% in Cardiff and Vale University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the cluster (86.9%), with the remainder dispensed outside the cluster.

- 3.0% by pharmacies in in Bridgend East cluster
- 0.4% by contractors in England
- 0.3% by pharmacies in Bridgend West cluster
- 0.1% in Cardiff and Vale University Health Board

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.

## **9.5 Other NHS services**

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

## **9.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 9.3 and 9.4, 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 200 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the Bridgend North cluster, of which 133

were outside of the health board’s area. This figure does not include the two dispensing doctor practices. 5,817 prescription items were dispensed in England.

A total of 158 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Bridgend North cluster, of which 92 were outside of the health board’s area. 3,441 prescription items were dispensed in England.

## 9.7 Housing developments

The Replacement Bridgend Local Development Plan 2018 to 2033<sup>251</sup> includes development schemes across Bridgend local authority area. The trajectory for the remaining period of the plan is included in the Bridgend County Borough, local development plan 2018 to 2033 Annual Monitoring Plan<sup>252</sup> (October 2025). The information below summarises the plan for the larger developments (over 100 houses).

### 9.7.1 Former Cooper Standard site, Ewenny Road, Maesteg

- 205 dwellings
- Number of residents: (2.5 per household) 513
- As of 2025/26, no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2025 and 2033

**Table 9.8: number of dwellings projected to be completed by year**

2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
20	40	40	40	40	25	0	0

- No further dwellings have been identified beyond the plan.

### 9.7.2 Land South of Pont Rhyd-y-cyff

- 102 dwellings
- Number of residents: (2.5 per household) 255As of 2025/26, no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2025 and 2033

**Table 9.9: number of dwellings projected to be completed by year**

2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
15	25	25	37	0	0	0	0

<sup>251</sup> Bridgend County Borough Council [Replacement Bridgend Local Development Plan 2018 to 2033](#)

<sup>252</sup> Bridgend County Borough October 2025 - [Annual monitoring report \(2025\) - Local development plan 2018 - 2033](#)

- No further dwellings have been identified beyond the plan.

### 9.7.3 Land South East of Pont Rhyd-y-cyff

- 140 dwellings
- Number of residents: (2.5 per household) 350
- As of 2025/26, no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2025 and 2033

**Table 9.10: number of dwellings projected to be completed by year**

2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
10	25	40	40	25	0	0	0

- No further dwellings have been identified beyond the plan.

### 9.7.4 Land South West of Pont Rhyd-y-cyff

- 130 dwellings
- Number of residents: (2.5 per household) 325
- As of 2025/26, no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2025 and 2033

**Table 9.11: number of dwellings projected to be completed by year**

2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
10	45	45	30	0	0	0	0

- No further dwellings have been identified beyond the plan.

### 9.7.5 Valley Gateway (Tondu)

- 450 dwellings
- Number of residents: (2.5 per household) 1,125
- 99 dwellings are already under construction or have been completed (built)
- The table below shows the number of dwellings to be completed between 2025 and 2033

**Table 9.12: number of dwellings projected to be completed by year**

2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
60	60	60	60	66	0	0	0

- No further dwellings have been identified beyond the plan.

## **9.8 Gaps in provision**

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted nine pharmacies said they have sufficient capacity within their premises to manage an increase in demand. Two said they did not but could make adjustments to do so.

Eight pharmacies said they have sufficient capacity within their staffing levels to manage an increase in demand. Three said they did not but could make adjustments to do so.

### **9.8.1 Essential services**

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy 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.
- There are five known housing developments due within the lifetime of this document which will deliver up to 1,027 new houses for 2,568 residents (2.5 per household).
- The opening hours of the pharmacies.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current needs for essential services within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **9.8.2 National community pharmacy and appliance contractor services**

#### **9.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale

University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months of 2025/26.

In addition, of the items dispensed in England in 2024/25, 77.7% were dispensed by dispensing appliance contractors and 83.5% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.2.2 Clinical community pharmacy service**

The health board has noted all 13 pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **9.8.2.3 Discharge medicines review service**

The health board has noted 12 of the pharmacies have signed up to provide this service and provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.2.4 Influenza vaccination service**

The health board has noted all pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

#### **9.8.2.5 Lateral flow test supply service**

The health board has noted ten of the pharmacies have signed up to provide this service and ten pharmacies provided it in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the cluster.

### **9.8.2.6 Pharmacist independent prescribing service**

The health board has noted seven of the pharmacies have signed up to provide this service and provided it in 2025/26. Three more pharmacies intend to introduce the service.

It has not identified any current needs for this service within the cluster.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027 and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **9.8.2.7 Stoma appliance customisation service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in the cluster in 2024/25 and in the first nine months of 2025/26.

The health board has noted that of the items dispensed in England in 2024/25, 77.7% were dispensed by dispensing appliance contractors and 83.5% in the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

## **9.8.3 Additional clinical services**

### **9.8.3.1 Blood borne virus screening service**

The health board has noted four of the pharmacies have signed up to provide this service, and three pharmacies provided it in 2025/26. The service is commissioned in areas where there is high demand for the needle and syringe programmes.

Blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted none of the pharmacies had signed up to provide this service in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.3 Just in case service (palliative care packs)**

The health board has noted ten of the pharmacies have signed up to provide this service, and four pharmacies provided it in 2025/26. Commissioning of this service is led by demand.

Services are available within the cluster through several other providers and in the health board's area, such as the Bridgend and West Vale team who care for patients living in their homes and nursing homes in the West of the health board's area. They also provide specialist palliative care for inpatients at Princess of Wales Hospital, Maesteg and Glanryhd Hospitals and Ysbyty Seren and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.4 Medication reminder device service**

The health board has noted 12 of the pharmacies have signed up to provide this service, and one pharmacy provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.5 Medicines administration record service**

The health board has noted all 13 pharmacies have signed up to provide this service, and 11 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **9.8.3.6 Needle and syringe programmes**

The health board has noted seven of the pharmacies have signed up to provide this service and provided it in 2025/26.

This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted all 13 pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted all 13 pharmacies have signed up to provide this service, and 11 pharmacies provided it in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted 12 of the pharmacies have signed up to provide this service, and 11 pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **9.8.3.10 Urgent medicines services**

The health board has noted two of the pharmacies had signed up to provide the level 1 service in 2025/26, but none have signed up to provide level 2.

Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

#### **9.8.3.11 Waste reduction service**

The health board has noted 11 of the pharmacies have signed up to provide this service, and 11 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

## 10 Bridgend West cluster

### 10.1 Overview

The Bridgend West cluster is the smallest of the three clusters within Bridgend local authority serving a registered practice population of 34,529<sup>253</sup> in a predominantly urban environment. The geographical area covers Porthcawl, Pyle, Kenfig Hill and Cornelly, which are coastal, rural, and urban with several pockets of deprivation. Porthcawl is a holiday resort and home to a large static caravan park, which results in a high transient and seasonal patient population. There are eight pharmacies in the cluster and three GP practices, one of which has a branch surgery.

Following a 4.5%<sup>254</sup> population increase between 2011 (139,200) and 2021 (145,500), Bridgend's population growth was the third highest in Wales after Newport (9.5%) and Cardiff (4.7%), also exceeding the overall Welsh average (1.4%). Bridgend is the seventh most densely populated of the 22 local authorities, making it the eighth largest local authority in Wales.

Bridgend local authority has a lower life expectancy at birth for females (81.6 years) and males (77.4 years) when compared to the Wales averages 81.8 years (females) and 77.9 years (males).

Deprivation is not heavily concentrated in the Bridgend West cluster. 13.5% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% across the health board.

Bridgend West has higher estimated prevalence of long-term health conditions, when compared with the health board and Wales overall.

- Higher than both the health board and Wales averages in asthma, atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, dementia, heart failure, hypertension, mental health and stroke and transient ischaemic attack.

Diabetes is lower than the health board average, but higher than the Wales average Lifestyle behaviours within the adult population (16 years and over) across Bridgend, captured by the National Survey for Wales<sup>255</sup> and detailed in the section 10.2.4 health profile reveal a mix of positive habits and ongoing challenges. For example, residents smoke less (including e-cigarettes), drink less alcohol, and consume more fruit and vegetables. However, more residents report being overweight and/or obese and fewer residents undertake physical activity than Wales as a whole.

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<sup>253</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>254</sup> Office of National Statistics - [How the population changed in Bridgend: Census 2021](#)

<sup>255</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

## 10.2 Key population features

### 10.2.1 Population projections 2022 to 2032

The population of Bridgend is projected to increase by up to 5.5%, between 2022 (146,173) and 2032 (154,189).

It is projected that by 2032<sup>256</sup>, Bridgend local authority will:

- See a decrease in the number of people aged 0 to 15 years
- Be one of eight local authorities with the largest projected increases in working-age population aged 16 to 64 years
- See an increase in the population aged 65 years and over across all local authorities. Bridgend will be one of three local authorities with the largest increase (23.1%) after Pembrokeshire (24.6%) and the Vale of Glamorgan (23.2%)
- See an increase in the population aged 75 years and over

The population is projected to continue to age in the local authority, over this period.

The increase in population will mainly be driven by net migration ie 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).

### 10.2.2 Total life expectancy, healthy life expectancy and the ‘inequality gap’ (2020 to 2022)

- Bridgend local authority has a slightly lower total life expectancy at birth for females and for males when compared to the average for Wales (table 10.1).
- Healthy life expectancy<sup>257</sup> is defined as the number of years a person can expect to live in good health and is measured at local authority level. In Bridgend, healthy life expectancy stands at 61.3 years for males and 61.4 years for females. Comparatively, the Wales averages are slightly lower, at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Bridgend tend to enjoy a longer period of good health than the average across Wales.
- 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 4.9 years for males and 4.7 years for females<sup>258</sup>.

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<sup>256</sup> Welsh Government - [Local authority population projections: 2022-based](#)

<sup>257</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>258</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

**Table 10.1: Total life expectancy at birth for females and males, 2020 to 2022<sup>259</sup>**

Area	Female at birth (years)	Males at birth (years)
Bridgend local authority	81.6	77.4
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 10.2.3 Deprivation

The link between deprivation and poor health is well documented. Of Bridgend’s three clusters, Bridgend West has the second-highest share of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (11.2%). This is higher than the health board average (24.7%).

There are also small areas of “deep-rooted” deprivation<sup>260</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple Deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows, the estimated percentage of people living in the most deprived 20% areas in Bridgend West cluster, compared with the health board.

**Table 10.2: Estimated percentage of patients living in the most deprived 20% of areas in Bridgend West cluster and the health board (2025)<sup>261</sup>**

Area	Percentage
Bridgend West cluster	11.2%
Cwm Taf Morgannwg University Health Board	24.7%

### 10.2.4 Health profile

Noncommunicable diseases<sup>262</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental, and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers

<sup>259</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

<sup>260</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation 2025 results report: overall index](#)

<sup>261</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>262</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows Bridgend West estimated prevalence of chronic disease when compared to with the average for the health board and Wales.

**Table 10.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales, 2025<sup>263</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend West cluster	8.5%	4.5%	2.7%	8.5%	1.7%	3.3%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below shows the percentage of people registered with a mental health condition and dementia in Bridgend West cluster, alongside averages for the health board and Wales as a whole. The data reveals that Bridgend West reports a slightly higher estimated prevalence of mental health compared to the health board and Wales averages (0.2% higher), the prevalence for dementia is higher than the health board average (0.1% higher) and Wales average (0.2% higher).

**Table 10.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025<sup>264</sup>**

Area	Mental health	Dementia
Bridgend West cluster	1.3%	0.9%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

The table below, shows the estimated prevalence of atrial fibrillation and hypertension among people registered on a GP practice registers in Bridgend West cluster, when compared with averages for both the health board and Wales as a whole. Bridgend West cluster prevalence of atrial fibrillation is higher than both the health board and Wales average (0.8% higher). In contrast the prevalence for

<sup>263</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>264</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

hypertension within Bridgend West is higher than the health board average (0.3% higher) and higher than the Wales average (1.3% higher).

**Table 10.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025<sup>265</sup>**

Area	Atrial fibrillation	Hypertension
Bridgend West cluster	3.5%	17.6%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Bridgend who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>266</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

**Table 10.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count	Prevalence					
	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Bridgend local authority	122,161 <sup>267</sup>	18%	14%	70%	30%	51%	32%
Wales	2,641,000 <sup>268</sup>	20%	16%	62%	25%	56%	29%

This suggests there are positive lifestyle behaviours prevalent in Bridgend compared with Wales as a whole, such as reduced smoking (2.0% lower) and excessive drinking (2.0% lower), as well as increased fruit and vegetable consumption (eating five portions of fruit and vegetables daily) (3.0% higher). However, a higher number of people reported being overweight (8.0% higher), being obese (5.0% higher) and undertaking less physical activity (5.0% lower) than Wales.

<sup>265</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>266</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours \(2021 to 2023\)](#)

<sup>267</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>268</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

### 10.3 Current provision of pharmaceutical services within the cluster area

There are eight pharmacies in Bridgend West cluster operated by eight different contractors.

In 2024/25, 96.4% of prescriptions written by the GP practices in Bridgend West cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 97.1% of prescriptions written by the GP practices in Bridgend West cluster were dispensed by one of the pharmacies within the cluster.

**Map 10.1: Location of pharmacy premises within the cluster**



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It should be noted that where premises are in close proximity the circles representing them will overlap.

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 20 minutes, with the

majority within five to ten minutes. Noting the locations of the pharmacies have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- Two pharmacies are open seven days a week
- Four are open Monday to Friday and Saturday morning
- Two pharmacies open Monday to Friday

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 10.7: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday to Friday	08.30am to 09.00am	5.30pm to 6.30pm
Saturday	08.30am to 09.00am	12.00pm to 5.30pm
Sunday	10.00am	4.00pm

- Eight pharmacies open Monday to Friday:
  - One pharmacy closes 5.30pm
  - Six pharmacies close at 6.00pm
  - One pharmacy closes at 6.30pm
- Six pharmacies are open on a Saturday:
  - One pharmacy closes at 5.00pm
  - One pharmacy closes at 5.30pm
- Two pharmacies open on a Sunday; one pharmacy closes at 4.00pm

Full details of when pharmacies are open can be found in Appendix L.

Seven pharmacies responded to the contractor questionnaire and the following is taken from their responses.

All seven are accessible by wheelchair and have a consultation area that is accessible by wheelchair. One pharmacy noted that it plans to increase the size of its consultation area to better accommodate wheelchair users. Six of the consultation areas are:

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

The seventh does not allow the patient and pharmacist to sit and talk at normally volumes without being heard.

Four pharmacies confirmed they have Welsh speakers in their staff. No other languages are spoken by staff other than English.

All seven pharmacies dispense all types of appliances.

Although non-commissioned services:

- seven pharmacies collect prescriptions from GP practices.
- six provide a free of charge delivery service on request.
- one restricts the service to specific patient groups – one to housebound patients and those requiring delivery due to disabilities.
- one restricts the service to the local area, covering the local GP practices' catchment areas.

Suggestions for existing additional clinical services that are not currently provided in the area included:

- blood pressure monitoring as people are experiencing problems in getting an appointment at their GP practice for this service.
- Diabetic needle collection.

Suggestions for new services that are not currently available, included:

- blood pressure monitoring (two pharmacies), and
- a funded monitored dosage system service – due to the reduced funding for the dispensing service it is becoming more and more difficult to provide them for free.

When asked if they have capacity to meet the increasing need for pharmaceutical services:

- all seven have sufficient capacity within their premises to manage an increase in demand, and
- six have sufficient capacity within their staffing levels, whilst the seventh doesn't.

When asked if they have any plans to develop or expand the premises or range of services provided, the following responses were received.

- One pharmacy is about to install an Apotec patient medication record system to free up pharmacist time to allow development of pharmaceutical services provision.
- One pharmacy would like to expand its premises but is constrained by the premises it is located in. It is willing to participate in NHS services and is open to developing private services.
- One plans to introduce an independent prescribing service once the regular pharmacist is qualified.

### **10.3.1 National community pharmacy and appliance contractor services**

#### **10.3.1.1 Appliance use review service**

None of the pharmacies have signed up to provide this service.

#### **10.3.1.2 Clinical community pharmacy service**

All eight pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 4,633 consultations for common ailment consultations, (range at pharmacy level 188 to 931)
- 270 consultations for sore throat test and treat, (range at pharmacy level four to 85)
- 90 consultations for urinary tract infection, (range at pharmacy level three to 24)
- 364 consultations for emergency contraception, (range at pharmacy level 22 to 131)
- 1,848 emergency medicine supplies, (range at pharmacy level 44 to 410)

In the first seven months of 2025/26 the pharmacies provided:

- 3,533 consultations for common ailment consultations, (range at pharmacy level 138 to 684)
- 200 consultations for sore throat test and treat, (range at pharmacy level three to 54)
- 201 consultations for urinary tract infection, (range at pharmacy level three to 51)
- 198 consultations for emergency contraception, (range at pharmacy level ten to 76)
- 1,386 emergency medicine supplies, (range at pharmacy level 52 to 346)

#### **10.3.1.3 Discharge medicines review service**

Seven of the pharmacies provided the service in 2024/25, providing a total of 284 reviews (range at pharmacy level four to 136).

Seven of the pharmacies provided the service in the first seven months of 2025/26, providing a total of 150 reviews (range at pharmacy level one to 81).

#### **10.3.1.4 Influenza vaccination service**

All eight pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing a total of 1,266 vaccinations (range at pharmacy level 66 to 286).

All pharmacies provided the service in October and November 2025, providing a total of 1,340 vaccinations (range at pharmacy level 58 to 288).

#### **10.3.1.5 Lateral flow test supply service**

Seven of the pharmacies provided the service in 2024/25, supplying a total of 152 kits (range at pharmacy level one to 67).

One of the pharmacies provided the service in the first seven months of 2025/26, supplying a total of four kits.

#### **10.3.1.6 Pharmacist independent prescribing service**

Four of the pharmacies have signed up to provide this service.

Two of the pharmacies provided the service in 2024/25, providing a total of 2,079 consultations (range at pharmacy level 876 to 1,203).

Four of the pharmacies provided the service in the first seven months of 2025/26, providing a total of 1,408 consultations (range at pharmacy level 14 to 987).

#### **10.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

### **10.3.2 Additional clinical services**

#### **10.3.2.1 Blood borne virus screening service**

Two of the pharmacies have signed up to provide this service.

One pharmacy provided the service in 2024/25, providing a total of six screenings.

No pharmacy provided the service in the first seven months of 2025/26.

#### **10.3.2.2 Care home support service - Level 1 medicines management support visits**

Two of the pharmacies have signed up to provide this service.

No pharmacy provided this service in 2024/25 or the first eight months of 2025/26.

#### **10.3.2.3 Just in case service (palliative care packs)**

Five of the pharmacies have signed up to provide this service.

No pharmacy provided this service in 2024/25 or the first eight months of 2025/26.

#### **10.3.2.4 Medication reminder device service**

Five of the pharmacies have signed up to provide the service.

Two pharmacies provided the service in the first seven months of 2025/26, providing a total of 39 devices (range at pharmacy level 11 to 28)

#### **10.3.2.5 Medicines administration record service**

Six of the pharmacies have signed up to provide the service.

Two pharmacies provided the service in 2024/25, providing a total of charts to five patients (range at pharmacy level two to three).

Four pharmacies provided the service in the first seven months of 2025/26, providing charts to 17 patients (range at pharmacy level three to six).

#### **10.3.2.6 Needle and syringe programmes**

Two of the pharmacies have signed up to provide the service.

One pharmacy provided the service in 2024/25, providing a total of 82 provisions.

One pharmacy provided the service in the first seven months of 2025/26, providing a total of 142 provisions.

#### **10.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

All eight pharmacies have signed up to provide the service.

All pharmacies provided the service in 2024/25, supporting a total of 321 people (range at pharmacy level five to 69).

Six pharmacies provided the service in the first seven months of 2025/26, supporting a total of 148 people (range at pharmacy level one to 51).

#### **10.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

All eight pharmacies have signed up to provide the service.

Six pharmacies provided the service in 2024/25, supporting a total of 281 people (range at pharmacy level 26 to 70).

Four pharmacies provided the service in the first seven months of 2025/26, supporting a total of 119 people (range at pharmacy level 24 to 36).

#### **10.3.2.9 Supervised administration of methadone and buprenorphine service**

Seven of the pharmacies have signed up to provide the service.

In 2024/25, six pharmacies provided the service to 144 clients (range at pharmacy level one to 74), supervising a total of 2,150 doses (range at pharmacy level four to 1,302).

In 2025/26, four pharmacies provided the service to 64 clients (range at pharmacy level three to 42), supervising a total of 912 doses (range at pharmacy level 63 to 712).

#### **10.3.2.10 Urgent medicines service level 1 (standard)**

One of the pharmacies has signed up to provide this service.

#### **10.3.2.11 Urgent medicines service level 2 (enhanced)**

One of the pharmacies has signed up to provide this service.

#### **10.3.2.12 Waste reduction service**

Seven of the pharmacies provided the service in 2024/25, providing a total of 392 interventions (range at pharmacy level one to 273).

Three of the pharmacies provided the service in the first seven months of 2025/26, providing a total of 317 interventions (range at pharmacy level eight to 241).

### **10.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 2024/25 were dispensed by the pharmacies in the cluster (96.4%), the remainder were dispensed outside the cluster.

- 1.2% by pharmacies in Bridgend North cluster
- 0.5% by pharmacies in Rhondda Valley cluster
- 0.3% by pharmacies in Bridgend East cluster
- 0.3% by contractors in England
- 0.1% in Cardiff and Vale University Health Board
- 0.1% in Swansea Bay University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the cluster (97.1%), the remainder were dispensed outside the cluster.

- 1.2% by pharmacies in Bridgend North cluster

- 0.6 by pharmacies in Rhondda Valley cluster
- 0.3% by contractors in England
- 0.2% by pharmacies in Bridgend East cluster
- 0.1% in Cardiff and Vale University Health Board
- 0.1% in Swansea Bay University Health Board

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.

## 10.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

## 10.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.3 and 10.4, 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 173 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in Bridgend West cluster, of which 112 were outside of the health board's area. 3,657 items were dispensed in England.

A total of 135 contractors that were trading in Wales during 2025/26, (up to December 2025) dispensed items written by one of the GP practices in Bridgend West cluster, of which 85 were outside of the health board's area. 2,387 items were dispensed in England.

## 10.7 Housing developments

The Replacement Bridgend Local Development Plan 2018 to 2033<sup>269</sup> includes development schemes across Bridgend local authority area. The trajectory for the remaining period of the plan is included in the Bridgend County Borough, local development plan 2018 to 2033 Annual Monitoring Plan<sup>270</sup> (October 2025). The information below summarises the plan for the larger developments (over 100 houses).

### 10.7.1 Land East of Pyle

- 2,003 dwellings

<sup>269</sup> Bridgend County Borough Council [Replacement Bridgend Local Development Plan 2018 to 2033](#)

<sup>270</sup> Bridgend County Borough October 2025 - [Annual monitoring report \(2025\) - Local development plan 2018 - 2033](#)

- Number of residents: (2.5 per household) 5,008 As of 2025 to 2026 no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2026 to 2033

2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
70	150	150	150	150	150	150

- 1,033 further dwellings have been identified beyond the plan.

### 10.7.2 Porthcawl Waterfront

- 1,100 dwellings
- Number of residents: (2.5 per household) 3,550 (including 320 dwellings beyond the plan)
- As of 2025 to 2026 no new dwellings are under construction or completed (built)
- The table below shows the number of dwellings to be completed between 2026 to 2033

2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33
60	120	120	120	120	120	120

- 320 further dwellings have been identified beyond the plan.

## 10.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that seven pharmacies have sufficient capacity within their premises to manage an increase in demand, and six have sufficient capacity within their staffing levels, whilst the seventh doesn't.

### 10.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 20 minutes, with the majority within five to ten 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.
- There are two known housing developments due within the lifetime of this document which will deliver up to 1,750 new houses for 4,375 residents (2.5 per household). This does not include the number of new dwellings beyond the plan (1,353).
- The opening hours of the pharmacies.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current needs for essential services within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

## **10.8.2 National community pharmacy and appliance contractor services**

### **8.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months of 2025/26.

In addition, of the items dispensed in England in 2024/25, 85.8% were dispensed by dispensing appliance contractors and 84.6% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **10.8.2.2 Clinical community pharmacy service**

The health board has noted all the pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **10.8.2.3 Discharge medicines review service**

The health board has noted seven of the pharmacies have signed up to provide this service, and all seven pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **10.8.2.4 Influenza vaccination service**

The health board noted all eight pharmacies signed up and provided this service in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

### **10.8.2.5 Lateral flow test supply service**

The health board has noted all eight pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. Based on the above, the health board has not identified any current needs for this service within the cluster.

### **10.8.2.6 Pharmacist independent prescribing service**

The health board has noted four of the pharmacies have signed up to provide this service, and four pharmacies provided it in 2025/26. One pharmacy confirmed it intends to start to provide this service once its regular pharmacist is qualified.

It has not identified any current needs for this service within the cluster.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027 and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **10.8.2.7 Stoma appliance customisation service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months of 2025/26.

In addition, of the items dispensed in England in 2024/25, 85.8% were dispensed by dispensing appliance contractors and 84.6% in the first eight months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **10.8.3 Additional clinical services**

#### **10.8.3.1 Blood borne virus screening service**

The health board has noted two of the pharmacies have signed up to provide this service, and one pharmacy provided it in 2025/26. The service is commissioned in areas where there is high demand for the needle and syringe programmes.

Blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted two of the pharmacies have signed up to provide this service. No pharmacy provided this service in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.3 Just in case service (palliative care packs)**

The health board has noted five of the pharmacies have signed up to provide this service. No pharmacy provided this service in 2025/26. Commissioning of this service is led by demand.

Services are available within the cluster through several other providers in the health board's area, such as the Bridgend and West Vale team who care for patients living in their homes and nursing homes in the West of the health board's area. They also provide specialist palliative care for inpatients at Princess of Wales Hospital, Maesteg and Glanryhd Hospitals and Ysbyty Seren and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.4 Medication reminder device service**

The health board has noted five of the pharmacies have signed up to provide this service, and two pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.5 Medicines administration record service**

The health board has noted six of the pharmacies have signed up to provide this service, and four pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **10.8.3.6 Needle and syringe programmes**

The health board has noted two of the pharmacies have signed up to provide this service, and one pharmacy provided it in 2025/26. The health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted all eight pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26.

This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted all eight pharmacies have signed up to provide this service, and six pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted seven of the pharmacies have signed up to provide this service, and six pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **10.8.3.10 Urgent medicines services**

The health board has noted one of the pharmacies had signed up to provide the level 1 service in 2025/26, and one has signed up to provide level 2.

Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

#### **10.8.3.11 Waste reduction service**

The health board has noted seven of the pharmacies provided the service in 2025/26. It has not identified any current or future needs for this service within the cluster.

