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Swansea Bay University Health Board Pharmaceutical Needs Assessment October 2021

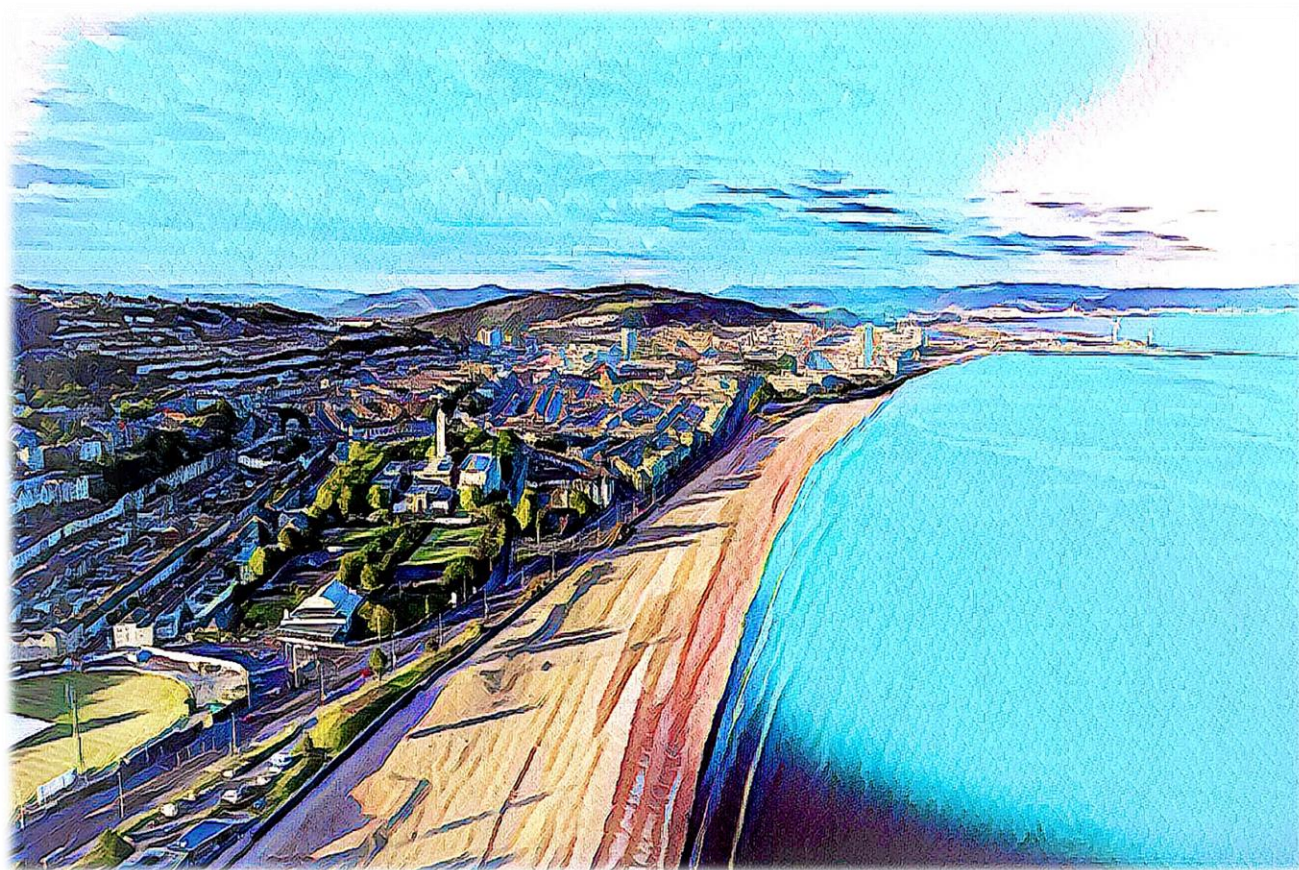


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Executive summary

Swansea Bay University Health Board (UHB) is pleased to share a draft of its proposed Pharmaceutical Needs Assessment (PNA), subject to public consultation.

Health Boards in Wales are required under section 82A of the Public Health (Wales) Act and enacted by The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, to publish a Pharmaceutical Needs Assessment by the 1st October 2021.

The purpose of the Swansea Bay UHB Pharmaceutical Needs Assessment is to:

- Set out current pharmaceutical services provided for its population from both within and outside of its area
- Assess the need for pharmaceutical services in the future
- Inform the planning and commissioning of pharmacy services by identifying any gaps or needs
- Inform decision making about applications from pharmacy contractors, appliance contractors or dispensing GP practices

The PNA will be used by the Health Board to determine applications from pharmacy contractors or dispensing appliance contractors for new, additional or relocated premises, changes to opening hours or the provision of more pharmacy based services, to meet local health priorities.

The current provision of pharmaceutical services

Pharmaceutical services are defined by reference to the NHS regulations for community pharmacies, dispensing GP practices and appliance contractors.

There are three tiers of community pharmacy services:

- *Essential services* – services which every community pharmacy providing NHS pharmaceutical services must provide. These include the dispensing of medicines, promotion of healthy lifestyles, support for self-care and disposal of unwanted patient medication.
- *Advanced services* - services that all community pharmacy contractors and dispensing appliance contractors can provide subject to specific accreditation and facilities. The current advanced services are Medicines Use Reviews, Discharge Medicines Reviews, Appliance Use Reviews and the Stoma Appliance Customisation Service.
- *Enhanced services* - services that are National (Wales) or which are locally commissioned. These can be offered to all or selected pharmacies, depending on the type of service and the need that it supports. National enhanced services include e.g. the Common Ailments Service, Emergency Contraception, Emergency Supply of Medication, Smoking Cessation and Influenza Vaccination.

Community pharmacy contractual framework negotiations are on-going at the time of preparing this PNA and some national enhanced services may be reclassified as advanced services in future.

There are currently 93 NHS pharmacy contracts in Swansea Bay UHB that provide the full range of essential pharmacy services. One community pharmacy opened in 2020 so some data will refer to 92 rather than 93 pharmacies.

Dispensing GP practices help to provide pharmacy services in very rural areas where it might be difficult for patients to get to a pharmacy. These practices are able to dispense medication to patients that meet certain criteria.

1 of the 49 GP practices in Swansea Bay UHB have consent to dispense medication to patients on their dispensing list.

To be eligible for dispensing services, patients must meet certain criteria. Briefly, an eligible patients is one that:

- Lives in a “controlled locality” – an area which has been determined by the Health Board, as rural in character and
- Is more than 1.6km / 1 mile from a pharmacy – measured as a straight line

There is also an option, for a patient to claim to have serious difficulty in accessing pharmaceutical services, which the Health Board can be asked to consider, where the “Controlled locality “ and distance from a pharmacy don’t apply.

There is one controlled locality within Swansea Bay UHB: Glyncorrwg dispensing GP practice.

Appliance contractors only dispense appliances. There are no dispensing appliance contractors in Swansea Bay UHB.

Essential Services

In 2019/20, 97.6% of all prescriptions written by GPs in Swansea Bay UHB were dispensed by the 93 pharmacies in the Health Board area, with only 2.16% dispensed outside of the area. In 2019/20, the 1 dispensing GP practices dispensed 0.3% of the total items.

Some residents will find it easier to access pharmaceutical services outside of the Health Board area. This is due to a number of reasons, including living close to another Health Board boundary, residents of Swansea Bay UHB on holiday in other areas, or residents working in a different Health Board area to the one in which they reside.

Swansea Bay UHB has a population of 390,315. There are 93 pharmacies serving the population, which provides a ratio of 2.38 pharmacies per 10,000 population. This is higher than the average for Wales which is around 2.26.

The residents of Swansea Bay UHB are well served in relation to the number of pharmacies and access to essential pharmaceutical services is good and no gaps in the current provision of these services has been identified.

Advanced Services

Advanced services currently provided by pharmacies in Swansea Bay UHB are the Medicine Use Review (MURs) and Discharge Medicines Review (DMRs). 93 pharmacies offer the MUR service and 92 pharmacies offer the DMR service. The MUR services has a maximum level of activity that a pharmacy can provide per year which is 400 MURs (the MUR service was suspended at the start of the COVID-19 pandemic and it is pending review). During 2019/20 the DMR service had a maximum level of activity that a pharmacy can provide per year which was 140 DMRs. The cap on DMR activity has since been lifted.

During 2019/20, when 91 pharmacies were accredited to provide MURs, a total of 22,777 were completed out of a possible maximum of 36,400.

During 2019/20, when 90 pharmacies were accredited to provide DMRs, a total of 779 completed out of a possible maximum of 12,880

There are no pharmacies in Swansea Bay UHB that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

Based on the level of activity in 2019/20 there is sufficient capacity within existing pharmacy contractors for advanced services to provide access for the residents of Swansea Bay UHB and no gaps in the current provision of these services have been identified.

Enhanced Services

A range of National enhanced services are available to commission from pharmacies. These services will be consistent across all Health Boards in Wales. Health Boards can also commission local enhanced services, where a specific need is identified. A small number of local enhanced services have been developed in Swansea Bay UHB for delivery via community pharmacies.

The number of pharmacies commissioned to offer enhanced services will vary according to the type of service and the needs of the local population.

Examples of the National enhanced services:

- Common Ailments Service – advice and free treatment for up to 27 common conditions. 93 pharmacies in Swansea Bay UHB offer this service which affords the best access possible to residents.

- Emergency Medication Supply – provides for the urgent supply of prescribed repeat medication, where a patient is unable to obtain a supply via other means before they run out of medication. 91 pharmacies offer this service.
- Influenza Vaccination – this service is seasonal and operates from October through to March. 87 pharmacies offered this service in 2020/21.
- Emergency Contraception (morning after pill) - is offered by 90 pharmacies and allows a supply of the morning after pill, following a consultation, to females aged 13 and above.
- Smoking Cessation Services – there are two levels of smoking cessation service offered by pharmacies. Level 2 is a supply only service which provides free nicotine replacement therapy (NRT) following assessment by a smoking cessation advisor. Level 3 is a complete one-stop service which includes both the supply of NRT and counselling sessions via a pharmacy. 88 pharmacies offer Level 2 and 76 pharmacies offer Level 3.

There is currently very good access to National enhanced services across the Health Board.

The Assessment process

As part of the process in developing this PNA, the views of stakeholders, were gathered. A 4 week public engagement was conducted from 13th April 2021 to 16th May 2021. An on-line survey was launched. 77 responses were submitted, which offered an indication of the public's view on current pharmaceutical services available.

The main points highlighted from the public engagement were:

- 64% of respondents were aware that pharmacies offered Common Ailments, and 87% were aware pharmacies offered Influenza Vaccinations,
- 49% indicated that the most convenient time to visit a pharmacy was between 9.00am and 6.00pm
- 67.5% of the respondents travelled by car to a pharmacy
- 61% indicated they always use the same pharmacy
- Choice of pharmacy was mainly influenced by proximity to home, work or GP practice
- Respondents noted the length of travel time to a pharmacy as being:
 - Less than 5 minutes for 33%
 - 5-15 minutes for 55.3%
 - More than 15 minutes but less than 20 minutes for 10.5%
 - More than 20 minutes for 1.3%
- Analysis of the responses from the public engagement exercise, gives an indication that pharmacies and the services they offer are well regarded and valued by the public.
- Existing pharmacy contractors were asked to complete a questionnaire which asked about facilities available, the need for services not currently available in the area, and whether the pharmacy has sufficient capacity to meet an increasing demand for pharmaceutical services. All 93 pharmacies completed the questionnaire.
- 92 pharmacies confirmed the availability of a consultation room, with 1 having plans to introduce one within 12 months

- 79 pharmacies confirmed there was sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their local area
- 12 confirmed that whilst not having sufficient capacity at present, adjustments could be made to either the premises or staffing to manage an increase in demand
- 2 pharmacies did not have sufficient capacity and would have difficulty in managing any future increase in demand for pharmaceutical services.

The pharmacy contractor questionnaire responses, evidenced that there is a high number of pharmacies with consultation areas. These are vital for the provision of certain enhanced services and to support an increase in the range of services that pharmacies could be commissioned to provide in future. The responses also demonstrated that the majority of pharmacies, (91), have capacity to manage or make adjustments to manage an increase in demand for pharmaceutical services.

The 1 dispensing GP Practice was invited to provide information via a questionnaire. Information on opening hours, pharmaceutical services and capacity was captured.

The number of patients that are eligible to receive dispensing services from the dispensing GP practice is fairly static due to the criteria that is set. As at May 2021, the number of patients that were listed for dispensing services by the dispensing GP practice was 785. This equates to 0.2% of the Swansea Bay UHB population.

The practice advised it has sufficient capacity to manage any potential increase in demand for essential pharmaceutical services during the lifespan of the PNA.

In order to identify whether there are any gaps in the current or future provision of pharmaceutical services within Swansea Bay UHB a set of criteria was developed to measure the number and location of pharmacies by locality, opening hours and availability of advanced and enhanced services.

- Number of pharmacies per 10,000 population
- Number of pharmacies open within normal working hours (Monday – Friday 9.00am – 5.30pm)
- Number of pharmacies open outside normal working hours on weekdays
- Number of pharmacies open on weekends
- Availability of advanced services
- Availability of specific enhanced services

The current and future provision of pharmaceutical services in each of the 8 localities within Swansea Bay UHB were considered against the above criteria.

Conclusions

The full document provides, information regarding the regulatory framework for pharmaceutical services and current provision in the Health Board area. As well as the demographic characteristics of the population and their health needs, the views gathered from the public on existing services and information provided by pharmacy contractors and dispensing GP practices.

The data from these sources and the criteria set out to measure gaps in service, were used to consider whether current pharmaceutical service provision meets the needs of Swansea Bay UHB residents. In addition, this PNA has also considered any predicted population changes during its 5 year lifespan and whether any gaps in future provision of pharmaceutical services are identified.

A summary of the conclusions is set out below.

- The residents of Swansea Bay UHB are well served in relation to the number of pharmacies per 10,000 population and has a higher ratio compared to the average for Wales.
- Access to essential pharmaceutical services for the residents of Swansea Bay UHB is good and no gaps in the current provision of these services has been identified.
- Access to advanced pharmaceutical services for the residents of Swansea Bay UHB is very good and no gaps in the current provision of these services has been identified.
- Access to enhanced services for the residents of Swansea Bay UHB is very good, overall and no gaps in the current provision of these services have been identified.

The PNA also looks at potential changes during the lifetime of the document. These include projected population growth, and housing developments. Given the projected population demographics, housing projects and the distribution of pharmacy services across Swansea and Neath Port Talbot, the Swansea Bay UHB PNA concludes that:

- The current provision of essential, advanced and enhanced services is sufficient to meet the future needs of the residents during the five year lifetime of this document

Next steps

The Swansea Bay UHB PNA will be in effect for a period of 5 years from the 1st October 2021. It may be reviewed within the 5 years if there are sufficient changes to local need for pharmaceutical services which would necessitate an earlier review.

The PNA will direct decisions to be made by the Health Board on applications from new pharmacy contractors or appliance contractors. It will also inform commissioning of enhanced services from pharmacies and any applications to vary core opening hours.

Pharmacies and dispensing practices are valuable community assets that support local populations with medication needs. In addition community pharmacies can also support a wider range of health needs. They offer easy access to residents and should be developed to support routine health needs such as self-care, chronic conditions management and treating minor ailments.

Acknowledgements

Finally, in pulling together the PNA acknowledgement and thanks go to Hywel Dda Health Board, BRR Consulting, NWIS, Public Health Wales, NPT AND Swansea Local Authority, members of the steering group and the editorial team.

1. Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health Board's area for a period of up to five years, linking closely to the Swansea Bay University Health Boards (Swansea Bay UHB) Health Needs Assessment. Whilst the Health Needs Assessment focusses on the general health needs of the population in the Health Board's area, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by the Health Board.

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

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

Application for changes of ownership and relocations for business type reasons (e.g. a lease has expired and there is a need for new premises) under Reg 15(1)9b) (ii) are not determined against PNA.

1.2 Health Board duties in respect of the pharmaceutical needs assessment

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

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

1.3 Pharmaceutical services

The services that a PNA must include are defined within both the National Health Service (Wales) Act 2006¹ and the NHS (Pharmaceutical Services) (Wales) Regulations 2020²,

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
- 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 Swansea Bay UHB there are 93 pharmacies, 1 dispensing practice and no dispensing appliance contractors.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968³ 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 and Dentists, Swansea Bay UHB does not hold signed 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 2020², the Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions 2005⁴, and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010⁵.

Pharmacy contractors provide three levels of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework, namely:

- Essential services – all pharmacies must provide the following services or activities:

¹ National Health Service (Wales) Act 2006 <https://www.legislation.gov.uk/ukpga/2006/42/contents>

² NHS (Pharmaceutical Services) (Wales) Regulations 2020

<https://gov.wales/sites/default/files/consultations/2019->

³ Medicines Act 1968 <https://www.legislation.gov.uk/ukpga/1968/67>

⁴ Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions

<https://gov.wales/sites/default/files/publications/2019-07/the-pharmaceutical-services-advanced-and-enhanced-services-wales-amendment-directions-2015.pdf>

⁵ Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010

<https://gov.wales/sites/default/files/publications/2019-07/the-pharmaceutical-services-advanced-servicesappliances-wales-directions-2010-2010-no-13.pdf>

- Dispensing of prescriptions including urgent supply of a drug without a prescription
- Dispensing of repeatable prescriptions
- Disposal of unwanted drugs
- Promotion of healthy lifestyles
- Public Health Campaigns
- Signposting
- Support for self-care

Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements. The advanced services currently offered in Swansea Bay UHB are:

- Medicines use review and prescription intervention services (more commonly referred to as the medicines use review or MUR service)
- Discharge medicines review service (DMR service)
- Stoma customisation service
- Appliance use reviews

Enhanced services – service specifications for this type of service are developed by the Health Board and then commissioned to meet specific health needs. There are national enhanced services and local enhanced services which are developed to meet local needs. In Swansea Bay UHB the following national enhanced services are available:

- Emergency Contraception
- Emergency Medicines Supply
- Common Ailment Service
- Needle and Syringe Programme
- Just in Case Pack Scheme
- Rota service (additional opening hours)
- Blood Borne Virus Screening Service
- Stop Smoking Service Level 2 and 3
- Supervised Administration Service
- Sore Throat Test & Treat
- Independent Prescribing Service
- Influenza Vaccination service
- Inhaler Review Service
- Transitional Service

And the following local enhanced services

- Palliative Care Medication Service
- Medicines Management in Care Homes
- Low Molecular Weight Heparin (LMWH) supply service
- Medicines Management in Domiciliary Care
- Take Home Naloxone Service
- Heartburn Management
- Tuberculosis Medicines Compliance

Further information on the essential, advanced and enhanced services within Swansea Bay UHB can be found in Section 5 and regulation requirements are detailed 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 2020² and includes:

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

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

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and the Health Board will assess the application against the needs of the population of its area as set out in the PNA, to determine whether to agree to the change 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 3 months' notice.

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

Swansea Bay UHB 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 2020² and in the NHS Pharmaceutical Services (Pharmaceutical Services) (Wales) Regulations 2013⁶.

Many patients in Swansea Bay UHB receive their appliances via relevant specialist services e.g. Continence Product Prescription Service (where prescriptions are ordered via the Continence Service and are authorised by Specialist Continence Nurses. Patients can choose whether their prescriptions are sent to a community pharmacy, Dispensing Appliance Contractor or to their home). Lymphoedema Services provide lymphoedema garments for patients from stock available at designated clinics; on rare occasions they may provide a

⁶ [The National Health Service \(Pharmaceutical Services\) \(Wales\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukdsi/2013/01/5137013000010001.pdf)

WP10 prescription for the patient, e.g. for an unusual garment or an antibiotic. Community Nurse teams are able to treat patients with wound care dressings from stocks held locally although there may be occasions when a WP10 prescription needs to be provided, e.g. for a non-formulary item.

Some patients opt to have their appliance prescribed by the GP. The patient then chooses whether the prescription is sent directly to the supplier, or to a community pharmacy to dispense.

1.3.3 Pharmaceutical services provided by doctors

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

- Patients must live in a 'controlled locality' (an area which has been determined by the Health Board or a preceding organisation as rural in character, or on appeal by the Welsh Ministers), more than 1.6km/1 mile (measured in a straight line) from a pharmacy
- Their practice must have premises approval and consent to dispense to that area

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

Swansea Bay UHB has one controlled locality for the Glyncorrwg Dispensing doctors.

1.4 Other NHS services

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

1.5 How the assessment was undertaken

1.5.1 PNA steering group

Swansea Bay UHB has overall responsibility for the publication of the PNA. A PNA Steering Group was established, whose purpose was to ensure the development of a robust PNA that complies with the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and meets the needs of the local population. The membership of the Steering Group ensured all the main stakeholders were represented and can be found in Appendix F.

1.5.2 PNA localities

The localities that have been used for the PNA match the boundaries of the 8 Primary Care clusters within Swansea Bay UHB, namely:

- Afan
- Neath

- Upper Valley
- Cwmtawe
- Penderi
- City
- Bay
- Llŵchwr

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

Clusters are central to delivering the Primary Care Model for Wales and developing the links to the Regional Partnership Boards and the wider community infrastructure to support Health and well-being care and deliver the quadruple aims of ‘A Healthier Wales’.

Health planning is done on a cluster basis with each cluster producing a 3 yearly Integrated Medium Term Plan (IMTP) which is reviewed annually. The IMTP includes population needs assessments and an asset profile for each cluster; these help to plan services on a population needs basis.

Community Pharmacy is one of the Primary Care contractors and therefore a relevant provider of services within a cluster.

1.5.3 Public Engagement

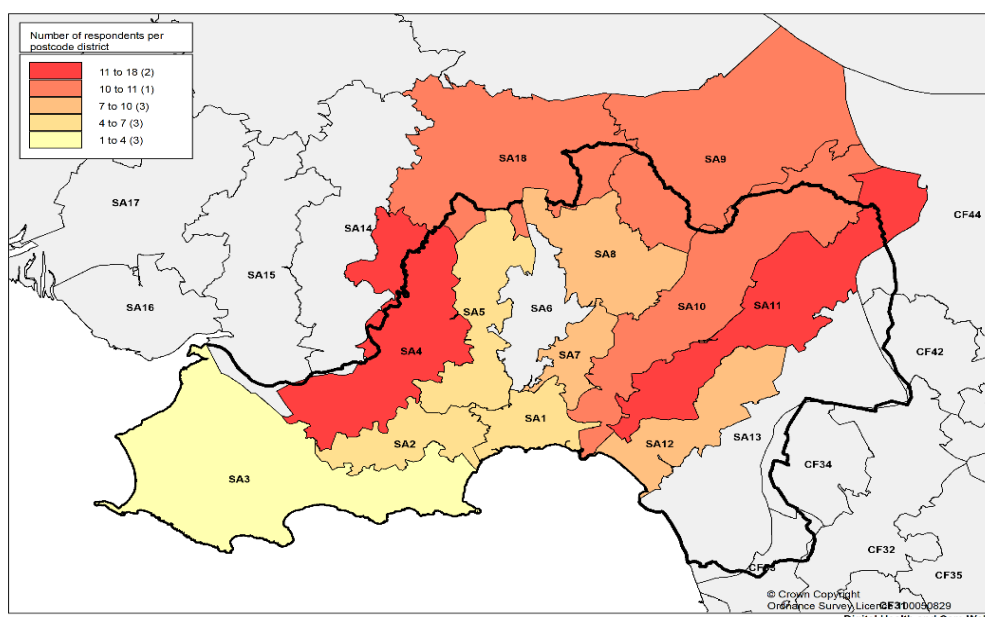
In order to gain the views of the public on pharmaceutical services, a questionnaire was developed and made available via an online survey platform from 13th April 2021 to the 16th May 2021. The survey was promoted through the Health Board’s website, on all social media platforms and posters were displayed in all community pharmacies. The Health Board consulted with the Community Health Council (CHC) on the content of the questionnaire which was shared with their members.

A copy of the public survey can be found in Appendix G and the full results can be found in Appendix H.

There were 77 responses to the Public Engagement survey, all were completed online.

About the respondents

Responses were received from people living across the Health Board area which was evidenced by the postcodes provided.



The majority of respondents were female — 66, followed by males – 8, 2 preferred not to say or indicated other. The largest groups of respondents were aged 35 – 44 years and 65 – 74 years (both at 25%). 53.3% of respondents visit a pharmacy monthly, followed by 17% who visit fortnightly.

Summary of responses to questions on pharmaceutical services

The main reason for visiting a pharmacy was to get a prescription for themselves (71 respondents) or for someone else (40 respondents). 43 respondents indicated they use pharmacies to purchase medicines and 31 respondents used pharmacies to obtain advice (more than one answer could be given).

The survey gauged the level of knowledge of a range of pharmacy enhanced services:

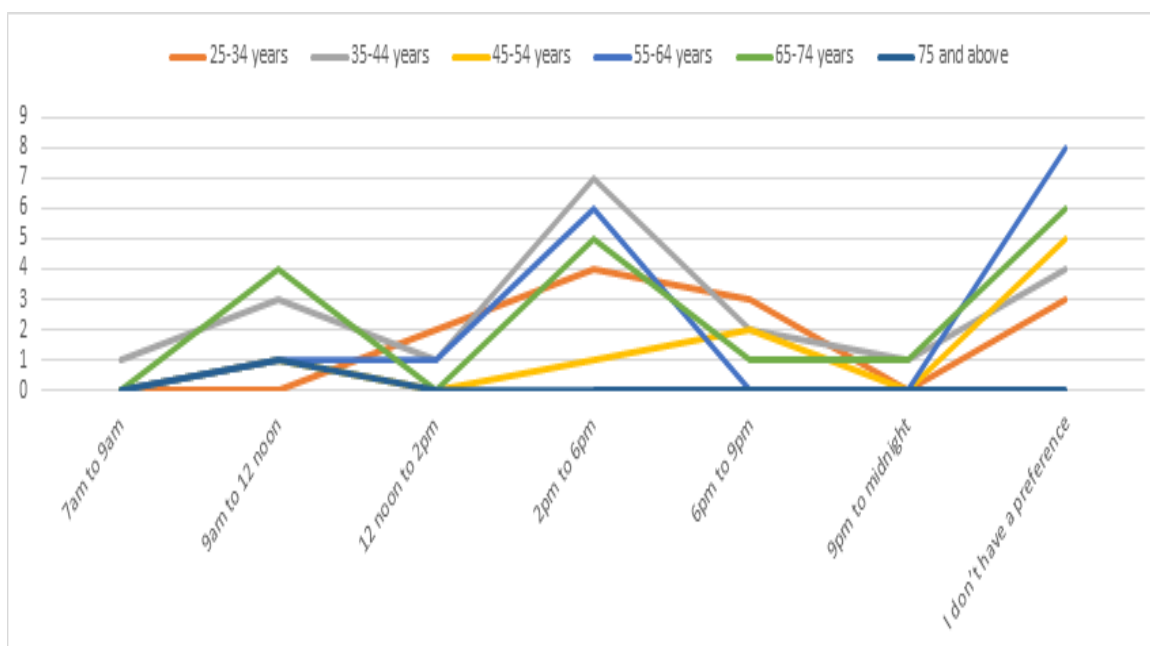
- 64% were aware of the Common Ailments Service
- 87% were aware that community pharmacy offered Influenza Vaccinations
- 40% were aware that community pharmacy offered smoking cessation support
- 49% were aware that community pharmacy offered emergency contraception
- 32% were aware that community pharmacy offered emergency medicines supplies
- 19% were aware that community pharmacy offered a needle exchange service

71% of respondents had accessed enhanced and advanced services provided at the pharmacy. With flu vaccine being the most frequently accessed service for 41% of respondents, followed by Medicine Use Reviews at 26% and the Common Ailments Service at 20.3%.

3.9% of respondents selected Monday as the most convenient day to use a pharmacy. No respondents selected Wednesday as the most convenient day. 20.8% selected weekdays in general and 11.7% selected weekends in general, as the most convenient period to use a pharmacy.

26% of respondents did not express a preference for the most convenient time to visit a pharmacy. Of those that did express a preference, the most convenient time to visit a pharmacy was between 9.00am and 6.00pm (49% of respondents). 73% of respondents stated that they had not recently experienced a time when they were not able to use their normal pharmacy.

Most convenient time to access a pharmacy by age



61% indicated they always use the same pharmacy, with only 1.3% stating they always use different pharmacies, 35% said that they use different pharmacies but would prefer to use one most often. Overwhelmingly, the responders preferred to use a regular pharmacy.

The most common criteria for choosing a pharmacy was stated as (Multiple selections could be made):

- Being close to home or work location 62
- Being close to a person's GP practice 40
- The location of the pharmacy is easy to get to 37
- I like and trust the staff who work there 36
- Pharmacy collecting and delivering prescription 14

Of the 37% of respondents stated that they have a more convenient pharmacy that they do not use. 21.4% selected the option "the service is too slow" as the reason for this. Varying other reasons were given as part of the free-typed option which included "the pharmacy being too far from their GP surgery" and "the pharmacy only being open until 1pm on Saturday."

Respondents noted the length of travel time to a pharmacy as being:

- Less than 5 minutes for 33%

- 5-15 minutes for 55.3%
- More than 15 minutes but less than 20 minutes for 10.5%
- More than 20 minutes for 1.3%

67.5% of respondents stated that they travel to the pharmacy by car and 26% stated that they get to the pharmacy on foot. 87% of respondents stated that they do not have difficulty getting to a pharmacy. 57% felt able to discuss something privately with a pharmacist, 32.5% said that they had never needed to. 10.4% said that they would not be comfortable.

34 people provided comments on pharmacy services. 2 responses had both positive and negative comments about pharmacy services. 15 of the responses were complimentary about pharmacy services. 2 responses provided general comments including:

- *Another health board offer the ability to receive regular oral contraceptive pills from the pharmacy. This would be useful rather than visiting the GP.*
- *I do wish that the shop pharmacist could review my medications. There is an in house pharmacist in my GP but she is usually so far booked up I worry that I will not get my review on time and I will be without my medicines. My shop pharmacist knows me so well.*

A small sample of positive comments are listed below (comments are shown as written). The full list can be seen in Appendix H.

- *It's brilliant. Because the staff know me and my regular meds they are able to pick up on potential problems e.g. they spotted that a new prescription I had from the doctor had a contraindication with one of my regular meds. They were able to ring the surgery and sort it out.*
- *They're always accessible, knowledgeable, and deliver my repeat prescription without fuss. They're also close to my house, so I can pop in if I need anything quickly*
- *My local pharmacy provides an excellent service with friendly staff and a knowledgeable pharmacist who is happy to discuss my medication and offer advice where applicable. There are many occasions I would prefer to visit my local pharmacist rather than my local GP surgery. He would be sorely missed.*
- *My local pharmacy is an essential part of my health team as I have a chronic health condition. They are outstanding in their service to me and the community they serve. They are trusted and respected by the community, and go above and beyond to ensure the health of the community*

15 comments were negative and the key themes were:

- *Staff appearing under pressure with low staffing levels*
- *Speed of service*

Respondents were asked if there were any barriers to them accessing services at their pharmacy: 12 respondents provided a response to say that they had some barriers. The key themes of these responses were:

- *Opening hours*

- Size of pharmacy leading to a lack of privacy

Analysis of the responses from the public engagement exercise evidenced that pharmacies and the services they offer are well regarded and valued by the public. There was a reasonable level of knowledge of the services offered. There was a clear preference to use a regular pharmacy and the most convenient time to access pharmacy services was on weekdays between 9.00am and 6.00pm.

1.5.4 Contractor engagement

Pharmacy contractors

A questionnaire for pharmacy contractors was issued via NHS Wales Shared Services Partnership as part of the annual All Wales Pharmacy Database (AWPD) validation exercise. The AWPD validation exercise requires all pharmacy contractors to confirm the accuracy of information held on the database, including opening hours and services offered.

The online pharmacy contractor questionnaire was open from 18th November 2020 to the 20th of December 2020 and the results are summarised below.

All 93 pharmacies in Swansea Bay UHB responded, resulting in a response rate of 100%. The Health Board is grateful for the support of Community Pharmacy Wales in encouraging contractors to complete the questionnaire.

A copy of the pharmacy contractor questionnaire can be found in Appendix I

The key highlights from the pharmacy contractor questionnaire are detailed below:

- 88 out of the 93 pharmacies confirmed that the pharmacy premises was accessible by wheelchair
- 92 pharmacies confirmed they have a consultation area with one pharmacy advising that they are planning to have a consultation area within the next 12 months.
- 82 pharmacies confirmed the consultation room had wheelchair access

Since April 2005, consultation rooms have become increasingly common in pharmacies as they are a pre-requisite for providing some advanced and enhanced services. The MUR Service was the first service to require a consultation area which had to meet three standards:

- An area distinct from the general public area of the pharmacy (and designated as a private area)
- An area where both the patient and pharmacist can sit down together
- An area where both the patient and pharmacist are able to speak at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy

92 pharmacies stated that they have a consultation area and 1 pharmacy stated that there was a consultation area planned within the next 12 months.

Of the 92 pharmacies who stated that they have a consultation area, 91 pharmacies confirmed that the area was in a closed room and 1 pharmacy noted alternative arrangements for confidential discussions.

Pharmacies were asked if their consultation area met these standards:

- 90 pharmacies declared that their consultation areas were clearly designated for confidential consultations, distinct from the general public areas of the pharmacy (of the 92 pharmacies who stated that they have a consultation area, 2 did not provide a response to this question)
- 91 pharmacies declared that both the patient and pharmacist can sit down together (of the 92 pharmacies who stated that they have a consultation area, 1 did not provide a response to this question)
- 89 pharmacies declared that the patient and pharmacist are able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy (of the 92 pharmacies who stated that they have a consultation area, 2 did not provide a response to this question)

6 pharmacies noted Welsh as a language spoken in the pharmacy in addition to English and 1 pharmacy noted Urdu Punjabi as a language spoken in the pharmacy in addition to English. From the public engagement survey, only 2.7% of respondents stated that Welsh is their preferred language when accessing pharmacy services.

A range of appliances are available via the NHS and these are sometimes supplied through community pharmacies, where the pharmacy contractor has elected to provide this specific service. Items covered by the term appliances can include, dressings, incontinence appliances and stoma appliances.

- 82 pharmacies indicated they dispense all types of appliances
- 10 pharmacies dispense dressings only
- 1 pharmacy does dispense appliances but excludes stoma appliances

As was evidenced in the public engagement analysis the collection of prescriptions from a surgery by their pharmacy was a determining factor for some patients in their choice of pharmacy. From the pharmacy contractor survey responses, 90 pharmacies confirmed that collection of prescriptions from GP Practices was offered.

From the public engagement questionnaire, the majority of respondents (67.5%) travelled by car to the pharmacy and did not have medication delivered, but for many residents this would be a vital service. 60 pharmacies said that they provide delivery of dispensed medicines free of charge on request and 3 indicated that it was a chargeable service. Of those that did offer a delivery service, 33 noted that it would be for specific patient groups only and 6 noted that it covered only a limited area. Specific patient groups listed were:

- Clinical need/mobility issues
- Elderly and infirm
- Vulnerable and those shielding due to COVID-19

It should be noted that the delivery of medicines is not an NHS commissioned service.

The range of services offered by community pharmacies has increased over the last 5 years and is likely to continue increasing as more services are developed which can be delivered within local communities. The pharmacy contractor survey aimed to determine the current level of capacity within community pharmacies:

- 79 pharmacies said that they had sufficient capacity within their existing premises and staffing levels to manage the increase in demand in their area
- 12 stated that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand
- 2 said that they didn't have sufficient premises and staffing capacity and would have difficulty managing an increase in demand

The 2 pharmacies that noted difficulty in managing an increase in demand were located in the following localities:

- Penderi – 1 pharmacy
- Upper Valleys– 1 pharmacy

In response to the question on the need for existing enhanced services currently not provided in their area. The following services were listed:

- Independent Prescribing for Acute Conditions
- Medicines Review
- Sore Throat Test & Treat
- Inhaler Review
- Level 3 Smoking Cessation
- Access to Palliative Care Medicines
- Needle Syringe Programme
- Low Molecular Weight Heparin supply service
- Flu Vaccine

In response to the question regarding the need for new enhanced services which are not currently provided. 14 pharmacies responded with the following suggestions (some provided more than one):

- Healthy living Services
- Skin cancer screening service
- Urinary Tract Infection service (via PGD)
- Nasal carriage of staphylococci (via PGD)
- New Medicines Service
- Oral Contraception Service (via PGD or Independent Prescribing)

The pharmacy contractor questionnaire responses, evidenced that there is a high number of pharmacies with consultation areas. These are vital for the provision of certain enhanced services and to support an increase in the range of services that pharmacies could be commissioned for in the future. The responses also confirmed that the majority of pharmacies (91) have capacity to manage or make adjustments to manage an increase in demand for pharmaceutical services.

Dispensing GP Practices

A questionnaire was issued to the 1 dispensing GP practice within Swansea Bay UHB.

The questionnaire was open from 20th April for four weeks and the 1 dispensing practice completed the questionnaire, resulting in a response rate of 100%.

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

The key highlights from the dispensing GP practice questionnaire are detailed below.

The GP Practice was asked whether appliances are dispensed from their dispensary:

- The practice doesn't dispense any appliances

The dispensing practice offers free of charge deliveries which are available on request.

The dispensing practice identified English as the only language available to be spoken between patients and staff at the premises.

The practice was asked whether they had capacity within their dispensing service to meet increasing demand for health services. The response was as follows:

- The practice has sufficient capacity within their existing premises and staffing levels to manage an increase in demand

The dispensing practice was asked to provide details of any other activities provided that relate to dispensing services. The response included the following activities:

- MAR Charts
- Dosette Boxes
- 'Online' ordering
- Weekly pick-ups
- GP emergency drugs
- Treatment room
- Delivery service

1.5.5 Other sources of information

Data on enhanced service activity for Pharmacies was sourced from systems which gather service activity. These included the Choose Pharmacy platform, National Electronic Claim & Audit Form (NECAF) and paper claims. Prescribing and dispensing data was obtained from NHS Wales Shares Services Partnership. Other health related data was sourced from the Public Health Wales Observatory and from Cluster IMTPs. Population, deprivation and drive time mapping was provided by NHS Wales Informatics Service (NWIS).

1.5.6 Consultation – *to be completed post consultation*

To be completed following consultation period.

2.1 Overview of Swansea Bay University Health Board



On 1st April 2019, Abertawe Bro Morgannwg University Health Board (ABM UHB) officially changed its title as well as borders. The Health Board area became known as Swansea Bay University Health Board. The new name reflects the new geographical area, covering Swansea and Neath Port Talbot.⁷

In June 2018, the Minister for Health and Social Services Vaughan Gething announced that responsibility for providing healthcare to the population of Bridgend County Borough would transfer from Abertawe Bro Morgannwg UHB to Cwm Taf University Health Board in order to strengthen partnership arrangements for Bridgend County Borough Council.⁸



The transition presents the Health Board with many opportunities. Swansea Bay University Health Board is smaller than previously was as ABM UHB – serving a population that is 28% less. The lesser amount of residents presents an opportunity to work more closely and cohesively with partners across what is still a large organisation.

Swansea Bay University Health Board (SBUHB) includes the unitary authorities of Swansea and Neath Port Talbot. Swansea Bay UHB covers a population of around 390,000 in the Neath Port Talbot and Swansea areas.⁹

⁷ <https://sbuhb.nhs.wales/news/swansea-bay-health-news/hello-to-swanea-bay-university-health-board/>

⁸ <https://sbuhb.nhs.wales/news/swansea-bay-health-news/hello-to-swanea-bay-university-health-board/>

⁹ https://www.jobs.nhs.uk/xi/agency_info/?agency_id=123207



Swansea is the second largest city in Wales and the fifth most densely populated authority (649.2 persons per square kilometre) in the country after Cardiff, Newport, Torfaen and Caerphilly. Swansea is the regional commercial centre for South West Wales.¹⁰ Swansea is approximately 379.7 sq. kilometres which equates to 69.5% rural and 30.5% urban.

There are around 21,400 hectares of land which is farmed in the county¹¹ and the area contains 31 conservation areas, 122 ancient monuments and over 500 listed buildings.¹²

Swansea is a University city that is home to; Swansea University (Singleton and Bay Campus'), University of Wales Trinity St. David and Gower College Swansea, which in total support around 26,000 full-time students (2018-19).¹³

Swansea is a tourist destination for its coastal walks, water sports, beaches and night-life. It is estimated that approximately 4.74 million people visited Swansea Bay in 2019 spending £461.48 million.¹⁴

Swansea has 69.7% of working aged residents (16-64) who are economically active. This equates to 107,800 people in active employment (year to September 2020).¹⁵ Swansea has 7,780 active businesses (as at September 2019) with 1,290 recorded new businesses.¹⁶ An estimated 31,200 people commute into Swansea each day for work (2019). Most employment in Swansea is in the services sectors (88.4%) or the public sector (28.2%).¹⁷

There are 5,200 people in Swansea (4.4% of the economically active population aged 16+) who are unemployed (survey period ending September 2020).

¹⁰ www.swansea.gov.uk/geography

¹¹ Annual Welsh Agricultural Survey June 2018, WG

¹² www.swansea.gov.uk/urbandesignandconservation

¹³ Higher and Further Education Statistics 2018-19, WG (published January and February 2020).

¹⁴ Higher and Further Education Statistics 2018-19, WG (published January and February 2020).

¹⁵ APS estimates for survey period ending September 2020, ONS

¹⁶ Business demography statistics 2019, ONS.

¹⁷ a) Business Register and Employment Survey (BRES) workplace-based estimates 2019, ONS. b) Commuting tables 2019, published by WG using APS estimates

Neath Port Talbot is one of the unitary authority areas of Wales. The main towns are Neath, Port Talbot and Pontardawe. Neath Port Talbot is the eighth-most densely populated local authority area in Wales and the third most densely populated county borough.¹⁸



Neath Port Talbot has seen the lowest growth rate with population density increasing by only 2.5% from 2008 to 2018.¹⁹

43% of the land in Neath Port Talbot is covered by forestry with major conifer plantations in upland areas.²⁰ The coastal land around Port Talbot is mainly low lying flat land. An extensive dune system stretches along much of the coast, broken by river mouths and areas of development.²¹ The settlement patterns can be seen through the industrial history of the area, depicted by urban development along the flatter areas of the valleys and some parts of the coast.

Neath Port Talbot has 71.2% of working aged residents (16-64) who are economically active. This equates to 63,500 people in active employment (year to December 2020).²² The top employment sectors in Neath Port Talbot are manufacturing (18.8%) and social care (14.6%).²³ There are 2,400 people in Neath Port Talbot (3.8% of the economically active population aged 16+) who are unemployed (survey period ending December 2020).²⁴

¹⁸ ["Local Authority population 2011".](#)

¹⁹ <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-south-west-wales-region-2020-958.pdf>

²⁰ [Neath Port Talbot Supplementary Planning Guidance - Landscape"](#)

²¹ [Neath Port Talbot Supplementary Planning Guidance - Landscape"](#)

²² <http://www.nomisweb.co.uk/reports/lmp/la/1946157394/printable.aspx>

²³ <http://www.nomisweb.co.uk/reports/lmp/la/1946157394/printable.aspx>

²⁴ <http://www.nomisweb.co.uk/reports/lmp/la/1946157394/printable.aspx>

2.2 Population of Swansea Bay area

Projected population statistics

The Office for National Statistics (2019) estimates the total population of the Swansea Bay University Health Board area at 390,308.²⁵ For Swansea, the total population estimate is 246,993 and for Neath Port Talbot it is 143,315.

From predicted population estimates, the trend indicates a steady rise between 2018 and 2028. Over this period, variant population prediction estimates are as low as 396,200 and high variant population prediction are 414,700 for the whole of the Swansea Bay area.

Swansea has the third highest level of projected growth in Wales, exceeded only by Cardiff (+11,500) and Newport (+11,100 people). The total population of Swansea is projected to increase from an estimated 246,500 in 2018 to 254,400 in 2028, an increase of 7,900 (+3.2%) over a ten-year period.²⁶

The main projected trends in Swansea, focussing on the first ten years, are outlined below:

- The projections point to higher growth in the number of males (+4,800 or 3.9%) compared to females (+3,100 or 2.5%) over ten years. The projections also suggest there will be more males than females in Swansea from 2020 onwards, reaching 50.3% by 2028
- The number of working age people (aged 16-64) is projected to increase by 3,000 (+1.9%) by 2028; but proportionately below growth in the whole population (+3.2%)
- By 2028, the number of people aged 65 and over is projected to increase by around 5,100 (+10.5%) to 53,100. This is mainly due to continued improvements in mortality rates (reflected in people living longer) and the ageing forward of some population cohorts, including those born in the post-war baby boom

The total population of Neath Port Talbot is projected to increase from an estimated 142,906 to 146,800, an increase of 3894 (+2.7%) over the ten-year period.

²⁵ ONS MYE Projections 2019 [Population estimates by local authority and year \(gov.wales\)](https://www.gov.uk/population-projections)

²⁶ StatsWales [Local authority population projections for Wales: 2018-based \(revised\) \(gov.wales\)](https://www.gov.uk/population-projections)

The main projected trends in Neath Port Talbot, focussing on the first ten years, are outlined below:

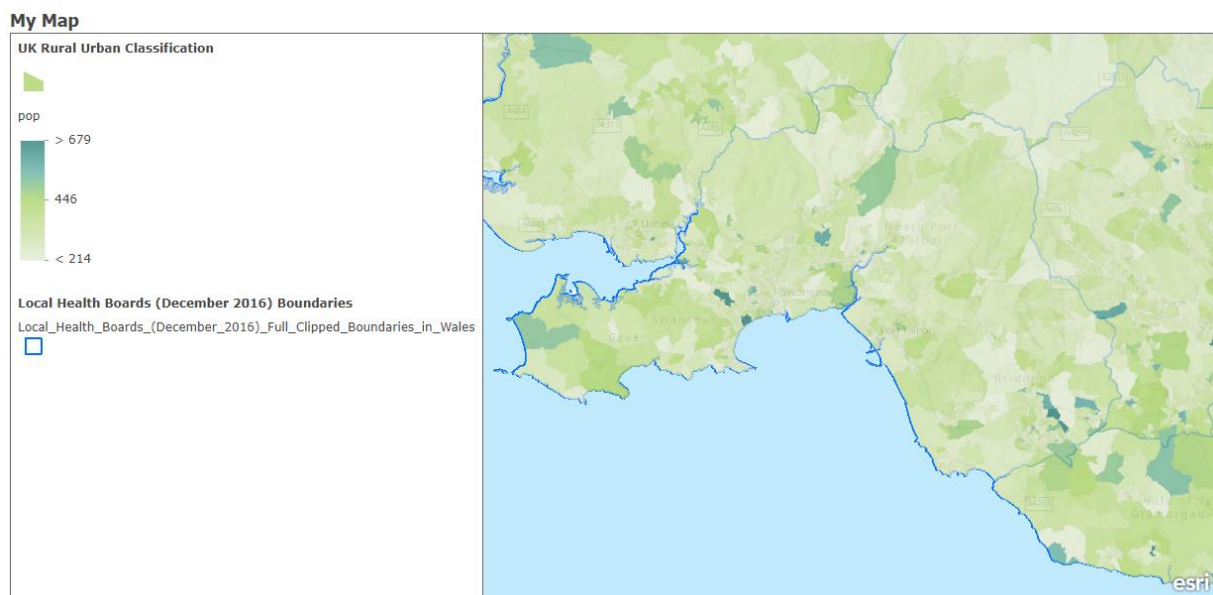
- The population is projected to increase by 2.8%²⁷
- The number of children and young people (0-15) is not set to decrease
- There will be an increase in the number of people aged 65 years
- The overall number of persons aged 75+ is projected to increase from 13,500 persons in 2018 to 20,100 persons in 2033 this represents an additional 6,700 older persons, a growth of nearly 50%
- Net migration is set to be greater than natural changes (number of births and deaths)

Rural- Urban Classification

Output areas are classified as *urban* if they were allocated to a 2011 built-up area with a population of 10,000 or more people and *rural* if the population falls below this figure.

The urban and rural domains are further sub-divided into three broad morphological types based on the predominant settlement component. The classification also categorises output areas based on context - i.e. whether the wider surrounding area of a given output area is sparsely populated or less sparsely populated.

Figure 2.2.1 Overview of the rural-urban classification for Swansea Bay UHB by population²⁸



²⁷ Summary of Local Housing Market for Neath Port Talbot 2019 [area-summary-neath-port-talbot-final-131020.pdf \(npt.gov.uk\)](#)

²⁸ ONS rural/ urban classification [2011 rural/urban classification - Office for National Statistics \(ons.gov.uk\)](#)

Swansea

Official rural-urban classification statistics suggest that approximately 69.5% of the county's land area is rural and 30.5% urban, although 88% of Swansea residents live in areas classified as urban and only 12% in rural areas (2011 Census estimates).

The urban area of the county is chiefly focused on Swansea and radiates to the west and north of the city centre - around Swansea Bay to Mumbles; over Townhill to Cwmbwrla, Treboeth, Fforestfach and Penlan; through Uplands, Sketty, Killay and Dunvant; along the Swansea Valley communities of Hafod, Landore, Plasmarl, Morriston to Clydach; and on the east side of the River from St. Thomas to Bonymaen, Llansamlet and Birchgrove.

The second urban focus centres on the small towns of Gorseinon and Loughor in the north-west of the county, together with the nearby communities of Gowerton, Penllergaer, Llangyfelach and Pontarddulais.²⁹

Neath Port Talbot

The County Borough of Neath Port Talbot comprises urban and rural areas. It covers an area of 44,126 hectares, rising from sea level in the west to 600 metres at Craig y Llyn, above Glynneath. Neath Port Talbot is predominantly an upland area dissected by the valleys of the Afan, Neath, Dulais and Tawe rivers which all flow to the sea in Swansea Bay.

Most of the urban areas lie within a narrow coastal strip, with the remainder of the County Borough being made up of upland areas which are dissected by five rural valleys. Therefore, the heavily urbanised coastal strip makes up the minority of the geographical area of the County Borough, with 51% being rural in nature. The valleys are separated from each other by ridges of high forest or moorland. A narrow coastal strip extends around Swansea Bay where the main centres of population are found.

The surrounding valleys are rural in aspect with scattered communities, many of which were previously dependent on the coal industry. The major urban centres in the county borough are Neath, Port Talbot and Pontardawe.³⁰

²⁹ City and County of Swansea [Swansea - Geography](#)

³⁰ Regenerate NPT (2015) [rdplds_20142020current.pdf \(npt.gov.uk\)](#)

Population age profiles

The age structure of the population varies across the two counties based on 2019 mid-year population estimates (See Figure 2.2.2). The most notable difference is in Swansea, where

9% of the population are aged 20-24 years compared to 5% in Neath Port Talbot. In addition, the population aged 25-29 is slightly higher at 7.4% in Swansea compared to Neath Port Talbot at 6%. This difference is due to the university-aged population, primarily based in Swansea (see Figure 2.2.2).³¹

There is a slightly higher proportion of the population in the 50-54 age group in Swansea (7%) than Neath Port Talbot (6.5%). A similar pattern exists for the 55-59 age groups in Swansea (7%) and Neath Port Talbot (6.2%).

For children and young people aged between 0-14, Neath Port Talbot is slightly higher at 16.4% (of the population) compared with Swansea at 15.8%.

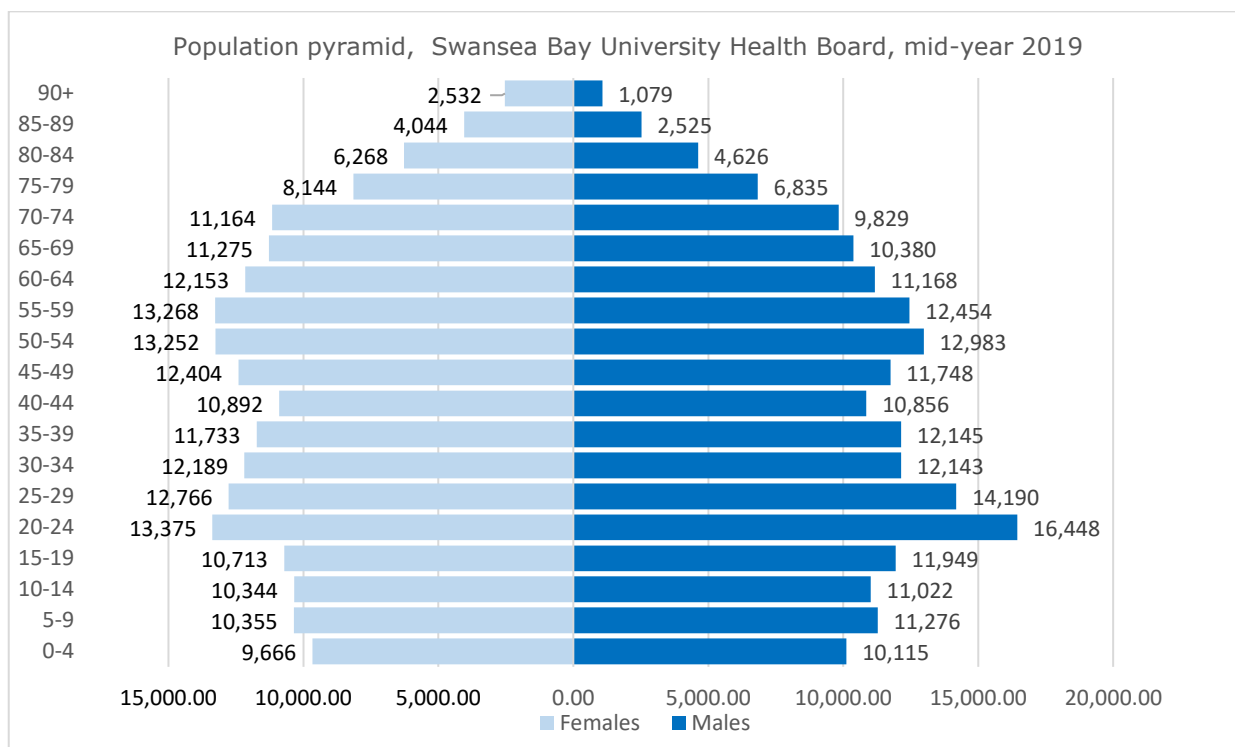
Approximately 20% of the estimated population is over 65 years and over in both local authority areas. Projected population aged over 65 years in 2039, will rise to 24.6% and 28.4% respectively for Swansea and Neath Port Talbot.

The overall age structure of the population shows no growth in terms of births and deaths. In the period 2018-19, there were a total of 3,646 births in Swansea Bay UHB and 4,048 deaths, therefore, there was a natural decrease in the population of 402. During the same period, net internal migration decreased by 385. Of the two counties, Swansea has seen the largest rise in inward international migration of 3005. This is an overall net increase in the population of 1702 with international outward migration (1303) deducted. The higher international migration reflects Swansea's status as a City of Sanctuary which became official in 2010.

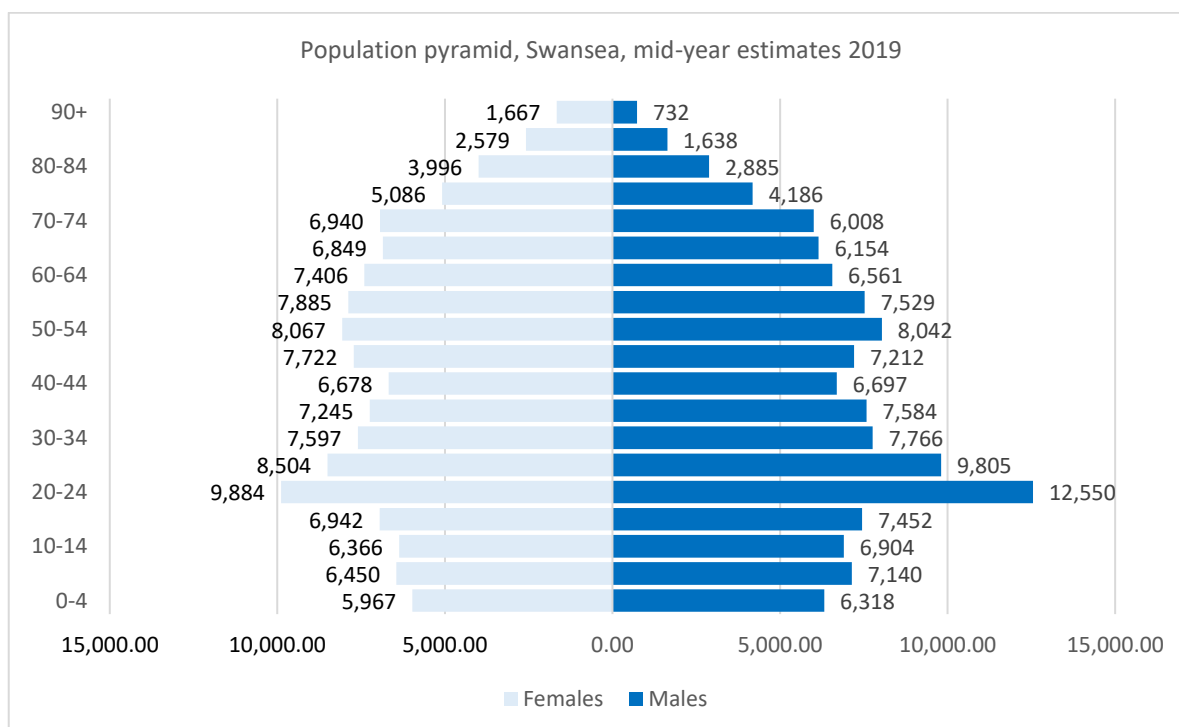
These estimates are based on assumptions about births, deaths and migration. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities. Meeting the needs of these individuals will be a key challenge for the Health Board and its local authority partners.