## 11 Merthyr Tydfil cluster

### 11.1 Overview

The Merthyr Tydfil cluster serves a registered practice population of 61,523<sup>271</sup> in largely urban and rural areas, just south of Bannau Brycheiniog National Park. There are 13 pharmacies in the cluster and six GP practices, two of the six GP practices have branch surgery sites; one has two branch sites and the other has one branch site. One of the GP practices is a dispensing practice and dispenses from its branch surgery.

The population of Merthyr Tydfil has changed very little since 2011<sup>272</sup>. The projected population increase between 2022 to 2032 is 1% across all age groups, with an expected population of 59,445 by 2032.

Merthyr Tydfil local authority has a lower life expectancy at birth for females (79.4 years) and males (76.1 years) when compared to the Wales averages 81.8 years (females) and 77.9 years (males).

Merthyr Tydfil cluster has a higher level of deprivation and poverty than the average for Wales.

Deprivation is heavily concentrated in Merthyr Tydfil (North and South) - 31.1% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% across the health board.

Merthyr Tydfil North and Merthyr Tydfil South have mixed health profiles based on estimated prevalence of chronic conditions when compared with the health board and Wales averages.

- Merthyr Tydfil North
  - Lower than both the health board and Wales averages in atrial fibrillation, dementia, and mental health
  - Higher than the health board and Wales averages in chronic obstructive pulmonary disease, diabetes, and hypertension
  - Aligns with the health board average but higher than the Wales average in asthma, coronary heart disease and stroke and transient ischaemic attack
  - Heart failure higher than the health board average but lower than the Wales average

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<sup>271</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>272</sup> Office of National Statistics Census 2021 - [How the population changed in Merthyr Tydfil: Census 2021](#)

- Merthyr Tydfil South
  - Lower than both the health board and Wales averages in atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, dementia, heart failure, mental health and stroke and transient ischaemic attack
  - Lower than the health board averages but higher than the Wales averages in asthma, diabetes, and hypertension

Lifestyle behaviours within the adult population (16 years and over) across Merthyr Tydfil, captured by the National Survey for Wales<sup>273</sup> and detailed in the section 11.2.4 health profile, reveal challenges. For example, residents smoke more (including e-cigarettes), more residents report being overweight and obese, fewer residents undertake physical activity and consume less fruit and vegetables than Wales as a whole. However, excessive drinking is slightly lower than the Wales average.

Merthyr Tydfil is one of three local authorities with the highest concentration (1.9%)<sup>274</sup> of people who are Polish.

## 11.2 Key population features

### 11.2.1 Population projections 2022 to 2032

The population of Merthyr Tydfil is projected to increase by up to 1.0% between 2022 (58,881) and 2032 (59,445).

It is projected by 2032<sup>275</sup>, Merthyr Tydfil local authority will:

- See a decrease in the number of people aged 0 to 15 years
- See the largest projected decrease in the number of birth (down 9.0%)
- Be one of three local authorities to see a decrease in the number of deaths (the other two local authorities being Blaenau Gwent and Swansea)
- Be the lowest of four local authorities (largely rural local authorities) to see the largest percentage decrease in the working-age population (down 0.5%)
- See an increase in the population aged 65 years and over
- See an increase in the population aged 75 years and over

The population is projected to continue to age in the local authority over this period.

The increase in population will mainly be driven by net migration ie more people moving into the area than out. As mentioned above the number of births is expected to decrease, the number of deaths is expected to increase, resulting in a negative natural change (more deaths than births).

<sup>273</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

<sup>274</sup> Welsh Government November 2022 - [Ethnic group, national identity, language and religion in Wales \(Census 2021\)](#)

<sup>275</sup> Welsh Government - [Local authority population projections: 2022-based](#)

### 11.2.2 Total life expectancy, healthy life expectancy and the ‘inequality gap’ (2020 to 2022)

- Merthyr Tydfil local authority has a lower life expectancy at birth for females and for males when compared to the averages for Wales (.1).
- Healthy life expectancy<sup>276</sup> is defined as the number of years a person can expect to live in good health and is measured at local authority level. For Merthyr Tydfil, it is 53.4 years for males and 51.1 years for females. For Wales, healthy life expectancy is 60.8 years for males and 60.2 years for females. This indicates that both males and females in Merthyr Tydfil enjoy a shorter period of good health than the average across Wales.
- 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 6.7 years for males and 3.9 years for females<sup>277</sup>.

**Table 11.1: Total life expectancy at birth for females and males, 2020 to 2022<sup>278</sup>**

Area	Female at birth (years)	Males at birth (years)
Merthyr Tydfil local authority	79.4	76.1
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 11.2.3 Deprivation

The link between deprivation and poor health is well documented. Merthyr Tydfil has a high concentration of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (31.1%). This is higher than the health board as a whole (24.7%).

There are also small areas of “deep-rooted” deprivation<sup>279</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple Deprivation ranks. Where areas of deprivation exist, the population are likely to be experiencing the poorest health.

The table below shows, the estimated percentage of people living in the most deprived 20% areas in Merthyr Tydfil, compared with the health board.

<sup>276</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>277</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

<sup>278</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

<sup>279</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation 2025 results report: overall index](#)

**Table X: Estimated percentage of people living in the most deprived 20% in Merthyr Tydfil and the health board (2025)<sup>280</sup>**

Area	Percentage
Merthyr Tydfil North and South	31.1%
Cwm Taf Morgannwg University Health Board	24.7%

#### 11.2.4 Health profile

Noncommunicable diseases<sup>281</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental, and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers
- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows Merthyr Tydfil North and South estimated prevalences of chronic disease compared with the health board and Wales rates.

**Table 11.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025<sup>282</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Merthyr Tydfil North	7.5%	3.6%	3.5%	9.6%	1.3%	2.4%
Merthyr Tydfil South	7.4%	3.1%	2.0%	8.8%	1.1%	2.0%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below, shows the percentage of people registered with a mental health condition and dementia. It shows that mental health and dementia rates are slightly

<sup>280</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>281</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

<sup>282</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

lower in Merthyr Tydfil North and South when compared with the health board and Wales averages.

**Table 11.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales 2025<sup>283</sup>**

Area	Mental health	Dementia
Merthyr Tydfil North	1.0%	0.6%
Merthyr Tydfil South	1.0%	0.6%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

The table below shows Merthyr Tydfil North and South estimated prevalences of atrial fibrillation and hypertension compared with the health board and Wales averages. Both Merthyr Tydfil North and South are lower than the average for the health board and Wales in atrial fibrillation (0.2% lower). For hypertension, Merthyr Tydfil North is higher than both the health board (0.4% higher) and Wales averages (1.4% higher) whereas Merthyr Tydfil South is lower than the health board average (0.9% lower), but higher than the Wales average (0.1% higher).

**Table 11.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales 2025<sup>284</sup>**

Area	Atrial fibrillation	Hypertension
Merthyr Tydfil North	2.5%	17.7%
Merthyr Tydfil South	2.5%	16.4%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Merthyr Tydfil who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>285</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

<sup>283</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>284</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>285</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

**Table 11.5: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count	Prevalence					
	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Merthyr Tydfil local authority	47,880 <sup>286</sup>	28%	15%	75%	33%	48%	22%
Wales	2,641,000 <sup>287</sup>	20%	16%	62%	25%	56%	29%

The data shows that alcohol consumption is slightly lower (1.0% lower) in Merthyr Tydfil than Wales as a whole. However, there are challenges, including higher levels of smoking (8.0% higher), higher rates of people who report being overweight (13% higher) and obese (8.0% higher). Fewer adults are meeting the recommended physical activity levels (8.0% lower), and fewer people are eating five portions of fruit and vegetables each day (7.0% lower) compared to Wales as a whole.

### 11.3 Current provision of pharmaceutical services within the cluster area

There are 13 pharmacies in Merthyr Tydfil cluster operated by four different contractors. There is also one dispensing practice in the cluster which dispenses from its branch surgery.

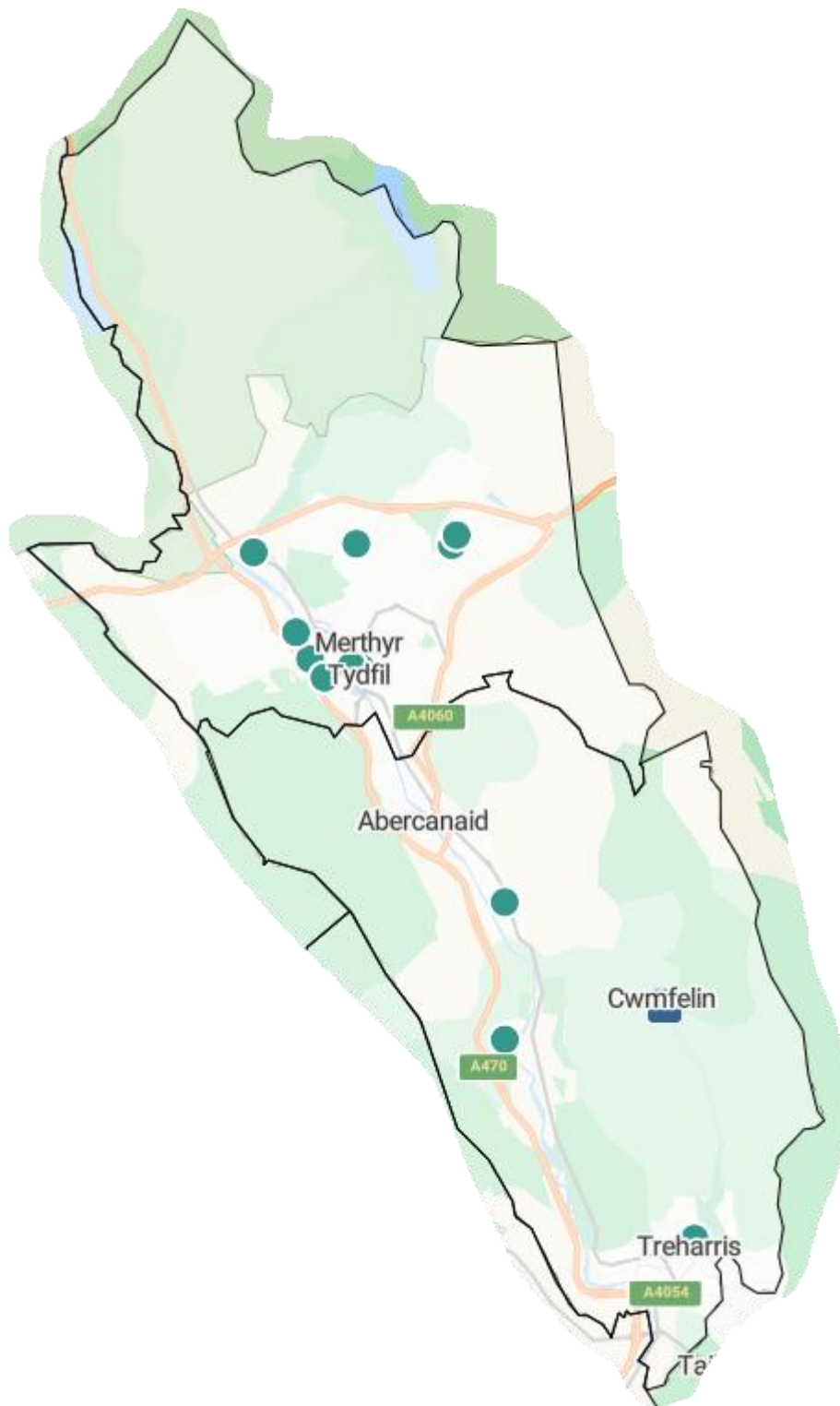
In 2024/25, 89.6% of prescriptions written by the GP practices in Merthyr Tydfil cluster were dispensed by one of the pharmacies within the cluster. The dispensing practice in total dispensed or personally administered 2.1%.

In the first nine months of 2025/26, 90.4% of prescriptions written by the GP practices in Merthyr Tydfil cluster were dispensed by one of the pharmacies within the cluster. The dispensing practice in total dispensed or personally administered 1.9%.

<sup>286</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>287</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

**Map 11.1: Location of pharmacy and dispensing practice premises within the cluster**



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It should be noted that where premises are in close proximity the circles and squares representing them will overlap. The pharmacies are represented by green circles, and the dispensing practice premises by blue squares.

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies and dispensing doctor practice in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. As can be expected the dispensing doctor practice is located in a rural, less densely populated area. In addition, all residents could access one of the pharmacies or dispensing doctor practices by car within 20 minutes, with the majority within ten minutes. The area where access to a pharmacy or dispensing doctor is greater than 20 minutes, this area is a remote mountainous location leading to Bannau Brycheiniog National Park, and as such is unlikely to be populated. Noting the locations of the pharmacies and dispensing doctor practices have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- One pharmacy is open seven days a week.
- One pharmacy is open Monday to Saturday.
- Eight pharmacies are open Monday to Friday and Saturday mornings.
- Three pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 11.6: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday, Tuesday, Wednesday, and Friday	8.30am to 9.30am	5.30pm to 7.00pm
Thursday	8.30am to 9.30am	1.00pm to 7.00pm
Saturday	9.00am to 9.30am	12.00pm to 7.00pm
Sunday	11.00am	4.00pm

- 12 pharmacies are open between 5.30pm to 6.15pm Monday, Tuesday, Wednesday and Friday
- One pharmacy closes at 1.00pm on a Thursday
- 11 pharmacies close between 5.00pm and 6.15pm on a Thursday
- One pharmacy closes at 7.00pm Monday to Friday
- Ten pharmacies are open on a Saturday:
  - Five pharmacies close at 12.00pm
  - Two pharmacies close at 12.30pm
  - One pharmacy closes at 2.00pm
  - One pharmacy closes at 5.00pm
  - One pharmacy closes at 7.00pm
- One pharmacy is open on a Sunday and closes at 4.00pm

One pharmacy is commissioned to provide the following out of hours provision.

- Weekday evenings (excluding Thursday) between 6.00pm to 7.00pm
- Sunday between 11.30am to 12.30pm and 6.00pm to 7.00pm
- Bank holiday between 11.30am to 12.30pm and 6.00pm to 7.00pm
- Easter Sunday between 11.30am to 12.30pm and 6.00pm to 7.00pm
- Christmas day between 11.30am to 12.30pm and 6.00pm to 7.00pm

Full details of when pharmacies are open can be found in Appendix L.

The dispensary opening hours for the dispensing practice are shown below.

- Monday, Tuesday, and Thursday – 9.00am to 5.00pm
- Wednesday – 9.00am to 1.00pm
- Friday – 9.00am to 2.00pm.

11 pharmacies responded to the contractor questionnaire and the following information was taken from their responses.

All 11 pharmacies are accessible by wheelchair and ten have a consultation area that is accessible by wheelchair. All the consultation areas are:

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

Three pharmacies confirmed they have Welsh speakers in their staff. Four pharmacies reported their staff could speak other languages. One pharmacy has staff who speak Polish, another has staff who speak Tagalog, a third has staff who speak Spanish, and a fourth has staff who speak Urdu

Nine pharmacies dispensed all types of appliances, one just dispenses dressings, and one dispenses all types other than stoma and incontinence appliances.

Although non-commissioned services:

- ten pharmacies collect prescriptions from GP practices, and
- all 11 provide a free of charge delivery service on request to all patients.

There was one suggestion for existing additional clinical services that are not currently provided in the area, name blood pressure monitoring as patients experience issues accessing this service at their GP practice.

Suggestions for new services that are not currently available were a weight management service and a period delay service.

When asked if they have capacity to meet the increasing need for pharmaceutical services nine pharmacies have sufficient capacity in their premises and staffing

levels to meet an increase in demand for services, with two saying they do not but could make adjustments.

When asked if they have any plans to develop or expand the premises or range of services provided, five said yes.

- One plans to have an independent prescriber in the next couple of years, another has a recently qualified independent prescriber, and a third has a pharmacist training to be an independent prescriber.
- Two plan to increase patient awareness of the pharmaceutical services provided at the pharmacies.
- One plans to develop its relationships with GP practices to increase referrals, introduce a new patient medication record system to free-up pharmacist time, and increase the number of conditions available as part of the independent prescriber service.

The only appliances that the dispensing practice dispenses are dressings. It provides a delivery service to patients and has Welsh speakers in its staff. No other languages are spoken by staff. The practice has sufficient capacity within its premises to manage an increase in demand for the dispensing service and could make adjustments to its staffing levels to manage an increase.

### **11.3.1 National community pharmacy and appliance contractor services.**

#### **11.3.1.1 Appliance use review service**

None of the pharmacies have signed up to provide this service.

#### **11.3.1.2 Clinical community pharmacy service**

All the pharmacies have signed up to provide this service.

In 2024/25 the pharmacies provided:

- 7,495 consultations for common ailment consultations, (range at pharmacy level 179 to 1,376)
- 501 consultations for sore throat test and treat, (range at pharmacy level two to 180)
- 165 consultations for urinary tract infection, (range at pharmacy level six to 47)
- 521 consultations for emergency contraception, (range at pharmacy level one to 167)
- 2,604 emergency medicine supplies, (range at pharmacy level 51 to 577)

In the first seven months of 2025/26 the pharmacies provided:

- 5,163 consultations for common ailment consultations, (range at pharmacy level 164 to 935)

- 304 consultations for sore throat test and treat, (range at pharmacy level one to 94)
- 245 consultations for urinary tract infection, (range at pharmacy level one to 67)
- 353 consultations for emergency contraception, (range at pharmacy level one to 145)
- 1,580 emergency medicine supplies, (range at pharmacy level five to 460)

#### **11.3.1.3 Discharge medicines review service**

12 pharmacies provided the service in 2024/25, providing a total of 572 reviews (range at pharmacy level seven to 174).

11 pharmacies provided the service in the first seven months of 2025/26, providing a total of 286 reviews (range at pharmacy level two to 87).

#### **11.3.1.4 Influenza vaccination service**

All 13 pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing a total of 1,769 vaccinations (range at pharmacy level 30 to 298).

All pharmacies provided the service in October and November 2025, providing a total of 1,745 vaccinations (range at pharmacy level 23 to 342).

#### **11.3.1.5 Lateral flow test supply service**

Six pharmacies provided the service in 2024/25, supplying a total of 132 kits (range at pharmacy level six to 63).

One pharmacy provided the service in the first seven months of 2025/26, supplying a total of one kit.

#### **11.3.1.6 Pharmacist independent prescribing service**

Six pharmacies provided the service in 2024/25, providing a total of 1,001 consultations (range at pharmacy level 26 to 243).

Six pharmacies provided the service in the first seven months of 2025/26, providing a total of 839 consultations (range at pharmacy level ten to 290)

#### **11.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

## **11.3.2 Additional clinical services**

### **11.3.2.1 Blood borne virus screening service**

Three of the pharmacies have signed up to provide this service.

No pharmacy provided this service in 2024/25.

Three pharmacies provided the service in the first seven months of 2025/26, providing a total of 41 screenings (range at pharmacy level seven to 24).

### **11.3.2.2 Care home support service - Level 1 medicines management support visits**

None of the pharmacies have signed up to provide this service.

### **11.3.2.3 Just in case service (palliative care packs)**

All 13 pharmacies have signed up to provide this service.

Four pharmacies provided the service in 2024/25, providing a total of nine packs (range at pharmacy level one to five)

Two pharmacies provided this service in the first eight months of 2025/26, providing a total of six packs (range at pharmacy level one to five).

### **11.3.2.4 Medication reminder device service**

Six of the pharmacies have signed up to provide this service. However, none provided it in the first seven months of 2025/26.

### **11.3.2.5 Medicines administration record service**

All 13 pharmacies have signed up to provide this service.

11 pharmacies provided the service in 2024/25, providing charts to 95 people (range at pharmacy level one to 13).

11 pharmacies provided the service in the first seven months of 2025/26, charts to 59 people (range at pharmacy level two to seven).

### **11.3.2.6 Needle and syringe programmes**

Three of the pharmacies have signed up to provide this service.

Three provided the service in 2024/25, providing a total of 961 provisions, (range at pharmacy level 22 to 906).

Three provided a total of 290 provisions in the first seven months of 2025/26 (range at pharmacy level 12 to 258).

### **11.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

12 of the pharmacies have signed up to provide this service.

Eight pharmacies provided the service in 2024/25, supporting a total of 575 people (range at pharmacy level 18 to 109).

11 pharmacies provided the service in the first seven months of 2025/26, supporting a total of 298 people (range at pharmacy level three to 80).

### **11.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

12 of the pharmacies have signed up to provide this service.

Eight pharmacies provided the service in 2024/25, supporting a total of 279 people (range at pharmacy level seven to 75).

Five pharmacies provided the service in the first seven months of 2025/26, supporting a total of 141 people (range at pharmacy level 16 to 55).

### **11.3.2.9 Supervised administration of methadone and buprenorphine service**

11 of the pharmacies have signed up to provide this service.

In 2024/25, ten pharmacies provided the service to 1,153 clients (range at pharmacy level 31 to 402), supervising a total of 12,703 doses (range at pharmacy level 526 to 5,375).

In the first eight months of 2025/26, ten pharmacies provided the service to 579 clients (range at pharmacy level seven to 222), supervising a total of 6,882 doses (range at pharmacy level 167 to 3,332).

### **11.3.2.10 Urgent medicines service level 1 (standard)**

One of the pharmacies has signed up to provide this service.

### **11.3.2.11 Urgent medicines service level 2 (enhanced)**

One of the pharmacies has signed up to provide this service.

### **11.3.2.12 Waste reduction service**

12 of the pharmacies have signed up to provide this service.

11 pharmacies provided the service in 2024/25, providing a total of 4,350 interventions (range at pharmacy level eight to 1,312).

11 pharmacies provided the service in the first six months of 2025/26, providing a total of 2,302 interventions (range at pharmacy level one to 668).

## **11.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 GP practices in 2024/25 were dispensed by the pharmacies in the cluster (89.6%), the remainder were dispensed outside the cluster.

- 4.4% in Aneurin Bevan University Health Board
- 2.4% by pharmacies in Taff Ely cluster
- 0.4% by contractors in England
- 0.2% by pharmacies in Cynon Valley South
- 0.1% in Cardiff and Vale University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the cluster (90.4%), the remainder were dispensed outside the cluster.

- 4.3% by pharmacies in Aneurin Bevan University Health Board
- 2.4% by pharmacies in Taff Ely cluster
- 0.4% by contractors in England
- 0.2% by pharmacies in Cynon Valley South cluster
- 0.1% by pharmacies in Cardiff and Vale University Health Board

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.

## **11.5 Other NHS services**

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

## **11.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 11.3 and 11.4, 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 255 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the Merthyr Tydfil cluster, of which 179 were outside of the health board's area. The figure does not include the dispensing practice. 8,404 prescription items were dispensed in England.

A total of 265 contractors that were trading in Wales during 2025/26 (up to December 2025) dispensed items written by one of the GP practices in the Merthyr Tydfil cluster, of which 156 were outside of the health board's area. The figure does not include the dispensing practice. 6,366 prescription items were dispensed in England.

## 11.7 Housing developments

The Replacement Merthyr Tydfil Local Development Plan 2016 to 2031<sup>288</sup> included development schemes of varying sizes. To year end 2024/25, 450 dwellings have been constructed (built).

The trajectory for remaining dwellings is included in the Merthyr Tydfil County Borough Council 2016 to 2031 Annual Monitoring Report<sup>289</sup> (October 2025). The table below summarises the plan for the larger developments (over 100 houses).

Scheme	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Hoover factory site	0	65	65	65	65	70
South of Castle Park	10	30	30	30	30	30
Goetre Primary School	0	0	0	40	40	40
Twynyrodyn	54	54	0	0	0	0
Former Mardy Hospital	0	0	25	25	0	0
Adjacent to Manor View, Trelewis	0	20	58	25	45	50
<b>TOTAL</b>	<b>64</b>	<b>169</b>	<b>178</b>	<b>185</b>	<b>180</b>	<b>190</b>

Number of residents: 2,415 (2.5 per household).

## 11.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that nine pharmacies have sufficient capacity in their premises and staffing levels to meet an increase in demand for services, with two saying they do not but could make adjustments.

### 11.8.1 Essential services

The health board has noted:

<sup>288</sup> Merthyr Tydfil County Borough Council [First Replacement Local Development Plan 2016 to 2031](#)

<sup>289</sup> Merthyr Tydfil County Borough Council October 2025 - [Fifth annual monitoring report - Replacement local development plan 2016 to 2031](#)

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 20 minutes, with the majority within ten 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 known housing developments.
- The opening hours of the pharmacies.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current or future needs for essential services within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

## **11.8.2 National community pharmacy and appliance contractor services**

### **11.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and in the first nine months of 2025/26.

In addition, of the items dispensed in England in 2024/25, 88.3% were dispensed by dispensing appliance contractors and 86.4% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **11.8.2.2 Clinical community pharmacy service**

The health board has noted all 13 pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **11.8.2.3 Discharge medicines review service**

The health board has noted 12 of the pharmacies provides this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **11.8.2.4 Influenza vaccination service**

The health board has noted all the pharmacies have signed up to provide this service, and all provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

#### **11.8.2.5 Lateral flow test supply service**

The health board noted six of the pharmacies provided the service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **11.8.2.6 Pharmacist independent prescribing service**

The health board has noted six of the pharmacies provided this service in 2025/26. Another pharmacy plans to have an independent prescriber in the next couple of years, another has a recently qualified independent prescriber, and a third has a pharmacist training to be an independent prescriber.

It has not identified any current needs for this service within the cluster.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027 and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **11.8.2.7 Stoma appliance customisation service**

The health board has noted none of the 27 pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months of 2025/26.

However, of the items dispensed in England in 2024/25, 88.3% were dispensed by dispensing appliance contractors and 86.4% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **11.8.3 Additional clinical services**

##### **11.8.3.1 Blood borne virus screening service**

The health board has noted three of the pharmacies have signed up to provide this service, and three pharmacies provided it in 2025/26. The service is commissioned in areas where there is high demand for the needle and syringe programmes.

Blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **11.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted none of the pharmacies had signed up to provide this service in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **11.8.3.3 Just in case service (palliative care packs)**

The health board has noted all 13 pharmacies have signed up to provide this service, and four pharmacies provided it in 2025/26. Commissioning of this service is led by demand.

Services are available within the cluster through several other providers in the health board's area, such as the Merthyr and Cynon team who care for patients living in their homes and nursing homes. They also provide specialist palliative care for inpatients at Prince Charles Hospital and any other community hospitals, and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **11.8.3.4 Medication reminder device service**

The health board has noted six of the pharmacies have signed up to provide this service. No pharmacy provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **11.8.3.5 Medicines administration record service**

The health board has noted all 13 pharmacies have signed up to provide this service, and 11 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **11.8.3.6 Needle and syringe programmes**

The health board has noted three of the pharmacies have signed up to provide this service, and three pharmacies provided it in 2025/26.

This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **11.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted 12 of the pharmacies have signed up to provide this service, and 11 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **11.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted 12 of the pharmacies have signed up to provide this service, and eight pharmacies provided it in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **11.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted 11 of the pharmacies have signed up to provide this service, and ten pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **11.8.3.10 Urgent medicines services**

The health board has noted one pharmacy had signed up to provide the level 1 service in 2025/26, and one had signed up to provide the level 2 service.

Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

#### **11.8.3.11 Waste reduction service**

The health board has noted 12 of the pharmacies have signed up to provide this service, and 11 pharmacies provided it in 2025/26. It has not identified any current or future needs for this service within the cluster.

## 12 Cynon Valley North cluster

### 12.1 Overview

Cynon Valley North cluster is the second smallest of four clusters within Rhondda Cynon Taf local authority serving a practice registered population of 32,522<sup>290</sup> in urban and semi-rural areas. There are seven pharmacies in the cluster and three GP practices.

The population of Rhondda Cynon Taf local authority increased by 1.4% from around 234,400 in 2011 to 237,700 in 2021<sup>291</sup>. This is the same as the overall increase for Wales. The projected population increase between 2022 and 2032 is 4.9% across all age groups, with an expected population of 251,235 by 2032.

Rhondda Cynon Taf local authority has a lower life expectancy at birth for females (80.7 years) and males (76.9 years) when compared to the Wales averages 81.8 years (females) and 77.9 years (males).

Deprivation is fairly concentrated in the Cynon Valley North cluster; 29.4% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% across the health board.

Cynon Valley North has a mixed profile of long-term health conditions, based on estimated prevalence, when compared with both the health board and Wales overall.

- Lower than the health board averages but higher than the Wales averages in asthma, hypertension and stroke and transient ischaemic attack
- Higher than both the health board and Wales averages in atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, diabetes, and mental health
- Aligns with the health board average but lower than the Wales average in dementia and heart failure

Lifestyle behaviours within the adult population (16 years and over) across Rhondda Cynon Taf, captured by the National Survey for Wales<sup>292</sup> and detailed in the section 12.2.4 health profile, reveal ongoing challenges. For example, residents smoke more (including e-cigarettes), are more overweight and obese, undertake less physical activity and consume less fruit and vegetables than Wales as a whole. However, excessive drinking aligns with Wales.

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<sup>290</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>291</sup> Office of National Statistics Census 2021 - [How the population changed in Rhondda Cynon Taf: Census 2021](#)

<sup>292</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

## 12.2 Key population features

### 12.2.1 Population projection 2022 to 2032

The population of Rhondda Cynon Taf is projected to increase by up to 4.9%, between 2022 (239,494) and 2032 (251,235).

It is projected by 2032<sup>293</sup>, Rhondda Cynon Taf local authority will:

- See a decrease in the number of people aged 0 to 15 years
- Be one of eight local authorities with the largest projected increases in working-age population aged 16 to 64 years
- See an increase in the population aged 65 years and over
- See an increase in the population aged 75 years and over.

The population is projected to continue to age in the local authority over this period.

The increase in population will mainly be driven by net migration ie 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).

### 12.2.2 Total life expectancy, healthy life expectancy and the ‘inequality gap’ (2020 to 2022)

- Rhondda Cynon Taf local authority has a lower life expectancy at birth for females and males when compared to the averages for Wales (table 12.1).
- Healthy life expectancy<sup>294</sup> defined as the number of years a person can expect to live in good health is measured at local authority level. For Rhondda Cynon Taf, it is 57.3 years for males and 56.1 years for females. For Wales, healthy life expectancy is 60.8 years for males and 60.2 years for females.
- 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 6.9 years for males and 5.3 years for females<sup>295</sup>.

**Table 12.1: Total life expectancy at birth for females and males, 2020 to 2022<sup>296</sup>**

Area	Female at birth (years)	Males at birth (years)
Rhondda Cynon Taf local authority	80.7	76.9
Wales	81.8	77.9

<sup>293</sup> Welsh Government - [Local authority population projections: 2022-based](#)

<sup>294</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>295</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

<sup>296</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 12.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the four clusters in Rhondda Cynon Taf, Cynon Valley North has the third highest concentration of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (29.4%), higher than the health board as a whole (24.7%).

There are, however, small areas of “deep-rooted” deprivation<sup>297</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple Deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Cynon Valley North cluster compared with the health board.

**Table 12.2: Estimated percentage of patients living in the most deprived 20% in Cynon Valley North and the health board (2025)<sup>298</sup>**

Area	Percentage
Cynon Valley North	29.4%
Cwm Taf Morgannwg University Health Board	24.7%

### 12.2.4 Health profile

Noncommunicable diseases<sup>299</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental, and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers
- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows Cynon Valley North estimated prevalence of chronic disease when compared with the health board and Wales.

<sup>297</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation 2025 results report: overall index](#)

<sup>298</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>299</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

**Table 12.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025<sup>300</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cynon Valley North	7.2%	3.7%	3.0%	9.5%	1.2%	2.3%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below, shows the percentage of people registered with a mental health condition and dementia. Mental health in Cynon Valley North is slightly higher than the health board and Wales averages (0.1% higher). For dementia Cynon Valley North aligns with the health board's average but is slightly lower than the average for Wales (0.1% lower).

**Table 12.4: Percentage of patients registered as having a mental health condition by cluster, health board and Wales 2025<sup>301</sup>**

Area	Mental health	Dementia
Cynon Valley North	1.2%	0.7%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

The table below shows Cynon Valley North estimated prevalence of atrial fibrillation and hypertension compared with the health board and Wales averages. Cynon Valley North is higher in atrial fibrillation than the health board and Wales averages (0.2% higher), and for hypertension is lower than the health board average (0.4% lower) but higher than the average for Wales (0.6% higher).

<sup>300</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>301</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

**Table 12.5: Estimated percentage prevalence of atrial fibrillation and hypertension based on patients on GP practice registers by cluster, health board and Wales 2025<sup>302</sup>**

Area	Atrial fibrillation	Hypertension
Cynon Valley North	2.9%	16.9%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Rhondda Cynon Taf who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>303</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

**Table 12.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count	Prevalence					
	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Rhondda Cynon Taf local authority	199,852 <sup>304</sup>	25%	16%	65%	28%	54%	22%
Wales	2,641,000 <sup>305</sup>	20%	16%	62%	25%	56%	29%

This suggests there are less positive lifestyle behaviours prevalent in Rhondda compared with Wales as a whole, such as higher numbers of people smoking (including e-cigarettes) (5.0% higher), more people reporting being overweight and/or obese (3.0% higher), fewer people undertaking physical activity (2.0% lower) and fewer people eating five portions of fruit and vegetables each day (7.0% lower) than Wales as a whole. However, excessive drinking aligns with Wales.

### 12.3 Current provision of pharmaceutical services within the cluster area

There are seven pharmacies in Cynon Valley North cluster operated by three different contractors.

<sup>302</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>303</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

<sup>304</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>305</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

In 2024/25, 89.6% of prescriptions written by the GP practices in Cynon Valley North cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 89.8% of prescriptions written by the GP practices in Cynon Valley North cluster were dispensed by one of the pharmacies within the cluster.

### Map 12.1: Location of pharmacy premises within the cluster



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It should be noted that where premises are in close proximity the circles representing them will overlap.

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 20 minutes, with the majority within 15 minutes. There are two areas where access to a pharmacy is greater than 20 minutes, these areas are hilly or mountainous areas with patches of woodland and are unlikely to be highly populated. Noting the locations of the

pharmacies have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- One pharmacy is open Monday to Saturday
- Three pharmacies are open Monday to Friday and Saturday mornings
- Three pharmacies are open Monday to Friday

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 12.7: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday, Tuesday, Wednesday, and Friday	9.00am to 9.30am	5.30pm to 6.00pm
Thursday	9.00am to 9.30am	1.00pm to 6.00pm
Saturday	9.00am to 9.30am	1.00pm to 5.30pm

- Two pharmacies close at 1.00pm on a Thursday
- Five pharmacies close on a Thursday evening at:
  - One pharmacy closes at 5.00pm
  - One pharmacy closes at 5.30pm
  - Three pharmacies close at 6.00pm
- Four pharmacies open on a Saturday and close at:
  - Three pharmacies close at 1.00pm
  - One pharmacy closes at 5.30pm

One pharmacy is commissioned to provide the following out of hours provision.

- Weekday evenings between 6.00pm and 7.00pm
- Sunday between 11.30am and 12.30pm
- Bank holidays between 11.30am and 12.30pm

Full details of when the pharmacies are open can be found in Appendix L.

All the pharmacies responded to the contractor questionnaire and the following information is taken from their responses.

Six are accessible by wheelchair and have a consultation area that is accessible by wheelchair. The seventh has work scheduled which will ensure the pharmacy and consultation area are wheelchair accessible. All the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and

- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Two pharmacies confirmed they have Welsh speakers in their staff. One pharmacy also has staff who speak Bengali.

All seven pharmacies dispense all types of appliances.

Although non-commissioned services:

- all seven pharmacies collect prescriptions from GP practices.
- Six provide a free of charge delivery service on request and one provides it for a fee.

There were no suggestions for existing additional clinical services that are not currently provided in the area.

Suggestions for new services that are not currently available were a period delay service and an ear wax removal service, as both are requested by patients.

When asked if they have capacity to meet the increasing need for pharmaceutical services six pharmacies have sufficient capacity within their premises and staffing levels to manage an increase in demand, whilst the seventh doesn't and would have difficulty in managing an increase in demand.

When asked if they have any plans to develop or expand the premises or range of services provided, four said they did.

- One aims to promote the services it offers to its patients, is about to launch the independent prescribing service, and also plans to offer a private ear wax removal service. It already provides a private weight management service.
- One is seeking to recruit a permanent pharmacist and an independent prescriber.
- Another is seeking to establish its NHS services offer, with a new pharmacist recruited who has started the independent prescriber training. This pharmacist will complement the existing independent prescriber to allow the service to be extended. It is developing a private weight management service which was recently launched and is looking at offering vitamin B12 injections as a private service.
- The fourth pharmacy has recently appointed a pharmacist who is in the process of enrolling on the independent prescriber course. Once qualified the independent prescribing service will be offered. The number of consultations delivered by the pharmacist is steadily increasing.

### **12.3.1 National community pharmacy and appliance contractor services**

#### **12.3.1.1 Appliance use review service**

None of the seven pharmacies have signed up to provide this service.

### **12.3.1.2 Clinical community pharmacy service**

All seven pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 4,139 consultations for common ailment consultations, (range at pharmacy level 229 to 1,334)
- 559 consultations for sore throat test and treat, (range at pharmacy level two to 271)
- 85 consultations for urinary tract infection, (range at pharmacy level four to 34)
- 350 consultations for emergency contraception, (range at pharmacy level nine to 101)
- 1,283 emergency medicine supplies, (range at pharmacy level six to 357)

In the first seven months of 2025/26 the pharmacies provided:

- 2,331 consultations for common ailment consultations, (range at pharmacy level 154 to 771)
- 131 consultations for sore throat test and treat, (range at pharmacy level six to 59)
- 98 consultations for urinary tract infection, (range at pharmacy level four to 29)
- 175 consultations for emergency contraception, (range at pharmacy level six to 58)
- 760 emergency medicine supplies, (range at pharmacy level seven to 313)

### **12.3.1.3 Discharge medicines review service**

All seven pharmacies provided the service in 2024/25, providing a total of 159 reviews (range at pharmacy level four to 61).

All seven pharmacies provided the service in the first seven months of 2025/26, providing a total of 37 reviews (range at pharmacy level one to 13).

### **12.3.1.4 Influenza vaccination service**

All seven pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing a total of 764 vaccinations (range at pharmacy level 40 to 181).

Six pharmacies provided the service in October and November 2025, providing a total of 569 vaccinations (range at pharmacy level one to 237).

### **12.3.1.5 Lateral flow test supply service**

Four of the pharmacies provided the service in 2024/25, supplying a total of 71 kits

(range at pharmacy level two to 40).

One of the pharmacies provided the service in the first eight months of 2025/26, supplying a total of six kits.

#### **12.3.1.6 Pharmacist independent prescribing service**

Two of the pharmacies have signed up to provide this service.

One pharmacy provided the service in 2024/25, providing a total of 52 consultations.

One pharmacy provided the service in the first seven months of 2025/26, providing a total of 308 consultations. (A different pharmacy to the one that provided the service in 2024/25).

#### **12.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

### **12.3.2 Additional clinical services**

#### **12.3.2.1 Blood borne virus screening service**

One of the pharmacies has signed up to provide this service and provided the service in 2024/25, providing a total of seven screenings. It provided a total of three screenings in the first seven months of 2025/26.

#### **12.3.2.2 Care home support service - Level 1 medicines management support visits**

Three of the pharmacies have signed up to provide this service.

One pharmacy provided the service in 2024/25, providing a total of 29 packs.

No pharmacy provided the service in the first eight months of 2025/26.

#### **12.3.2.3 Just in case service (palliative care packs)**

Six of the pharmacies have signed up to provide this service.

No pharmacy provided this service in 2024/25 or in the first eight months of 2025/26.

#### **12.3.2.4 Medication reminder device service**

Six of the pharmacies have signed up to provide this service.

No pharmacy provided the service in the first seven months of 2025/26.

### **12.3.2.5 Medicines administration record service**

All seven pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing charts to 60 people (range at pharmacy level one to 12).

Five pharmacies provided the service in the first seven months of 2025/26, providing charts to 25 people (range at pharmacy level two to seven).

### **12.3.2.6 Needle and syringe programmes**

Three of the pharmacies have signed up to provide this service.

One pharmacy provided the service in 2024/25, providing a total of 251 provisions, and the same pharmacy in the first seven months of 2025/26, provided a total of 160 provisions.

### **12.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

Six of the pharmacies have signed up to provide this service.

Six of the pharmacies provided the service in 2024/25, supporting a total of 331 people (range at pharmacy level 16 to 116).

Four pharmacies provided the service in the first seven months of 2025/26, supporting a total of 30 people (range at pharmacy level three to 17).

### **12.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

Six of the pharmacies have signed up to provide this service.

Six pharmacies provided the service in 2024/25, supporting a total of 324 people (range at pharmacy level 27 to 134).

Three pharmacies provided the service in the first seven months of 2025/26, supporting a total of 75 people (range at pharmacy level 21 to 28).

### **12.3.2.9 Supervised administration of methadone and buprenorphine service**

Six of the pharmacies have signed up to provide this service.

In 2024/25, six pharmacies provided the service to 818 clients (range at pharmacy level 46 to 235), supervising a total of 7,173 doses (range at pharmacy level 376 to 2,683).

In the first eight months of 2025/26, five pharmacies provided the service to 299 clients (range at pharmacy level 22 to 91), supervising a total of 1,896 doses (range at pharmacy level 111 to 646).

### **12.3.2.10 Urgent medicines service level 1 (standard)**

None of the pharmacies have signed up to provide this service.

### **12.3.2.11 Urgent medicines service level 2 (enhanced)**

One of the pharmacies has signed up to provide this service.

### **12.3.2.12 Waste reduction service**

Six of the pharmacies have signed up to provide this service.

Six pharmacies provided the service in 2024/25, providing a total of 935 interventions (range at pharmacy level 45 to 438).

Six pharmacies provided the service in the first six months of 2025/26, providing a total of 412 interventions (range at pharmacy level one to 134).

## **12.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 three GP practices in 2024/25 were dispensed by the seven pharmacies in the cluster (89.6%), the remainder were dispensed outside the cluster.

- 6.3% by pharmacies in Cynon Valley South cluster
- 2.3% by pharmacies in Taff Ely cluster
- 0.4% by contractors in England
- 0.1% in Aneurin Bevan University Health Board
- 0.1% in Cardiff and Vale University Health Board
- 0.1% by pharmacies in Merthyr cluster
- 0.1% in Swansea Bay University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the cluster (89.8%), the remainder were dispensed outside the cluster.

- 6.2% by pharmacies in Cynon Valley South cluster
- 2.5% by pharmacies in Taff Ely cluster
- 0.5% by contractors in England
- 0.2% by pharmacies in Cardiff and Vale University Health Board
- 0.2% by pharmacies in Merthyr cluster

- 0.1% by pharmacies in Aneurin Bevan University Health Board
- 0.1% by Pharmacies in Swansea Bay University Health Board

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.

## **12.5 Other NHS services**

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

## **12.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 12.3 and 12.4, 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 278 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the Cynon Valley North cluster, of which 189 were outside of the health board's area. 4,207 prescription items were dispensed in England.

A total of 291 contractors that were trading in Wales during 2025/26 (up to December 2025) dispensed items written by one of the GP practices in the Cynon Valley North cluster, of which 174 were outside of the health board's area. 3,517 prescription items were dispensed in England.

## **12.7 Housing developments**

No housing developments have been identified.

## **12.8 Gaps in provision**

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that six pharmacies have sufficient capacity within their premises and staffing levels to manage an increase in demand, whilst the seventh doesn't and would have difficulty in managing an increase in demand.

### **12.8.1 Essential services**

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy 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 opening hours of the pharmacies.
- The lack of known housing developments.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current needs for the essential services within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

## **12.8.2 National community pharmacy and appliance contractor services**

### **12.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months of 2025/26.

In addition, of the items dispensed in England in 2024/25, 91.8% were dispensed by dispensing appliance contractors and 88.9% in the first eight months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **12.8.2.2 Clinical community pharmacy service**

The health board has noted all seven pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the

clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **12.8.2.3 Discharge medicines review service**

The health board has noted all seven pharmacies provided this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **12.8.2.4 Influenza vaccination service**

The health board has noted all seven pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

#### **12.8.2.5 Lateral flow test supply service**

The health board has noted four of the pharmacies provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **12.8.2.6 Pharmacist independent prescribing service**

The health board has noted two of the pharmacies have signed up to provide this service, and two pharmacies provided it in 2025/26. Two other pharmacies have pharmacists who are training to become independent prescribers (March 2026) and a third is seeking to recruit a pharmacist who is an independent prescriber.

It has not identified any current needs for this service within the cluster.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027 and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future

need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **12.8.2.7 Stoma appliance customisation service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and in the first nine months of 2025/26.

Of the items dispensed in England in 2024/25, 91.8% were dispensed by dispensing appliance contractors and 88.9% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **12.8.3 Additional clinical services**

##### **12.8.3.1 Blood borne virus screening service**

The health board has noted one of the pharmacies has signed up to provide this service and provided it in 2025/26. The service is commissioned in areas where there is high demand for the needle and syringe programmes.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

##### **12.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted three of the pharmacies have signed up to provide this service, and one pharmacy provided it in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **12.8.3.3 Just in case service (palliative care packs)**

The health board has noted six of the pharmacies have signed up to provide this service. No pharmacy provided this service in 2025/26. Commissioning of this service is led by demand.

Services are available within the cluster through several other providers in the health board's area, such as the Merthyr and Cynon team who care for patients living in their homes and nursing homes. They also provide specialist palliative care for inpatients at Prince Charles Hospital and any other community hospitals, and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **12.8.3.4 Medication reminder device service**

The health board has noted six of the pharmacies have signed up to provide this service. No pharmacy provided this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **12.8.3.5 Medicines administration record service**

The health board has noted all seven pharmacies signed up to provide this service, and all pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **12.8.3.6 Needle and syringe programmes**

The health board has noted three of the pharmacies have signed up to provide this service, and one pharmacy provided it in 2025/26.

This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **12.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted six of the pharmacies have signed up to provide the

service and provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **12.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted six of the pharmacies have signed up to provide the service, and six pharmacies provided it in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **12.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted six of the pharmacies have signed up to provide this service, and six pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster

#### **12.8.3.10 Urgent medicines services**

The health board has noted none of the pharmacies had signed up to provide either the level 1 or 2 services in 2025/26.

Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

#### **12.8.3.11 Waste reduction service**

The health board has noted six of the pharmacies have signed up to provide this service, and six pharmacies provided it in 2025/26. It has not identified any current or future needs for this service within the cluster.

## 13 Cynon Valley South cluster

### 13.1 Overview

Cynon Valley South cluster is the smallest of the four clusters within Rhondda Cynon Taf. Cynon Valley South serves a population of 26,664<sup>306</sup> in mainly urban areas with pockets of rurality. There are eight pharmacies in the cluster and four GP practices.

The population of Rhondda Cynon Taf local authority increased by 1.4% from around 234,400 in 2011 to 237,700 in 2021<sup>307</sup>. This was the same as the overall increase for Wales. The projected population increase between 2022 and 2032 is 4.9% across all age groups, with an expected population of 251,235 by 2032.

Rhondda Cynon Taf local authority has a lower life expectancy at birth for females (80.7 years) and males (76.9 years) when compared to the Wales averages 81.8 years (females) and 77.9 years (males).

Cynon Valley South cluster has a higher level of deprivation and poverty compared to the average for Wales.

Deprivation is highly concentrated in the Cynon Valley South cluster 41.5% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% across the health board.

Cynon Valley South has a positive mixed profile of long-term conditions based on estimated prevalence, when compared with both the health board and Wales overall:

- Lower than the health board and Wales averages in asthma, atrial fibrillation, coronary heart disease, dementia, heart failure, mental health and stroke and transient ischaemic attack
- Higher than the health board and Wales averages in chronic obstructive pulmonary disease, diabetes, and hypertension.

Lifestyle behaviours within the adult population (16 years and over) across Rhondda Cynon Taf, captured by the National Survey for Wales<sup>308</sup> and detailed in section 13.2.4 health profile reveal ongoing challenges. For example, residents smoke more (including e-cigarettes), are more overweight and obese, undertake less physical activity, and consume less fruit and vegetables than Wales as a whole. However, excessive drinking aligns with Wales.

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<sup>306</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>307</sup> Office of National Statistics Census 2021 - [How the population changed in Rhondda Cynon Taf: Census 2021](#)

<sup>308</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

## 13.2 Key population features

### 13.2.1 Population projection 2022 to 2032

The population of Rhondda Cynon Taf is projected to increase by up to 4.9% between 2022 (239,494) and 2032 (251,235).

It is projected that by 2032<sup>309</sup> Rhondda Cynon Taf local authority will:

- See a decrease in the number of people aged 0 to 15 years
- Be one of eight local authorities with the largest projected increases in working-age population aged 16 to 64 years
- See an increase in the population aged 65 years and over
- See an increase in the population aged 75 years and over

The population is projected to continue to age in the local authority, over this period.

The increase in population will mainly be driven by net migration ie 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).

### 13.2.2 Total life expectancy, healthy life expectancy and the ‘inequality gap’ (2022 to 2022)

- Rhondda Cynon Taf local authority has a lower life expectancy at birth for females and males when compared to the average for Wales (table 13.1).
- Healthy life expectancy<sup>310</sup> defined as the number of years a person can expect to live in good health is measured at local authority level. For Rhondda Cynon Taf, it is 57.3 years for males and 56.1 years for females. For Wales, healthy life expectancy is 60.8 years for males and 60.2 years for females.
- 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 6.9 years for males and 5.3 years for females<sup>311</sup>.

**Table 13.1: Total life expectancy at birth for females and males, 2020 to 2022<sup>312</sup>**

Area	Female at birth (years)	Males at birth (years)
Rhondda Cynon Taf local authority	80.7	76.9
Wales	81.8	77.9

<sup>309</sup> Welsh Government - [Local authority population projections: 2022-based](#)

<sup>310</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>311</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

<sup>312</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 13.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the four clusters in Rhondda Cynon Taf, Cynon Valley South has the highest concentration of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (41.5%), higher than the health board as a whole (24.7%).

There are, however, small areas of “deep-rooted” deprivation<sup>313</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple deprivation ranks. Where areas of deprivation exist, the population is likely to experience the poorest health.

The table below shows, the estimated percentage of people living in the most deprived 20% areas in Cynon Valley South cluster, compared with the health board.

**Table 13.2: Estimated percentage of patients living in the most deprived 20% of areas in Cynon Valley South and the health board (2025)<sup>314</sup>**

Area	Percentage
Cynon Valley South	41.5%
Cwm Taf Morgannwg University Health Board	24.7%

### 13.2.4 Health profile

Noncommunicable diseases<sup>315</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental, and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers
- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows Cynon Valley South estimated prevalence of chronic disease when compared with the health board and Wales.

<sup>313</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation 2025 results report: overall index](#)

<sup>314</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>315</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

**Table 13.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025<sup>316</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cynon Valley South	6.5%	3.5%	3.1%	10.0%	1.0%	2.0%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below shows the percentage of people registered with a mental condition and dementia. Mental health and dementia are both lower in Cynon Valley South than the averages for the health board and Wales.

**Table 13.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales 2025<sup>317</sup>**

Area	Mental health	Dementia
Cynon Valley South	1.0%	0.5%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

The table below shows Cynon Valley South estimated prevalence of atrial fibrillation and hypertension compared with the health board and Wales averages. Cynon Valley South is below the health board and Wales averages in atrial fibrillation (0.2% lower), in contrast hypertension is higher than the health board average (0.5% higher) and Wales average (1.5% higher).

<sup>316</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>317</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

**Table 13.5: Estimated percentage prevalence of atrial fibrillation and hypertension based on patients on GP practice registers by cluster, health board and Wales 2025<sup>318</sup>**

Area	Atrial fibrillation	Hypertension
Cynon Valley South	2.5%	17.8%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Rhondda Cynon Taf who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>319</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

**Table 13.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count Population 16 years and over	Prevalence					
		Smoking (including e- cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Rhondda Cynon Taf local authority	199,852 <sup>320</sup>	25%	16%	65%	28%	54%	22%
Wales	2,641,000 <sup>321</sup>	20%	16%	62%	25%	56%	29%

This suggests there are fewer positive lifestyle behaviours prevalent in Rhondda compared with Wales as a whole, such as higher number of people smoking (including e-cigarettes) (5.0% higher), more people reporting being overweight and/or obese (3.0% higher), fewer people undertaking physical activity (2.0% lower) and fewer people eating five portions of fruit and vegetables each day (7.0% lower) than Wales as a whole. However, excessive drinking aligns with Wales.