³¹ ONS [UK population pyramid interactive](https://ons.gov.uk/population/articles/uk-population-pyramid-interactive) - Office for National Statistics (ons.gov.uk)

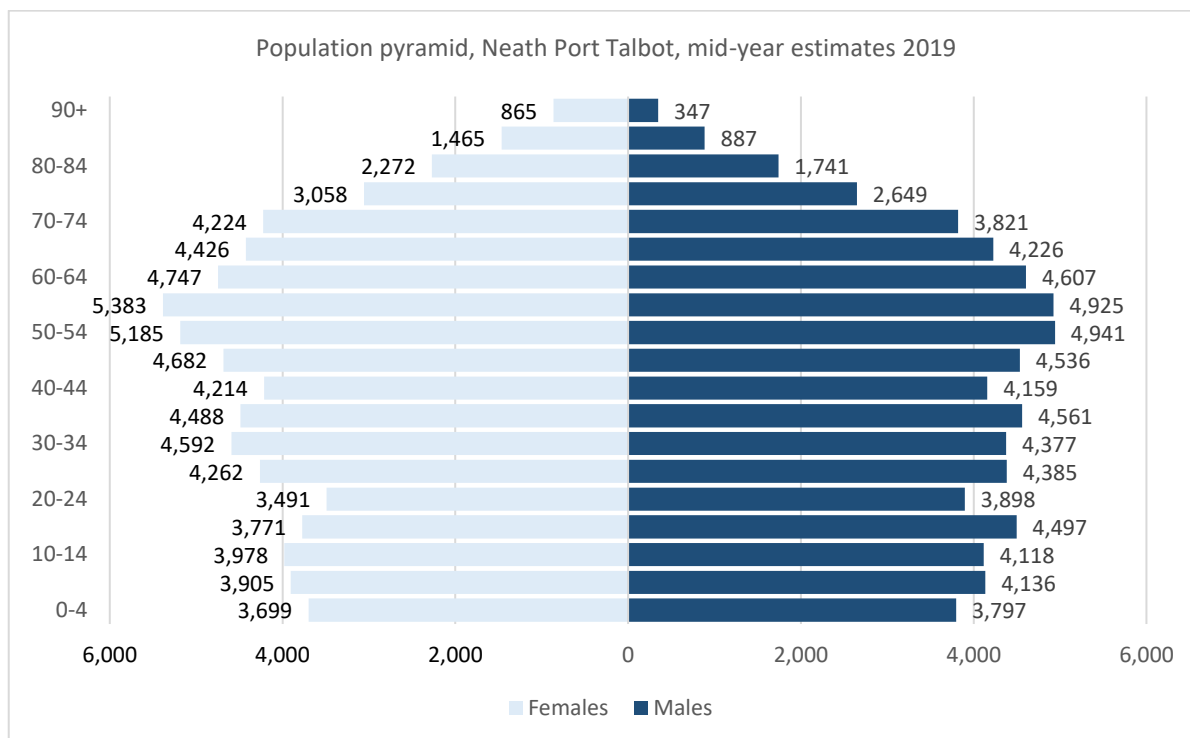
Figure 2.2.2 Population Profile, Swansea Bay University Health Board



Swansea



Neath Port Talbot



2.3 Ethnicity

The majority of the population in Swansea Bay UHB (93.5%) are White British or Irish. The White British or Irish population in Swansea Bay UHB is 361,200. Black, Asian and Minority Ethnic (BAME) groups represent 8.52% (20,900) of the total Swansea area population. This is higher than the Welsh average (5.6%). The Black, Asian and Minority Ethnic groups represent significantly less 1.7% (2,400) of the Neath Port Talbot area population.³²

³² [Ethnicity by area and ethnic group \(gov.wales\)](https://gov.wales/ethnicity-by-area)

2.4 Household language

92.3% of people (49.8 million) aged three and over in England and Wales reported English as their main language (English or Welsh in Wales). The remaining 7.7 per cent of the population (4.2 million) had a main language other than English.³³ The Annual Population Survey (year ending 31 December 2020), reported that 29.1% of people in Wales aged 3 years and over, were able to speak Welsh. This figure equates to 883,600 people. This is 0.7% higher than the previous year (year ending 31 December 2019).³⁴

At that time, the second most reported main language in Wales was Polish (0.6%, 17,000), followed by Arabic (0.2%, 7,000).³⁵

Swansea:

The 2011 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in Swansea in 2011 was 26,332. This equates to 11.4% of the population aged 3 years and over³⁶
- Between 2001 and 2011 the proportion of people able to speak Welsh in Swansea decreased from 13.4% to 11.4%³⁷
- 88.6% (204,823) of the people in Swansea had no Welsh language skills in 2011³⁸
- People are also more likely to speak Welsh if they live in certain Local Authority areas. The Census 2011 indicates that percentage population able to speak, read and write Welsh is between 22.9% -29.3% for Mawr ,16.5% and 22.9% for Pontarddulais and for Llangyfelach, Penllergaer, Kingsbridge, Upper Loughor, Loughor and Clydach is between 10 -16.5%. (see Figure 2.4.1)³⁹

³³<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/languageinenglandandwales/2013-03-04>

³⁴<https://gov.wales/welsh-language-data-annual-population-survey-2020>

³⁵<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censusquickstatisticsforwales/2013-01-30>

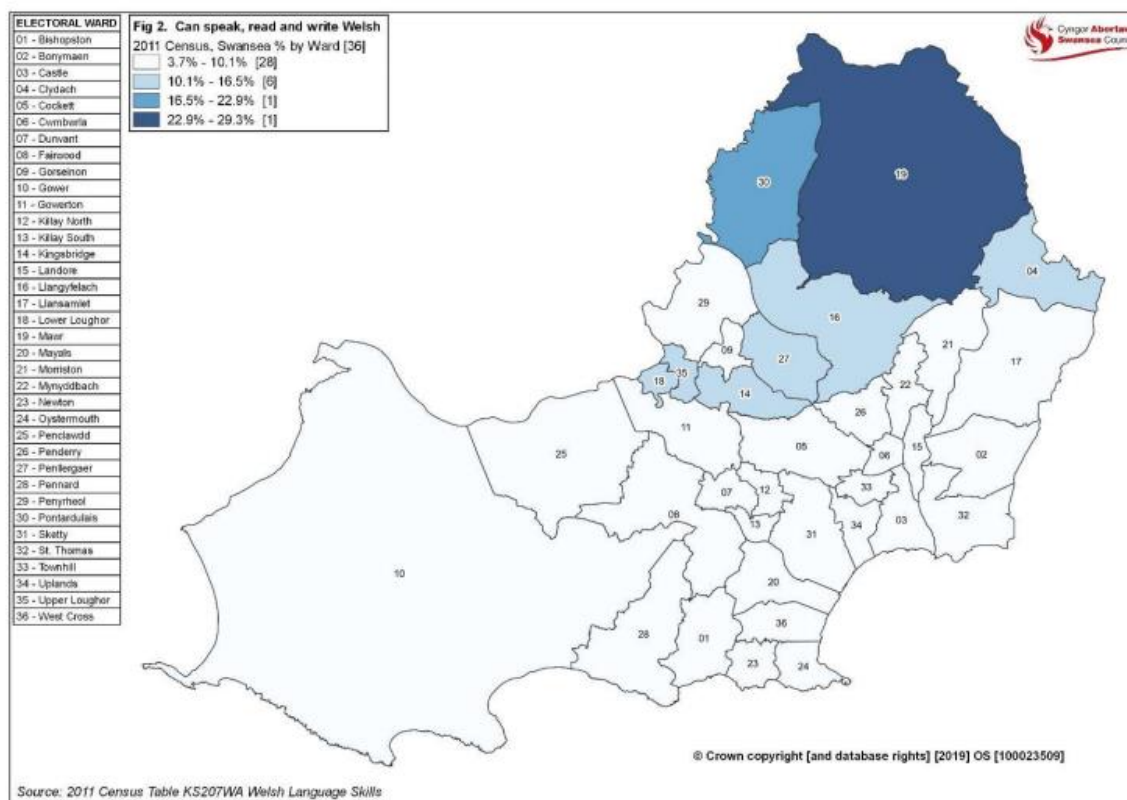
³⁶<https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>

³⁷<https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-la-broaderage-2001and2011census>

³⁸<https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>

³⁹https://www.abertawe.gov.uk/media/3297/Welsh-Language-Scheme-2011-4/pdf/Welsh_Language_Scheme_2011-14.pdf

Figure 2.4.1 Percentage of Welsh speakers in the Swansea area (Swansea.gov.uk)⁴⁰



Neath Port Talbot:

The 2011 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in Neath Port Talbot in was 20,698. This equated to 15.3% of the population aged 3 years and over⁴¹
- Between 2001 and 2011 the proportion of people able to speak Welsh in Neath Port Talbot decreased from 18% to 15.3%⁴²
- 84.7% (114,580) of the people in Neath Port Talbot had no Welsh language skills in 2011⁴³

⁴⁰ https://www.abertawe.gov.uk/media/3297/Welsh-Language-Scheme-2011-14/pdf/Welsh_Language_Scheme_2011-14.pdf

⁴¹ <https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>

⁴² <https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-la-broaderage-2001and2011census>

⁴³ <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/languageinenglandandwales/2013-03-04>

<https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>

- Within the communities of Cwmllynfell, Gwaun Cae Gurwen and Lower Brynamman more than half of the population speak Welsh and these are widely regarded as traditional Welsh speaking areas (see Figure 2.4.2)

Figure 2.4.2 Map of Welsh sensitive areas in Neath Port Talbot⁴⁴

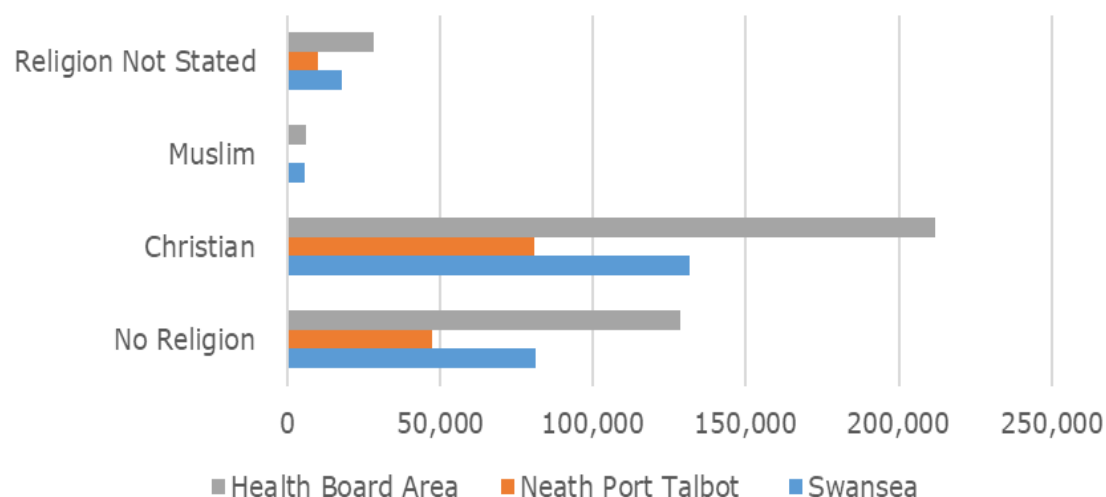


⁴⁴ Neath Port Talbot Development and the Welsh Language (2017) [spg_welsh_language_july17.pdf](https://www.npt.gov.uk/sites/default/files/2017-07/spg_welsh_language_july17.pdf) ([npt.gov.uk](https://www.npt.gov.uk))

2.5 Religion

Based on the 2011 census data, 58.2% Swansea Bay residents follow one of six main religions. The majority define their religious status as being Christian (56%). In contrast, 34% of residents state they do not follow any religion (see Figure 2.5.1).⁴⁵

Figure 2.5.1. Swansea Bay UHB residents by religion and local authority



⁴⁵ StatsWales [Welsh residents by religion and local authority \(gov.wales\)](https://gov.wales/welsh-residents-by-religion-and-local-authority)

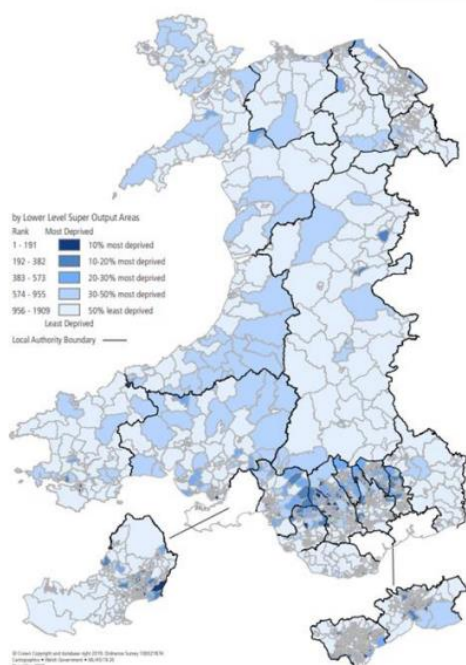
2.6 Welsh Index of Multiple Deprivation

Deprivation is a lack of access to opportunities and resources, which we might expect in our society. This can include a lack of material goods or the inability of an individual to participate in the normal social life of the community. The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales (known as Lower-Layer Super Output Areas (LSOAs)). It identifies areas with the highest concentrations of eight different types of deprivation.⁴⁶

These are:

- Income
- Employment
- Health
- Education
- Access to services
- Housing
- Physical environment
- Community safety

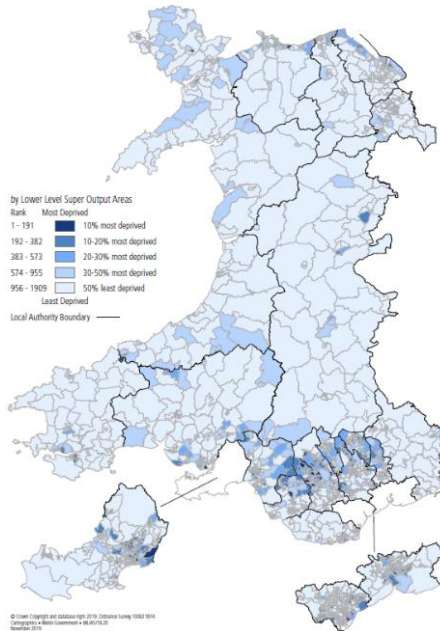
Figure 2.6.1 Overview of overall deprivation across Wales (2019)⁴²



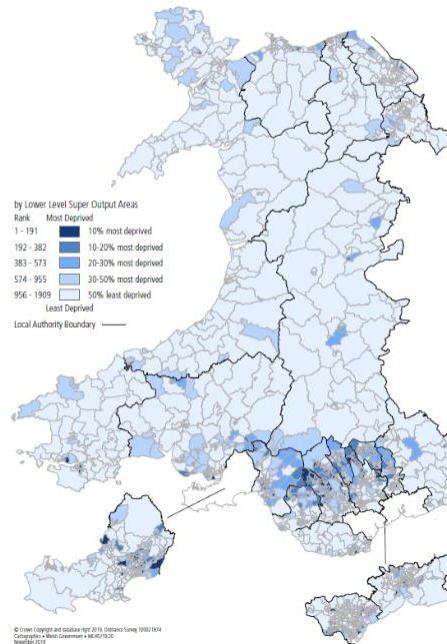
⁴⁶ <https://wimd.gov.wales/>

WIMD Domains for Wales

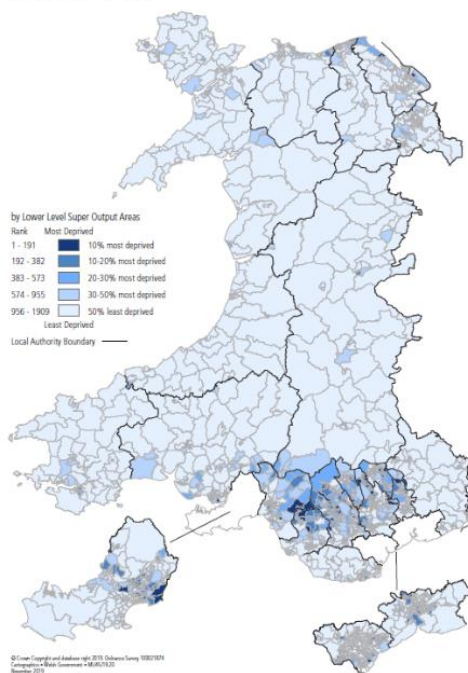
Welsh Index of Multiple Deprivation 2019
Income Domain



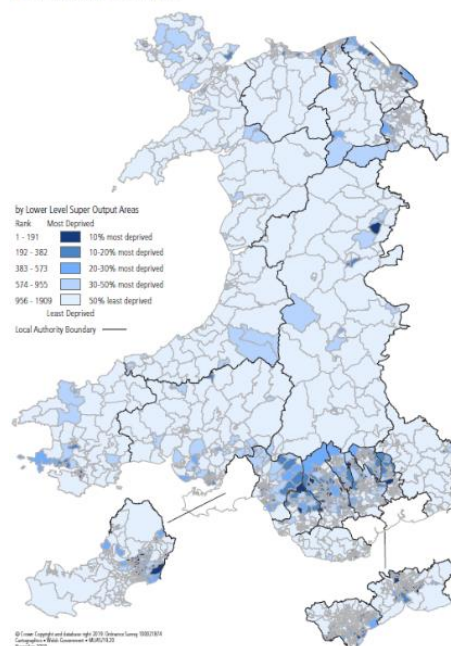
Welsh Index of Multiple Deprivation 2019
Employment Domain



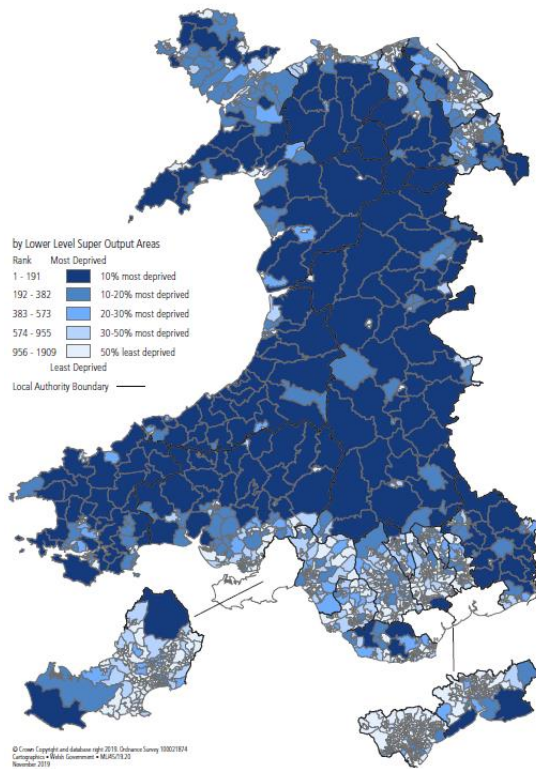
Welsh Index of Multiple Deprivation 2019
Health Domain



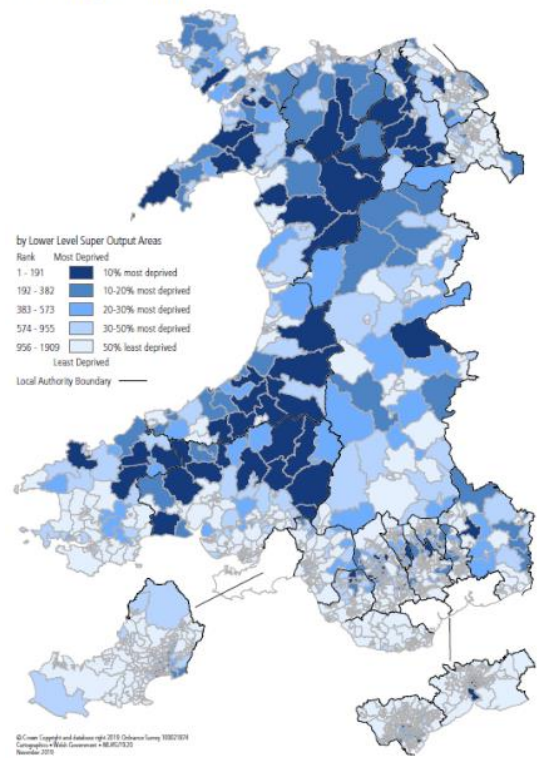
Welsh Index of Multiple Deprivation 2019
Education Domain



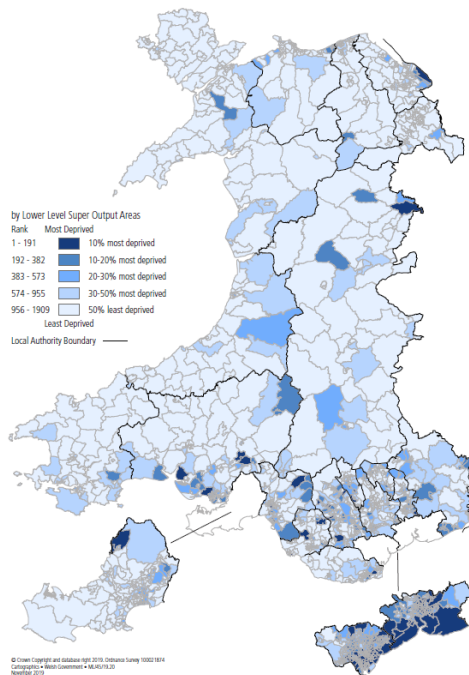
Welsh Index of Multiple Deprivation 2019
Access to Services Domain



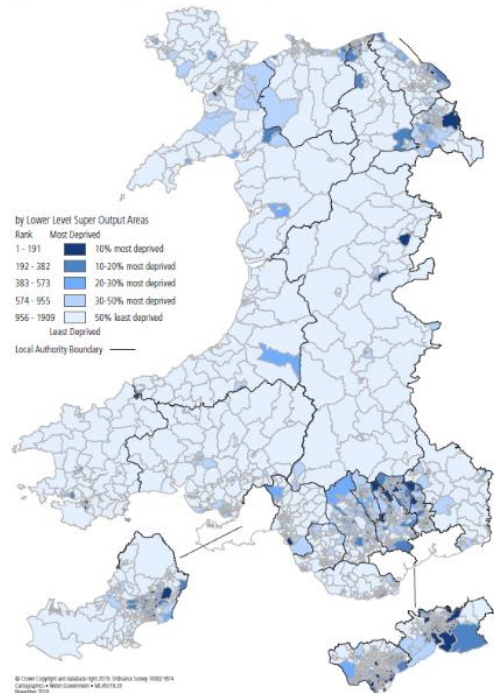
Welsh Index of Multiple Deprivation 2019
Housing Domain



Welsh Index of Multiple Deprivation 2019
Physical Environment Domain



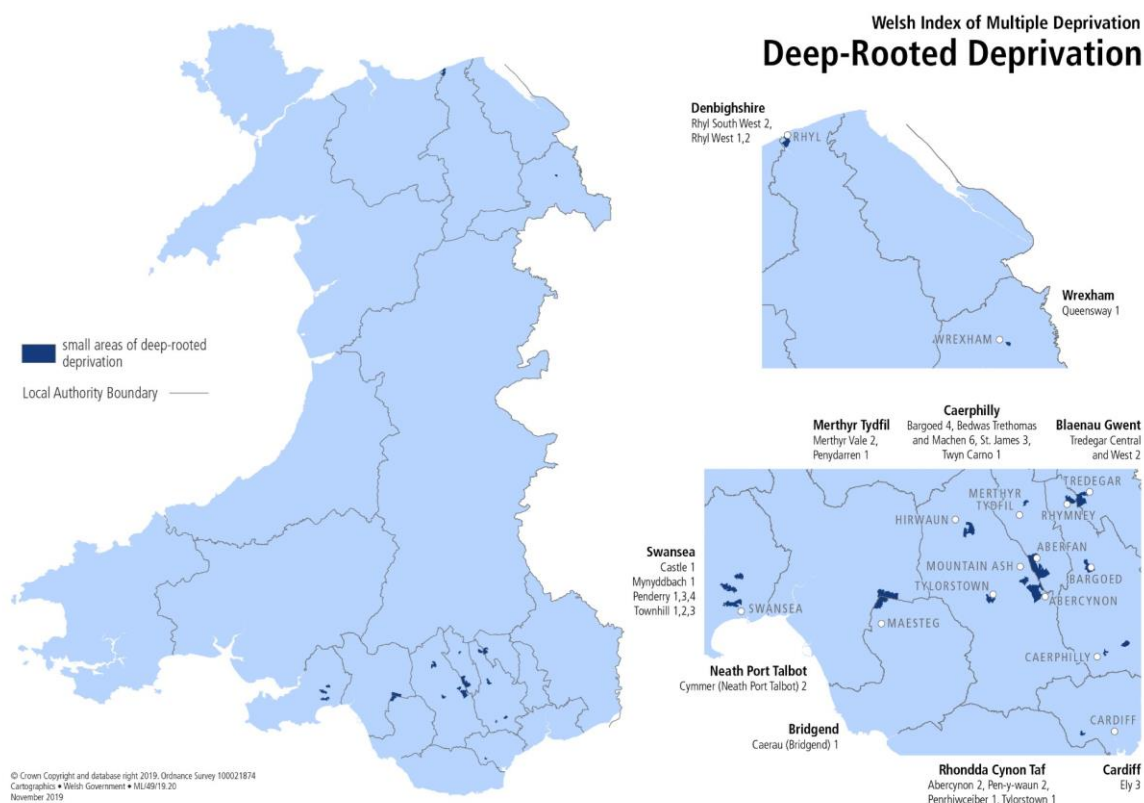
Welsh Index of Multiple Deprivation 2019
Community Safety Domain



Deep-Rooted Deprivation

LSOAs or small areas of 'deep-rooted' deprivation are those that have remained within the top 50 most deprived for the last 5 publications of WIMD ranks. There are 26 small areas of deep-rooted deprivation spread across ten Local Authorities in Wales; the highest number of which are found in Swansea.⁴⁷

Figure 2.6.5 Map of deep-rooted deprivation (2019)



⁴⁷ Deep-rooted deprivation (gov.wales)

Figure 2.6.6 Small areas of deep-rooted deprivation

Local Authority	LSOA Name	WIMD 2019 Rank
Denbighshire	Rhyl West 2	1
Denbighshire	Rhyl West 1	2
Caerphilly	St. James 3	3
Rhondda Cynon Taf	Tylorstown 1	4
Bridgend	Caerau (Bridgend) 1	5
Rhondda Cynon Taf	Penrhiwceiber 1	6
Merthyr Tydfil	Penydarren 1	7
Caerphilly	Twyn Carno 1	8
Wrexham	Queensway 1	9
Rhondda Cynon Taf	Pen-y-waun 2	15
Swansea	Townhill 2	16
Swansea	Townhill 1	18
Denbighshire	Rhyl South West 2	19
Swansea	Penderry 3	22
Swansea	Castle 1	23
Cardiff	Ely 3	24
Caerphilly	Bargoed 4	29
Swansea	Penderry 1	31
Swansea	Townhill 3	32
Rhondda Cynon Taf	Abercynon 2	33
Merthyr Tydfil	Merthyr Vale 2	34
Blaenau Gwent	Tredegar Central and West 2	35
Swansea	Mynyddbach 1	37
Neath Port Talbot	Cymmer (Neath Port Talbot) 2	38
Caerphilly	Bedwas Trethomas and Machen 6	43
Swansea	Penderry 4	48

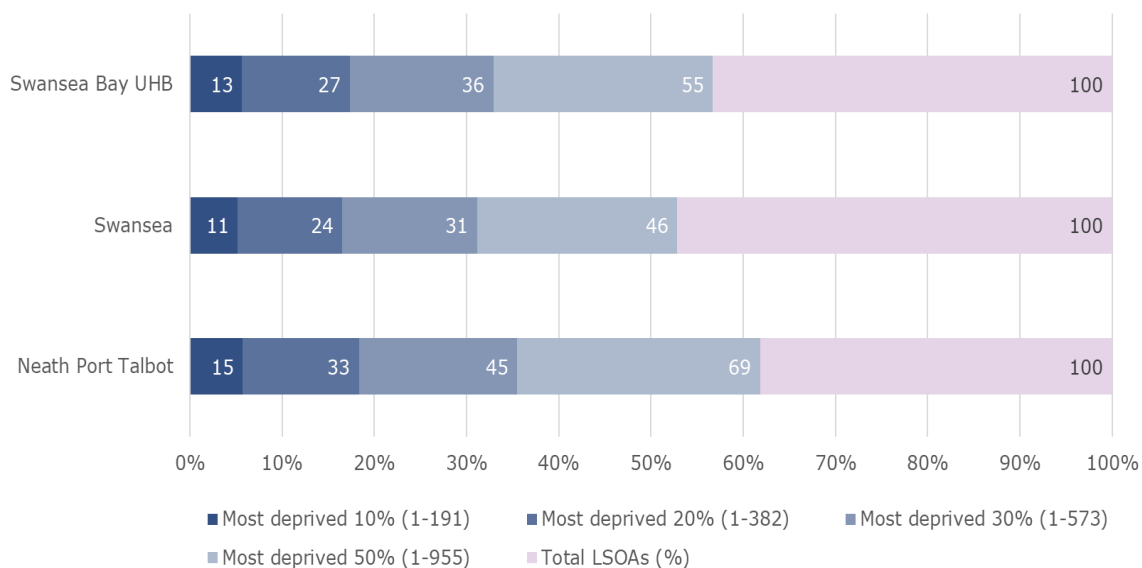
Source: StatsWales

The eight LSOAs located in Swansea account for almost a third (31%) of those consistently ranking within the top fifty most deprived, twice as many as the Local Authorities with the next highest number (Rhondda Cynon Taf and Caerphilly, with four small areas each). There is one LSOA located in Neath Port Talbot (Cymmer 2) which is included in the areas of deep rooted deprivation (ranked 38 out of 50).

Swansea Bay University Health Board Area

Swansea Bay University Health Board area contains 239 LSOAs; 12.5% of the 1909 total LSOAs in Wales. Of the 239, 31 (13%) are in the 10% most deprived in Wales across all 8 domains.

Figure 2.6.2 Proportion of LSOA in Swansea Bay UHB in the most deprived half of Wales



Source: Public Health Wales Observatory

Swansea Bay UHB has a relatively even distribution between the 239 LSOA's it contains. However, when scaled down to local authority it can be seen that Neath and Port Talbot is generally more deprived than Swansea.

In Swansea, 17 (11.5%) of the 148 LSOAs in the county are in the most deprived 10% in Wales.

Figure 2.6.3 LSOAs in Swansea ranked by deprivation (2019)⁴⁸

LSOA	Rank (of 148)
Townhill 2	1
Townhill 1	2
Penderry 3	3
Castle 1	4
Penderry 1	5
Townhill 3	6
Castle 2 North	7
Mynyddbach 1	8
Townhill 5	9
Penderry 4	10
Townhill 6	11
Bonymaen 1	12
Morrison 5	13
Penderry 2	14
Morrison 7	15
Penderry 6	16
Llansamlet 8	17

⁴⁸ WIMD - Swansea (gov.wales)

In Neath Port Talbot, 14 (15.4%) of the 91 LSOAs are in the most deprived 10% in Wales (Figure 2.6.4).

Figure 2.6.4 LSOAs in Neath Port Talbot ranked by deprivation (2019)⁴⁹

LSOA	Rank (of 91)
Briton Ferry West 1	1
Cymmer (Neath Port Talbot) 2	2
Aberavon 4	3
Neath North 2	4
Sandfields West 2	5
Sandfields East 2	6
Neath East 1	7
Neath East 2	8
Sandfields West 4	9
Aberavon 2	10
Sandfields West 3	11
Aberavon 3	12
Sandfields East 1	13
Tai-bach 2	14

⁴⁹ WIMD - Neath Port Talbot (gov.wales)

Income

The income domain focuses on the proportion of people with income below a defined level and captures the percentage of the population in income deprivation (in receipt of income related benefits and tax credits).

Figure 2.6.5 Swansea Bay Residents in income deprivation by age and Local Authority area (2019)⁴⁶

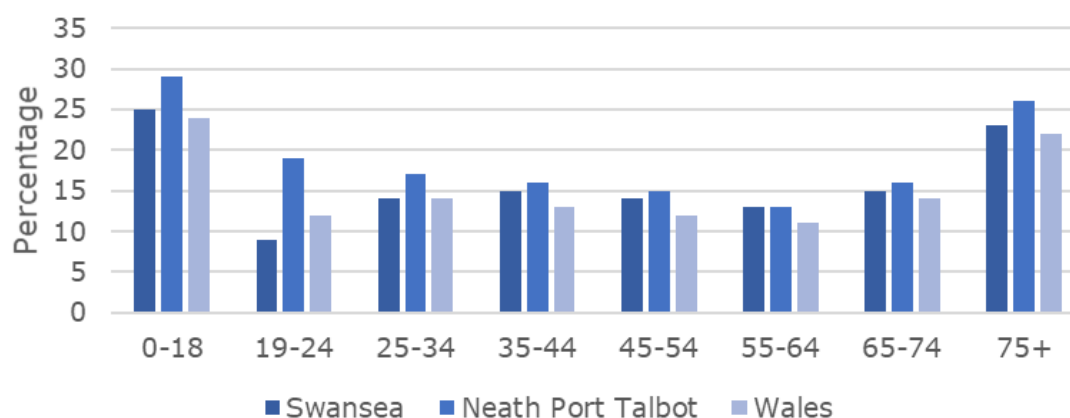


Figure 2.6.5 shows income deprivation by county and age with those in the youngest and oldest age cohorts being more adversely affected. For all age groups (except 19-24 year olds in Swansea) Swansea and Neath Port Talbot have a higher percentage of residents in income deprivation than that across Wales.

Swansea Income Deprivation

Employment

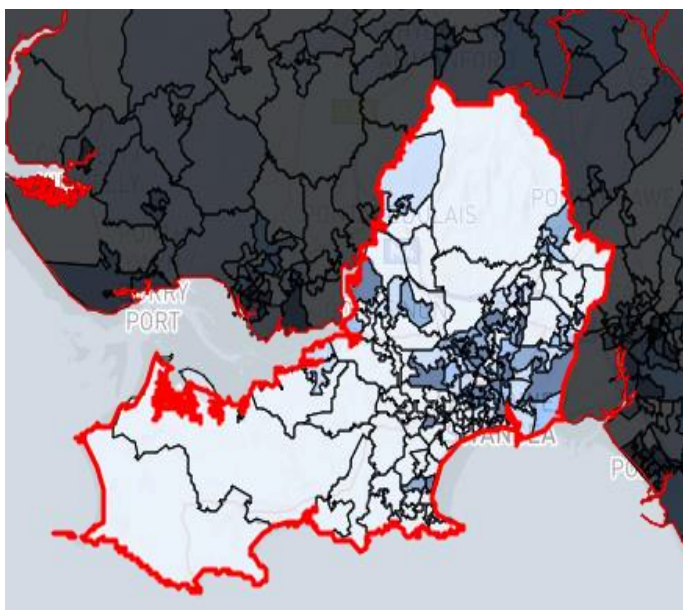
The employment domain captures the lack of employment and includes those that are unable to work due to ill health or who are unemployed but actively seeking work.

There are key pockets of underemployment in Swansea Bay UHB including South East Swansea and parts of Port Talbot. For the year ending December 2018, 17.2% of households in Wales were workless, this is above the UK average of 14.5%.⁵⁰

Swansea Employment Deprivation

Figure 2.6.8 Map of employment deprivation in Swansea

⁵⁰ [Summary statistics for South West Wales region \(gov.wales\)](https://gov.wales/summary-statistics-for-south-west-wales-region)



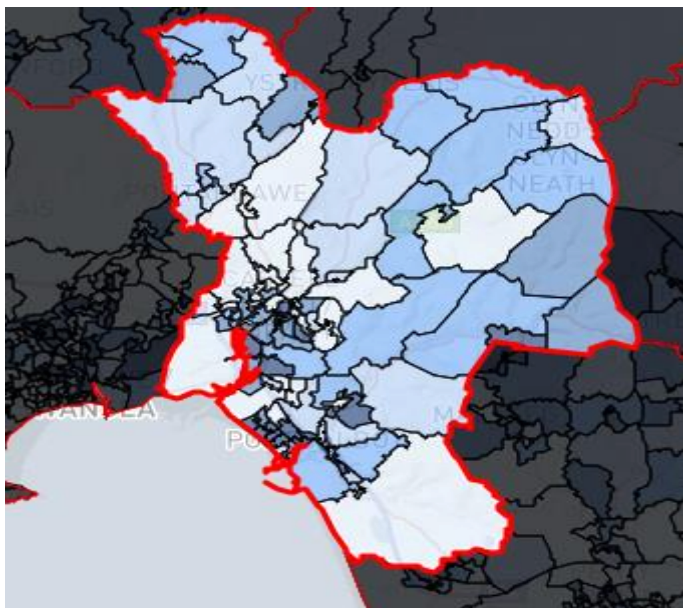
Source: Welsh Index Multiple Deprivation (2019): Geographies

In Swansea Local Authority area, there are 22 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 14.9% of those in the Local Authority and 1.2% of those in Wales.⁵¹

⁵¹ WIMD - Swansea (gov.wales)

Neath Port Talbot Employment Deprivation

Figure 2.6.9 Map of employment deprivation in Neath Port Talbot



Source: Welsh Index Multiple Deprivation (2019): Geographies

In Neath Port Talbot Local Authority area, there are 17 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 18.7% of those in the Local Authority and 0.9% of those in Wales.⁵²

The employment level is the total number of people that are in employment and the employment rate is the percentage of the population that is in employment.

⁵² WIMD - Neath Port Talbot (gov.wales)

Figure 2.6.10 Employment levels by Local Authority Area and South West Wales Economic Region (March 2018)

Latest quarterly data

Employment – New data
(next update Sep 2018)

Table 1: Employment levels, year to March 2018 (a)

					<i>(levels in thousands)</i>		
		Compared to previous year			Compared to earliest available		
	Year to Mar 2018	Year to Mar 2017	Level Change	Percentage Change	2001	Level Change	Percentage Change
South West Wales	306.1	313.9	-7.8	-2.5 ↓	261.9	44.2	16.9 ↑
Pembrokeshire	54.9	56.9	-2.0	-3.5 ↓	45.4	9.5	21.0 ↑
Carmarthenshire	83.9	85.9	-2.0	-2.3 ↓	69.0	14.9	21.6 ↑
Swansea	107.5	108.1	-0.6	-0.5 ↓	96.8	10.7	11.1 ↑
Neath Port Talbot	59.7	63.0	-3.2	-5.1 ↓	50.7	9.1	17.9 ↑
Wales	1,437.4	1,416.9	20.5	1.4 ↑	1,238.6	198.8	16.1 ↑
United Kingdom	32,003.9	31,571.1	432.8	1.4 ↑	27,433.1	4,570.8	16.7 ↑

Source: Welsh Government analysis of Labour Force Survey (LFS)/Annual Population Survey (APS), ONS
 (a) Employment levels for those aged 16 and over.

Figure 2.6.11 shows that in 2020, overall employment rates have decreased across Swansea Bay, with Swansea and Neath Port Talbot having the highest unemployment rate in the South West Wales Region. Employment rates in the region are below the Wales average and overall employment rates in Wales and the United Kingdom have by contrast, increased.⁵³

⁵³[Welsh economy in numbers: interactive dashboard | GOV.WALES](#)

Figure 2.6.11 overall employment rates in South West Wales (June 2020)

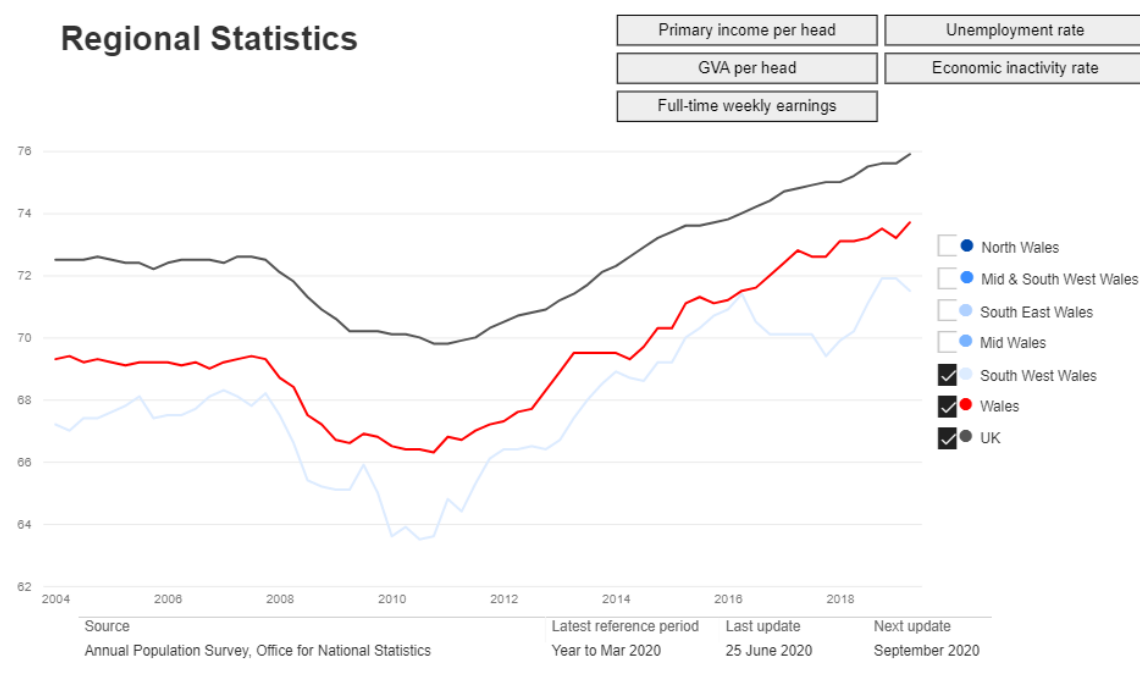
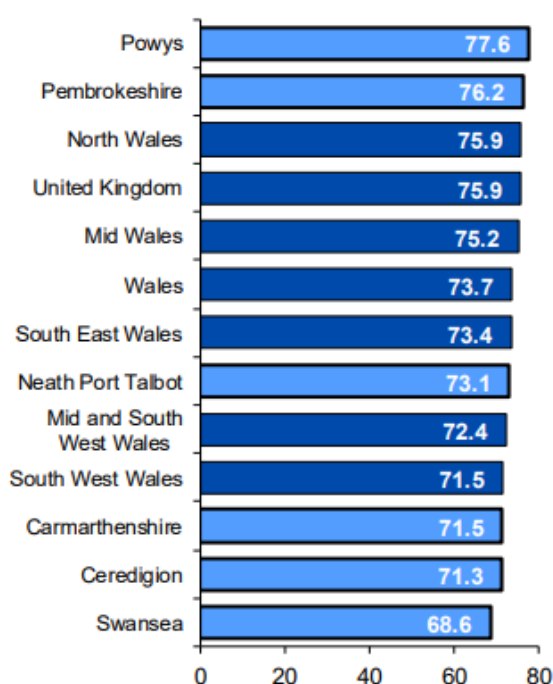


Figure 2.6.12 Employment rates by Local Authority Area and Economic Region for those aged 16-64 (March 2020)



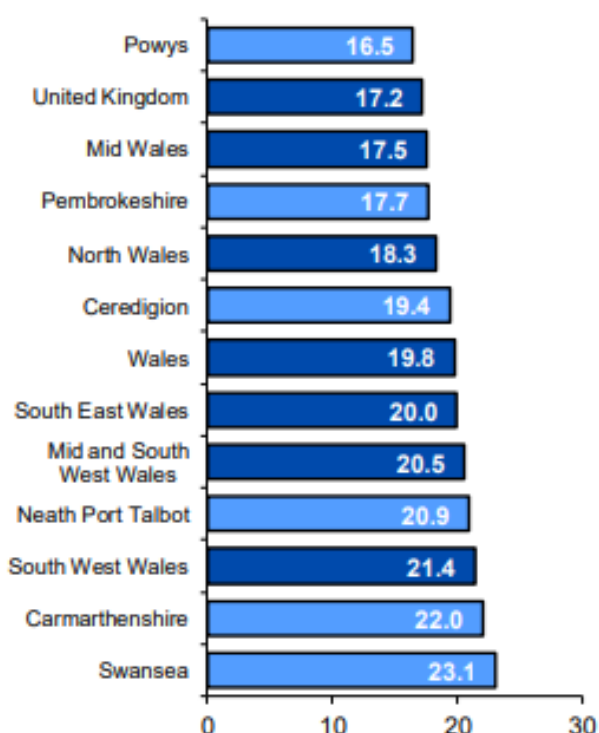
Source: Welsh Government analysis of Labour Force Survey (LFS) Annual Population Survey ONS

Economic Inactivity Rates

The economic inactivity rate is the percentage of the population who are neither in employment or unemployed. Economically inactive people include people looking after the family and/or home, retirees and people with a sickness or disability.

Figure 2.6.13 shows the latest economic inactivity rates (excluding students) for the economic regions and each Local Authority area within South West Wales. Swansea record a highest level of economic inactive at around 23.1% compared to Wales at 19.8%. Whereas Neath Port Talbot record the 20.9% economically inactive individuals between the ages 16 -64 in March 2020.⁵⁴

Figure 2.6.13 Economic Inactivity rates for Local Authority Area and Economic Regions for those aged 16-64 (excluding students) March 2020



Source: Annual Population Survey, ONS

Health

The purpose of this domain is to capture deprivation relating to the lack of good health.

The indicators are:

- GP-recorded chronic conditions (rate per 100), age-sex standardised
- Limiting long-term illness (rate per 100), age-sex standardised
- Premature deaths (rate per 100,000), age-sex standardised
- GP-recorded mental health conditions (rate per 100), age-sex standardised
- Cancer incidence (rate per 100,000), age-sex standardised
- Low birth weight (live single births less than 2.5 Kg, percentage)
- Children aged 4-5 who are obese (percentage)

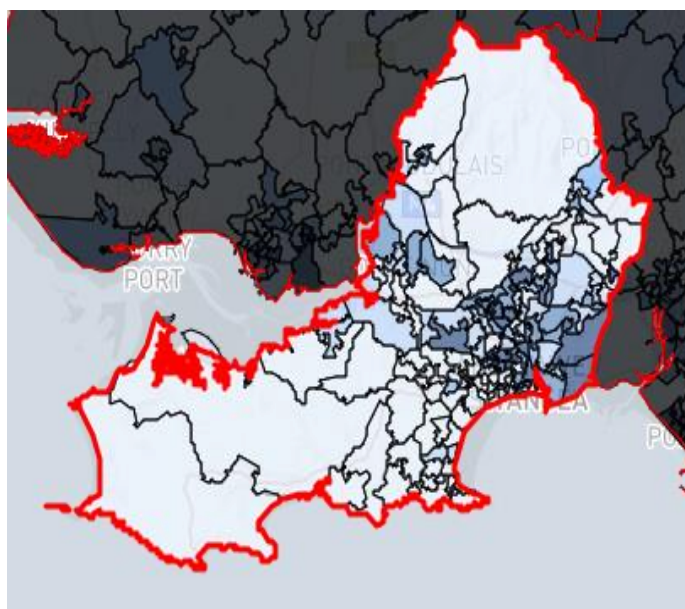
⁵⁴ [Regional economic and labour market profiles, July 2020 \(gov.wales\)](https://gov.wales/regional-economic-and-labour-market-profiles-july-2020)

The indicators above are age-sex standardised where possible to adjust for the expected prevalence of disease within the underlying population. This allows the index to identify areas where health deprivations exists beyond the effect of age and sex.

The association between deprivation and health is clearly apparent across Wales, especially in the post-industrial valley communities in South Wales. Here, poorer health outcomes are significantly worse than Wales as a whole.

Swansea Health Deprivation

Figure 2.6.13 Map of health deprivation in Swansea



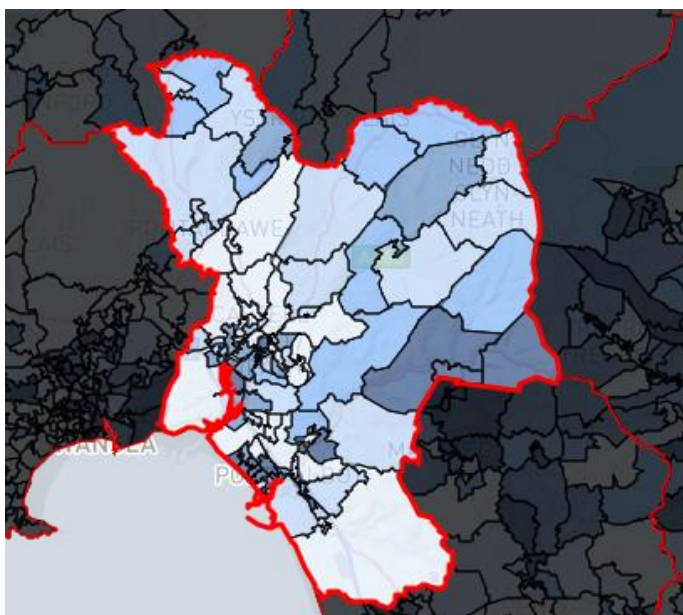
Source: Welsh Index Multiple Deprivation (2019): Geographies

In Swansea Local Authority area, there are 18 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 12.2% of those in the Local Authority and 0.9% of those in Wales.⁵⁵

Neath Port Talbot Health Deprivation

Figure 2.6.14 Map of health deprivation in Neath Port Talbot

⁵⁵ [WIMD - Swansea \(gov.wales\)](https://www.gov.wales/wimd)



Source: Welsh Index Multiple Deprivation (2019): Geographies

In Neath Port Talbot Local Authority area, there are 15 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 16.5% of those in the Local Authority and 0.8% of those in Wales.⁵⁶ For more information on the general health needs of the population of Swansea Bay University Health Board, please see Chapter 3.

Education

The education domain captures the extent of deprivation relating to education, training and skills. It is designed to reflect educational disadvantage within an area in terms of lack of qualifications and skills. The indicators capture low attainment amongst children and young people and the lack of qualifications in adults.

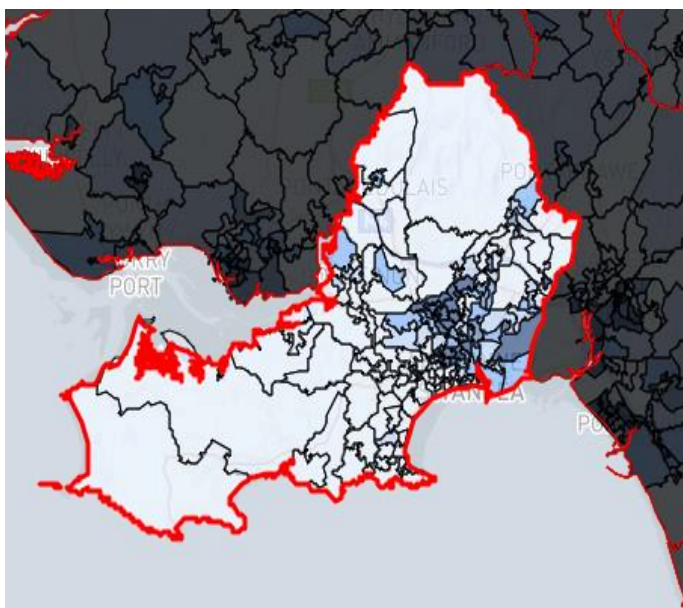
The indicators are:

- Foundation Phase Average Point Score
- Key Stage 2 Average Point Score
- Key Stage 4 Average Point Score for core subjects
- Repeat absenteeism
- Proportion of Key Stage 4 leavers entering Higher Education
- Number of adults aged 25-64 years with no qualifications

Swansea Education Deprivation

Figure 2.6.15 Map of education deprivation in Swansea

⁵⁶ [WIMD - Neath Port Talbot \(gov.wales\)](https://gov.wales/wimd)

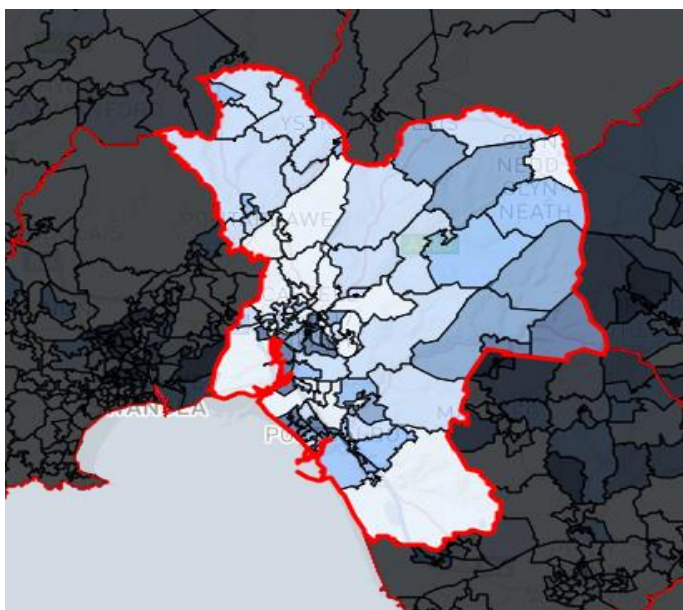


Source: Welsh Index Multiple Deprivation (2019): Geographies

In Swansea Local Authority area, there are 17 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 11.5% of those in the Local Authority and 0.9% of those in Wales.⁵⁷

Neath Port Talbot Education Deprivation

Figure 2.6.16 Map of education deprivation in Neath Port Talbot



Source: Welsh Index Multiple Deprivation (2019): Geographies

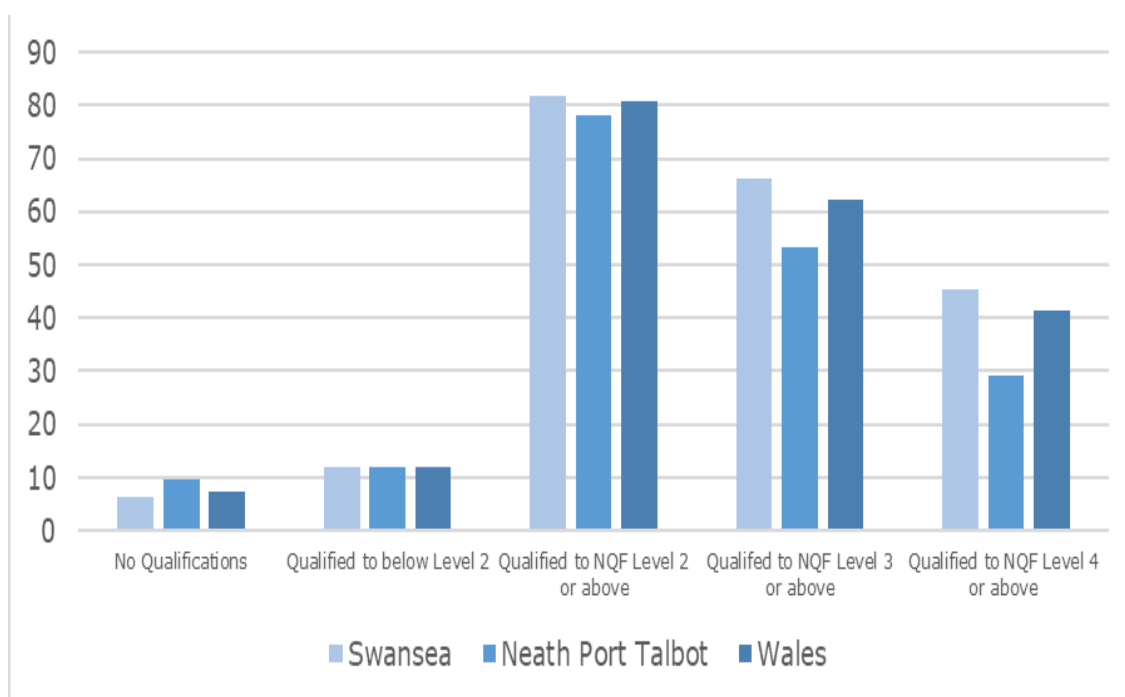
⁵⁷ [WIMD - Swansea \(gov.wales\)](http://wimd.gov.wales)

In Neath Port Talbot Local Authority area, there are 18 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 19.8% of those in the Local Authority and 0.9% of those in Wales.⁵⁸

Qualifications

In Swansea Bay UHB most of the population of working age adults are qualified at National Qualifications Framework (NQF) Level 2 or above. There are more working age adults qualified at NQF Levels 2 to 4 in Swansea than in Neath Port Talbot. Overall, in Wales there are more working age adults qualified at Level 2 and above than in Neath Port Talbot. Swansea has a slightly higher percentage of those qualified at Level 2 and above when compared to Wales (see Figure 2.6.11).

Figure 2.6.11 Highest qualification level of working age adults by Local Authority (2020)⁵⁹



⁵⁸ [WIMD - Neath Port Talbot \(gov.wales\)](https://gov.wales/wimd)

⁵⁹ [Highest qualification level of working age adults by region and local authority \(gov.wales\)](https://gov.wales/highest-qualification-level-of-working-age-adults-by-region-and-local-authority)

Access to Services

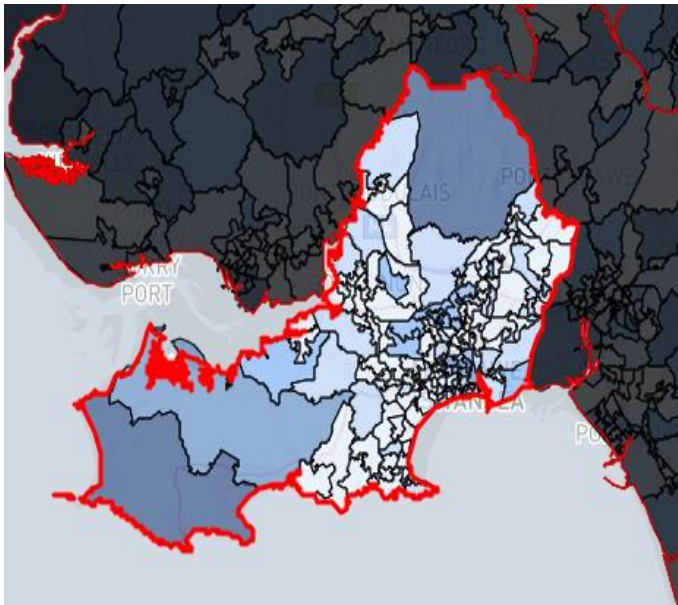
The purpose of the Access to Services domain is to capture deprivation as a result of a household's inability to access a range of services considered necessary for day-to-day living, both physically and online.

The indicators are:

- Average of public and private travel times to food shops
- Average of public and private travel times to GP surgeries
- Average of public and private travel times to Primary schools
- Average of public and private travel times to Secondary schools
- Average of public and private travel times to Post office
- Average of public and private travel times to Public library
- Average of public and private travel times to Pharmacies
- Private travel times to petrol stations (private transport only)
- Average of public and private travel times to sports facilities
- Unavailability of broadband at 30Mb/s (%)

Swansea Access to Services Deprivation

Figure 2.6.12 Map of access to services deprivation in Swansea

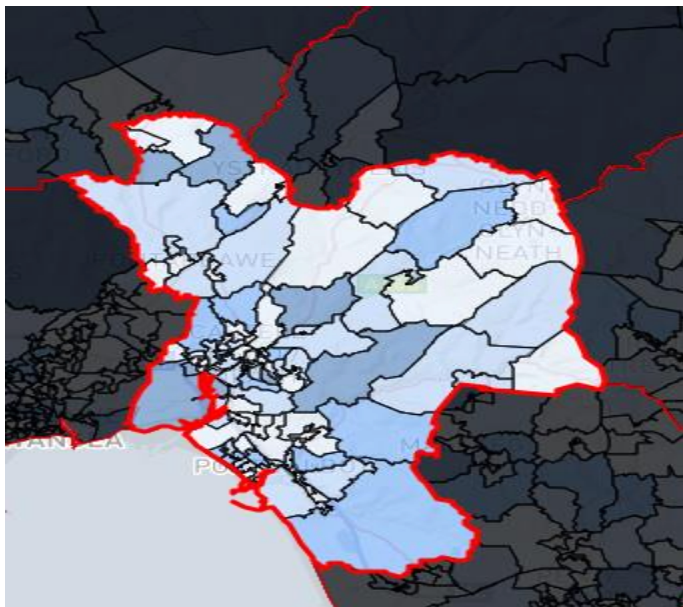


Source: Welsh Index Multiple Deprivation (2019): Geographies

In Swansea Local Authority area, there are 2 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 1.4% of those in the Local Authority and 0.1% of those in Wales.⁶⁰

Neath Port Talbot Access to Services Deprivation

Figure 2.6.12 Map of access to services deprivation in Neath Port Talbot



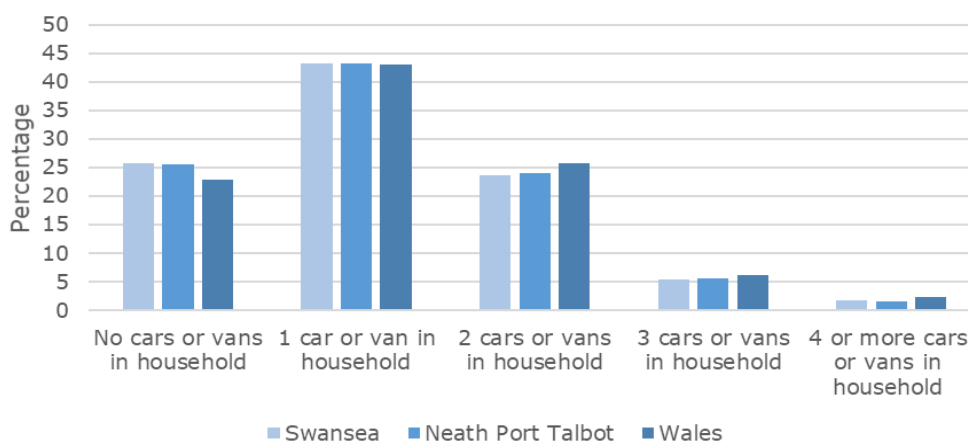
Source: Welsh Index Multiple Deprivation (2019): Geographies

In Neath Port Talbot Local Authority area, there are no LSOAs in the 10% most deprived for this domain in Wales.⁶¹

⁶⁰ [WIMD - Swansea \(gov.wales\)](https://gov.wales/wimd-swainsea)

⁶¹ [WIMD - Neath Port Talbot \(gov.wales\)](https://gov.wales/wimd-neath-port-talbot)

Figure 2.6.13 Percentage of households: car or van ownership in Swansea Bay (2011)⁶²



Most households in Swansea Bay own 1 car or van. Approximately 26% of households in Swansea Bay do not own a car or van, slightly higher than across Wales (23%).

Travel time to Pharmacy⁶³

In Swansea Bay, the average public transport return travel time to a pharmacy is 28 minutes. The average private car/van return time is 5 minutes.

Travel time to GP Surgery⁵⁷

In Swansea Bay average public return travel time to a GP surgery is 30 minutes. The average private return time is 6 minutes.

⁶² [KS404EW \(Car or van availability\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk/)

⁶³ [Indicator data by Local Health Boards - All Domains \(gov.wales\)](https://gov.wales/)

Housing

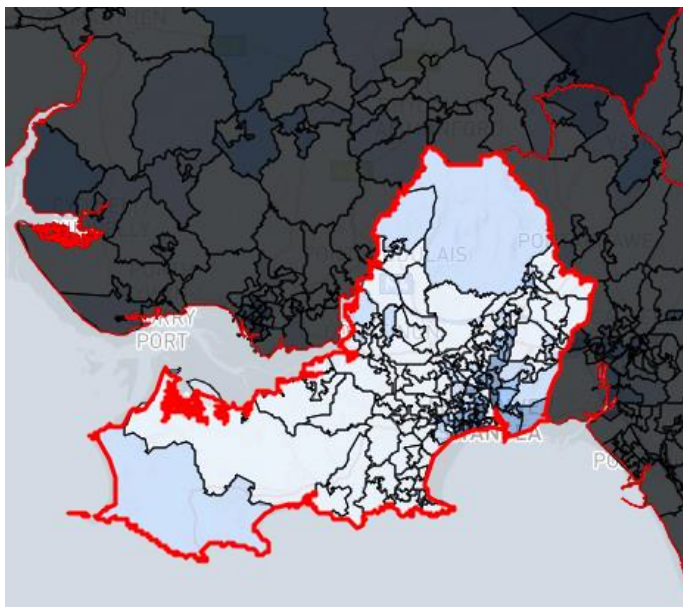
The WIMD housing domain identifies inadequate housing, in terms of physical living conditions and availability. Here, living condition means the suitability of the housing for its inhabitant(s), for example in terms of health and safety, and necessary adaptations.

The indicators are:

- Proportion of people living in overcrowded households (bedrooms measure)
- A new modelled indicator on poor quality housing, which measures the likelihood of housing being in dis repair or containing serious hazard.

Swansea Housing Deprivation

Fig 2.6.14 Map of housing deprivation in Swansea



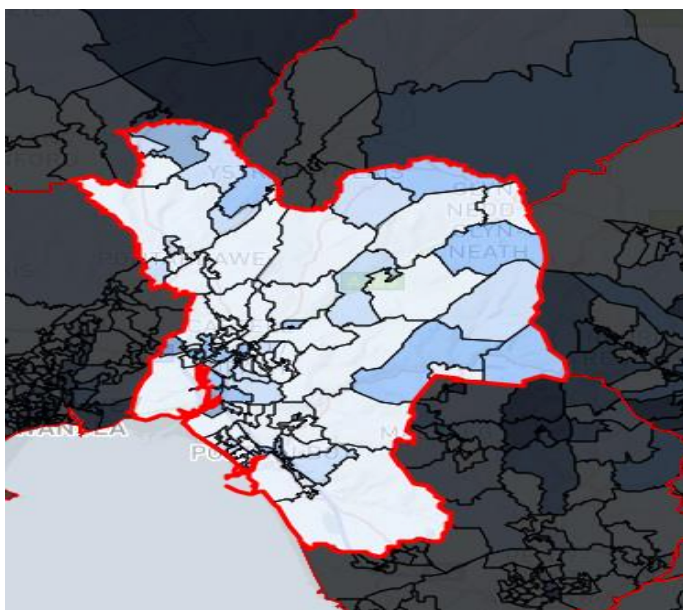
Source: Welsh Index Multiple Deprivation (2019): Geographies

In Swansea Local Authority area, there are 11 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 7.4% of those in the Local Authority and 0.6% of those in Wales.⁶⁴

⁶⁴ [WIMD - Swansea \(gov.wales\)](https://gov.wales/wimd-swanea)

Neath Port Talbot Housing Deprivation

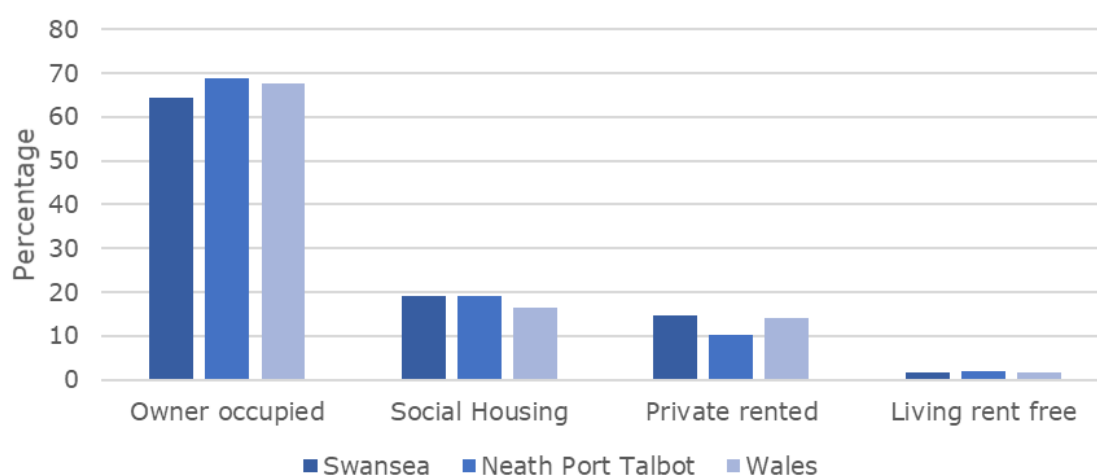
Fig 2.6.15 Map of housing deprivation in Neath Port Talbot



Source: Welsh Index Multiple Deprivation (2019): Geographies

In Neath Port Talbot Local Authority area, there are 2 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 2.2% of those in the Local Authority and 0.1% of those in Wales.⁶⁵

Figure 2.6.16 Household Tenure in Swansea Bay by Local Authority (2011)⁶⁶



As far as housing tenure in Swansea Bay UHB is concerned, the majority of homes are either owned outright or owned with a mortgage or loan (Figure 2.6.13).

⁶⁵ [WIMD - Neath Port Talbot \(gov.wales\)](https://gov.wales/wimd)

⁶⁶ [QS405EW \(Tenure - Households\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk/qs405ew)

Figure 2.6.17 Household composition by Local Authority (Census, 2011, ONS)

		Swansea (%)	Neath Port Talbot (%)
One family	Married or same sex civil partnership couple*	30.4	33.9
	Lone parent*	11.6	12.3
	Cohabiting couple*	8.6	9.5
	All aged 65 and over	8.7	8.7
One person	One person household	33.3	30.2
Other	Other household type	7.4	5.4

*With or without children/dependent or non-dependent children

The majority of households in Swansea Bay UHB are made up of married or same sex civil partnership couples (with and without children) and one person households.

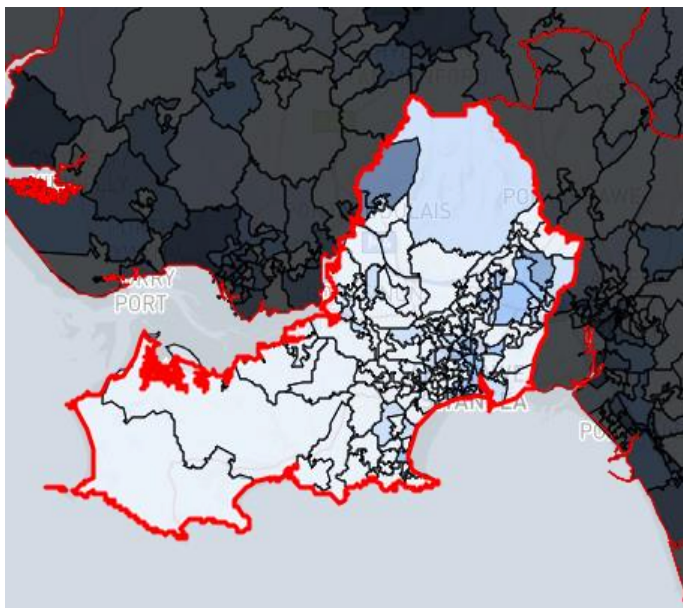
Physical Environment

The purpose of this domain is to measure factors in the local area that may impact on the wellbeing or quality of life of those living in an area. The indicators are:

- Population weighted average concentration values of nitrogen dioxide (NO₂)
- Population weighted average concentration values of particulates <10 µm (PM₁₀)
- Population weighted average concentration values of particulates <2.5 µm (PM_{2.5})
- Proximity to accessible, natural green space – measuring the proportion of households within 300 metres of an accessible, natural green space
- Ambient Green Space Score – measuring the mean household Normalised Difference Vegetation Index (NDVI)
- Flood risk

Swansea Physical Environment Deprivation

Figure 2.6.18 Map of physical environment deprivation in Swansea

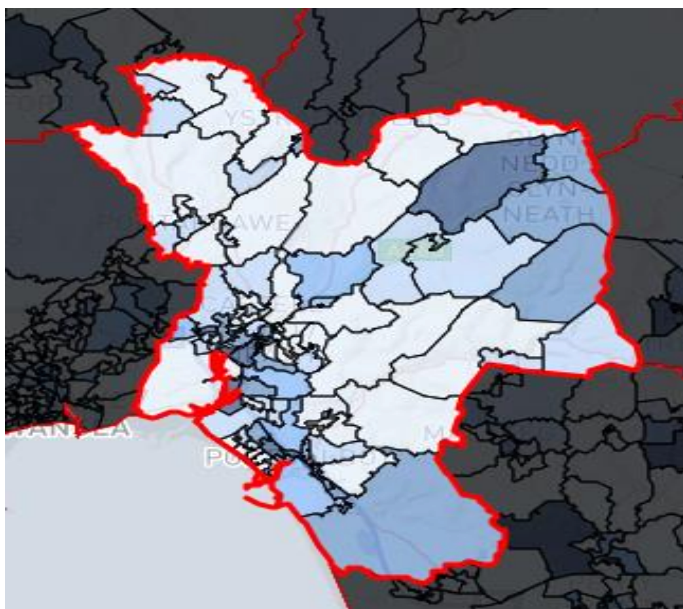


Source: Welsh Index Multiple Deprivation (2019): Geographies

In Swansea Local Authority area, there are 2 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 1.4% of those in the Local Authority and 0.1% of those in Wales.⁶⁷

Neath Port Talbot Physical Environment Deprivation

Figure 2.6.19 Map of physical environment deprivation in Neath Port Talbot



Source: Welsh Index Multiple Deprivation (2019): Geographies

⁶⁷ [WIMD - Swansea \(gov.wales\)](https://gov.wales/wimd-sw/)

In Neath Port Talbot Local Authority area, there are 8 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 8.8% of those in the Local Authority and 0.4% of those in Wales.⁶⁸

Community Safety

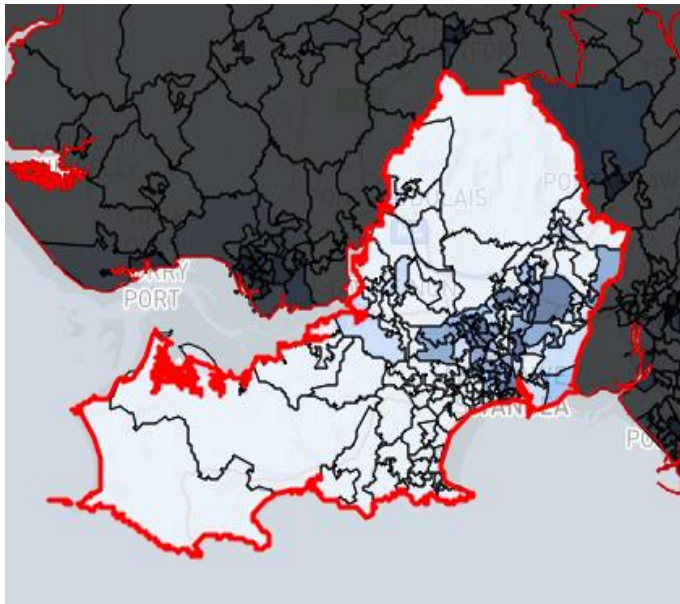
The community safety domain considers deprivation relating to living in a safe community. It covers actual experience of crime and fire, as well as perceptions of safety whilst out and about in the local area.

The indicators are:

- Police recorded burglary
- Police recorded criminal damage
- Police recorded theft
- Police recorded violent crime
- Fire incidences
- Police recorded Anti-Social Behaviour (ASB)

Swansea Community Safety Deprivation

Figure 2.6.20 Map of community safety deprivation in Swansea



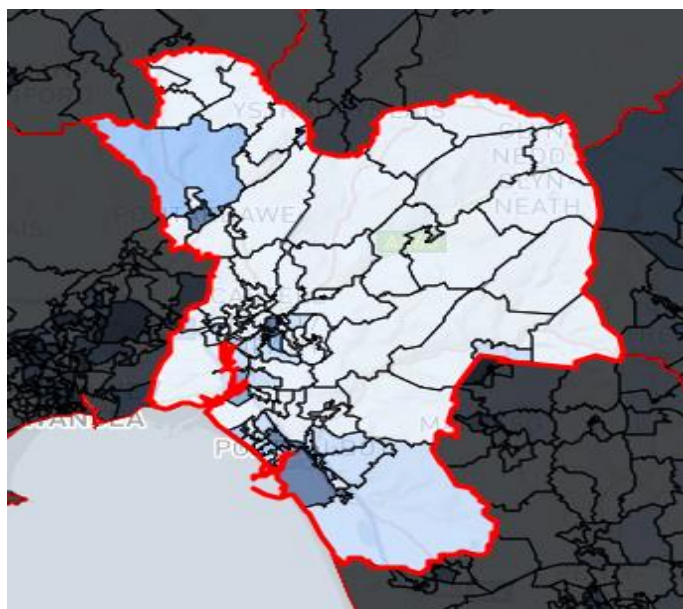
Source: Welsh Index Multiple Deprivation (2019): Geographies

⁶⁸ [WIMD - Neath Port Talbot \(gov.wales\)](https://gov.wales/wimd)

In Swansea Local Authority area, there are 15 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 10.1% of those in the Local Authority and 0.8% of those in Wales.⁶⁹

Neath Port Talbot Community Safety Deprivation

Figure 2.6.20 Map of community safety deprivation in Swansea



Source: Welsh Index Multiple Deprivation (2019): Geographies

In Neath Port Talbot Local Authority area, there are 5 LSOAs in the 10% most deprived for this domain in Wales. This accounts for 5.5% of those in the Local Authority and 0.3% of those in Wales.⁷⁰

2.7 Births

The overall birth rate in Swansea Bay UHB has remained stable between 2013 and 2017 (10.0 per 1,000 population) and is just below the Welsh average of 10.3 per 1,000 population.⁷¹

⁶⁹ [WIMD - Swansea \(gov.wales\)](https://gov.wales/wimd-sw-sea)

⁷⁰ [WIMD - Neath Port Talbot \(gov.wales\)](https://gov.wales/wimd-npt)

⁷¹ ONS birth rates [Nomis - Official Labour Market Statistics - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

In 2017-18 for Swansea, there has been a slight drop in the birth rate from 10.0 to 9.6 and this trend continued in 2019 and dropped to 9.1 per 1000 population. For Neath Port Talbot, this decreased from 10.0 to 8.9 per 1000 population in 2019.