<sup>318</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>319</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours \(2021 to 2023\)](#)

<sup>320</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>321</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

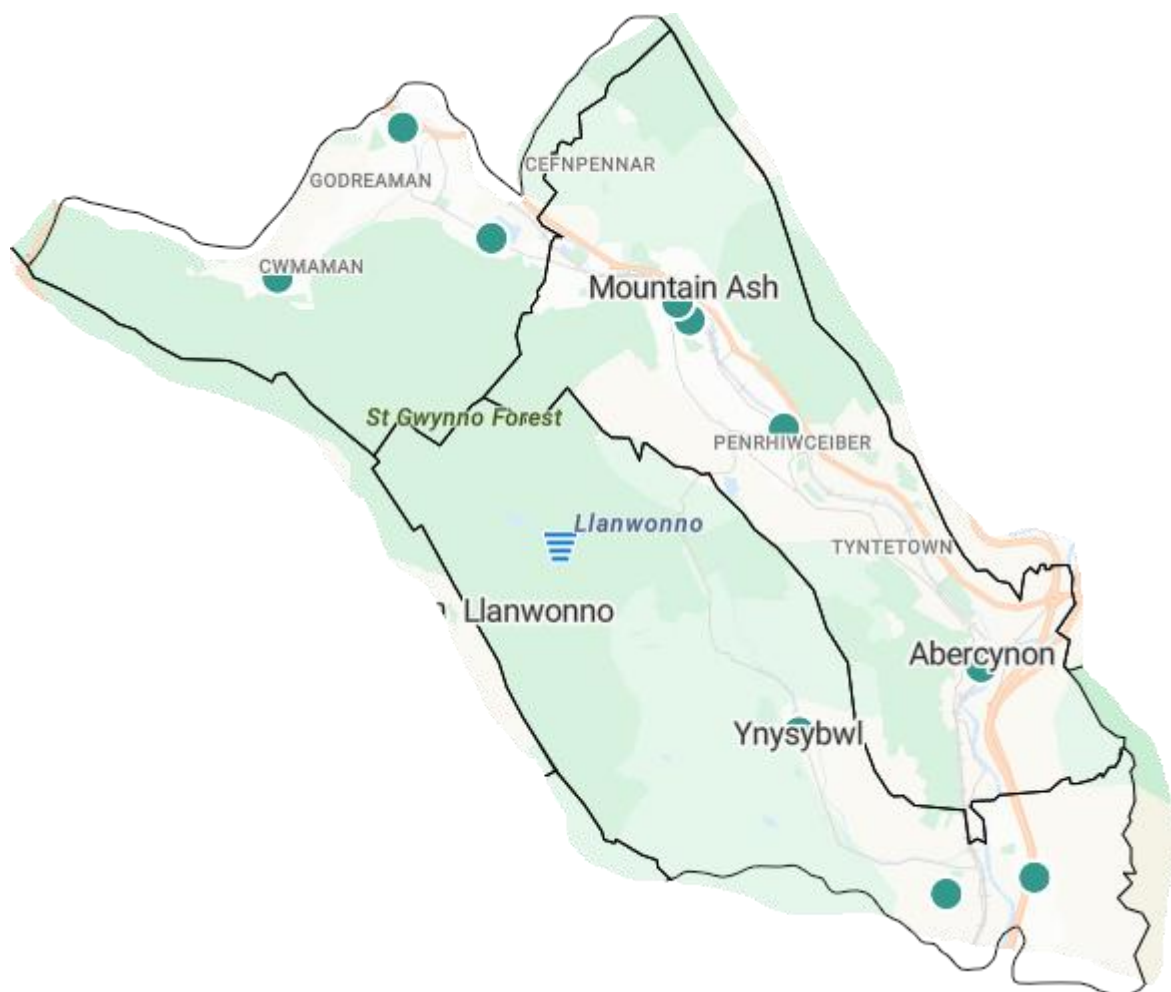
### 13.3 Current provision of pharmaceutical services within the cluster area

There are eight pharmacies in Cynon Valley South cluster operated by four different contractors.

In 2024/25, 83.8% of prescription items written by the GP practices in Cynon Valley South cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 85.2% of prescription items written by the GP practices in Cynon Valley South cluster were dispensed by one of the pharmacies within the cluster.

**Map 13.1: Location of pharmacy premises within the cluster**



© 2026 OSM © 2026 TomTom

It should be noted that where premises are in close proximity the circles representing them will overlap.

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition,

all residents could access one of the pharmacies by car within 20 minutes, with the majority within ten minutes. Noting the locations of the pharmacies have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- One pharmacy is open Monday to Saturday.
- Three pharmacies are open Monday to Friday and Saturday morning.
- Four pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 13.7: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday, Tuesday, Wednesday, and Friday	9.00am	5.30pm to 6.00pm
Thursday	9.00am	1.00pm to 6.00pm
Saturday	9.00am	12.30pm to 5.30pm
Sunday	Closed	Closed

- Seven pharmacies close at 6.00pm Monday, Tuesday, Wednesday, and Friday
- Four pharmacies close at 1.00pm on a Thursday
- Three pharmacies close at 6.00pm on a Thursday
- Four pharmacies are open on a Saturday; one closes at 5.30pm
- No pharmacy is open on a Sunday

Full details of when the pharmacies are open can be found in Appendix L.

Five pharmacies responded to the contractor questionnaire and the following information is taken from their responses.

All five pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

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

One pharmacy has confirmed it has Welsh speakers in its staff. No other languages, other than English, are spoken by staff.

All five pharmacies dispense all types of appliances.

Although non-commissioned services all five pharmacies collect prescriptions from GP practices and provide a free of charge delivery service on request.

There were no suggestions for existing additional clinical services that are not currently provided in the area and no suggestions for new services that are not currently available.

When asked if they have capacity to meet the increasing need for pharmaceutical services all five confirmed they have sufficient capacity within their premises and staffing levels.

When asked if they have any plans to develop or expand the premises or range of services provided four said yes.

- One has recently extended its consultation area in order to allow more services to be provided.
- Three plan to continue to develop delivery and patient awareness of the services provided.

### **13.3.1 National community pharmacy and appliance contractor services**

#### **13.3.1.1 Appliance use review service**

None of the pharmacies have signed up to provide this service.

#### **13.3.1.2 Clinical community pharmacy service**

All eight pharmacies have signed up and provide this service. However, not all have provided each element.

In 2024/25 the pharmacies provided:

- 4,546 consultations for common ailment consultations, (range at pharmacy level 107 to 1,087)
- 406 consultations for sore throat test and treat, (range at pharmacy level two to 132)
- 121 consultations for urinary tract infection, (range at pharmacy level one to 78)
- 177 consultations for emergency contraception, (range at pharmacy level 11 to 46)
- 1,785 emergency medicine supplies, (range at pharmacy level 35 to 730)

In the first seven months of 2025/26 the pharmacies provided:

- 2,964 consultations for common ailment consultations, (range at pharmacy level 33 to 806)
- 220 consultations for sore throat test and treat, (range at pharmacy level seven to 64)

- 133 consultations for urinary tract infection, (range at pharmacy level one to 58)
- 112 consultations for emergency contraception, (range at pharmacy level ten to 24)
- 982 emergency medicine supplies, (range at pharmacy level 20 to 302)

#### **13.3.1.3 Discharge medicines review service**

Seven of the pharmacies provided the service in 2024/25, providing a total of 284 reviews (range at pharmacy level six to 126).

Six of the pharmacies provided the service in the first seven months of 2025/26, providing a total of 165 reviews (range at pharmacy level one to 66).

#### **13.3.1.4 Influenza vaccination service**

All eight pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing a total of 706 vaccinations (range at pharmacy level four to 169).

All pharmacies provided the service in October and November 2025, providing a total of 775 vaccinations (range at pharmacy level 49 to 208).

#### **13.3.1.5 Lateral flow test supply service**

Five of the pharmacies provided the service in 2024/25, supplying a total of 239 kits (range at pharmacy level five to 198).

Four of the pharmacies provided the service in the first eight months of 2025/26, supplying a total of 84 kits (range at pharmacy level two to 66).

#### **13.3.1.6 Pharmacist independent prescribing service**

Four of the pharmacies have signed up to provide this service.

Three pharmacies provided the service in 2024/25, providing a total of 1,270 consultations (range at pharmacy level 19 to 649).

Four pharmacies provided the service in the first seven months of 2025/26, providing a total of 787 consultations (range at pharmacy level one to 380)

#### **13.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

## **13.3.2 Additional clinical services**

### **13.3.2.1 Blood borne virus screening service**

None of the pharmacies have signed up to provide this service.

### **13.3.2.2 Care home support service - Level 1 medicines management support visits**

None of the pharmacies have signed up to provide this service.

### **13.3.2.3 Just in case service (palliative care packs)**

Five of the pharmacies have signed up to provide this service.

Three pharmacies provided the service in 2024/25, providing a total of seven packs (range at pharmacy level one to five)

No pharmacy provided this service in the first eight months of 2025/26.

### **13.3.2.4 Medication reminder device service**

Seven of the pharmacies have signed up to provide this service, however none provided it in the first seven months of 2025/26.

### **13.3.2.5 Medicines administration record service**

All eight pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing charts to 68 people (range at pharmacy level three to 13).

All pharmacies provided the service in the first seven months of 2025/26, providing charts to 40 people (range at pharmacy level one to seven).

### **13.3.2.6 Needle and syringe programmes**

Three of the pharmacies have signed up to provide this service.

Two pharmacies provided the service in 2024/25, providing a total of 158 provisions, (range at pharmacy level 22 to 136).

The same two pharmacies provided a total of 118 provisions in the first seven months of 2025/26 (range at pharmacy level 21 to 97).

### **13.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

All eight pharmacies have signed up to provide this service.

Six of the pharmacies provided the service in 2024/25, supporting a total of 286 people (range at pharmacy level 11 to 108).

Four pharmacies provided the service in the first seven months of 2025/26, supporting a total of 54 people (range at pharmacy level seven to 17).

#### **13.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

Seven of the pharmacies have signed up to provide this service.

Six of the pharmacies provided the service in 2024/25, supporting a total of 584 people (range at pharmacy level 45 to 188).

Five pharmacies provided the service in the first seven months of 2025/26, supporting a total of 142 people (range at pharmacy level eight to 47).

#### **13.3.2.9 Supervised administration of methadone and buprenorphine service**

Seven of the pharmacies have signed up to provide this service.

In 2024/25, five pharmacies provided the service to 289 clients (range at pharmacy level three to 128), supervising a total of 2,274 doses (range at pharmacy level 58 to 918).

In the first eight months of 2025/26, four pharmacies provided the service to 185 clients (range at pharmacy level 11 to 74), supervising a total of 1,568 doses (range at pharmacy level 171 to 681).

#### **13.3.2.10 Urgent medicines service level 1 (standard)**

None of the pharmacies have signed up to provide this service.

#### **13.3.2.11 Urgent medicines service level 2 (enhanced)**

None of the pharmacies have signed up to provide this service.

#### **13.3.2.12 Waste reduction service**

All eight pharmacies provided the service in 2024/25, providing a total of 1,119 interventions (range at pharmacy level one to 403).

Seven of the pharmacies provided the service in the first six months of 2025/26, providing a total of 645 interventions (range at pharmacy level seven to 308).

### **13.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 2024/25 were dispensed by the pharmacies in the cluster (83.8%), the remainder were dispensed outside the cluster.

- 13.1% by pharmacies in Cynon Valley North cluster
- 1.5% by pharmacies in Taff Ely cluster
- 0.4% by contractors in England
- 0.1% in Swansea Bay University Health Board
- 0.1% Cardiff and Vale University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the cluster (85.2%), the remainder were dispensed outside the cluster.

- 12.0% by pharmacies in Cynon Valley North cluster
- 1.7% by pharmacies in Taff Ely cluster
- 0.5% by contractors in England
- 0.1% in Swansea Bay University Health Board

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.

### **13.5 Other NHS services**

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

### **13.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 13.3 and 13.4, 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 212 contractors that were trading in 2024/25, dispensed items written by one of the GP practices in Cynon Valley South cluster, of which 130 were outside of the health board's area. 3,363 items were dispensed in England.

A total of 194 contractors that were trading in 2025/26 (up to December 2025) dispensed items written by one of the GP practices in Cynon Valley South cluster, of which 98 were outside of the health board's area. 2,626 items were dispensed in England.

## **13.7 Housing developments**

No housing developments have been identified.

## **13.8 Gaps in provision**

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that five pharmacies confirmed they have sufficient capacity within their premises and staffing levels.

### **13.8.1 Essential services**

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car 20 minutes, with the majority within ten 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 opening hours of the pharmacies.
- The lack of known housing developments.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current needs for essential services within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **13.8.2 National community pharmacy and appliance contractor services**

#### **13.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2025/26. One of these contractors provides this service.

In addition, of the items dispensed in England in 2024/25, 93.1% were dispensed by dispensing appliance contractors and 91.9% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.2.2 Clinical community pharmacy service**

The health board has noted all eight pharmacies have signed up to provide this service. As a result, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **13.8.2.3 Discharge medicines review service**

The health board has noted seven of the pharmacies provided this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.2.4 Influenza vaccination service**

The health board has noted all eight pharmacies had signed up to provide this service 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

#### **13.8.2.5 Lateral flow test supply service**

The health board has noted five of the pharmacies provided this service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the cluster.

### **13.8.2.6 Pharmacist independent prescribing service**

The health board has noted four of the pharmacies have signed up and provide this service.

It has not identified any current needs for this service within the cluster.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027 and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **13.8.2.7 Stoma appliance customisation service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and the first nine months of 2025/26.

However, of the items dispensed in England in 2024/25, 93.1% were dispensed by dispensing appliance contractors and 91.9% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

## **13.8.3 Additional clinical services**

### **13.8.3.1 Blood borne virus screening service**

The health board has noted none of the pharmacies had signed up to this service in 2025/26. The service is commissioned in areas where there is high demand for the needle and syringe programmes.

Blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted none of the pharmacies had signed up to provide this service in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.3 Just in case service (palliative care packs)**

The health board has noted five of the pharmacies signed up to provide this service. Commissioning of this service is led by demand.

Services are available within the cluster through several other providers in the health board's area, such as the Merthyr and Cynon team who care for patients living in their homes and nursing homes. They also provide specialist palliative care for inpatients at Prince Charles Hospital and any other community hospitals, and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.4 Medication reminder device service**

The health board has noted seven of the pharmacies have signed up to provide this service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.5 Medicines administration record service**

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **13.8.3.6 Needle and syringe programmes**

The health board has noted three of the pharmacies have signed up to provide this service, and two pharmacies provided it in 2025/26.

This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted all eight pharmacies have signed up to provide this service, and six pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted seven of the pharmacies have signed up to provide this service, and six pharmacies provided it in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted seven of the pharmacies have signed up to provide this service, and five pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **13.8.3.10 Urgent medicines services**

The health board has noted none of the pharmacies has signed up to provide either the level 1 or level 2 service.

Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

#### **13.8.3.11 Waste reduction service**

The health board has noted all eight pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. It has not identified any current or future needs for this service within the cluster.

## 14 Rhondda Valley cluster

### 14.1 Overview

Rhondda Valley cluster serves a population of 88,336<sup>322</sup> in mainly urban areas with pockets of rurality. There are 27 pharmacies in the cluster and ten GP practices.

The population of Rhondda Cynon Taf local authority increased by 1.4% from around 234,400 in 2011 to 237,700 in 2021<sup>323</sup>. This was the same overall increase as for Wales. The projected population increase between 2022 and 2032 is 4.9% across all age groups, with an expected population of 251,235 by 2032.

Rhondda Cynon Taf local authority has a lower life expectancy at birth for females (80.7 years) and males (76.9 years) when compared to the Wales averages 81.8 years (females) and 77.9 years (males).

Deprivation is heavily concentrated in the Rhondda Valley North and South cluster - 38.0% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% across the health board.

Rhondda Valley North and South have mixed profiles of long-term health conditions, based on estimated prevalence, when compared with both the health board and Wales overall.

- Rhondda Valley North
  - Heart failure is lower than both the health board and Wales averages
  - Higher than the health board and Wales averages in atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, diabetes, hypertension, mental health and stroke and transient ischaemic attack
  - Dementia aligns with the health board average but lower than Wales
  - Asthma aligns with health board averages but higher than Wales
  
- Rhondda Valley South
  - Lower than both the health board and Wales averages in atrial fibrillation and heart failure
  - Higher than the health board and Wales averages in asthma, chronic obstructive pulmonary disease, coronary heart disease and diabetes
  - Stroke and transient ischaemic attack are lower than the health board average, but align with the Wales average
  - Dementia is higher than the health board average but aligns with Wales
  - Hypertension aligns with the health board average, but higher than the Wales average
  - Mental health aligns with both the health board and Wales averages

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<sup>322</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>323</sup> Office of National Statistics Census 2021 - [How the population changed in Rhondda Cynon Taf: Census 2021](#)

Lifestyle behaviours within the adult population (aged 16 years and over) across Rhondda Cynon Taf, captured by the National Survey for Wales<sup>324</sup> and detailed in the section 14.2.4 health profile, reveal ongoing challenges. For example, residents smoke more (including e-cigarettes), are more overweight and obese, undertake less physical activity and consume less fruit and vegetables than Wales as a whole. However, excess drinking aligns with Wales.

## 14.2 Key population features

### 14.2.1 Population projections 2022 to 2032

The population of Rhondda Cynon Taf is projected to increase by up to 4.9% between 2022 (239,494) and 2032 (251,235).

It is projected that by 2032<sup>325</sup>, Rhondda Cynon Taf local authority will:

- See a decrease in the number of people aged 0 to 15 years
- Be one of eight local authorities with the largest projected increases in working-age population aged 16 to 64 years
- See an increase in the population aged 65 years and over
- See an increase in the population aged 75 years and over

The population is projected to continue to age in the local authority over this period.

The increase in population will mainly be driven by net migration ie 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).

### 14.2.2 Total life expectancy, healthy life expectancy and the ‘inequality gap’ (2020 to 2022)

- Rhondda Cynon Taf local authority has a lower life expectancy at birth for females and males when compared to the averages for Wales (table 14.1).
- Healthy life expectancy<sup>326</sup>, defined as the number of years a person can expect to live in good health, is measured at local authority level. For Rhondda Cynon Taf, it is 57.3 years for males and 56.1 years for females. For Wales, healthy life expectancy is 60.8 years for males and 60.2 years for females.
- 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 6.9 years for males and 5.3 years for females<sup>327</sup>.

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<sup>324</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

<sup>325</sup> Welsh Government - [Local authority population projections: 2022-based](#)

<sup>326</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>327</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

**Table 14.1: Total life expectancy at birth for females and males 2020 to 2022<sup>328</sup>**

Area	Female at birth (years)	Males at birth (years)
Rhondda Cynon Taf local authority	80.7	76.9
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 14.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the four clusters in Rhondda Cynon Taf, Rhondda Valley North and South has the second highest concentration of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (38.0%), higher than the health board as a whole (24.7%).

There are, however, small areas of “deep-rooted” deprivation<sup>329</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple deprivation ranks. Where areas of deprivation exist, the population are likely to be experiencing the poorest health.

The table below shows, the estimated percentage of people living in the most deprived 20% areas in Rhondda Valley cluster, compared with the health board.

**Table 14.2: Estimated percentage of patients living in the most deprived 20% of areas in Rhondda Valley cluster and the health board (2025)<sup>330</sup>**

Area	Percentage
Rhondda Valley North and South	38.0%
Cwm Taf Morgannwg University Health Board	24.7%

### 14.2.4 Health profile

Non-communicable diseases<sup>331</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental, and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

<sup>328</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

<sup>329</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation 2025 results report: overall index](#)

<sup>330</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>331</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers
- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows Rhondda Valley North and South estimated prevalence of chronic disease when compared with the health board and Wales.

**Table 14.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025<sup>332</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Rhondda Valley North	7.5%	4.2%	3.5%	10.0%	1.1%	2.6%
Rhondda Valley South	7.8%	3.6%	2.7%	9.6%	1.0%	2.2%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below shows the percentage of people registered with a mental health condition and dementia. Mental health in Rhondda Valley North is higher than the health board and Wales averages (0.2% higher). In contrast Rhondda Valley South aligns with both the health board and Wales averages. For dementia, Rhondda Valley North aligns with the health board average and is lower than the Wales average (0.1% lower), whereas in Rhondda Valley South, dementia is higher than the health board average (0.1% higher) but aligns with the Wales average.

**Table 14.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales 2025<sup>333</sup>**

Area	Mental health	Dementia
Rhondda Valley North	1.3%	0.7%
Rhondda Valley South	1.1%	0.8%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

<sup>332</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>333</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

The table below shows the difference between Rhondda Valley North and Rhondda Valley South estimated prevalence in atrial fibrillation and hypertension when compared with the health board and Wales averages. Rhondda Valley North is higher in atrial fibrillation than both the health board and Wales averages (0.2% higher) and for hypertension is higher than both the health board (1.5% higher) and Wales (2.5% higher) averages. Whereas Rhondda Valley South is lower in atrial fibrillation than both the health board and Wales averages (0.1% lower), but for hypertension aligns with the health board average but is higher than the Wales average (1.0% higher).

**Table 14.5: Estimated percentage prevalence of atrial fibrillation and hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales 2025<sup>334</sup>**

Area	Atrial fibrillation	Hypertension
Rhondda Valley North	2.9%	18.8%
Rhondda Valley South	2.6%	17.3%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Rhondda Cynon Taf who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>335</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

**Table 14.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count	Prevalence					
	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Rhondda Cynon Taf local authority	199,852 <sup>336</sup>	25%	16%	65%	28%	54%	22%
Wales	2,641,000 <sup>337</sup>	20%	16%	62%	25%	56%	29%

<sup>334</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>335</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours \(2021 to 2023\)](#)

<sup>336</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>337</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

This suggests there are less positive lifestyle behaviours prevalent in Rhondda compared with Wales as a whole, such as higher number of people smoking (including e-cigarettes) (5.0% higher), more people reporting being overweight and/or obese (3.0% higher), less people undertaking physical activity (2.0% lower) and fewer people eating five portions of fruit and vegetables each day (7.0% lower) than Wales as a whole. However, excessive drinking aligns with the Wales average.

### 14.3 Current provision of pharmaceutical services within the cluster area

There are 27 pharmacies in the Rhondda Valley cluster operated by ten different contractors.

In 2024/25, 96.4% of prescriptions written by the GP practices in Rhondda Valley cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 97.0% of prescriptions written by the GP practices in Rhondda Valley cluster were dispensed by one of the pharmacies within the cluster.

**Map 14.1: Location of pharmacy premises within the cluster**



It should be noted that where premises are in close proximity the circles representing them will overlap.

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 20 minutes, with the majority within ten minutes. The areas where access to a pharmacy is greater than 20 minutes, are mostly hilly or mountainous areas used as wind farms surrounded by woodland areas, or open grassland and fields and as such are unlikely to be populated. Noting the locations of the pharmacies have not changed, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- Three pharmacies are open Monday to Saturday.
- 12 pharmacies are open Monday to Friday and Saturday morning.
- 12 pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 14.7: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.30am	5.30pm to 6.00pm
Saturday	9.00am to 9.30am	12.00pm to 5.30pm

- Two pharmacies open at 8.30am Monday to Friday
- 24 pharmacies open at 9.00am Monday to Friday
- One pharmacy opens at 9.30am Monday to Friday
- 11 pharmacies close at 5.30pm Monday, Tuesday, Wednesday and Friday
- 16 pharmacies close at 6.00pm Monday Tuesday, Wednesday and Friday
- 27 pharmacies close between 12.30pm and 6.00pm on a Thursday:
  - Five pharmacies close between 12.30pm and 2.00pm
  - Two pharmacies close between 4.00pm and 4.30pm
  - Seven pharmacies close at 5.00pm
  - Five pharmacies close at 5.30pm
  - Eight pharmacies close at 6.00pm
- 15 pharmacies open on a Saturday:
  - Five pharmacies close at 12.00pm
  - Five pharmacies close at 12.30pm
  - Two pharmacies close at 1.00pm
  - One pharmacy closes at 5.00pm
  - Two pharmacies close at 5.30pm

One pharmacy (Pentre) is commissioned to provide the following out of hours provision.

- Weekday evenings (excluding bank holiday) between 5.30pm and 6.30pm
- Sunday between 6.00pm and 7.00pm
- Bank holidays between 6.00pm and 7.00pm

Full details of when the pharmacies are open can be found in Appendix L.

21 pharmacies responded to the contractor questionnaire and the following information is taken from their responses.

All 21 pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

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

Eight pharmacies confirmed they have Welsh speakers in their staff. Three pharmacies reported staff speaking other languages.

- One member of staff is a limited speaker of French, Spanish and Italian.
- Other languages spoken are Bengali and Malay.

20 pharmacies dispense all types of appliances, and one just dispenses dressings.

Although non-commissioned services:

- All 20 pharmacies collect prescriptions from GP practices
- All 20 provide a free of charge delivery service on request, however four are introducing charges from April 2026.

Suggestions for existing additional clinical services that are not currently provided in the area include:

- Syringe and needle exchange and blood borne virus testing.
- Blood pressure monitoring – would provide a service valued by patients.
- Contraception service could be extended to Depo injections.
- Extension of the urinary tract infection service to send samples away for appropriate antibiotic selection.
- More input from community pharmacy on the decision-making process for who is eligible for medication administration record charts/monitored dosage system trays and “Pivotell”.

Suggestions for new services that are not currently available, included:

- Ear infection treatment.
- Ear wax removal.
- Blood pressure screening.
- Weight loss treatment.
- Any type of test where there is a definitive outcome from a swab or dip test which provides patient with accurate and efficient results and a need to be treated swiftly which would make a difference.
- Create a patient group direction for chest infections which would be beyond sore throat test and treat with strict guidance on when to refer and when to treat.
- A patient group direction for shingles.

When asked if they have capacity to meet the increasing need for pharmaceutical services 20 pharmacies said they have sufficient capacity within their premises and staffing levels, with one saying it does not but could make adjustments.

When asked if they have any plans to develop or expand the premises or range of services provided, the following responses were received.

- One pharmacy is in the final stages of increasing consultation space to four consultation rooms.
- Another is converting the flat above pharmacy into consultation rooms for technician and trainee pharmacist delivery of services.
- One pharmacy is working hard to increase provision of NHS Wales services through better patient awareness, and the use of advanced patient medication record technology to 'free up' the pharmacist's time
- New pharmacist team in place, with plans for them to qualify as independent prescribers, to complement a relaunch of all NHS service provision.
- As per company strategy, one pharmacy is raising the profile of all NHS services to encourage increase in numbers.
- One pharmacy is planning on developing the independent prescribing service with a newly appointed employee pharmacist.
- Another pharmacy has a new pharmacist who is about to enrol on independent prescriber training to allow launch of service, and all other services about to be relaunched (especially the common ailment service) as new pharmacist now completed basic life support after moving to Wales from England.
- The pharmacist at one pharmacy is due to qualify as an independent prescriber imminently and the pharmacy will be extending our existing NHS services offer in next 6-8 weeks (April 2026).
- One pharmacy is working to improve relationship with practices for better joint working and to increase referrals to the common ailments service.
- Another pharmacy is looking to introduce the independent prescribing service over next 12 months (April 2026).
- One pharmacy has the option of converting the upstairs space into consultation and/or treatment rooms. It is also investigating the possibility of conducting virtual consultations to its housebound patients. It would also like

to investigate the possibility of adding some form of automation into the dispensing process.

- One pharmacy has used the Welsh grant to construct a bigger consultation room as scope of practice expands.

### **14.3.1 National community pharmacy and appliance contractor services**

#### **14.3.1.1 Appliance use review service**

None of the pharmacies have signed up to provide this service.