The General Fertility Rate (GFR) measures the number of live births to women who are of childbearing age (15 to 44 years of age). In 2019, the general fertility rate for Swansea was 48.1 per 1000 women of childbearing age and 51.3 for Neath Port Talbot. Both are below the Welsh average of 53.3 per 1000 women of childbearing age.⁷²

Low birth weight (LBW) is another important measure of population health as infants born with low birth weight have added health risks that require close management in the post-natal period. They are also at increased risk for other long-term health conditions that may require follow-up over time.

The trend graph (Figure 2.7.1) indicates that the percentage of low birth weight babies in the Neath Port Talbot area has been steadily rising and is 1.3% above the Welsh average (5.3%) in 2018⁷³. Swansea is similar to the Welsh average at 5.4%. Overall Swansea Bay UHB is ranked 5th of the Welsh health boards (Figure 2.7.2).⁷⁴

⁷² PHOF 2017 [Workbook: PHOF 2017 LAHB - Trends \(tableau.com\)](#)

⁷³ PHOF 2017 [PHOF 2017 LAHB - Charts | Tableau Public](#)

⁷⁴ PHOF 2017 [Workbook: PHOF 2017 Sub LA - USOA \(tableau.com\)](#)

However, this varies by geographical area as illustrated by Figure 2.7.3. This indicates that a higher percentage of LBW babies born live in 6 of the 13 upper super output areas.⁷⁵

Figure 2.7.1 Low Birth weight trends in Swansea Bay UHB 2009 -2018



2.8 Life expectancy

Life expectancy is an estimate of the average number of years new-born babies could expect to live, assuming that the current mortality rates for the area in which they are born apply throughout their lives.

The length of people's lives will differ substantially and life expectancy can be used to compare death rates between and within communities and other countries over time. It is also important to consider quality of life, which is calculated using the Healthy Life Expectancy (HLE) measure.

Healthy Life Expectancy at birth represents the number of years a person can expect to live in good health. It is perhaps a better indicator of overall health, since it looks at the period lived in good health and excludes the period when quality of life may be poor.

According to a recent report by Public Health Wales, life expectancy in Wales, together with other countries, has been stalling and is a marked change to steady increases in life expectancy seen since the end of the Second World War.⁷⁶ Some of the key findings include:

⁷⁶ Life Expectancy and Mortality in Wales, Public Health Wales Observatory, 2020

- Male and female life expectancy in Wales has only increased by 0.2 years and 0.1 years respectively since 2010-12. Prior to this, the increases had been 2.6 years and 2 years respectively between 2001-03 and 2010-12.
- The all-cause mortality rate for Wales decreased by almost 20% between 2002 and 2011, however there has been very little change since 2011.
- The gap in mortality rate between deprivation quintiles have slightly widened in recent years.
- Life expectancy decomposition analysis shows that for both males and females, those aged around 60-84 years were the main contributors to increasing life expectancy but these improvements have slowed down considerably between 2002-04 and 2015-17.
- Similarly, improvements in circulatory disease mortality rates have slowed down
- Increased mortality from respiratory disease and dementia and Alzheimer's disease have had a negative contribution on life expectancy improvement.
- Of note is that the gap in healthy life expectancy between the most and least deprived parts of the Health Board area continue to increase.

Swansea Bay UHB follows the all-Wales trend for life-expectancy and is stalling. For males living in Swansea, life expectancy is 77 years of age which is slightly lower than the Welsh average at 78 whereas for females it is the same as the Welsh average at 82 years of age. For males living in Neath Port Talbot, life expectancy is 77 and slightly higher at 80 years for females, (see Figures 2.8.1, 2.8.2 and 2.8.3).⁷⁷

Figure 2.8.1 Life expectancy for males at birth for Swansea Bay UHB (2006-08 to 2015-2017)

[Life Expectancy and Mortality in Wales report published - Public Health Wales \(nhs.wales\)](#)

⁷⁷ Life Expectancy at birth (males and females) [Workbook: PHOF 2017 LAHB - Trends \(tableau.com\)](#)

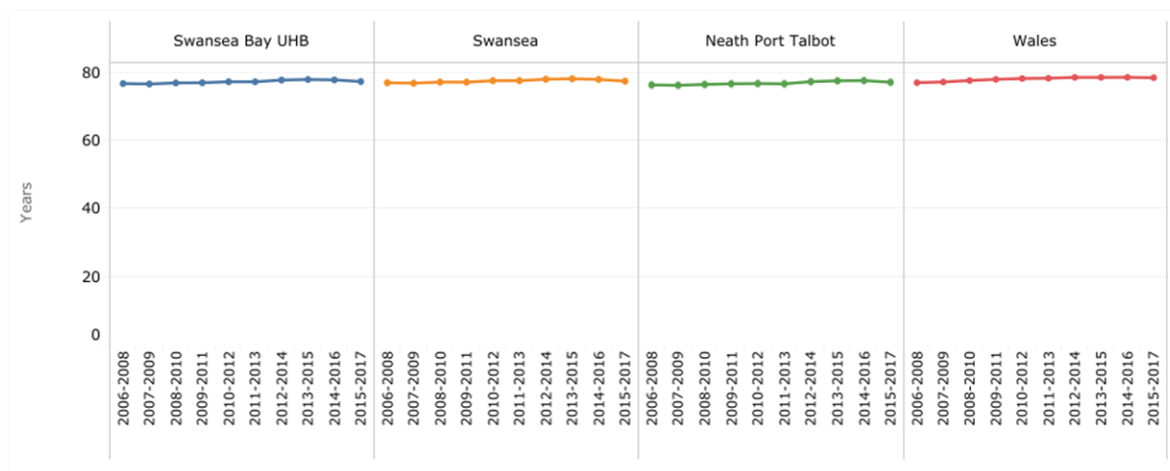


Figure 2.8.2 Life expectancy for females at birth for Swansea Bay UHB (2006-08 to 2015-2017)

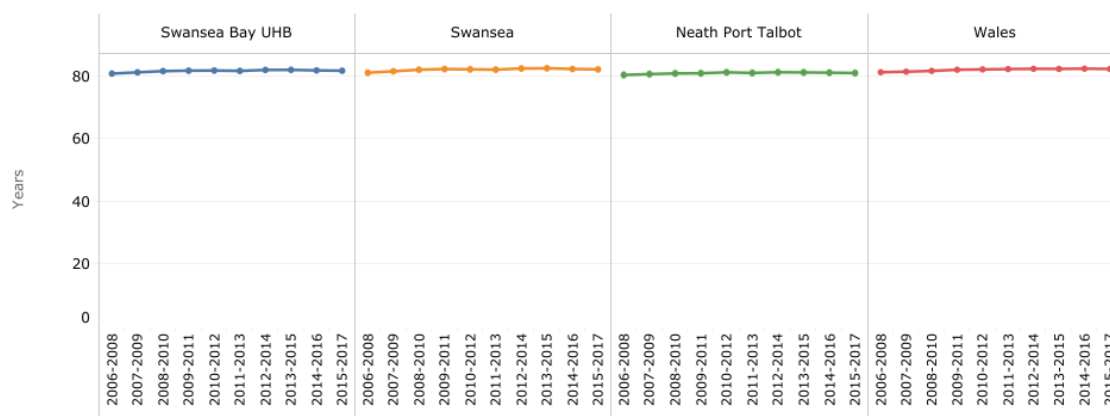


Figure 2.8.3 Life expectancy and Healthy life expectancy at birth by Local Authority 2010-2014⁷⁸

	Swansea	Neath Port Talbot	Wales
Males			
Life Expectancy	77.8	77.0	78.3
Healthy Life Expectancy	65.5	61.9	65.3
Percentage of life expectancy in good health	84.2	80.4	83.3
Females			
Life Expectancy	82.4	81.2	82.3
Healthy Life Expectancy	66.8	62.4	66.7
Percentage of life expectancy in good health	81.1	76.9	81.1

⁷⁸ [Life expectancy and Healthy life expectancy at birth by Local Health Board and Local Authority \(gov.wales\)](#)

Life expectancy and deprivation in Wales

The Slope Index of Inequality (SII) is a measure of the difference in life expectancy between the most and least deprived sections of a local population. The inequality in male and female healthy life expectancy at birth in Wales spans more than 18 years for males and 19 years for females. While the inequality as measured by the range and SII were similar for males, the range was found to underestimate the inequality in HLE for females by a year.

In 2015 to 2017, the inequality in male life expectancy (LE) at birth in Wales stood at 9.0 years, a statistically significant higher inequality to that of females, which stood at 7.5 years. Healthy life expectancy (HLE) at birth had a more substantial gap, but the inequality was reversed with females having the larger inequality, at 19.4 years compared with 18.1 years for males (Figures 2.8.4 and 2.85).⁷⁹

At 65 years of age, inequalities in life expectancy in Wales persisted with a gap of 4.6 years for both men and women, showing an alignment in the magnitude of inequality at older ages in Wales. At 65 years of age, the gap in HLE was also wider for women at 6.2 years compared with 5.1 years for men.

2.9 Deaths

Since the mid-20th century mortality rates in Wales have been falling, due to medical advances in diagnosis, treatment and improved lifestyles, especially in relation to smoking.

The numbers of deaths per 100,000 population are influenced by the age distribution of the population. Age standardized mortality rates adjust for differences in population age distribution by applying the observed age-specific mortality rates for each population to a standard population.

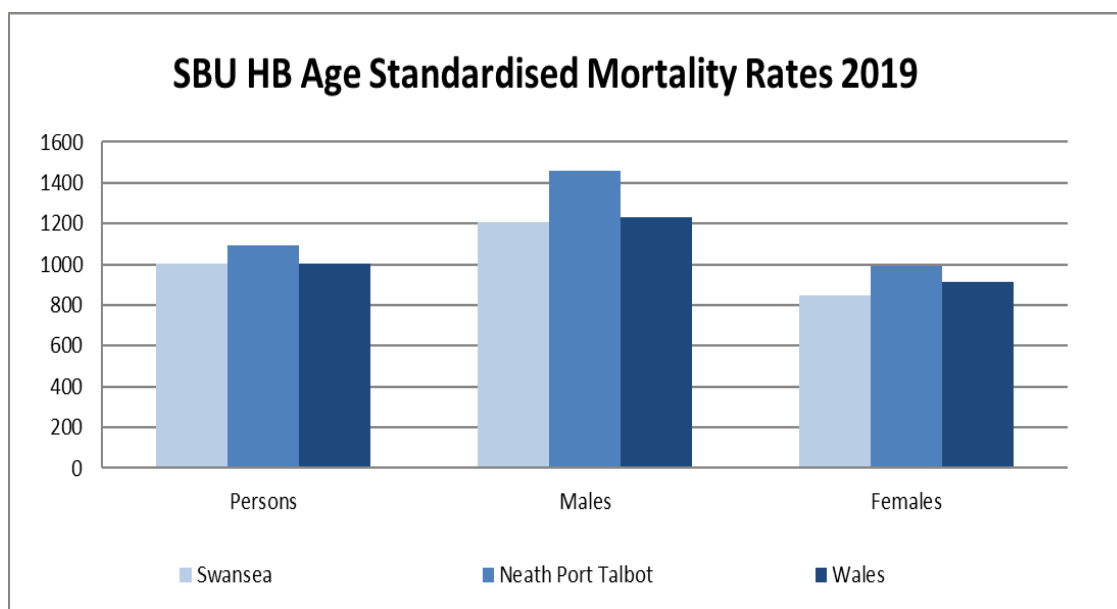
In 2021, the rates for the Neath Port Talbot and Swansea localities are slightly higher than the All Wales rates.⁸⁰

⁷⁹ [Health state life expectancies by national deprivation deciles, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

⁸⁰ [Mortality Information - Swansea Bay University Health Board \(nhs.wales\)](https://nhs.uk)

The rate has been calculated using the 2013 European Population Standard (ESP), replacing the 1976 ESP standards, which accounts for the significant change in the age standardised rates per 100,000 population when compared to previously reported figures.

Figure 2.9.1 age standardised mortality rate for males and females in Swansea Bay UHB (2019)



Avoidable Mortality

Avoidable deaths are all those defined as

a) Preventable :-

All or most deaths from that cause could be avoided through public health intervention, e.g. smoking related deaths.

b) Treatable/ Amenable :-

All or most deaths from that cause could be avoided through good quality healthcare, e.g. asthma.

Figure 2.9.2 Causes of death considered avoidable, treatable & preventable, European age-standardised rate (EASR) per 100,000 person, Swansea Bay UHB, 2014-2019

	Avoidable				Treatable				Preventable		
Year	Count	EASR 95% confidence interval			Count	EASR 95% confidence interval			Count	EASR 95% confidence interval	
2014	911	269	(252-287)		335	99	(89-110)		576	170	(156-184)
2015	1,003	292	(274-310)		335	103	(92-114)		650	189	(174-204)
2016	1,058	304	(286-323)		341	98	(87-108)		718	207	(192-222)
2017	1,035	294	(276-312)		341	96	(86-107)		695	198	(183-213)
2018	1,046	296	(278-314)		365	103	(92-113)		681	193	(179-208)
2019	997	278	(261-295)		361	101	(90-111)		637	178	(164-191)

This shows that the calculated rate of deaths considered avoidable (which is shown as an age-standardised rate per 100,000 people). The All Wales average is 259 in 2019.

2.10 People with disabilities

Disability under the Equality Act 2010 is defined as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

The number of people with physical or sensory disabilities on local authority registers (Welsh Government, 31/03/19)⁸¹:

Swansea	2,547
Neath Port Talbot	3,943
Wales	52,295

Long term limiting illness

A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months also includes problems that are related to old age.

⁸¹ [Local authority registers of disabled people: as at 31 March 2019 | GOV.WALES](https://gov.wales/local-authority-registers-of-disabled-people-as-at-31-march-2019)

Data from the 2011 census highlighted that Neath Port Talbot had a higher percentage of people whose day to day activities were limited (12%) or limited a lot (16%), compared to people in Swansea whose activity was limited (11%) or limited a lot (13%).

Figure 2.10.1 Limiting long term illness or disability by local authority⁸²

	All Usual Residents (numbers)	Day-to-Day Activities Limited a Little	Day-to-Day Activities Limited a Lot	Day-to-Day Activities Not Limited
Swansea	239023	25711	30007	183305
Neath Port Talbot	139812	16620	22492	100700
Wales	3063456	331537	364318	2367601

Work limiting disability

Percentage of working age people who are Equality Act (EA) core or work-limiting disabled. EA core disabled includes those who have a long term disability which substantially limits their day-to-day activities. Work-limiting disabled includes those who have a long term disability which affects the kind or amount of work they might do. Working age is defined as people aged 16 to 64. The percentage shows the number of people who are EA core or work-limiting disabled as a percentage of all working age people. These estimates are taken from the annual population survey.

From the table below, in 2019 the Swansea Bay area has on average 26.6% of working age people who are EA core or work-limiting disabled, 2% above the Welsh average. There is a higher number of people with physical or sensory disabilities living in the Neath Port Talbot area. Of those who have work limiting disabilities, there is a 6% difference in the percentage of people who are employed in the Swansea compared to Neath Port Talbot.⁷⁴

Figure 2.10.2 Work limiting disability

	Health or physical disability	Employment status	
	Number of people with physical or sensory	% of working age people who are	% of Equality Act (EA) core or work-

⁸² [Table | Disabilities | Social care | Health and social care | Data | Home - InfoBaseCymru](#)

	disabilities on local authority registers	Equality Act (EA) core or work-limiting disabled	limiting disabled people who are employed
Local Authority	31 Mar 2019	2019	2019
Swansea	2547	26.5	53.7
Neath Port Talbot	3943	26.7	47.3
Wales	52295	24.5	50.5

2.11 Sexual orientation

Sexual orientation is an umbrella term, which encompasses several dimensions including sexual identity, attraction and behaviour. Data on sexual identity is produced by the Office for National Statistics from the Annual Population Survey (APS). Data released by the Welsh Government in 2018 draws on data from the recent bulletin and an additional analysis of a pooled dataset which combines 3 years of Annual Population Survey data.⁸³

Due to small sample sizes data are only available at a regional level and not county level. Main points from analysis:

- In 2018, 95.2% of people in Wales aged 16 years and over identified as heterosexual/straight. This compares to 1.5% who identified as gay/lesbian, 0.8% who identified as bisexual, and 0.8% who identified as other. Whereas 1.7% of people did not know, answer or respond to the question.
- Over the last five years, the proportion of the Welsh population identifying as lesbian, gay or bisexual (LGB) has steadily increased from 1.6% in 2014 to 2.3% in 2018
- Of those people in Wales who identified as gay/lesbian/bisexual, over two thirds (70.6%) were between 16 and 44 years of age. This compares with under half (43.0%) of the overall population.
- Around twice as many males as females identified as gay/lesbian whilst just over 60% of people who identified as bisexual were females.
- People who identified as gay/lesbian/bisexual were more likely to be single than married or in a civil partnership.

⁸³ Stats Wales [Sexual identity by region \(gov.wales\)](https://gov.wales/sexual-identity-by-region)

- Of those people who identified as gay/lesbian/bisexual, 60.4% lived in South East Wales (compared with 48.4% of the overall population). Whereas 13.9% lived in North Wales (compared with 22.3% of the population).
- People identifying as gay/lesbian/bisexual were over three times as likely to live in a large town as opposed to a small town or village.
- Until the 2021 census there were no official figures for those who identify their gender as different from the sex registered at birth. There is a need for information on gender identity, to support work on policy development and service provision and to further equality, including under the relevant equality law⁸⁴.

Figure 2.11.1 Sexual Identity in Mid and South West Wales (2016-2018)⁸⁵

		Heterosexual	Gay/Lesbian	Bisexual	Other	No response
Wales	Mid and South West Wales	716300	6900	6700	3700	8000

The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections, problematic drug and alcohol use and smoking as the top public health issues facing the UK. All of these disproportionately affect Lesbian Gay Bisexual Transgender (LGBT) populations⁸⁶:

- Illicit drug use amongst LGB people is at least 8 times higher than in the general population.
- Around 25% of LGB people indicate a level of alcohol dependency.
- Nearly half of LGBT individuals smoke, compared with a quarter of their heterosexual peers.
- Lesbian, gay and bisexual people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm.
- 41% of transgender people reported attempting suicide compared to 1.6% of the general population.

Gender reassignment

Gender reassignment refers to individuals, who either:

⁸⁴ [Sex and gender identity question development for Census 2021 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

⁸⁵ [Stats Wales Sexual identity by region \(gov.wales\)](https://gov.wales)

⁸⁶ [Healthy Lives, Healthy People: Our strategy for public health in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- Have undergone, intend to undergo or are currently undergoing gender reassignment (medical and surgical treatment to alter the body).
- Do not intend to undergo medical treatment but wish to live permanently in a different gender to that assigned 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 associated 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 a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.

Gender dysphoria is the medical term used to describe significant distress or impairment related to a strong desire to be of another gender.

Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel about their bodies. 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.⁸⁷

2.12 University students

The Swansea Bay area is home to two universities. Swansea University and University of Wales Trinity St David. The student population is estimated at 24,000.

⁸⁷ [Trans Health Factsheets – Gender Identity Research & Education Society \(gires.org.uk\)](https://gires.org.uk/)

For many young people it will be their first time away from home so there is not only the pressure of becoming independent and self-reliant in a new environment but also keeping healthy and managing the pressure of course work and exams.

Some of the key issues for the student population include:

- Mental health problems. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019, the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked.⁸⁸
- As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.⁸⁹
- Preventing and screening for sexually transmitted infections.⁸⁰
- Contraception support including emergency hormonal contraception provision.⁸⁰
- Lifestyles (poor sleeping routines, smoking, substance misuse, exercise and eating habits).⁸⁰

⁸⁸ Unite Students Insight report 2019 [new-realists-insight-report-2019.pdf](https://www.unite-group.co.uk/new-realists-insight-report-2019.pdf) (unite-group.co.uk)

⁸⁹ [Higher-education-for-a-healthy-nation-student-well-being-and-health-English.pdf](https://www.hefcw.ac.uk/higher-education-for-a-healthy-nation-student-well-being-and-health-English.pdf) (hefcw.ac.uk)

2.13 Carers

Carers are vital to those they care for and are a vital component of the health and social care system. Carers are the family members, friends and neighbours who provide unpaid care and much needed emotional support whilst often neglecting their own health and wellbeing needs.

The provision of unpaid care is becoming increasingly common as the population ages. When looking at the amount of care individuals provide ONS highlighted (see figure 2.13.1) the majority in both counties were providing between 1–19 hours of unpaid care a week, followed by 50+ hours of unpaid care. The least amount of unpaid care in both counties was between 20–49 hours.

Age profile of unpaid carers⁹⁰

Figure 2.13.1 Provision of unpaid care by age, hours of care provided per week, Swansea

Carer Age	All categories : Provision of unpaid care	Provides no unpaid care	Provides unpaid care: Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All age categories	234,363	204,083	30,280	17,290	4,489	8,501
Age 0 - 24	72,956	70,480	2,476	1,805	384	287
Age 25 - 49	76,359	66,357	10,002	6,147	1,514	2,341
Age 50 - 64	43,783	33,263	10,520	6,506	1,532	2,482
Age 65 +	41,265	33,983	7,282	2,832	1,059	3,391

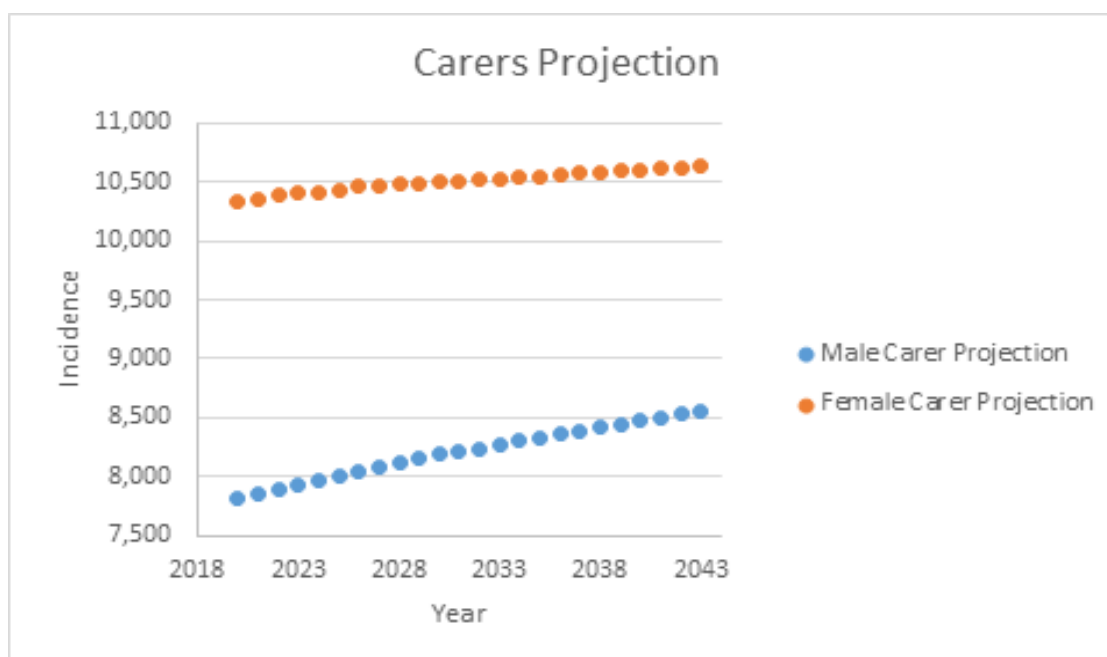
⁹⁰ [LC3301EW \(Provision of unpaid care by general health by sex by age\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk/statistics/LC3301EW)

Figure 2.13.2 Provision of unpaid care by age, hours of care provided per week, Neath Port Talbot

Carer	All categories: Provision of unpaid care	Provides no unpaid care	Provides unpaid care: Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
All age categories	138,682	118,322	20,360	10,379	3,273	6,708
Age 0 - 24	39,513	37,885	1,628	1,158	256	214
Age 25 - 49	45,565	38,580	6,985	3,890	1,171	1,924
Age 50 - 64	28,416	21,393	7,023	3,797	1,185	2,041
Age 65 +	25,188	20,464	4,724	1,534	661	2,529

The Social Care Wales Population Projection platform is a tool that can help to plan care services that might be required in local areas across Wales. Using this tool, the projected unpaid care in Swansea Bay is illustrated in figure 2.13.2.

Figure 2.13.2 Projected Unpaid Care in Swansea Bay UHB (2018-2043)⁹¹



⁹¹ [Population Projections Platform \(daffodilcymru.org.uk\)](https://daffodilcymru.org.uk/)

2.14 Offenders

Adult offenders

A recent 'Prison Health Needs Assessment in Wales' report was published by Public Health Wales and highlighted a number of key areas to address.⁹²

- Access to healthcare facilities
- Mental health and healthcare
- Substance misuse including smoking
- Oral health
- Infectious diseases and
- Support following release

HMP Swansea is a Victorian prison located in the centre of the city of Swansea; as is typical of this type of establishment, the site is cramped. The prison is a Category B local establishment. The offenders held in HMP Swansea draws disproportionately from a deprived subsection of the Welsh community. Prevalence of poor health and higher mortality are particularly evident in the catchment areas for HMP Swansea.

As reported in the HMIP inspection report, the actual population has decreased from 458 in 2017 to 371 in August 2020. The Ministry Of Justice reported a further reduction to 335 in September 2020.⁹³

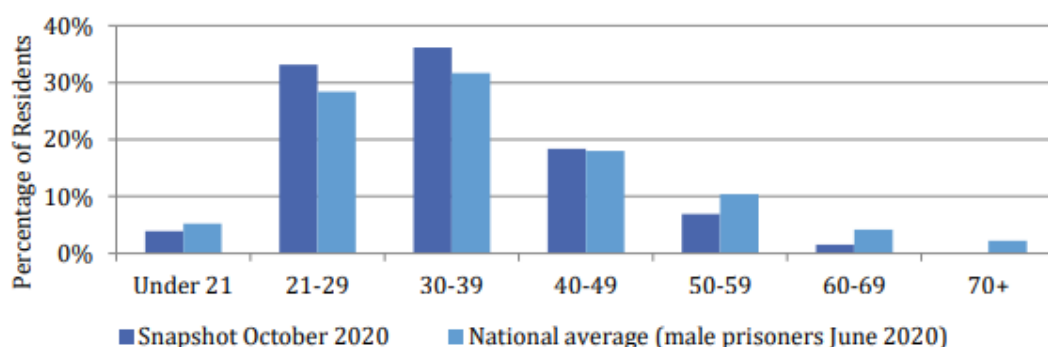
A quarter (26%) of the population of HMP Swansea are on remand, with another 18% convicted unsentenced or sentenced uncategorised. Thirty-five per cent of the population are serving more than a year, down from 42% in 2016.

Age is a key indicator for likely health needs. The prison accommodates a mixed demographic of adults, as shown in Figure 2.14.1 below. The population is younger than the prison population nationally (across England and Wales), with higher rates of 21-49-year-olds and lower rates of over 50s. Eight per cent of the population of HMP Swansea is aged 50 or over compared with 17% for male prisoners on average.

⁹² Public Health Wales (2013) Prison Health Needs Assessment: Technical Report. Thematic review 2013: mental health needs and provision across the Welsh prison estate.
[http://www.wales.nhs.uk/sites3/Documents/457/MHNA%20Technical%20report%20v1.3%20%28Final %29.pdf](http://www.wales.nhs.uk/sites3/Documents/457/MHNA%20Technical%20report%20v1.3%20%28Final%29.pdf)

⁹³ Ministry of Justice (2020) Prison population figures September 2020. Available online. [Accessed 06/11/20]

Figure 2.14.1 Age profile of prisoners compared to national average



When it comes to considering health needs and pharmaceutical needs, the length of stay is often more relevant than the length of sentence. This is shown in the table below, where 79% of current residents have been in HMP Swansea for under six months. This places the main emphasis of healthcare on the identification and management of immediate health needs. Stays of a short length make it more difficult to pick up on hidden and long-term conditions, particularly those where screening may be infrequent.⁹⁴

Length of Stay	Number of Prisoners	Percentage of Prisoners
Less than 1 month	73	24%
1 month to 3 months	112	37%
3 months to 6 months	58	19%
6 months to 1 year	44	14%
1 year to 2 years	18	6%
2 years to 4 years	1	0%
More than 4 years	0	0%

The ethnic profile of residents in HMP Swansea is much less diverse than the national prison average, with 88% of residents recorded as being from white ethnic backgrounds, compared to 72% nationally. This reflects the local communities surrounding the establishment.

With regards to disabilities, the equalities team at HMP Swansea supplied recorded data showing that 31% of the prison population as having a disability (October 2020). This is lower than self-reported disabilities (disclosed as part of the HMP Swansea Health Social Care Needs Assessment) which indicates disability at 38%.⁸⁵

⁹⁴ HMP Swansea Health and Social Care Needs Assessment (2021)

The equalities team provided some more detailed information about the types of disability recorded; this is shown below. The most common types were mental health problems and unspecified disabilities.

Disability	Number of Prisoners with the Disability	Percentage of Population
Mental Illness	57	18%
Other Disability	31	10%
Learning Difficulties (inc. dyslexia)	19	6%
Reduced Mobility	9	3%
Reduced Physical Capacity	7	2%
Dyslexia	5	2%
Other (<5 per category)	8	3%

Also highlighted in the HMP Swansea Health and Social Care Needs Assessment was the percentage of residents recorded as being homeless during the year prior to imprisonment. In October 2020, this figure was 38%. As previously stated, homelessness is one of the many factors that negatively impacts health. In addition, despite conflicting datasets regarding armed forces, there may be up to 9% of residents who previously served in the armed forces, a larger proportion than is seen in other prisons.

Healthcare provision

Since 2015, Swansea Bay UHB has overall responsibility for the delivery of healthcare in HMP Swansea. The healthcare team sits under the primary care nursing directorate. Prior to this, healthcare staff were directly employed by HMP Swansea. Healthcare at HMP Swansea is open seven days per week, 24 hours per day. SystmOne captures health and health-related data for HMP Swansea.

Most recent data indicates:

- The majority of 'Swansea healthcare' appointments are prescribing requests.
- Prescribing data from SystmOne shows a reduction in the numbers of medications prescribed (prescriptions issued) in 2018/19 and 2019/20 compared to previous years. The number of patients receiving any medication has also reduced. Data indicates that a relatively low proportion of patients had been assessed for their suitability for in-possession (IP) medication, with 40% of residents at a snapshot in October 2020 having an IP risk assessment on record. Assessing for IP status does not seem to have changed pre and post COVID-19. IP medication is beneficial in

supporting patient self-care, responsibility and autonomy (and reducing costs), but presents risks related to diversion, bullying and treatment compliance. The actual rate of IP prescribing during 2019/20 was 33% according to SystmOne data; this increased to 44% in 2020/21 to date (April to September), reportedly in response to the covid-19 pandemic whereby there was a desire to ensure, where safely possible, that more residents were of IP status to reduce risk of transmission within the medicines administration process. In spite of the apparent low number of assessments, the actual rate of IP status in HMP Swansea is higher than seen in comparator prisons.

- Data indicated that 35% of patients spending time in HMP Swansea between April and September 2020 had been prescribed paracetamol, and 26% had been prescribed ibuprofen (note this will not include those who have obtained these painkillers themselves from the canteen). Homely remedies (used to treat minor ailments) are available, albeit it was reported that the list of available items has been cut back quite significantly in response to directives from the Health Board. This is contrary to what we see in other prisons, where there is a tendency to increase the range of homely remedies to reduce the burden on healthcare, and better reflect the community. There is no process for pharmacy-led medication reviews, despite it being apparent that many patients are in receipt of multiple medications.

Like other Healthcare service in HMP Swansea, Pharmacy and Medicines Management falls under the Health Board, although in practice the pharmacy still operates somewhat independently of the wider community governance. Consideration is being given to various options, predominantly to reduce the current isolation of the service and bring it into the wider Health Board structure to add robustness.

It is reported that there is generally no delay in residents getting access to medication following arrival in receptions, stating medications are with the prisoner on the next day in most cases. There are certain Patient Group Directives in place to enable a speedy response to immediate issues (e.g. for diazepam for those testing positive/needing alcohol withdrawal). The medicines administration is done entirely by nursing staff, three times daily, in contrast to most other prisons, where pharmacy technicians are increasingly utilised as part of the medicines administration process.

Overall HMIP recently reported that, in part due to COVID restrictions, medicines administration was poor and created unnecessary risks. The report also identified systemic problems.

Further to this, based on the HMP Health Social Care Needs Assessment the following recommendations that will have impact on the Pharmaceutical Need Assessment are as follows:

Recommendation Five – Consideration could be given to the potential role of pharmacy techs to be involved in medicines administration to reduce the burden on primary care nurses and add robustness to the (currently small) pharmacy team.

Recommendation Six – Given the complexity and vulnerability of many of the residents in HMP Swansea, pharmacy-led medication reviews should be introduced. This will likely need additional resourcing.

Recommendation Seven – Healthcare should prioritise the identification of asthma amongst new receptions to ensure likely need is met.

Recommendation Eight – There should be consistent read coding of Long Term Conditions (LTC) data on SystmOne to ensure that both the healthcare needs of patients are recognised and communicated and also that any future HNAs are able to determine the actual identified need

Recommendation Nine – There should be a more structured approach to the management of LTCs in the absence of the QOF, for example, with the use of a named lead nurse (either for individual LTCs or a designated LTC nurse overall).

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

The statutory aim of the youth justice system is to prevent offending by children. The Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 sets out requirements to ensure local services are provided to prevent children from offending and to promote their future welfare. Adverse childhood experiences (ACEs) can have a significant effect on mental well-being throughout life leading to negative outcomes such as involvement in crime.⁹⁵

The Western Bay Youth Justice & Early Intervention Service (Youth Offending Service) takes a multi-agency approach to youth offending.⁹⁶ The agency is made up of staff from the Police, Probation Service, Social Services, Health Department, Education Department, Substance Misuse Agencies and Housing.

⁹⁵ https://gov.wales/sites/default/files/publications/2019-05/youth-justice-blueprint_0.pdf

⁹⁶ <https://www.swansea.gov.uk/article/7401/Youth-Justice--Early-Intervention-Service>

The service works with young people aged 10-17 and has 3 main areas of work:

- Preventing Offending: A large area of work centres around preventing young people from committing an offence and getting involved in the youth justice system.
- Offenders: The service works with work with young people who have come to the attention of the police and the courts because of their offending. Depending on their sentence, the Youth Justice Service has to supervise the young person throughout their order. During this time the service looks at how it can assist the young person to stop re-offending.
- Community Safety: A small number of young people continue to reoffend and some young people commit very serious offences. The Service is responsible for working with the young person during their time in prison and when they are released back into the community.

Hillside is a national purpose built secure children's home. The centre forms part of the overall provision of the secure estate provided in England and Wales. It can accommodate up to 18 young people of either gender between the ages of 12 and 17 years.⁹⁷

2.15 Homeless and rough sleepers

Homelessness is where a person lacks accommodation or where their tenure is not secure. Rough sleeping is the most visible and damaging form of homelessness.

Homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for them to continue to occupy their accommodation. This includes overcrowding, 'sofa surfing', victims of abuse or where their accommodation is a moveable structure and there is nowhere for it to be placed.

Homelessness, or the risk of it, can have a devastating effect on individuals and families. It affects people's physical and mental health and well-being, and children's development and education, and risks individuals falling into a downward spiral toward the more acute forms of homelessness. The impacts can be particularly devastating if a stable, affordable, housing solution is not achieved and people end up having to move frequently.⁹⁸

⁹⁷ <http://www.hillsidesecurechildrenshome.co.uk/>

⁹⁸ Strategy for Preventing and Ending Homelessness. Welsh Government 2019
<https://gov.wales/sites/default/files/publications/2019-10/homelessness-strategy.pdf>

Rough sleepers are defined as persons who are sleeping overnight in the open air (such as shop doorways, bus shelters or parks) or in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks).⁹⁹ The estimated count of rough sleepers is undertaken by Local Authorities with assistance from local agencies through a questionnaire based survey and an annual one night snapshot count.

The table shows the estimated number of people sleeping rough obtained from the 2 week survey.

Estimated number of people sleeping rough over a two week period

Local Authority	2017 (b)	2018 (c)	2019 (d)	2020
Swansea	26	33	37	13*
Neath Port Talbot	15	7	12	2**
Wales	345	347	405	

(b) Based on information from local agencies/services on persons who are thought to have been sleeping rough over a 2 week period between 16 and 29 October 2017.

(c) Based on information from local agencies/services on persons who are thought to have been sleeping rough over a 2 week period between 15 and 28 October 2018. Estimated Number of people sleeping rough over a two week period

(d) Based on information from local agencies/services on persons who are thought to have been sleeping rough over a 2 week period between 14 and 27 October 2019.

* no official all Wales count conducted due to the pandemic however a local exercise was completed on those known to have slept rough in similar 2 week period in October

** no count held (internal monitoring)

Based on the information gathered in the 2 weeks between 14th and 27th October 2019 by local agencies, health organisations and other community service groups in contact with rough sleepers, local authorities estimate that 405 persons were sleeping rough across Wales over this period.

This is an increase of 17 % on the previous year (58 persons) and the largest year on year increase since this collection began. Swansea, along with Wrexham and Ceredigion reported relatively high estimates at 37, 31 and 25 rough sleepers respectively over this two week period. For Swansea this represented an increase of 12 % on the previous year.

This data should not be considered conclusive as it is challenging to accurately measure the exact numbers due to the practical difficulties.

⁹⁹ National Rough Sleeper Count November 2019. Welsh Government Statistical Release
<https://gov.wales/sites/default/files/statistics-and-research/2020-02/national-rough-sleeper-count-november-2019-814.pdf>

Figure 2.15.1 Estimated number of rough sleepers on night of count 2017-2019, local authority, Wales

Estimated number of people sleeping rough between the hours of 10pm and 5am

Local Authority	2017	2018	2019
Swansea	21	18	19
Neath Port Talbot	3	2	7
Wales	188	158	176

Source: National Rough Sleeper Count November 2019. Welsh Government Statistical Release

In 2019, 176 individuals in Wales were reported sleeping rough on the one night count, with 19 in Swansea and 7 in Neath Port Talbot.

The results provide only a very broad indication of the levels of rough sleeping as quality and accuracy is dependent on levels of participation with in each local authority.

The Housing (Wales) Act 2014, which commenced in Wales on 27 April 2015, places duties on Local Authorities to ensure people who are homeless or facing homelessness receive help as early as possible. A person is legally defined as homeless if:

- They have no accommodation available in the UK or abroad
- They have no legal right to occupy the accommodation
- They have a split household and accommodation is not available for the whole household
- It is unreasonable to continue to occupy accommodation
- They are at risk of violence from another person
- They are unable to secure entry to their accommodation
- They live in a moveable structure but have no place to put it

A person is threatened with homelessness if they:

- Are likely to become homeless within 56 days
- Have been served with a valid Section 21 notice that expires in the next 5 days

At of 31st March 2020, there were 2,325 households placed in temporary accommodation across Wales. This is an increase of 4% on 31st March 2019, and is the highest figure recorded since the introduction of the current legislation in April 2015.

Figure 2.15.2

	Number of households in temporary accommodation at 31 March 2020	Mid-year 2019 household estimates	Rate per 10,000 households
Swansea	96	109524	8.8
Neath Port Talbot	84	62317	13.6
Wales	2325	1368708	17.0

(a) Numbers of households in temporary accommodation are rounded to the nearest 3. Rates are calculated using unrounded numbers (not shown in this table)

Homeless households in temporary accommodation at 31 March 2020

Figure 2.15.3

Households in Swansea Bay UHB threatened with homelessness within 56 days, 2019-20 (Section 66)

		Swansea	Neath Port Talbot	Wales
Households threatened with homelessness within in 56 days	Number	1116	633	9993
	Rate (10,000 Households)	102	102	74
Households successfully prevented from homelessness	Number	807	327	6699
	Percentage	72	52	67
	Rate %	74	53	49

Figure 2.15.4 Households assessed as homeless and owed duty to secure, 2019-20 (Section 73)

		Swansea	Neath Port Talbot	Wales
Households assessed as homeless and owed duty to secure	Number	609	546	12,399
	Rate	56	88	91
Households successfully relieved from homelessness	Number	273	198	5088
	Percentage	45	36	41
	Rate	25	32	37

Figure 2.15.5 Households eligible for homelessness assistance and in priority need by Area and Measure, 2019-20 (Section 75)¹⁰⁰

Households eligible for homelessness assistance and in priority need by Area and Measure, 2019-20 (Section 75)				
		Swansea	Neath Talbot Port	Wales
Households unintentionally homeless and in priority need	Number	138	96	3060
	Rate	13	16	23
Households positively discharged from homelessness	Number	93	96	2388
	Percentage	67	100	78
	Rate	9	16	18

2.16 Gypsy and Travellers Communities

Gypsies and Travellers form rich, varied and diverse communities. However, many Gypsies and Travellers often experience discrimination, inequalities and lack of opportunity.

Romani Gypsies, Irish Traveller and migrant Roma are ethnic groups protected under the Equality Act 2010. Other groups, such as New Travellers, may be considered to be cultural groups.¹⁰¹

Information about Gypsy and Travellers was first collected in the 2011 Census and Roma was included in the list of ethnic minorities in the 2021 Census.¹⁰²

The 2011 Census recorded 57,680 people as Gypsy and Traveller in England and Wales. With 2,785 persons across Wales, which accounts for less than 1% of the total population. The Census recorded 85 in Swansea¹⁰³ and 125 in Neath Port Talbot¹⁰⁴.

¹⁰⁰ <https://statswales.gov.wales/Catalogue/Housing/Homelessness/householdseligibleforhomelessnessassistanceandinpriorityneed-by-area-measure-section77>

¹⁰¹ Enabling Gypsies, Roma and Travellers. June 2018 Welsh Government
https://gov.wales/sites/default/files/publications/2019-02/enabling-gypsies-roma-and-travellers_0.pdf

¹⁰² <https://commonslibrary.parliament.uk/research-briefings/cbp-8531/>

¹⁰³ <https://www.swansea.gov.uk/2011census/swansea>

¹⁰⁴ Gypsy and Traveller Accommodation Assessment 2016. Neath Port Talbot CBC.
https://www.npt.gov.uk/media/5614/ldp_qtaa_final_feb16.pdf?v=20191001092952

As with any ethnic group, needs will differ between individuals and between communities. As a group, their health overall is poorer than that of the general population and also poorer than that of non-Travellers living in socially deprived areas (Parry et al., 2004; Parry et al., 2007). They have poor health expectations and make limited use of health care provision (Van Cleemput et al., 2007; Parry et al., 2007).

Gypsies and Travellers have a life expectancy of over 10% less than the general population. Health issues include lower life expectancy, higher mortality risk, and increased burden of communicable disease, increased morbidity from non-communicable disease, high infant mortality rates, high maternal mortality rates, low child immunisation levels, mental health issues, substance misuse issues and diabetes.^{105 106 107 108}

Under the Housing (Wales) Act 2014, local authorities are legally required to ensure that the accommodation needs of Gypsies and Travellers are properly assessed and that the identified need for pitches is met. Assessments are to be carried out every 5 years. Planning Policy Wales requires local authorities ensure appropriate sites are included within the Local Development Plan.¹⁰⁹

Welsh Government guidance is available to support local authorities manage gypsy traveller communities especially in relation to site licensing and the provision of outreach services to support the delivery of social care, education and early years services.¹¹⁰

In January 2020, there were 1,092 Gypsy and Traveller caravans and 136 sites reported in Wales, this highlighted an increase of 4% (42 caravans) of Gypsy and Traveller caravans and 10% (12 sites) of number of sites (both authorised and unauthorised).

¹⁰⁵ European Commission. Roma Health Report: Health status of the Roma population. Data collection in the member states of the European Union. European Union, 2014. Marmot M, Allen J, Bell R, et al. WHO European review of social determinants of health and the health divide. The Lancet 2012; 380:1011–29.

¹⁰⁶ Marmot M, Allen J, Bell R, et al. WHO European review of social determinants of health and the health divide. The Lancet 2012; 380:1011–29.

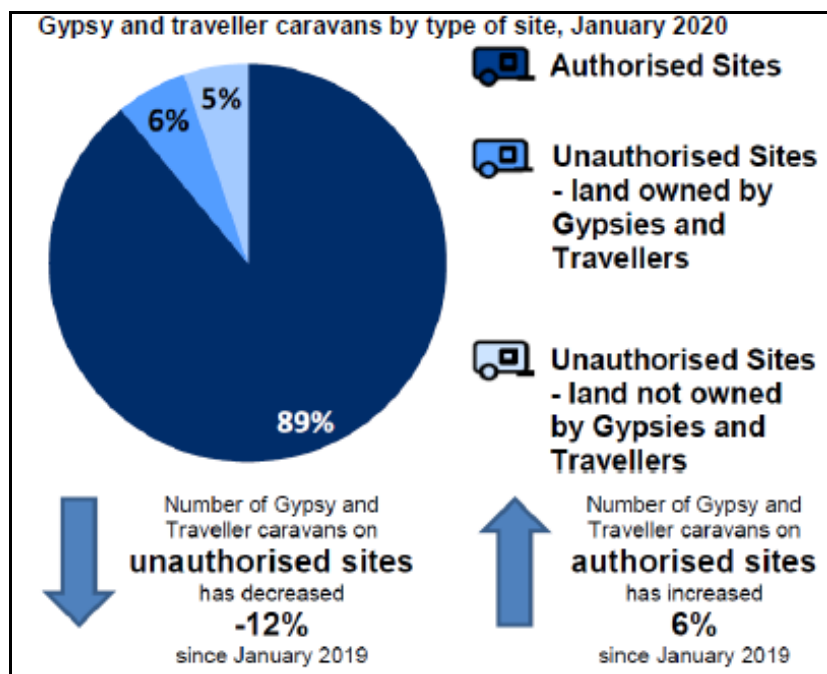
¹⁰⁷ Cook B, Wayne GF, Valentine A, et al. Revisiting the evidence on health and health care disparities among the Roma: a systematic review 2003–2012. Int J Public Health 2013; 58:885–911.

¹⁰⁸ Smart H, Titterton M, Clark C. A literature review of the health of Gypsy/Traveller families in Scotland: the challenges for health promotion. Health Educ 2003; 103:156–65.

¹⁰⁹ Planning for Gypsy, Traveller and Showpeople Sites. Circular 005/2018. Welsh Government <https://gov.wales/sites/default/files/publications/2019-05/planning-for-gypsy-traveller-and-showpeople-sites-wgc-0052018.pdf>

¹¹⁰ Managing Gypsy and Traveller Sites in Wales, Welsh Government 2015 <https://gov.wales/sites/default/files/publications/2019-03/managing-gypsy-and-traveller-sites-in-wales.pdf>

Of the total number of caravans, 89% (972 caravans) were on authorised sites, of which 63% (614 caravans) were on Local Authority sites and 37% (358 caravans) were on private sites.¹¹¹



Source: Gypsy and Traveller Caravan Count, January 2020. Welsh Government

In January 2020 Neath Port Talbot LA had 3 authorised sites, and Swansea Local Authority 1 authorised and 1 unauthorised site.¹¹²

¹¹¹ Gypsy and Traveller Caravan Count, January 2020. Statistical Release. Welsh Government
<https://gov.wales/sites/default/files/statistics-and-research/2020-04/gypsy-and-traveller-caravan-count-january-2020-641.pdf>

¹¹² <https://stats.wales.gov.wales/Catalogue/Equality-and-Diversity/Gypsy-and-Traveller-Caravan-Count/numbersites-by-authorisation-localauthority>

2.16.1 Number of Gypsy and Traveller caravans in Wales on 23 January 2020

	Authorised sites with planning permission		Unauthorised sites without planning permission				
	Number of Caravans		Number of caravans on sites on Gypsies own land		Number of caravans on sites not owned by Gypsies		
	Local Authority	Private	Tolerated	Not Tolerated	Tolerated	Not Tolerated	
Swansea	10	0	0	0	3	0	13
Neath Port Talbot	101	0	0	0	0	0	101
Wales	614	358	31	32	46	11	1,092

Source: Gypsy and Traveller Caravan Count. Welsh Government

Figure 2.16.2 Number of pitches on Gypsy and Traveller sites provided by local authorities in Wales on 23 January 2020

	Occupied Residential	Vacant Residential	Occupied Transit	Vacant Transit	Total Number of Pitches
Swansea	7	0	0	0	7
Neath Port Talbot	62	3	0	0	65
Wales	389	14	0	2	405

Source: Gypsy and Traveller Caravan Count. Welsh Government

Cardiff, Pembrokeshire and Neath Port Talbot had the highest number of pitches provided by Local Authorities (80, 75 and 65 pitches respectively) accounting for over half of the total number of pitches (54%).

2.17 Asylum seekers, refugees and migrants

Until 2001, relatively low numbers of asylum seekers and refugees decided to settle in Wales compared to some parts of the UK. The numbers of asylum seekers and refugees increased when Wales became a dispersal area.

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

In June 2018, Wales was home to 3148 asylum seekers dispersed among the four Welsh dispersal areas of Cardiff (1,458), Newport (571), Swansea (957) and Wrexham (162). Since the inception of the Syrian Vulnerable Persons Resettlement Scheme in late 2015, Wales had also become home to 854 Syrian refugees, dispersed among every local authority.¹¹³

Research seeking the health experiences of asylum seekers and refugees in Wales made the following recommendations.¹¹⁴

- Improved access to services, with written and translated introductory information about rights and entitlements for refugees and asylum seekers
- Improved training of health professionals on health, social and legal issues associated with seeking sanctuary
- Work to address the social determinants of health using a multi-agency approach, with partners including the voluntary sector to maximise support for people seeking sanctuary, including refused and destitute asylum seekers

Swansea became a City of Sanctuary in 2010. The City of Sanctuary movement aims to build a culture of hospitality and welcome, especially for refugees seeking sanctuary from war and persecution.¹¹⁵ In 2019 Welsh Government published their Nation of Sanctuary Refugee and Asylum Seeker Plan.¹¹⁶

¹¹³ https://gov.wales/sites/default/files/publications/2019-03/health-and-wellbeing-provision-for-refugees-and-asylum-seekers_0.pdf

¹¹⁴ The Health Experiences of Asylum Seekers and Refugees in Wales. 2019. Technical Report of the HEAR Study https://ihcc.publichealthnetwork.cymru/files/3715/5420/0776/PHW_Swansea_HEAR_Tech_Report.pdf

¹¹⁵ <https://swansea.cityofsanctuary.org/>

¹¹⁶ Nation of Sanctuary – Refugee and Asylum Seeker Plan. 2019 Welsh Government. https://gov.wales/sites/default/files/publications/2019-03/nation-of-sanctuary-refugee-and-asylum-seeker-plan_0.pdf

Meeting the health and care needs of asylum seekers requires a culture of collaboration and strong relationships, as health needs are complex and varied (Welsh Government 2019). These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK. Holistic, person-centred and culturally sensitive care is essential to support resilience and help adapt to life in the UK.

The Health Access Team (HAT) in Swansea has provided health services and advocacy for asylum seekers who are dispersed to Swansea since 2001. The HAT role in ensuring access to health services and integration in the community is essential. Asylum seekers are often unfamiliar with the way health services are organised. Overcoming these barriers is essential to providing effective care, improving health and wellbeing, and supporting refugees and asylum seekers to integrate into the local community.

Swansea has experienced significant changes in the demographics of the new arrivals in the past 10 years due to conflict in a number of Middle Eastern and African countries. Whilst some areas of the Health Service have seen a reduction in the usage of third sector support, the support for asylum seekers in Swansea has grown and has required extensive collaboration with third sector services.

Whilst the COVID-19 pandemic has seen the advancement in technology a benefit to a lot of patients to access services (for example; Ask My GP) it has created a barrier for migrants and asylum seekers which in turn has placed additional pressure on support services such as the Health Access Team. Migrants and asylum seekers usually have very little or no English language speaking skills which has meant the lack of face to face contact due to the pandemic has created an impact on accessing health services.

2.18 Military veterans

A veteran is defined as “anyone who has served for at least 1 day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.”

There is no routine source of information on military veterans in Wales, so the number resident in Wales is unknown. Studies identify that most veterans in general view their time in the Services as a positive experience and do not suffer adverse health effects as a result of the time they have served.

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

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

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

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

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

- Depression
- Anxiety
- Alcohol abuse

Probable PTSD affects about 4% of veterans. Each year, about 0.1% of all regular service leavers are discharged for mental health reasons. Each Health Board in Wales has appointed an experienced clinician as a veteran therapist with an interest or experience of military (mental) health problems. The veteran therapist will accept referrals from health care staff, GPs, veteran charities and self-referrals from ex-service personnel. The primary aim of Veterans' NHS Wales is to improve the mental health and well-being of veterans with a service related mental health problem. The secondary aim is to achieve this through the development of sustainable, accessible and effective services that meet the needs of veterans with mental health and well-being difficulties who live in Wales. A 2017 report from 'Forces in Mind' provides the findings from a review of the mental and related health needs of veterans and family members in Wales.¹¹⁷

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

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

¹¹⁷ Forces in Mind Report 2017 [stigma-barriers-care-service-leavers-mental-health-problems.pdf \(pcdn.co\)](https://www.pcdn.co/stigma-barriers-care-service-leavers-mental-health-problems.pdf)

A Welsh Government report from 2014 'Improving Access to Substance Misuse Treatment for Veterans' identified that Substance Misuse Area Planning Boards lead on local collaborative planning, commissioning and delivery for services to ensure that the needs of veterans are met.¹¹⁸ A 2011 report from Public Health Wales on 'Veterans' health care needs assessment of specialist rehabilitation services in Wales' identified a range of recommendations to support veterans with respect to their physical health and disability with regards to specialist rehabilitation service provision.

2.19 Visitors to sporting and leisure facilities in the county

Swansea

In 2019, **4.79 million** visitors came to Swansea. Over 7 in 10 are on a repeat visit to the area, and more than half of these will be familiar with the area, having visited 7+ times in the last 3 years¹¹⁹. Since 2015, there has been a slight increase in the proportion of visitors coming from outside Wales and almost half of all visitors stay overnight in the area. The visitor profile for Swansea County is described below.

- Affluent 'Empty Nesters' aged 45+ years
- Affluent early retired couples aged 45+ years
- Younger affluent professionals aged 25 - 45 years
- Mid income families with children
- Businesses and groups

Neath Port Talbot

Data from 2016 indicates that the vast majority of visitors to Neath Port Talbot (NPT) are from Wales (90%), which is much higher than when looking at visitors to Wales as a whole. This reflects the very high proportion of day visitors to this area compared to Wales generally. Following on from this, Neath Port Talbot receives fewer visitors from outside of Wales compared to all sites across Wales.

There is a slight skew towards more female (53%) than male visitors (47%) in Neath Port Talbot. There are noticeable differences in the gender profile by location; the majority of

¹¹⁸ [substance-misuse-treatment-framework-improving-access-to-substance-misuse-treatment-for-veterans.pdf](https://gov.wales/substance-misuse-treatment-framework-improving-access-to-substance-misuse-treatment-for-veterans.pdf) (gov.wales)

¹¹⁹ [Swansea - Tourism research and statistics](#) [accessed 28/05/2021]

visitors to Aberdulais Falls and Margam Park are female (67% and 68% respectively), while at Afan Forest Park, most visitors are male (79%).

Neath Port Talbot receives a higher proportion of younger visitors aged 16-34 compared to Wales as a whole (31% cf. 22%). This is being driven by the younger age profile of visitors to Afan Forest Park and Margam Park; at Afan Forest Park, 42% of visitors are aged 16-34 (no doubt coming to use the cycling and walking trails). At Margam Park, younger people make up around a third of visitors (31%), who may be attracted to the site by activities such as Go Ape!, mountain biking trails and water-based activities. In contrast, Aberdulais Falls attracts an older age profile, with over half of visitors (58%) aged 55+.

Over half of visitor groups to the Neath Port Talbot area are families with children (52% compared to 40% across all of Wales); this rises considerably to 77% at Margam Park. Most family groups are visiting with younger children. The overwhelming majority of visitors to Neath Port Talbot were on a day trip when interviewed (96%); this is significantly higher than the all Wales average of 88%.¹²⁰

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of the Health Board's area. As they may only be in the area for a day or two, their health needs are likely to be:

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

¹²⁰ Wales Visitor Survey 2016: Neath Port Talbot County Borough Council - Research Report
<http://www.npt-business.co.uk/media/8468/wales-national-visitor-survey-2016-neath-port-talbot-findings.pdf?v=20190806164741> [accessed 28/05/21]

3. General health needs of Swansea Bay University Health Board

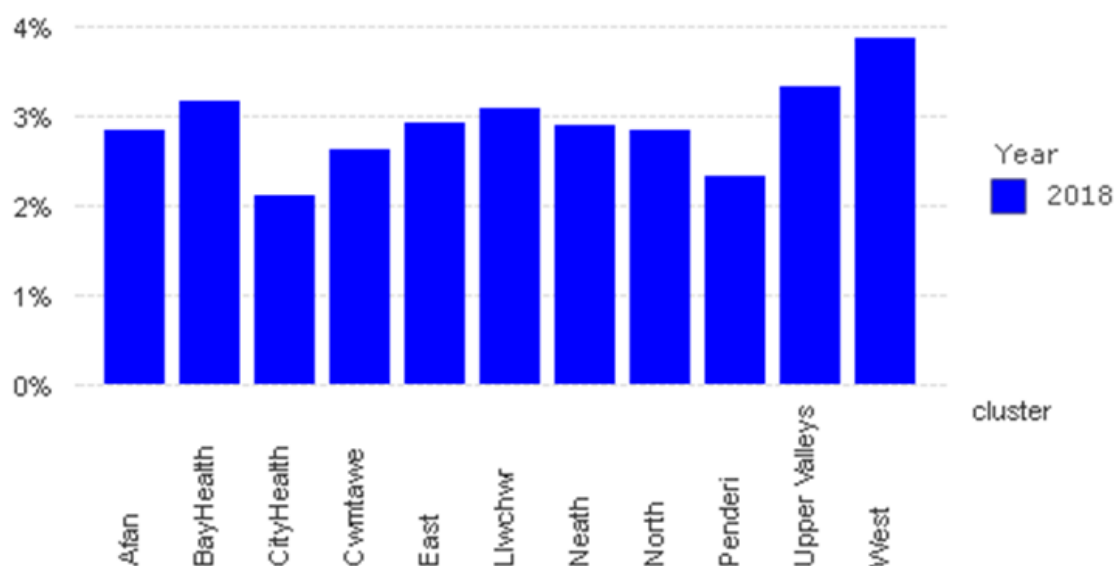
Data for this section are drawn from a number of datasets and provide an overview of incidence and prevalence by Health Board, Local Authority and Primary Care Cluster area where data are available.

3.1 Cancer

Cancer diagnosis and registrations, in the former Abertawe Bro-Morgannwg University Health Board (ABM UHB) area continue to remain in line with the Wales average; 3.049% and 3.018% respectively.¹²¹

Figure 3.1.1 below provides an overview of cancer registrations in the former Abertawe Bro-Morgannwg UHB by Primary Care Cluster. Excluding Bridgend clusters, those areas with the highest recorded diagnosis of cancer in the Swansea Bay UHB are Upper Valleys and Bay Health cluster.

Figure 3.1.1 GP Recorded Diagnosis of Cancer



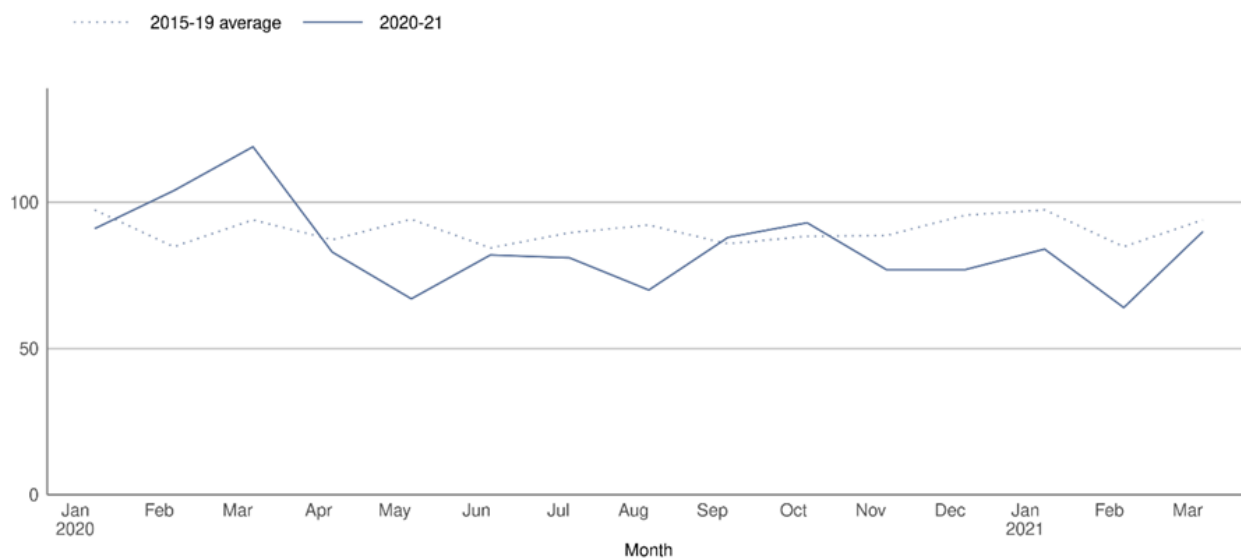
Source: Swansea Bay Digital Intelligence Portal, 2018

In the period 2016-17 to 2018-19 the prevalence of cancer across the former ABM UHB region has continued to increase in line with the Wales average. In the 3-year period, ABM UHB

¹²¹ Swansea Bay Digital Intelligence Portal Data; 2018

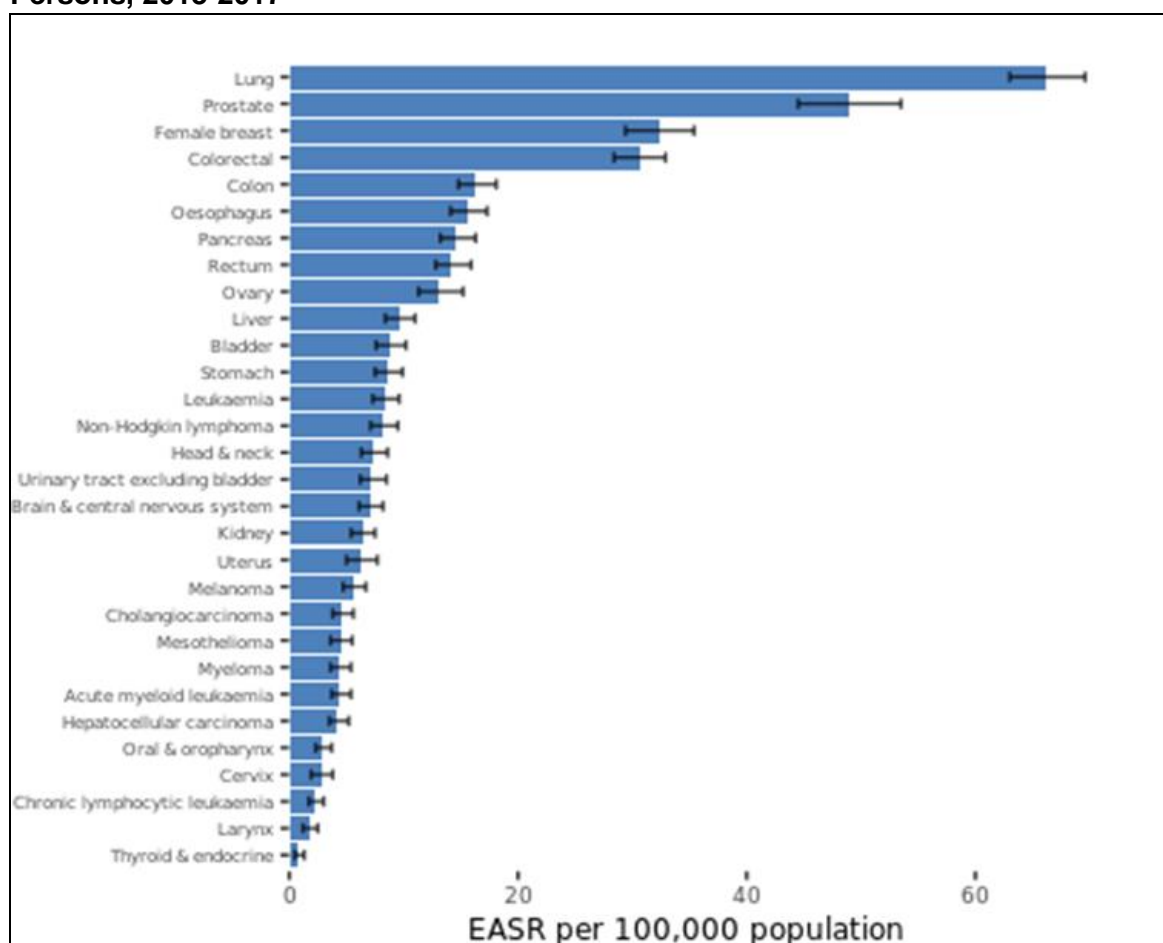
saw an increase from a 2.7% prevalence rate to 3.0%, similarly to Wales, which observed an increase from 2.8% to 3.1%.

Figure 3.1.2 Monthly deaths by cancer, count, all ages, Swansea Bay 2020-2021 compared to 2015-2019 average



*Mortality by underlying cause, based on date of registration. Some underlying cause categories are not available by selected breakdowns. Vertical axis scale will change depending on the selection.

Figure 3.1.3 Cancer mortality rates by cancer type Abertawe Bro Morgannwg UHB, Persons, 2013-2017



Source: Welsh Cancer Intelligence and Surveillance Unit, Public Health Wales, 2018

Lung cancer can be seen to be the highest cause of mortality.

3.2 Screening

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. Population screening programmes are delivered on all Wales basis by Public Health Wales and include screening for cervical, breast and bowel cancers and abdominal aortic aneurysm (AAA).¹²² Figures 3.2.1 to 3.2.3 show screening uptake across the GP Cluster areas in Swansea Bay UHB.

¹²² [Screening - Public Health Wales \(nhs.wales\)](https://nhs.uk/screening)

Figure 3.2.1 Bowel Screening Uptake by Primary Care Cluster, 2017-18

Bowel Screening Uptake 2017/2018	Target	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
%	60%	55.7	56.2	55.4	57.2	55.8	59.4	47.5	56.1	57.6	51.7

Source: Public Health Wales

Figure 3.2.2 Cervical and Abdominal Aortic Aneurysm uptake by Primary Care Cluster, 2018-19

Screening Uptake 2018/2019	Target	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
Cervical screening %	80%	73.2	72.1	72	72.5	71.6	74.9	64.7	73.6	75.8	71
Abdominal Aortic Aneurysm %	80%	80.8	82%	83.3	72.5	71.6	80.8	73.6	84	86.3	75.4

Source: Public Health Wales

Figure 3.2.3 Breast Screening Uptake by Primary Care Cluster, 2019-20

Breast Screening Uptake 2019/20	Target	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
%	70%	72.5	72.8	71.8	75	72.9	75.8	65	72.3	73.6	70.3

Source: Public Health Wales

As Figures 3.2.1 – 3.2.3 illustrate:

- For bowel screening, all Primary Care Cluster figures are below the target of 60%. This is in line with the Wales average of 55.7%.
- For cervical screening, all Primary Care Cluster figures are below the target of 80%. This is in line with the Wales average of 73.2%
- For Abdominal Aortic Aneurysm, 4 of the 8 cluster areas exceed the target of 80%.
- For breast screening, only one cluster area (City Health) falls below the target of 70%.

The most recent data is reported for each screening area.

3.3 Cardiovascular Disease

Cardiovascular disease (CVD) is a major cause of ill-health and death in Wales. It is caused by disorders of the heart and blood vessels, and includes coronary heart disease (heart attacks), cerebrovascular disease (stroke), raised blood pressure (hypertension) and heart failure. CVD has a substantial impact on the health service. Over 7% of all in-patient hospital admissions in Wales are for CVD.

Figure 3.3.1 illustrates the prevalence of coronary heart disease across Swansea Bay UHB Primary Care Clusters for 2018. In the table, the Upper Valleys and Afan Primary Care Clusters exceed the Wales average.

Figure 3.3.1 Prevalence of Coronary Heart Disease across Swansea Bay UHB Primary Care Clusters (2018)

Area Indicator	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
CHD Prevalence %	3.7	3.8	4.0	3.8	4.1	3.1	3.4	3.6	3.7	3.5

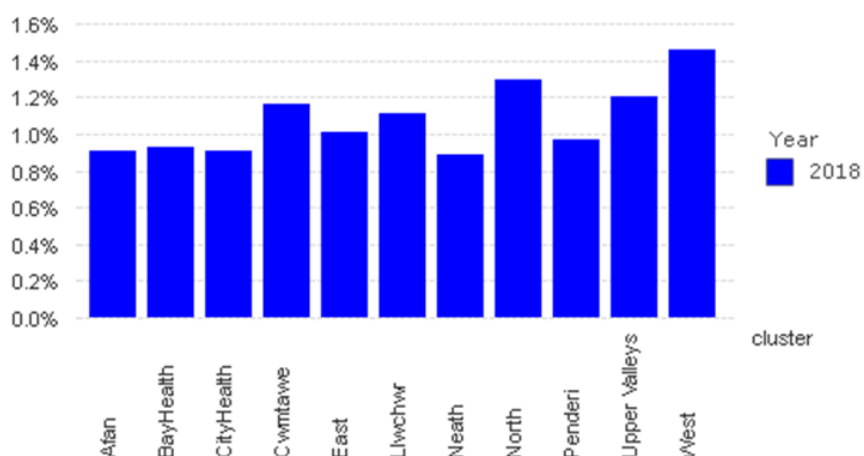
Source: The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

Heart Failure

Heart failure diagnosis and registrations, in the former Abertawe Bro-Morgannwg University Health Board (ABM UHB), area continue to remain in line with the Wales average; 1.1% and 1.1 respectively¹.

Figure 3.3.2 below provides an overview of heart failure registrations in former Abertawe Bro-Morgannwg UHB by Primary Care Cluster. Excluding Bridgend, those clusters with the highest recorded diagnosis of heart failure in Swansea Bay UHB are Upper Valleys and Cwmtawe.

Figure 3.3.3 GP Recorded diagnosis of Heart Failure



Source: Swansea Bay Digital Intelligence Portal, 2018

In the period, 2016-17 to 2018-19 the prevalence rate of heart failure across the former ABM UHB region have continued to increase in line with the Wales average. In the 3-year period, ABM UHB saw a slight increase from a 1.054% prevalence rate to 1.073% similarly to Wales which also observed a slight increase from 1.013% to 1.062%.

Stroke

Figure 3.3.4 illustrates the prevalence of stroke and TIA across the Swansea Bay UHB Cluster Areas for 2018. During this time the Upper Valleys and Neath Clusters were slightly above the Wales average.

Figure 3.3.4 Prevalence of Stroke and TIA across Swansea Bay UHB Primary Care Clusters (2018)

Indicator	Wales	Afan	Neath	Upper Valley	Bay Health	City Health	Cwmtawe	Llŵchwr	Penderi
Prevalence of Stroke and TIA %	2.1	2.2	2.3	2.3	2.0	2.1	2.2	2.1	2.1

Source: The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

Hypertension

Hypertension diagnosis and registrations, in the former Abertawe Bro-Morgannwg University Health Board (ABM UHB), area continue to remain in line with the Wales average; 15.3% and 15.7 respectively¹.

1 in 5 adults in Wales report being treated for high blood pressure (hypertension) and there are many more undiagnosed and untreated. High blood pressure is one of the leading risk factors for premature death and disability in Wales.¹²³

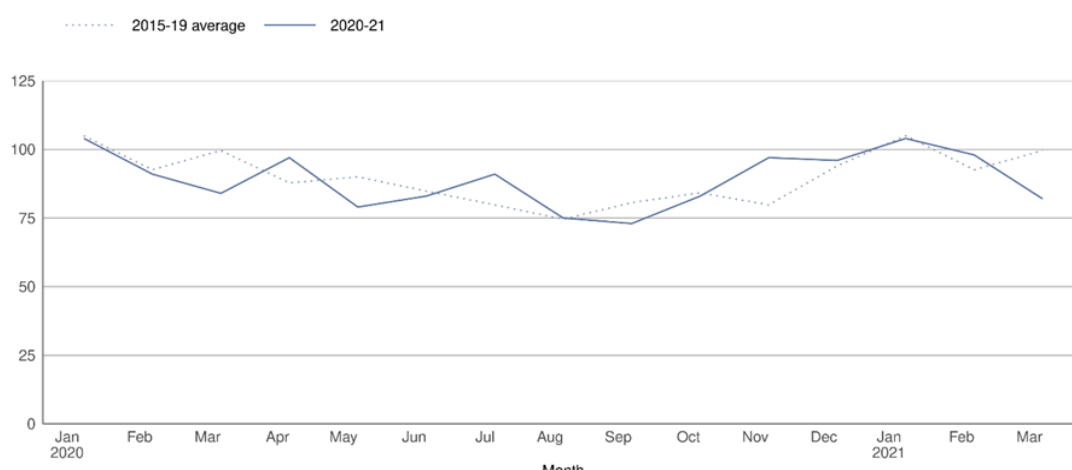
In Wales, nearly 1 in 5 people are not offered treatment after being diagnosed with high blood pressure (BP) to target levels. Treatment for high BP significantly reduces the risk of heart attack, stroke, heart failure and all-cause mortality. Every 10 mmHg reduction in systolic BP reduces the risk of major cardiovascular events by 20%. Treatment is very effective at lowering BP and at improving outcomes.

High blood pressure rarely causes symptoms and detection generally relies on opportunistic testing or late presentation by individuals with conditions or complications related to high blood pressure. Diagnosis of high blood pressure depends on accurate measurement, but measurement techniques could be improved among health care professionals and the public.

Despite a dramatic reduction in death rates from Coronary Heart Disease (CHD) in the past 20 years, CHD remains the major single cause of death in Wales with 3,821 deaths in 2017. Wales has a higher prevalence of CHD (3.7%) than the UK as a whole (3.3%) and there were more than 14,220 hospital admissions with CHD in Wales in 2017/18.

Figure 3.3.5 illustrates the monthly deaths by circulatory, count, all ages, Swansea Bay 2020-21 compared to 2015-19 average.

Figure 3.3.5 Monthly deaths by underlying cause: circulatory, count, all ages, Swansea Bay, 2020 -21 compared to 2015 -2019 average



¹²³ Global Burden of Disease study, The Lancet (2020), volume 396, No. 10258

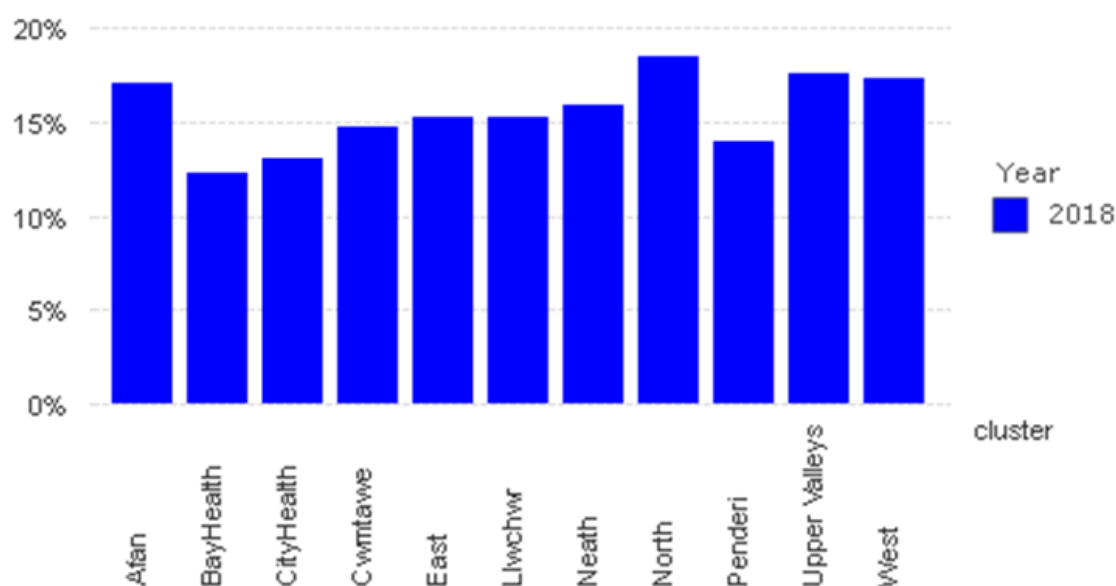
A person's risk of developing CHD is significantly increased if a person smokes, is overweight or obese, has high blood pressure (hypertension), has a high blood cholesterol level, does not take regular exercise, has diabetes or has a family history of heart disease. Wales has a high prevalence of the risk factors associated with CHD and cardiovascular disease resulting in a higher prevalence of heart attacks, strokes and heart failure.

The risk factors for CHD are modifiable and premature CHD is a largely preventable condition, significantly influenced by poverty and socio-economic health determinants. Given that many people who present with CHD have had the disease for some years prior to presentation, the challenge is to identify people with a high risk of developing CHD or with established CHD and offer them comprehensive lifestyle advice and appropriate treatment.

A lack of treatment increases the risks of morbidity, mortality and hospitalisation for people with CHD.

Figure 3.3.6 below provides an overview of hypertension registrations in the former ABM UHB by Primary Care Cluster. Those areas with the highest recorded diagnosis of hypertension, in the Swansea Bay UHB Clusters, are Upper Valleys and Afan.

Figure 3.3.6 GP recorded diagnosis of hypertension



Source: Swansea Bay Digital Intelligence Portal (2018)

3.4 Diabetes

There are 2 main types of diabetes, type 1 and type 2 with the latter being much more common. Type 1 diabetes is an autoimmune disorder that usually manifests in childhood and requires lifelong management to avoid poor health outcomes.

People with type 2 diabetes have high rates of coronary heart disease and stroke. Other complications of diabetes include kidney failure, eye disease and circulatory and neurological problems in the foot and leg. Type 2 diabetes is more common in socio-economically deprived communities and in Black and Asian people.

According to Diabetes UK, Wales has the highest prevalence of diabetes in the UK, with more than 209,000 people, or 8% of the population, living with diabetes. The numbers are rising each year, with an additional 10,695 people diagnosed in 2020. Estimates suggest that there are a further 65,501 people with type 2 who have not yet been diagnosed, and that a further 580,000 people could be at risk of developing type 2 diabetes.¹²⁴

Diabetes diagnosis and registrations, in the former Abertawe Bro-Morgannwg University Health Board (ABM UHB), area was slightly above the Wales average; 6.21 and 6.03 respectively.¹

Figure 3.4.1 illustrates the prevalence of Diabetes across the Swansea Bay UHB Primary Care Clusters in 2018. The Afan Cluster exceeds the Wales average by 1.5% and the Upper Valleys exceeds the Wales average by 0.8%.

Figure 3.4.1 Prevalence of Diabetes across Swansea Bay UHB Primary Care Clusters (2018)

Area \ Indicator	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmatawe	Llwchwr	Penderi
Prevalence of Diabetes %	6.0	6.2	7.5	6.6	6.8	4.3	6.2	6.3	5.8	6.4

Source: The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

¹²⁴ https://www.diabetes.org.uk/in_your_area/wales/diabetes-in-wales [accessed 25/05/21]

Preventing type 2 diabetes by reducing modifiable risk factors is a key goal for health and social care providers. Such interventions have the additional benefit of reducing the risk of various other chronic conditions such as cardiovascular and respiratory disease. Type 2 diabetes prevalence is higher in areas of greatest deprivation, and among minority ethnic communities. Services should be designed to reduce this health inequality. Effective self-management of diabetes is crucial, therefore, information, structured education and empowerment are essential to enable this.

Nearly 17% of hospital inpatients in England and Wales have diabetes and hospitals need to be safe environments for people with diabetes, free from harm and disempowerment. More pregnancies are affected with diabetes than ever before and it is important to ensure services can accommodate this. Children living with diabetes should receive the best possible support and care in all environments, including schools.

3.5 Mental Health

Mental health is determined by biological, psychological, social, economic and environmental factors, which interact in complex ways. Mental illness is an experience that interferes with day-to-day functioning. People with mental illness may benefit from some form of intervention or specialist mental health services. There are many different types of mental illness including depression, schizophrenia and dementia.

The age-standardised mental and behavioural death rates for Abertawe Bro-Morgannwg UHB and Wales in 2017 is 151.9 and 122.3 respectively. The ABM UHB rate was also above the Wales 3-year average for the period 2015-17. The age-standardised mental and behavioural death rates per 100,000 population for ABM UHB was at 138.6 in comparison to the Wales average at 115.7.¹²⁵

Mental Wellbeing

Mental wellbeing is a state where people are able to cope with the normal stresses of life whilst being productive and being able to contribute to their communities. The Public Health Wales Mental Wellbeing in Wales tool explores mental wellbeing scores and other wellbeing indicators from adult and child survey data. It highlights the following Health Board and Local Authority findings from the 2018 Annual Population Survey.¹²⁶

¹²⁵ <https://www.healthmapswales.wales.nhs.uk/IAS/dataviews/tabular?viewId=214&geoid=107&subsetId> [accessed 27/5/2021]

¹²⁶ <https://publichealthwales.shinyapps.io/MentalWellbeingInWales/> [accessed 25/5/2021]

Figure 3.5.1 Warwick-Edinburgh Mental Wellbeing Scale, age standardised average score, persons ages 16 + by health board, Wales 2016/17

Produced by Public Health Wales Observatory, using NSW (WG)

— 95% confidence interval

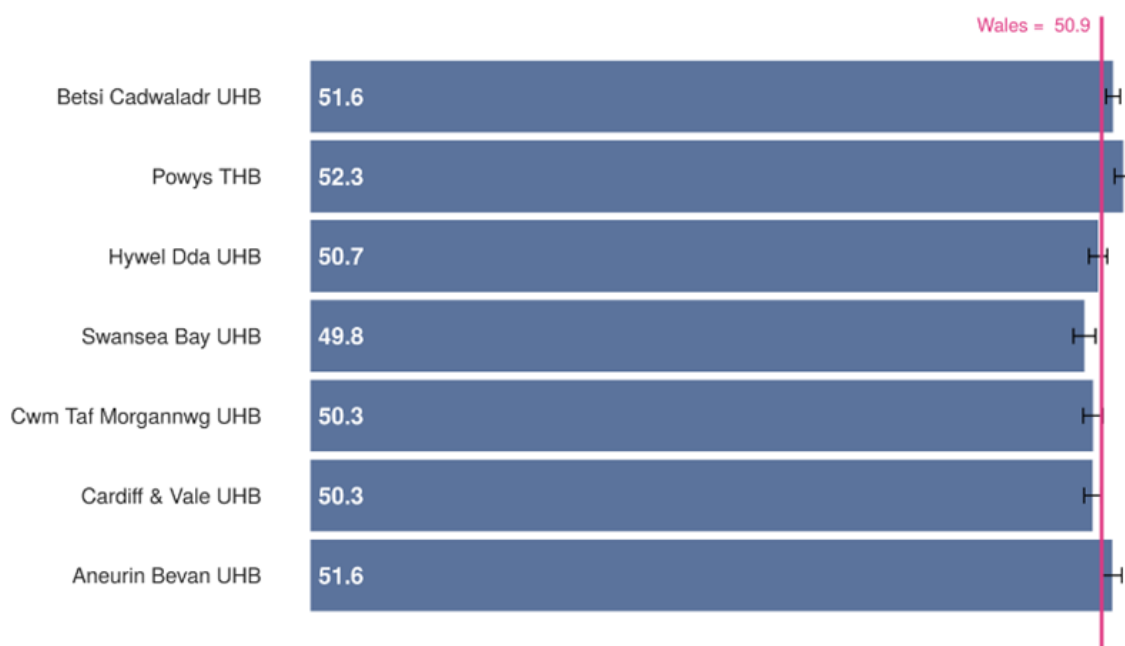
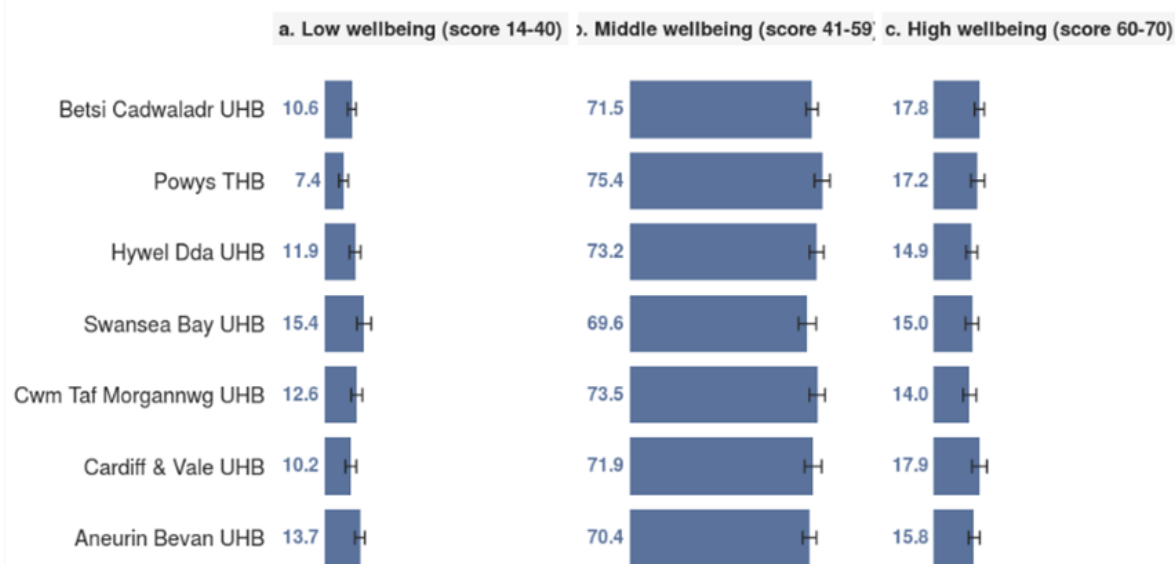


Figure 3.5.2 Warwick-Edinburgh Mental Wellbeing Scale category and health board, age-standardised percentage, person aged 16+, Wales 2016/17

Produced by Public Health Wales Observatory, using NSW (WG)

— 95% confidence interval



Comparisons by health board show that Betsi Cadwaladr UHB had the highest levels of respondents reporting high levels of wellbeing whilst Swansea Bay UHB fared worse, reporting the highest level of respondents reporting low wellbeing. Adults aged 65 and over reported higher levels of wellbeing than younger age groups. Almost twice as many

respondents in the most deprived fifth reported low levels of wellbeing than the least deprived fifth.

High Sense of Worthwhile – Overall Swansea Bay UHB showed a similar percentage (81.8) to Wales (84.0). Individuals residing in Neath Port Talbot local authority reported a higher percentage than Swansea at 84.0. Swansea local authority had one of the lowest overall rating scores at 81.5. Age groups 35 – 44, 65-74 and 25-34 were more likely to have a high sense of worthwhile across Wales.

Low Sense of Anxiety – Overall Swansea Bay UHB (60.3) showed a lower percentage than the Wales average (62.8). Neath Port Talbot residents reported the highest percentage (63.7) within the region and higher than the Wales average (62.8). Swansea being the lowest (60.0) and lower than Wales (62.8). Age groups 55-64, 65-74 and 75+ were more likely to have a low sense of anxiety.

High Sense of Life Satisfaction – Overall Swansea Bay UHB showed a moderately lower percentage (79.7) than Wales (81.3). Individuals in Swansea reported the highest percentage (80.4) within the region. The lowest being in Neath Port Talbot (79.2). Age groups 65-74, 25-34 and 16-24 were more likely to have a high sense of satisfaction.

High Sense of Happiness – Swansea Bay UHB showed the lowest percentage (72.0) than the rest of Wales and the Wales average (74.7). Swansea residents reported the highest percentage (73.5) within the region and compared to the Wales average (74.7). The lowest being in Neath Port Talbot (69.5) and lower than Wales (74.7). Age groups 65-74 and 75+ were more likely to have a high sense of satisfaction.

Across Wales, patterns emerged which showed:

More females than males were more likely to have a high sense of worthwhile, whereas males were more likely to have a low sense of anxiety, a high sense of life satisfaction and a high sense of happiness.

Those classified as least deprived were more likely to have a high sense of life satisfaction, a low sense of anxiety, a high sense of life satisfaction and a high sense of happiness compared to those classified as most deprived. This was also the case for those who are employed compared to those unemployed or inactive, those with very good general health compared to those who have very bad general health.

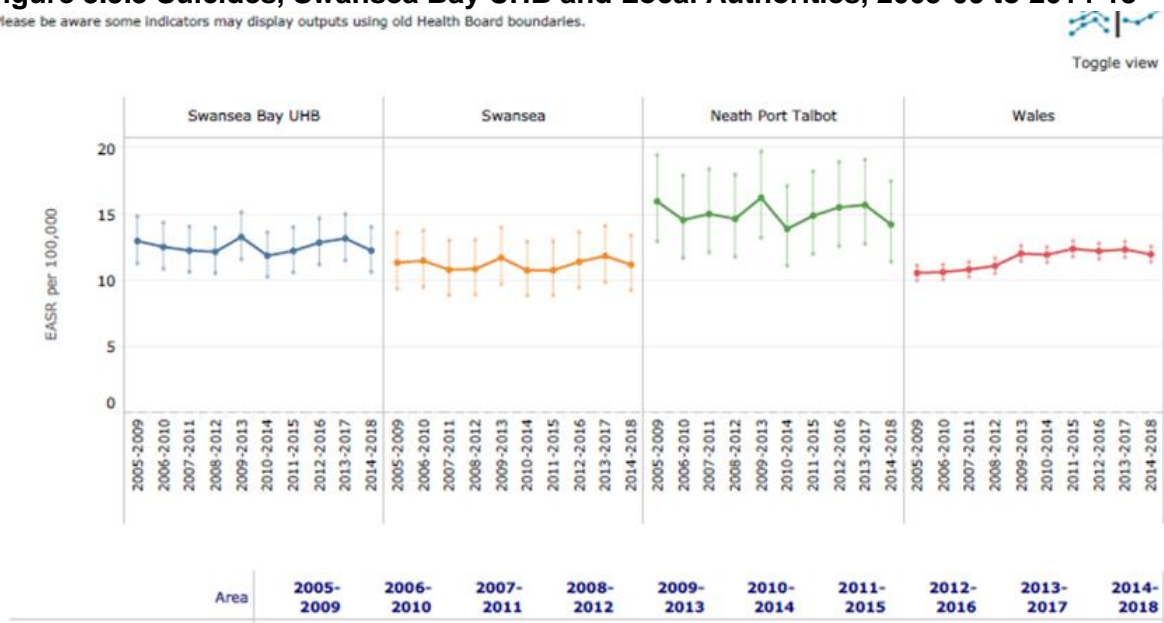
Suicide

Between 2014 and 2018 the suicide rate for Swansea Bay UHB was 12.3 per 100,000 population, equating to 208 recorded deaths by suicide. This is in line with the Wales average at 12.3 per 100,000. However, the suicide rate for Neath Port Talbot (NPT) remains higher than the national average at 14.3 per 100,000, equating to a total of 89 recorded suicides, making NPT the fourth highest local authority in Wales. The rate in Swansea is lower at 11.2 per 100,000, equating to 119 deaths during this period.

Additional analysis undertaken in early 2019 showed that during 2008-17 suicide rates were higher in males than females in both Swansea and Neath Port Talbot, which is in line with the national average. Among males, the rates were highest in the 35 – 64 year age group in Neath Port Talbot and the 25 – 54 years age group in Swansea. Figure 3.4.1 illustrates the trend in suicide across the local authority areas and Swansea Bay University Health Board.

Figure 3.5.3 Suicides, Swansea Bay UHB and Local Authorities, 2005-09 to 2014-18

Please be aware some indicators may display outputs using old Health Board boundaries.



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

Due to improvements in suicide coding and the reduction of hard-to-code narrative verdicts since 2011, caution should be taken when interpreting suicide rates.

Dementia

Dementia is a major public health problem in Wales with approximately 48,487 cases. In Swansea Bay UHB around 5,607 individuals are registered with dementia which is likely to be an underestimate due to symptoms not being recognised and delays in diagnosis.

The age-standardised dementia death rate for Abertawe Bro-Morgannwg UHB and Wales in 2017 is 125.0 and 98.0 respectively. The ABM UHB rate was also above the Wales 3-year average for the period 2015-17. The age-standardised dementia death rate per 100,000 population for ABM UHB was at 117.0 in comparison to the Wales average at 94.0.

The predicted number of people aged 65+ with dementia in 2021 across Swansea Bay UHB is:

- Swansea: 3,542
- Neath Port Talbot: 2,185

Figure 3.5.3 illustrates the prevalence of Dementia across Primary Care Clusters in 2018. Each Cluster is within the range of the Wales average.

Figure 3.5.3 Dementia across Primary Care Clusters in 2018

	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
Prevalence of Dementia %	0.7	0.7	0.8	0.7	0.9	0.7	0.7	0.6	0.7	0.5

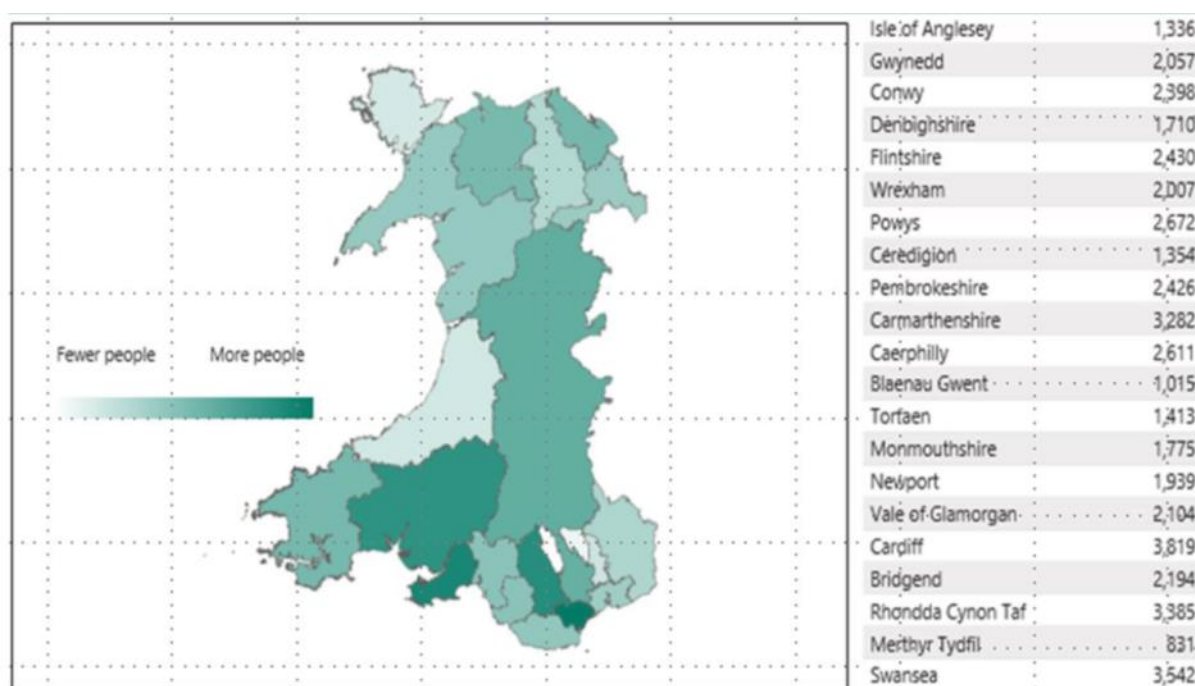
Source: The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

Prevalence and incidence projections show that the number of people with dementia will continue to grow, especially in the oldest age group (85 years and over). Over 10% of deaths in men aged 65 and older and 15% of deaths in women in the same age group are attributable to dementia. Dementia is also one of the major causes of disability in later life and accounts for 12% of years lived with a disability.¹²⁷

Figure 3.5.4 provides an overview of estimated dementia prevalence across Wales by local authority area. As mentioned above, the estimated number is higher than those that are on the dementia register due to individuals not recognising the symptoms and delays in diagnosis.

¹²⁷ Van de Flier and Scheltens; 2005

Figure 3.5.4 Estimated number of people aged 65 years and over with dementia, 2021



Source: <http://www.daffodilcymru.org.uk>

It is important that people with dementia can access primary care services to ensure early diagnosis and, as the condition progresses, treating even minor complaints can make a considerable difference to a person's wellbeing.

From a public health perspective, it is important to remember that while dementia usually affects older people it is not an inevitable part of the ageing process (WHO; 2012. Dementia: a public health priority). It may therefore, be amenable to primary prevention, awareness raising to reduce stigma and reducing barriers to early diagnosis and support for carers to reduce the economic burden and improve quality of life. This would require the following to be addressed:

- Risk factors for vascular disease including diabetes, mid-life hypertension, mid-life obesity, smoking and physical activity
- Early diagnosis and referral
- Detecting and treating behavioural and psychological symptoms
- Providing information and long term support to carers

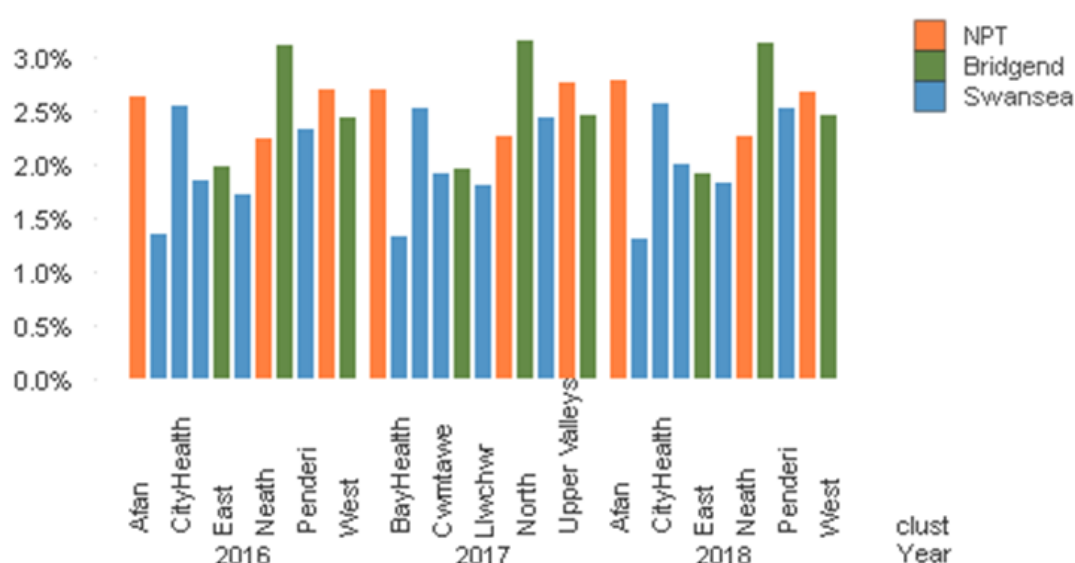
3.6 Respiratory Disease

Respiratory health remains a real burden to the NHS in Wales, with 1 in 12 people having a respiratory illness. Among the most common are chronic obstructive pulmonary disease

(COPD), asthma, occupational lung diseases such as coal miners' pneumoconiosis, pneumonia and pulmonary hypertension.

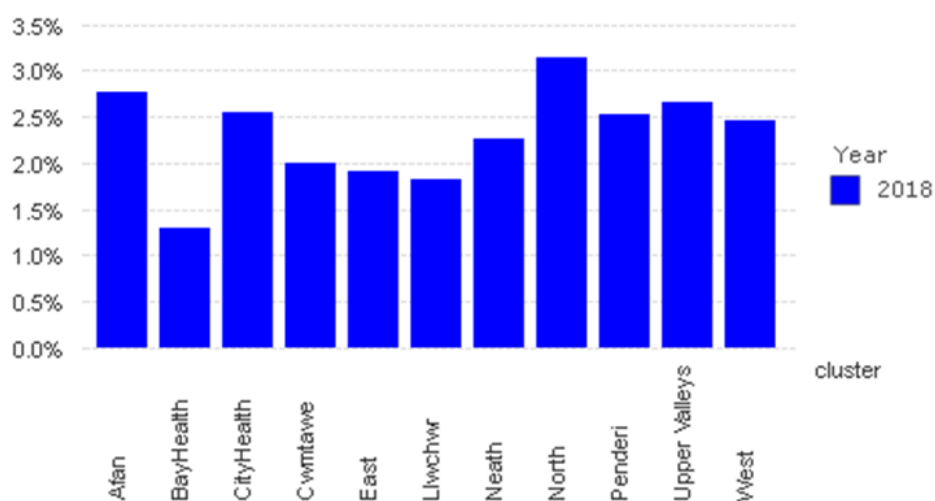
Chronic obstructive pulmonary disease

Figure 3.6.1 Primary Care Cluster Recorded Diagnosis for the period 2016-2018 across the former ABM UHB Region



Source: Swansea Bay Digital Intelligence Portal (2018)

Figure 3.6.2 Overview of COPD registrations in the former ABM UHB by Primary Care Cluster



Source: Swansea Bay Digital Intelligence Portal (2018)

Figure 3.6.3 illustrates the prevalence of COPD across Primary Care Clusters in 2018. Those areas with the highest recorded diagnosis are Afan and Upper Valleys.

Figure 3.6.3 Chronic obstructive pulmonary disease prevalence by Primary Care Cluster, 2018

	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
Prevalence of COPD (%)	2.3	2.2	2.8	2.2	2.6	1.3	2.5	2.0	1.8	2.5

Source: The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

Asthma

Figure 3.6.4 below shows an overview of asthma prevalence across Swansea Bay UHB Primary Care Clusters in 2018. Neath, Llwwchwr and Afan Primary Care Clusters exceed the Wales average.

Figure 3.6.4 Asthma Prevalence by Primary Care Cluster 2018

	Wales	ABM	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
Prevalence of Asthma %	7.1	7.4	7.7	8.1	7.3	6.5	7.2	6.8	8.0	7.0

Source: The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

Respiratory disease is ranked fifth in terms of spend of all disease categories and spending reaches £400 million per annum. There is considerable work required to improve the diagnosis of asthma and COPD. For example, a national audit has shown that more than 25% of patients on COPD registers may not have the condition. As a result, considerable effort has been invested in providing quality assured spirometry training and standard equipment across Wales.

Tobacco smoking remains the single biggest preventable cause of death and while smoking prevalence is declining across Wales, ongoing investment in NHS funded cessation services and the introduction of legislation to reduce exposure to second hand smoke will support continued improvement in respiratory health.

3.7 Sexual health

The World Health Organisation defines sexual health as a “state of physical, emotional, mental and social well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be maintained the sexual rights of all persons must be respected, protected and fulfilled”.¹²⁸

Sexually Transmitted Infections

As sexually transmitted infections may not have any symptoms, some people do not seek medical help and remain undiagnosed. There is still a social stigma associated with sexual ill health, which may also prevent people from seeking advice. The health consequences of not being diagnosed and treated can be considerable. They include pelvic inflammatory disease, which can cause ectopic pregnancies and infertility, cervical and other genital cancers, hepatitis, chronic liver disease and liver cancer, recurrent genital herpes, and epididymitis in men.

Young people aged 15-24 years are disproportionately affected by sexually transmitted infections such Chlamydia.

The Sexual Health in Wales Surveillance Scheme (SWS) Quarterly Report¹⁶⁰, July 2019 compares the 6-month period October 2018 to March 2019 (Q4 2018-Q1 2019) with (Q4 2017 -Q1 2018) highlights:

- More syphilis (22% increase), gonorrhoea (14%), and first episode herpes (7%)
- Of concern, 76% increase in syphilis diagnoses in people aged less than 25 years
- Fewer new diagnoses of HIV (43%)

Chlamydia diagnoses increased in Abertawe Bro Morgannwg University HB.

¹²⁸ Public Health Wales, Communicable Disease Surveillance Centre, February 2019. Wales Surveillance Scheme (SWS) Quarterly Report, January 2019 (Data to end September 2018) http://www.wales.nhs.uk/sitesplus/documents/888/Quarterly%20Report_Jan2019_v1.pdf

¹⁶⁰ Sexual health in Wales Surveillance Scheme Quarterly Report July 2019. <https://phw.nhs.wales/topics/sexual-health/sexual-health-reports/sexual-health-in-wales-surveillance-scheme-quarterly-report-july-2019/>

Figure 3.7.1 Percentage change in chlamydia diagnoses made in ISH clinics from Q4 2017- Q1 2018 to Q4 2018-Q1 2019, by LHB of residence, gender and sexuality

A

LHB	Group	Q4 2017- Q1 2018	Q4 2018- Q1 2019	% change
Abertawe Bro Morgannwg University Health Board	Female	351	361	+3%
	Male*	251	278	+20%
	*of which MSM	12	22	+83%
	Total	582	639	+10%
All Wales	Female	1939	1823	-6%
	Male*	1486	1498	+1%
	*of which MSM	191	204	+7%
	Total	3425	3321	-3%

10% overall increase was seen in Chlamydia diagnoses in ABM UHB, compared to a Wales decrease of 3%. The biggest increase observed in men (+20%) and men who have sex with men (+83%).

Gonorrhoea diagnoses increased in Abertawe Bro Morgannwg University HB

Figure 3.7.2 Percentage change in gonorrhoea diagnoses made in ISH clinics from Q4 2017- Q1 2018 to Q4 2018-Q1 2019, by LHB of residence, gender and sexuality

LHB	Group	Q4 2017- Q1 2018	Q4 2018- Q1 2019	% change
Abertawe Bro Morgannwg University Health Board	Female	32	51	+59%
	Male*	54	85	+57%
	*of which MSM	19	39	+105%
	Total	86	136	+58%
All Wales	Female	218	222	+2%
	Male*	421	498	+18%
	*of which MSM	232	279	+20%
	Total	639	720	+13%

A 58% overall increase was seen in Gonorrhoea diagnoses in ABM UHB, compared to a Wales increase of 13%. The majority of Health Boards observed an increase in Gonorrhoea diagnoses but none as steep as ABM UHB. The biggest increase observed in men who have sex with men (105%).

Caution should be applied when interpreting Health Board trends, as completeness of data varies between clinics and health boards.

Human Papillomavirus (HPV) Vaccine

NHS vaccination programme includes the HPV programme. The vaccine protects against 4 types of HPV (6, 11, 16 and 18). These include both high and low risk types responsible for the majority of cervical cancers and genital warts. The introduction of HPV vaccination as part of the routine schedule for school year 8 boys began in September 2019.¹³⁰

Fig 3.7.3 Uptake of HPV vaccine in children reaching 13 years of age between 01/09/19 and 31/08/20 (School Year 8) and resident on 30/09/20, with breakdown of coverage for sex

	Resident girls (n)	HPV 1 dose (n)	%	Resident Boys (n)	HPV 1 dose (n)	%
Neath Port Talbot	793	725	91.4	832	743	89.3
Swansea	1316	1235	93.8	1391	1211	87.1
Swansea Bay UHB	2109	1960	92.9	2223	1954	87.9
Wales	17506	10403	59.4	18387	9814	53.4

Source: Vaccine uptake in Children in Wales. July to September 2020. COVER 136: Wales November 2020

Timings of school vaccination sessions vary throughout the year and uptake in this cohort will have been affected as a result of paused vaccination sessions in schools following COVID-19 control measures.

¹³⁰ Vaccine uptake in Children in Wales. July to September 2020. COVER 136: Wales November 2020
<http://nww.immunisation.wales.nhs.uk/quarterly-cover-report-archive>

Fig 3.7.4 Uptake of HPV vaccine in girls reaching 13, 14 and 15 years of age between 01/09/19 and 31/08/20 and resident on 30/09/20

Area	13 years (2019/20) School year 8		14 years (2019/20) School year 9			15 years (2019/20) School year 10		
	Resident Girls (n)	HPV	Resident Girls (n)	HPV	HPV	Resident Girls (n)	HPV	HPV
		1 dose %		1 dose %	2 dose %		1 dose %	2 dose %
Neath Port Talbot	793	91.4	807	96.2	87.9	882	94.5	91.4
Swansea	1316	93.8	1230	93.8	89.3	1175	91.8	89.0
Swansea Bay UHB	2109	92.9	2037	94.7	88.8	1997	92.9	90.0
Wales	17506	59.4	17125	88.8	52.6	16883	89.7	84.5

Source: Vaccine uptake in Children in Wales. July to September 2020. COVER 136: Wales November 2020

Teenage conceptions

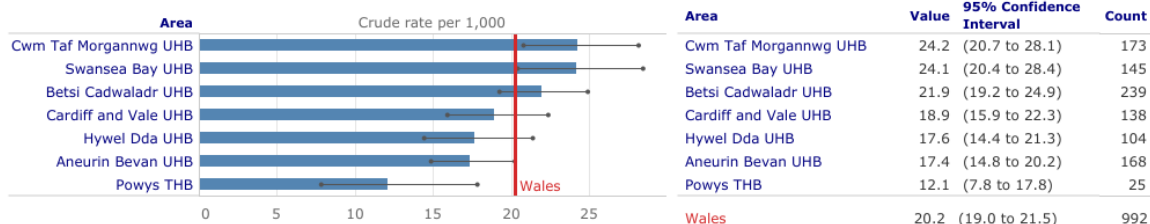
For some young people becoming a parent is a positive experience. However, for others early parenthood can be associated with poorer health outcomes for both young parents and their children. Teenage parents face a number of challenges that other young people or older parents may not. For example parenting responsibilities can mean young mothers do not complete or progress their education.

The figures below show that teenage conception rates in Swansea Bay in 2017 were 24.1 per 1000 women aged 15-17 years which is above the Welsh average (20.2). Rates in Swansea and Neath Port Talbot Local Authorities were 24.7 and 23.1 respectively.

Figure 3.7.5 Teenage conceptions, by Health Board, 2017

Rate per 1,000, females aged under 18, health boards

--- 95% confidence interval

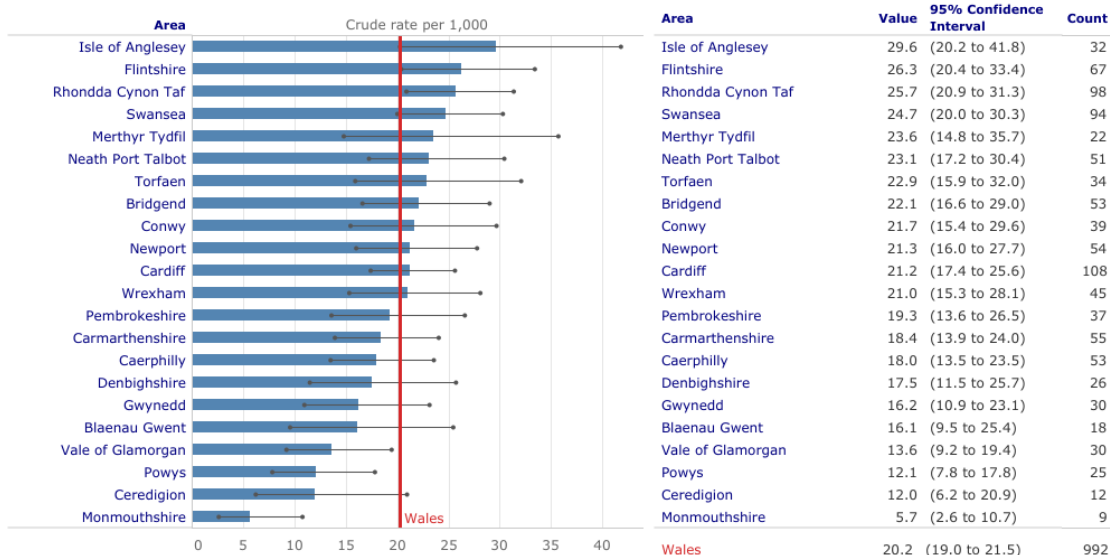


Produced by Public Health Wales Observatory, using Conceptions data and MYE (ONS).
Please consult the technical guide for full details on how this indicator is calculated.

Figure 3.7.6 Teenage conceptions, by local authority 2017

Rate per 1,000, females aged under 18, local authorities

--- 95% confidence interval



Produced by Public Health Wales Observatory, using Conceptions data and MYE (ONS).
Please consult the technical guide for full details on how this indicator is calculated.

In 2018 the under 18 conception rate in Wales fell to 18.9 conceptions per 1000 women aged 15-17, as did conceptions in Swansea (18.5) and Neath Port Talbot (19.6 per 1000)¹³¹.

Under 18 conception data by Local Authority masks the difference in rates between the most and least deprived communities within the Health Board.

The crude rate for teenage conceptions (under 18's) in Swansea Bay UHB for 2018 is 18.9 per 1,000 women aged 15-17 years and the 95% confidence interval is (15.6-22.8).

3.8 Alcohol

Alcohol consumption is deeply engrained within the culture of Wales and Swansea Bay UHB. Many people enjoy alcoholic drinks in moderation, but alcohol is also a dependency-inducing drug, and alcohol misuse can lead to significant harm to individuals, families and communities.

¹³¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2018#teenage-conceptions>

Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking at hazardous or harmful levels, and children and young adults who suffer from the consequences of parental alcohol misuse.

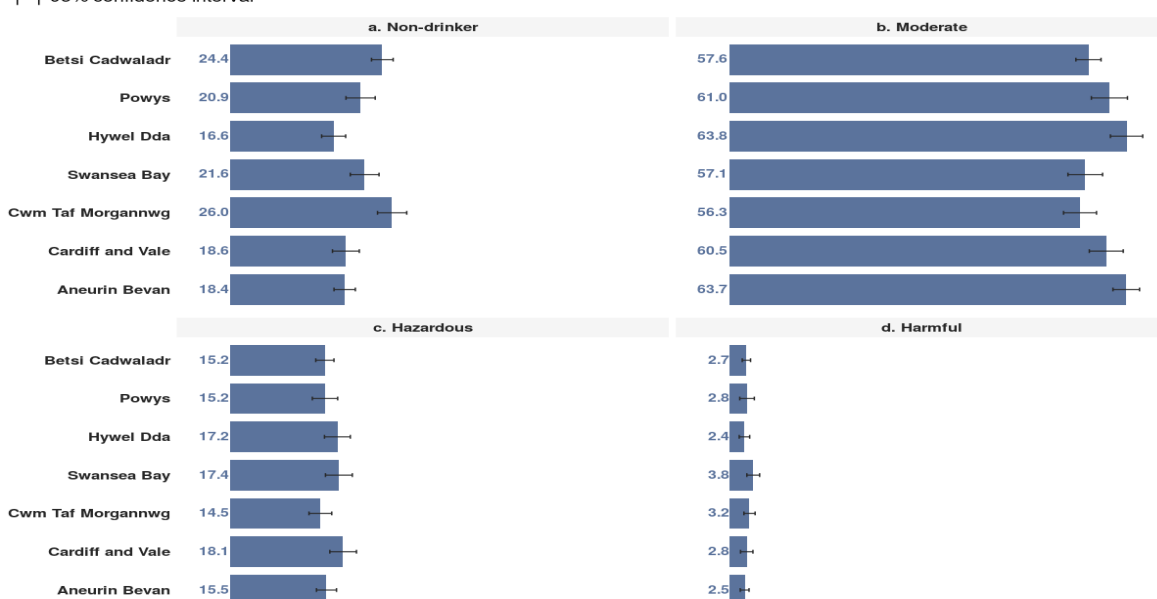
The health impact of misuse of alcohol is considerable. More people die from alcohol related causes than from breast cancer, cervical cancer, and MRSA infection combined. Excessive alcohol consumption is a major cause of serious liver disease, which is often fatal. In addition, alcohol is a major contributing factor to the risk of cancer of the breast, mouth, gullet, stomach, liver, pancreas, colon and rectum. Foetal alcohol syndrome is also a risk to the babies of mothers who use alcohol.

In Wales 45% of men and 34% of women report drinking above the recommended guidelines. Alcohol is the cause of around 1,500 deaths a year, and more than £1 billion of harm to society.

The current guideline for both men and women suggests drinking no more than 14 units a week on a regular basis. Swansea Bay UHB has the highest proportion (21.1%) along with residents of Cardiff and Vale UHB area who drink more than the recommended guidelines. Consumption is above the Welsh average of 19%, as is Swansea (20.8%) and Neath Port Talbot (21.3%).

Figure 3.8.1 Percentage weekly alcohol consumption among adults by drinking level and health board 2016/17, 2017/18

Produced by Public Health Wales Observatory, using NSW (WG)
 — 95% confidence interval



Nearly 22% of Swansea Bay UHB residents report being non-drinkers. Compared to the Welsh average (59.9%), Swansea and Neath Port Talbot have a lower proportion of moderate drinkers 58.5% and 54.8 respectively.

Swansea Bay UHB has the highest percentage (3.8%) of harmful drinkers compared to the other health boards. Whilst Neath Port Talbot has the highest level of harmful drinkers of all the Welsh Local Authorities.

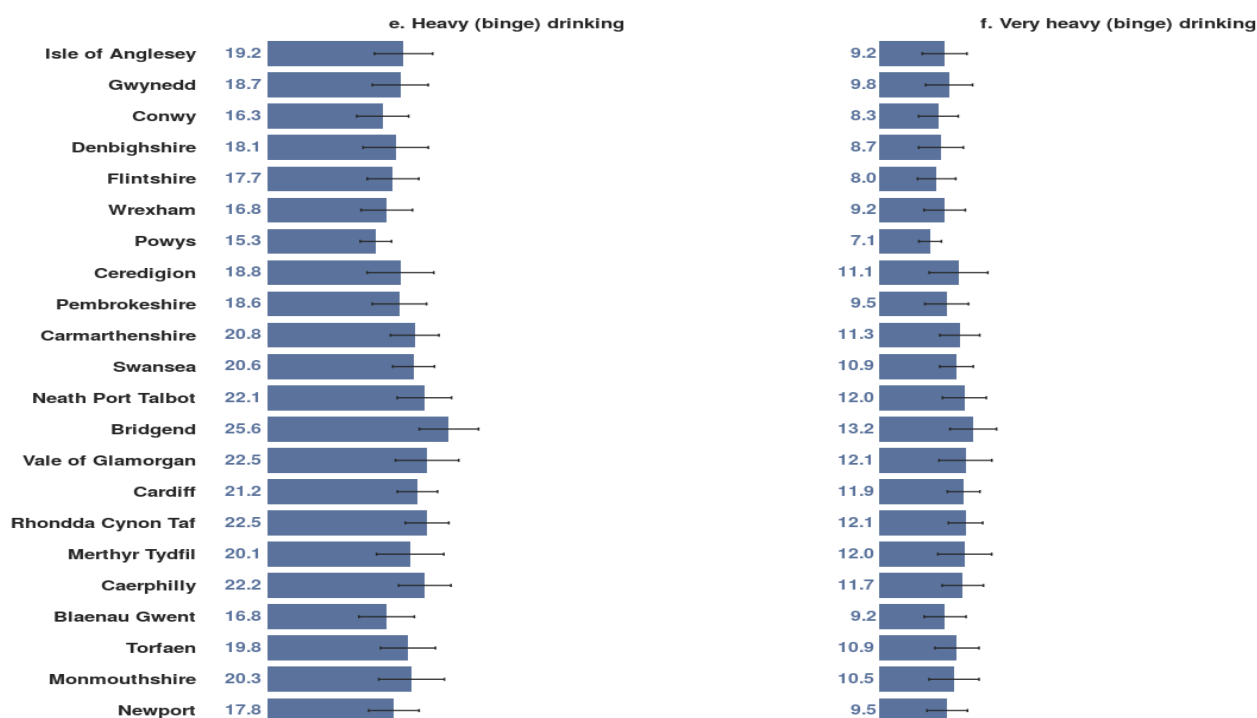
Heavy binge drinking

Neath Port Talbot has a slightly higher percentage (22.1%) of heavy binge drinkers than Swansea (20.6%). Heavy binge drinkers are defined as having more than 8 units for males and 6 units for females on their heaviest drinking day. Both counties are above the Welsh average (20.0%).

Very heavy binge drinking is defined as more than 12 units for males and 9 units for females on their heaviest drinking day. Similarly, Neath Port Talbot has a slightly higher proportion reporting very heavy binge drinking 12% compared to 10.9% in Swansea.

Figure 3.8.2 Percentage of adults reporting heavy drinking and very heavy drinking by local authority, Wales 2016/17- 2017/18

Produced by Public Health Wales Observatory, using NSW (WG)
 └─ 95% confidence interval



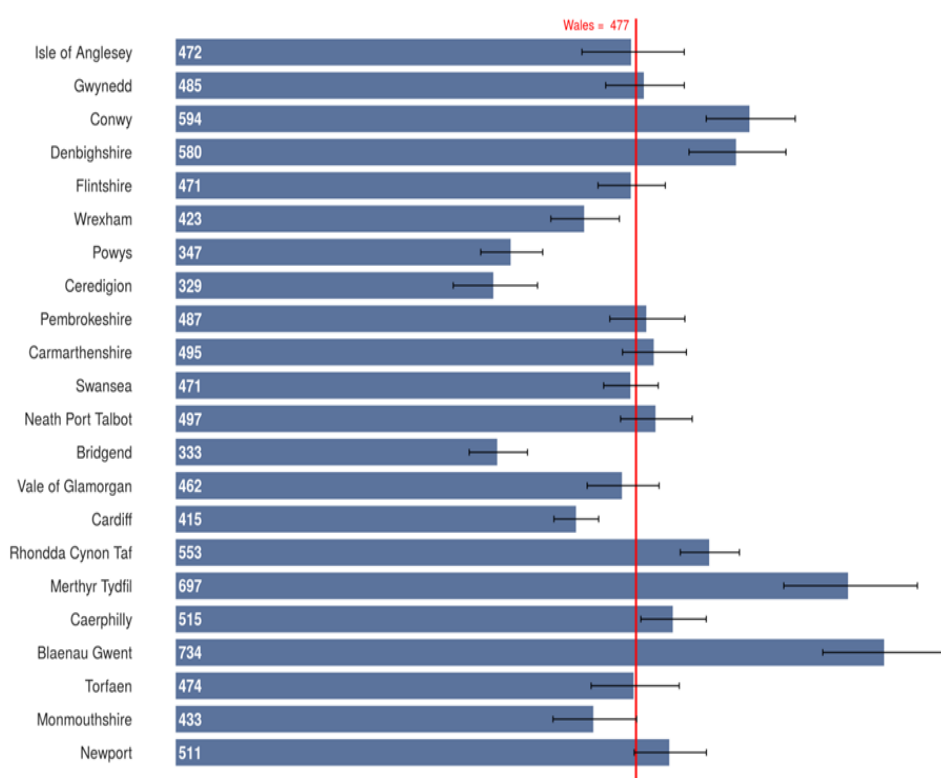
Alcohol specific admissions

Alcohol-specific admissions measures the number of admissions, which were caused by alcohol-specific (wholly attributable) conditions. This indicator is admission-based and therefore persons can be counted multiple times where there were multiple admissions within the period stated.

Swansea Bay UHB has 480 alcohol specific admissions per 100,000 population, which is similar to the all Wales average (477/100,000).

Figure 3.8.3 Alcohol Specific Admissions EASR per 100,000 persons, Wales, local authorities, 2017/18

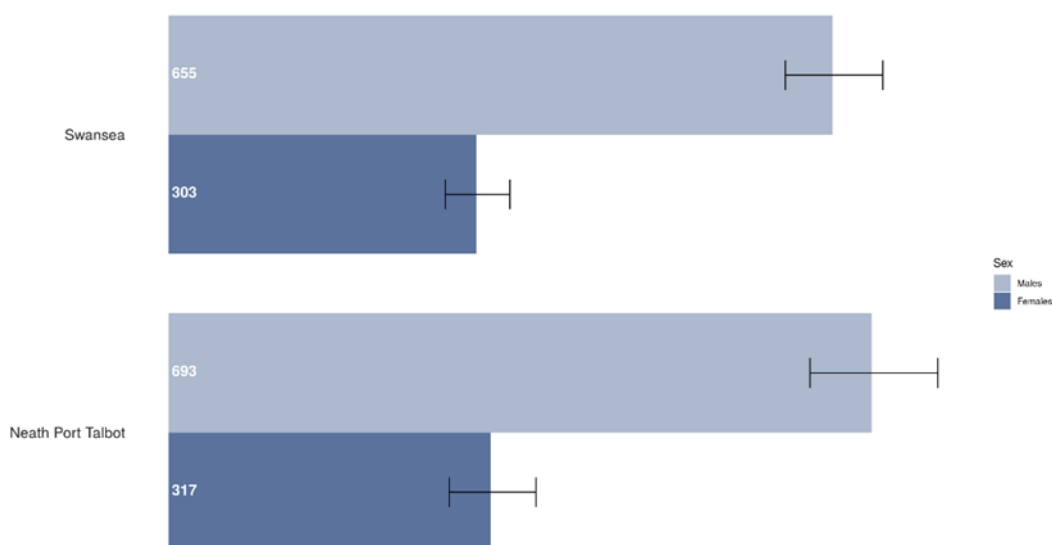
Produced by Public Health Wales Observatory, using PEDW(NWIS) and MYE(ONS)
 └─ 95% confidence interval



As can be seen in the above table, across the 22 Local Authority areas, Swansea reports a slightly lower (471) and Neath Port Talbot (497) a slightly higher proportion of alcohol specific and alcohol attributable hospital admissions compared to the Wales average (477). Differences between genders were observed with higher numbers of admissions for males than females in both counties (Figure 3.8.3).

Figure 3.8.4 Alcohol specific admissions by gender and local authority, EASR per 100,000, Swansea Bay local authorities 2017/18

Produced by Public Health Wales Observatory, using PEDW(NWIS) and MYE(ONS)
 95% confidence interval



Source: Alcohol in Wales. Public Health Wales¹³²

¹³² Alcohol in Wales. Public Health Wales
<https://publichealthwales.shinyapps.io/AlcoholinWales/#section-alcohol-specific-admissions>

Alcohol attributable admissions

Alcohol-attributable admissions are admissions with conditions or circumstances partially or wholly linked to alcohol use in the admitting episode of care. The broad definition considers causes in all diagnostic positions, either as the primary diagnosis or a secondary diagnosis. Therefore, the analyses represent any mention of the conditions or circumstances linked either partially or wholly to alcohol.

Alcohol attributable admissions in Swansea Bay UHB is 1,757, which is slightly above the Wales average of 1,743 per 100,000 population. Neath Port Talbot (1,846, per 100,000) is higher than Swansea (1,722) and also above the Wales average.

Figure 3.8.5 Alcohol-attributable hospital admissions, individuals resident in Wales, episode base, broad measure, 2017-18, by Local Authority area, European Age Standardised Rate

Locality	Per 100,000 EASR	Rank of 22
Wales	1,743	
Swansea Bay	1,757	
Neath Port Talbot	1,846	6 th
Swansea	1,722	12 th

Source: Public Health Wales (2019)

Adolescent alcohol related admissions

Swansea Bay UHB sees 35 young people (under 18) per 100,000 population admitted to hospital annually directly due to alcohol. This is well below the Wales average (43 per 100,000 population).

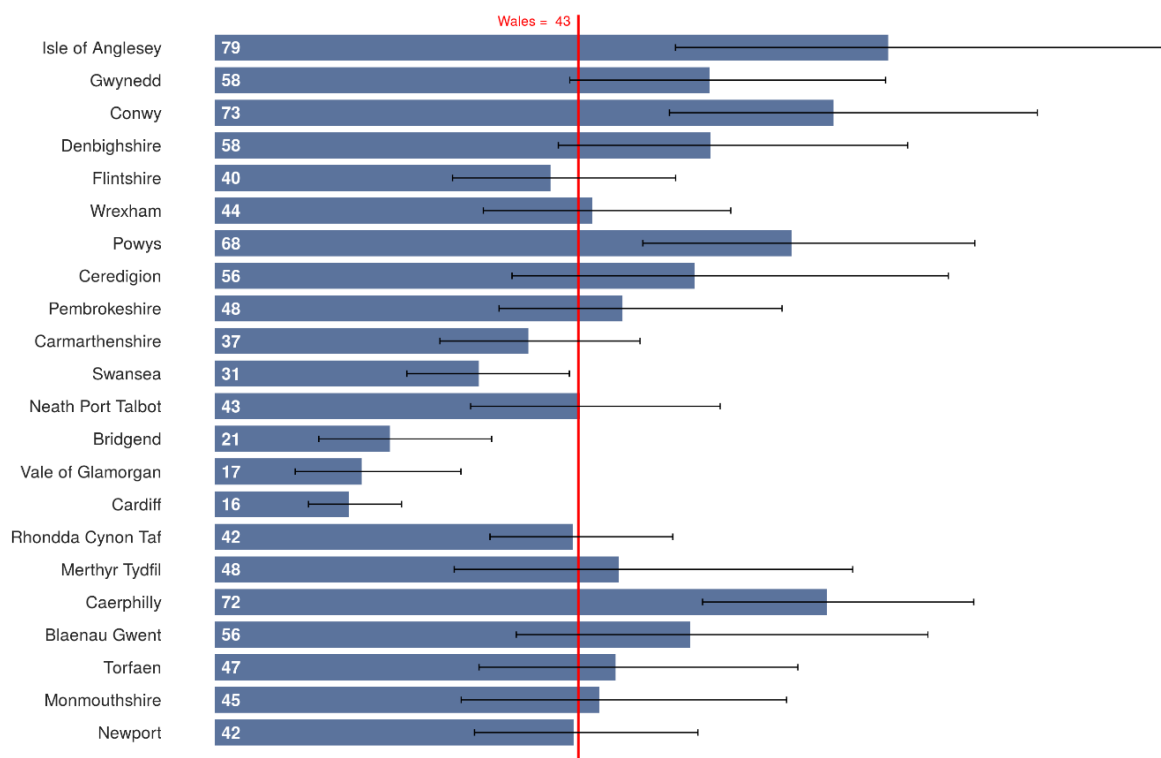
In Swansea Bay there is a higher rate of admissions for young women than young men; 50 compared to 22 per 100,000 population. Both are below the Wales average of 54 and 32 respectively.

Figure 3.8.6 shows Swansea had a lower alcohol-specific admissions crude rate (31 per 100,000) in persons aged under 18 between 2015/16 and 17/18 compared to the Wales average (43 per 100,000). Neath Port Talbot has an alcohol-specific admissions crude rate in line with the Welsh average (43 per 100,000) (Public Health Wales, 2019).

Figure 3.8.6 Alcohol-specific admissions persons under 18, Wales, local authorities 2015/16- 2017/18

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

— 95% confidence interval



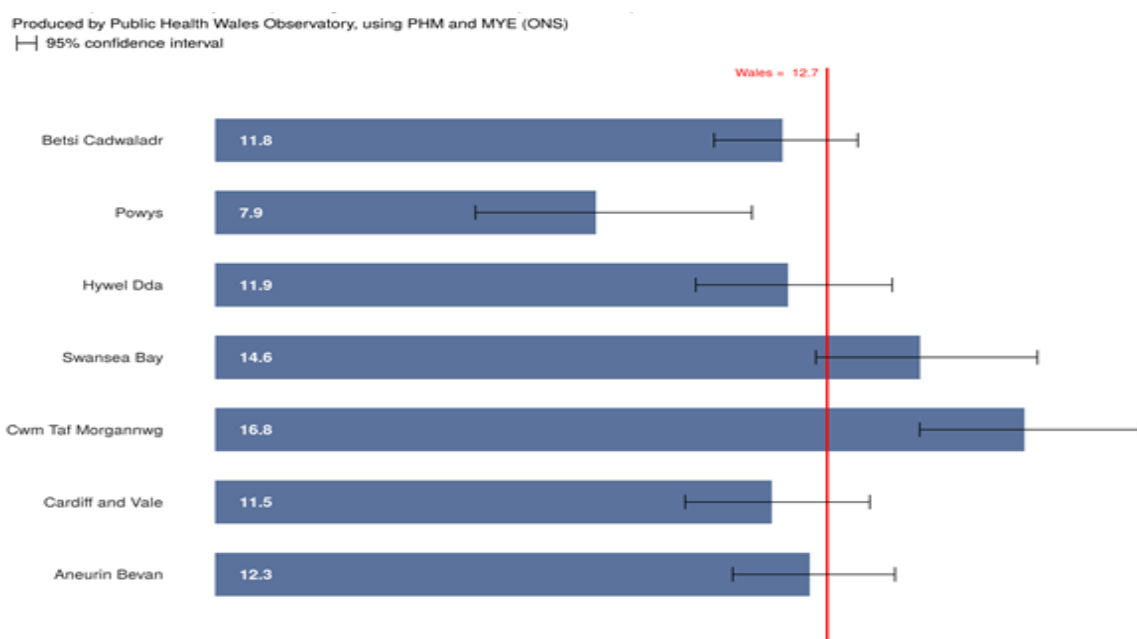
Alcohol mortality

Alcohol mortality is measured by

- alcohol-specific mortality where the disease or injury triggered a trail of events which led to the death
- alcohol-attributable mortality where the disease or injury was a contributing factor to the death, but not the entire cause

Alcohol-related deaths in men and women have stayed stable over last decade in the Swansea Bay area. Variations exist across Wales in the averages of alcohol specific mortality, which report Swansea Bay as having the second highest average rate of alcohol specific deaths in 2015-2017 at 14.6 per 100,000 population. This is nearly twice the rate in Powys which had the lowest rate in Wales with an average of 7.9 per 100,000 population alcohol specific deaths over 2015-2017. Between 2015 and 2017 there were on average 33 deaths from alcohol-specific mortality in each year in Swansea. Alcohol related mortality in Swansea Bay UHB (14.6 per 100,000 population) is higher than the Welsh average (12.5) and second highest after Cwm Taf Morgannwg UHB (16.8).

Figure 3.8.7 Alcohol specific deaths, Wales, three-year rolling averages, deaths 2015-2017, by Health Board



Both Swansea and Neath Port Talbot are above the Wales average with 13.5 and 15.1 per 100,000 population respectively.

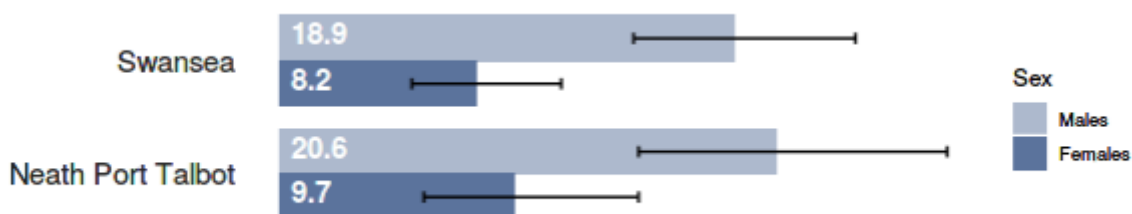
Figure 3.8.8 Alcohol-specific mortality, crude rates per 100,000, persons, Wales local authorities, 2015-17

Locality	Per 100,000	Rank of 22
Wales	12.5	
Swansea Bay	14.6	
Neath Port Talbot	15.1	3 rd
Swansea	13.5	5 th

Source: Public Health Wales (2017)

Figure 3.8.9 illustrates that the gender related alcohol mortality is higher in males than females. The rate for males is over double the rate for females. The age-standardised rate of alcohol-specific deaths in males in the most deprived areas of Wales is nearly four times that of the least deprived areas (rate ratio of 3.7 in 2015-2017).¹³³

Figure 3.8.9 Alcohol specific mortality rates by gender and county, Swansea Bay local authorities 2015-2017



Produced by Public Health Wales Observatory using PHM and MYE (ONS), 95% confidence interval

Swansea Bay UHB again reported the second highest rate for alcohol attributable mortality at 58.9 deaths per 100,000 populations.¹³⁴

Figure 3.8.10 Alcohol-attributable mortality, European age-standardised rates per 100,000, persons, Wales local authorities, 2015-17

Locality	Per 100,000	Rank of 22
Wales	52.6	
Neath Port Talbot	61	3 rd

¹³³ Alcohol in Wales. Public Health Wales [/tmp/RtmptglCrm/AlcoholinWales.utf8.md](http://RtmptglCrm/AlcoholinWales.utf8.md) (shinyapps.io)

¹³⁴ Alcohol in Wales. Public Health Wales, 2019 [/tmp/RtmptglCrm/AlcoholinWales.utf8.md](http://RtmptglCrm/AlcoholinWales.utf8.md) (shinyapps.io)

Swansea	58	4 th
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The LEADR report issued by Public Health Wales in 2017¹³⁵ found that between 2005 and 2017, 7,901 people died in Wales with an underlying or contributory cause related to alcohol. Of these, 93.8% had been admitted to hospital at some point prior to death and 79.5% of these had attended A&E but only 24.8% were recorded as being assessed for treatment.