#### **14.3.1.2 Clinical community pharmacy service**

All 27 pharmacies have signed up and provide this service.

In 2024/25, the pharmacies provided:

- 25,474 consultations for common ailment consultations, (range at pharmacy level 105 to 2,972)
- 3,545 consultations for sore throat test and treat, (range at pharmacy level one to 822)
- 580 consultations for urinary tract infection, (range at pharmacy level one to 127)
- 671 consultations for emergency contraception, (range at pharmacy level three to 65)
- 5,849 emergency medicine supplies, (range at pharmacy level six to 1,070)

In the first seven months of 2025/26 the pharmacies provided:

- 15,678 consultations for common ailment consultations, (range at pharmacy level 81 to 2,100)
- 1,632 consultations for sore throat test and treat, (range at pharmacy level four to 333)
- 577 consultations for urinary tract infection, (range at pharmacy level one to 128)
- 393 consultations for emergency contraception, (range at pharmacy level one to 46)
- 3,279 emergency medicine supplies, (range at pharmacy level one to 485)

#### **14.3.1.3 Discharge medicines review service**

All 27 pharmacies provided the service in 2024/25, providing a total of 1,171 reviews (range at pharmacy level two to 241).

24 of the pharmacies provided the service in the first seven months of 2025/26, providing a total of 658 reviews (range at pharmacy level four to 130).

#### **14.3.1.4 Influenza vaccination service**

All 27 pharmacies have signed up to provide this service.

All 27 pharmacies provided the service in 2024/25, providing a total of 5,096 vaccinations (range at pharmacy level 11 to 783).

26 of the pharmacies provided the service in October and November 2025, providing a total of 4,361 vaccinations (range at pharmacy level 22 to 673).

#### **14.3.1.5 Lateral flow test supply service**

18 of the pharmacies provided the service in 2024/25, supplying a total of 345 kits (range at pharmacy level one to 94).

Three of the pharmacies provided the service in the first eight months of 2025/26, supplying a total of 25 kits (range at pharmacy level two to 14).

#### **14.3.1.6 Pharmacist independent prescribing service**

Eight of the pharmacies have signed up to provide this service.

Eight pharmacies provided the service in 2024/25, providing a total of 8,878 consultations (range at pharmacy level two to 2,978).

Eight pharmacies provided the service in the first seven months of 2025/26, providing a total of 5,309 consultations (range at pharmacy level 82 to 1,601)

#### **14.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

### **14.3.2 Additional clinical services**

#### **14.3.2.1 Blood borne virus screening service**

Three of the pharmacies have signed up to provide this service.

Three pharmacies provided the service in 2024/25, providing a total of 25 screenings (range at pharmacy level five to 11)

One pharmacy provided the service within the first seven months of 2025/26, providing a total of ten screenings.

#### **14.3.2.2 Care home support service - Level 1 medicines management support visits**

Three of the pharmacies have signed up to provide this service.

No pharmacy provided this service in 2024/25, or in the first eight months of 2025/26.

#### **14.3.2.3 Just in case service (palliative care packs)**

25 of the pharmacies have signed up to provide the service.

One pharmacy provided the service in 2024/25, providing a total of two packs.

No pharmacy provided this service in the first eight months of 2025/26.

#### **14.3.2.4 Medication reminder device service**

18 of the pharmacies have signed up to provide this service.

No pharmacy provided the service in the first seven months of 2025/26.

#### **14.3.2.5 Medicines administration record service**

All 27 pharmacies have signed up to provide the service.

25 pharmacies provided the service in 2024/25, providing charts to 243 people (range at pharmacy level one to 13).

24 pharmacies provided the service in the first seven months of 2025/26, providing charts to 133 people (range at pharmacy level two to seven).

#### **14.3.2.6 Needle and syringe programmes**

Nine of the pharmacies have signed up to provide the service.

Eight pharmacies provided the service in 2024/25, providing a total of 1,461 provisions, (range at pharmacy level two to 534).

Six pharmacies provided a total of 766 provisions in the first seven months of 2025/26 (range at pharmacy level three to 377).

#### **14.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

All 27 pharmacies have signed up to provide this service.

22 pharmacies provided the service in 2024/25, supporting a total of 491 people (range at pharmacy level two to 76).

17 pharmacies provided the service in the first seven months of 2025/26, supporting a total of 161 people (range at pharmacy level one to 32).

#### **14.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

All 27 pharmacies have signed up to provide this service.

20 pharmacies provided the service in 2024/25, supporting a total of 1,323 people (range at pharmacy level three to 167).

16 pharmacies provided the service in the first seven months of 2025/26, supporting a total of 636 people (range at pharmacy level two to 132).

#### **14.3.2.9 Supervised administration of methadone and buprenorphine service**

25 of the pharmacies have signed up to provide this service.

In 2024/25, 25 pharmacies provided the service to 2,123 clients (range at pharmacy level four to 209), supervising a total of 17,949 doses (range at pharmacy level 17 to 1,940).

In the first eight months of 2025/26, 25 pharmacies provided the service to 1,186 clients (range at pharmacy level seven to 111), supervising a total of 9,798 doses (range at pharmacy level 30 to 1,049).

#### **14.3.2.10 Urgent medicines service level 1 (standard)**

One of the pharmacies has signed up to provide this service.

#### **14.3.2.11 Urgent medicines service level 2 (enhanced)**

One of the pharmacies has signed up to provide this service.

#### **14.3.2.12 Waste reduction service**

25 of the pharmacies provided the service in 2024/25, providing a total of 3,680 interventions (range at pharmacy level one to 791).

24 of the pharmacies provided the service in the first six months of 2025/26, providing a total of 2002 interventions (range at pharmacy level one to 505).

### **14.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 2024/25 were dispensed by the pharmacies in the cluster (96.4%), the remainder were dispensed outside the cluster.

- 1.9% by pharmacies in Taff Ely cluster

- 0.5% by contractors in England,
- 0.1% in Cardiff and Vale University Health Board
- 0.1% by pharmacies in Cynon Valley South cluster

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the cluster (97.0%), the remainder were dispensed outside the cluster.

- 1.8% by pharmacies in Taff Ely cluster
- 0.6% by contractors in England
- 0.1% in Cardiff and Vale University Health Board

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.

## 14.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

## 14.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.3 and 14.4, 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 327 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the Rhondda Valley cluster, of which 218 were outside of the health board's area. 14,625 items were dispensed in England.

A total of 343 contractors that were trading in Wales during 2025/26 (up to December 2025) dispensed items written by one of the GP practices in the Rhondda Valley cluster, of which 196 were outside of the health board's area. 12,426 items were dispensed in England.

## 14.7 Housing developments

Local development plans for Rhondda Cynon Taf includes the following. The information below summarises the plan for the larger developments (over 100 houses).

Area	Towns covered	Number of new homes	Indicative delivery timeline	Number of residents (2.5 per household)
Penrhys Village	Tylorstown / Ynyshir	500	2026 -	1,250

## **14.8 Gaps in provision**

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that 20 of the pharmacies said they have sufficient capacity within their premises and staffing levels, with one saying it does not but could make adjustments.

### **14.8.1 Essential services**

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 20 minutes, with the majority within ten 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 known housing development.
- The opening hours of the pharmacies.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current needs for essential services within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

### **14.8.2 National community pharmacy and appliance contractor services**

#### **14.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25, and the first nine months of 2025/26.

In addition, of the items dispensed in England in 2024/25, 64.7% were dispensed by dispensing appliance contractors and 53.3% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.2.2 Clinical community pharmacy service**

The health board has noted, all the pharmacies have signed up to provide this service, and all pharmacies provided the service in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **14.8.2.3 Discharge medicines review service**

The health board has noted all the pharmacies provided this service in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.2.4 Influenza vaccination service**

The health board has noted all the pharmacies signed up to provide this service and all provided it in 2025/26. As a result, the health board has not identified any current needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

#### **14.8.2.5 Lateral flow test supply service**

The health board has noted 18 of the pharmacies provided this service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.2.6 Pharmacist independent prescribing service**

The health board has noted eight of the pharmacies have signed up to provide this service, and eight pharmacies provided it in 2025/26. A further five confirmed they are due to start providing the service (April 2026).

The health board has not identified any current needs for this service within the cluster.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027 and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **14.8.2.7 Stoma appliance customisation service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2025/26.

In addition, of the items dispensed in England in 2024/25, 64.7% were dispensed by dispensing appliance contractors and 53.3% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3 Additional clinical services**

##### **14.8.3.1 Blood borne virus screening service**

The health board has noted three of the pharmacies have signed up to provide this service and provided it in 2025/26.

Blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted three of the pharmacies have signed up to provide this service. No pharmacy provided this service in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.3 Just in case service (palliative care packs)**

The health board has noted 25 of the pharmacies have signed up to provide this service, and one pharmacy provided it in 2025/26. Commissioning of this service is led by demand.

Services are available within the cluster through several other providers in the health board's area, such as the Rhondda and Taff Ely team who care for patients living in their homes and nursing homes. They also provide specialist palliative care for inpatients at Ysbyty Cwm Rhondda, as well as Royal Glamorgan Hospital and any other community hospitals and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.4 Medication reminder device service**

The health board has noted 18 of the pharmacies have signed up to provide this service. No pharmacy provided this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.5 Medicines administration record service**

The health board has noted all the pharmacies have signed up to provide this service, and 25 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **14.8.3.6 Needle and syringe programmes**

The health board has noted nine of the pharmacies have signed up to provide this service, and eight pharmacies provided it in 2025/26. This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted all the pharmacies have signed up to provide this service, and 23 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted all the pharmacies have signed up to provide this service, and 20 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted 25 of the pharmacies have signed up to provide this service, and 25 pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **14.8.3.10 Urgent medicines services**

The health board has noted one of the pharmacies had signed up to provide the level 1 service in 2025/26, and one had signed up to provide the level 2 service.

Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

#### **14.8.3.11 Waste reduction service**

The health board has noted 25 of the pharmacies provided this service in 2025/26. It has not identified any current or future needs for this service within the cluster.

## 15 Taff Ely cluster

### 15.1 Overview

Taff Ely cluster is the largest of the four clusters within Rhondda Cynon Taf local authority serving a practice population of 100,004<sup>338</sup>. 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 local authority increased by 1.4% from around 234,400 in 2011 to 237,700 in 2021<sup>339</sup>. This was the same overall increase as for Wales. The projected population increase between 2022 and 2032 is 4.9% across all age groups, with an expected population of 251,235 by 2032.

Rhondda Cynon Taf local authority has a lower life expectancy at birth for females (80.7 years) and males (76.9 years) when compared to the Wales averages 81.8 years (females) and 77.9 years (males).

Deprivation is not heavily concentrated in the Taff Ely North and South cluster - 15.7% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 24.7% across the health board.

Taff Ely North and South has a mixed profile of long-term health conditions based on estimated prevalence, when compared with both the health board and Wales overall.

- Taff Ely North
  - Lower than the health board and Wales averages in atrial fibrillation, coronary heart disease, dementia, heart failure, hypertension, mental health and stroke and transient ischaemic attack
  - Lower than the health board average but aligns with Wales average in asthma and diabetes
  - Chronic obstructive pulmonary disease is lower than the health board average but higher than Wales
  
- Taff Ely South
  - Lower than the health board and Wales averages in atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, dementia, diabetes, heart failure, hypertension, and mental health
  - Stroke and transient ischaemic attack are lower than the health board but higher than Wales
  - Asthma is higher than the health board and Wales averages

Lifestyle behaviours within the adult population (16 years and over) across Rhondda Cynon Taf, captured by the National Survey for Wales<sup>340</sup> and detailed in the section

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<sup>338</sup> NHS Wales Shared Services Partnership - [GP practice analysis and patient registrations by practice \(January 2026\)](#)

<sup>339</sup> Office of National Statistics Census 2021 - [How the population changed in Rhondda Cynon Taf: Census 2021](#)

<sup>340</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours](#) (2021 to 2023)

15.2.4 health profile, reveal ongoing challenges. For example, residents smoke more (including e-cigarettes), are more overweight and obese, undertake less physical activity and consume less fruit and vegetables than Wales as a whole. However, excess drinking aligns with Wales.

## 15.2 Key population features

### 15.2.1 Population projections 2022 to 2032

The population of Rhondda Cynon Taf is projected to increase by up to 4.9% between 2022 (239,494) and 2032 (251,235).

It is projected by 2032<sup>341</sup>, Rhondda Cynon Taf local authority will:

- See a decrease in the number of people aged 0 to 15 years
- Be one of eight local authorities with the largest projected increases in working-age population aged 16 to 64 years
- See an increase in the population aged 65 years and over
- See an increase in the population aged 75 year and over

The population is projected to continue to age in the local authority, over this period.

The increase in population will mainly be driven by net migration ie 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).

### 15.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Rhondda Cynon Taf local authority has a lower life expectancy at birth for females and males when compared to the average for Wales (table 15.1).
- Healthy life expectancy<sup>342</sup> defined as the number of years a person can expect to live in good health is measured at local authority level. For Rhondda Cynon Taf, it is 57.3 years for males and 56.1 years for females. For Wales, healthy life expectancy is 60.8 years for males and 60.2 years for females.
- 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 6.9 years for males and 5.3 years for females<sup>343</sup>.

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<sup>341</sup> Welsh Government - [Local authority population projections: 2022-based](#)

<sup>342</sup> Office of National Statistics Census 2021 - [Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024](#)

<sup>343</sup> Public Health Wales - [Public Health Outcomes Framework 2025](#)

**Table 15.1: Total life expectancy at birth for females and males 2020 to 2022<sup>344</sup>**

Area	Female at birth (years)	Males at birth (years)
Rhondda Cynon Taf local authority	80.7	76.9
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

### 15.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the four clusters in Rhondda Cynon Taf, Taff Ely North and South has the lowest concentration of people living in areas ranked among the most deprived 20% in Wales on the Welsh Index of Multiple Deprivation (15.7%), lower than the health board as a whole (24.7%).

There are, however, small areas of “deep-rooted” deprivation<sup>345</sup> that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple Deprivation ranks. Where areas of deprivation exist, the population are likely to be experiencing the poorest health.

The table below shows, the estimated percentage of people living in the most deprived 20% areas in Taff Ely cluster, compared with the health board.

**Table 15.2: Estimated percentage of patients living in the most deprived 20% areas in Taff Ely and the health board (2025)<sup>346</sup>**

Area	Percentage
Taff Ely North and South	15.7%
Cwm Taf Morgannwg University Health Board	24.7%

### 15.2.4 Health profile

Noncommunicable diseases<sup>347</sup>, also known as chronic diseases, are typically long lasting and chronic in nature, arising from a mix of genetic, physiological, environmental and behavioural influences. These conditions can significantly impact quality of life and often require medical attention and management. The primary categories of chronic diseases are:

<sup>344</sup> InfoBaseCymru data for an intelligent Wales - [Life expectancy in males and females](#) (2020 to 2022)

<sup>345</sup> Welsh Government December 2025 - [Welsh Index of Multiple Deprivation 2025 results report: overall index](#)

<sup>346</sup> Public Health Wales - [Primary care clusters dashboard](#)

<sup>347</sup> World Health Organization September 2025 - [Noncommunicable diseases](#)

- Cardiovascular diseases (such as heart attacks and stroke)
- Cancers
- Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- Diabetes

The table below shows Taff Ely North and South estimated prevalence of chronic disease when compared with the health board and Wales.

**Table 15.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025<sup>348</sup>**

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Taff Ely North	7.1%	3.1%	2.4%	8.4%	1.0%	2.0%
Taff Ely South	7.9%	3.3%	1.8%	7.7%	0.8%	2.3%
Cwm Taf Morgannwg University Health Board	7.5%	3.6%	2.6%	9.0%	1.2%	2.4%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below, shows the percentage of people registered with a mental health condition and dementia. Taff Ely North and South are lower than both the health board and Wales averages in mental health and dementia.

**Table 15.4: Percentage of patients registered as having a mental health condition by cluster, health board and Wales 2025<sup>349</sup>**

Area	Mental health	Dementia
Taff Ely North	1.0%	0.6%
Taff Ely South	0.9%	0.6%
Cwm Taf Morgannwg University Health Board	1.1%	0.7%
Wales	1.1%	0.8%

The table below shows the difference between Taff Ely North and Taff Ely South in rates of atrial fibrillation and hypertension compared with the health board and Wales averages. Both Taff Ely North and Taff Ely South are lower than the health board and Wales averages in atrial fibrillation and hypertension.

<sup>348</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>349</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

**Table 15.5: Estimated percentage prevalence of atrial fibrillation and hypertension based on patients on GP practice registers by cluster, health board and Wales 2025<sup>350</sup>**

Area	Atrial fibrillation	Hypertension
Taff Ely North	2.2%	16.0%
Taff Ely South	2.6%	16.1%
Cwm Taf Morgannwg University Health Board	2.7%	17.3%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over in Rhondda Cynon Taf who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales<sup>351</sup>. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

**Table 15.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales 2021 to 2023**

Area	Count	Prevalence					
	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Rhondda Cynon Taf local authority	199,852 <sup>352</sup>	25%	16%	65%	28%	54%	22%
Wales	2,641,000 <sup>353</sup>	20%	16%	62%	25%	56%	29%

This suggests there are less positive lifestyle behaviours prevalent in Rhondda compared with Wales as a whole, such as higher number of people smoking (including e-cigarettes) (5.0% higher), more people reporting being overweight and/or obese (3.0% higher), less people undertaking physical activity (2.0% lower) and fewer people eating five portions of fruit and vegetables each day (7.0% lower) than Wales as a whole. However, excessive drinking aligns with Wales.

### 15.3 Current provision of pharmaceutical services within the cluster area

There are 21 pharmacies in the Taff Ely cluster operated by 13 different contractors.

<sup>350</sup> Welsh Government StatsWales - [Disease registers by local health board, cluster and GP practice](#)

<sup>351</sup> InfoBaseCymru data for an intelligent Wales - [Adults reporting lifestyle behaviours \(2021 to 2023\)](#)

<sup>352</sup> Office of National Statistics Census 2021 - [Population estimates for England and Wales: mid 2024](#)

<sup>353</sup> Welsh Government July 2025 - [Mid-year estimates of the population: 2024](#)

In 2024/25, 86.8% of prescription items written by the GP practices in Taff Ely cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 87.8% of prescription items written by the GP practices in Taff Ely cluster were dispensed by one of the pharmacies within the cluster.

**Map 15.1: Location of pharmacy premises within the cluster**



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It should be noted that where premises are in close proximity the circles representing them will overlap.

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 20 minutes, with the majority within ten minutes of a pharmacy. The area where access to a pharmacy is greater than 20 minutes covers Gelliwion Woodlands, grassland and open fields, and as such is unlikely to be populated. Noting the locations of the pharmacies have not changed, the health board is satisfied these conclusions remain valid; residents are

still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- Two pharmacies are open seven days a week.
- One pharmacy is open Monday to Saturday.
- 12 pharmacies are open Monday to Friday and Saturday morning.
- Six pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

**Table 15.7: Pharmacy opening and closing hours**

Days	Opening hours range	Closing hours range
Monday, Wednesday and Friday	8.00am to 9.30am	5.30pm to 8.00pm
Tuesday	8.00am to 9.30am	5.00pm to 8.00pm
Thursday	8.00am to 9.30am	1.00pm to 8.00pm
Saturday	8.00am to 9.00am	12.00pm to 8.00pm
Sunday	10.00am	4.00pm

- 19 pharmacies close between 5.30pm and 6.00pm Monday, Wednesday and Friday
- 18 pharmacies close between 5.30pm and 6.00pm on a Tuesday
- One pharmacy closes at 1.00pm on a Thursday
- 17 pharmacies close between 5.30pm to 6.00pm on a Thursday
- Two pharmacies close at 8.00pm Monday to Saturday
- 15 pharmacies are open on a Saturday:
  - Two pharmacies close at 12.00pm
  - Two pharmacies close at 12.30pm
  - Eight pharmacies close at 1.00pm
  - One pharmacy closes at 5.30pm
  - Two pharmacies close at 8.00pm
- Two pharmacies open on a Sunday and close at 4.00pm

Two pharmacies are commissioned by “advance agreement” to open for one hour (each) on a bank holiday.

Full details of when the pharmacies are open can be found in Appendix L.

12 pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

All 12 pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. 11 of the consultation areas are:

- closed rooms,

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

The twelfth does not allow the patient and pharmacist to talk at normal volumes, however there are alternative arrangements for confidential discussions.

Six pharmacies confirmed they have Welsh speakers in their staff. Three pharmacies confirmed their staff speak other languages.

- One has staff that speak Malay and Cantonese,
- Another has staff that speak Cantonese, Mandarin and Japanese, and
- A third has staff that speak Mandarin and Bahasa Melayu.

All 12 pharmacies dispense all types of appliances.

Although non-commissioned services:

- All 12 pharmacies collect prescriptions from GP practices.
- Ten provide a free of charge delivery service on request, with one providing it for a fee. The twelfth will deliver if the patient is unable to attend the pharmacy and has no-one who could collect their medicines for them.

There were no suggestions for existing additional clinical services that are not currently provided in the area.

Suggestions for new services that are not currently available, included:

- Ear wax removal service
- Acute otitis media could be added to the common ailment service element of the clinical community pharmacy service
- Travel clinic
- Meningitis vaccination.

When asked if they have capacity to meet the increasing need for pharmaceutical services:

- 11 said they have sufficient capacity within their premises.
- Nine said they have sufficient capacity within their staffing levels, one said it does not but could make adjustments, and one said it does not and would have difficulty in managing an increase in demand.

When asked if they have any plans to develop or expand the premises or range of services provided, the following responses were received.

- A second pharmacist has qualified as an independent pharmacist at one of the pharmacies and should be up and running in a few months (April 2026). The pharmacy is waiting to see the effect of the electronic prescription service

to see if it needs to adjust staffing levels. One of the team has been enrolled on to the technician course to increase capacity and help manage the dispensary workflow. The pharmacy is considering adjusting its opening hours by removing the lunch break and closing earlier.

- A pharmacist in another pharmacy has just qualified as an independent prescriber and will start to provide the pharmacist independent prescribing service.
- A second pharmacy plans to introduce the pharmacist independent prescribing service early summer 2026 once the pharmacist has qualified.
- A third pharmacy has recently launched the pharmacist independent prescribing service and will continue to support and develop the service. It will imminently start a private weight management service.
- Another pharmacy has extended its consultation room.

### **15.3.1 National community pharmacy and appliance contractor services**

#### **15.3.1.1 Appliance use review service**

None of the pharmacies have signed up to provide this service.

#### **15.3.1.2 Clinical community pharmacy service**

All the pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 14,488 consultations for common ailment consultations, (range at pharmacy level 74 to 1,405)
- 2,159 consultations for sore throat test and treat, (range at pharmacy level one to 356)
- 526 consultations for urinary tract infection, (range at pharmacy level four to 128)
- 1,142 consultations for emergency contraception, (range at pharmacy level three to 189)
- 4,478 emergency medicine supplies, (range at pharmacy level nine to 614)

In the first seven months of 2025/26 the pharmacies provided:

- 10,504 consultations for common ailment consultations, (range at pharmacy level 134 to 1,269)
- 1,208 consultations for sore throat test and treat, (range at pharmacy level one to 252)
- 626 consultations for urinary tract infection, (range at pharmacy level one to 168)
- 707 consultations for emergency contraception, (range at pharmacy level one to 148)
- 2,988 emergency medicine supplies, (range at pharmacy level four to 459)

### **15.3.1.3 Discharge medicines review service**

15 of the pharmacies provided the service in 2024/25, providing a total of 688 reviews (range at pharmacy level one to 144).

19 of the pharmacies provided the service in the first seven months of 2025/26, providing a total of 428 reviews (range at pharmacy level one to 57).

### **15.3.1.4 Influenza vaccination service**

20 of the pharmacies have signed up to provide this service.

20 pharmacies provided the service in 2024/25, providing a total of 4,194 vaccinations (range at pharmacy level three to 397).

20 pharmacies provided the service in October and November 2025, providing a total of 4,953 vaccinations (range at pharmacy level 46 to 463).

### **15.3.1.5 Lateral flow test supply service**

14 of the pharmacies provide this service.

13 pharmacies provided the service in 2024/25, supplying a total of 324 kits (range at pharmacy level two to 86).

Seven pharmacies provided the service in the first eight months of 2025/26, supplying a total of 34 kits (range at pharmacy level one to 16).

### **15.3.1.6 Pharmacist independent prescribing service**

Ten of the pharmacies have signed up to provide this service.

Five pharmacies provided the service in 2024/25, providing a total of 2,383 consultations (range at pharmacy level 22 to 1,267).

Seven pharmacies provided the service in the first seven months of 2025/26, providing a total of 1,513 consultations (range at pharmacy level ten to 668)

### **15.3.1.7 Stoma customisation service**

None of the pharmacies have signed up to provide this service.

## **15.3.2 Additional clinical services**

### **15.3.2.1 Blood borne virus screening service**

Two of the pharmacies have signed up to provide this service.

No pharmacy provided this service in 2024/25, or in the first seven months of 2025/26.

### **15.3.2.2 Care home support service - Level 1 medicines management support visits**

Two of the pharmacies have signed up to provide this service.

One pharmacy provided this service in 2024/25, providing a total of 40 visits. The same pharmacy provided in the first eight months of 2025/26 a total of 27 visits.

### **15.3.2.3 Just in case service (palliative care packs)**

19 of the pharmacies have signed up to provide the service.

Six pharmacies provided the service in 2024/25, providing a total of 31 packs (range at pharmacy level one to 14)

Three pharmacies provided this service in the first eight months of 2025/26, providing a total of 15 packs (range at pharmacy level two to seven).

### **15.3.2.4 Medication reminder device service**

Seven of the pharmacies have signed up to provide this service.

No pharmacy provided this service in the first seven months of 2025/26.

### **15.3.2.5 Medicines administration record service**

All the pharmacies have signed up to provide the service.

19 pharmacies provided the service in 2024/25, providing charts to 168 people (range at pharmacy level one to 16).

19 pharmacies provided the service in the first seven months of 2025/26, providing charts to 117 people (range at pharmacy level two to seven).

### **15.3.2.6 Needle and syringe programmes**

Five of the pharmacies have signed up to provide this service.

Five pharmacies provided the service in 2024/25, providing a total of 1,023 provisions, (range at pharmacy level five to 450).

Five pharmacies provided a total of 590 provisions in the first seven months of 2025/26 (range at pharmacy level three to 329).

### **15.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

All the pharmacies have signed up to provide this service.

16 pharmacies provided the service in 2024/25, supporting a total of 617 people (range at pharmacy level five to 100).

15 pharmacies provided the service in the first seven months of 2025/26, supporting a total of 320 people (range at pharmacy level one to 55).

#### **15.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

19 of the pharmacies have signed up to provide this service.

14 pharmacies provided the service in 2024/25, supporting a total of 786 people (range at pharmacy level 11 to 127).