3.9 Obesity

Obesity is one of the most preventable causes of ill health and early death and is the direct cause of diseases of the heart and circulation as well as some cancers. Its impact on children is most evident in increasing rates of Type 2 diabetes. There are also links to poor mental health and depression. Estimates suggest that being overweight (BMI 25 to less than 30) reduces life expectancy by about three years and being obese (BMI 30+) reduces life expectancy by 10 years.¹³⁶

The causes of obesity are extremely complex encompassing biology and behaviour, but set within a cultural, environmental and social framework. At its simplest, people will gain weight if their energy intake is greater than the energy they expend. Food consumption and food production form part of the complex obesity system. The food and drink environment is a major influence on our eating and drinking behaviour. It includes access to and availability of healthy or unhealthy food, its price and marketing. Patterns of shopping and eating have changed beyond recognition in recent decades with a shift towards highly processed convenience food and eating out of the home.

Obesity places additional demand on health and social care services. The scale of the challenge is significant. In Swansea Bay UHB, as in the rest of Wales more people are struggling to maintain a healthy weight.

Overweight and obesity prevalence in adults (16+)

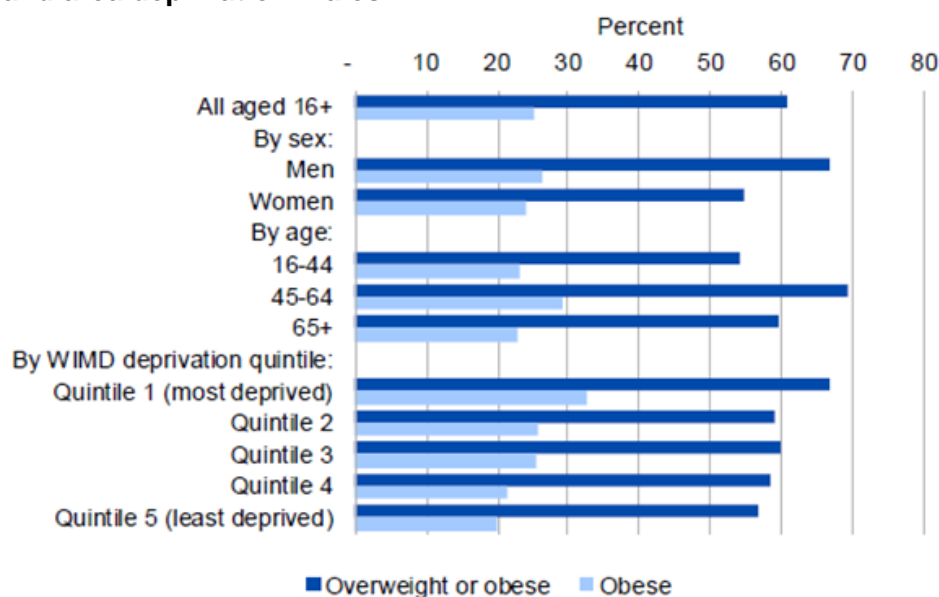
In Wales currently 61% of adults are overweight or obese and 25% were obese. Men are more likely to be overweight, but not obese, than women. Middle aged adults 45-64 years are more likely to be overweight or obese, as are adults in the most deprived areas.

¹³⁵ Public Health Wales, 2017)
<http://www.wales.nhs.uk/sitesplus/documents/888/LEADR%20report%20FINAL%20for%20publication%20Jan%202017.pdf>

¹³⁶ Obesity in Wales Report. Public Health Wales 2019.
<http://www.publichealthwalesobservatory.wales.nhs.uk/obesityinwales>

The data is taken from the National Survey for Wales. This survey is based on self-reported data and the results are prone to respondent bias i.e. people may under report their weight and / or over report their height to give a more favourable response.

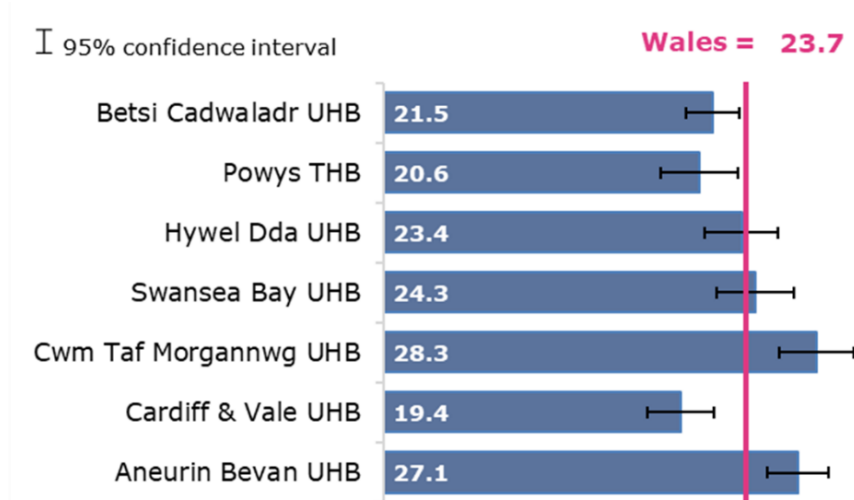
Figure 3.9.1 Percentage of adults 16+ who were overweight or obese, or by gender, age and area deprivation Wales



Source: Welsh Government National Survey for Wales: Adult Lifestyle 2019-20

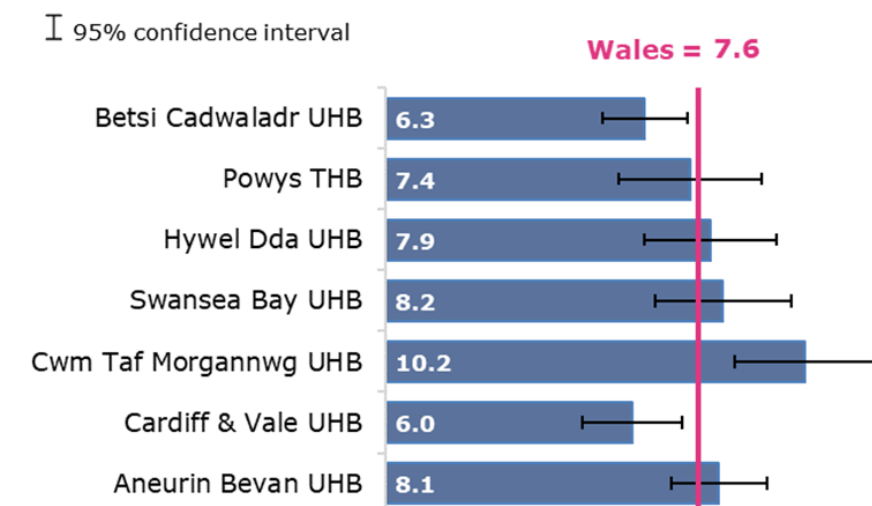
Figure 3.9.2 shows that for adults with a BMI of 30+, Swansea Bay UHB is in line with the Wales average (24.3% and 24.7% respectively). Figure 3.9.3 however shows that the rate of adults with a BMI 35+ in Swansea Bay UHB is greater at 8.2% than the Wales average of 7.6%. Additionally Swansea Bay UHB is the second worst Health Board for prevalence of adults with BMI 35+.

Figure 3.9.2 Adults with a BMI of 30+, age standardised percentage, persons aged 16 and over, Health Boards and Wales, 2016/17- 2017/18



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

Figure 3.9.3 Adults with a BMI of 35+, age-standardised percentage, persons aged 16 and over, Health Boards and Wales, 2016/17-2017/18

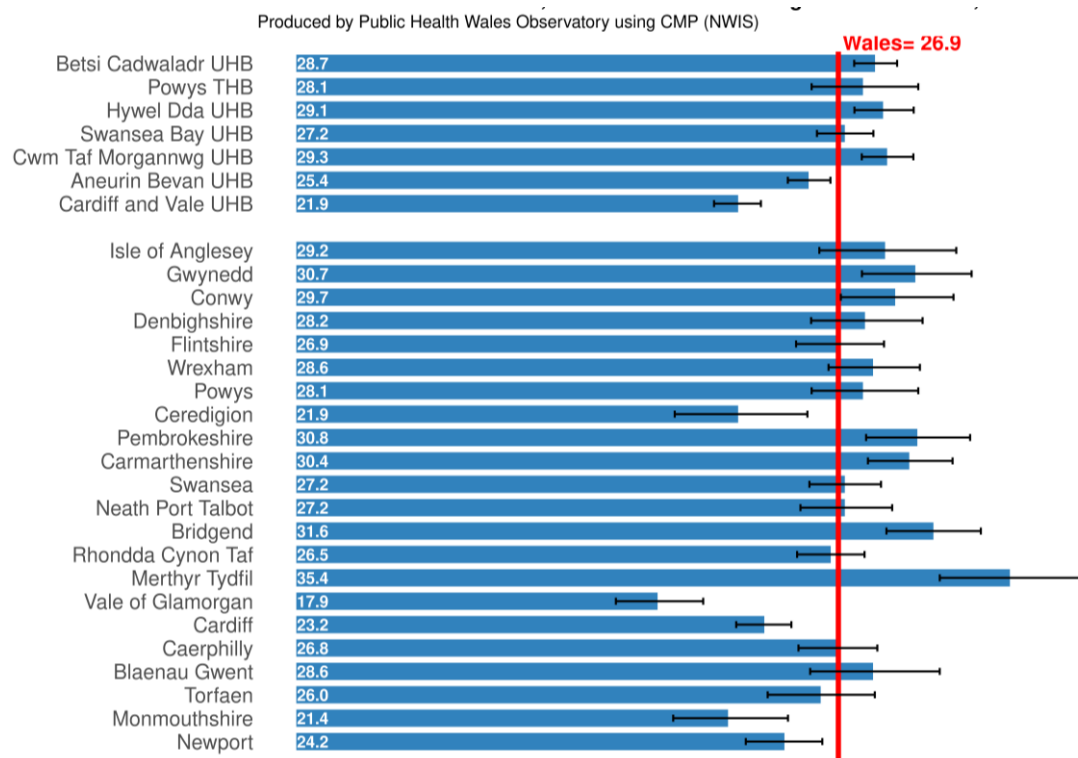


Produced by Public Health Wales Observatory, using NSW (WG), & MYE (ONS)

Overweight and obesity prevalence in children and adolescents

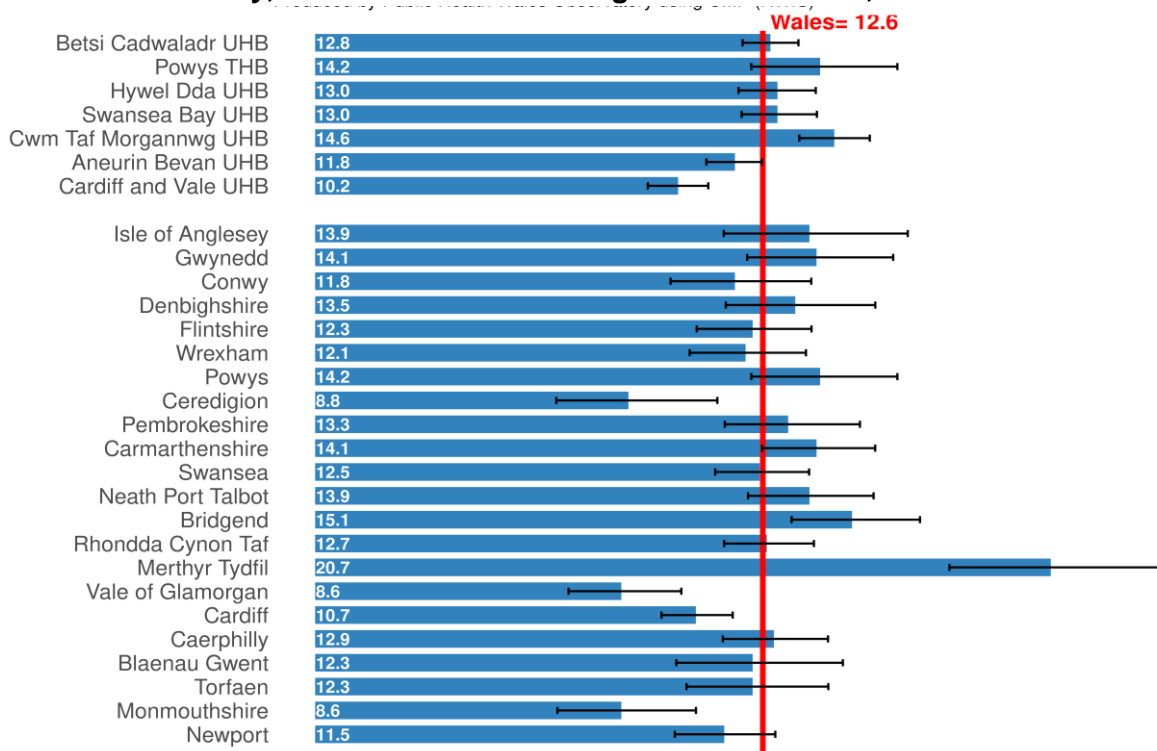
In Swansea Bay UHB just over a quarter (27.2%) of children aged 4-5 years are overweight or obese. Prevalence is 27.2% for both Swansea and Neath Port Talbot and is slightly above the Welsh average of 26.9%.

Figure 3.9.4 Percentage of children, aged 4 to 5 years who are overweight or obese, Wales, Health Board and local authority, Child Measurement Programme for Wales, 2018/19



Please note - health board breakdowns use new boundaries (effective from 1st April 2019)

Figure 3.9.5 Percentage of children aged 4 to 5 who are obese, Wales, Health Boards and local authority, Child Measurement Programme for Wales, 2018/19



Please note - health board breakdowns use new boundaries (effective from 1st April 2019)

In terms of those who are obese, Figure 3.9.5 shows that Swansea Bay UHB reports that 13.0% of children aged 4-5 years fall into this category, which is higher than Wales 12.6% of children aged 4 to 5 years. Swansea Bay Health Board area was the joint third highest Health Board in Wales for this measure. Neath Port Talbot has higher rates than Swansea Bay UHB and Wales average at 13.9%. Swansea is in line with the Wales average at 12.5%.

Obesity and Deprivation

Children are significantly more likely than the Welsh average to be obese if they live in areas of higher deprivation. The gap between obesity prevalence in the most and least deprived quintiles has increased from 5.9% in 2017/18 to 6.9% in 2018/19.¹³⁷ Evidence shows that children who are obese at age 4-5 years are more likely to be obese in school year 6 and are more likely to be overweight or obese adults.¹³⁸

¹³⁷ Obesity in Wales Report. Public Health Wales 2019

<http://www.publichealthwalesobservatory.wales.nhs.uk/obesityinwales>

¹³⁸ Child Measurement Programme: September 2019 August 2020. Public Health Wales
<https://phw.nhs.wales/services-and-teams/child-measurement-programme/>

Figure 3.9.6 Percentage of children aged 4-5 years who are obese by deprivation, Wales, Child Measurement Programme for Wales, 2018/19



Produced by Public Health Wales Observatory using CMP (NWIS) and WIMD (WG)

Source: Child measurement programme. Public Health Wales

The impact on population health and wellbeing

Being overweight and obese has an impact on life expectancy, morbidity, mortality and health and social care costs. Mild obesity is associated with the loss of 1 in 10, and severe obesity the loss of 1 in 4 potential disease-free years during middle and later adulthood (40-75 years). This increasing loss of disease-free years as obesity becomes more severe occurs in both sexes, among smokers and non-smokers, the physically active and inactive, and across socioeconomic groups. The table below shows the extent to which obesity increases the risk of developing a number of diseases relative to the non-obese population.

Condition	Male	Female
Type 2 diabetes	5.2	12.7
Hypertension	2.6	4.2
Myocardial infarction	1.5	3.2
Cancer of the colon	3.0	2.7
Angina	1.8	1.8
Gall bladder diseases	1.8	1.8
Ovarian cancer	-	1.7
Osteoarthritis	1.9	1.4
Stroke	1.3	1.3

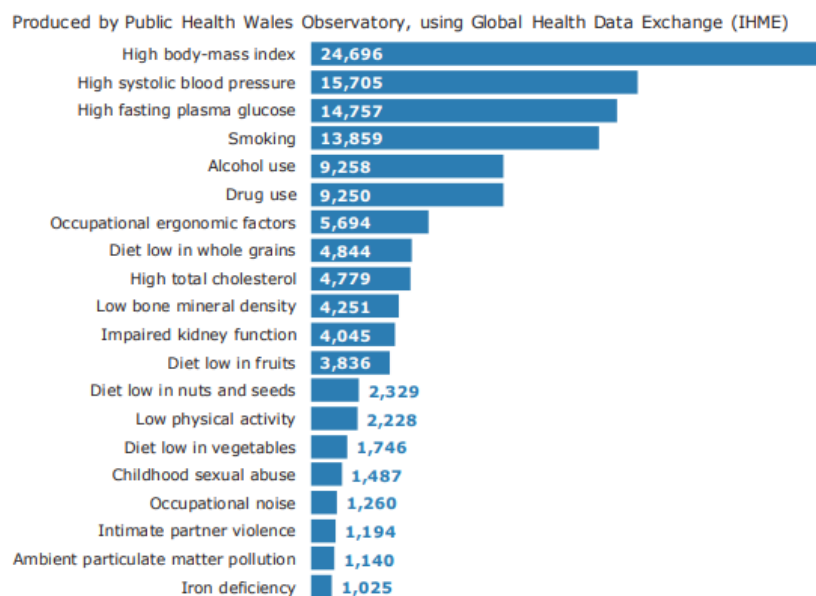
Source: National Audit Office, NAO. Copyright © 2006. UK National Audit Office* The basis of the estimates varies due to differences in the methodologies of the studies selected, but the table gives a broad indication of the strength of association between obesity and each of the diseases.

Burden

The cost of obesity and overweight should be measured both by the loss of life years and quality of life and by the financial impact of related disease on the health system (direct costs) and on society (indirect costs). Having a high BMI can lead to an increased risk of death and is the leading risk factor for years lived with disability as it contributes greatly to a number of chronic diseases. Obese populations having significantly less/lower years free of disability than the healthy weight population.

The graph shows that in Wales, high body mass index is one of the leading risk factors for Disability-Adjusted Life Years (DALYs).¹³⁹

Figure 3.9.8 Top 20 risk factors for years lived with disability (YLD), all persons, all ages, Wales, 2016

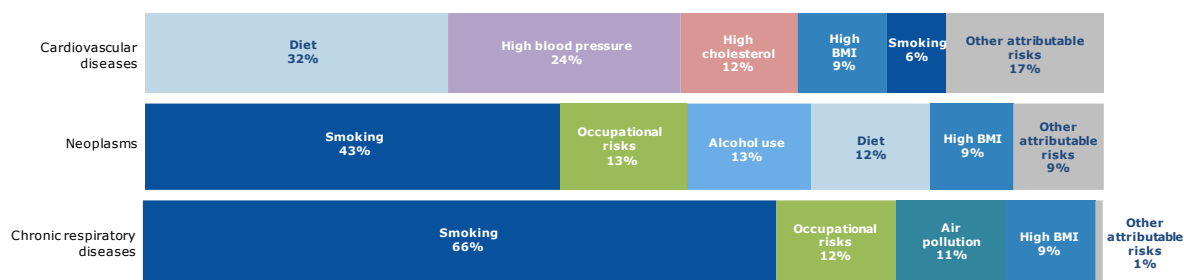


Source: The case for action on obesity in Wales. Public Health Wales

A high BMI also contributes nine per cent of the known risk factors for cardiovascular disease (CVD), neoplasms and chronic respiratory diseases. The majority of known risk factors for CVD are linked to diet and obesity.

¹³⁹ [https://phw.nhs.wales/topics/overweight-and-obesity/the-case-for-action-on-obesity-in-wales/The case for action on obesity in Wales 1118.indd](https://phw.nhs.wales/topics/overweight-and-obesity/the-case-for-action-on-obesity-in-wales/The%20case%20for%20action%20on%20obesity%20in%20Wales%201118.indd)

Figure 3.9.9 Global burden of disease identified risks for the three causes with the largest number of attributable disability-adjusted life years (DALYs), percentage, all persons, all ages, Wales 2016



Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

3.10 Smoking

Smoking is the leading cause of premature death and disease in Wales and a major contributor to health inequalities. Although smoking prevalence has declined over the last decade, evidence indicates that smoking rates in Wales are nearly 3 times higher in the most deprived fifth compared to the least deprived fifth. Smoking costs the Welsh NHS around £302 million per year.¹⁴⁰

Adult smoking prevalence

In line with the Wales downwards trend, smoking prevalence has decreased in Swansea Bay over the past 20 years. According to the National Survey for Wales 2018/19-2019/20 (NSW) the percentage of adults (over 16 years old) who smoke (self-reported) is as follows:¹⁴¹

- 17% in Swansea Bay UHB
- 18% in Swansea
- 17% in Neath Port Talbot
- 17% across Wales

Figure 3.10.1 provides an overview of adult smoking prevalence by primary care cluster. Smoking prevalence is highest in City Health (23.7%) Afan (23.6%) and Penderi (23.0). Llchwyr and Bay Health are below the Welsh average (19.25).

¹⁴⁰ Smoking in Wales in Wales 2020 PHW Beta Tool - <https://publichealthwales.shinyapps.io/smokinginwales/>

¹⁴¹ [Adult lifestyles by local authority and health board \(gov.wales\)](https://www.gov.wales/adult-lifestyles-by-local-authority-and-health-board)

Figure 3.10.1 Smoking prevalence by primary care cluster

GP Cluster Name	Cluster population 16+	Smoking %
Afan	41,964	23.6
Bay Health	63,958	14.6
City Health	43,017	23.7
Cwmtawe	34,605	19.8
Llwchwr	39,000	16.8
Neath	46,828	19.8
Penderi	30,467	23.0
Upper Valleys	26,156	19.8
Swansea Bay UHB	325,995	19.7
Wales	2,642,152	19.2

Produced by Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG)

NSW 2016-18 data used for lifestyle behaviour prevalence, WDS 2018 data used for practice list size and WIMD 2014 used for deprivation

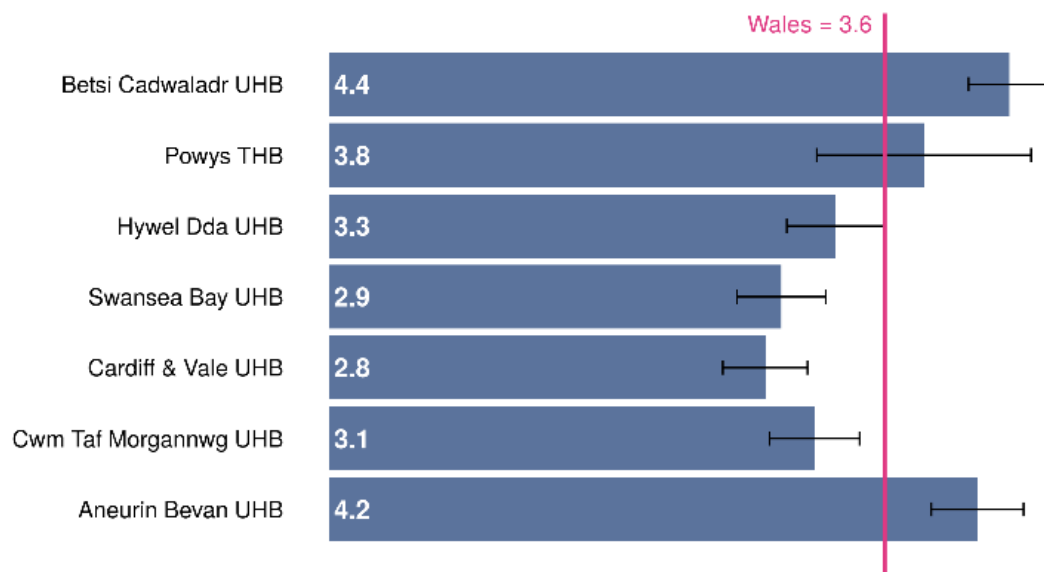
Adolescent smoking

Smoking prevalence in Swansea Bay UHB for children aged 11-16 is 2.9%, well below the average for Wales (3.6%)

Figure 3.10.2 Adolescent smoking prevalence, 11-16 year olds by Health Board 2017/18

Produced by Public Health Wales Observatory, using HBSC & SHRN (DECIPHer)

— 95% confidence interval



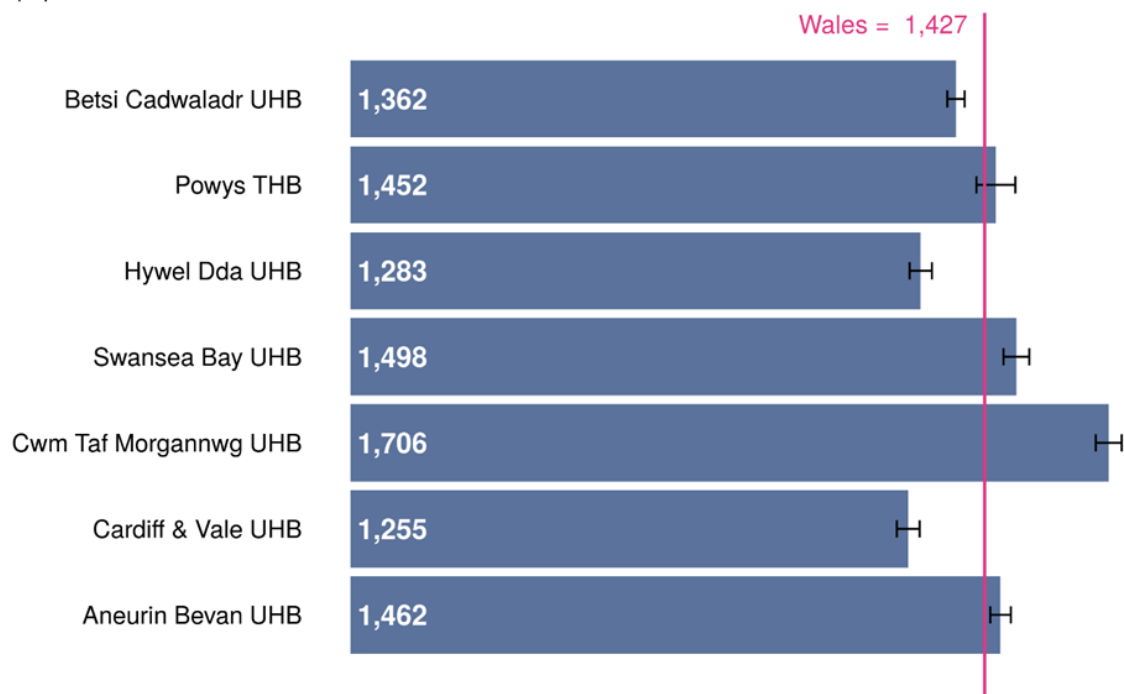
Smoking Attributable admissions

Swansea Bay UHB has the second highest smoking-attributable admissions rate of all Health Boards in Wales – 1,498 European Age-Standardised Rate per 100,000, and is slightly higher than the Wales average 1,427 EASR/100000.

Figure 3.10.3 Smoking attributable admissions, EASR per 100,000 by Health Board 2016/17 to 2018/19

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

— 95% confidence interval

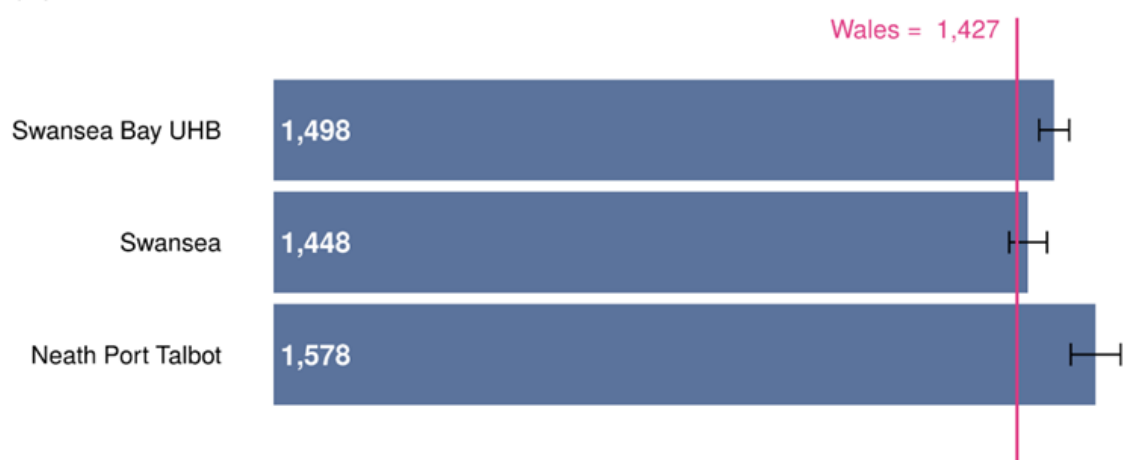


By Local Authority, Neath Port Talbot has higher smoking-attributable admissions rate (1578 EASR/100,000) than the Health Board average of 1,498 EASR/100,000 as shown in Figure 3.10.4.

Figure 3.10.4 Smoking attributable admission by Swansea Bay Health Board, and constituent Local Authorities, 2016/17 to 2018/19

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

— 95% confidence interval



In Swansea Bay UHB nearly 6% of all hospital admissions for males and nearly 4% of females are attributable to smoking. Respiratory diseases account for just over a quarter of hospital admissions for both males and females.

Figure 3.10.5 Smoking- attributable admissions by disease, counts and percentages, males and females aged 35+, Swansea Bay UHB 2018/19

Disease	Males			Females		
	Number of admissions		Percent attributable to smoking	Number of admissions		Percent attributable to smoking
	All admissions	Attributable to smoking		All admissions	Attributable to smoking	
All causes	32,820	1,952	5.9	36,124	1,371	3.8
All cancers	3,800	565	14.9	3,228	234	7.3
All circulatory diseases	3,227	628	19.5	2,385	294	12.3
All respiratory diseases	2,265	601	26.5	2,421	622	25.7
All diseases of the digestive system	4,672	37	0.8	4,674	42	0.9

Produced by Public Health Wales Observatory, using PEDW (NWIS) & NSW (WG)

Figure 3.10.6 Smoking attributable mortality EASR per 100,000 persons aged 35+, Swansea Bay and local authorities, 2016 to 2018

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

— 95% confidence interval



Swansea Bay UHB smoking attributable mortality is higher (306 per 100,000 people aged 35 and older) than the average for Wales (284) and second highest after Cwm Taf Morganwg (334/100,000) of all seven Health Boards.

Figure 3.10.7 Smoking-attributable mortality by disease, counts and percentages, males and females aged 35+, Swansea Bay UHB, 2018

Disease	Males			Females		
	Number of deaths		Percent attributable to smoking	Number of deaths		Percent attributable to smoking
	All deaths	Attributable to smoking		All deaths	Attributable to smoking	
All causes	2,145	422	19.6	2,122	278	13.1
All cancers	589	184	31.3	502	104	20.8
All circulatory diseases	557	91	16.3	483	57	11.8
All respiratory diseases	342	142	41.4	325	114	35.0
All diseases of the digestive system	143	4	3.1	120	4	3.0

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

Smoking accounts for around one in six of all deaths in adults aged 35 years and over living in Swansea Bay University Health Board. A high percentage of these are related to cancers and respiratory diseases. 1 in 5 deaths in males and 1 in 8 deaths in females living in the health board area can be attributed to smoking.

3.11 Disability-adjusted Life Years

Disability adjusted life years (DALYs) measure the impact of various risk factors on an individual's health. One DALY is equivalent to one lost year of 'healthy' life. Smoking is the largest risk factor for DALYs in Wales, contributing to 121,000 years of healthy life lost in 2017.

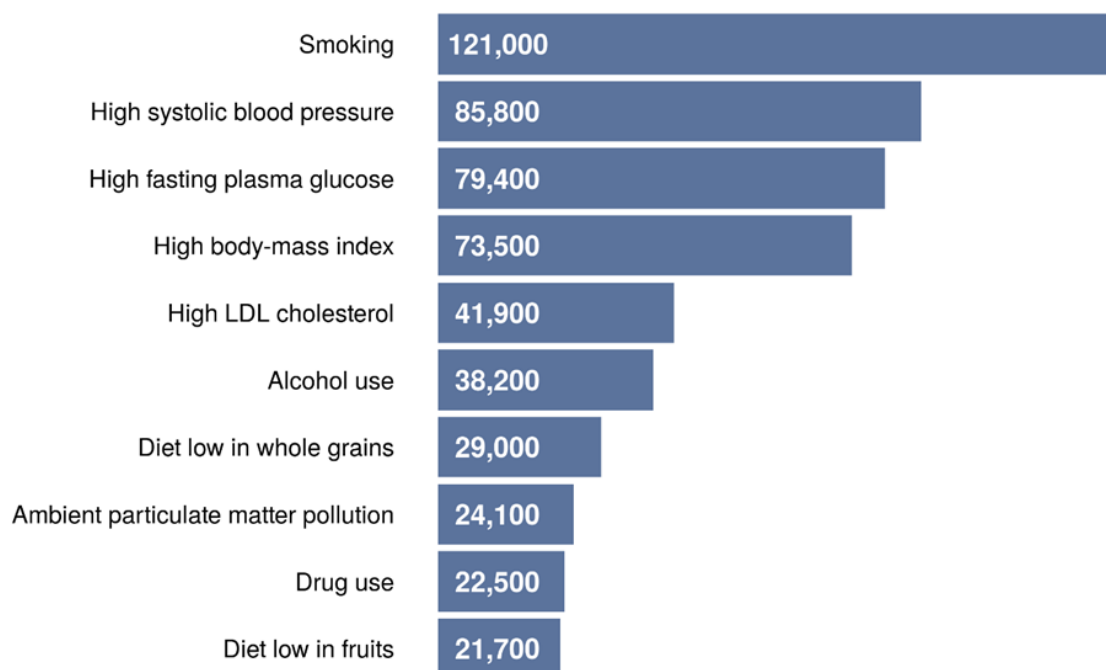
The number of DALYs due to smoking has decreased by almost 50% in the past 30 years. The figure was 222,300 in 1990. With smoking prevalence projected to continue to fall, the number of healthy years of life lost due to smoking should also continue to decline.

Risk factors for DALYs change by age group. For adults aged under 50, alcohol use, drug use and high body-mass index are top risks. Smoking is the top risk for adults aged over 50.¹⁴²

¹⁴² Public Health Wales Observatory, 2018

Fig 3.11.1 Top 10 global burden of disease identified risk factors for disability-adjusted life years (DALYs) count, Wales, 2017

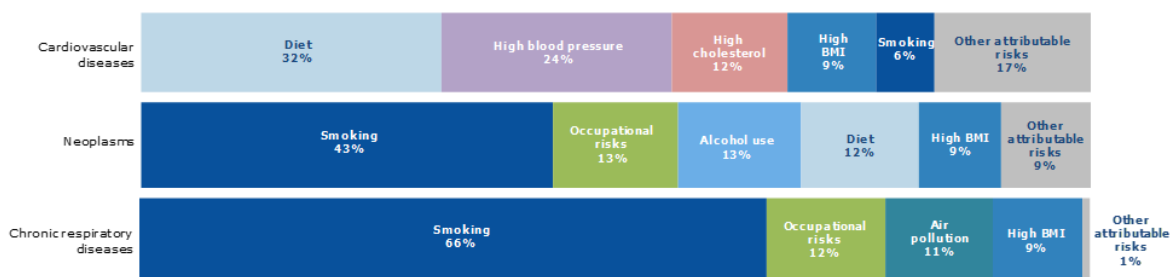
Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



As shown in Figure 3.11.2 below, smoking is the main risk factor for Chronic Respiratory diseases (66%); and also the main risk for Neoplasms (43%).

Figure 3.11.2 Global burden of disease identified risks for the three causes with the largest number of attributable disability-adjusted life years (DALYs), percentage, all persons, all ages, Wales, 2016

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



4. Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting the Swansea Bay UHB area:

Those sharing one or more of the following Equality Act 2010 protected characteristics:

- Age
- Disability, which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities
- Pregnancy and maternity
- Race, which includes colour, nationality, ethnic or national origins
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sex
- Sexual orientation
- Gender re-assignment
- Marriage and civil partnership
- University students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Military veterans
- Visitors to sporting and leisure facilities

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

4.1 Age

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

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

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

For older people:

- Cigarette smoking is implicated in eight of the top fourteen causes of death for people 65 years of age or older. Smoking causes disabling and fatal disease, including lung and other cancers, heart and circulatory diseases, and respiratory diseases such as emphysema. It also accelerates the rate of decline of bone density during ageing. At age 70 years, smokers have less dense bones and a higher risk of fractures than non-smokers. Female smokers are at greater risk for post-menopausal osteoporosis. Half of long-term smokers die of tobacco related illnesses, most prematurely, and many suffer from a variety of chronic conditions related to smoking.
- Even modest alcohol use in old age may be potentially harmful as a contributor to falls, compromised memory, medicine mismanagement, inadequate diet and limitations on independent living.
- Falls prevention is a key issue in the improvement of health and wellbeing amongst older people. Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 years fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: Fracture, head injury, or serious laceration.
- Loneliness can have significant and lasting effect on health. It is associated with higher blood pressure and depression and leads to higher rates of mortality, indeed comparable to those associated with smoking and alcohol consumption. It is also linked to a higher incidence of dementia with one study reporting a doubled risk of Alzheimer's disease. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care.
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression than men. At any one time, around 10-15% of the over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people.
- People with mental health needs can seek advice and support from their GP. However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15%, or 1 in 7, are diagnosed and receiving any kind of treatment. Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64 years.
- The risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65 years. Dementia is the second most common mental health problem in older people and 20% of people over 85 years, and 5% over 65 years, have dementia. There are an estimated 48,487 people



living with dementia in Wales, of those people, approximately 17,845 (42%) had received a formal diagnosis.¹⁴³

- Age is the single biggest factor associated with having a long-term condition and 60% of people aged 65 years and over are affected, but lifestyle factors such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are estimated to cause approximately 50% of long-term conditions.
- Promote and provide flu vaccine to ensure targets for those over the age of 65 years are met.

For children and young people:

- Even before birth, factors which can affect a baby's healthy life expectancy and life chances are already taking effect. At present, children born into poverty are more likely to be adults with poor health than those born into affluence. A baby born to a mother who is obese and smokes throughout pregnancy, is at greater risk of developing unhealthy lifestyles in the future which render them at greater risk of serious chronic conditions which will impact on their quality of life and their life expectancy. The effect on a person's health and life expectancy, of adverse childhood experiences and health behaviours continue to impact and accumulate throughout childhood and into adulthood.
- Childhood immunisations (promote and support) to ensure targets are met.
- There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.
- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed.
- More than 8 out of 10 adults who have ever smoked regularly started before the age of 19 years.
- 8 out of 10 obese teenagers go on to become obese adults.
- Untreated sexually transmitted infections can have longer term health impact including infertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies.



4.2 Disability

A 2010 study by the Improving Health and Lives Learning Disabilities Observatory noted that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. It also noted that health inequalities faced by people with a learning disability began in childhood and

¹⁴³ Source: <http://www.daffodilcymru.org.uk>

that they were often caused as a result of lack of access to timely, appropriate and effective healthcare.

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

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

- Approximately 1.5 million people in the UK have a learning disability. Over 1 million adults aged over 20 years, and over 410,000 children aged up to 19 years old have a learning disability.
- 29,000 adults with a learning disability live with parents aged 70 years or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.
- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are 58 times more likely to die aged under 50 years than other people. 4 times as many people with a learning disability die of preventable causes compared to people in the general population.
- People with a learning disability are 10 times more likely to have serious sight problems and 6 out of 10 people with a learning disability need to wear glasses.

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

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

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

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

4.3 Pregnancy and maternity

Pregnancy is a powerful motivator for change as it represents a time when women and partners are more susceptible to new information and are more likely to make positive lifestyle changes to provide optimal conditions to ensure the health and wellbeing of the unborn baby.

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

Management of pregnancy:

- Physiological changes (hormonal changes, frequency of urination, haemorrhoids, skin and hair changes, stretch marks, swollen ankles/feet/fingers, fatigue, vaginal bleeding/discharge, varicose veins)
- Pain management (pelvic pain, lower back pain, skin irritation)
- Social/psychological changes (hormonal changes that have an impact on mood, sleeplessness and fatigue)

Other factors that may have on short and long term health outcomes include:

Maternal Obesity:

There is an increasing prevalence of maternal obesity in Wales with an increased risk of:

- Miscarriage
- Gestational Diabetes
- Pre-eclampsia
- Venous Thromboembolism
- Induced or Dysfunctional Labour
- Assisted delivery (including Caesarean section)
- Infection
- Complications to the baby

Infant Feeding:

The health benefits of breastfeeding are far reaching for both infants and mothers. These benefits are often not being realised, with only 1% of children in the UK being breastfed up to 12 months¹⁴⁴. In addition to the health impact it is estimated that not breastfeeding results in a loss of around £200 billion in economic growth globally every year¹⁴⁵.

¹⁴⁴ Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* (London, England) [Internet]. 2016. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0140673615010247>

¹⁴⁵ Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet* (London, England) [Internet]. 2016 Jan 30 Available from:

Breastfeeding reduces health inequalities and has environmental benefits. National Infant Feeding Surveys have shown that over 90% of women who stop breastfeeding in the first 6 weeks would have liked to breastfeed for longer. Success in breastfeeding is not solely the responsibility of mothers, but a collective responsibility of society through the wide adoption of breastfeeding friendly initiatives and policies.

Perinatal Mental Health

During pregnancy and the year after birth, women can be affected by a range of mental health problems, from depression and anxiety; to obsessive compulsive disorder (OCD); posttraumatic distress disorder (PTSD); eating disorders and postpartum psychosis. These conditions can be mild to extremely severe. These are collectively called perinatal mental illnesses.

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 well-being of women, their babies and families (Jones *et al.*, 2014).

Key findings:

- 1 in 4 women in the UK experience perinatal mental health problem
- Almost 9,000 new mums in Wales will experience perinatal mental health problems each year ¹⁰
- Dads/partners and other family members can be affected by perinatal mental health problems
- Perinatal mental health problems experienced by women in Wales each year¹¹ This includes depression, anxiety disorders, obsessive compulsive disorders, posttraumatic stress disorders, eating disorders, bipolar disorder, and borderline personality disorder. Rate: 270/1000 maternities

<http://www.ncbi.nlm.nih.gov/pubmed/26869576>

Maternal Smoking:

Smoking is the leading modifiable risk factor for poor pregnancy outcomes as it poses significant health risks to the mother, babies and children.

17.1% of pregnant women smoked at initial assessment in Swansea Bay despite the associated risks.

Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively) and those in routine and manual occupations are more than four times as likely to smoke throughout pregnancy – compared to those in managerial and professional occupations (29% and 7% respectively)



For the mother, smoking in pregnancy carries with it pregnancy related health risks, including the risk of miscarriage, still birth, premature birth, low birth weight, foetal growth restriction (FGR) and they are twice as likely to lose babies from Sudden Unexplained Death in Infancy.

Children born to mothers who smoke are more likely to have behavioural problems, including attention and hyperactivity problems, learning difficulties, reduced educational performance and are at increased risk of smoking at a young age.

Second Hand Smoke also has a serious effect on health, particularly for children, with increased reports of lower respiratory tract infections, asthma, wheezing, middle ear infections.

4.4 Race

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

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

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

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

4.5 Religion and belief

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that

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

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

4.6 Sex

- Average male life expectancy at birth in the Health Board's area ranges from 76.9 to 77.6 years. For females the figures range from 81.4 to 82 years.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care¹⁴⁶ into the use of pharmacies in 2009 showed men aged 16 to 55 years to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- Men are more likely to die from coronary heart disease prematurely and are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The percentage of adults reporting to be overweight or obese is higher in men than women for each age group.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- 19% of adults in Wales were drinking above the weekly guidelines in 2016/17-2017/18. Drinking above guidelines was more prevalent in males than females in all 10-year age groups. For some age groups, the difference was as much as double for males compared to females. Males aged 55-74 years had the highest levels of drinking in Wales at around a third drinking above 14 units of alcohol in a usual week.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women.

¹⁴⁶ [Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009](#)

4.7 Sexual orientation

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

All of these disproportionately affect Lesbian Gay Bisexual Transgender (LGBT) populations:

- Illicit drug use amongst LGB people is at least 8 times higher than in the general population
- Around 25% of LGB people indicate a level of alcohol dependency.
- Nearly half of LGBT individuals smoke, compared with a quarter of their heterosexual peers
- Lesbian, gay and bisexual people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm
- 41% of transgender people reported attempting suicide compared to 1.6% of the general population

4.8 Gender re-assignment¹⁴⁷

Gender reassignment refers to individuals, who either:

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

'Transition' refers to the process and/or the period 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 a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel.

¹⁴⁷ Gender Identity Research and Education Society [Trans Health Factsheets](#)

This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

4.9 University students

Starting university is an exciting time. For many young people it will be their first time away from home so there is not only the pressure of becoming independent and self-reliant in a new environment but also keeping healthy and managing the pressure of course work and exams. Some of the key issues include:

- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019¹⁴⁸, the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.

Preventing and screening for sexually transmitted infections

- Contraception support including emergency hormonal contraception provision
- Lifestyles (poor sleeping routines, smoking, substance misuse, exercise and eating habits)

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

Swansea UHB has one local prison located in its area - HMP Swansea, it is therefore likely that the health needs of the residents in the prison should, to some extent reflect the needs in the community it serves. The prison population is largely drawn from areas served by the following courts:

- Aberystwyth Magistrates' Court
- Haverfordwest Magistrates' Court
- Llanelli Magistrates' Court
- Swansea Magistrates' Court
- Swansea Crown Court

HMP Swansea is a Victorian prison located in the centre of the city of Swansea; as is typical of this type of establishment, the site is cramped. The prison is a Category B local establishment. The operational capacity (op cap) has reduced from 503 at the time of the last full HMIP Inspection in 2017 to 396 at the end of September 2020. The actual

¹⁴⁸ [Unite Students Insight Report 2019](#)

population has decreased from 458 in 2017, as reported in the HMIP inspection report, to 371 when HMIP visited in August 2020, and further reduced to 335 at September 2020 as reported by the MOJ.

The most recent published HMIP inspection of HMP Swansea was a scrutiny visit which took place in August and September 2020. HM Chief Inspector of Prisons comments in the introduction to the inspection: *"We found a well led establishment that had made good progress since the start of the pandemic. There was good partnership work with the local health care provider, Public Health Wales, and the Welsh Government to ensure that every symptomatic prisoner was tested. There had not been a confirmed case of covid-19 at Swansea since April 2020. Health care services were limited at the start of the pandemic and an appropriate triage system enabled prisoners to access the GP. At the time of our visit some services were being restored but we had concerns about access to optical services, podiatry and physiotherapy. There was a lack of oversight of mental health services to ensure that sufficient services were in place to meet the significant levels of need. Medicines administration was poor and created unnecessary risks"*

When it comes to considering health needs in any one establishment, the length of stay is often more relevant than the length of sentence. 79% of current residents have been in HMP Swansea for under six months. This places the main emphasis of healthcare on the identification and management of immediate health needs. Stays of a short length make it more difficult to pick up on hidden and long-term conditions, particularly those where screening may be infrequent.

Clinical Service Provision – Substance Misuse

The clinical aspect of substance misuse provision at HMP Swansea is delivered by HMP Swansea Healthcare (provided by Swansea Bay UHB) as part of the generic healthcare provision. The service is available five days per week between 8am and 4pm. Prescribing is available on weekends and bank holidays where receptions have been received the night before. The service works closely with Dyfodol, the substance misuse service within HMP Swansea by means of weekly routine meetings, attendance by both services in the morning clinics etc. *"The relationship between the two teams is excellent and it works really well."* (Clinical Lead) There is no first-night prescribing (mirroring what is also seen in the other Welsh prisons). Residents who are showing symptoms of withdrawal will now be seen the following day (this is a relatively new development). Residents who have not been in receipt of a prescription in the community can still commence OST in HMP Swansea (again, the day following reception). *"We can't safely prescribe on the first night as we do not know what people have taken before coming in and we do not have a clinician here overnight. We have PGDs for other prescribing such as diazepam, and we do prescribe symptomatic relief to get men through the first night of opiate withdrawal."* (Clinical Lead) Note that, due to reported long waiting times to access clinical substance misuse services in the community, HMP Swansea may, for some, be the first opportunity to commence a structured treatment programme

It was reported that clinical treatment options for alcohol dependence in the community are very limited, placing further demand on the service in HMP Swansea (e.g. Antabuse offered in some but not all community settings).

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

- Access to healthcare facilities
- Mental health and healthcare
- Substance misuse including smoking
- Oral health
- Infectious diseases and
- Support following release

Children and young people in contact with the youth justice system can have more health and well-being needs than other children of their age. They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems. Many of the children and young people in contact with the youth justice system may also be known to children's social care and be among those children and young people who are not in education, employment or training.

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

4.11 Homeless and rough sleepers

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

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

The 3 most common causes of deaths amongst homeless people in England and Wales in 2017 were:

- **Accidents (40%)**
- **Liver disease (9%)**
- **Suicide (9%)**

People sleeping on the street are almost 17 times more likely to have been victims of violence. More than one in 3 people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over 9 times more likely to take their own life than the general population.

According to a report by Centrepoin¹⁴⁹, homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health, 18% have attempted suicide, 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches), 21% have a history of self-harm, 52% report problems with their sleep, 55% smoke, and 50% use illegal substances.

4.12 Gypsies and Travellers communities¹⁵⁰

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

- Infant mortality rates are up to 5 times higher among this minority group when compared to the national rate.
- The immunisation rates among Traveller children are low compared with the rest of the population. Some suggest that GPs are reluctant to register Travellers as they are of no fixed abode, meaning they cannot be counted towards targets and therefore remuneration.¹⁵¹
- There is a high accident rate among the Gypsy and Traveller population, which is directly related to the hazardous conditions on many Traveller sites - particularly as sites are often close to motorways or major roads, refuse tips, sewage work, railways or industrialized areas. Health and safety standards are often poor.
- Travellers have lower levels of breastfeeding.
- There is also a higher prevalence of many medical conditions when compared to the general population, including miscarriage rate, respiratory problems, arthritis, cardiovascular disease, depression and maternal death rates.
- Alcohol consumption is often used as a coping strategy, and drug use among Traveller young people is widely reported and feared by Traveller elders.
- Cultural beliefs include considering that health problems (particularly those perceived as shameful, such as poor mental health or substance misuse) should be dealt with by household members or kept within the extended family unit.
- Some Gypsy's and Travellers have the potential to be disproportionately impacted by COVID-19. Poorer health in combination with the challenges of social-distancing or self- isolation may be particularly difficult for members of these

¹⁴⁹ [Toxic Mix: The health needs of homeless young people, Centrepoin 2014](#)

¹⁵⁰ <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html>

¹⁵¹ [Identifying interventions with Gypsies, Roma and Travellers to promote immunisation uptake: methodological approach and findings.](#) Dyson L, Bedford H, Condon L, Emslie C, Ireland L, Mytton J, Overend K, Redsell S, Richardson Z, Jackson C. BMC Public Health. 2020 Oct 20;20(1):1574. doi: 10.1186/s12889-020-096144.PMID: 33081730

communities due often to confined and communal households with a lack of basic amenities.¹⁵²

- Travellers also face challenges in accessing services either due to the location of the sites (or due to transient nature of being in an area). Not having access to transport (particularly related to women who often cannot drive) to reach services is another reason for low use of services as well as low levels of health literacy of what services they are entitled to use or how to access them.¹⁵³

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

4.13 Asylum seekers, refugees and migrants

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

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

The 2011 census found that the top 10 countries of origin of people born outside the UK, in order of highest numbers first were:

- India
- Poland
- Pakistan
- Republic of Ireland
- Germany
- Bangladesh
- Nigeria
- South Africa
- United States of America
- Jamaica

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

¹⁵² [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929125/COVID-19 - mitigating impacts on gypsy traveller communities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929125/COVID-19_-_mitigating_impacts_on_gypsy_traveller_communities.pdf)

¹⁵³ [Engaging Gypsy, Roma, and Traveller Communities in Research: Maximizing Opportunities and Overcoming Challenges](#). Condon L, Bedford H, Ireland L, Kerr S, Mytton J, Richardson Z, Jackson C. Qual Health Res. 2019 Jul;29(9):1324-1333. doi: 10.1177/1049732318813558. Epub 2019 Jan 2. PMID: 30600758

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

4.14 Military veterans

A veteran is defined as “anyone who has served for at least 1 day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.” There is no routine source of information on military veterans in Wales, so the number resident in Wales is unknown. Studies identify that most veterans in general view their time in the Services as a positive experience and do not suffer adverse health effects as a result of the time they have served.

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

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

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

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

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

- Depression
- Anxiety
- Alcohol abuse

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

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

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

A Welsh Government report from 2014 'Improving Access to Substance Misuse Treatment for Veterans' identified that Substance Misuse Area Planning Boards lead on local collaborative planning, commissioning and delivery for services to ensure that the needs of veterans are

met. A 2011 report from Public Health Wales on 'Veterans' health care needs assessment of specialist rehabilitation services in Wales' identified a range of recommendations to support veterans with respect to their physical health and disability with regards to specialist rehabilitation service provision.

4.15 Visitors to sporting and leisure facilities in the county

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of the Health Board's area. As they may only be in the area for a day or two, their health needs are likely to be:

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

5. Provision of pharmaceutical services

5.1 Current provision within Swansea Bay University Health Board area

There are currently 93 pharmacies in Swansea Bay UHB that hold NHS contracts, operated by 26 different contractors (owners) that provide the full range of essential pharmacy services. During 2020/21, 1 pharmacy opened, therefore some activity data will relate to 92 rather than 93 pharmacies.

Based on the Swansea Bay UHB population of 390,315, each pharmacy would serve an average of 4,159 people. The ratio of pharmacies per 10,000 populations is 2.38 which provides good availability of pharmaceutical provision across the Swansea Bay UHB footprint and is comparatively higher than the other health boards in Wales.

There are no NHS appliance contractors providing services within the area of the Health Board.

There are 49 GP practices in Swansea Bay UHB, of which 1 has a designated dispensing GP practice, which means they are able to supply medication directly to eligible patients. Patients registered with a dispensing GP practice are eligible for dispensing services if they live more than 1.6km / 1 mile from a pharmacy or in an area that has been designated as “controlled” (rural in nature).

The number of patients that are listed on the practice dispensing lists is 785 (as at May 2021). This is 0.2% of the population of Swansea Bay UHB and 29% of the total list size of the dispensing GP practice.

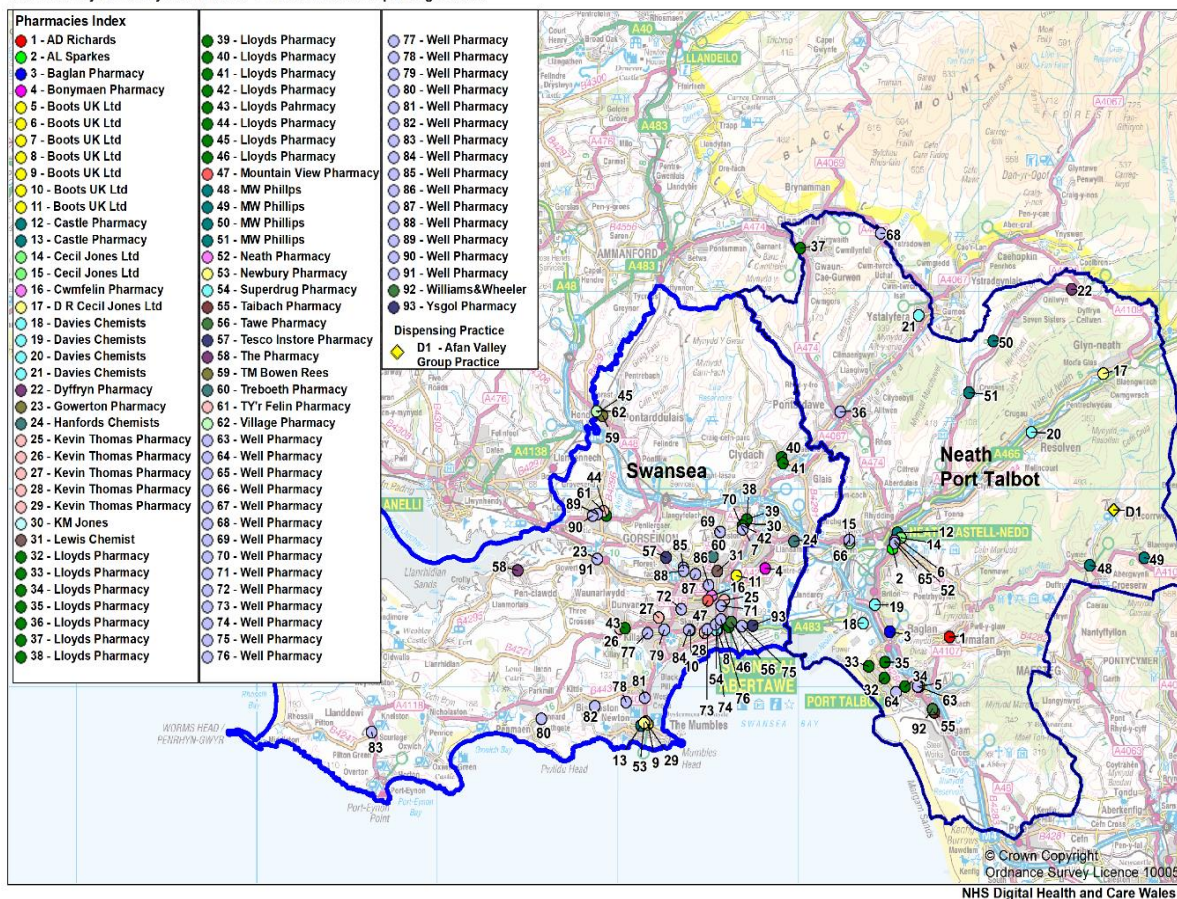
There are hospital pharmacies located at 4 of the Hospitals in Swansea and Neath Port Talbot, these are;

- Singleton Hospital, Sketty Lane, Swansea, SA2 8QA
- Cefn Coed Hospital, Cockett, Swansea, SA2 0GH
- Morriston Hospital, Heol Maes Eglwys, Swansea, SA6 6NL
- Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX

Each hospital pharmacy dispenses hospital prescriptions prescribed by hospital clinicians, for patients under their care.

Map 5.1.1 Location of community pharmacies and dispensing GP practice within Swansea Bay UHB

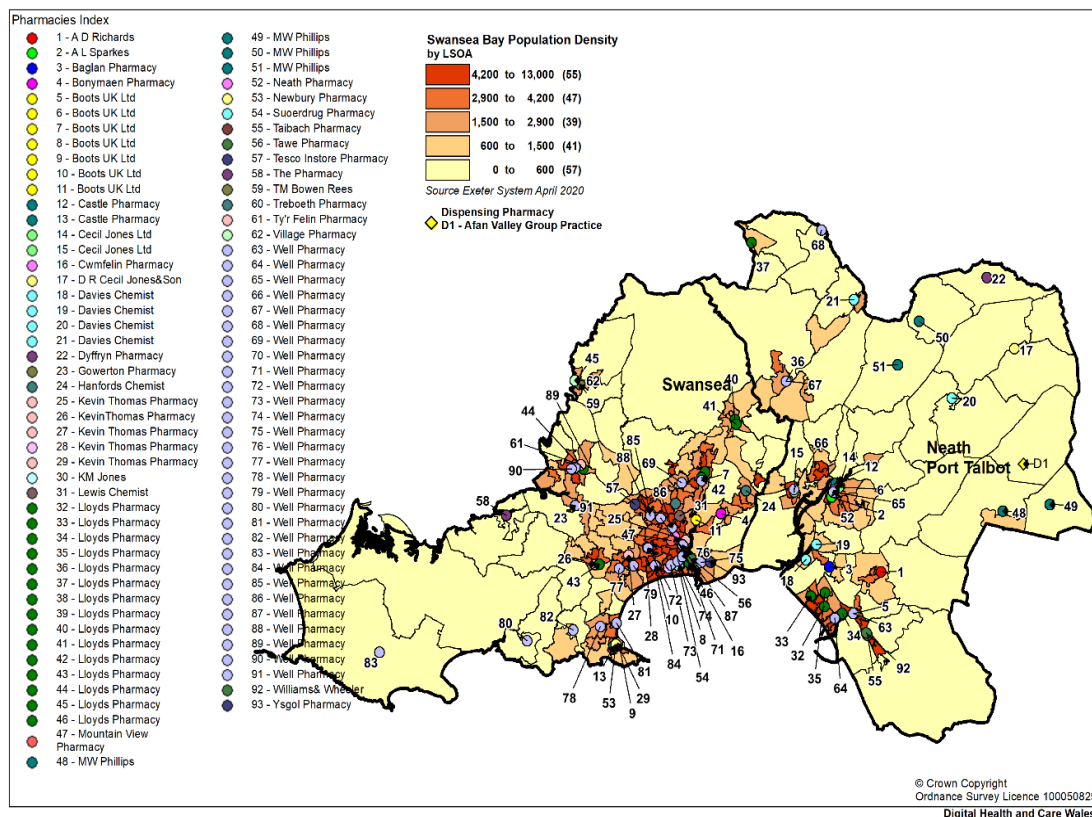
Swansea Bay University Health Board - Pharmacies and Dispensing Practice



Maps 5.1.2 - 5.1.4 show the location of the pharmacies and dispensing GP practice for the whole Health Board compared to population density. Due to the size of the area covered by the Health Board many of the premises are not shown individually.

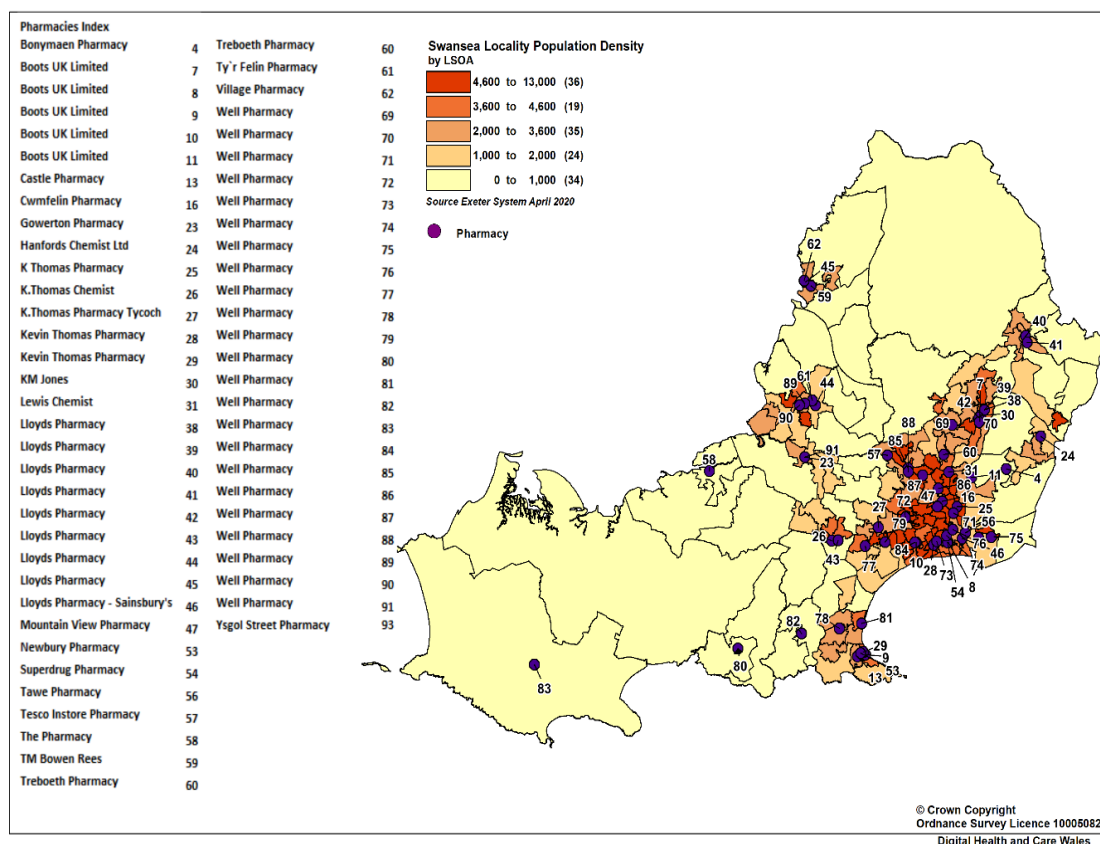
Map 5.1.2 Location of community pharmacies and dispensing GP practice compared to population density in Swansea Bay UHB

Swansea Bay University Health Board



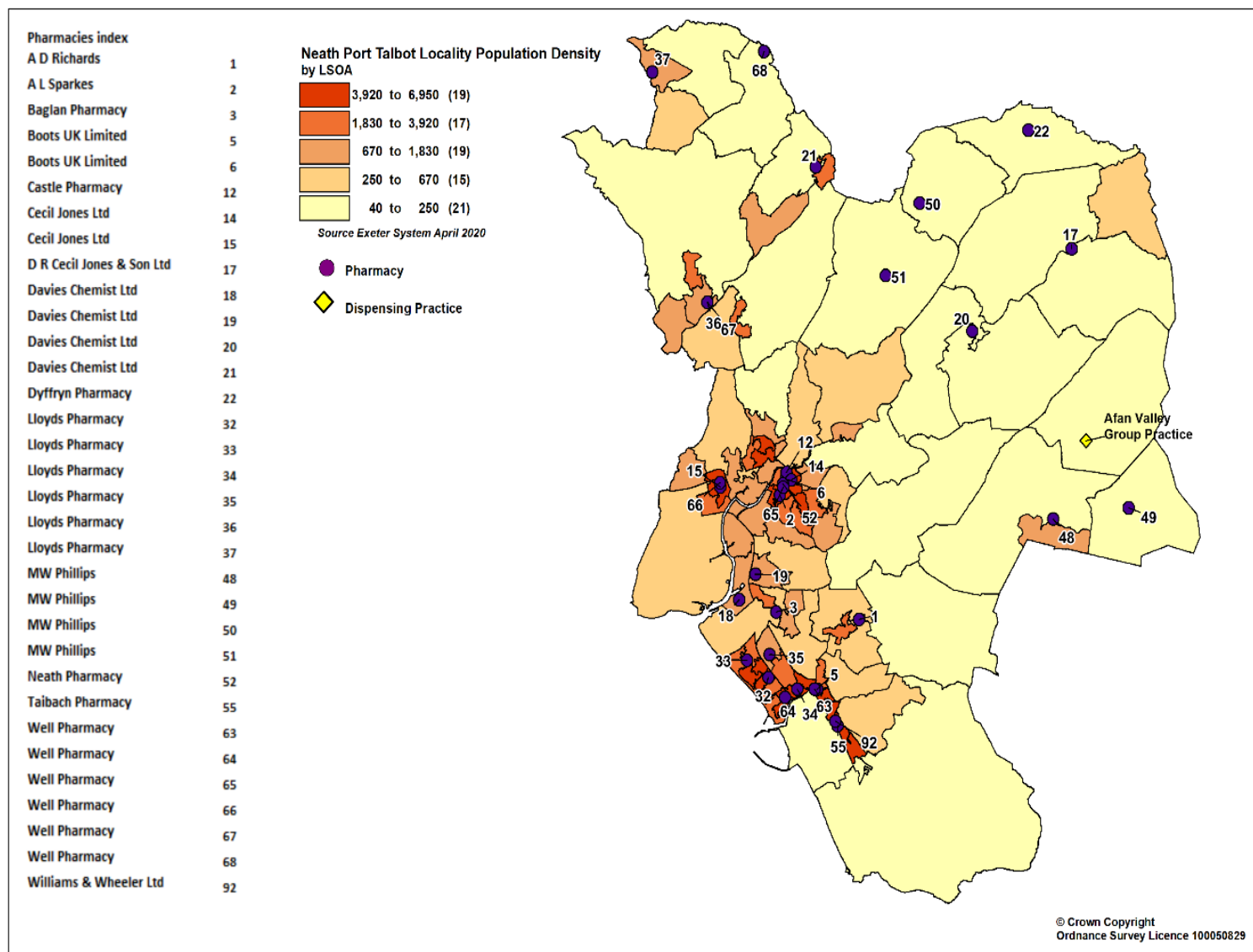
Map 5.1.2 shows the locations of the 93 community pharmacies in Swansea Bay UHB. The highest density of pharmacy services are found in the urban areas within the City of Swansea and towns of Neath and Port Talbot. A small number of pharmacies are located close to the Hywel Dda UHB, Powys THB and Cwm Taf Morgannwg UHB borders which serve residents across the two Health Board areas counties.