13 pharmacies provided the service in the first seven months of 2025/26, supporting a total of 458 people (range at pharmacy level eight to 65).

#### **15.3.2.9 Supervised administration of methadone and buprenorphine service**

All the pharmacies have signed up to provide this service.

In 2024/25, 19 pharmacies provided the service to 968 clients (range at pharmacy level four to 206), supervising a total of 11,724 doses (range at pharmacy level 47 to 2,241).

In the first eight months of 2025/26, 19 pharmacies provided the service to 594 clients (range at pharmacy level seven to 142), supervising a total of 6,807 doses (range at pharmacy level 27 to 1,461).

#### **15.3.2.10 Urgent medicines service level 1 (standard)**

Three of the pharmacies have signed up to provide this service.

#### **15.3.2.11 Urgent medicines service level 2 (enhanced)**

One of the pharmacies has signed up to provide this service.

#### **15.3.2.12 Waste reduction service**

20 of the pharmacies provide this service.

19 pharmacies provided the service in 2024/25, providing a total of 3,042 interventions (range at pharmacy level two to 1,115).

19 pharmacies provided the service in the first six months of 2025/26, providing a total of 1,377 interventions (range at pharmacy level one to 437).

## **15.4 Current provision of pharmaceutical services outside the cluster area**

Some residents may 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 2024/25 were dispensed by the pharmacies in the cluster (86.8%), the remainder were dispensed outside the cluster.

- 5.7% by pharmacies in Cardiff and Vale University Health Board
- 4.5% by pharmacies in Cynon Valley South cluster
- 1.2% by pharmacies in Aneurin Bevan University Health Board
- 0.4% by contractors in England,
- 0.3% by pharmacies in Rhondda Valley cluster

In the first nine months of 2025/26, the majority of prescriptions written by the GP practices in 2025/26 were dispensed by the pharmacies in the cluster (87.8%), and the remainder were dispensed outside the cluster.

- 5.4% by pharmacies in Cardiff and Vale University Health Board
- 4.4% by pharmacies in the Cynon Valley South cluster
- 1.1% by pharmacies in Aneurin Bevan University Health Board
- 0.4% by contractors in England
- 0.3% by pharmacies in Rhondda Valley cluster

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.

## **15.5 Other NHS services**

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

## **15.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 15.3 and 15.4, 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 374 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the Taff Ely cluster, of which 267 were outside of the health board's area. 11,093 items were dispensed in England.

A total of 373 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Taff Ely cluster, of which 233 were outside of the health board's area. 7,761 items were dispensed in England.

## 15.7 Housing developments

The local development plan for Rhondda Cynon Taf includes the following. The information below summarises the plan for the larger developments (over 100 houses).

Area	Towns covered	Number of new homes	Indicative delivery timeline	Number of residents (2.5 per household)
Bute Farm	Church Village	140	2026 -	350
Llanharan	Land east of Llanharry Road	150	2026 -	375
Ystrad Barwig Isaf	Llantwit Fardre	500	2026 -	1,250
Pant Talbot, South of A473, Cowbridge Road	Llantrisant / Talbot Green	100	2026 -	250
Land off Penycloedcae Road, Beddau	Beddau / Tynant	140	2026 -	350
Llantrisant and Pontyclun Golf Club	Llantrisant / Talbot Green	500	2026 -	1,250
Land North and South of Llanharry Road	Brynsadler	250	2026 -	625
Land at former Llanilid open cast coal site	Brynna / Llanharan	2,500	2026 -	6,250

It has been noted that plans are being developed for the provision of general medical services from premises in the development on the former Llanilid open cast coal site due to the scale of the development.

As of October 2025<sup>354</sup>:

<sup>354</sup> Rhondda Cynon Taf planning and development committee – [Report of: director prosperity and development application no: 19/1200/RES \(MF\) October 2025](#)

- Phase 1 of the development (216 residential units) is nearing completion.
- Site construction works on the second (421 residential units) and third phases (494 residential units) are underway (October 2025).
- Site clearance on the primary school phase is underway.
- No further phases have been approved to date, but it is anticipated that the wider site will be developed through ten phases in all, eight residential phases a primary school phase, and a mixed use area/town centre phase (still under consideration).

## 15.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that 11 pharmacies said they have sufficient capacity within their premises. Nine said they have sufficient capacity within their staffing levels, one said it does not but could make adjustments, and one said it does not and would have difficulty in managing an increase in demand.

### 15.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 20 minutes, and for many the travel time will be shorter.
- 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 known housing developments.
- The opening hours of the pharmacies.

Based on the above, and in particular the current spread of pharmacy opening hours across the week, the health board has not identified any current needs for this service within the cluster.

The health board has considered the known housing developments that will deliver housing in the cluster during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that for all but one development the need for pharmaceutical services by those moving the new housing will be met by the existing pharmacies. However, it has noted that one development will create additional housing for approximately 6,250 people - land at the former Llanilid open cast coal site.

Consideration has been given to the likely increase in demand for pharmaceutical services that this development will generate. Information published by Welsh Government in October 2025 shows that the average number of items prescribed per person registered with a GP in Wales was 25.9 items in 2024/25<sup>355</sup>, a marginal increase of 0.2 from the previous year. It is therefore estimated that on average a

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<sup>355</sup> Welsh Government – [Primary care prescriptions: April 2024 to March 2025](#)

total of 161,875 items would be prescribed per annum for the people living in this development.

The health board has analysed the number of items dispensed by the four pharmacies that are closest to the development and noted that in 2024/25 the range of items dispensed per pharmacy was between approximately 80,700 and 232,800. In the first nine months of 2025/26 the range was 60,660 and 181,600. If the projected number of items was evenly split between the four pharmacies this would equate to an additional 40,500 items per pharmacy (approximately) and would represent a considerable increase for three of the pharmacies (between 32.7% and 50.2% at pharmacy level). In addition, there would be a related increase in demand for the other pharmaceutical services provided by the pharmacies. It is, however, recognised that it is unlikely the increased volume of items would be evenly split between the four pharmacies, however the projected total number of items that would be generated represents a 30% increase on the number of items dispensed in total by the pharmacies in 2024/25.

Two of the pharmacies completed the contractor questionnaire. One is not wheelchair accessible, and one said it doesn't have capacity within its premises to manage any increase in demand but could make adjustments to its staffing levels to manage an increase. The other said it has sufficient capacity in its premises and staffing levels.

Taking the above into account, the health board is satisfied that there will be a future need for a pharmacy in the development on the land at the former Llanilid open cast coal site on completion of 80% of the dwellings (ie 5,000 based on a total of 6,250) providing the following pharmaceutical services.

- Essential services
- Clinical community pharmacy service (or any equivalent replacement service)
- Pharmacist independent prescribing service (or any equivalent replacement service)

The above services are to be provided Monday to Friday, and Saturday mornings.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, and the pharmacist independent prescribing service (or any equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

## **15.8.2 National community pharmacy and appliance contractor services**

### **15.8.2.1 Appliance use review service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale

University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and in the first nine months of 2025/26.

In addition, of the items dispensed in England in 2024/25, 81.5% were dispensed by dispensing appliance contractors and 83.7% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **15.8.2.2 Clinical community pharmacy service**

The health board has noted all the pharmacies have signed up to provide this service, and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **15.8.2.3 Discharge medicines review service**

The health board has noted 19 of the pharmacies provided this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **15.8.2.4 Influenza vaccination service**

The health board has noted 20 of the pharmacies had signed up to provide this service, and all provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster. As GP practices also provide this service, the health board has not identified any future needs for this service.

#### **15.8.2.5 Lateral flow test supply service**

The health board has noted 14 of the pharmacies provided this service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the cluster.

#### **15.8.2.6 Pharmacist independent prescribing service**

The health board has noted ten of the pharmacies have signed up to provide this service, and seven pharmacies provided it in 2025/26. Two more pharmacies will start to provide the pharmacist independent prescriber service in 2026.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies by April 2027

and 70% by 2029. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

The health board has noted that the 50% target is due to be met by April 2027.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the cluster to meet the two targets.

#### **15.8.2.7 Stoma appliance customisation service**

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this cluster in 2024/25 and in the first nine months of 2025/26.

However, of the items dispensed in England in 2024/25, 81.5% were dispensed by dispensing appliance contractors and 83.7% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **15.8.3 Additional clinical services**

##### **15.8.3.1 Blood borne virus screening service**

The health board has noted two of the pharmacies have signed up to provide this service. No pharmacy provided this service in 2025/26. The service is commissioned in areas where there is high demand for the needle and syringe programmes.

Blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

##### **15.8.3.2 Care home support service - Level 1 medicines management support visits**

The health board has noted two of the pharmacies have signed up to provide this service, and one pharmacy provided it in 2025/26. Pharmacies provide the service to the care homes that they provide a dispensing service to.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **15.8.3.3 Just in case service (palliative care packs)**

The health board has noted 19 of the pharmacies have signed up to provide the service and six pharmacies provided it in 2025/26.

Services are available within the cluster through several other providers in the health board's area, such as the Rhondda and Taff Ely team who care for patients living in their homes and nursing homes. They also provide specialist palliative care for inpatients at Ysbyty Cwm Rhondda, as well as Royal Glamorgan Hospital and any other community hospitals and through pharmacies outside the cluster who are signed up to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

#### **15.8.3.4 Medication reminder device service**

The health board has noted seven of the pharmacies have signed up to provide this service. No pharmacy provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

#### **15.8.3.5 Medicines administration record service**

The health board has noted all the pharmacies have signed up to provide this service, and 20 pharmacies provided it in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the cluster.

The health board has identified that should a pharmacy cease to provide the service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **15.8.3.6 Needle and syringe programmes**

The health board has noted five of the pharmacies have signed up to provide this service, and five pharmacies provided it in 2025/26.

This service is commissioned by the health board on a strategic basis, ensuring there is provision within areas of need.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **15.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service**

The health board has noted all the pharmacies have signed up to provide this service, and 17 pharmacies provided the service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **15.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service**

The health board has noted 19 of the pharmacies have signed up to provide this service, and 16 pharmacies provided it in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **15.8.3.9 Supervised administration of methadone and buprenorphine service**

The health board has noted all the pharmacies signed up to provide this service, and 19 pharmacies provided it in 2025/26. Provision of the service is demand-led.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

### **15.8.3.10 Urgent medicines services**

The health board has noted three of the pharmacies had signed up to provide the level 1 service in 2025/26 and one had signed up to provide the level 2 service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the cluster.

### **15.8.3.11 Waste reduction service**

The health board has noted 20 of the pharmacies provided this service in 2025/26. It has not identified any current or future needs for this service within the cluster.

## **16 Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020**

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the health board's area alongside the demography and health needs of the population. It has analysed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document.

### **16.1 Current provision**

The health board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential services, the national community pharmacy and appliance contractor services and the additional clinical services provided at premises included in the pharmaceutical list.
- The dispensing service provided by those GP practices included in the dispensing doctor list.

Preceding sections of this document have set out the provision of these services in each cluster.

The health board has also identified the provision of the above services by contractors outside of its area, whether that is elsewhere in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

### **16.2 Other NHS services**

In undertaking this pharmaceutical needs assessment the health board considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital services
- Provision of drugs, medicines and appliances for immediate treatment or personal administration by GPs
- NHS 111 and the GP out of hours service
- Minor injury units
- HMP and YOI Parc
- Online non prescription ordering service dressings system
- Prescribing by dentists and optometrists
- Services provided by GPs under their General Medical Services contract
- Child and adolescent mental health services
- Community drug and alcohol team
- Adult community mental health team.

Further details on these can be found in chapter 6.

## **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 the 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.

A travel time standard of 20 minutes by car was agreed and the health board is satisfied that the vast majority of residents are able to access a pharmacy within 20 minutes by car, with many having a shorter journey time. The health board has analysed those areas that are not within 20 minutes by car and is satisfied that:

- They are mainly hilly or mountainous areas, often containing wind farms, and woodlands. One area is open grassland and fields with woodland,
- These areas have little, or no, resident population, and the number of people living in them is insufficient to make a pharmacy financially viable,
- Residents will leave the areas for the majority, if not all, of their day to day needs, and
- Residents are likely to be dispensed to by their GP practice.

Based on the above and the current opening hours of the pharmacies, the health board has not identified any current gaps in the provision of essential services, and therefore no current needs for them.

### **16.3.2 Current access to national community pharmacy and appliance contractor and additional clinical services**

The health board has reviewed the provision of these services by pharmacies and the declarations made by the pharmacies in relation to their capacity to manage an increase in demand. Based on this, and the increasing number of pharmacies that have an independent prescriber, the health board has not identified any current gaps in the provision of these services, and therefore no current needs for them.

### **16.3.3 Current access to the GP dispensing service**

The health board has noted the dispensing service provided by three of the GP practices to eligible patients, noting that one practice dispenses from premises that are outside the health board's area, and has not identified any current gaps in the provision of this service, and therefore no current needs for it.

## **16.4 Future gaps in provision**

The health board has taken into account the following matters:

- the forecasted population growth,
- the ageing population,
- the known housing developments,
- the direction of travel set out in Pharmacy: delivering a healthier Wales, and

- the pharmacies' ability to manage an increase in demand.

#### **16.4.1 Future access to essential services**

The health board has considered the known housing developments that will deliver housing during the lifetime of this document, and that some may deliver housing beyond October 2031. It is satisfied that for all but one development the need for pharmaceutical services by those moving the new housing will be met by the existing pharmacies. However, it has noted that one development will create additional housing for approximately 6,250 people - land at the former Llanilid open cast coal site.

Taking into account the information set out in section 15.8.1 the health board is satisfied that there will be a future need for a pharmacy in the development on the land at the former Llanilid open cast coal site on completion of 80% of the dwellings (ie 5,000 based on a total of 6,250) providing essential services, Monday to Friday, and on Saturday mornings.

The health board has identified the following future need for essential services in relation to each of the clusters.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing essential services for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **16.4.2 Future access to national community pharmacy and appliance contractor and additional clinical services**

The health board has identified a future need that is specific to the Taf Ely cluster. Taking into account the information set out in section 15.8.1 the health board is satisfied that there will be a future need for a pharmacy in the development on the land at the former Llanilid open cast coal site on completion of 80% of the dwellings (ie 5,000 based on a total of 6,250) providing the clinical community pharmacy service and pharmacist independent prescribing service (or any equivalent replacement service) Monday to Friday, and on Saturday mornings.

The health board has identified the following future needs for national community pharmacy and appliance contractor services in relation to each of the clusters.

The health board has adopted the aspiration set out in Pharmacy: Delivering a Healthier Wales for each pharmacy to have an independent prescriber by 2030 and the interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.

Should the interim targets not be met in a locality there will be a future need for the provision of this service by sufficient pharmacies in that locality to meet the two targets.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for a new pharmacy in the same town/village providing the clinical community pharmacy service and the pharmacist independent prescribing service (or any future equivalent services) for 40 core opening hours per week. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

The health board has identified that should a pharmacy cease to provide the medicines administration record service there will be a future need for the service to be provided in that town/village. This future need will not arise if there is one or more pharmacies in the town/village that is/are capable of meeting the increase in demand.

#### **16.4.3 Future access to the GP dispensing service**

The health board has not identified any gaps in the provision of this service and has therefore not identified any current or future needs in relation to it.

## **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 was 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 pharmaceutical needs assessments in Wales.

### **Intended effect and beneficial outcomes**

The intended effect of introducing pharmaceutical needs assessments is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This requires 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 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 provides contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they did previously. 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 the essential services now set out in Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. 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. the national community pharmacy and appliance contractor services (previously referred to as the 'advanced services', and the community pharmacy additional clinical services (previously referred to as the '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 into the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of pharmaceutical needs assessments. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers made subordinate legislation setting out requirements for pharmaceutical needs assessments in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 imposes the legal requirements on health boards to complete pharmaceutical needs assessments.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1st October 2020 and health boards had until 1 October 2021 to publish their first pharmaceutical needs assessment.

In summary the NHS (Pharmaceutical Services) (Wales) Regulations 2020 set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health boards are free to include any other information that they feel is relevant)
- Date by which health boards must publish their first pharmaceutical needs assessment

- Requirement on health boards to publish further pharmaceutical needs assessments on a five yearly basis
- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the health board is to have regard to when producing its pharmaceutical needs assessment.

Once a health board has published its first PNA it is required to produce a revised pharmaceutical needs assessment within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition, a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

## **Developing the detailed requirements**

A working group was established in November 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 made a significant contribution to the development of Welsh Government's policy on pharmaceutical needs assessments, including the resultant proposals contained within the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

## **Review of the NHS (Pharmaceutical Services) (Wales) Regulations 2020**

In 2024 Welsh Government undertook a review of the regulations to evaluate the introduction of pharmaceutical needs assessments in order to assess whether their introduction is working as intended and to identify any unintended consequences of the policy.

## **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 be suffering from, or at risk of development, an adverse health issue 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 – national community pharmacy and appliance contractor services**

### **1. The clinical community pharmacy service**

#### **Service description**

The clinical community pharmacy service comprises three components.

- A common ailments service,
- A contraception service, and
- An emergency medicine supply service.

In order to provide the service, pharmacy contractors must provide all three components.

#### **Aims and intended outcomes**

- To deliver prudent healthcare using a 'community pharmacy first' model of care, for patients who can be appropriately managed in the community pharmacy setting, thereby increasing access to timely care from an appropriate healthcare professional.
- To help tackle health inequalities through increasing access (both temporally and geographically) to services that meet patient need for unplanned care, contraception, or advice on sexually transmitted infections.

#### **Common ailments service**

Under this service, patients register with the pharmacy of their choice in order to receive advice and treatment on a specified list of common ailments which includes urinary tract infection and sore throat. This may include the supply of one or more medicines listed on the national formulary.

#### **Contraception service**

This service is for patients aged 13 to 54 years old, who are of childbearing potential and:

- have had unprotected sexual intercourse in the past five days, or
- wish to use a progestogen-only contraceptive as Bridging or QuickStart contraception.

Where the patient is aged 13, 14 or 15 years old the service will be offered in accordance with Gillick competence, Fraser guidance and any guidance issued by the Welsh Government in relation to the provision of confidential sexual health advice and/or treatment for patients aged 13 years or over.

Where assessment determines that it is appropriate to supply emergency contraception, the relevant medicine will be supplied via a patient group direction for

immediate consumption on the premises. Provision of Bridging or QuickStart contraception is also via a patient group direction for consumption elsewhere.

### **Emergency medicines supply**

This service will normally only be provided where the pharmacy contractor believes that it would not be practicable for the patient to obtain the previously prescribed medicines they require in a clinically appropriate timeframe via the usual route.

In order to make a supply, the pharmacy contractor must interview the patient and be satisfied that:

- that there is an immediate need for the medicine supplied, and
- that it is impracticable to obtain a prescription without undue delay; and
- that treatment with the medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; and
- as to the dose which in the circumstances it would be appropriate for that person to take.

## **2. Discharge medicines review service**

### **Service description**

The discharge medicines review service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication.

The service comprises two stages.

- The first stage requires the pharmacist or pharmacy technician at the pharmacy to check the medicines prescribed in one care setting match those prescribed by the patient's GP or relevant primary care team when the patient moves to another care setting, which may be their home. If there are any discrepancies these are raised with the GP practice, relevant primary care team, care setting patient or carer as applicable.
- The second stage provides an opportunity for the patient to have a discussion with a pharmacist and/or pharmacy technician to establish a picture of the patient's use of their medicines or onward referral to an appropriate setting for further review. The review will also help patients understand their medicines and will identify any problems they are experiencing along with possible solutions.

### **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 and reducing wastage of medicines.

### **3. Pharmacist independent prescribing service**

#### **Service description**

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service. It comprises three components:

- The prescribing of routine contraception,
- The management of common ailments, not normally managed by the national common ailment service, and
- The provision of a prescribing service agreed by the relevant local health board.

#### **Aims and intended outcomes**

The underlying purposes of this service are:

- to provide access to prescription only medicines for the treatment of common ailments that require treatment with prescription only medicines that are not available under the clinical community pharmacy service specification,
- to allow independent prescribers to undertake a level of clinical examination that is outside the scope of the clinical community pharmacy service specification,
- to provide access to emergency or regular contraception where those needs cannot be met under the clinical community pharmacy service, and
- for the provision of any other service which the pharmacy contractor agrees with the relevant local health board to provide.

### **4. Seasonal influenza vaccination service**

#### **Service description**

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service.

#### **Aims and intended outcomes**

The underlying purpose of the service is for the registered pharmacist or pharmacy technician to administer an influenza vaccination to a patient under a patient group direction or administer an influenza vaccination to a patient under a protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human

Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations).

## **5. 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.

## **6. 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.

## **7. Lateral flow test supply service**

### **Service description**

This service is only for patients who are potentially eligible for COVID-19 treatments. Under the service, pharmacy contractors make a supply of lateral flow tests to eligible patients or their representatives for the tests to be self-administered by the patient away from the pharmacy.

### **Aims and intended outcomes**

To offer access to lateral flow tests for patients who have a health condition that makes them eligible for COVID-19 treatment, to enable testing at home for COVID-19, following symptoms of infection. A positive lateral flow test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

## **Appendix D – additional clinical services**

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
- The clinical and cost effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

4. An emergency pandemic treatment and prophylaxis supply service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

5. An emergency pandemic vaccination service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to patients' homes-

- Drugs, and
- Appliances, other than specified appliances within the meaning of regulation 2(1) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

8. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- Drugs which they are using
- Their health,
- General health matters relevant to them, and
- where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for the pharmacy contractor to —

- Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's patient care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
- Advise and support the patient regarding the use of their drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- Where appropriate, to refer the patient to another health care professional.

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —

- Assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with additional learning needs, and
- Offer advice, support and assistance to vulnerable patients and patients with additional learning needs regarding the use of drugs with a view to improving their knowledge of, compliance with and use of, such drugs.

11. A needle and syringe supply service, the underlying purpose of which is for the 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 refer the drug misuser to another health care professional or a specialist drug treatment centre.

12. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

13. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

14. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

15. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost effective use of drugs
- Prescribing policies and guidelines, and
- Repeat prescribing.

16. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

17. A screening service, the underlying purpose of which is for the pharmacy contractor to —

- Identify patients at risk of developing a specified disease or condition
- Offer advice regarding testing for a specified disease or condition
- Carry out such a test with the patient's consent, and
- Offer advice following a test and refer to another health care professional as appropriate.

18. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to—

- Advise and support patients wishing to give up smoking, and
- Where appropriate, to supply appropriate drugs and aids.

19. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.

20. A prescribing service, the underlying purpose of which is for the pharmacy contractor who is an independent prescriber, or who employs or engages an

independent prescriber, to prescribe medicines in circumstances specified by the relevant local health board.

21. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in the event of or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

22. A waste minimisation service, the underlying purpose of which is to identify prescribed medicines or appliances which are not required by the patient at the point of supply.

## **Appendix E – terms of service for dispensing appliance contractors**

### **1. Dispensing of prescriptions**

#### **Service description**

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients, and maintenance of appropriate records.

#### **Aims and intended outcomes**

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

### **2. Dispensing of repeatable prescriptions**

#### **Service description**

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service includes the requirements that are additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

#### **Aims and intended outcomes**

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient

- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

### **3. 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 – pharmaceutical needs assessment steering group membership

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Julie Denley	Director of primary care, community and mental health	Cwm Taf Morgannwg University Health Board
Samantha Fisher	Deputy director of pharmacy – primary care and communities	Cwm Taf Morgannwg University Health Board
Alexandra Davies	Communications and engagement manager	Cwm Taf Morgannwg University Health Board
Lee Wood	Finance support specialist	Cwm Taf Morgannwg University Health Board
Jason Carroll	Principal pharmacist – community services	Cwm Taf Morgannwg University Health Board
Meinir Davies	Medicines management support officer	Cwm Taf Morgannwg University Health Board
Jayne Howard	Associate director contractor services	Community Pharmacy Wales
Daniel Price	Regional director	Llais
Kevin Thomas	Medical director	Bro Taf Local Medical Committee

The following health board staff supported the development of the document and attended steering group meetings.

- Sian Bingham, clinical services group manager
- Elizabeth Beadle, assistant director of transformation
- Julie Powell-Jones, planning business support manager
- Carys James, community pharmacy facilitator

## **Appendix G – public engagement survey**

### **Public survey for Cwm Taf Morgannwg University Health Board pharmaceutical needs assessment (PNA)**

Cwm Taf Morgannwg University Health Board is inviting you to tell us about pharmacy services in your area. This is to help the health board 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 the health board 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.

The health board 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, the health board 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 so please spare a few minutes to complete this questionnaire. We estimate it will take you about 10 to 15 minutes to complete depending on how much you wish to tell us about your experience of using pharmacies.

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](mailto:CTM.PNAqueries@wales.nhs.uk) with "PNA questionnaire" in the subject header.

If you would like to complete this questionnaire in Welsh, please click here/Os hoffech gwblhau'r holiadur hwn yn Gymraeg, cliciwch fan hyn.

Cwm Taf Morgannwg University Health Board has commissioned Primary Care Commissioning CIC (PCC) to draft the pharmaceutical needs assessment. PCC will hold your responses and will only use them for the purpose of drafting the pharmaceutical needs assessment. We would ask that you do not provide any information that could identify you, however all data provided in your response will be held by PCC in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulation.

## 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's area 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.

### Please could you tell us your preferred language when you access services at a pharmacy or GP practice?

- Welsh
- English
- Other [text box]

Most people have their prescriptions dispensed by a pharmacy, but some people have their prescriptions dispensed by their doctor's surgery. In Cwm Taf Morgannwg University Health Board's area there are four doctors' surgeries that dispense prescriptions for some of their patients:

- Dispensary at Llynfi Surgery (Bryn)
- Dispensary at Cwm Garw Practice (Bettws)
- Dispensary at Cwm Garw Practice (Llangeinor)
- Dispensary at Oakland Surgery (Bedlinog)

Do you collect your medicines from:

- a pharmacy
- your doctor's surgery

### Collecting your medicines from your doctor's surgery

The area in your doctor's surgery where staff dispense your prescriptions is called a dispensary.