Map 5.1.3 Location of community pharmacies and dispensing GP practice compared to population density – Swansea City



Map 5.1.3 shows the locations of the 60 community pharmacies in Swansea. The highest density of pharmacy services are found in the urban areas within the City of Swansea. 4 of the 60 pharmacies can be found in the areas of lowest population density (pale yellow) which include, Scurlage, Pennard, Murton and Penclawdd.

Map 5.1.4 Location of community pharmacies and dispensing GP practice compared to population density – Neath Port Talbot



Map 5.1.4 shows the locations of the 33 community pharmacies and 1 dispensing GP practice in Neath and Port Talbot. This County has a low number of high population density areas. These are Neath town centre, Aberavon and Port Talbot town centre. 8 of the 33 pharmacies can be found in the areas of lowest population density (pale yellow) which include, Dyffryn Cellwen Cwmllynfell, Gwaun Cae Gurwen, Glynneath, Seven Sisters, Resolven and Blaengwynfi; The dispensing GP practice is located in an area of low population density at Glyncorrwg.

Deprivation

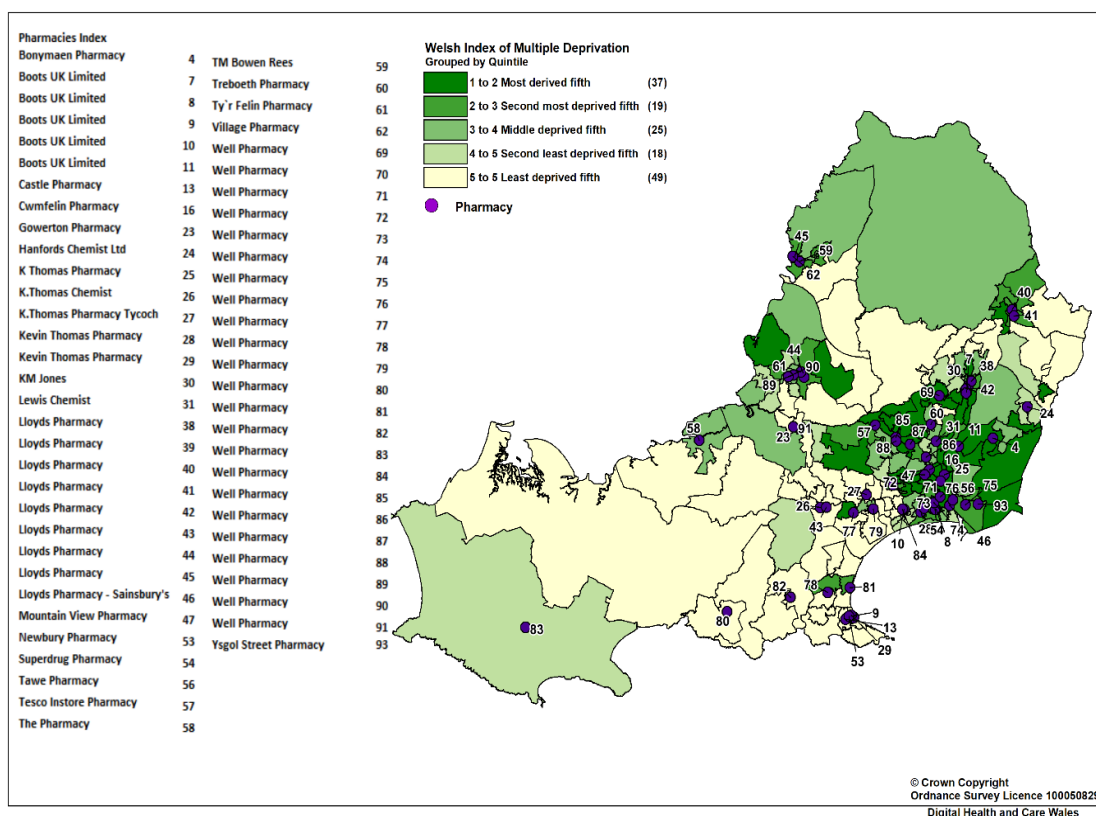
The Welsh Index of Multiple Deprivation (WIMD) is published once every 5 years and takes into account a number of domains. These are income levels, the health of residents, education levels, housing quality and access to services.

The WIMD 2019 divides Wales into 1,909 Lower Super Output Areas (LSOA). LSOAs are a geographical hierarchy developed by the Office for National Statistics, following the 2001 Census. The mean population size of an LSOA is 1,600.

Maps 5.1.5 - 5.1.6 show the different levels of deprivation for each of the two counties and the location of community pharmacies and dispensing GP practice.

There are 239 LSOAs in Swansea Bay UHB, 31 are in the 10% most deprived in Wales.

Map 5.1.5 location of community pharmacies and dispensing practices compared to levels of deprivation – Swansea City



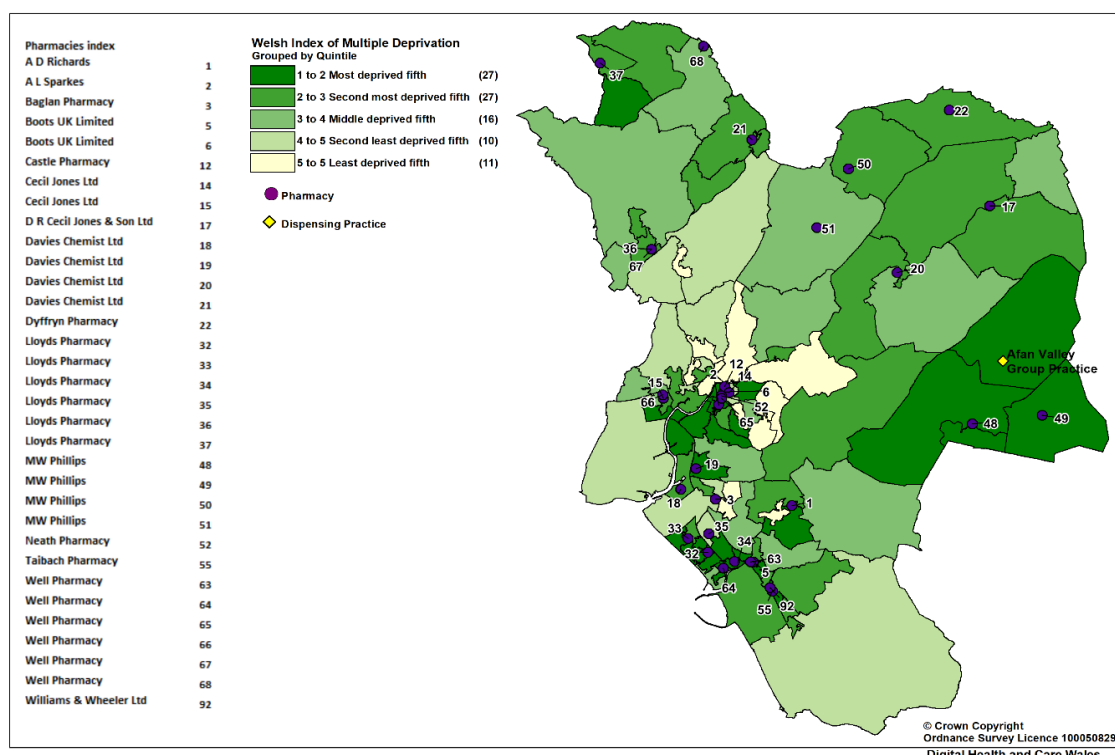
In Swansea Local Authority there are 148 LSOAs, 17 of which are listed in the lowest 10% of deprivation in Wales. These are:

LSOA name	LA rank (148)	Wales rank (1909)
Townhill 2	1	16
Townhill 1	2	18
Penderry 3	3	22

Castle 1	4	23
Penderry 1	5	31
Townhill 3	6	32
Castle 2 North	7	36
Mynyddbach 1	8	37
Townhill 5	9	41
Penderry 4	10	48
Townhill 6	11	58
Bonymaen 1	12	81
Morrison 5	13	95
Penderry 2	14	147
Morrison 7	15	154
Penderry 6	16	157
Llansamlet 8	17	179

The Swansea area is served by 60 pharmacies. All 17 areas are within City & Cwmtawe Localities which are well served in terms of Pharmaceutical services. More information on the City and Cwmtawe Localities can be found within section 8.

Map 5.1.6 location of community pharmacies and dispensing practices compared to levels of deprivation – Neath Port Talbot



In Neath Port Talbot there are 91 LSOAs, 14 of which are listed in the lowest 10% of deprivation in Wales.

These are:

LSOA name	LA rank (91)	Wales rank (1909)
Briton Ferry West 1	1	25
Cymmer (Neath Port Talbot) 2	2	38
Aberavon 4	3	44
Neath North 2	4	49
Sandfields West 2	5	55
Sandfields East 2	6	76
Neath East 1	7	82
Neath East 2	8	109
Sandfields West 4	9	115
Aberavon 2	10	122
Sandfields West 3	11	124
Aberavon 3	12	129
Sandfields East 1	13	132
Taibach 2	14	182

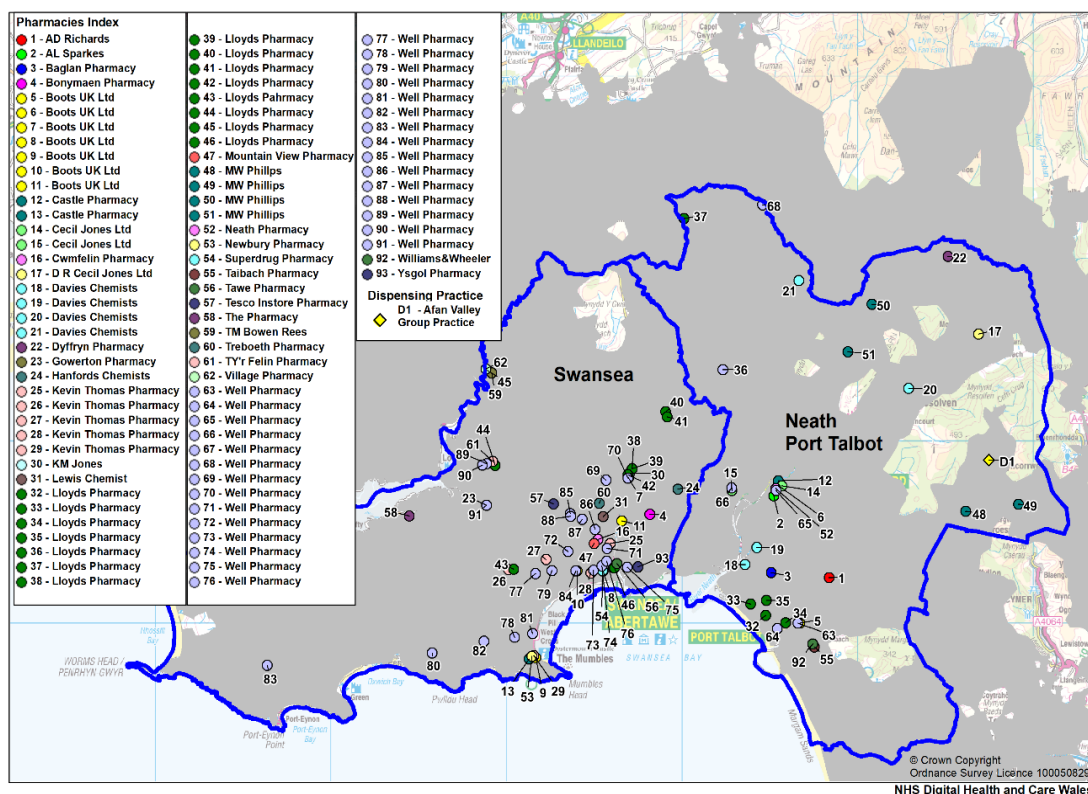
Neath Port Talbot is served by 33 pharmacies. All 14 LSOAs detailed above are within Afan and Neath Localities, which are well served in terms of Pharmaceutical services. More information on the Neath and Afan Localities can be found within section 8.

It was agreed by the PNA Steering Group that the maximum travel time by car for residents in Swansea Bay UHB to access pharmaceutical services, should be no more than 20 minutes. Large areas of the 2 counties are rural in character and it is not unusual to travel for 20 minutes to access other primary care services such as a dental practices or optometrists. In the areas of larger population density, travel time would be far less than 20 minutes due to the increased number of pharmacies available.

In order to measure whether residents of Swansea Bay UHB are able to access pharmaceutical services at a community pharmacy within a travel time of 20 minutes, a mapping exercise was undertaken using AA Route Map.

Areas within a 20 minute drive time of a community pharmacy – Swansea Bay UHB Map 5.1.7

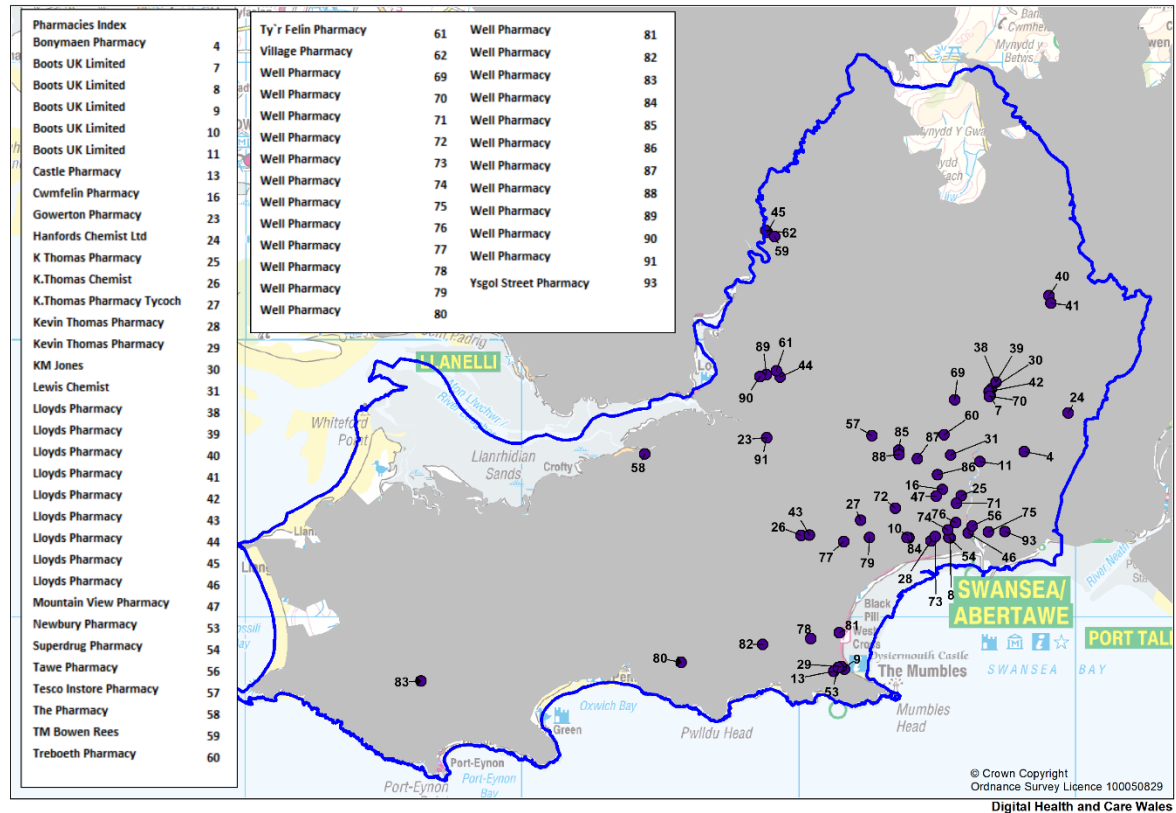
Swansea Bay University Health Board - 20 minutes drivetime from pharmacies



In Maps 5.1.7 - 5.1.9 the grey areas on the map are areas that are within 20 minutes of a pharmacy. The clear areas within the map represent mountainous geographical areas.

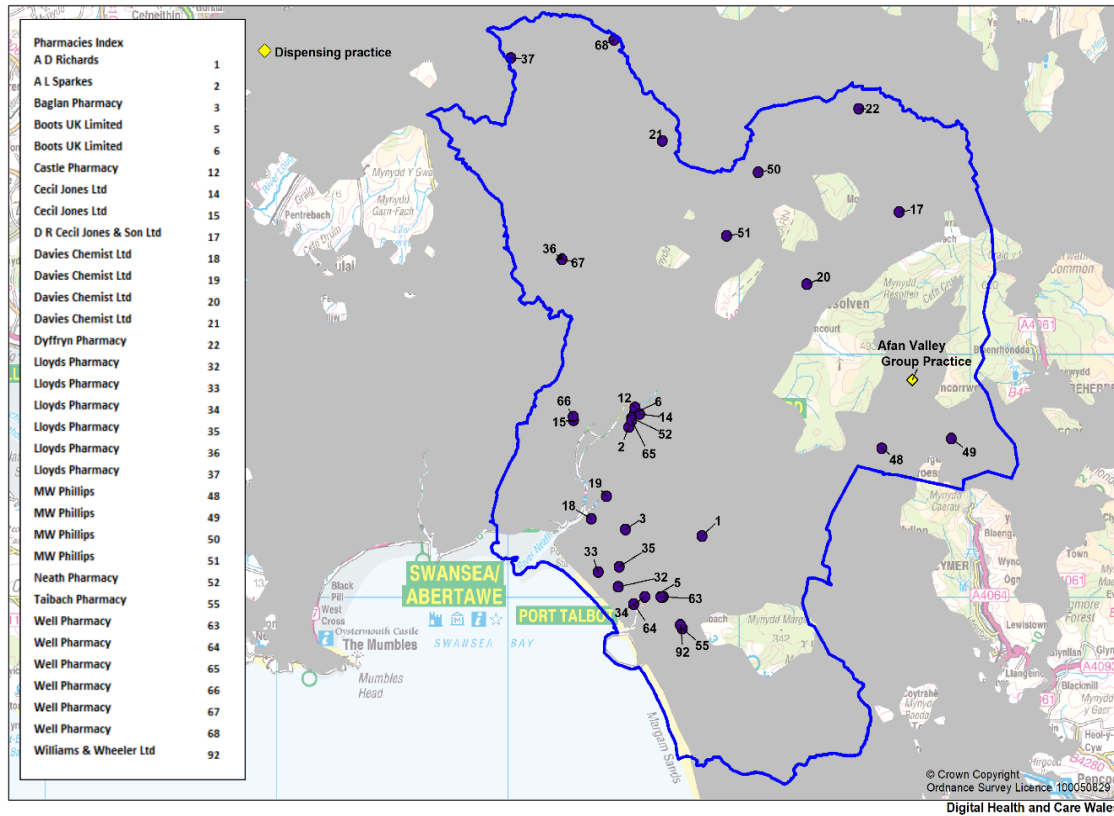
Map 5.1.8 Areas within a 20 minute drive time of a community pharmacy - Swansea City

Swansea Locality - 20 minutes drivetime from pharmacies



Map 5.1.9 Areas within a 20 minute drive time of a community pharmacy - Neath /Port Talbot

Neath Locality - 20 minutes drivetime from pharmacies



Results from the public engagement survey referred to in Chapter 1 on pharmaceutical services show that (67.5%) respondents stated that they travel to the pharmacy by car followed by (26%) on foot.

Respondents noted the length of travel time to a pharmacy as being:

- Less than 5 minutes for 33%
- 5-15 minutes for 55.3%
- More than 15 minutes but less than 20 minutes for 10.5%
- More than 20 minutes for 1.3%

Summary

There are 93 pharmacies and 1 dispensing GP practice in Swansea Bay UHB which are widely spread across the geographical area. The population density maps indicate that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas of lowest population density.

Within Swansea Bay UHB there are 31 Lower Super Output Areas which are within the lowest 10% for deprivation in Wales, maps 5.1.5 – 5.1.6 show that the areas of highest deprivation in each county are well served for community pharmacy services and therefore have access locally to pharmaceutical services.

Maps 5.1.7 to 5.1.9 show areas within a 20 minute drive time of a community pharmacy which cover the majority of the geographical area of Swansea Bay UHB. It is estimated that 100% of Health Board residents fall within this drive time standard.

5.1.2 Access to pharmaceutical services – opening hours

The majority of people access a pharmacy following a visit to their GP or other health care professional, however many will visit for self-care purposes or to access a specific service offered by the pharmacy.

There will be occasions when individuals may need access to pharmaceutical services when their GP practice is not open, for example this may be to have a prescription dispensed after presenting to a GP Out of Hours service, or after contacting NHS Wales 111. Individuals may also want to access a service that is specifically provided by a pharmacy outside of a person's normal working day.

49% of respondents who completed the public engagement survey selected a time between 9.00am and 6.00pm as the most convenient time to visit a pharmacy.

Appendix L provides full information on the opening hours of each pharmacy.

An overview of the range of days that pharmacies are open is listed below:

- 7 pharmacies open seven days a week
- 5 pharmacies open full days Monday to Saturday
- 38 pharmacies open Monday to Friday and part of Saturday
- 42 pharmacies open only Monday to Friday
- Of the 38 pharmacies who are open Monday to Friday and part of Saturday, 1 has a half day closure on Wednesdays and 1 has a half day closure on a Tuesday
- Of the 42 pharmacies open Monday to Friday, 1 pharmacy has a half day on a Tuesday and 1 pharmacy has a half day on a Wednesday.

The localities that have been used for the PNA match the boundaries of the 8 Primary Care clusters within Swansea Bay UHB. There are 4 pharmacies open beyond 6.30pm Monday to Friday, these are located as follows:

- Bay – 0
- City – 1
- Cwmtawe – 0
- Llŵchwr – 0
- Penderi – 2
- Afan - 1
- Neath – 0
- Upper Valley - 0

There are 5 localities in Swansea Bay UHB that do not have any pharmacies open after 6.30pm Monday to Friday. These are Bay, Cwmtawe, Llchwyr, Upper Valley and Neath.

Most residents of Bay locality are within a 20 minute drive time of a pharmacy that is open until 8pm in a neighbouring locality.

Residents of Cwmtawe locality are within an 11 minute drive time of a pharmacy that is open until 10.30pm in a neighbouring locality.

Residents of Llchwyr locality are within a 13 minute drive time of a pharmacy that is open until 8pm in a neighbouring locality.

Residents of Upper Valley locality are within a 20 minute drive time of a pharmacy that is open until 10.30pm in a neighbouring locality

Residents of Neath locality are within a 13 minute drive time of a pharmacy that is open until 10.30 pm in a neighbouring locality

It is concluded that there is adequate provision of pharmacy provision across Swansea Bay UHB.

Some pharmacies provide a commissioned rota service, where they receive an enhanced service payment to open outside of their normal opening hours to meet the needs of the locality. There are 6 commissioned rota services within Swansea Bay UHB – details below.

Community Pharmacy Rota Service

<u>Neath Port Talbot Locality</u>	Tel No		Time
Lloyds Pharmacy, Port Talbot Resource Centre, Moor Rd	(01639) 814580	Sunday	11:00-14:00
Well Pharmacy, Victoria Road, Aberavon	(01639) 883473	Sunday	17:00-18:00
Vale of Neath Pharmacy, Chain Road, Glynneath	(01639) 720328	Sunday	15.00-17.00
<u>Swansea Locality</u>	Tel No		Time
The Pharmacy, Sea View, Penclawdd	(01792) 850530	Sunday	11.00-13.00
Kevin Thomas Pharmacy, 12 Newton Road, Mumbles	(01792) 366346	Sunday	13:30-15:30
Kevin Thomas, 2 Goetre Fawr Road, Killay	(01792) 206816	Sunday	16.00-18.00

Extended opening hours for GP practices in 2019/20

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. All 49 practices in Swansea Bay UHB operate these hours. There are no practices in Swansea Bay UHB that provide longer opening times.

The table below shows the opening hours for the dispensing GP practice in Swansea Bay UHB. Dispensing practices do not provide pharmaceutical services on Saturday or Sunday.

Dispensing Practice Opening Hours				
Monday	Tuesday	Wednesday	Thursday	Friday
8.00am-1.30pm	8.00am-2.00pm	8.00am- 2.00pm	8.00am- 2.00pm	8.00am-11.00am 2.00pm - 6.00pm

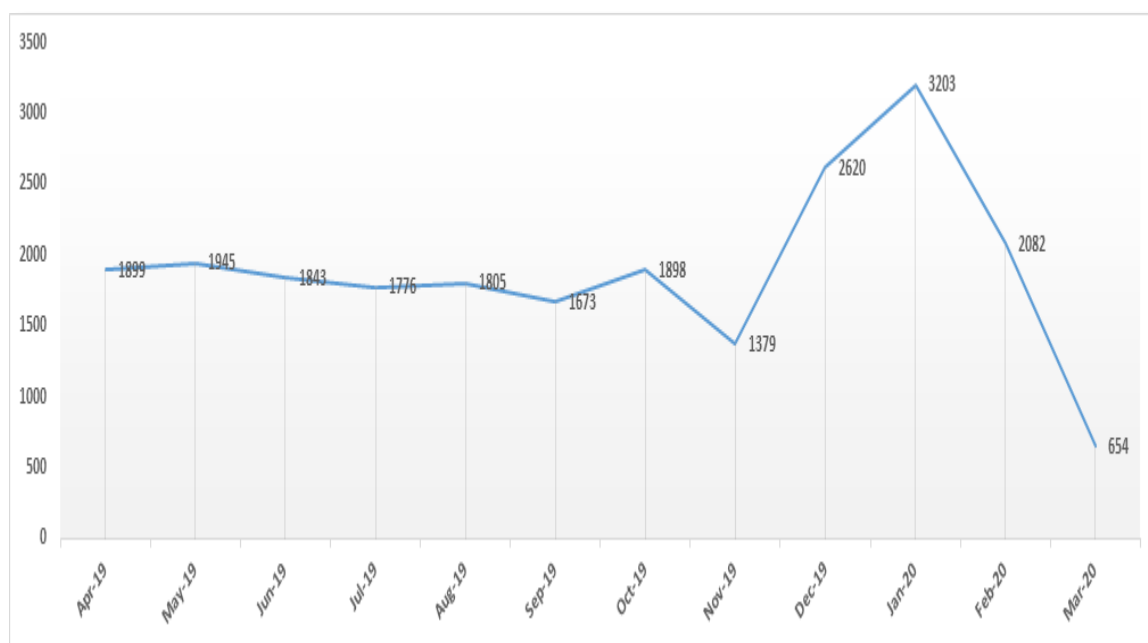
There are pharmaceutical services available across the Health Board area every day of the week however services after 6.30pm Monday to Friday and on Saturdays and Sundays will be more limited.

5.1.3 Access to Advanced services - Medicines Use Review

A Medicines Use Review (MUR) is a structured review that is undertaken by a pharmacist to help patients manage and understand their medication more effectively. Up to 400 MURs can be provided per accredited pharmacy per year.

In 2019/20 a total of 91 pharmacies offered the service and 22,777 MURs were provided out of a possible maximum of 36,400. Figure 5a shows the number of MURs completed each month throughout the year for all pharmacies. There was a significant drop in MUR claims in March 2020 which is attributed to the COVID-19 pandemic.

Figure 5a Number of Medicines Use Reviews claimed in 2019/20



The MUR service has been suspended indefinitely since March 2020. The service is currently under review.

Based upon the level of provision, the Health Board is satisfied that there is sufficient capacity within existing contractors to provide more MURs.

- 91 pharmacies(100%) provided less than the maximum annual number of MUR's
- 30 pharmacies (33%) provided less than 200 MURs
- 3 pharmacies did not provide any MUR's

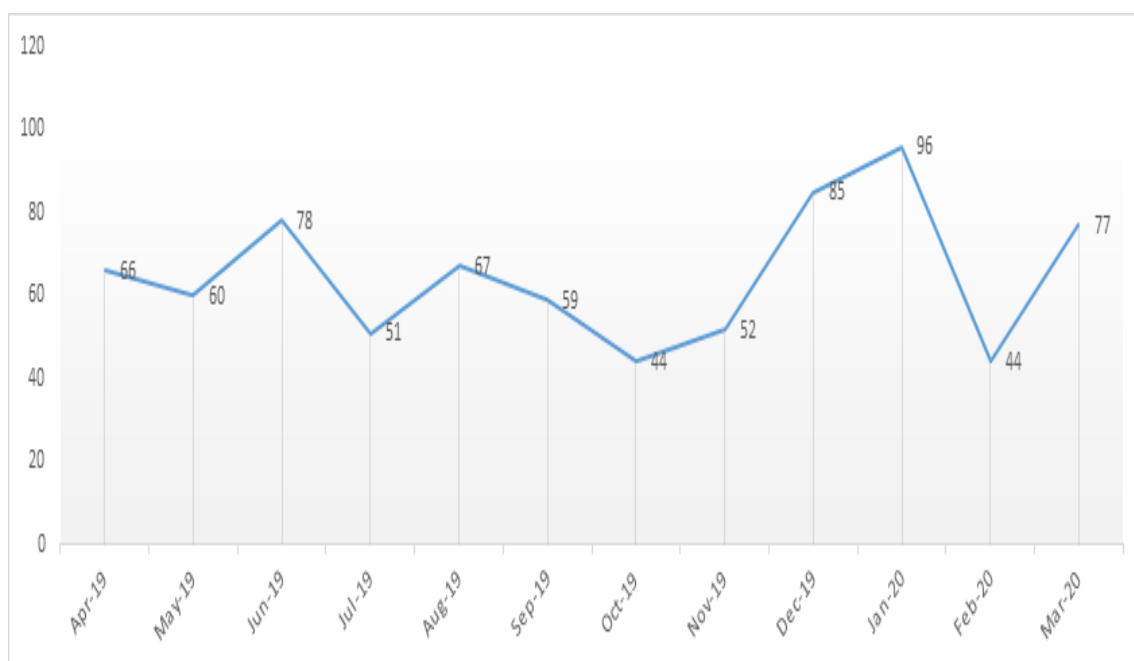
5.1.4 Access to Advanced services – Discharge Medicines Review

The Discharge Medicines Review (DMR) services provides support to patients recently discharged from or between care settings, by ensuring that changes to patients' medicines made in once care setting (e.g. during a hospital stay) are enacted as intended in the community setting. This helps to reduce the risk of preventable medication related problems and supports adherence for newly prescribed medication. UP to 140 DMR's can be provided at each accredited pharmacy per year.

During 2019/20, 90 out of 92 pharmacies provided the service and 779 DMR's were offered out of a potential maximum of 12,880.

Based upon the level of provision the Health Board is satisfied that there is sufficient capacity within existing contractors to provide DMRs.

Figure 5b Number of DMRs claimed in 2019/20



5.1.5 Access to enhanced services

5.1.5.1 Common Ailments Service

Community pharmacies can provide free confidential NHS advice and treatment for a range of common ailments without the need to make an appointment at a GP practice (further information on the Common Ailment Service and the conditions included are available in Section 7). In 2019/20, 92 pharmacies offered the Common Ailments Service (CAS), supplying a total of 10,779 items to 2114 patients across the SBUHB Health Board.

Figure 5c Number of patients seen and number of items supplied for CAS in 2019/20

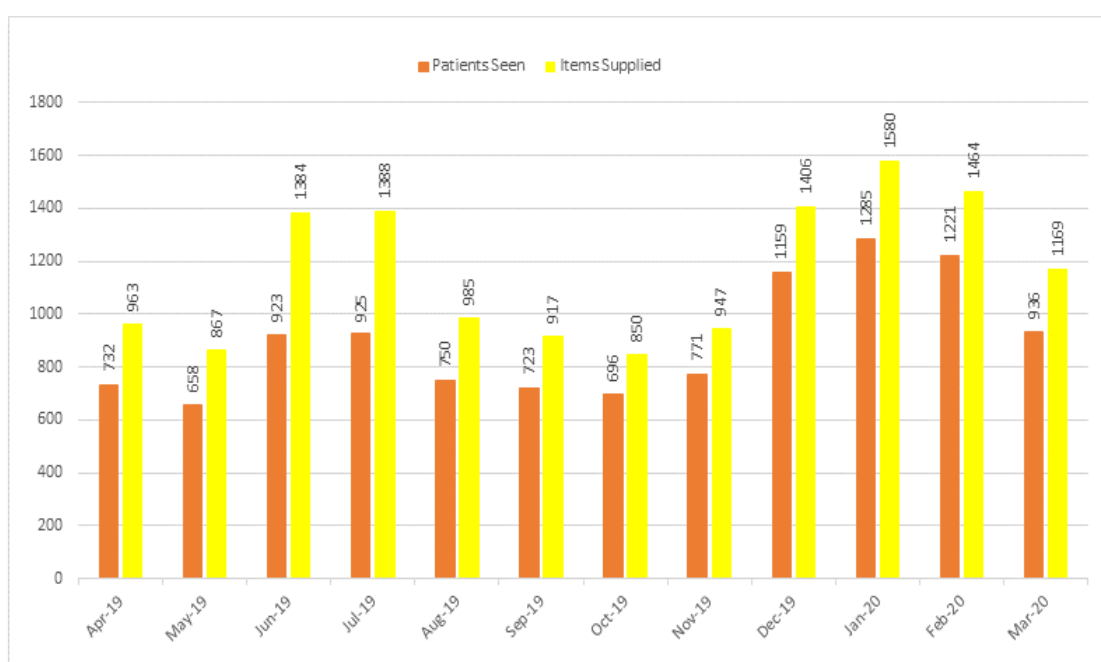
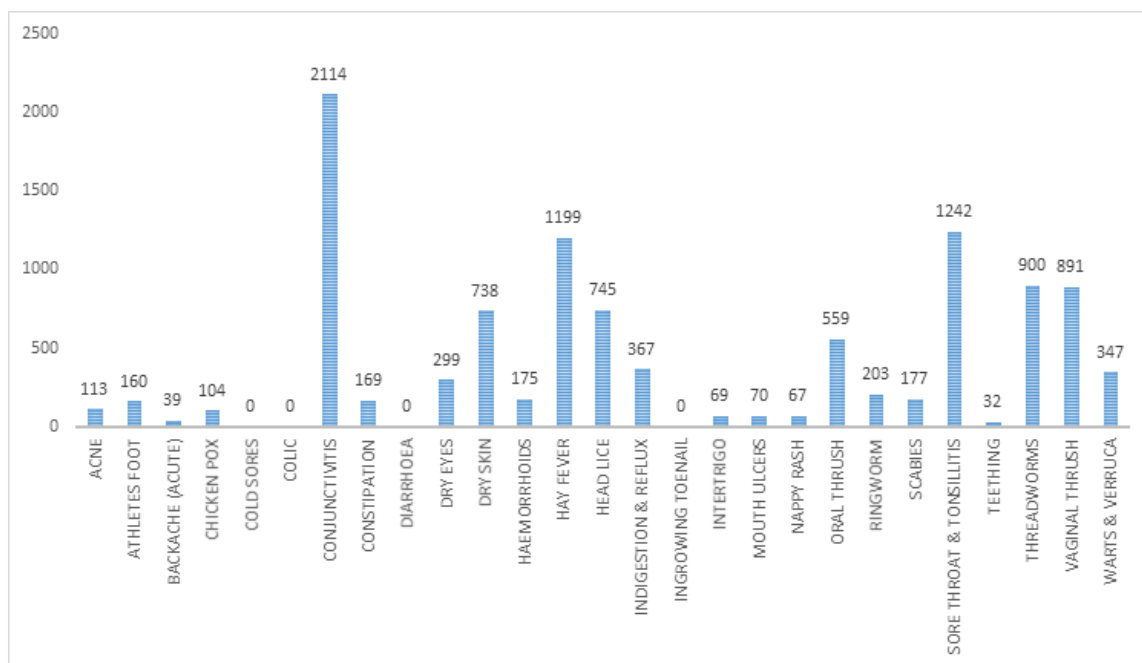


Figure 5c shows the number of patients seen and the number of items supplied per month for CAS in 2019/20

Figure 5d Number of claims per ailment for CAS in 2019/20



There are 27 ailments covered under the Service. Figure 5d shows the number of claims per ailment for CAS in 2019/20.

Conjunctivitis is the ailment that accounts for the highest number of consultations. 4 of the ailments have no treatment options via the service. These are:

- Cold sores
- Colic
- Diarrhoea
- Ingrowing toenails

Therefore no reimbursement claims are made for these conditions. However, a pharmacist will provide advice for these conditions.

Figure 5e Patient age breakdown for CAS in 2019/20

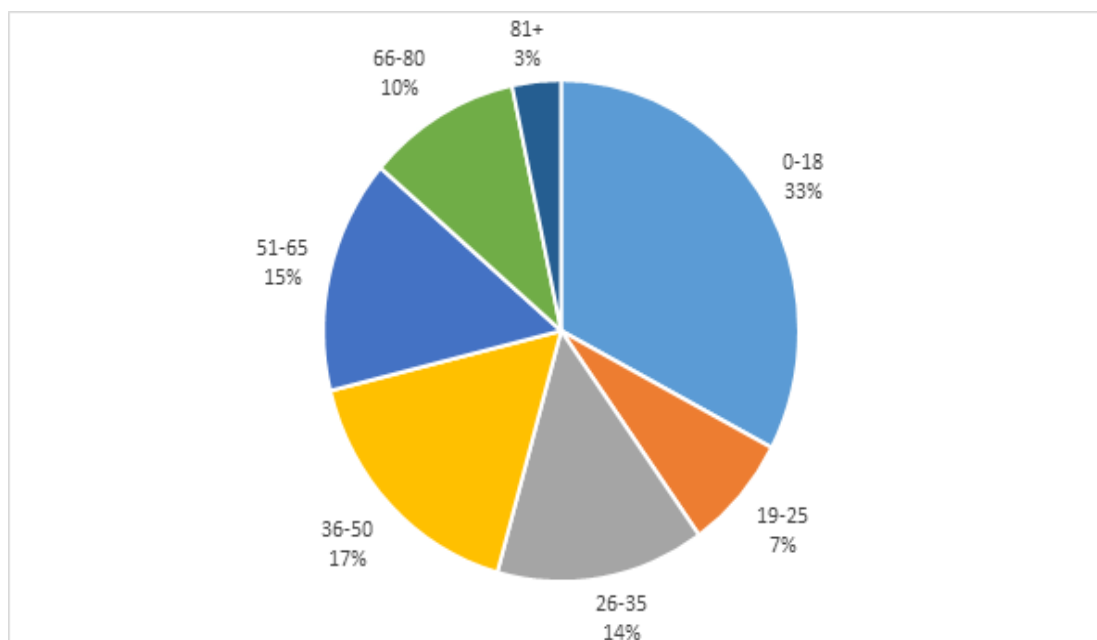


Figure 5e shows the patient age breakdown for the Common Aliments Scheme 2019/20. The single age group who utilise the service most are those aged under 18 which is likely to be with a parent or carer. This could be attributed to the fact that some conditions included are more common in children e.g. head lice, threadworm, nappy rash. However, the majority of patients accessing the service are aged between 19 and 81.

CAS Activity 2020/21 Data

In the first 6 months of 2020/21, 92 pharmacies offered the service with 92 of those pharmacies supplying a total of 7247 items to 5,335 patients. A comparison with the first 6 months of 2019/20 indicated 6504 items supplied to 4711 patients. This demonstrated a 13.2% increase in patients seen. Figure 5f shows the number of patients seen and the number of items supplied under CAS in the first 6 months of 2020/21.

Figure 5f Number of patients seen and number of items supplied under CAS in the first 6 months of 2020/21

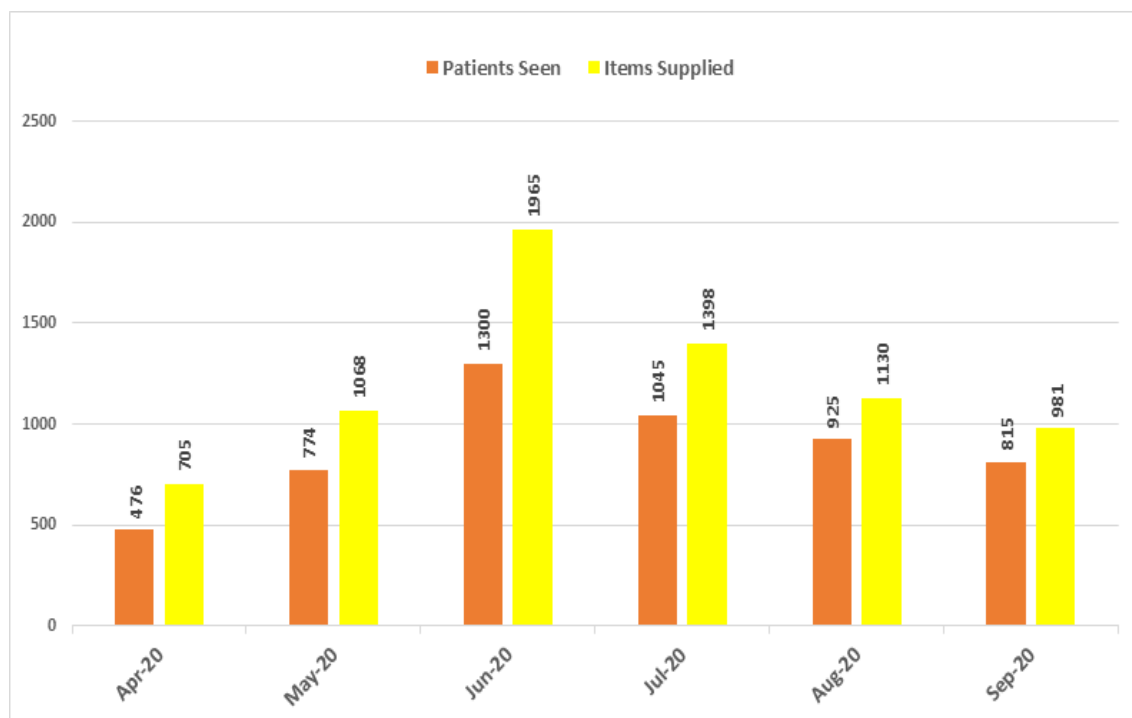
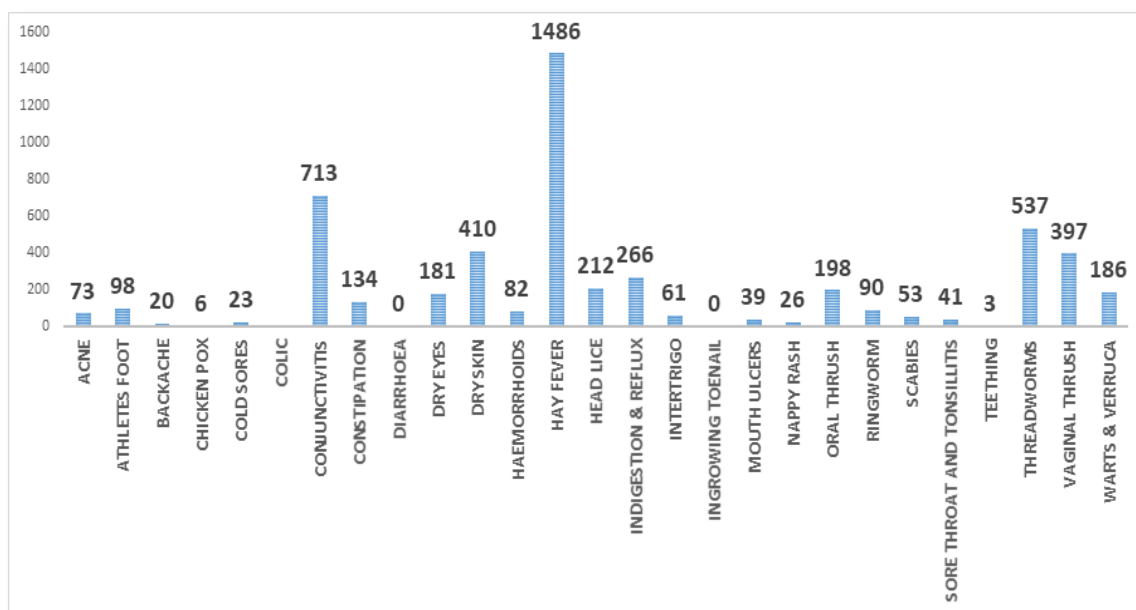


Figure 5g Number of claims per ailment under CAS in first 6 months of 2020/21



An analysis of the breakdown of ailments for the first 6 months of 2020/21 shows there has been an increase in some conditions when compared to 2019/20. There were over 150 more consultations for hay fever. The variation in the ailments treated via the scheme compared with 2019/20 may be due to an incomplete year, and therefore hay fever – a seasonal ailment would be more prevalent in the first half of the year.

The CAS service is widely available throughout Swansea Bay UHB and it is expected that activity will increase as signposting by medical practices for these ailments becomes routine and the scheme becomes better known. From the results of the public engagement survey it was positive to note that 64% of respondents were aware of the Common Ailment Service.

5.1.6 Emergency Medicine Supply

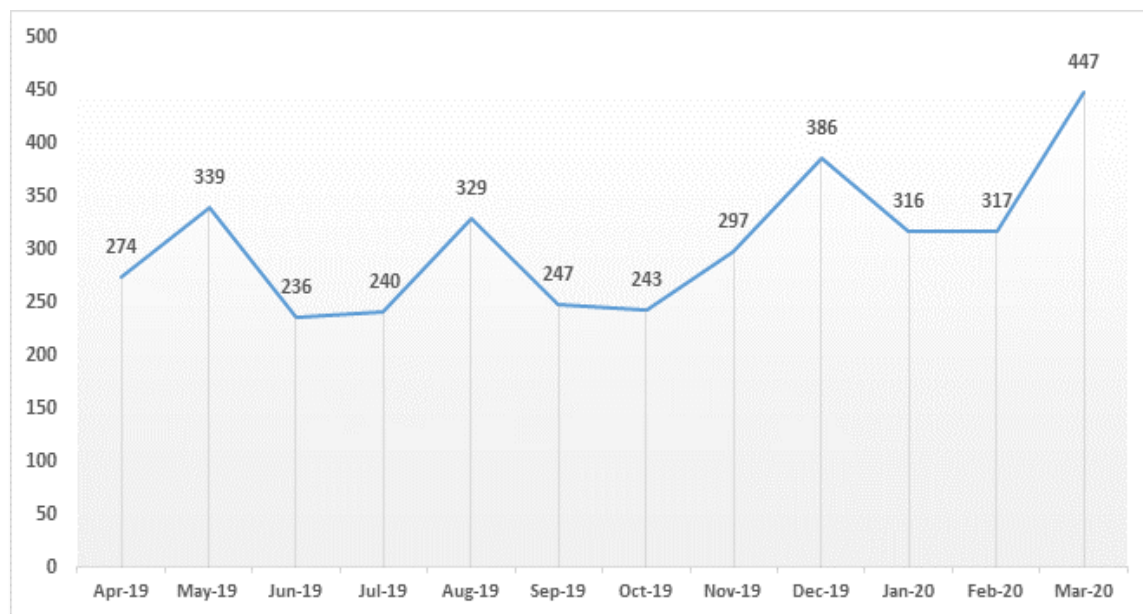
The Emergency Medicine Supply (EMS) Service provides the supply of urgently required prescribed medication to patients where they are unable to obtain a prescription before they need to take their next dose.

In 2019/20 82 pharmacies offered the EMS service, with 72 supplying items to 3,671 patients. Patients accessing the service were a mix of Welsh patients (91%) and English patients (9%).

The EMS service is key in reducing demand on the NHS Wales 111 service, particularly on weekends by diverting patients who don't have access to their medication to a community pharmacy. This also has a positive impact on hospital and/or GP services in dealing with potential consequences of patients not taking regular medication.

Figure 5h EMS monthly activity for 2019/20

Figure 5h shows the number of patients per month that accessed the Emergency Medicine Supply service in 2019/20. There is a significant spike in the figures during holiday periods, in particular during May, August and December.



Reason for Supply of EMS in 2019/20

Reason for Supply	Number of Patients
Lost or misplaced medicines	401
Not able to collect from usual pharmacy	320
Not ordered in time	1832
On holiday and forgot medication	246
Prescription not available at practice for collection	870
Data left blank	2
Total	3671

The table above shows the reasons for supply given by patients accessing the service. The most frequently selected reason given by patients was 'not ordered in time'. This reason accounted for 50% of the total supplies made. A further 24% noted that their prescription was not available for collection and 10% reported that their prescription was lost or misplaced.

The provision of the EMS service reduces pressure on other NHS services. When patients were asked where they would have gone if the service hadn't been available;

- 3.8% said they would have attended A&E or another urgent care provider
- 39.6% said they would have contacted GP Out of Hours
- 42.7% said they would have gone without their medication, which could have had serious health implications and resulted in hospital admissions or deterioration in health

EMS 2020/21 Activity Data

In the first 6 months of 2020/21, 91 pharmacies offered the service. 79 pharmacies provided the service with 2344 patients accessing. Comparatively in the first 6 months of 2019-20 1665 patients accessed the EMS service. This shows a 41% increase in the number of people accessing the service within the first 6 months of 2020-21.

With 91 pharmacies currently offering the EMS service there is good accessibility.

5.1.7 Emergency Contraception Service (EC)

The Emergency Contraception (EC) service provides free access if appropriate to the morning after pill following a consultation with an accredited pharmacist. The service is available for patients aged 13 years and over and offers convenient access for patients as no appointment is required. During 2019/20, 89 pharmacies offer the Emergency Contraception service and 5096 patients accessed the service.

Map 5.1.10 shows the location of the 89 pharmacies who offer the service in blue/ purple and the pharmacies who don't offer in blue.

Map 5.1.10 Location of pharmacies providing EC in 2019/20

Location of pharmacies offering the Emergency Hormonal Contraception Service

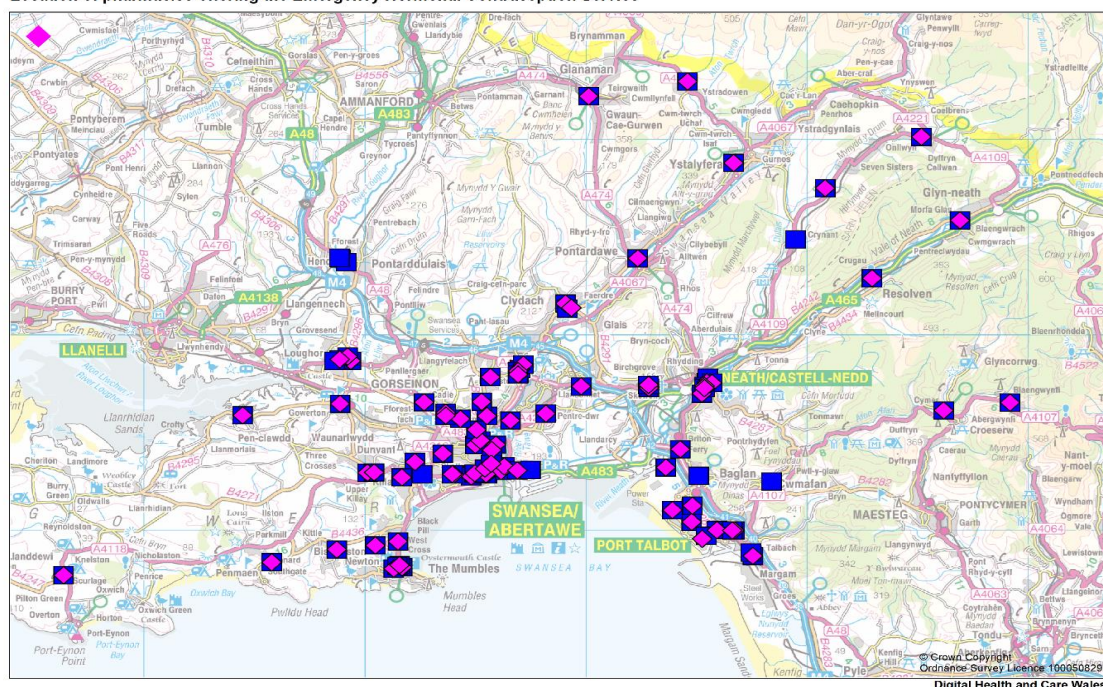


Figure 5i shows the EC activity per month by pharmacies in 2019/20. February/March 2020 saw a decreased in numbers which is likely to be due to the COVID-19 pandemic and lockdown restrictions.

Figure 5i Monthly EC Activity in 2019/20

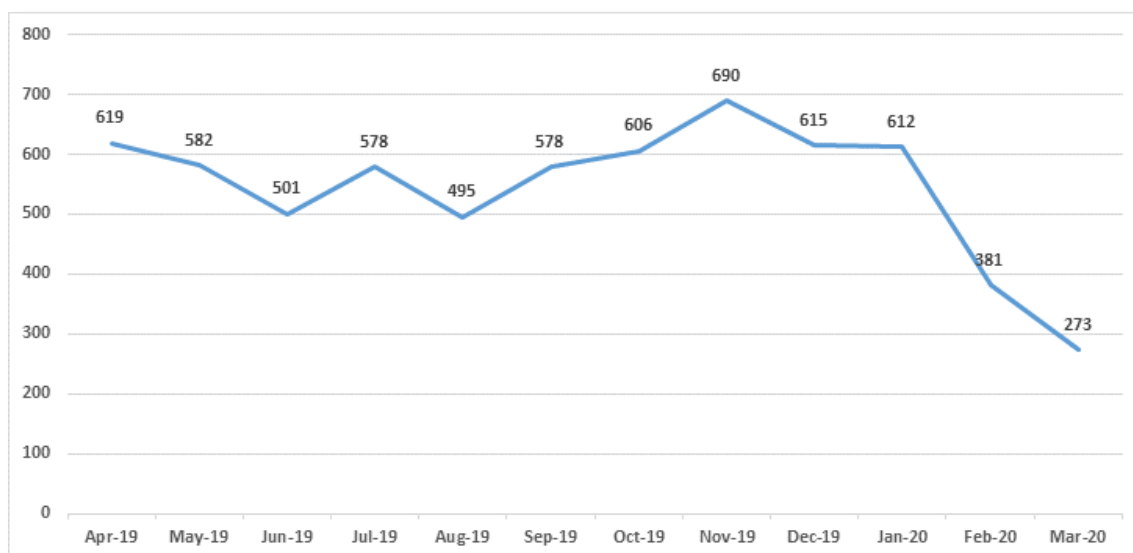
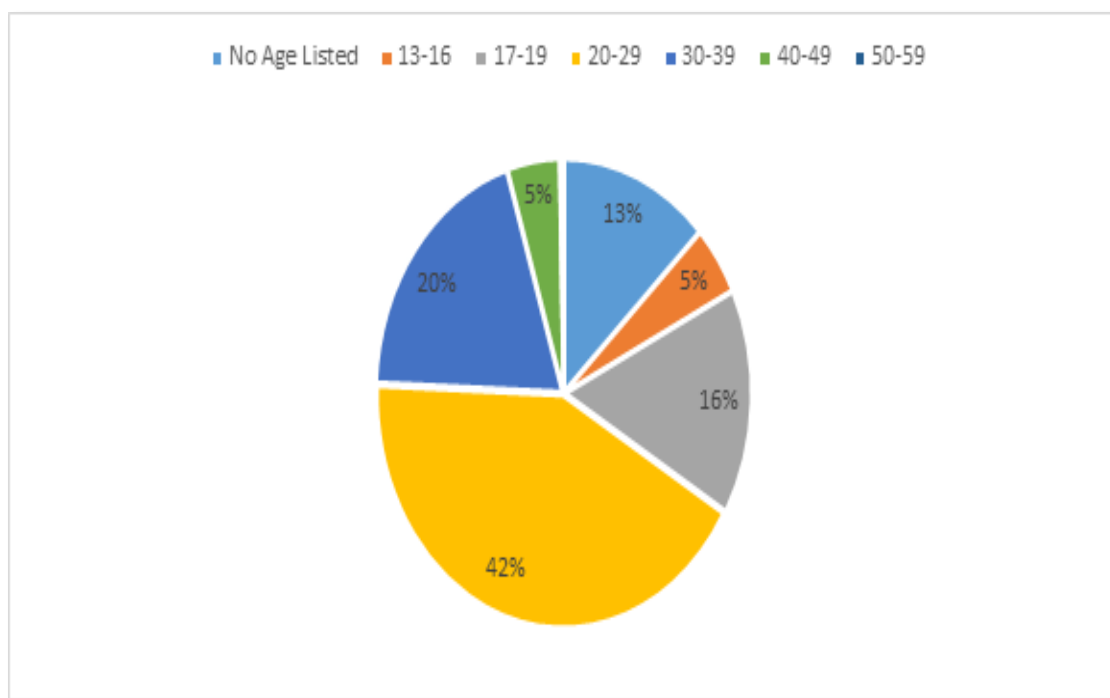


Figure 5j shows the age of patients accessing the EC service; 21% of the patients were aged under 20.

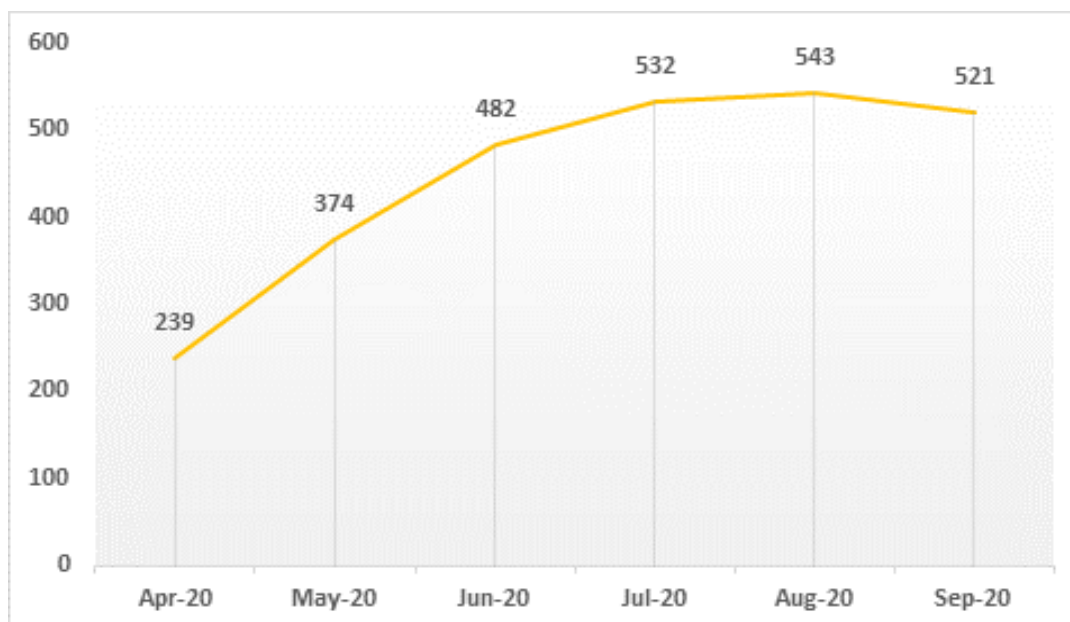
Figure 5j Patient Age Breakdown for EC in 2019/20



EC 2020/21 Activity Data

In the first 6 months of 2020/21 90 pharmacies provided the service with 2,691 patients accessing the service. This is a decrease of 20% compared to the same period last year where 3,353 patients accessed the service, this decrease is likely to have been caused by COVID-19 pandemic lockdown restrictions.

Figure 5k Monthly EC Activity in the first 6 months of 2020/21



The graph above shows the monthly Emergency Contraception claims for the first 6 months of 2020/21.

With 90 pharmacies currently accredited to provide the Emergency Contraception service, this represents a high level of distribution.

All pharmacies will be encouraged to provide the Emergency Contraception Service.

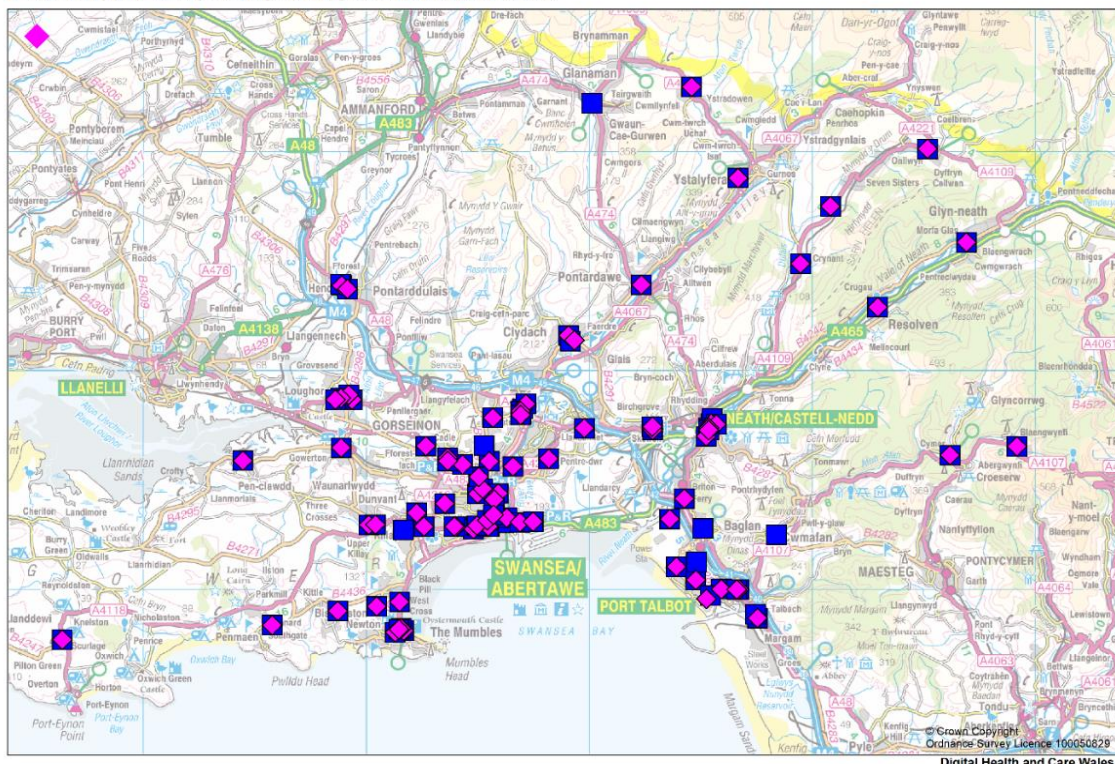
5.1.8 Smoking Cessation

Smoking Cessation Level 2

The Smoking Cessation Level 2 service (SCL2) is for patients who have been assessed by advisors from the Help me Quit Service. Patients are provided with a Help Me Quit referral letter to take into the pharmacy to access a supply of free Nicotine Replacement Therapy. Map 5.1.11 shows the location of the pharmacies offering the Smoking Cessation level 2 service in blue/ purple markers and the ones who do not in blue

Map 5.1.11 Location of Pharmacies offering the Smoking Cessation Level 2 service

Location of pharmacies providing Smoking Cessation L2 in 2019/2020

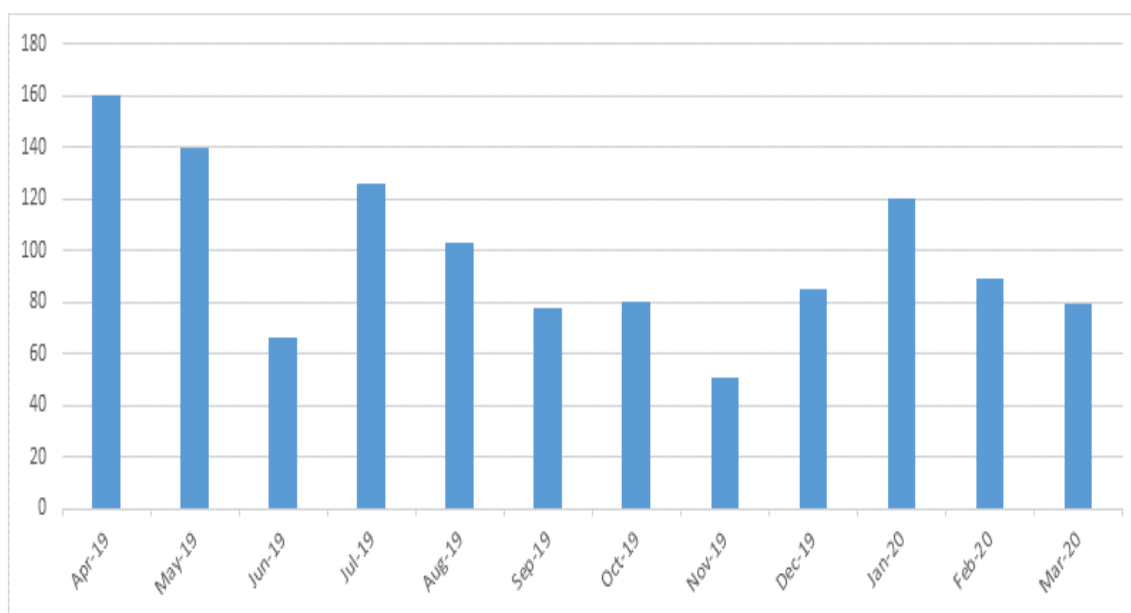


Level 2 service 2019/20

In 2019/20 87 pharmacies were able to provide the service and 1177 patients were seen by 77 pharmacies.

Figure 5I shows the number of patients who accessed the service per month during 2019/20.

Figure 5I Total number of patients seen per month in 2019/20 for Smoking Cessation Level 2

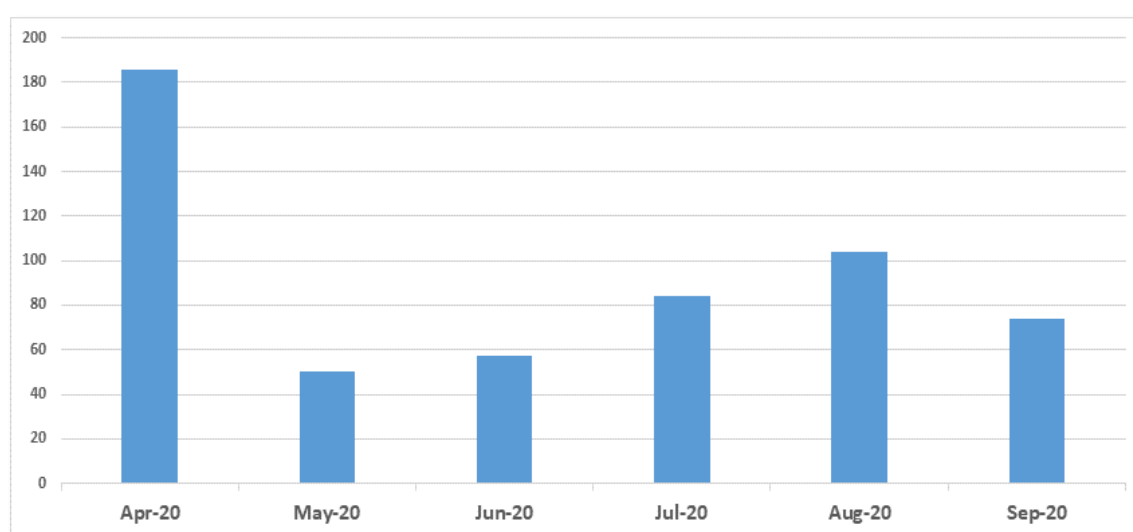


SCL2 2020/21 Activity Data

In the first 6 months of 2020/21 87 pharmacies were commissioned to provide the service and 555 patients were seen by 74 pharmacies. This is a 17.5% decrease compared to the first 6 months of 2019/20 when 673 patients were seen. This is likely to be attributed to the COVID-19 pandemic with less people accessing services and therefore a reduction in referrals coming through Help Me Quit smoking teams within Swansea Bay University Health Board.

Figure 5m shows the monthly claim data for the first 6 months of 2020/21, there is an increase in July and a more significant increase in August 2020 which corresponds with the easing of restrictions following the first COVID-19 lockdown.

Figure 5m Monthly Claim Data for Smoking Cessation Level 2 2020/21



There is good access to this service with 87 providing NRT, following referral by a smoking cessation advisor. The aim would be to have all pharmacies listed for the service in order to improve access further.

Smoking Cessation Level 3 (Rebranded as Help me Quit @ Pharmacy from January 2021)

The smoking cessation level 3 service provides the opportunity for patients who want to quit smoking to access support and nicotine replacement therapy locally and conveniently. In 2019/20, 75 pharmacies offered the smoking cessation Level 3 (SCL3) service with 59 of those providing the service. 1269 patients accessed the service, 868 patients were treated and 533 patients quit providing a quit rate of 42% at week 4 of the 12 week Behavioural Support and Nicotine Replacement Therapy (NRT) programme.

Within the Welsh Government Tobacco plan for Wales, a treated smoker is defined as a patient who has reached week 2 of the 12 week Behavioural Support and Nicotine Replacement Therapy (NRT) programme.

Map 5.1.12 shows the location of the 75 pharmacies who offered SCL3 in 2019/2020 in blue/purple and the ones who did not in blue.

Map 5.1.12 Location of the pharmacies providing Smoking Cessation Level 3 in 2019/2020

Location of pharmacies providing Smoking Cessation L3 in 2019/2020



Figure 5n Number of Smoking Level 3 claims made in 2019/2020

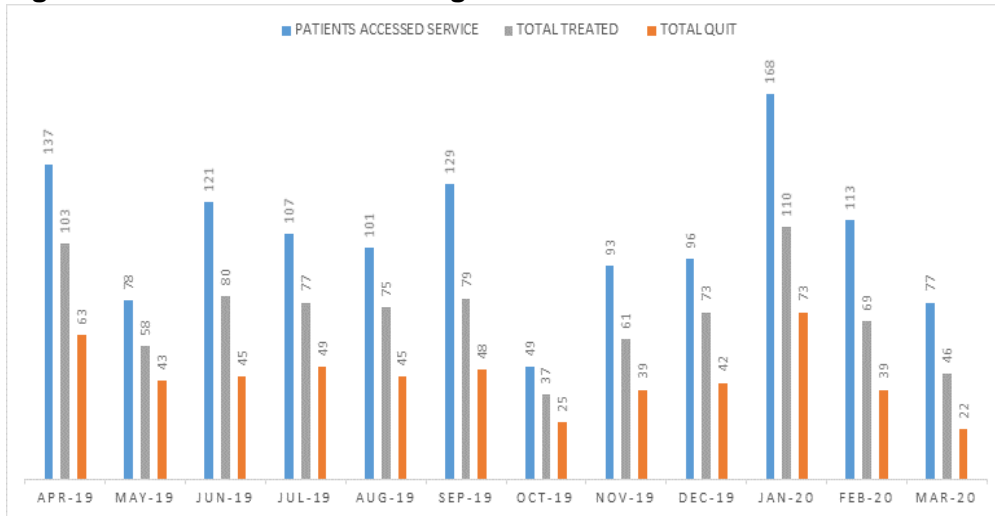


Figure 5n shows the monthly patient breakdown for Smoking Cessation Level 3 in 2019/20.

The figure includes the total number of clients seen, how many were treated and how many had successfully quit by month.

SCL3 2020/21 Activity Data

During the first 6 months of 2020/21, 75 pharmacies offered Smoking Cessation Level 3.

500 patients accessed the service, 351 patients were treated and 210 patients quit.

This is a reduction in the number of patients seen in the same six month period 2019/20, which could be attributed to the COVID pandemic.

Figure 5o Number of Smoking Level 3 claims made for the first 6 months April – September 2020/21

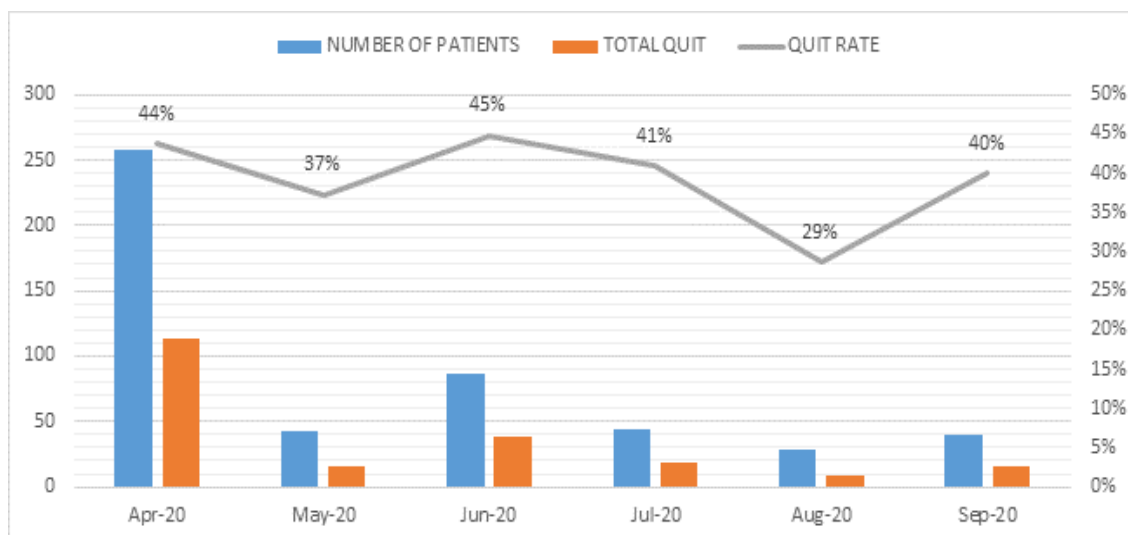


Figure 5 o shows the monthly patient breakdown for Smoking Cessation level 3 in the first 6 months of 2020/21. The figure includes the total number. There is an annual cut off point for service claims which is the 5th May. This could contribute to the reason why the claims in April 2020 are higher.

The smoking cessation service ideally should be available at all pharmacies. In January 2021, a change in the service specification for Level 3 allows any member of the pharmacy team who has undergone the nationally agreed training to be listed for the service.

The HB will work with Community Pharmacy Wales (CPW) to support more of the existing pharmacies to engage with the service

5.1.9 Influenza Vaccination

Community Pharmacies can provide free NHS Flu vaccinations for patients who are 18 years and over in an eligible group.

- Aged 18-64 years with a long term health condition
- Aged 65 and over
- Pregnant women
- Care home staff
- Informal/Voluntary Carers
- Domiciliary care staff

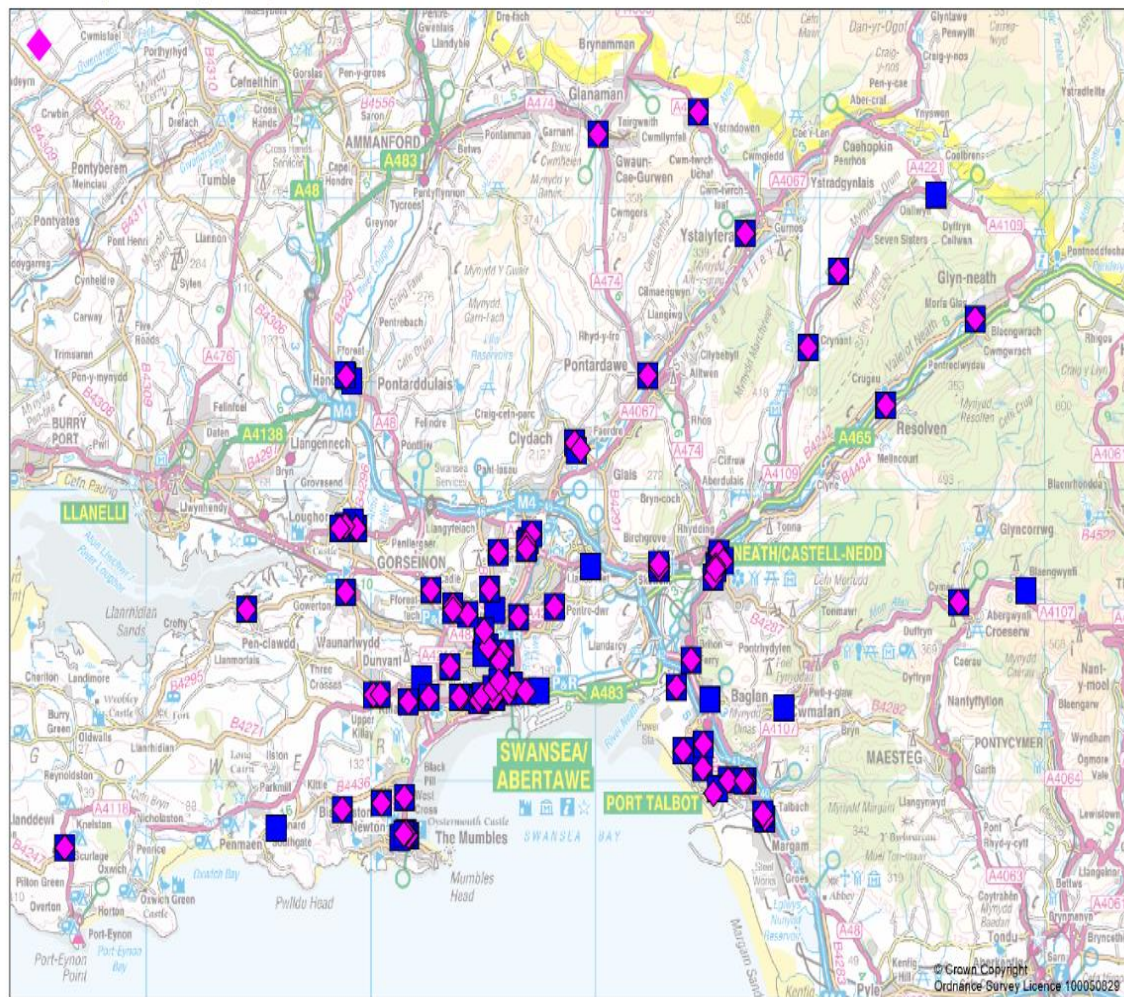
Pharmacies should focus on those aged 18-64 years with a long term health condition, but are able to vaccinate anyone in the eligible groups if they believe they will not access from elsewhere.

During 2019/20, 86 pharmacies offered the Influenza Vaccination service. 8,258 patients were vaccinated at a pharmacy.

Map 5.1.13 shows the location of the 77 pharmacies in blue and purple and the pharmacies who don't offer in blue. The map demonstrates good coverage of pharmacies offering the service.

Map 5.1.13 Location of pharmacies providing the influenza vaccination in 2019/20

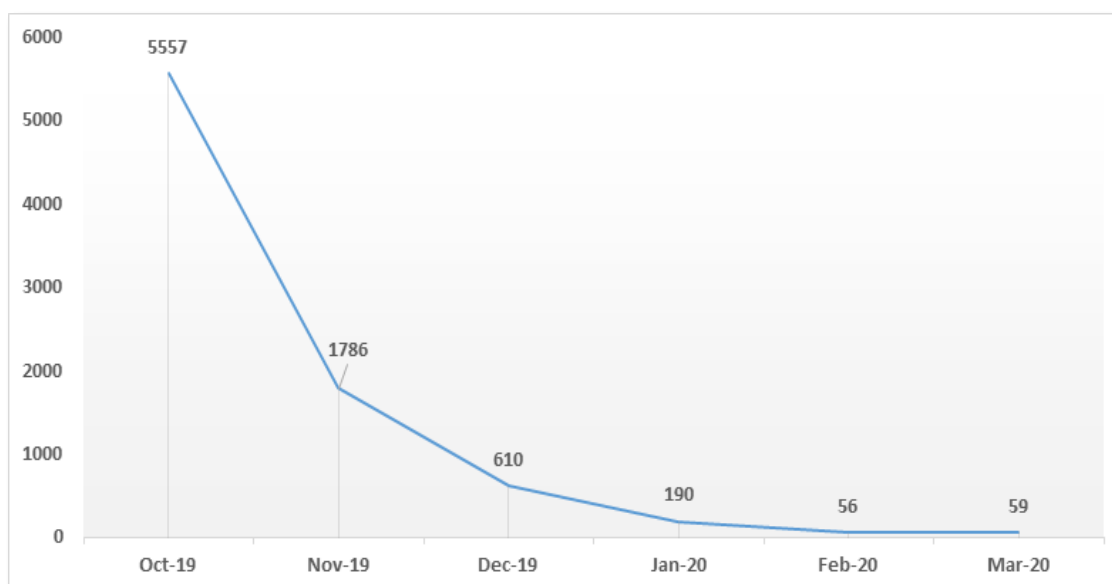
Location of pharmacies providing the Influenza Vaccination in 2019/2020



Digital Health and Care Wales

Figure 5p shows the number of vaccines administered per month during the flu season from October 2019 to March 2020.

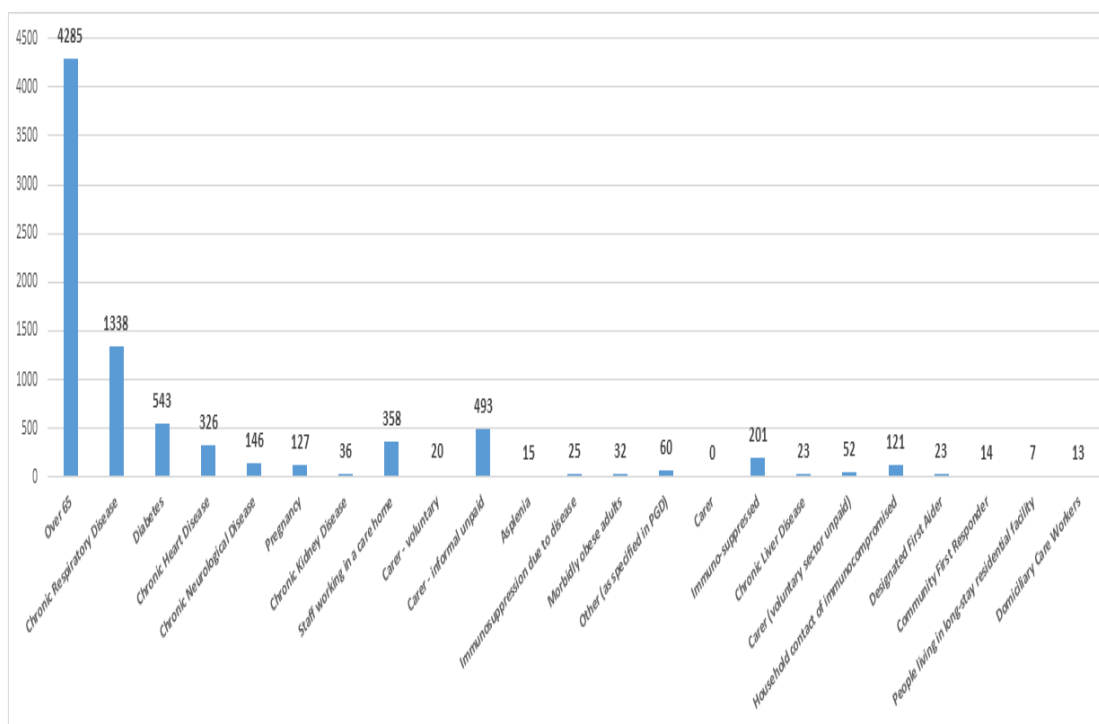
Figure 5p Number of Influenza Vaccinations per month in 2019/20



Of the 8258 vaccines given across the season, 6,110 (74%) patients had received a vaccine in the previous influenza season. Care home staff and domiciliary care workers are only able to access a free NHS influenza vaccination at a community pharmacy and during 2019/20, 493 staff were vaccinated.

Figure 5q shows the number of people vaccinated under each eligibility category in 2019/20.

Figure 5q Patient Eligibility breakdown for an Influenza vaccination



In 2020/21 87 pharmacies were accredited to offer the Influenza Vaccination service. The service started early in 2020 and 1,840 vaccinations were administered in September

alone. In September and October 2020 a combined 7,076 vaccinations were administered through the service. Of the 7,076 administered, 5,676 (80%) had a vaccination last year, whilst 1,400 (20%) did not have a vaccine last year showing a large increase in those having the influenza vaccine for the first time this year.

Currently there are 87 pharmacies offering influenza vaccination service and there is a reasonable distribution of pharmacies offering the service, but access would improve if all pharmacies took up the offer to provide the service. Community Pharmacy offers a flexible approach to accessing influenza vaccination with patients being given the opportunity to drop in, rather than attend structured appointment sessions/days and often these can be done outside of normal working hours or at weekends.

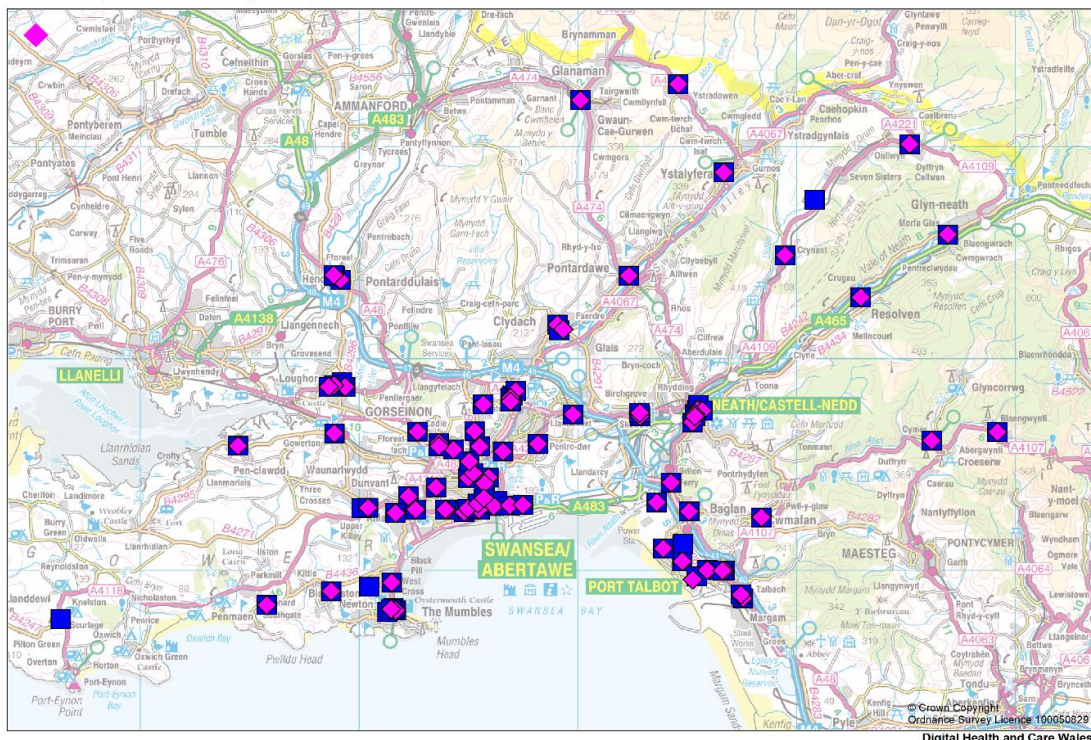
5.1.10 Substance Misuse - Supervised Administration of Medicines

The Supervised Administration service aims to provide, in accordance with an appropriate prescription, supervised administration of medication that could be subject to misuse, which reduces the risks of medicines being inappropriately used, shared or diverted. During 2019/20, 89 pharmacies in Swansea Bay UHB offered this service.

Map 5.1.14 shows the location of pharmacies offering Supervised Administration in Blue/Purple and those not offering the service in blue.

Map 5.1.14 Location of pharmacies offering the Supervised Administration Service

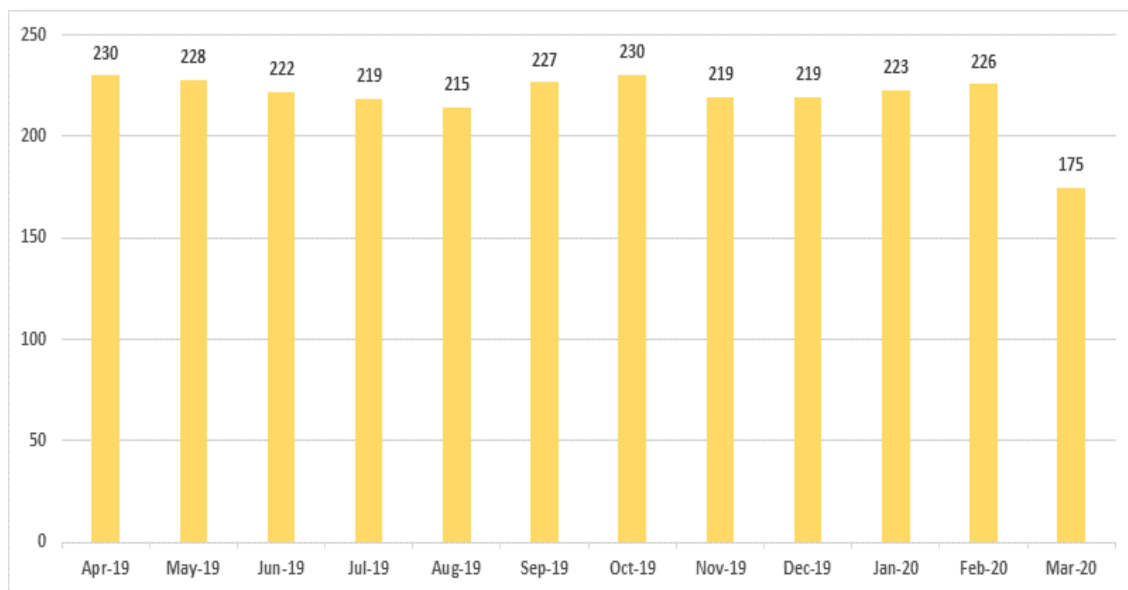
Location of pharmacies offering the Supervised Administration Service



In 2019/20 89 pharmacies offered the Supervised Administration Service, whilst 73 had service activity.

In 2019/20 2,633 instances of Supervised Administration of medicine were recorded.

Figure 5t Supervised Administration of Medicine instances per month 2019/20



In 2019/20 2,633 instances of Supervised Administration of medicine were recorded.

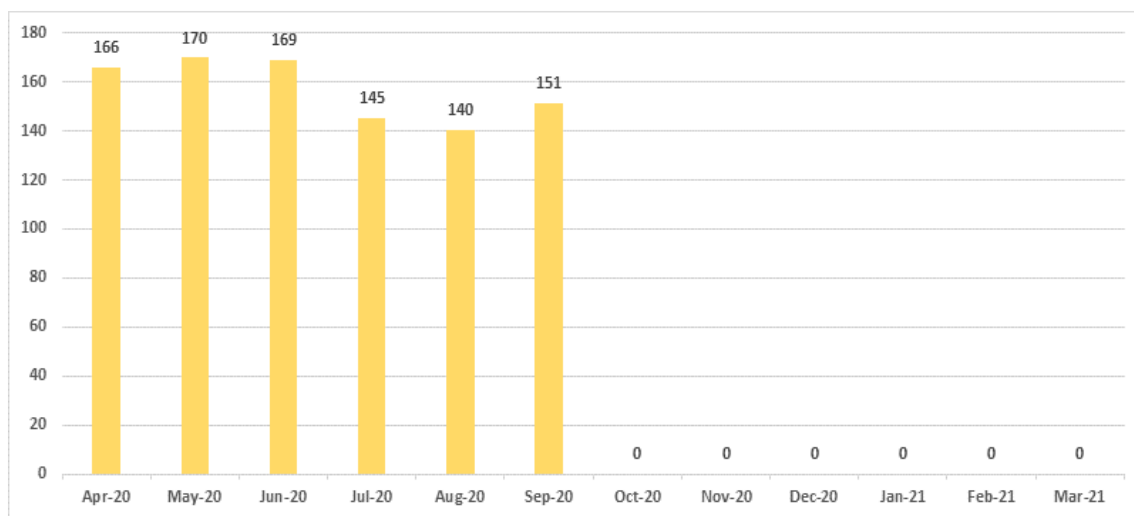
In the first 6 months of 2020/21 the same 89 pharmacies offered the service and 941 instances of supervised administration were recorded.

This compares to 1341 instances in the first 6 months of 2019/20.

This is a reduction of 30% and is likely to be attributed to the COVID-19 pandemic and prescribing regimes altered to reduce risk to services users.

Figure 5u shows the number of instances of supervised consumption per month across the first 6 months of 2020/21

Figure 5u - Supervised Administration of Medicine instances per month 2020/21



There is no limit as to how many pharmacies can offer the service and any pharmacy that identifies a need would be accepted to provide the service. This service provision will be reviewed during 2022/2023.

5.1.11 Substance Misuse - Needle Exchange Service

The Needle Exchange Service is an easy access and a user-friendly service for all injecting drug users for the supply of needle packs. The needle packs include injecting equipment and information on harm reduction (for example, on safer injecting or overdose prevention). This service contributes to reducing harm for those who inject by ensuring easy access to clean injecting equipment. Users of the service are encouraged to return used needles for safe disposal.

In 2019/20, 21 pharmacies carried out 10,160 needle exchange transactions.

Map 5.1.15 shows the location of the pharmacies who offer the service in purple/blue and those who do not offer the service in blue.

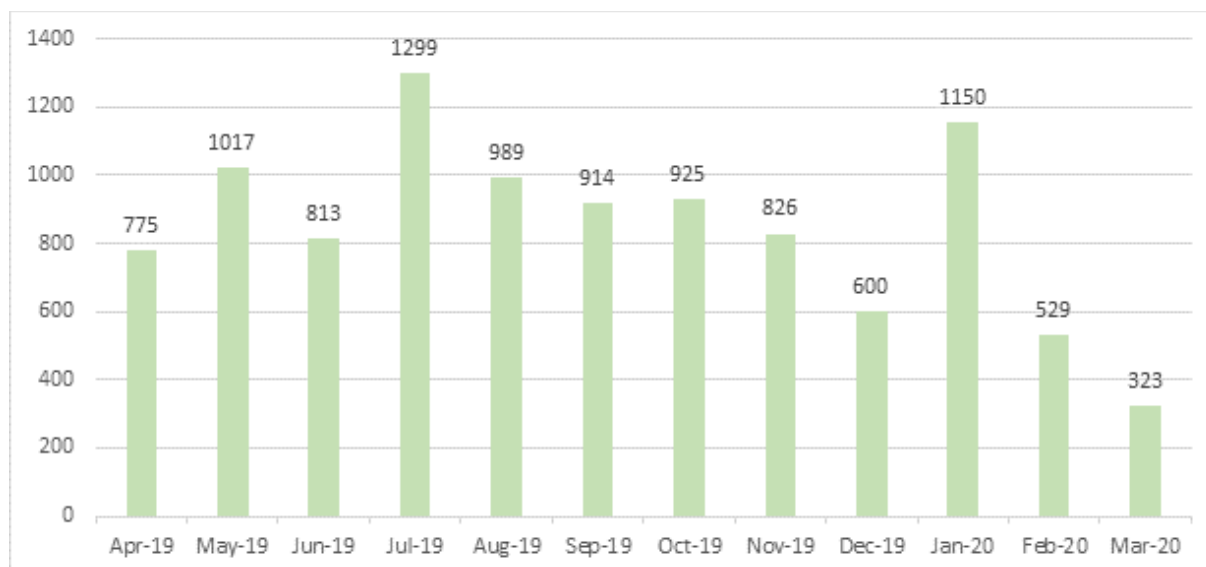
Map 5.1.15 Location of pharmacies who offer the Needle Exchange Service

Location of pharmacies who offer the Needle Exchange Service



Figure 5v shows the monthly number of transactions per month. There was a reduction in needle exchange activity during March 2020 which is likely to have been due to COVID-19 pandemic and the lockdown restrictions imposed.

Figure 5v Number of needle exchange transactions per month in 2019/20



Needle Exchange 2020/21 Activity Data

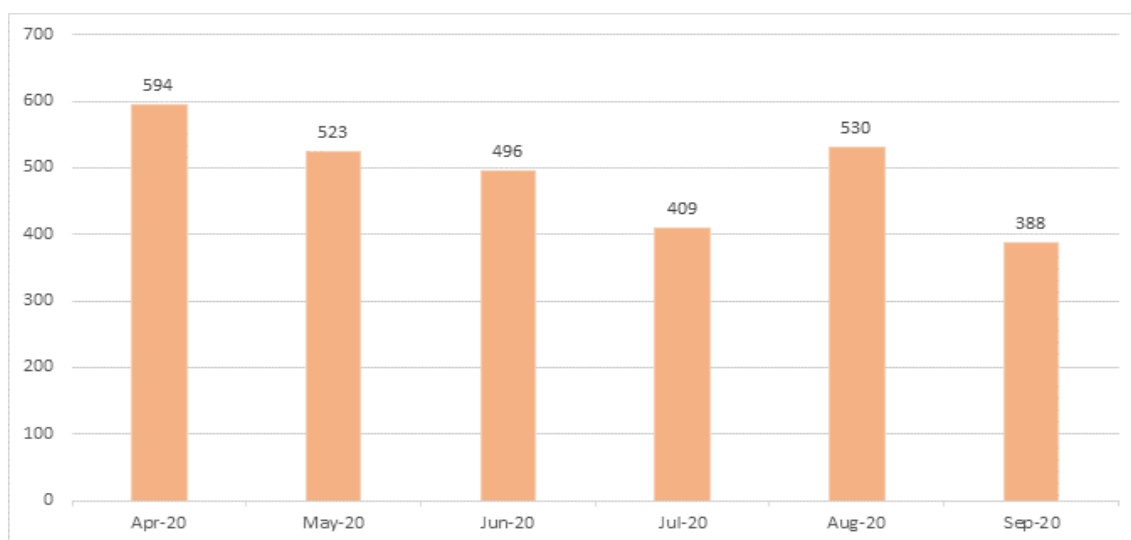
In 2020/21, 21 pharmacies were listed for the Needle Exchange Service, with 13 carrying out 2,940 transactions.

Figure 5w shows the monthly transactions for the service in 2020/21.

In the first 6 months of 2019/20, 5,807 transactions were claimed by 15 pharmacies under the Needle Exchange Service.

There was a reduction in transactions of 49% in the first six months of 2020/21 compared to the first six months of 2019/20, which is likely to be attributed to Covid-19 pandemic lockdown restrictions and patients accessing their needles from specialist sites.

Figure 5w - Number of needle exchange transactions per month in 2020/21



The HB will work with Community Pharmacy Wales (CPW) to understand whether more needle exchange sites are required and if so work with existing providers to increase provision.

5.1.12 Blood Borne Virus Service

The Blood Borne Virus (BBV) Service is a screening service for clients at risk of hepatitis C identified through community pharmacies. The service involves a dry blood spot test, which can also screen for hepatitis B and human immunodeficiency virus (HIV). The targeted patient group are clients using the Needle Exchange and Supervised Administration Services. The service is in its infancy. It started in Swansea Bay UHB in August 2019 but has been suspended since March 2020 due to COVID-19 pandemic.

5 pharmacies offered the BBV testing service, during 2019/20. The pharmacies were selected due to their high volume of needle exchange activity. Between August 2019 and March 2020, 79 patients were screened via the service.

There is a planned review of harm reduction services in 2022.

5.1.13 Independent Prescribing Service

The Independent Prescribing (IP) Service is an enhanced service limited to those pharmacists who have completed an Independent Prescribing qualification. IP pharmacists are able to provide consultations and prescribe medication in their area of expertise. The current services commissioned are for acute conditions and/or contraceptive services. There are currently 5 community pharmacy based IP services.

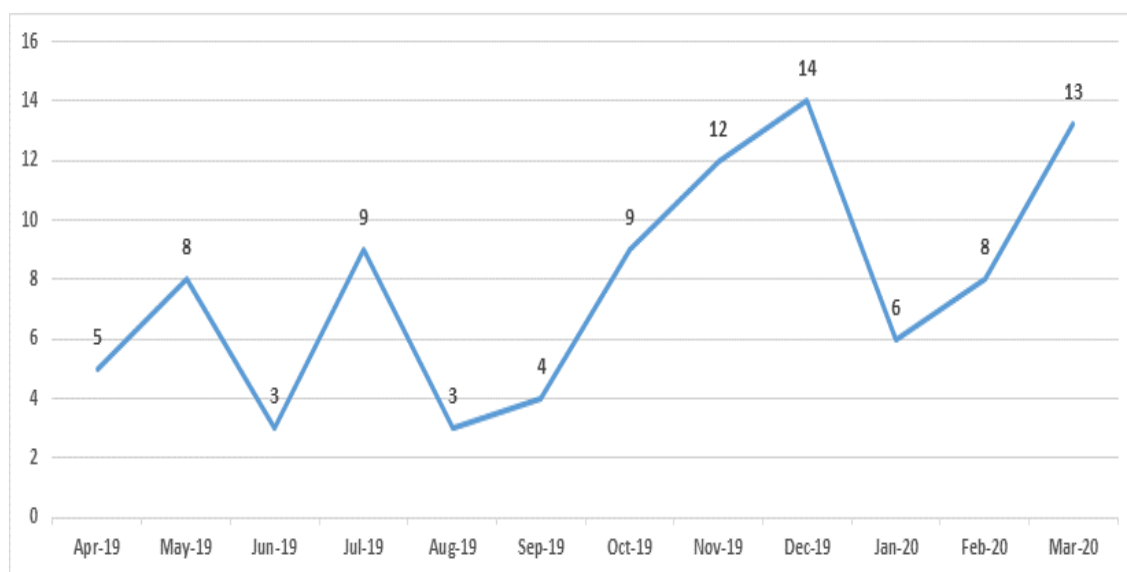
From the start of the IP service in September 2020 up to December 2020 a total of 252 consultations had been completed.

Expansion of the Independent Prescribing service is anticipated within the next 5 years in line with the target set out in the document “Pharmacy Delivering a Healthier Wales”¹⁵⁴ to have an Independent Prescribing Pharmacist in all community pharmacies by 2030.

5.1.14 Just in Case Service

The Just in Case (JIC) service aims to improve access to palliative care medicines for patients where it is anticipated that their medical condition will deteriorate, including the development of new symptoms. A GP can issue a prescription for a JIC pack and the pharmacy will prepare it so that it can be kept in the patients’ home for use if or when needed. In 2019/20 64 pharmacies offered the JIC Service and a total of 94 packs were issued over the year as shown in figure 5x.

Figure 5x shows the total number of Just in Case Packs claimed per month in Swansea Bay UHB during 2019/20.

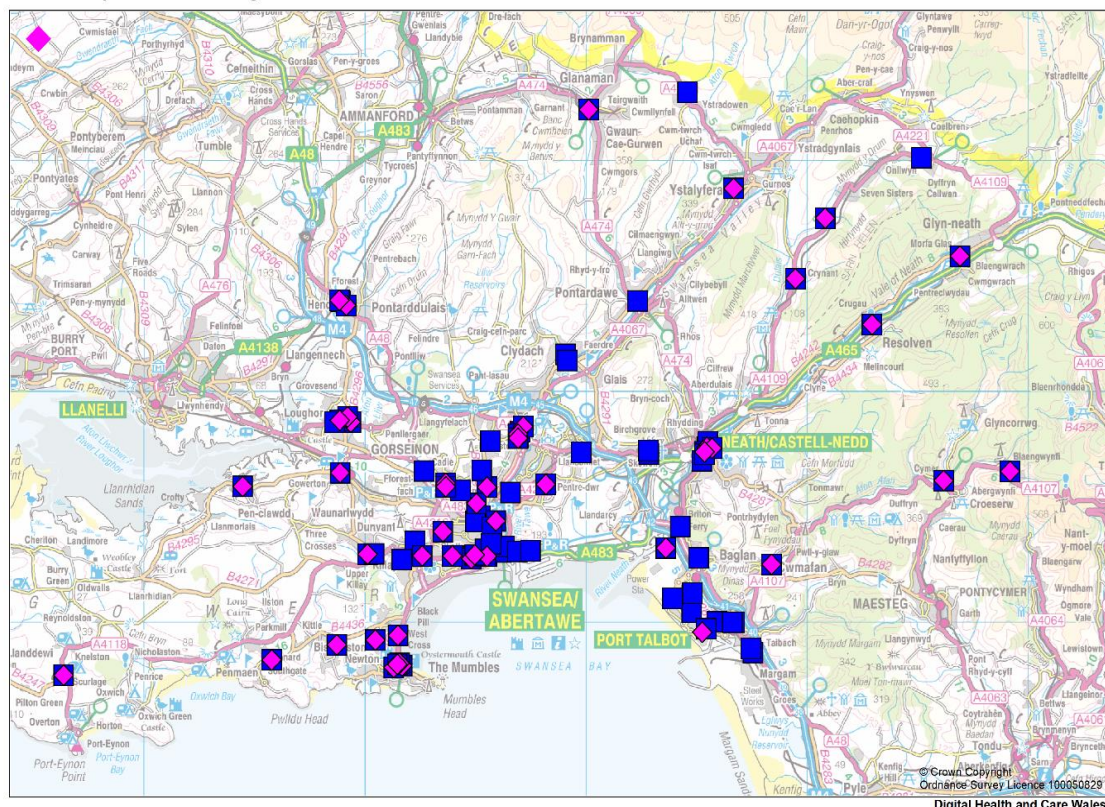


¹⁵⁴ Pharmacy Delivering a Healthier Wales <https://www.rpharms.com/recognition/all-our-campaigns/pharmacydelivering-a-healthier-wales/>

Map 5.1.16 shows the location of the 64 pharmacies who offer the service in purple and blue and the 28 who do not offer the service, in blue.

Map 5.1.16 Location of pharmacies providing the JIC service in 2019/20

Location of pharmacies offering the Just in Case Service



The map shows that there is good coverage for the service across the health board despite lower levels of provision in Neath town centre and Morriston, there is accessible service nearby.

Number of Just in Case Packs claimed in 2019/2020 by county

County	Number of packs supplied	% of total packs
Swansea	71	76%
Neath/Port Talbot	23	24%

In the first 6 months of 2020/21, the same 64 pharmacies were listed for the service and a total of 56 packs were issued. This is an increase of 75% compared to the first 6 months of 2019/20 when 32 packs were issued, this is likely to have been as a result of the Covid-19 pandemic.

5.1.15 Palliative Medication Service

The Palliative Care Medication service ensures access for patients to specific drugs within normal working hours from selected community pharmacies. The selection of pharmacies is determined by the Health Board for this service and is based primarily on location and opening hours. Identified pharmacies will be required to hold stock of specific medicines used in palliative care to ensure that patients whose condition is deteriorating, have access to the necessary medication to ease their symptoms.

There are currently 29 pharmacies in Swansea Bay UHB who offer this service.

During 2020/21, at the beginning of the Covid-19 pandemic, the number of pharmacies participating in the Palliative Care Medication Service was increased from 18 in 2019/20 to 29.

Four pharmacies were asked to increase their stock holding of certain medications that had been identified by palliative care consultants as being required by patients who were palliative, having contracted Covid-19. The four pharmacies have wider access to a number of medication suppliers, the four pharmacies are located at:

Lloyds Pharmacy, Port Talbot Resource Centre, Moor Road, Port Talbot SA12 7BJ

Lloyds Pharmacy Sainsburys, Quay Parade, Swansea SA1 8JA

Boots Chemist, Morfa Retail Park, Morfa, Swansea, SA1 7BP

Kevin Thomas, Killay Medical Centre, 2 Goetre Fawr Road, Killay SA3 7QP

There is sufficient coverage across the Health Board with at least 1 pharmacy providing in each Primary Care locality.

5.1.16 Dispensing service provided by some GP practices

There is 1 dispensing GP practice in Swansea Bay UHB who can offer dispensing services to specific patients during dispensary opening hours which are detailed in 5.1.2.

As of 1st of October 2020, 785 people were registered as dispensing patients within the 1 dispensing practice.

The total number of items dispensed by the dispensing GP practice during 2019/20 was 32,309 which represents 0.3% of the total items dispensed in Swansea Bay UHB

There are no pending applications from practices for dispensing rights, so it is not expected that the number of dispensing GP practices will increase during the lifetime of this PNA.

5.1.17 Access to pharmaceutical services on Public and Bank holidays

The terms of the NHS Pharmaceutical Services Regulation for community pharmacies do not require them to open on Public and Bank holidays, though many choose to do so. In the lead up to each bank holiday information is gathered as to which pharmacies intend to open, in order to provide details to NHS Wales 111, GP Out of Hours and A&E departments etc. This supports signposting of patients appropriately to Pharmaceutical Services. This information is also published on the Health Boards website. If there are no pharmacies open in a specific

county, the Health Board has the option of commissioning a pharmacy to open for a limited time as part of an enhanced service.

Dispensing GP practices do not provide pharmaceutical services on weekends and bank holidays.

5.2 Current provision outside Swansea Bay UHB area

5.2.1 Access to essential services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work, or where they go shopping etc. Not all prescriptions written for residents of the Health Board area are dispensed within the same area. Although, the vast majority of items are. In 2019/20, 2.16% of items were dispensed outside of the Health Board's area by a total of 463 different contractors. Of the 463 contractors outside of the Health Boards area 84% dispensed under 100 items.

An analysis of these contractors shows that there were a number of reasons for a prescription to be dispensed outside of the county; the main reasons for accessing Pharmaceutical services outside of the Health Boards area were:

- Pharmacies situated in another Health Board area but close to the Swansea Bay UHB border
- Prescriptions dispensed while on holiday, near work or shopping facility

5.2.2 Access to advanced services

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

5.2.3 Access to enhanced services

As with advanced services, information on the provision of enhanced services by pharmacies outside the Health Board's area to its residents is not available. It can be assumed however that residents of the Health Board's area will access enhanced services from contractors outside of the Health Board area, also patients from other Health Boards will access services from Swansea Bay UHB pharmacies, though this cross border activity is likely to be small in number. The greatest level of cross border activity is likely to be in the Upper Valleys, Llŵchwr and Afan localities where they have boundaries with another Health Board.

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. In January 2021

there were no patients who live in the Swansea Bay UHB area registered with a GP practice outside of the area and receiving a dispensing service offered by that GP.

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 93 pharmacies, operated by 26 different contractors. Outside of the Health Board's area residents chose to access a further 371 contractors, although many are not used on a regular basis.

When asked what influences their choice of pharmacy the most common responses in the public engagement survey were:

- 80.5% close to home/work
- 52% close to GP practice
- 48% because the pharmacy collects prescription from the surgery
- 46.8% pharmacy provides good advice and information

Please note that more than one option could be ticked.

61% said that they always used the same pharmacy and 25% said that they use different pharmacies but prefer to use one most often.

5.4 Summary

❖ Availability of Essential Services

There are currently 93 pharmacies in Swansea Bay UHB that serve a population of 390,315. The ratio of pharmacies per 10,000 population is 2.38. This ensures good access to pharmaceutical services and is comparatively high across Wales.

❖ Access to Pharmaceutical Services – Drive time

Access to essential pharmaceutical services is within a 20 minute drive time for 100 % of Health Board area.

❖ Availability of essential Pharmaceutical Services - Opening Hours

There are pharmaceutical services available across the Health Board area every day of the week however services after 6.30pm Monday to Friday and on Saturdays and Sundays will be more limited.

❖ Availability of Advanced Services

92 community pharmacies offer the MUR service, and there is sufficient capacity to provide more MURs from existing pharmacies. The MUR service is currently suspended pending a review.

92 community pharmacies offer the DMR service and there is sufficient capacity to provide more DMRs from existing pharmacies.

❖ Availability of Enhanced Services

The following National enhanced services are commissioned in Swansea Bay UHB::

- | | |
|-----------------------------------|------------------------------------|
| • Emergency Supply of Medication | 91 pharmacies provide the service |
| • Common Ailments Service | 93 pharmacies provide this service |
| • Emergency Contraception | 90 pharmacies provide this service |
| • Smoking Cessation Level 2 | 88 pharmacies provide the service |
| • Smoking Cessation Level 3 | 76 pharmacies provide the service |
| • Influenza Vaccination (2020/21) | 87 pharmacies provide the service |
| • Just in Case Service | 64 pharmacies offer the service |

There are some enhanced services that will not be taken up by all pharmacies and some that are only required in specific areas where a need has been identified. There is good coverage across the area for these enhanced services.

Some enhanced services are only commissioned in areas where a need has been identified these include the following enhanced services:

- | | |
|--------------------------------------|---|
| • Supervised Administration Service | 89 pharmacies provide the service |
| • Needle Exchange Service | 21 pharmacies provide the service |
| • Blood Borne Virus service | 5 pharmacies pharmacy provides the service (plans to expand to other areas where needle exchange activity is high in 2021/22) |
| • Palliative Care Medication Service | 29 pharmacies offer the service |

The following service is only available where there is a qualified non-medical prescribing pharmacist;

- | | |
|-----------------------------------|---------------------------------|
| • Independent Prescribing Service | 5 pharmacies offer this service |
|-----------------------------------|---------------------------------|

6. Other NHS services

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

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written by hospital clinicians for patients under their care can be dispensed by a hospital pharmacy.
- Minor Injury Units – can prescribe medication which may need dispensing in the community which would increase the need for the dispensing essential service however pre-packed medication are also supplied via PGDs which would reduce the need for the dispensing essential service.
- Prison pharmacies – reduce the demand for the dispensing essential service as the in-house pharmacy department provides pharmaceutical services to the resident prison population. However, on occasion a WP10/WP10MDA may need to be issued to a prisoner which would need to be dispensed at a community pharmacy, in the event of an unplanned release.
- Homecare Medicines delivery services are services that deliver ongoing medicine supplies initiated by hospital prescribers, direct to patient's homes and reduce demand on the dispensing essential service.
- Hospital 2 Home - delivery of enteral feeds directly to patient's homes. Patients have a choice whether to have their prescription for enteral feeds dispensed in a community pharmacy or through Hospital 2 Home. If patients decide to have their prescription delivered directly to them via Hospital 2 Home, this will reduce the need for the dispensing essential service in community pharmacy.
- Outpatient clinics and acute hospital sites – WP10HP prescriptions are issued by outpatient clinics which need to be dispensed at community pharmacies thus increasing the need for the dispensing essential service. Alternatively, prescription recommendations are sent to the patient's GP which, if actioned by the GP, will also result in an increased need for the dispensing essential service in community pharmacy. Prescriptions can also be issued following visits to acute hospital sites for example Accident and Emergency
- Community Mental Health Teams – generate prescriptions for patients with mental health conditions which increases the need for the dispensing essential service.
- Sexual Health Clinics can arrange both planned and emergency contraception for women, which reduces the numbers accessing the emergency contraception service through community pharmacy
- GP Out of Hours Service – patients may be given a full or part course of treatment directly from the Out of Hours Service, depending on the condition/treatment needed which reduces the need for the dispensing essential service. Alternatively, patients may be provided with a prescription to be dispensed in community pharmacy which increases the need for the dispensing essential service.
- NHS Wales 111 - Patients who contact NHS Wales 111 may be signposted if appropriate to a Community Pharmacy which can increase the need for provision of some enhanced services for example the Emergency Supply Service and the Common Ailments Service.
- Personal administration of items by GPs – reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice.

- Provision of NHS dental care may result in a prescription which will need to be dispensed in community pharmacy.
- Optometrists offer the Wales Eye Care Service (WECS) and as a result may refer patients to community pharmacies to access the Common Ailments Scheme.
- Continence Product Prescription Service - prescriptions are ordered via the Continence Service and are authorised by a Specialist Continence Nurse. Patients can choose whether their prescriptions are sent to a community pharmacy, Dispensing Appliance Contractor or to their home. This service affects dispensing item numbers in community pharmacies.
- Dressings supplied for patients seen under the District Nursing and Wound Care Services – dressings are supplied directly from stock held within the District Nursing and Wound Care Services which reduces the need for the dispensing essential service. Patients needing dressings who self-care, are seen by a practice nurse/GP or are resident in a care home will be supplied with a prescription to be dispensed by a community pharmacy.
- There are specialist substance misuse agencies within the Health Board area which can result in prescriptions needing to be dispensed in a community pharmacy. These may also require doses to be taken under supervision, as part of the Supervised Administration of Medicines service.
- Local stop smoking services based in the community and hospital, support patients to quit smoking. Prescription requests can be sent from smoking advisors to the client's GP and then, if appropriate the GP will issue a prescription to be dispensed at a community pharmacy. Smoking advisors can also refer patients to the community pharmacy Level 2 Smoking Cessation Service where they can receive a choice of Nicotine Replacement Therapy. Other healthcare professionals can also signpost patients into the Level 3 Smoking Cessation Service.

6.1 Hospital pharmacies

There are four main hospitals in Swansea Bay, each with a pharmacy department. Hospital pharmacies can dispense prescriptions written by hospital clinicians for patients under their care. In 2019/20 145,480 items were dispensed for outpatient prescriptions. To note these prescriptions are not written on WP10 forms, so could not be dispensed in a community pharmacy.

Morriston Hospital Pharmacy Department
 Heol Maes Eglwys, Swansea, SA6 6NL
 Opening hours
 Monday - Friday 8.00am - 5.00pm
 Saturday 9.00am - 1.00pm
 Sunday 9.00am - 12.00pm

Singleton Hospital Pharmacy Department
 Sketty Lane, Sketty, Swansea, SA2 8QA
 Opening hours
 Monday - Friday 8.30am - 5.00pm
 Saturday- 9.00am -12.30pm

Neath Port Talbot Hospital Pharmacy

Department Baglan Way, Port Talbot, SA12 7BX

Opening hours

Monday - Friday 8.30am - 5.00pm

Saturday & Sunday - 9.00am - 12.00pm

Cefn Coed Hospital Pharmacy Department

Cockett, Sketty, Swansea, SA2 0GH

Opening Hours

Monday - Friday 8.30am - 5.00pm

6.2 Minor Injuries Unit

The Minor Injuries Unit (MIU) can treat patients with minor injuries. Patients do not need to make an appointment and will be seen by a registered nurse. The MIU can supply courses of treatment via PGDs, or provide a prescription to be dispensed at a community pharmacy.

Minor Injury Unit - Neath Port Talbot

Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX

Telephone: 01639 862160

Opening hours: 7.30am - 11.00pm

6.3 Prison pharmaceutical services

Up until 2016, the pharmacy was managed by the prison. It now falls under the Health Board, although in practice the pharmacy still operates somewhat independently of the wider community governance.

There is 1 prison in the Swansea Bay UHB area, HMP Swansea. Pharmaceutical services are provided by Swansea Bay UHB to the prison population from an in-house pharmacy department. These services include the supply of medication to prisoners, clinical pharmacy services and strategic medicines management.

HMP Swansea

200, Oystermouth Road

Swansea

SA1 3SR

6.4 Homecare Medicines Delivery services

Homecare Medicines delivery services are third party providers that deliver ongoing medicine supplies initiated by hospital prescribers, direct to patient's homes.

6.5 Hospital 2 Home

The Hospital 2 Home service delivers enteral feeds directly to patient's homes. 95% of patients supplied with enteral feeds receive them directly through the Hospital 2 Home service whereas only 5% of patients receiving enteral feeds obtain them via community pharmacy.

6.6 Outpatients and Acute Hospital Sites

Patients may be provided with a WP10HP prescription following a visit to an outpatient clinic to be dispensed at a community pharmacy. Alternatively, prescription recommendations are sent to the patient's GP, who may then write a prescription which would need to be dispensed at a community pharmacy. Prescriptions can also be issued following visits to acute hospital sites for example Accident and Emergency to be dispensed at a community pharmacy.

6.7 Community Mental Health Teams

Community Mental Health Teams support people living in the community who have complex or serious mental health conditions. Community Mental Health Teams can issue prescriptions for patients which are then dispensed in community pharmacies. There are four Community Mental Health teams in the area:

Central Clinic, Orchard Street, Swansea, SA1 5AT
 Ty Einon, Princess Street, Gorseinon, Swansea SA4 4US
 Forge Centre, Forge Road, Port Talbot SA13 1PA
 Tonna CMHT, Tonna Hospital, Tonna Neath SA11 3LX

6.8 Sexual Health Clinics

Sexual health services can be accessed via the helpline 0300 555 0279. Clients will receive a telephone consultation and then be provided with the most appropriate service provision for their needs. Services provided include sexually transmitted infection testing and treatment, HIV services, pre and post exposure prophylaxis PrEP / PEP, contraceptive advice, provision and emergency contraception and psychosexual counselling. Outreach services are provided by the outreach team to support different organisations.

Asymptomatic testing is available from Frisky Wales, this can be ordered on line and a kit will be sent out. They provide testing for chlamydia, gonorrhoea, syphilis, HIV and hepatitis B and C. The sexual health service will be informed of any positive result and will arrange treatment. Pregnancy advisory services (termination of pregnancy) patients can self-refer or can be referred via their GP's on 01792 200303.

Swansea Clinics

Singleton Sexual Health Clinic, Singleton Hospital, Sketty Lane, Sketty, Swansea SA2 8QA
 Info-nation Clinic, 24a47 The Kingsway, Swansea. SA15HG (under 25's)

Neath Port Talbot Clinic

Sexual Health clinic, Neath Port Talbot Hospital, Baglan Way, Port Talbot SA2 7BX
 An outreach ambulance is taken out daily to deliver services to Port Talbot, Neath and Swansea.

6.9 GP Out of Hours Service and NHS Wales 111

The GP Out of Hours Service is available for patients with urgent medical needs that cannot wait until their own surgery is open. It is available between 6:30pm and 8:00am Monday to Friday, and 24 hours a day on Saturdays, Sundays and Bank Holidays.

Access to the GP Out of Hours Service in Swansea Bay UHB is via NHS Wales 111. Where appropriate, patients are transferred to the Out of Hours Service for a telephone consultation and if required the patient can be:

- seen in one of the treatment centres,
- allocated a home visit
- prescribed a medication
- given self-care advice

There are 2 treatment centres available and patients will be directed to their nearest treatment centre:

- Neath Port Talbot Hospital, Port Talbot, SA12 7BX
- Morriston Hospital, Swansea, SA6 6NL

NHS Wales 111 can also directly refer patients to community pharmacy where they may need to access enhanced services, as appropriate.

6.10 Personal administration of items by GPs

Under their General Medical Services contract with the Health Board there will be occasions where a GP or other Health Care Professional at the practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance, their GP will give them a prescription which is dispensed by their preferred pharmacy. In some instances however a GP or practice nurse will supply an item against a prescription and this is referred to as personal administration, as the item that is supplied will be administered to the patient by a GP or 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.

In 2019/20, 136,357 items were personally administered by practices in the way outlined above.

6.11 Dental Care

There are 62 dental practices in Swansea Bay UHB. There are 39 located in Swansea providing General Dental Services. A further two in Swansea are Orthodontic Practices and another two are Oral Surgery Practices. There are 19 practices providing General Dental Services in Neath Port Talbot. Some dental appointments will result in prescriptions being

issued and these will be dispensed in community pharmacies. In 2019/20, there were 33,348 NHS prescription items dispensed in community pharmacies written by Dentists.

6.12 Opticians

There are 31 opticians located in Swansea Bay UHB. There are 21 based in Swansea and 10 within Neath Port Talbot. The Wales Eye Care Service (WECS), which is available at most opticians in Swansea Bay UHB, offers eye examinations to patients with an acute eye problem needing urgent attention. This may result in patients being referred to a pharmacy as part of the Common Ailments Scheme to access treatment. In 2019/20, there were 2,114 consultations for conjunctivitis as part of the Common Ailment Scheme. It is unknown how many of these consultations were as a result of signposting/referral by opticians, or how frequently patients are signposted to a community pharmacy for over the counter products.

6.13 Continence Product Prescription Service

Continence Product Prescription Service (prescriptions are ordered via the Continence Service and are authorised by a Specialist Continence Nurse). Patients can choose whether their prescriptions are sent to a community pharmacy, Dispensing Appliance Contractor or to their home (the patient can then choose whether to take the prescription to be dispensed at a community pharmacy or to send to a Dispensing Appliance Contractor). Out of 978,448 items ordered through the Prescription Ordering Continence Service, 93.2% of the items were dispensed by a Dispensing Appliance Contractor, 6.03% were dispensed by a community pharmacy and 0.7% of patients chose to have the prescription sent to their home.

6.14 District Nursing and Wound Care Services

Dressings are supplied directly from stock held within the District Nursing and Wound Care Services (patients needing dressings who self-care or who are resident within a Care Home, are seen by a practice nurse/GP and will be supplied with a prescription to be dispensed by a community pharmacy). These services will affect the number of prescriptions needing to be dispensed at a community pharmacy.

6.15 Substance misuse

Substance misuse services may be accessed through specialist clinics or through GPs with a special interest in substance misuse. Prescriptions issued by these services will be dispensed in the community and if instructed by the prescriber, the community pharmacy will supervise the doses being consumed under the Supervised Administration of Medication Service.

The number of items issued by specialist substance misuse services in Swansea Bay UHB in 2019/20 was 33,050. GP practices prescribed 1,901 items in 2019/20 for drugs that are most commonly prescribed for opioid dependence and were dispensed in the community pharmacy.

6.16 Local Stop Smoking Services

There are a number of services that patients can access to assist in an attempt to quit smoking.

SBU Help Me Quit Team offers a programme of smoking cessation support for smokers who wish to stop, consisting of a combination of pharmacotherapy with specialist behavioural support. The service spans hospital and community settings, can be provided in groups or individually, and is available by telephone, video link or face to face.

Advisors can discuss available pharmacotherapy options and help smokers to make an informed choice on the products they wish to use. This includes advice on the most appropriate products for their individual needs and how to use their chosen products correctly.

Clients accessing the service who wish to receive Nicotine Replacement Therapy (NRT), will have a letter advising products, which can be supplied at a pharmacy offering the Level 2 Smoking Cessation Service. Community pharmacies supplied to 1,177 patients via the Level 2 service in 2019/20. For clients opting for other medications which are only available on prescription, such as bupropion or varenicline, a letter addressed to their GP will be provided. If clinically appropriate the clients GP can issue a prescription to be dispensed in a community pharmacy or a dispensing practice. In 2019/20, 50 items were dispensed for patients for bupropion or varenicline.

Higher cessation rates are achieved with a combination of pharmacotherapy and specialist behavioural support, however some clients may not wish to receive the full programme of support and prefer to access appropriate pharmacotherapy via their GP. GPs may prescribe items without the recommendations from the service outlined above that can be dispensed in the community via pharmacies or dispensing doctors.

6.17 Summary

There are other NHS services within Swansea Bay UHB that can affect the need for pharmaceutical services. Other NHS services influence the number of prescriptions dispensed in the community, some increasing prescription items and the need for other community pharmacy services while others decrease the need for the dispensing essential service and other community pharmacy services.

7. Health needs that can be met by pharmaceutical services

Pharmaceutical Services can play an important role in meeting a variety of health needs of the population. According to the recent 'Pharmacy Advice Audit' carried out by Community Pharmacy Wales in September/October 2020 there are estimated to be over 11,000 advice consultations carried out per day in community pharmacies in Wales. 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.

Pharmacies are required to participate in up to 6 public health campaigns each calendar year by promoting public health messages to users. The topics for these could include long-term conditions, smoking, sexual health or anything that is relevant at the time.

Pharmaceutical services are also provided by dispensing practices. In the main this will be the issue of medication to eligible patients. Hospital pharmacies are also providers of medication for patients under the care of hospital clinicians. Community pharmacies offer a range of services over and above dispensing of medication.

Pharmaceutical services can meet the needs of patients through planned services, unscheduled services and promoting self-care as discussed below. Where a service is not available at a particular location, there is a requirement that community pharmacies signpost to another provider of that service.

7.1 Planned Services

Patients can access pharmaceutical services for a wide variety of non-urgent health needs, in a planned way.

7.1.1 Dispensing

Everyone will at some stage require prescriptions to be dispensed. This may be for a one-off need or for medication that they will need to take for the rest of their life to manage a long term condition.

The dispensing of prescriptions is mainly carried out in the community by pharmacies and dispensing doctors.

In 2019/2020:

Community pharmacies in Swansea Bay UHB dispensed 5,147,062 prescriptions which were made up of 10,386,426 items

The dispensing GP practice in Swansea Bay UHB dispensed 15,618 prescriptions which were made up of 32,309 items.

Therefore, dispensing GP practices dispensed 0.3% of the total community prescriptions.

The Health Board has a duty to ensure that people living at home or in a residential care home can return unwanted or out of date medication for safe disposal. All community pharmacies must accept unwanted medication. Dispensing GP practices can also accept unwanted medication for disposal as their sites are included in the Health Boards contract with a waste contractor for the safe removal and destruction of medication.

Swansea Bay UHB does not hold contracts with dispensing appliance contractors. Patients who use appliances have the choice to either send or have their prescriptions sent to a dispensing appliance contractor outside of Swansea Bay UHB or to take their prescription to be dispensed at a community pharmacy.

All pharmacies are commissioned to provide the essential services outlined above. The Health Board commission a range of advanced and national and local enhanced services which can offer support for health needs of the population this detailed below.

7.1.2 Smoking

The provision of a smoking cessation enhanced service by community pharmacies can offer:

- Improved choice of NHS stop smoking services under the Help me Quit national branding and increased access to Nicotine Replacement Therapy (NRT)
- Reduction in the number of people smoking, through provision of successful quit support in pharmacies
- Improved cost-effectiveness of NRT provision through targeted phased supply, accompanied by appropriate support and advice
- Improved overall up take of smoking cessation services as a result of accessibility and convenience of pharmacy locations and to support the Health Board in achieving national targets on accessing smoking cessation services
- Improved integration of community pharmacy into wider Public Health Stop Smoking Strategy

88 pharmacies provide the Level 2 enhanced service and 76 pharmacies provide the Level 3 enhanced service.

7.1.3 Harm Reduction

The provision of a Supervised Administration of Medication enhanced service by pharmacists can:

- Ensure that the patient takes the correct dosing regimen of medication as prescribed
- Prevent prescribed medication being diverted to the illegal market
- Reduce the possibility of accidental poisoning, particularly of children
- Reduce incidents of accidental death through overdose

89 pharmacies provide the Supervised Administration Service.

The Needle Exchange enhanced service assists in the reduction of the sharing of needles and equipment which can consequently result in blood-borne viruses such as human immunodeficiency virus (HIV), hepatitis B and hepatitis C being transmitted. In turn, this could lead to a reduction in the prevalence of blood-borne viruses, therefore also benefiting wider society. 21 pharmacies provide the Needle Exchange service.

The Take Home Naloxone Service allows clients to receive a supply of naloxone which is used to reverse the effects of opioid overdose. Clients receive initial, as well as, refresher training on the safe and effective use of take home naloxone at the pharmacy. Clients are also provided with educational material and may be referred to other substance misuse services. 3 pharmacies provide the Take Home Naloxone Service.

The Blood Borne Virus (BBV) service improves access to blood borne virus screening and health advice. It is an on-demand screening service to test clients for Hepatitis B, Hepatitis C, and HIV, using dried blood spot testing. Pharmacists can link into existing networks for harm reduction, Sexual Health and Blood Borne Virus services so that clients can be referred on rapidly where appropriate. An appropriate individual (e.g. HIV Specialist Nurse / Health BBV Lead pharmacist) attends results appointments to support pharmacists and patients in giving a positive result. The patient is then referred to the appropriate service for confirmatory testing and further management and treatment. 5 pharmacies provide the BBV service.

7.1.5 Long-term conditions

In addition to dispensing prescriptions, pharmacies can support health issues relating to long-term conditions through local and national enhanced services. An example of this is the Inhaler Review enhanced service where patients can be provided with two levels of review of their inhaler use within the community pharmacy. Level 1 is a technical assessment of the patient's inhaler technique and Level 2 consists of an assessment of the patient's symptom control, inhaler use and adherence to therapy. 4 pharmacies provided the Inhaler Review service in 2020/21.

7.1.6 Immunisations

Community pharmacy offer an Influenza Vaccination service, focusing on patients aged 18 – 64 with a long term health condition and carers and care workers specifically working in care homes. Patients aged 65 and over can also access influenza vaccinations at a pharmacy if more convenient than attending their GP. The vaccination can be arranged at a convenient time and location improving uptake and supporting health and wellbeing. 87 pharmacies provided the influenza vaccination service in 2020/21.

7.1.7 Palliative Care

The community pharmacy palliative care service provision covers both planned (through the supply of a Just in Case pack) and unscheduled care (through the dispensing of urgent prescriptions for palliative care medications which are held by the commissioned pharmacies – this service is detailed in 7.2). Just in Case packs provide medication that is commonly prescribed for palliative patients before the need arises. This anticipatory prescribing minimises future delays in supply and administration. 64 pharmacies provide the Just in Case pack service.

7.1.8 Medicines Management in Care Homes

The Medicines Management Support for Care Homes Enhanced Service has the primary aim of improving patient safety for care home residents. A medicines management audit is undertaken within the care home by a pharmacist or pharmacy technician and is used to provide a systematic review of all medicines management processes in the home. Medicines reconciliation and support with ordering of medication is also provided by the pharmacist or technician.

7.1.9 Medicine Administration Record (MAR) Service

The service aim is to support and enable care workers to manage and safely administer medicines to their service users. The community pharmacist, on receipt of a Medicines Administration Record (MAR) referral form from an appropriate professional, conducts an initial assessment to review the service user's pharmaceutical requirements. The pharmacy will then provide MAR charts for each medicine prescribed, which is used by care workers to aid safe and effective medicines administration. The community pharmacist provides ongoing support to service users which will include liaison with health and social care professionals to resolve medicines management issues.

7.1.10 Tuberculosis Service

This service requires a pharmacist to supervise the administration of prescribed medicines for the treatment of Tuberculosis (TB) at the point of dispensing in the pharmacy. This ensures that the dose has been administered to the patient in accordance with their individual care plan. The aim of the service is to ensure patients are compliant with their TB treatment plan.