#### 1. What time is the most convenient for you to use your GP dispensary?

- 8am to 12pm
- 12pm to 2.30pm
- 2.30pm to 6.30pm
- I don't have a preference

**2. What day is the most convenient for you to use your GP dispensary?**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekdays in general
- I don't have a preference

**3. Has there been a time recently when you were not able to use your GP dispensary?**

- Yes – please go to question 4
- No – please go to question 5
- Not applicable - please go to question 5

**4. If you answered 'yes' to question 3, 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 called NHS 111 Wales
- Other [text box]

**Travelling to your doctor's surgery for your medicines**

**5. How do you usually get to your surgery to pick up your medicines?**

- On foot
- By bus
- By car
- By bike
- By taxi
- By mobility scooter
- Other [text box]
- Not applicable - please go to question 7

**6. ...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
- 20 minutes or more

**7. Would you say that you have difficulty in getting to the dispensary at your doctor's surgery?**

- Yes
- No - please go to question 9
- Not applicable - please go to question 9

**8. If you have difficulty getting to the dispensary at your doctor's surgery please tell us why.**

[Text box]

**9. Do you also use a pharmacy?**

- Yes
- No

**How you use your pharmacy - either in person or by having someone else go there for you**

**10. 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 for myself
- 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
- 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]

**11. How often do you use a pharmacy?**

- Daily
- Weekly
- Fortnightly
- Monthly/every four weeks
- Quarterly
- As and when needed
- I don't use a pharmacy
- Other [text box]

**12. What time is the most convenient for you to use a pharmacy?**

- Before 9am
- 9am to 12 noon

- 12 noon to 2pm
- 2pm to 6pm
- 6pm to 9pm
- I don't have a preference

**13. 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

**14. Has there been a time recently when you were not able to use your normal pharmacy?**

- Yes - please go to question 15
- No - please go to question 16
- Not applicable - please go to question 16

**15. If you answered 'yes' to question 14, 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 called NHS 111 Wales
- Other [text box]

**Your choice of pharmacy**

**16. 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

**17. Please could you tell us what influences your choice of pharmacy? Please tick all the statements that apply to you.**

- Close to my home
- Close to where I 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/or delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provides good advice and information
- The customer service
- It is accessible eg 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
- The range of services provided
- The pharmacy provides a service that I need to use, for example the common ailments service, flu vaccinations, the contraception service
- Other [text box]

**18. Is there a more convenient and/or closer pharmacy that you don't use?**

- Yes
- No - please go to question 20
- Don't know - please go to question 20

**19. ...and if you have answered yes to question 18, 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**

**20. 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
- By mobility scooter
- Other [text box]
- Not applicable - please go to question 22

**21. ...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
- 20 minutes or more

**22. Would you say that you have difficulty in getting to a pharmacy?**

- Yes
- No - please go to question 24
- Not applicable - please go to question 24

**23. If you have difficulty getting to a pharmacy please tell us why.**

[Text box]

### **Pharmacy services in general**

**24. 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]

**25. Do you feel able to discuss something private with your pharmacist?**

- Yes
- No
- Never needed to
- Don't know

**26. 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)
- 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.
- Contraception services, including 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 for example sore throats and urinary tract infections (also called UTIs)
- [Pharmacist independent prescriber service](#) - some pharmacists across the Cwm Taf Morgannwg region offer the pharmacist independent prescriber service, meaning a pharmacist may be able to treat additional conditions, beyond the scope of the common ailments service, without the need to see your GP.
- Needle and syringe provision and supervised administration of medicines – these services 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 - please go to question 28

**27. Have you used any of the services listed in question 26?**

- Flu vaccinations
- Discharge medicines review service
- Appliance use review service
- Contraception services
- Help to stop smoking
- Common ailments scheme
- Pharmacist independent prescriber service
- Needle and syringe provision
- Supervised administration of medicines

- Emergency medicines supply
- No

**28. Is there anything else you would like to tell us about your experience of your local pharmacy or GP dispensing services?**

[Text box]

**29. Are there any barriers to you accessing services at your pharmacy or your GP dispensary that you have not mentioned?**

[Text box]

**30. Are there any services that you would like to see provided in pharmacies?**

- Yes [insert text]
- No

### **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 range by ticking the appropriate box**

- 0-15 years
- 16-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 and above

**Sex: what is your sex?**

- Male
- Female
- Other
- Prefer not to say

**Ethnic group: what is your ethnic group?**

- White
  - British

- English
- Northern Irish
- Scottish
- Welsh
- Irish
- Gypsy or Irish Traveller
- Mixed/Mixed British
  - White/Black Caribbean
  - White/Black African
  - White/Asian
  - Any other mixed background
- Black/Black British
  - Caribbean
  - African
  - Any other Black background
- Asian/Asian British
  - Indian
  - Bangladeshi
  - Pakistani
  - Chinese
  - Asian other
- Arab
- Prefer not to say
- Other [text box]

**Sexual orientation: which of the following options best describes how you think of yourself?**

- Heterosexual/straight
- Gay man
- Gay woman/lesbian
- Bisexual
- Prefer not to say
- Other [text box]

**Marital status: are you married or in a civil partnership?**

- Yes
- No
- Prefer not to say

**Religion or belief: what is your religion?**

- |                                 |                     |
|---------------------------------|---------------------|
| ● Christian (all denominations) | ● Jewish            |
| ● Buddhist                      | ● Atheist           |
| ● Hindu                         | ● No Religion       |
| ● Muslim                        | ● Prefer not to say |
| ● Sikh                          | ● Other [text box]  |

**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
- No
- Prefer not to say

**Gender identity: has your gender identity changed from that assigned at birth?**

- Yes
- No
- Prefer not to say

**Caring responsibilities: Do you look after or give help or support to family members, friends, neighbours or others because of either:**

- a) long term physical or mental ill health or disability or**
- b) problems relating to old age?**

- Yes
- No
- Prefer not to say

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 (eg sexual orientation/gender reassignment) freely provided by me for the purposes of lawfully monitoring and reporting to comply with equality legislation.

## Appendix H – responses to the public engagement questionnaire

All responses are verbatim unless a practice, pharmacy, location or staff member has been identified, in which case the response has been anonymised.

**Please provide us with the first four digits of your postcode.**

<b>Postcode</b>	<b>Number of responses</b>
CF15	1
CF31	20
CF32	8
CF33	4
CF34	25
CF35	5
CF36	4
CF37	18
CF38	20
CF39	16
CF40	20
CF41	15
CF42	22
CF43	6
CF44	31
CF45	7
CF46	3
CF47	11
CF48	13
CF61	1
CF72	24
CF83	1
LD3	1
NP24	1
SA13	1
SA2	1
Chose not to provide	7

**Please could you tell us your preferred language when you access services at a pharmacy?**

<b>Answer options</b>	<b>Number of responses</b>
Welsh	4
English	278
Other	1
Chose not to answer	3

The person who chose “Other” expanded upon their answer - “English”.

**Where do you usually collect your medicine from?**

<b>Answer options</b>	<b>Number of responses</b>
A pharmacy	280
Your doctor’s surgery	5
Chose not to answer	1

**What time is most convenient for you to use your GP dispensary?**

<b>Answer options</b>	<b>Number of responses</b>
8am to 12pm	1
12pm to 2.30pm	0
2.30 to 6.30pm	0
I don’t have a preference	5

**What day is the most convenient for you to use your GP dispensary?**

<b>Answer options</b>	<b>Number of responses</b>
Monday	0
Tuesday	0
Wednesday	0
Thursday	0
Friday	0
Weekdays in general	1
I don’t have a preference	5

**Has there been a time recently when you were not able to use your GP dispensary?**

<b>Answer options</b>	<b>Number of responses</b>
Yes	2
No	3
Not applicable	0

**Can you tell us what you did?**

<b>Answer options</b>	<b>Number of responses</b>
I went to a pharmacy	2
I waited until the dispensary was open	0
I went to A&E/casualty	0
Went to a minor injury unit	0

I called NHS 111 Wales (out of hours service)	0
Other	1

Where “Other” was selected the following additional information was provided.

- GP wouldn't see me, I was told to go to a pharmacy. I cannot drive and the closest pharmacy is all the way in [location]. That's too far to walk, especially as someone who is in chronic pain and has limited mobility. I had to borrow money for a taxi which cost £20 there and back. I have had to go without treatment and medication on many occasions because there is no pharmacy in [location] and I cannot afford the taxi journey to another pharmacy

### How do you usually get to your surgery to pick up your medicines?

Answer options	Number of responses
On foot	2
By bus	0
By car	2
By bike	0
By taxi	0
By mobility scooter	0
Other	1

Two comments were left in response to this question.

- We are on the housebound register so have repeat medications ordered by the GP delivered
- I'm so glad we have our GP dispensary. I wouldn't be able to get to a pharmacy

### ...and how long does it usually take to get there?

Answer options	Number of responses
Less than 5 minutes	1
Between 5 and 15 minutes	3
More than 15 minutes but less than 20 minutes	0
More than 20 minutes	1

### Would you say you have difficulty in getting to the dispensary at your doctor's surgery?

Answer options	Number of responses
Yes	1
No	4
Not applicable	0

**If you have difficulty getting to the dispensary at your doctor’s surgery, please tell us why.**

- We are disabled and live with chronic pain and other issues. We cannot drive and cannot afford a taxi to collect medications every month. The biggest issue is that with no pharmacy in [location] we have no way to get treatment or medications that are not dispensed by the GP. For example I recently had conjunctivitis and an ear infection but was told by the GP surgery that they will not see me, I have to be seen at a pharmacy. I had to borrow money to get there as I could not afford the taxi which came to £20. We are barely surviving as it is. I have had to go without treatment many times because I could not afford to travel by taxi to pharmacies. We desperately need one up here in [location].

**Do you also use a pharmacy?**

Answer options	Number of responses
Yes	3
No	2
Not applicable	0

**Why do you usually visit a pharmacy?**

Answer options	Number of responses
To get or collect a prescription for myself	254
To buy medicines for myself	118
To get advice for myself	128
For other services such as flu vaccination for myself	63
To get or collect a prescription for someone else	162
To buy medicines for someone else	68
To get advice for someone else	44
I don’t visit a pharmacy as I use an online/internet pharmacy	0
I don’t visit a pharmacy as my medicines are delivered to me	7
I don’t go to a pharmacy; someone goes on my behalf	3
Other	9

Where “Other” was selected the following additional information was provided.

- holiday vaccinations
- Testing for sure throat
- Minor ailments

- Take guide dog puppy into learn about what they need to do while someone is collecting a prescription. They learn find a seat for the person and to settle while waiting
- Use the choose pharmacy services eg UTI
- As in previous comments, when a prescription is not from the GP the dispensary will not dispense it meaning the only option is to travel out of the area to another pharmacy. Most of the time I cannot afford to do this so either have to try to get it online which can take days or just go without treatment altogether. GP's are refusing to see "minor" conditions now like UTI's, infections etc and if you don't have access to a pharmacy you end up having to go without treatment.
- My husband usually goes to the family on my behalf for repeat prescriptions. If it is an acute prescription, I will call in on the way home from the surgery
- I manage a care home so use the local pharmacy regularly
- I can't always sit in person, so have to get somebody else to help me

### How often do you use a pharmacy?

Answer options	Number of responses
Daily	5
Weekly	21
Fortnightly	15
Monthly/every four weeks	182
Quarterly	3
As and when I need to	53
I don't use a pharmacy	0
Other	4
Chose not to respond	3

Where "Other" was selected the following additional information was provided.

- I have a bi monthly prescription - would prefer longer but director won't prescribe- it would save money and time for all of us
- Every 2 months
- As above
- Every other month

### What time is the most convenient for you to use a pharmacy?

Answer options	Number of responses
Before 9am	4
9am to 12 noon	74
12 noon to 2pm	29
2pm to 6pm	53
6pm to 9pm	28
I don't have a preference	95
Chose not to respond	3

**What day is the most convenient for you to use a pharmacy?**

<b>Answer options</b>	<b>Number of responses</b>
Monday	8
Tuesday	3
Wednesday	7
Thursday	3
Friday	7
Saturday	16
Sunday	0
Weekdays in general	59
Weekends in general	26
I don't have a preference	154
Chose not to respond	3

**Has there been a time recently when you were not able to use your normal pharmacy?**

<b>Answer options</b>	<b>Number of responses</b>
Yes	75
No	184
Not applicable	22
Chose not to respond	5

**Can you tell us what you/they did?**

<b>Answer options</b>	<b>Number of responses</b>
I went to another pharmacy	47
I waited until the pharmacy was open	22
I went to my GP	3
I went to A&E/casualty	2
Went to a minor injury unit	1
I called NHS 111 Wales (out of hours service)	3
Other	3

Where "Other" was selected the following additional information was provided.

- I had to go without treatment
- Had to return due to lunch break hours
- I contacted the. Glaucoma clinic at PCH

**Please could you tell us whether you:**

<b>Answer options</b>	<b>Number of responses</b>
Always use the same pharmacy	217
Use different pharmacies but I prefer to visit one most often	62
Always use different pharmacies	3
Rarely use a pharmacy	1
Never use a pharmacy	0
Chose not to respond	3

**We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy?** (More than one option could be chosen.)

<b>Answer options</b>	<b>Number of responses</b>
Close to my home	190
Close to where I work	31
Close to my doctor	110
Close to children's school or nursery	9
Close to other shops	24
The location of the pharmacy is easy to get to	103
It is easy to park at the pharmacy	62
I can speak to the staff in my preferred language	16
I like and trust the staff who work there	116
The staff know me and look after me	81
The staff don't know me	3
I've always used this pharmacy	71
The service is quick	60
They usually have what I need in stock	73
The pharmacy has good opening hours	54
The pharmacy collects my prescription and/or delivers my medicines	66
The pharmacy was recommended to me	8
The pharmacy provides good advice and information	81
The customer service	85
It is accessible eg wheelchair/baby buggy friendly	15
It's a well-known big chain	17
It's not one of the big chains	46

Answer options	Number of responses
There is a private area if I need to talk to the pharmacist	86
I can order my repeat medicines online or by using their app	40
The range of services provided	34
The pharmacy provides a service that I need to use, for example the common ailments service, flu vaccinations, the contraception service	70
Other	9

Where “Other” was selected the following additional information was provided.

- It is a local pharmacy and they treat you as a person not a number!
- As mentioned throughout, being able to afford to get to a pharmacy is the biggest limiting factor. I always have to phone ahead as I would not be able to visit more than one, and sometimes they won't tell you on the phone what they have in stock so it can make it difficult to impossible to access treatment. We desperately need a pharmacy up here in [location].
- Prescribing Pharmacist
- Not open on Saturday and next nearest shut as well
- Sent by GP recep.when GP too busy. Does blood test and prescribes if nec.
- My oharmacy orders in my medication which is difficult to get
- Excellent pharmacist
- I use the nhs app to order meds

**Is there a more convenient and/or closer pharmacy that you don't use?**

Answer options	Number of responses
Yes	94
No	178
Don't know	10
Chose not to respond	4

**Please could you tell us why you do not use that pharmacy?**

Answer options	Number of responses
It is not easy to park at the pharmacy	21
I have had a bad experience in the past	23
The service is too slow	29
The staff are always changing	12
The staff don't know me	7

Answer options	Number of responses
I know the staff and would prefer them not to know what medicines I am taking	1
They don't have what I need in stock	23
The pharmacy does not deliver medicines	2
There is not enough privacy	14
It's not open when I need it	12
It's not wheelchair/baby buggy friendly	1
Other	25

Where "Other" was selected the following additional information was provided.

- Weekday opening hours only. I work until 5pm Monday to Friday.
- its [name]
- I've always had wonderful service at my chosen pharmacy and don't want to change, even to a closer one.
- Use closest to my gp and always used it even tho I have moved
- The opening hours are not convenient
- Daughter has epilepsy and needs to stick to same brand and was told you have what you are given
- There is nothing negative about this pharmacy but I always use the other one in the town
- They are appallingly awful, rude and useless
- It's too far from my work
- I would have to ring to order my repeat
- Unhelpful staff, lacking in knowledge. Inefficient service. Often dispensed incorrectly or didn't have medicines in stock.
- I prefer the one I go to
- Services such as ear infections and sore throat not offered
- They don't collect repeat prescriptions from my surgery I believe
- It's not as good as the one I use
- The service and staff at my present pharmacy are first class
- Too busy, staff are run off their feet and often can't find my medications
- Constant delays in getting my prescription. Miscommunication between the pharmacy and GP and myself. Too many mistakes.
- The pharmacist I now use has geared up to do blood tests & prescribes if nec.
- Staff are rude and don't ask any questions when I pick up someone else's medication
- Lack of right medication when i need it
- Prefer to stick with the pharmacy I have used for years
- I just prefer the one I use

**If you go to the pharmacy by yourself or with someone, how do you usually get there?**

<b>Answer options</b>	<b>Number of responses</b>
On foot	79
By bus	9
By car	189
By bike	0
By taxi	1
By mobility scooter	0
Not applicable	1
Other	4
Chose not to respond	3

Where 'Other was selected' the following additional information was provided:

- I walk to my regular pharmacy but travel by car to the pharmacy which provides paid for Covid vaccines (nearest one to me is [name], [location])
- By foot and bus and in the car
- When I get off the train coming home from work
- Sometimes Taxi sometimes car

**...and how long does it usually take to get there?**

<b>Answer options</b>	<b>Number of responses</b>
Less than 5 minutes	96
Between 5 and 15 minutes	159
More than 15 minutes but less than 20 minutes	15
20 minutes or more	10
Chose not to respond	6

**Would you say that you usually have difficulty in getting to a pharmacy?**

<b>Answer options</b>	<b>Number of responses</b>
Yes	25
No	250
Not applicable	8
Chose not to respond	3

**If you have difficulty getting to a pharmacy, please tell us why.**

- Unreliable busses and bad parking options
- I have to catch 2 buses

- Working during their opening hours. I use [name] because the pharmacy is open until 7pm (for hospital issued fp10) I also use a different pharmacy for my gp repeat meds, I use this as it's in the same building as my gp. This one has shorter opening hours though so I have to book an early finish from work to collect it.
- My pharmacy is not open when I need it to be. It is closed when I go to work and closed when I usually come back it is no longer open on Saturdays
- Shift work 6-6 - pharmacy is closed
- I am the main carer for my husband and can only go out when i have a sitter for him.
- I can't drive due to my disability plus my partner works full time so it's not always open when he can go for me
- Got hip problems
- Do not drive and not in a manageable walking distance
- As mentioned throughout, I cannot afford to get there as I cannot drive and rely on a taxi. It can be so expensive sometimes. The closest one is [location] which costs me about £20 to get to, but they sometimes don't have things in stock meaning I have to "shop around" by calling every pharmacy I can to find someone who has the medication I need in stock. Sometimes they don't tell you. I can't afford to go to all of them. Getting to some of the ones further out, such as the one inside [name] in [location] would cost me £40 to get to. I don't have that kind of money. We so desperately need a pharmacy in [location]. More often than not I have to either go online and wait several days for delivery or in some cases just go without treatment as GP's are impossible to access, never have appointments and no longer deal with "minor" conditions like eye infections, ear infections, UTI's etc. Those things need prescriptions so you need to be seen by someone, whether a GP or pharmacist, to get the prescription. They can't just be bought online. You have to actually see someone. And if you can't afford to get to a pharmacy or can't walk it due to mobility issues you're stuck. It leaves those of us who are disabled and/or too poor literally unable to access care.
- Health issues
- Lower back pain and bullea emphysema
- Due to work it's often closed by the time I get home
- I am currently unable to drive or use public transport. I also have chronic pain and ME, so often am unable to leave the house
- No parking
- Bad legs and copd bladder problem
- Need to take a bus and don't own a car
- Registered disabled
- Parking the car nearby to the Pharmacy.
- door don't open on its own
- The times I need to visit are usually peak traffic times. The car parking is not sufficient.
- A lot of pharmacies are now closed on weekends. Ones that used to be open on Saturdays have now been closed which is difficult for those that work.
- If I am unable to drive or if I am ill, I cannot get to the Pharmacy. I have to rely on friends or book a taxi. When you are older, things are not the same every

day. Some days are good and some aren't.. surveys need to reflect the differentials

- Not mobile enough

**We would like to know how you find out information about a pharmacy such as opening times or the service being offered.**

<b>Answer options</b>	<b>Number of responses</b>
I would call them	94
I would call NHS 111 Wales or use their website	10
I would search the internet	204
I would use social media	46
I would ask a friend	16
I would just pop in and ask them	75
Look in the window	41
I would find out from reading the local newspaper or magazine	1
Not applicable	4
Other	3
Chose not to respond	3

Where "Other" was selected the following additional information was provided.

- I used to work there
- My pharmacy never answer their telephones

**Do you feel able to talk about something private/sensitive with a pharmacist?**

<b>Answer options</b>	<b>Number of responses</b>
Yes	194
No	29
Never needed to	48
Don't know	12
Chose not to respond	3

**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.**

<b>Answer options</b>	<b>Number of responses</b>
Flu vaccinations (for those who are in one of the at risk groups)	249
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.	77
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.	32
Contraception services, including the ‘morning after pill’	134
Help to stop smoking	134
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 for example sore throats and urinary tract infections (also called UTIs)	239
Pharmacist independent prescriber service - some pharmacists across the Cwm Taf Morgannwg region offer the pharmacist independent prescriber service, meaning a pharmacist may be able to treat additional conditions, beyond the scope of the common ailments service, without the need to see your GP.	115
Needle and syringe provision and supervised administration of medicines – these services support people receiving treatment for substance misuse	61
Emergency medicines supply – this service enables people to access emergency supplies of their medication through their pharmacy	102
No	13
Chose not to respond	6

**Have you used any of the services listed?**

<b>Answer options</b>	<b>Number of responses</b>
Flu vaccinations	116
Discharge medicines review service	15
Appliance use review service	3
Contraception services	29
Help to stop smoking	10

Answer options	Number of responses
Common ailments scheme	157
Pharmacist independent prescriber service	48
Needle and syringe provision	5
Supervised administration of medicines	4
No	35
Chose not to respond	19

### Is there anything else you would like to tell us about local pharmacy services?

<p>Recently Pharmacy's have been awful with dispensing stock or not getting the prescriptions in, There is one pharmacy I go to because it's the only local place that can get my daughters prescription and recently she has gone three months without it and still wasn't correct when I picked it up. The staff have been rude to customers and they don't seem to actually know what they are doing most of the time. Prescriptions being ordered but then told they havnt or being told that even after a week or so they stil havnt come in. It constant on every visit.</p>
<p>I have found the Pharmacy to be better than the GP. Most of my health complaints are minor, if the Pharmacist can't treat me they'll refer me and I'll get seen faster by the GP. I like that you can just walk in, but wait 5-10mins and be seen without needing an appointment. They're friendlier than the GP's too!</p>
<p>Some staff are rude and don't know what they're doing.</p>
<p>[Name] Pharmacy is excellent. Common ailment services are amazing as are private health services eg vaccines for holidays</p>
<p>Never have stock in. Regular loose my prescription. Never helpful when something is out of stock. Send me back to my gp to sort simple things out eg change cream to ointment when out of stock. Overorder my meds when I tell them I don't need something. Say something is out of stock with the manufacturers when the pharmacy down the road can get it in from the same place. Regularly blame my gp practice for messing my medication order. Never answer the phone when I need to speak to them.</p>
<p>Takes to long to serve and fill your prescription</p>
<p>A long wait to get prescriptions, sometimes never has the medication needed so it needs to be ordered which then means having to go back. Long wait in the queue, waiting for someone to approach to take the prescription while staff are talking. Some staff are very rude ([Name] pharmacy)</p>
<p>All the staff are very friendly and helpful and know their customers needs</p>
<p>The pharmacist is unprofessional discussing patients in front of customers. Rude to customers. I therefore feel I could not speak to her in confidence.</p>
<p>Closes for lunch</p>
<p>Having had bad experiences in the past, I was lucky enough to find the pharmacy I use now. They're helpful, make sure my prescription is correct and on time, I'm able to speak to them with any concerns. I've recommended them to other people because of their service. They sorted things out for me when the doctor gave me the incorrect prescription.</p>

The people are great. The times not so good
It can be stressful due to the workers sometimes being rude and not knowing what where your medication is.
I don't think the repeat prescription service works very well, very difficult to track down a lost repeat script, pharmacy blames surgery and vis versa and you get stuck in the middle trying to work out where it is
They never answer the phone si can be frustrating when need prescription made up
My local pharmacy are very helpful and it is much more convenient to use this service for minor ailments than get a GP appointment. They offer an invaluable service
Items are not always in stock and ordered in so have to wait until next day to collect
I recently had a hospital stay due to surgery and was given syringes to Inject in my stomach for 5 days...went to take the empty syringes back they would not accept them
Prescription is never ready when it should be
Always friendly and professional
Our local [Name] I pharmacy has been excellent dispensing prescriptions for my mother in law when they have urgently requested
Difficult to track down the actual whereabouts of a prescription some have been lost
We're under Cardiff and Vale but use [Name] in [location] for private Covid vaccinations - reasonably priced (compared with others) and always friendly and helpful, sometimes a bit chaotic but they are very busy in there to be fair
They normally don't have time to talk to you if you need to speak to the pharmasist
They need to remember that tablets are dispensed 4 weekly. Pharmacy services should go back to being available in hospital. All local pharmacies should be open at least on a Saturday morning.
Issues with stock
It's efficient. The delay is with the GP surgery who require 7 days notice for repeat prescriptions
Very good staff in [Name]
Personal service, always makes time to offer help
They are not very good
The chemist I have been using keeps messing up my prescription and saying it's not due this month I went to collect my prescription and they gave me the one from December 2025 which they said was due I also went without due to this. They also now cannot get my prescription due to manufacturing issues so I have to hunt eberywhere
Pharmacist is a god send
Excellent service from GP and pharmacy
Over worked.Not enough staff to help having to wait so long when picking up meds
My local chemist is always very helpful as we need to order in special meds for my daughter and they can always source them when others cant

I have to use the [Name] pharmacy as that is where my prescription goes from my surgery. However the staff are very rude, making me cry on many occasions. I have many times been turned away as the items are out of stock etc. Then they send you to your surgery for a new prescription to take elsewhere. Even though it's the same meds every month. I care for a family member and it is very frustrating and upsetting.
Excellent service ordering my repeat prescription on the app
Outstandingly reliable . Kind . Helpful
Very under stocked on medication having to swap and change medication I've been on years since changing to [Name] pharmacy and very limited opening time
I enjoy the Service of my local pharmacy.
Always very busy and very little choice of n [location]
Very helpful. Especially when I have to order consultant only medication
It is taking in excess of 8 days now to get a repeat prescription
You need a second pharmacist to be able to provide all of these additional services. You need registered qualified staff to take accountability when the pharmacist is off the shop/floor providing additional services. You can see the strain on services especially in [Name]. I cannot believe the skeleton staff they let pharmacies run on.
Always seem to be a waiting ages or the prescription isn't ready despite having a text message
[Name] Pharmacy I can absolutely recommend.. the staff and pharmacists can't do enough for you
Pharmacy attached to [practice] Appalling services, rude staff constantly changing staff. Do not answer the phone (switch ringer off, but kept hanging on phone). Lack of organisation, constant queues. Very very slow service. Lack of stock, of medications. No privacy to speak to pharmacist, if they deem themselves available to speak to you. Keep customers waiting beyond a reasonable period. I could go on .....
Wish they were open over lunch or on weekends
There is no prescriber service after 5pm or on weekends
It's awful, they never have the repeats ready on time and there's always a massive queue
Our local pharmacy provides excellent service
Again, as mentioned throughtout, [location] is in desperate need of a local pharmacy. Those of us who are disabled and on a low income are literally left unable to access care at times. Sometimes it's a decision between treating an illness or eating or having heat. Only so much can be ordered online and it makes it so difficult for those of us who don't have the luxury of having a car
Pharmacy appear to have no concept of a 28day prescription service. The new prescription patient to doctor, passed on to Pharmacy, picked up by patient is time consuming, and inconvenient, Especially when patients are in their middle 80s. It's fundamentally wrong.
When leaflets are sent out with certain illnesses a pharmacist can look or prescribe medications for more often than not you are told go see your gp for what reason I do not know maybe there is no head pharmacist there or they are just simply to busy my pharmacy is always busy everytime I go there

Sometimes the pharmacy has been more of a help to me in a case of illness and I could not get a Dr appointment if it wasn't for the pharmacist at the chemist I think I would have been seriously ill as I had to go to the GP in the end and had to 2 extra courses of antibiotics
Would like to see all pharmacists more aware of the spare adrenaline pens in schools scheme. My child's school wished to use this but several pharmacies in the area had no knowledge of it. I had to point them to the relevant information an even then only one pharmacist was prepared to provide the adrenaline pens.
Often very large queues so the wait to get a prescription dispensed can by half an hour
Don't stock enough medication
Never got the medication, loose prescriptions, very rude, always new staff, ive just recently changed after 25years, will never go back to [Name] in [location].
My local pharmacy in my humble opinion is second to none always there when you are in need
[Name] is brilliant
Delay in filling prescription for essential medication
More need to be available at weekends illnesses are not limited to mon to fri
Very helpful & get the brands that I am able to the as I have reactions with some medications
There's always a 30-40 minute wait for prescriptions to be filled even when they've received them from my surgery several days beforehand.
Really like the Common Ailments Scheme and IP services, it is really handy. Although the limits per year on common ailments are a bit frustrating.
[Name] pharmacy are marvellous , I use them for all of our prescriptions and have used them for the common ailment scheme , professional and caring
Staff are lovely and sometime just call in for a chat
Much easier to acces and as good advice as the doctors , love the services and how easy it is to access
Availability of some medications is far to hit and miss, they get ordered in and sometimes take days to arrive as they are not available, which means having to repeatedly return and not knowing if you are going to get the medication that is needed
[Name] pharmacy are incredible they're always friendly and give the best advice if they notice mine or my nephews medication has changed.
The pharmacy I currently use constantly state that they are short staffed, very busy and that there will be a long wait. There has been several mistakes made recently where they have not dispensed a repeat prescription item. This then involves my husband to-ing and fro-ing between the surgery and the chemist to get the prescription and the items dispensed. On two occasions my mother has almost been reduced to tears because the staff have been confusing and incorrect about the items dispensed.
I'm not impressed with the pharmacy in general , the place is full of box's and box's of medicines on the floor , it also needs a good clean , it's not fit for purpose.
Between GP and chemist often delays. Stock late being available
Sometimes common medicines are not available.

Get a text to say medicine ready for collection which is good but often at collection one item is not available meaning a repeat visit to collect that
The [Name] pharmacy is amazing, so friendly unlike a lot of other pharmacies
They are often very busy and are not able to dispense items as quick as needed. The GP will not do emergency prescriptions if you've run out of medication
Long wait times
They give very poor and wrong advice for common ailments. I heard a pharmacist tell someone to put alcohol directly onto a very bad wound. It would be extremely painful and destructive to the new cells . A pharmacist diagnosed flea bites and ringworm on my daughter but after asking a GP it was erythema multiforme . That was so dangerous because she wouldn't have known never to take NSAIDS again due to the increased risk of EM major . They also gave us the wrong treatment. They gave us ant fungal cream but she needed steroid cream. They know medication but they don't know humans . They don't have clinical experience so they should stick to dispensing not diagnosing
Lovely staff. Knowledgeable pharmacist ( better than my GP practice). Meds received on time. Text to advice ready for collection. Helpful staff.
Even though the pharmacy has a lot of staff the wait to be served can be quite long sometimes.
Yes are local pharmacy want to charge us £5 for there services i can't afford that so I will not be have my medication anymore
I trust the pharmacists I use and often go to them for advice on an ailment rather than go to my GP. It's quicker and I don't have to ring at 8am for an appointment. They are extremely knowledgeable.
Refuse to order specific brand of medication as not written on prescription. However prescription is written by NDT consultant and shouldn't vary in brand as they are a modified released medication. They tell me they won't order as more expensive
My pharmacy is amazing. The staff are fabulous. I feel valued and listened to.
[Name] never got enough of your medication all ways owing it to me , always queuing, then a long wait for medication not good at all .
Sometimes waiting period is longer than before ,normally as they haven't got the medication
Work well under pressure
I wish the Pharmacy was open longer hours.
My Local pharmacy is excellent
[Name] pharmacy is brilliant
Sometimes I've experienced rude or judgmental staff. My partner has to take disulfiram for alcoholism because he's in recovery and has sometimes been looked at or spoken to negatively because of it. Some of them are dismissive instead of offering advice or assistance to better serve you.
I don't work locally so trying to collect my prescription is always a problem, it can take me a week to get there as they don't offer a delivery service
No pharmacies are open for an emergency on an after hours basis
Require more staff, overwhelmed at times and too long a wait usually go back next day

Pharmacists are very busy and there needs to be more of an appointment system for services as it's not always available as a walk in service. Pharmacies in general need more staff in my opinion
The pharmacy is often absolutely full of repeat medicines. There is not enough storage for the number of prescriptions they dispense each month, so sometimes staff take longer to find medication.
They should be open every day and for longer hours. This would certainly take the strain off GP Surgeries and hospitals. My local one opens 9am until 6pm Monday to Friday. 9am until 1pm and closed all day Sunday. This can make it very difficult to access if you work full time and if you work on weekends.
They regularly lose prescriptions
They're always friendly and Service is excellent.
The local pharmacies are an invaluable part of the service we provide in residential care
Slow
I use [Name] Pharmacy on a daily basis, the company provides medication every month to 24 of the individuals within my care. They offer advice and help anytime of the day. An amazing service and great team.
They provide a good service in a very busy area
They are rude and never have any medication. Staffing is poor and they are not organised
Repeat prescription is Always fine. But my monthly adhd medication which comes from [Name] is never in stock and this leaves me without medication. Also been a few times where the pharmacy can't order the medication from their supplier which then leads me to travelling round trying to find someone who can order it leaving me again without medication longer.
Have to wait often can not find my prescription. Often items are missing
Never has stock when new medication is prescribed, and can take days for a delivery.
[Name] is excellent the named pharmacist is exceptional
I have been using repeat prescription services for 21 years for my son and used various local pharmacies and always seem to have the same type of issues regardless of the pharmacy used. The most frustrating thing is struggling to get my son's prescription despite allowing plenty of time for ordering. It can take up to 5 weeks to obtain certain items sometimes due to them not being ordered by the pharmacy when requested, manufacturer supply issues or items being removed from prescription because they're not ordered often enough ( we only order when needed as some items are long dated and infrequently used it emergency only) or refusal to issue the prescription because it too early. The lack of urgency or work around a family pharmacy is very frustrating as insulin and blood sugar monitoring equipment is not something that you can survive without especially when the two items are used together in a closed loop pump system.
The turn around for dispensing prescriptions sent to pharmacy from GP is slow.
Always a pleasure to use
Great service

It's a great place to get simple problems diagnosed and treated, like a sore throat. And you can get invaluable advice from the pharmacist on many common ailments. This is generally much quicker than going to your local GP surgery. If this should be necessary, the pharmacist will advise you to do that.
Excellent friendly professional service
Ordering on the app is good
[Name] Pharmacy has friendly staff and the pharmacist is pleasant, helpful and has invested significantly to be able to provide a great service
I use [Name] pharmacy in [location] the staff there are amazing very helpfull and friendly
The pharmacist and staff are exceptional
[Name] is amazing .[Staff] is fantastic and every member of her small team is amazing and always happy to help . [Staff] -what a fabulous service they provide to our town
The pharmacy I use often does not have the items prescribed by my gp. Recently I collected my monthly prescription and thought , when I was putting them in my tablet dispenser , that I had mislaid one box of medication. At end of month, I found an " owing" slip at the bottom of the pharmacy bag. The pharmacy had not informed me they had been unable to dispense my medication. It was lucky I had a spate pack from when I had to stop taking that medicine for a few weeks. Also there is no privacy at the counter, and even asking address to check before giving medicines you can be overheard by everyone else.
Very good service. The pharmacy I use though that used to be open on Saturdays has now closed.
Minor ailments scheme is great, also the throat/tonsillitis testing which means tou don't need to sit and wait at the GP surgery
An exceptional reliable pharmacy. Amazing staff. Trusted pharmacist.
Never have enough medication and you have to return for the ones they do not have.
Monthly prescription is never ready, so I'm always without medication for several days.
They could do with more staff.
They are always very busy maybe additional staff would help
Can be stressful and a long wait, not enough staff to cope with the demand.
GP seem to be much quieter where as pharmacy seems to be increasingly busier
There never seems to be enough staff to cope with demand. Long queues. Especially Saturday mornings and afternoon school
My Pharmacy and staff are excellent. I do feel there is more pressure on them with the added flu vaccine, minor ailments etc. Pharmacist works long hours it must be exhausting.
A delivery service would be useful as opening hours are the same as working hours so often need to go to a supermarket pharmacy
I may well be aware of services, but I don't use them. You haven't allowed for that in your sur
Fab service but always busy. not able to get appointment.
Please remember Powys patients we are so grateful we have [Name].

It is quite poor at times and sometimes very poor, but it's the closest to me and attached to the GP
It would be useful to have a prescribing pharmacist as the closest one is in a different town.
Changes of regular repeat medication are a nightmare between GP and Pharmacy and getting them all together.
We have recently changed from a pharmacy, who didn't appear to understand a 28 day medical prescription. We are now with an independent Pharmacy which hopefully does.

**Is there anything else you would like to tell us about your experience of your local pharmacy or GP dispensing services?**

I had a UTI recently. I was seen within 5 minutes of walking in, a prescription was ready within 5 minutes of the consultation ending. The medicine I was provided worked brilliantly. I have previously ended up in hospital with a kidney infection which was agony and I was so grateful the Pharmacist saw me there & then. I think the prescribing service is fantastic. I don't understand why it isn't more heavily promoted.
[Name] Pharmacy is superb
I have now left that pharmacy to go to my more local pharmacy which is so much better!! ([location])
My prescription is never made up however long I leave it which takes up valuable work time.
Have to order 7 days before collection
Asked in pharmacy on behalf of someone else if they could provide contraception pills and was told they could and for them to call in that day after 2pm which they did and was then told they didn't prescribe them and was sent to another chemist out of our area .. not very good service
I had a bad eye last summer...went to see the pharmacist I asked if he could advise me and was told I can't deal with that....he didn't even offer any advice
Rude staff prescription never ready when they have had it for days.
Close to my gp
Online tracking of prescription would be good from doctor, pharmacy to complete and pick up
GP is a waste of time they never try to help they say call to the chemist
Turned away at 10:30am and told not accepting any more prescriptions
I find them helpful and obliging in case of query
Very often can't get meds .....have to revisit a second time
Extremely rude and unhelpful staff at [name]
The staff know me always helpful never been an issue
Yes never got meds in stock always got to go back several times
Needs to be larger but no premises available
My repeat prescribed medication are always ready for me to collect.

There should be a separate pharmacist for dispensing to the one assessing for minor ailments & prescribing. Too much for one pharmacist and increases risk of drug errors due to rushing
Pharmacies seem to be trying their best but GP receptionist need training on who is appropriate to signpost to pharmacy and they need a staff review to ensure safe staffing levels before been given contracts and payment for additional services. So many community pharmacists are running on empty. It is a crime to signpost so much additional work to them without ensuring well being and adequate staffing.
They are constantly running out of drug supplies and are not allowed to change to a different drug even though it does the same thing!
Always top quality service
We desperately need a pharmacy in [location]
We have changed pharmacy to one who is more helpful and sympathetic.
Receptionist dont make it easy to see your gp so we heavily depend on pharmacists services now or i tend to go online for myself for my contraceptive pill as I had to wait ages to see my gp for them I didnt want to wait that long
Don't always order tables so have to go says without medication
Terrible service
[name] pharmacy is not my lo al.one but they are fantastic when I ja e used them for the common ailments scheme their Sunday service was been a lifeline and should b more readily available.....I jave had a more thorough e ami action and Information there then my GP
The pharmacist is fantastic saves me trying to get a doctors appointment
Always looks clean but work needed to front of shop!
Seems very busy
Always help full
It's really inconvenient that my husband has to request repeat items every 28 days. I would definitely use a different pharmacy in my village if they collected prescriptions from my surgery.
The pharmacy staff appear to be overwhelmed and chaotic , not professional in their attitude to customers. No organisation in the dispensing of prescription,s
Process needs to be improved particularly timescales
Staff not always friendly seem stressed
They are under staffed
Their clinical advice is shockingly bad . I heard a pharmacist tell someone with a head injury to look out for drowsiness. No mention of a headache that painkillers don't ease or nausea or vomitting all signs that would indicate a problem before they get to drowsy. They are not trained for this sort of thing . They are dangerous
Very poor
Customer care is exceptional.

Although you tick requirements on prescription of items needed they very often prescribe all items which is a waste ,I now collect the prescriptions from surgery as there was a lot of mistakes bring made or pharmacy didn't have your prescriptions there which meant going back & fore .
I wish you could have a prescriptions dispensed at the local hospital pharmacy.
Weekend opening hours would be good
Most pharmacies are closed on Saturday which is not serving the community at all with no local [name] or [name] which has an instore pharmacy
[name] is very poorly run, queues going out of the door most days, they are VERY slow and bad attitude with not much help. They tell you your prescription is ready over the phone, then go to pick it up and they lie and say its still with the doctors Very poorly run
All staff are extremely friendly and helpful.
They need to be open more frequently
Medication is never ready on time
Make it easier to make an appointment in the surgery. All pharmacists need to be trained to do Common Aliments and available when pharmacy is open.
The staff are professional and friendly
Scripts never ready
The pharmacy I use for work purposes is amazing, always on the other end of the phone to offer advice
Not great
Takes forever to get anything Staff are lovely. My daughters prescription milk is always there when we need it too.
Good doctors except pharmacy and doctors close saturday
The [name] Pharmacy I used previously has struggled to keep staff and did not have a good atmosphere. They did not offer the additional services.
Professional helpful welcoming always happy to help with anything
[Mame] pharmacy in [location] is a treasure of our valley and we are so grateful to [staff] and the gang
Many rely on locum pharmacists so there is no continuity
Downside is the [name] pharmacy is only open Mon-Fri. Opening on a Saturday, even half day would be helpful.
Not always having a complete prescription.
No, exceptional considering the pressures.
More support is needed at my local pharmacy
Giving the best they can when they seem to be under great pressure to fit everything in
Generally very good service

My local Pharmacy has not nearly enough space. It's a very busy because it's next door to the surgery there are five or six people working in quite a confined space. There is a private space to speak to a pharmacist but it's very small and crowded with all kinds of other things. He's not conducive to a private conversation and when it feels that other people could hear one.

Staff are rude

Unsure how to complain when there is poor service

[name] is a very considerate pharmacist, the shop staff are also helpful. Sat morning opening would assist us Monday-Friday workers.

GP surgery has twice tried to palm me off with a different adthma inhaler, despite my asthma being under control and medication having originally been prescribed by hospital Respiratory Clinic. First time this happened I ended up in hospital as alternative inhaler given didn't work as well for me. Last week GP surgery tried it again and I refused it at Pharmacy, then had to do an econsult for GP, then it took them days for my pharmacy to get it as I was unwell & couldn't collect prescription from surgery. Don't know why they ask me to collect any additional prescriptions from surgery when I collect repeats from pharmacy monthly and the surgery is not not the nearest one to my home. I have diagnosed long covid since 7 years ago and chronic fatigue syndrome, I don't have the energy to keep chasing things like this up.

Friendly and helpful

### Are there any services that you would like to see provided in pharmacies?

Answer options	Number of responses
Yes	65
No	165
Chose not to respond	56

Blood pressure checks, chest infections & coughs.

Access to an electronic update on what they have in stock.

Common ailments prescribing

Pharmacist can undertake clinical assesment

Older persons medication information

UTI treatments

Locus provision provided rather than being unable to dispense if the pharmacist is absent eg called to a meeting etc

Many times the pharmacist is not qualified to give advise snd prescribe items ... need qualified pharmacists

I'd like to be able to access a Covid vaccination nearer home but am aware that wouldn't be in your area!

I think all \$ s should have a prescribing pharماسist but also have the time to speak to you not be the only pharماسist in the pharmacy

Menopause and HRT. They are experts in medication and I would feel more informed based on their advice
The All Wales MAR charts and digital medication dispenser machine's
Making sure they have the appropriate medication stocked.
Order online instead of putting my prescription in to GP every month then going to try to collect it from chemist then they've not got the item then I have to hunt everywhere for it
More help with ailments
The services u have listed mostly aren't available and the opening times r very limited
Cholestrol Management and regular testing.
Earlier release of flu jab each year even if you pay for it
Efficiency
Female contraception
More prescribers and the ability to amend drugs to a similar version if they have run out
Auto request of repeats
B12 injection without going to the surgery would be great
Acceptance of and disposal of used/unused adrenaline pens. Public advice from allergy organisations is always "take them to your pharmacy" but all refuse to take the pens. It leaves patients with no means of disposal.
All minor illnesses covered. More pharmacies offering throat swabs especially on weekends
Employ mental health support workers
Weekend hours and open later than 6pm
Prescriptions delivered.
Contraceptive injections such as depo provera
More available appointments for minor problems
More common ailments maybe blood pressure , diabetes
All pharmacist to be able to perscribe, not just one at the top of the valley or in the other valley, thats too hit and miss and not convenient
Neurodevelopmental team being able to send scripts to pharmacy's instead of hospitals
I think pharmacists should proactively promote SPF. For everyday facial protection but especially in the weeks where it's most definitely needed!
There needs to be more provision for pharmacy services later in the evening and on weekends for those patients employed fulltime
Prescribing pharmacy locally
Holiday/travel vaccination service/advice
Weight loss medicine
More minor ailments
Medicine reviews
Perhaps more conditions under the common ailment scheme

Home delivery scheme
I would like to book appointments and medicines online. My surgery does not do this as yet! They need to move with the times.
They should be open on a Saturday if only in the morning like they use to
Tbh I think they are doing enough,hence the back the waiting times.
Medication reviews. I struggled to get a GP appointment just to review my prescription for Citalopram. I would have benefited from visiting the pharmacy for this or being able to contact them some way, to save my GP and me the hassle.
Prescribing and dispensing blood pressure medication as they can take my blood pressure every time
Additional vaccination services to release time for GPs to provide care for those who need to see a GP. Let the pharmacies look after those who want to stay well!
Travel vaccinations
There is always a wait to be served
All pharmacy assistants need to be trained in good customer service even when under pressure.
Just want someone to do the basics well
Blood pressure monitoring,
Cholesterol tests
Not giving my name and address out loud in front of other people waiting
All [name]'s services are amazing but the best service is caring
More emphasis on support with minor injuries (bites, cuts) and more testing for things like bacterial infections and antibiotics etc.
A paid for MOT. Vital signs check, blood sugars ,weight, BMI, etc.
Hrt reviews
NHS weight loss service
Weekend and evening opening for people that work full time
Expansion of independent prescribing services e.g for chest infections etc
Information on other health support services such as chiropody physiotherapy mental health support physical activity Dentist with information about whether they are free or have to be paid for. And an idea of how far we would have to travel to access them.
More time given to them to see patients
Prescribing
Saturday morning opening as it used to.

## Equality monitoring

<b>Age: please indicate your age range by ticking the appropriate box</b>	<b>Number of responses</b>
0-15	0
16-24	3
25-34	27
35-44	40
45-54	59
55-64	73
65-74	60
75 and above	21
Chose not to respond	3

<b>Sex: what is your sex?</b>	<b>Number of responses</b>
Female	244
Male	37
Other	0
Prefer not to say	2
Chose not to respond	3

<b>Ethnic group: what is your ethnic group?</b>	<b>Number of responses</b>
White - Welsh/English/Scottish/Northern Irish/British	276
White - Irish	0
White - Gypsy or Irish Traveller	0
White - Any other white background	3
Mixed/Multiple Ethnic Groups - White & Asian	0
Mixed/Multiple Ethnic Groups - White and Black Caribbean	1
Mixed/Multiple Ethnic Groups - White and Black African	0
Mixed/Multiple Ethnic Groups	0
Asian/Asian Welsh/British - Chinese	0
Asian/Asian Welsh/British – Pakistani	0
Asian/Asian Welsh/British - Bangladeshi	0
Asian/Asian Welsh/British - Indian	0
Asian/Asian Welsh/British - Any other	0
Black/African/Caribbean/Black Welsh/British - African	0

<b>Ethnic group: what is your ethnic group?</b>	<b>Number of responses</b>
Black/African/Caribbean/Black Welsh/British – Caribbean	0
Black/African/Caribbean/Black Welsh/British - Any other	0
Arab	0
Any other ethnic group (please specify below)	0
Prefer not to say	3

Two people said they are Welsh.

<b>Sexual orientation: which of the following options best describes how you think of yourself?</b>	<b>Number of responses</b>
Heterosexual/ Straight	253
Gay man	2
Gay woman/ Lesbian	2
Bisexual	4
Prefer not to answer	19
Other	1

The person who selected “Other” said they are pansexual.

<b>Marital status: are you married or in a civil partnership?</b>	<b>Number of responses</b>
Yes	183
No	80
Prefer not to say	20
Chose not to respond	3

<b>Religion or belief: what is your religion?</b>	<b>Number of responses</b>
Christian (all denominations)	141
Buddhist	1
Hindu	0
Muslim	0
Sikh	0
Jewish	1
Atheist	6
No Religion	116
Other	10
Chose not to respond	11

Four people who selected “Other” expanded upon their answer.

- Baptist
- Jedi
- Prefer not to say
- Catholic

**Disability: Section 6(1) of the Equality Act 2010 states that a person has a disability if:**

- that person has a physical or mental impairment, and**
- the impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.**

<b>Using this definition do you consider yourself to be disabled?</b>	<b>Number of responses</b>
Yes	78
No	188
Prefer not to answer	16
Chose not to respond	4

<b>Gender identity: has your gender identity changed from that assigned at birth?</b>	<b>Number of responses</b>
Yes	10
No	262
Prefer not to answer	12
Chose not to respond	2

<b>Caring responsibilities: Do you look after or give help or support to family members, friends, neighbours or others because of either: a) long term physical or mental ill health or disability or b) problems relating to old age?</b>	<b>Number of responses</b>
Yes	129
No	141
Prefer not to say	13
Chose not to respond	3

## Appendix I – pharmacy contractor questionnaire

Cwm Taf Morgannwg University Health Board is preparing its next pharmaceutical needs assessment or PNA which is due to be published by 1 October 2026 and we need your help to gather some information to support its development.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until 7 April 2026 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email [CTM.PNAqueries@wales.nhs.uk](mailto:CTM.PNAqueries@wales.nhs.uk) with a subject title of 'CTMUHB PNA contractor questionnaire'.

### Premises details

Contractor code (ODS code)	
Name of contractor (ie 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

Is a consultation area:

- available (including wheelchair access), or  Yes
- available (without wheelchair access), or  Yes
- planned within the next 12 months, or  Yes
- no consultation area available, or
- other (specify)  Click or tap here to enter text.

(Please select one option.)

Where there is a consultation area:

- is it a closed room?  Yes  No
- is it a designated area where both the patient and the pharmacist can sit down together?  Yes  No
- are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?  Yes  No
- is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?  Yes  No

If there is no consultation area are there alternative arrangements for confidential discussions?  Yes  No

Do you have Welsh speakers in your staff?  Yes

Are any other languages spoken by staff (in addition to English)?  Yes  No

If yes, please say which ones below.

Click or tap here to enter text.

## Services

Does the pharmacy dispense appliances?

- Yes, all types  Yes
- Yes, excluding stoma appliances  Yes
- Yes, excluding incontinence appliances  Yes
- Yes, excluding stoma and incontinence appliances  Yes
- Yes, just dressings  Yes
- Other   Yes
- None  Yes

## Non-commissioned services

Does the pharmacy provide any of the following?

- Collection of prescriptions from GP practices  Yes
- Delivery of dispensed medicines – free of charge request  Yes on
- Delivery of dispensed medicines – selected patient groups (list criteria)  Yes  
Click or tap here to enter text.
- Delivery of dispensed medicines – selected areas (list areas)  Yes  
Click or tap here to enter text.

- Delivery of dispensed medicines – chargeable  Yes
- Automated collection point at the premises  Yes

In your opinion is there a requirement for an existing additional clinical 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:

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
We don't have sufficient capacity and would have difficulty in managing an increase in demand.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

### 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 the person completing the questionnaire, in case we need to discuss your response with you.

Click or tap here to enter text.

Contact email address Click or tap here to enter text.

## Appendix J – dispensing GP practice questionnaire

Cwm Taf Morgannwg University University Health Board is preparing its next pharmaceutical needs assessment which is due to be published by 1 October 2026 and we need your help to gather some information to support its development.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until 7 April 2026 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email [CTM.PNAqueries@wales.nhs.uk](mailto:CTM.PNAqueries@wales.nhs.uk) with a subject title of 'CTMUHB PNA contractor questionnaire'.

Please insert the name of the practice you are completing the questionnaire on behalf of:

Click or tap here to enter text.

Please insert the address or addresses of the premises for which the practice has premises approve to dispense from:

Click or tap here to enter text.

**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			

### Are appliances dispensed from the premises?

- Yes, all types  Yes
- Yes, excluding stoma appliances  Yes
- Yes, excluding incontinence appliances  Yes
- Yes, excluding stoma and incontinence appliances  Yes
- Yes, just dressings  Yes
- Other  [Click or tap here to enter text.](#)
- None  Yes

### Delivery of dispensed items

Does the dispensary provide any of the following?

- Delivery of dispensed medicines – free of charge request  Yes on
- Delivery of dispensed medicines – selected patient groups (list criteria)  Yes  
[Click or tap here to enter text.](#)
- Delivery of dispensed medicines – selected areas (list areas)  Yes  
[Click or tap here to enter text.](#)
- Delivery of dispensed medicines – chargeable  Yes

Do you have Welsh speakers in your staff?  Yes

**Which languages, in addition to English, are available to patients from staff at the premises every day – please list the main languages spoken.**

[Click or tap here to enter text.](#)

### Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only:

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
We don't have sufficient capacity and would have difficulty in managing an increase in demand.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

### **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.

Click or tap here to enter text.

### **Details of the person completing this form:**

Contact name of the person completing the questionnaire, in case we need to discuss your response with you.

Click or tap here to enter text.

Contact email address

Click or tap here to enter text.

## **Appendix K – consultation report**

To be inserted after the consultation.

## Appendix L – pharmacy opening hours



CTM PNA 2026  
appendix L.xlsx