7.2 Unscheduled Care Services

Unscheduled care services deal with health needs that arise unexpectedly. There are a number of enhanced pharmaceutical services that offer support for unscheduled health care needs, some of these also meet the need for self-care as detailed in 7.4. The needs currently being met by unscheduled care service through pharmacies are:

- Emergency Contraception
- Common Ailment Service
- Emergency Medication Supply
- Rota Service
- Sore Throat Test and Treat (currently suspended due to the Covid pandemic)
- Independent Prescribing for Acute Conditions
- Low Molecular Weight Heparin (LMWH) Supply service
- Palliative Care Medication Service

The above services are further explained within the health needs that they meet, detailed below:

7.2.1 Sexual Health & Teenage Pregnancy

90 community pharmacies offer an Emergency Contraception enhanced service. This includes provision of the “morning after” pill and offers information to patients, on local sexual health services. Community pharmacies are provided with Emergency Contraception business sized cards to hand to patients or encourage them to self-select. These provide details of which pharmacies offer the service and details of Sexual Health clinics. These cards use QR codes to allow discreet access to information about Emergency Contraception.

There are also QR Boards displayed in each pharmacy. These provide access to information on a range of services through a smart phone or device. One of the QR links is for sexual health services and information within Swansea Bay UHB.

7.2.2 Out of hour's rota

The aim of the service is to provide a robust dispensing service during the rota operating times, which will be in addition to the pharmacy routine opening hours. Advice from the pharmacist on duty and provision of Over the Counter (OTC) medications are also available during the rota. The service is designed to support and relieve pressure on the GP out of hours and 111 services. 6 pharmacies participate in the Out of hour's rota service.

7.2.3 Palliative Care Medication Service

In addition to the Just in Case pack service, Swansea Bay UHB operates a Palliative Care Medication Service in 29 pharmacies during their normal opening hours. Each locality has between 2 and 6 pharmacies providing the service (depending on the size of the locality), to

ensure the service is accessible across the Health Board area. Pharmacies are selected based on location and opening hours and are required to hold a stock of medication that is often used in palliative care. The service provides assurances that specific medication will be accessible via a standard prescription written by an appropriate clinician, where it often needed urgently.

7.2.4 Low Molecular Weight Heparin (LMWH) Supply service

The service aims to improve urgent access to LMWH for patients receiving anticoagulants for mechanical heart valve replacements in primary care where a sub-therapeutic INR is identified during routine monitoring at their GP practice. Pharmacies are remunerated to hold a specified list of strengths of enoxaparin and will dispense them in response to NHS prescriptions presented to them.

7.3 Self-Care

Support for self-care is both an essential and enhanced service for community pharmacies. As part of their essential services pharmacies must provide advice on self-care to patients in terms of treatment options and lifestyle changes.

The common ailment enhanced service provides advice and treatment on up to 27 conditions. As part of the service pharmacists can carry out a consultation with patients in private and where appropriate supply medication from an agreed formulary, give advice or refer to a GP if necessary. Medicines are supplied free of charge thereby removing the payment barrier, which often can prevent patients choosing to see a pharmacist instead of their GP. Ailments covered by the enhanced service include:

- | | |
|---------------------|---------------------|
| • Acne | • Indigestion |
| • Athlete's Foot | • Reflux |
| • Backache (Acute) | • Ingrowing Toenail |
| • Chicken Pox | • Intertrigo |
| • Cold Sores | • Mouth Ulcers |
| • Colic | • Nappy Rash |
| • Conjunctivitis | • Oral Thrush |
| • Constipation | • Ringworm |
| • Diarrhoea (Acute) | • Scabies |
| • Dry Eyes | • Sore Throat |
| • Dry Skin | • Teething |
| • Warts and Verruca | • Threadworms |
| • Haemorrhoids | • Vaginal Thrush |
| • Hay Fever | |
| • Head Lice | |

All 93 pharmacies in Swansea Bay UHB provide the Common Ailment service.

7.3.1 Emergency Medication Supply

The Emergency Medication Supply (EMS) service provides the supply of urgently required repeat medication to patients where they are unable to obtain a prescription before they need

to take their next dose. This service supports patients who are on holiday and have forgotten their medication or patients who run out of medication when the GP practice is closed.

91 pharmacies provide the EMS service.

7.3.2 Sore Throat Test and Treat

The Sore Throat Test and Treat service allows patients who have a sore throat to access a pharmacy listed for the service. The patient will be tested by a trained pharmacist using a quick and pain free test. In many cases, a sore throat is the result of a viral rather than bacterial infection which means antibiotics will not work, and self-care and rest are the best course of action. The test will confirm if a bacterial infection is present and so if antibiotics are appropriate. Following a consultation and assessment by the pharmacist, medication may be supplied for those patients where an antibiotic is required. Due to the COVID-19 pandemic the Sore Throat Test and Treat service has been suspended and will be reviewed in 2021. Prior to the pandemic, the service was being provided at 43 pharmacies.

7.3.3 Independent Prescribing for Acute Conditions

The Independent Prescribing (IP) Service is an enhanced service limited to those pharmacists who have completed an Independent Prescribing qualification. IP pharmacists are able to provide consultations and prescribe medication in their area of expertise.

Patients are able to present at an approved community pharmacy with a relevant acute condition and access effective advice and treatment. The aim is to support a 'community pharmacy first' model of care, to reduce the number of patients consulting their GP for acute conditions that could be appropriately managed by an independent prescribing pharmacist.

There are 5 pharmacies who offer an IP Acute Conditions service. The service is available in pharmacies located in four out of the eight localities.

Expansion of the Independent Prescribing service is anticipated within the next 5 years as additional cohorts of pharmacists are trained each year to obtain the prescribing qualification.

7.3.4 Heartburn management

The Heartburn Management Enhanced Service has the primary aim of facilitating and supporting the cessation of PPI (Proton Pump Inhibitor) therapy for suitable patients identified by the wider multi-disciplinary team (i.e. GP). Relevant patients can then attend identified community pharmacies to receive a short-term course of therapy, if required, to support PPI cessation and lifestyle advice to assist in the prevention of symptom re-occurrence.

7.4 Health Promotion

Under the pharmaceutical services contractual framework community pharmacies must participate in health promotion campaigns which can be tailored to include many of the above health needs. They must ensure that patients are effectively signposted to relevant services. Swansea Bay UHB have developed QR Health Information Boards which are available in 47 community pharmacies that agreed to display them and information which can be accessed via mobile devices. The information behind each QR code can be updated virtually meaning that no information goes out of date and new information can be added as required. The QR Boards include health related information, such as links to alcohol and substance misuse

services, NHS weight management information and advice on living well. The boards also include links for support on chronic condition (e.g. diabetes, asthma) and an encyclopaedia of conditions via NHS Wales 111.

Swansea Bay University Health Board

Community Pharmacy Health Information Hub

Got a mobile? Great!
Access our information on your smartphone



- 1 Open your device's camera or download a QR scanner from your app store for free.
- 2 Point your QR scanner at your chosen QR code.
- 3 Presto! Your device reads the code and navigates to the info.

Local Health Services



Community Pharmacy Services



Lifestyle Advice



Self Help



Other Services




Powered by:  QR Code

Bwrdd Iechyd Prifysgol Bae Abertawe


Hwb Gwybodaeth Iechyd Fferylliaeth Gymunedol

Oes gennych chiw Smartphone? Gwych!
Cewch fymeddiad at ein gwybodaeth ar eich Smartphone




- 1 Agorwch camera eich fectyn neu fner lwythwch sganer QR oddi wrth eich storfa app am ddim.
- 2 Pwyntiwch eich sganer QR at eich codd ddiwsiedig.
- 3 A dyma chi! Mae eich fectyn yn darllen y codd ac yn medru dod o hyd i'r wybodaeth.


Gwasanaethau Iechyd Lleol




Gwasanaethau Fferylliaeth Cymunedol




Cyngor Ffordd o Fyw




Gwasanaethau Eraill



Hunangymorth

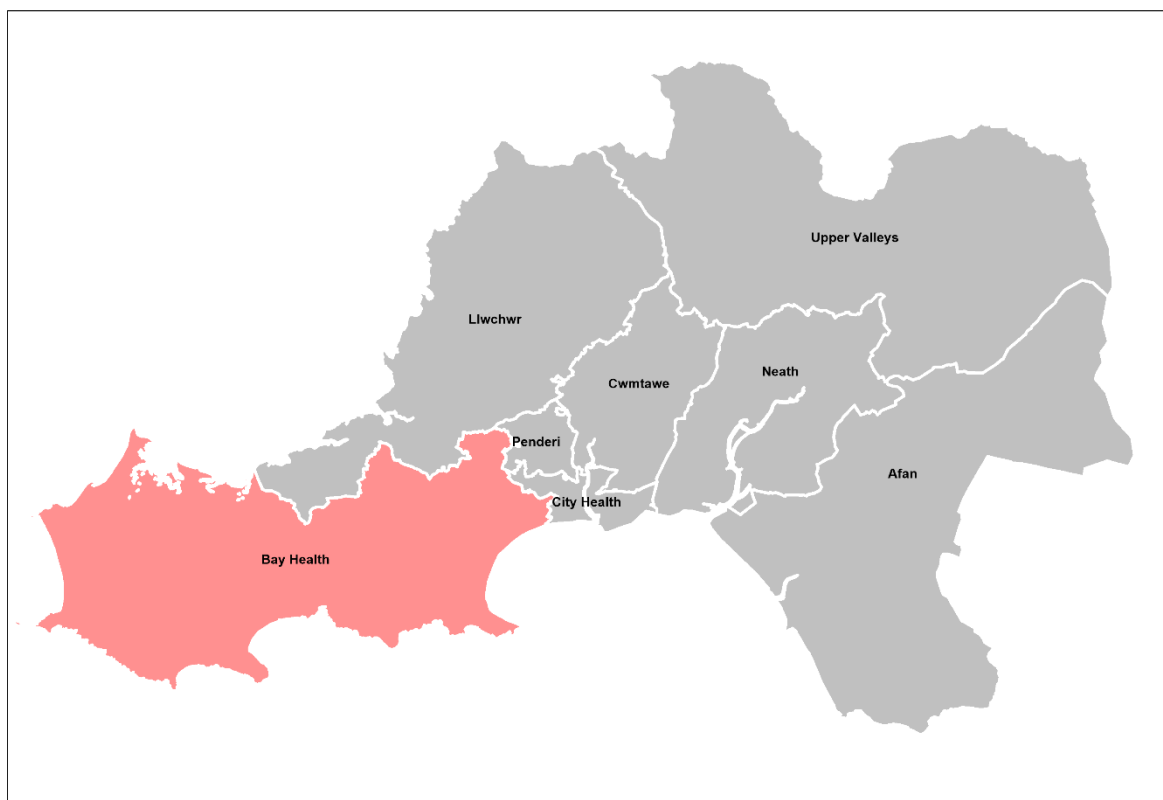


Powered by:  QR Code

7.5 Summary

Community pharmacy plays a pivotal role in meeting many health needs of the population. The daily advice consultations that are carried out by pharmacy staff on a regular basis are a key opportunity to support behaviour change through making every contact count. The information above highlights the range of services that are currently commissioned in Swansea Bay UHB and the ways in which pharmaceutical services can play an important role in meeting the health needs of the population. It is anticipated that with the development and training of Independent Prescribing pharmacists, there will be a greater range of services available through community pharmacy in the years to come.

8. Bay locality



8.1 Key Facts

- The Bay Cluster serves a (GP registered) population of 70,800 (01.04.2021) and is the largest locality by population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 5 clusters within the county of Swansea.
- The cluster stretches across Uplands, Sketty, West Cross, Mumbles, Killay, and Gower also serving students resident at Swansea University. (Source – IMTP)
- Of the 20% most deprived LSOAs in Wales, 17 are within Swansea. Of the 44 LSOAs in the Bay Cluster 1 is found within the 20% most deprived (Source - <https://www.swansea.gov.uk/wimd2019>)
- Bay has a large proportion of students, including those with multi-racial/cross cultural needs. Sketty⁴ (the second most deprived Lower Super Output Areas in this area) is in the 10% most deprived Lower Super Output Areas in Wales in both the employment and income domains, but much less deprived in terms of physical environment, housing and access to services (Source – IMTP – 2020-2023)

- The Cluster geographically covers the wards: Cockett (part), Dunvant, Bishopton, Fairwood, Newton, Oystermouth, Pennard, West Cross, Uplands, Sketty, Mumbles, Killay, and Gower (Source - <https://www.swansea.gov.uk/communityareaprofiles>)
- Based on the projected population growth in Swansea, provided in section 2, there is a forecast of 6.94% increase in population between 2018 – 2043. Based on the *resident population* in the Bay cluster area of 70,511 ([Population projections by local authority and year \(gov.wales\)](https://gov.wales/population-projections)) this could increase to 75,404
- The Bay Cluster has approximately 17,000 people over the age of 65 years and over (21%) which is the same as the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (Source: *Small area population estimates (2018)*), ONS Secondary Source - Cluster IMTP
- The cluster has 1 hospital; Singleton Hospital
- The Cluster area has 8 GP practices (6 of which operate branch practices).
- The locality has 16 community pharmacies. (Source – Cluster IMPT 2020 – 2023)
- There are 17 dental practices that offer NHS treatment and 3 optometric practices. (Source – Cluster IMPT 2020 – 2023)
- There are;
 - 6 Dual Registered Care Homes
 - 2 Dementia Care Homes
 - 10 Residential Care Homes
 - 3 Local Authority Homes
- There are no pharmacies in the Bay Cluster who are able to offer pharmaceutical services through the medium of Welsh.
- According to the 2011 Census 11.4% of people aged 3 years and above in Swansea are able to speak Welsh
- According to Swansea Council Local Development Plan (2010-2025) it is estimated that a minimum of 2,010 homes will be built in the Bay Cluster during the 5-year period of this PNA from October 2021:
- There are no developments likely to have a significant impact on the pharmaceutical needs of the locality. (Source – Swansea Development Plan))

8.2 Current provision of pharmaceutical services within the locality

There are 16 pharmacies in the Bay locality. 16 indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area.

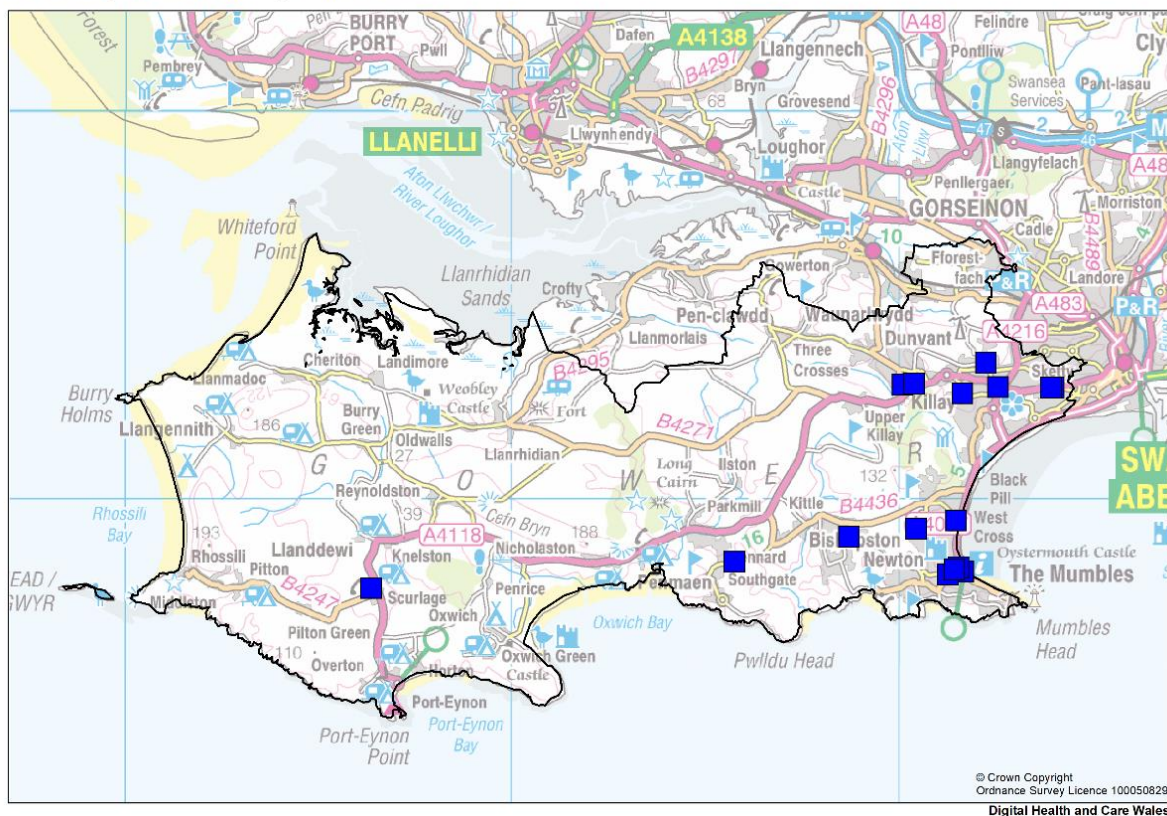
The 16 pharmacies in the Bay locality (see Map 8.2.1 - pharmacies shown in blue) are operated by 6 different contractors.

The availability of pharmacy services within the Bay Cluster per 10,000 population is 2.28, which is slightly lower than the Swansea Bay UHB average of 2.38.

There are no GP dispensing practices in the Bay locality.

Map 8.2.1 – Location of community pharmacies in the Bay locality

Location of pharmacies in the Bay Health cluster



It is expected that a pharmacy will provide at least 40 hours of opening each week. For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00 am to 5.30 pm.

There is/are:

- 1 pharmacy open 7 days a week
- 1 pharmacy open full days from Monday to Saturday

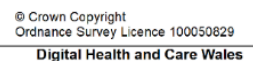
- With regards to late opening, there are 12 pharmacies who are open until 6.00pm on weekdays.

Full details of pharmacy opening times can be found in Appendix L

2 pharmacies in the Bay locality provide a rota service on weekends which supports additional opening hours. The pharmacies are funded to open between agreed times every Sunday afternoon. One pharmacy is open from 1.30 pm to 3.30 pm and the other pharmacy is open from 4.00pm to 6.00 pm.

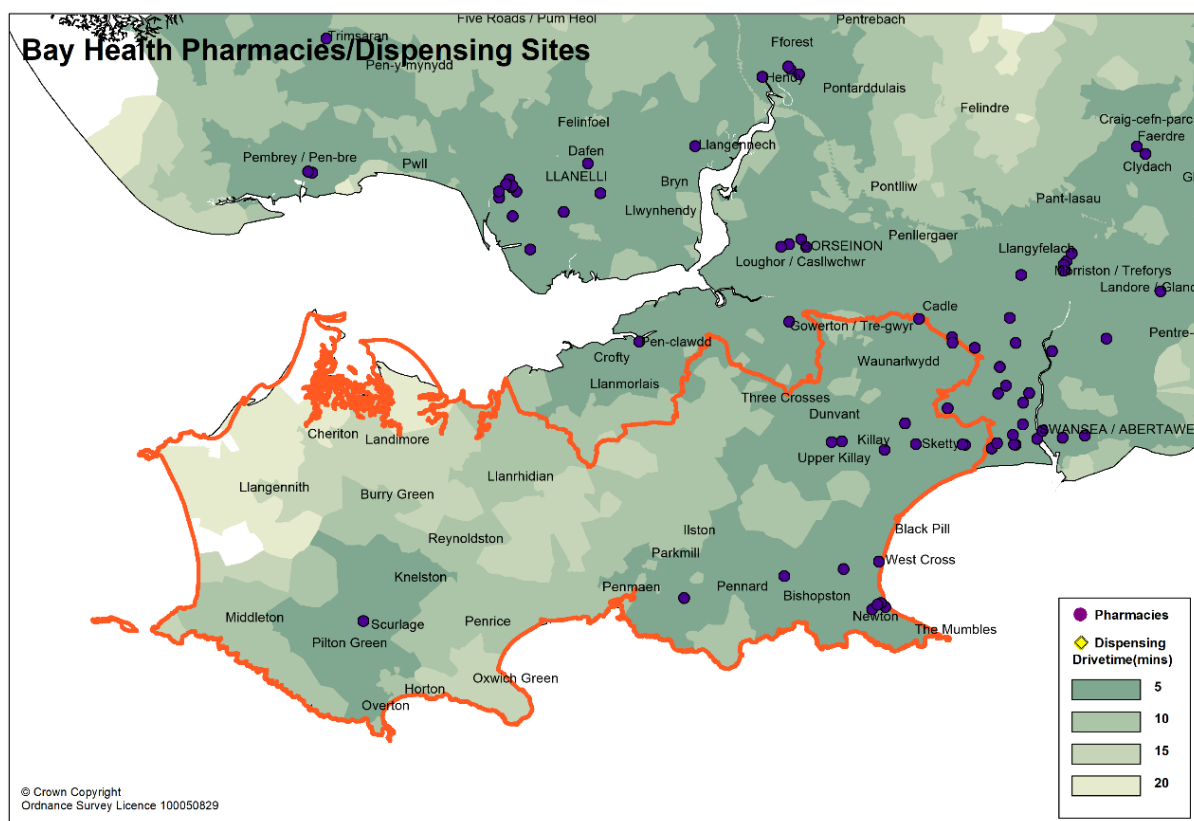
As can be seen from Map 8.2.2 the 16 pharmacies are located in areas with highest population density. In areas such as Killay, Uplands and Sketty, where there is high population density there are multiple pharmacies and in smaller settlements there is usually 1 pharmacy serving that population.

Map 8.2.2 – Location of pharmacies compared to population density in Bay locality



Map 8.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20-minute drive of a pharmacy. This evidences that all residents living within the Bay locality are able to access a pharmacy well within the 20-minute drive time standard set for the maximum access time to Pharmaceutical services. The orange outline highlights the locality boundary and coastal line.

Map 8.2.3 – Drive times from pharmacies/Dispensing sites in the Bay locality



For Swansea, 98% of all prescriptions written in 2019/20 by GP practices based in the county were dispensed by pharmacies within the area.

All 16 pharmacies offer the Discharge Medicines Review (DMR) service. During 2019/20, 16 were providing the service and 68 Discharge Medicines Reviews were offered out of a potential maximum of 2,240.

All 16 pharmacies offer the Medicines Use Review (MUR) service. During 2019/20, 16 pharmacies provided the service and 4,236 MURs were completed out of a potential maximum of 6,400.

All 16 pharmacies offer the Common Ailments Service (CAS). During 2019/20, 763 patients accessed the service and the range of activity across the 16 pharmacies was between 1 and 137 consultations.

15 pharmacies offer the Emergency Medicine Supply (EMS) service. During 2019/20, 405 patients accessed the service.

All 16 pharmacies offer the Emergency Hormonal Contraception (EHC) service. During 2019/20, 634 patients accessed the service.

All 16 pharmacies offer the Influenza Vaccination service. During 2019/20, 1,610 patients were vaccinated at a pharmacy. 16 pharmacies offer the Influenza Vaccination service.

9 pharmacies offer the Just in Case pack service. During 2019/20, 43 Just in Case packs were issued.

10 pharmacies offer Smoking Cessation Level 3. During 2019/20, 86 patients accessed the service, 55 patients were treated and 42 patients quit. The highest number of patients seen by 1 pharmacy was 19, and the lowest number of patients seen by one pharmacy was 1.

In 2019/20, 3 pharmacies provided the Palliative Care Medication enhanced service, in line with the aim of having at least 1 pharmacy per locality.

14 pharmacies offer Smoking Cessation Level 2. In 2019/20, 65 patients accessed the service.

4 pharmacies offer the Needle Syringe Programme. In 2019/20, 140 patients accessed the service.

1 pharmacy offer the Heartburn Management service. In 2019/20, 7 patients accessed the service.

1 pharmacy offer the Medicines Management in Care Homes enhanced service. In 2019/20, 12 visits were undertaken to 1 Care Home

1 pharmacy offer the Tuberculosis Medicines Compliance service. In 2019/20 1 patient accessed the service.

4 pharmacies offer the Sore Throat Test and Treat service. During 2019/20, 203 patients accessed the service.

During 2019/20, 2 pharmacies offered the rota service.

During 2019/20 1 pharmacy undertook the Transitional service

There are 8 surgeries within the locality that operate 14 sites:

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmac
Gower Medical Centre	Scurlage (M)	Pharmacy - Adjacent
Pennard Surgery	Pennard (B)	Pharmacy - Adjacent
Grove Medical Centre	Uplands (M)	Pharmacy within ¼ Mile
Marina Medical Centre	Maritime Quarter (B)	Pharmacy within ½ Mile
Kings Road Surgery	Mumbles (M)	Pharmacy within ¼ Mile
Mumbles Medical Practice	Norton (M)	Pharmacy within ½ Mile
Murton Surgery	Bishopston (B)	Pharmacy - Adjacent
Sketty Surgery	Sketty (M)	Pharmacy within ¼ Mile
Killay Surgery	Killay (B)	Pharmacy - Adjacent
Uplands Surgery	Uplands (M)	Pharmacy within ¼ Mile
Queens Road Surgery	Mumbles (B)	Pharmacy within ¼ Mile
University Health Centre	Singleton Park (M)	Pharmacy within 1 Miles*

St Thomas Surgery	St Thomas (M)	A Pharmacy - Adjacent
West Cross Surgery	West Cross (B)	A Pharmacy - Adjacent

* accessed via pedestrian route on foot

8.3 Current provision of pharmaceutical services outside the locality

Some residents choose to access contractors outside both the locality and the Health Board 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

During 2019/20, just over 2% of prescriptions issued in Swansea were dispensed outside of the County. Of which, 0.3% were dispensed in another pharmacy within Swansea Bay UHB. 0.7% were dispensed elsewhere in Wales and 0.8% of prescriptions were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

8.4 Other NHS services

Singleton Hospital is located in the Bay Locality however there is no Out of Hours treatment centre, Minor Injury Unit or Accident and Emergency service at Singleton Hospital. Patients resident in the Bay Locality can access the Out of Hours treatment centre at Morriston Hospital, Swansea. Patients resident in the Bay Locality can access the Minor Injury Unit at Neath Port Talbot Hospital and those needing Accident and Emergency services would need to access these at Morriston Hospital. Cefn Coed Hospital is located in the Bay Locality which provides inpatient mental health services for patients across the Health Board.

8.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.2 and 8.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 462 contractors outside Swansea Bay UHB dispensed prescriptions that were prescribed within Swansea County.

8.6 Gaps in provision

All 16 pharmacies in Bay locality responded to the Contractor questionnaire exercise.

16 indicated sufficient capacity within existing premises and staffing levels to meet increasing demand for services

There is no significant housing developments planned within Bay which will impact on demand for essential and enhanced services within the life of this PNA.

Whilst not an NHS service 16 pharmacies offer a free prescription collection and delivery service. 13 pharmacies will deliver to any patient. 3 pharmacies will deliver to patients from selected list criteria.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

Number of pharmacies per 10,000 population

The availability of pharmacy services within the Bay locality, per 10,000 population is 2.28 which is slightly lower than the Swansea Bay UHB average of 2.38.

The area is adequately served in terms of essential pharmaceutical services.

Number of pharmacies open within normal working hours

[Monday to Friday, 9.00am – 5.30pm]

14 of the 16 pharmacies in the Bay locality are open Monday to Friday 9.00am – 5.30pm.

Of the remaining 2 pharmacies that do not meet this criteria, 1 pharmacy closes at 1.00pm on a Wednesday but meets all other criteria for the remainder of the week.

1 pharmacy closes at 5.00pm Wednesday, Thursday and Friday and meets all other criteria for the remainder of the week.

There is good access to pharmacies within normal working hours in the Bay locality

Number of pharmacies open outside of normal opening hours on weekdays

[After 5.30pm Monday to Friday]

12 of the 16 pharmacies in the Bay locality are open after 5.30pm on weekdays and close at 6.00pm.

There are pharmacies open until 10.00pm in the neighbouring City locality.

There is good access to pharmacies outside normal working hours in the Bay locality

Number of pharmacies open on weekends

In considering access to essential services, it is noted that

3 pharmacies are open on a Sunday

2 of these pharmacies are open as a part of the Sunday rota service.

- 1 pharmacy is open 1.30 pm to 3.30 pm.
- 1 pharmacy is open 4.00pm to 6.00pm.

- 7 pharmacies open either half or full day on a Saturday.

4 pharmacies are open mornings only. 2 pharmacies open mornings and part of the afternoon. 1 pharmacy is open all day Saturday

Pharmacy	Saturday	Sunday
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Boots Chemist Mumbles Road	8.45am to 3.30pm	10.00am to 4.00pm
Boots Chemist Uplands Crescent	Full day opening	Closed
K Thomas Newton Road, Mumbles	½ day opening	Sunday rota 1.30pm to 3.30 pm
K Thomas Killay Medical Centre	Closed	Sunday rota 4.00pm to 6.00 pm
Lloyds Pharmacy The Precinct Killay	9am -3pm	Closed
Newbury Pharmacy Newton Road Mumbles	½ day opening	Closed
Well Pharmacy Pennard	½ day opening	Closed
Well Pharmacy Alderwood Road West Cross	½ day opening	Closed

The largest distance to travel for Saturday provision is between Pennard and Llangennith. A distance of 11.2 miles and a journey of 25 minutes. Pharmacy services would also be available on Saturdays (full day opening) in neighbouring localities of Llchwyr and City.

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 20 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

There are 2 pharmacies open on a Sunday within the Bay Locality. 1 pharmacy in Killay is open 4.00pm-6.00pm and the other in Mumbles is open 1.30pm-3.30pm.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the needs of residents in the locality and that there are pharmaceutical services available within a 20-minute drive in neighbouring Llchwyr and City localities.

❖ **Availability of advanced services**

All 16 pharmacies in the locality provide the Medicines Use Review service (NB currently suspended due to the COVID-19 pandemic).

All 16 pharmacies in the locality provide the Discharge Medicines Review service.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

❖ **Availability of enhanced services identified, to be available in all pharmacies**

The Health Board has identified the following enhanced services, as being core and would aim to commission from every existing pharmacy.

- *Common Ailments Service* – all 16 pharmacies in the locality provide this service
- *Emergency Contraception* – all 16 pharmacies offer Emergency Contraception Service
- *Influenza Vaccinations* – 16 pharmacies offer the Influenza vaccination service.
- *Emergency Supply of Medication* – 14 pharmacies offer the Emergency Medicines Supply service
- *Smoking Cessation Services (L2)* – 14 pharmacies offer L2 (supply of NRT)
- *Smoking Cessation (L3)* – 10 pharmacies offer L3 – supply of NRT & counselling

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

The Health Board will work with existing pharmacy contractors to improve on the provision of those services that are not currently available in all 16 pharmacies in the locality.

❖ **Proximity of pharmacies to GP practices**

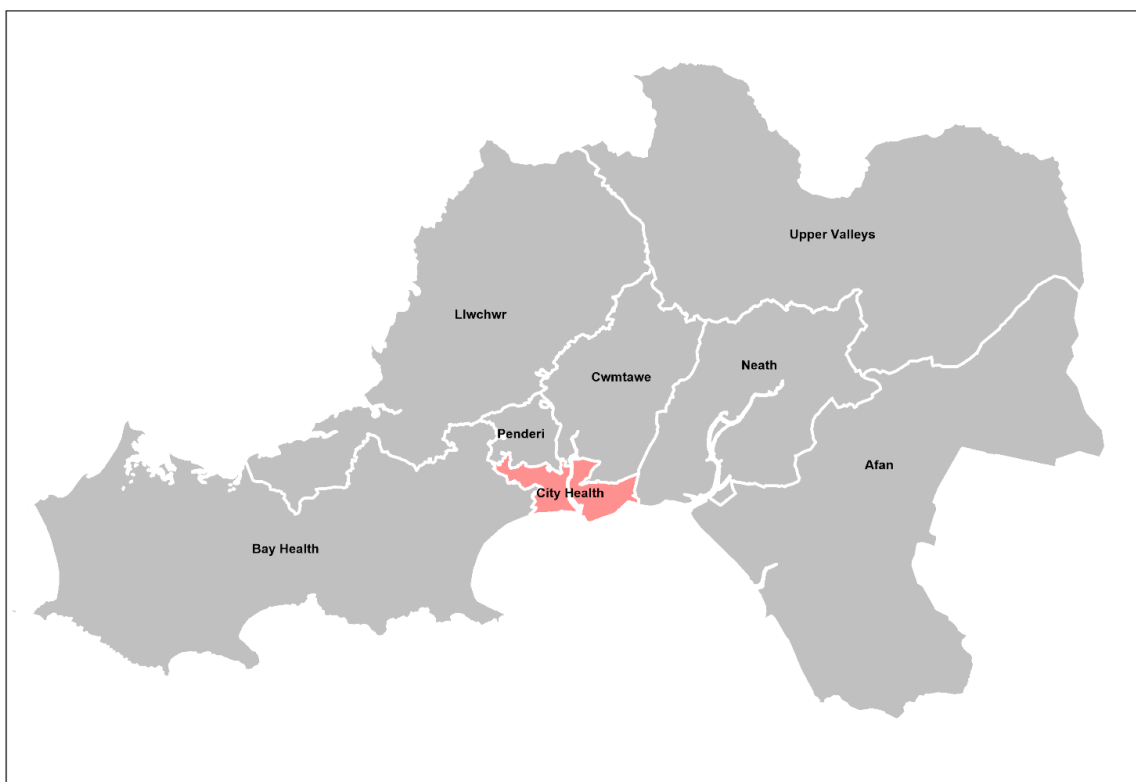
Each of the 14 Medical Practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy - Adjacent	6
Pharmacy within ¼ Mile	5
Pharmacy within ½ Mile	2
Pharmacy within 1.5 Miles*	1

*This pharmacy is within 1 mile when accessed by pedestrian route on foot

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients. It is noted that the registered patients from one GP practice need to travel over one mile to access pharmaceutical services. However, this distance remains within the specified maximum drive time of 20 minutes. It is noted that one Medical Practice patients' need to travel over a mile to access pharmaceutical services, however, this is due to the seasonal nature the majority of its patients operates (term time / non-term time).

9. City locality



9.1 Key Facts

- The City Health Cluster serves a (GP registered) population of 51,082 (as at 01.04.2021) and is the third largest cluster by registered population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 5 clusters within the county of Swansea.
- Of the 20% most deprived LSOAs in Wales, 17 are within Swansea, with 12 found within the City Cluster
- This area consists of 22 LSOAs in the city centre area and adjacent urban areas to the north, west and east; across both sides of the River Tawe. (Source - <https://www.swansea.gov.uk/communityareaprofiles/> / IMTP 2020-2023)
- The Cluster geographically covers wards: Castle (part), Cockett (part), Landore (part), St Thomas, Townhill, Uplands (part) (Source - <https://www.swansea.gov.uk/communityareaprofiles/>)
- A journey from Brunswick to Swansea SA1 by road would take 9 minutes and cover a distance of 2 miles. (Source – Google Maps)

- The largest area within the cluster is around the city centre, the adjacent wards of Cwmbwrla and Uplands (6,800 people per square km, the highest density in the county) and also in Townhill and Penderi. (Source – IMTP)
- Based on the projected population growth in Swansea, provided in section 2, there is a forecast of 6.94% increase in population between 2018 – 2043. Based on the *resident population* in the City health cluster area of 39,179 (Population projections by local authority and year (gov.wales)) this could increase to 41,898
- The City Health Cluster has approximately 5,065 people over the age of 65 years and over (12.9%) which is lower than the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (Source: *Small area population estimates (2018)*, ONS) Secondary Source - Cluster IMTP
- The Cluster area has 13 GP practices (5 of which operate branch practices).
- The cluster has 15 community pharmacies. (Source – Cluster IMPT 2020 – 2023)
- There are 6 dental practices that offer NHS treatment and 6 optometric practices. (Source – Cluster IMPT 2020 – 2023)
- There are;
 - 4 Dual Registered Care Homes
 - 2 Local Authority Homes
- There are no pharmacies in the City Cluster who are able to offer pharmaceutical services through the medium of Welsh.
- According to the 2011 Census 11.4% of people aged 3 years and above in Swansea are able to speak Welsh
- According to Swansea Council Local Development Plan (2010-2025) it is estimated that a minimum of 2,010 homes will be built in the City Cluster during the 5-year period of this PNA from October 2021:

Housing Developments:

Site Name	Total Estimated Units	Planning Status	No. of Homes Expected To Be Built by 2025
Residential Led Strategic Development Areas (SDAs)			
Cefn Coed Hospital, Cockett	427	Pre - Application.	371
Mixed Use Strategic Development Areas (SDAs)			
Swansea Central Area	906	Under construction.	856
Fabian Way Corridor	525	Under construction.	525
Tawe Riverside Corridor & Hafod Morfa Copper Works	370	No relevant planning applications determined in 2019 - 20.	258

These developments are unlikely to have any substantial impact on the pharmaceutical needs of the City locality.

15 pharmacies in the City locality have indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand.

9.2 Current provision of pharmaceutical services within the locality

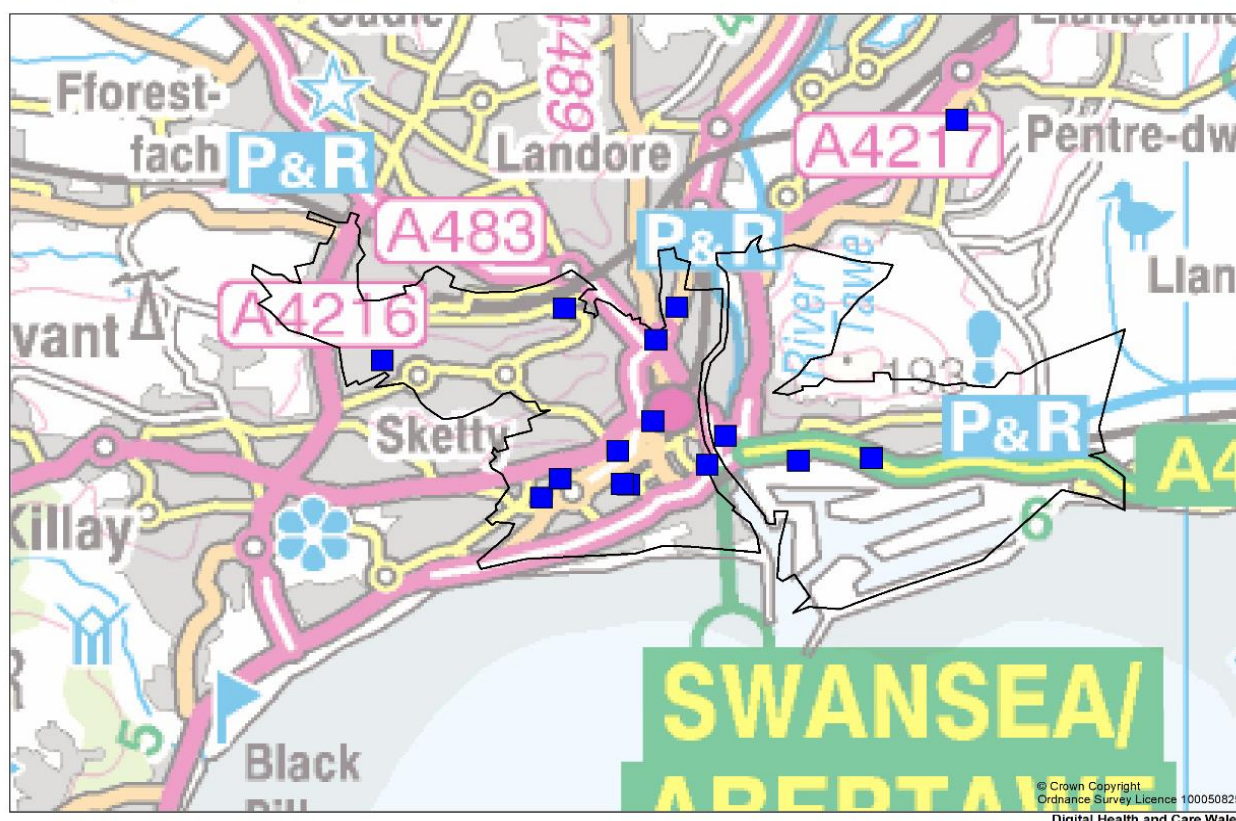
There are 15 pharmacies in the City locality (see map below) operated by 7 different contractors. The majority of pharmacies are located in the centre and residential suburbs.

The availability of pharmacy services within the City locality per 10,000 population is 2.95, which considerably higher than the Swansea Bay UHB average of 2.38.

There are no dispensing practices within the locality.

Map 9.2.1 - Location of Community Pharmacies within the City locality

Location of pharmacies in the City cluster



It is expected that a pharmacy will provide at least 40 hours of opening each week. For the purposes of the PNA, normal working hours have been defined as Monday to Friday [9.00 am to 5.30 pm.]

There are 15 Pharmacies in the City locality:

- 2 pharmacies are open 7 days a week
- 1 pharmacy is open full days from Monday to Saturday
- 1 pharmacy is open full days Monday to Friday and Saturday morning
- 11 pharmacies are open Monday to Friday

With regards to late opening

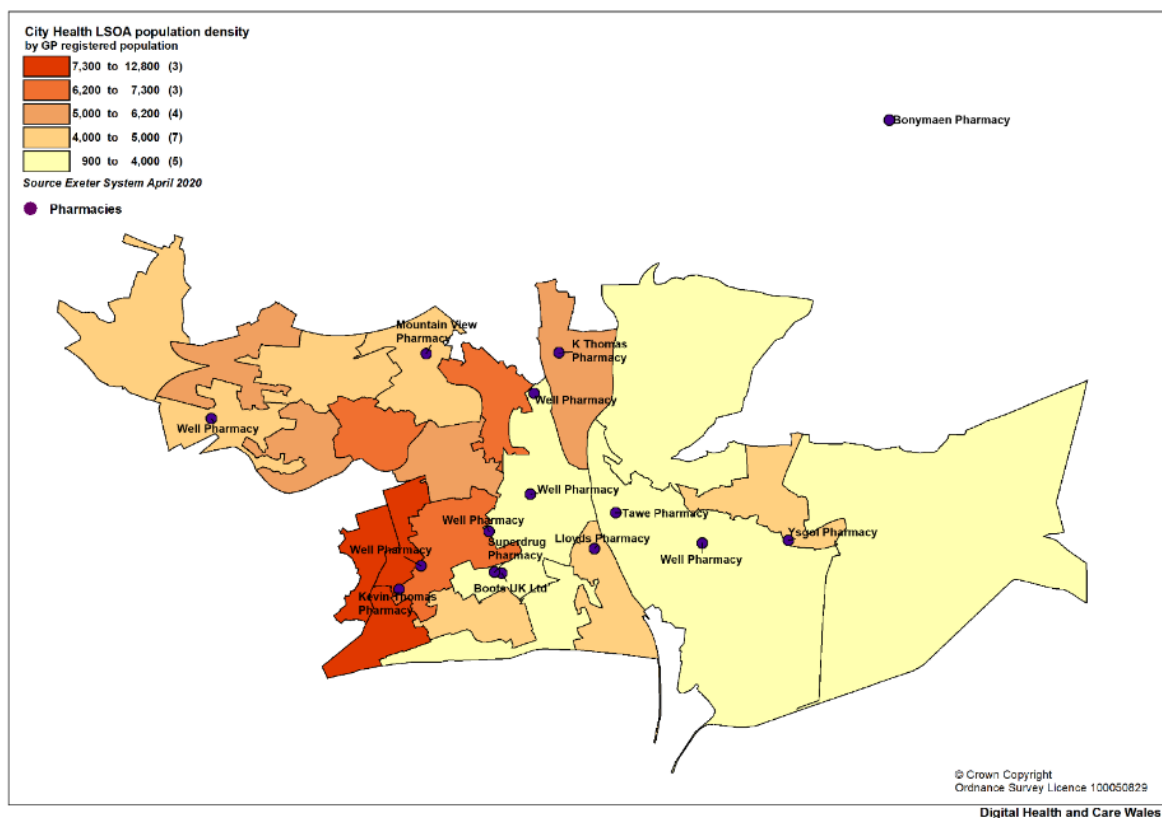
- 11 pharmacies are open to 6.00pm on weekdays.

- 1 pharmacy is open to 10.00pm

Full details of pharmacy opening times can be found in **Appendix L**

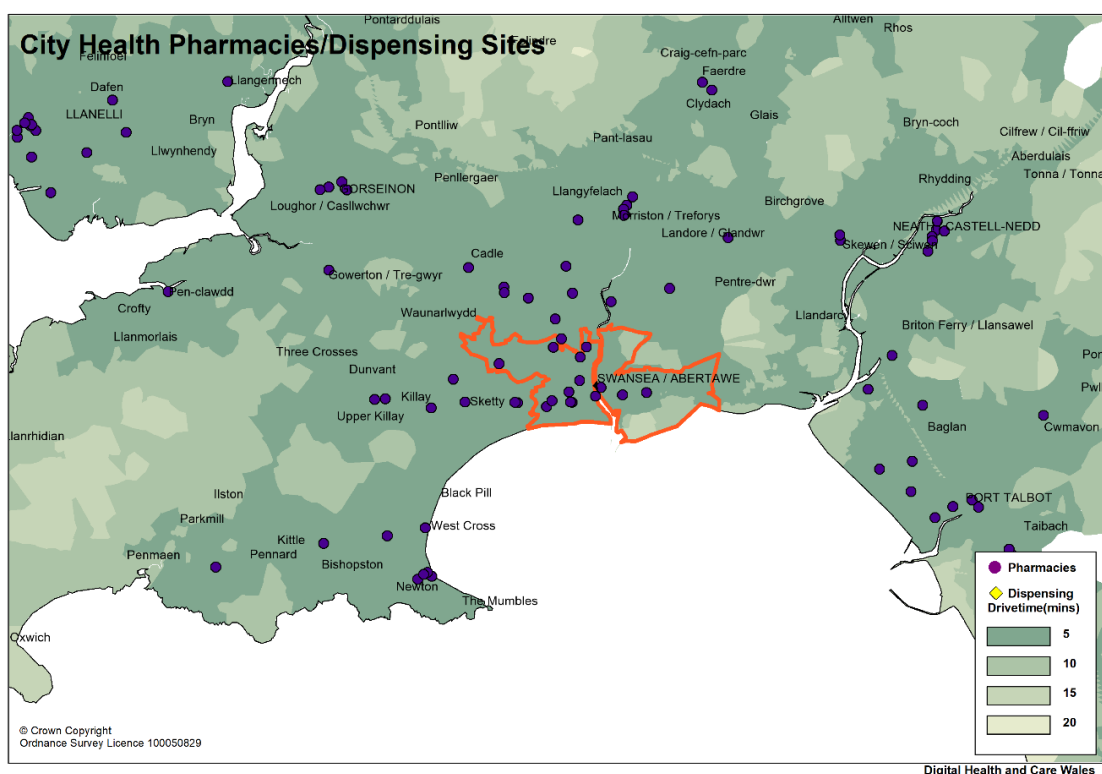
As can be seen from map 9.2.2 the 15 pharmacies are based within areas of highest population density. There are multiple pharmacies located within the city centre of Swansea where there is the highest population density.

Map 9.2.2 – Location of pharmacies compared to population density in City locality 2019/20



Map 9.2.3 shows the areas of the locality which are within a 5,10,15 and 20-minute drive of a pharmacy. This evidences that all residents living within the City locality are able to access a pharmacy within the 20-minute drive time standard set for the maximum access time to Pharmaceutical services.

Map 9.2.3 – Drive times from pharmacies /Dispensing sites in the City locality



For Swansea, 98% of all prescriptions written by practices based in the county were dispensed by pharmacies located in the area.

All 15 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 15 pharmacies provided the service and 127 DMR's were offered out of a potential maximum of 2100.

All 15 pharmacies are able to offer the Medicine Use Review service. During 2019/20, 15 provided the service and 3,326 MURs were completed out of a potential maximum of 6,000.

All 15 pharmacies offer the Common Ailment service. During 2019/20, 1,109 patients accessed the service and the range of activity across the 15 pharmacies was between 4 and 175 patients.

14 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 1014 patients accessed the service.

All 15 pharmacies offer the Emergency Contraception service. During 2019/20, 1499 patients accessed the service.

All 15 pharmacies offer the Influenza Vaccination service. During 2019/20, 914 patients were vaccinated at a pharmacy.

10 pharmacies are listed for the Just in Case pack service. During 2019/20, 8 Just in Case packs were issued.

14 pharmacies offer Smoking Cessation Level 3. During 2019/20, 170 patients accessed the service, 120 patients were treated and 79 patients quit. The highest number of patients seen by 1 pharmacy was 26, and the lowest number of patients seen by one pharmacy was 1.

In 2019/20 2 pharmacies provided the in hours Palliative Care Medication enhanced service, in line with the aim of having at least 1 pharmacy per locality.

2 pharmacies offered the Take Home Naloxone_service (THNS). During 2019/20, 16 patient accessed the service.

2 pharmacies offered the Blood Bourne Virus (BBV) testing service. During 2019/20, 63 patients accessed the service.

There are 8 surgeries within the City locality:

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmacy
Brunswick HC	St Helens Road Swansea (M)	within ¼ mile
Hafod Surgery	Hafod (B)	within ¼ mile
Abertawe Medical Partnership	St Helens Road Swansea (M)	within ¼ mile
High Street Surgery	High Street Swansea (B)	within ¼ mile
Greenhill Medical centre	Dyfatty Swansea (M)	Pharmacy - Adjacent
Clase Surgery	Clase (B)	within ¼ mile
Kingsway Surgery	Swansea Centre(M)	Pharmacy – Adjacent
Mountain view HC	Mayhill (M)	Pharmacy – Adjacent
Nicholl Street Surgery	Swansea (M)	Pharmacy – Adjacent
SA1 Medical centre	Swansea SA1 (M)	Pharmacy – Adjacent
St Davids Surgery	Winch Wen (B)	within ¼ mile
Harbourside Medical centre	Swansea SA1 (M)	Pharmacy - Adjacent
St Davids Surgery	Winch Wen (B)	within ¼ mile

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

Some residents choose to access contractors outside both the locality and the Health Board 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

During 2019/20, just over 2% of prescriptions issued in Swansea were dispensed outside of the county. Of which, 0.3% were dispensed in another pharmacy within Swansea Bay UHB. 0.7% of prescriptions were dispensed elsewhere in Wales and 0.8% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

9.4 Other NHS services

Patients resident in the City Locality can access the Minor Injury Unit at Neath Port Talbot Hospital and those needing Accident and Emergency services or the Out of Hours treatment centre would need to access these at Morriston Hospital. HMP Swansea is also located in the City Locality.

9.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 462 contractors outside Swansea Bay UHB dispensed prescriptions prescribed within Swansea County

9.6 Gaps in provision

All 15 pharmacies in the locality responded to the Contractor questionnaire exercise.

15 indicated sufficient capacity within existing premises and staffing levels to meet increasing demand for services

The main increase in demand for essential and enhanced services is likely to be in the SA1 area of City locality, which has the most significant planned housing development expected to be realised within the life of this PNA. All pharmacies in these areas have confirmed that they would be able to meet an increase in demand and therefore there is no future gap in pharmacy provision.

Whilst not an NHS service 15 pharmacies offer a free prescription collection and delivery service. 9 pharmacies will deliver to any patient. 6 will deliver to patients from a list of selected criteria. Those who are unable to access a pharmacy could have their medicines delivered by a pharmacy within the locality.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the City Cluster per 10,000 population is 2.95, which is significantly higher than the Swansea Bay UHB average of 2.38.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services.

❖ **Number of pharmacies open within normal working hours**

[Monday to Friday, 9.00am – 5.30pm]

- 13 pharmacies are open within normal opening hours.
- Of those remaining, 1 pharmacy is open morning only on a Wednesday.
- 1 pharmacy closes at 4.00pm on a Wednesday. Both are open within normal working hours for the remainder of the week.

To conclude there is good access to pharmacies within normal working hours in the City locality.

❖ **Number of pharmacies open outside of normal opening hours on weekdays**

[After 5.30pm Monday to Friday]

11 pharmacies are open after 5.30pm Monday to Friday.

- 10 pharmacies are open until 6.00pm,
- 1 pharmacy is open until 10.00pm.

There is good access to pharmacies outside of normal working hours in the City locality.

❖ **Number of pharmacies open on weekends**

In considering access to pharmacy services, it is noted that

- 2 pharmacies are open on a Sunday. 1 pharmacy is open 10.00am to 4.00pm. 1 pharmacy is open 10.30 am to 4.30pm

- 4 pharmacies open either half or full day on a Saturday
1 pharmacy is open morning only. 3 pharmacies are open full days. 1 of these pharmacies is open until 10.00pm on Saturday, please see the table below:

Pharmacy	Saturday	Sunday
Boots Chemist Ltd, St Marys Arcade Quadrant Shopping Centre	Full day opening	Open 10.30am to 4.30pm
Lloyds Pharmacy, Sainsbury's Quay Parade	Full day opening to 10.00pm	Open 10.00 am to 4.00pm
Superdrug Pharmacy, Quadrant Shopping centre	Full day opening	Closed
K Thomas Pharmacy, Bonymaen	Half day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 20 minutes.

Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality on weekends.

❖ **Availability of advanced services**

All 15 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 15 pharmacies in the locality provide the Discharge Medicines Review Service.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

❖ **Availability of enhanced services identified, to be available in all pharmacies**

The Health Board has identified the following enhanced services, as being core and would aim to commission from every existing pharmacy.

- *Common Ailments Service* – 15 pharmacies in the locality provide this service
- *Emergency Contraception* – 15 pharmacies offer Emergency Contraception Service
- *Influenza Vaccinations* – 15 pharmacies offer Influenza vaccinations
- *Emergency Supply of Medication* – 14 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – 15 pharmacies offer L2 - supply of NRT
- *Smoking Cessation (L3)* – 14 pharmacies offer L3 – supply of NRT & counselling

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

The Health Board will work with existing pharmacy contractors to improve on the provision of those services that are not currently available in all 15 pharmacies in the locality.

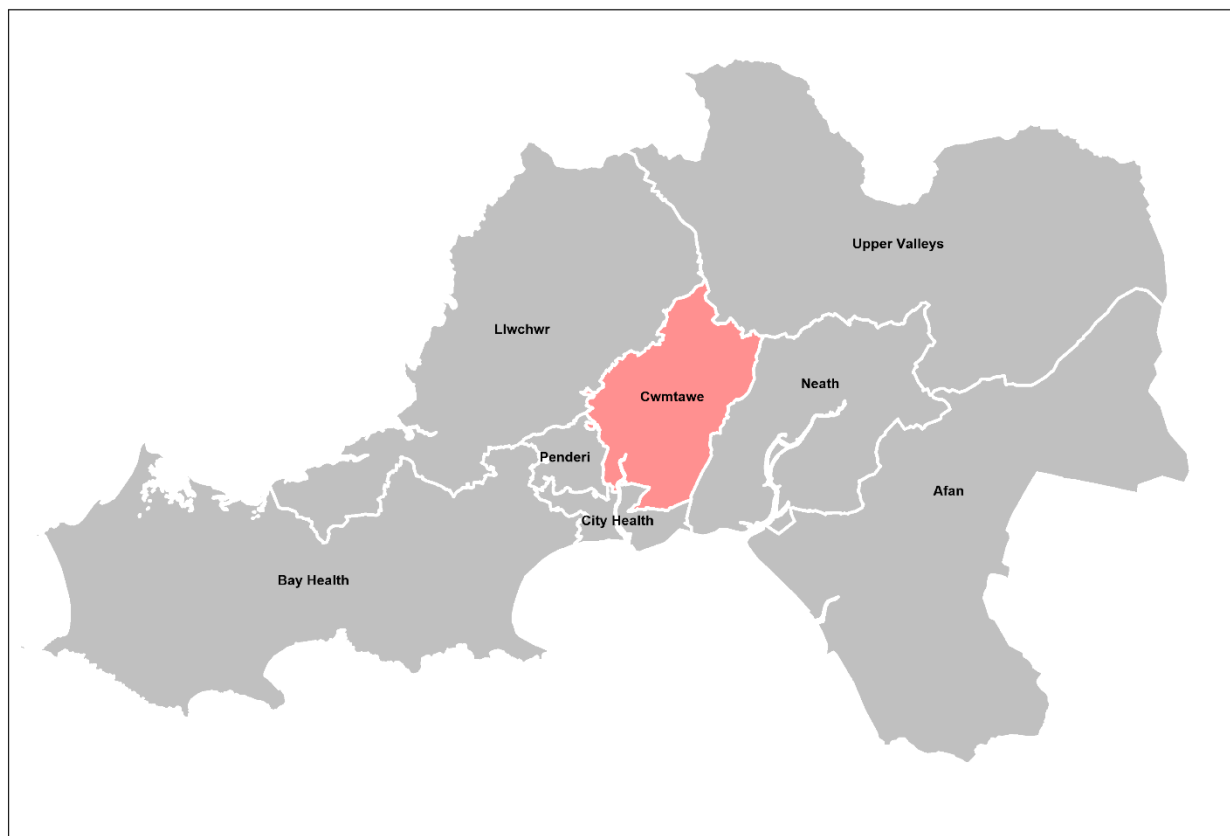
❖ **Proximity of pharmacies to GP practices**

Each of the 8 Medical Practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy - Adjacent	6
Pharmacy within ¼ Mile	7

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

10. Cwmtawe locality



10.1 Key Facts

- The Cwmtawe Cluster serves a (GP registered) population of 42,067 (as at 01.04.2021) and is the third smallest cluster by registered population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 5 clusters within the county of Swansea.
- Of the 20% most deprived LSOAs in Wales, 17 are within Swansea, with 9 found within the Cwmtawe Cluster (Source - <https://www.swansea.gov.uk/wimd2019>)
- This cluster contains 36 LSOAs. (Source -<https://www.swansea.gov.uk/communityareaprofiles>)
- The Cluster geographically covers the wards: Bonymaen, Clydach, Landore (part), Llangyfelach (part), Llansamlet, Morriston, Mynyddbach (part) (Source Cwmtawe– IMTP)

- A journey from Mynyddbach to Bonymaen by road would take 14 minutes and cover a distance of 4.5 miles. (Source - Google Maps)
- There is 1 hospital within the Cwmtawe Cluster; Morriston Hospital
- Based on the projected population growth in Swansea, provided in section 2, there is a forecast of 6.94% increase in population between 2018 – 2043. Based on the *resident* population in the Cwmtawe cluster area of 58,489 (Source --[Population projections by local authority and year \(gov.wales\)](#)) this could increase to 61,548
- The Cwmtawe Cluster has approximately 10,940 resident people over the age of 65 years and over (18.7%) which is lower than the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (Source: *Small area population estimates (2018)*, ONS) Secondary Source - Cluster IMTP
- The Cluster area has 3 GP practices (2 of which operate a branch practice).
- The locality has 12 community pharmacies. (Source – Cluster IMPT 2020 – 2023)
- There are 7 dental practices that offer NHS treatment and 5 optometric practices. (Source – Cluster IMPT 2020 – 2023)
- There are;
 - 4 Dual Registered Care Homes
 - 0 Dementia Care Homes
 - Residential Care Homes
 - 0 Local Authority Homes
- According to the 2011 Census 11.4% of people aged 3 years and above in Swansea are able to speak Welsh
- There is 1 pharmacy in the Cwmtawe Cluster where spoken languages in addition to English, Welsh is noted as well as Punjabi and Urdu.
- According to Swansea Council Local Development Plan (2010-2025) it is estimated that a minimum of 1,465 homes will be built in the Cwmtawe Cluster during the 5-year period of this PNA from October 2021:

Site Name	Total Estimated Units	Planning Status	No. of Homes Expected To Be Built by 2025
Residential Led Strategic Development Areas (SDAs)			
North of Clasemont Road, Morriston	600	Pre - Application.	490
Mixed Use Strategic Development Areas (SDAs)			
Northwest of M4 J46, Llangyfelach	800	Outline planning application submitted by WG in July 2018. WG are currently reviewing the proposed masterplan.	565

Swansea Vale	450	No planning applications determined.	410
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These developments are unlikely to have a significant impact on the pharmaceutical needs of the locality. (Source – email from Primary Care team)

The development of up to 1850 houses North of Swansea would be served by the 10 pharmacies located in the Cwmtawe Cluster, all of which have indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand and therefore there are no future gaps in pharmacy provision.

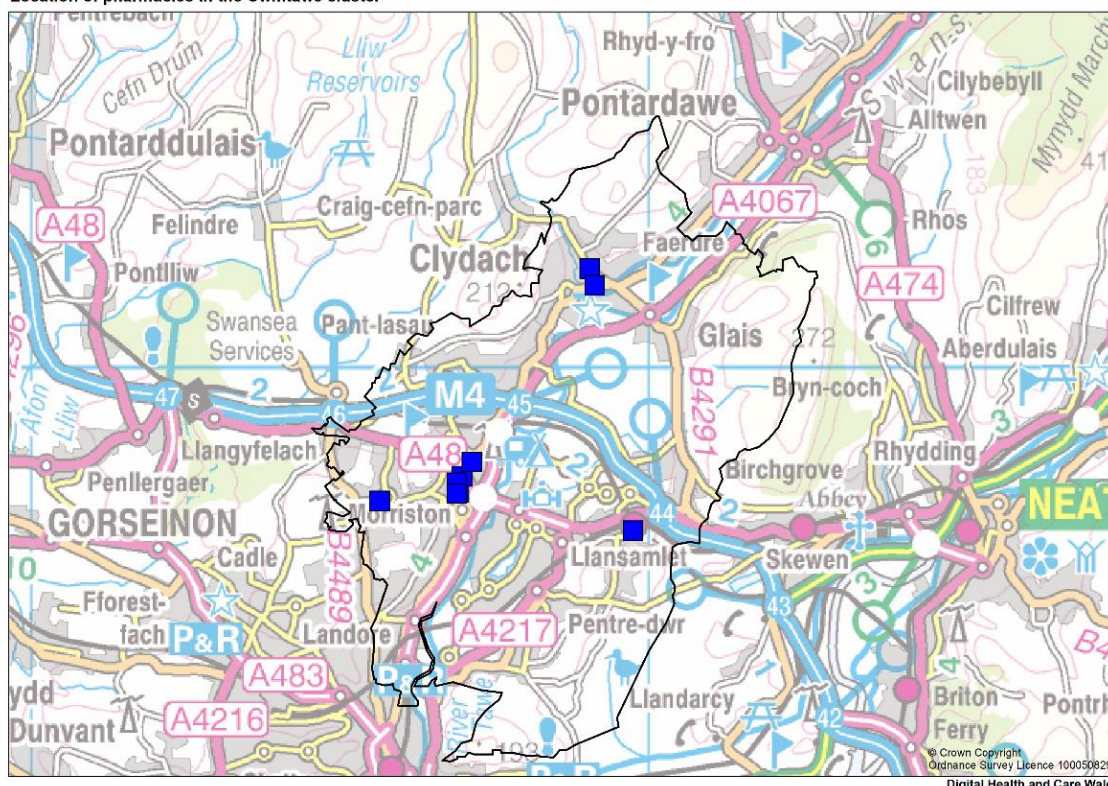
10.2 Current provision of pharmaceutical services within the locality

There are 10 pharmacies in the Cwmtawe locality, with 5 of these being in Morriston town (see map below – pharmacies in blue) operated by 5 different contractors.

There are 2.35 pharmacies for every 10,000 population in the locality. This is slightly below the overall rate for Swansea Bay UHB, which is 2.38.

Map 10.2.1 – Location of community pharmacies and dispensing practices in the Cwmtawe locality

Location of pharmacies in the Cwmtawe cluster



It is expected that a pharmacy will provide at least 40 hours of opening each week. For the purposes of the PNA, normal working hours have been defined as Monday to Friday [9.00 am to 5.30 pm].

- None of the pharmacies are open 7 days a week
- 1 pharmacy is open full days from Monday to Saturday
- 6 pharmacies are open full days Monday to Friday and Saturday morning
- 3 pharmacies are open Monday to Friday

- 6 pharmacies open at 9.00am
- 4 pharmacies open at 8.30am.

As can be seen from map 10.2.2 the 10 pharmacies are based within areas of highest population density. There are multiple pharmacies located within Morriston and Clydach which have the highest population density in the area.

Cwmrtawe LSOA population density by GP registered population

3,650 to 5,570 (7)
2,950 to 3,650 (6)
2,190 to 2,950 (7)
1,000 to 2,190 (8)
330 to 1,000 (8)

Source Exeter System April 2020

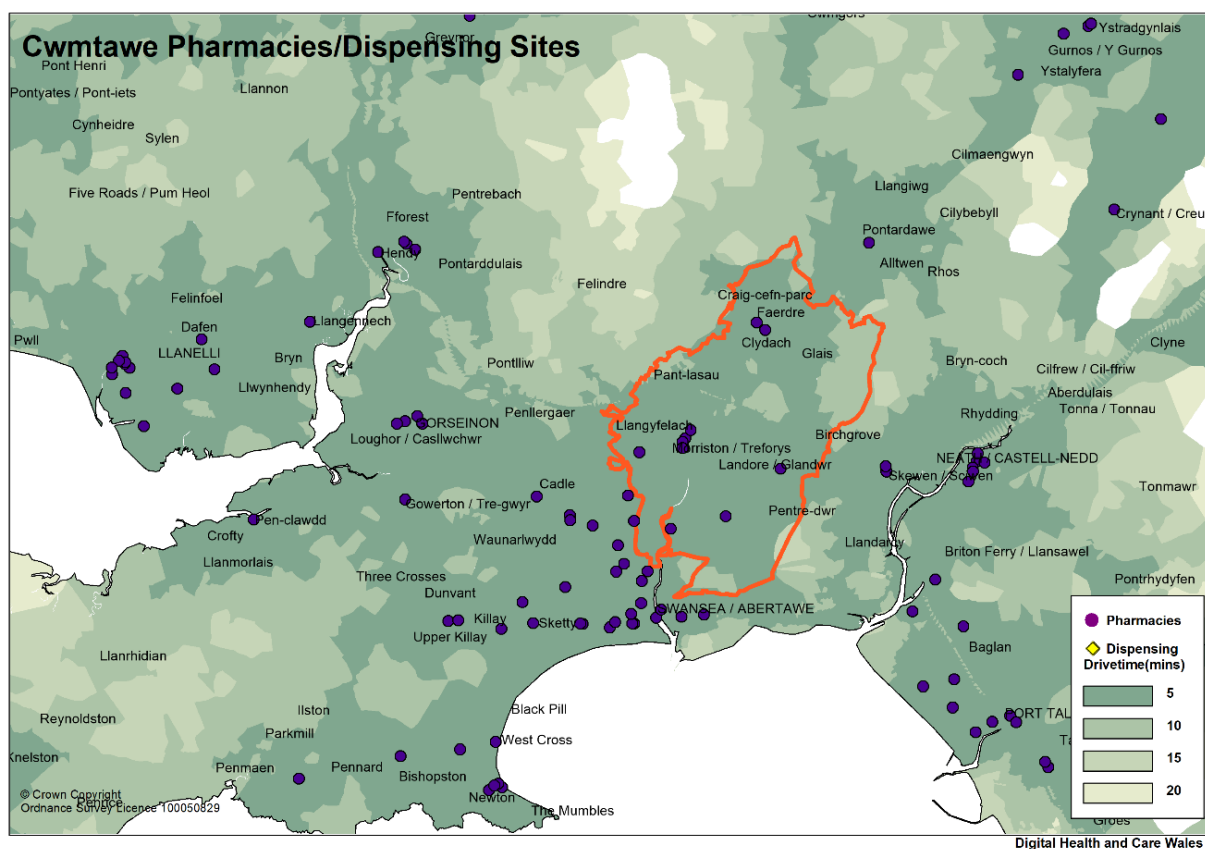
Pharmacies

The map displays the Cwmrtawe LSOA, divided into smaller areas color-coded by population density. The colors range from dark red (highest density) to light yellow (lowest density). Several pharmacies are marked with purple dots and labeled: 'Well Pharmacy' on the western edge, 'KM donest' in the central-western area, 'Boots UK Ltd' in the central area, 'Lloyds Pharmacy' in the central-eastern area, 'Lloyds Pharmacy' in the northern area, 'Lloyds Pharmacy' in the north-eastern area, and 'Hanfords Chemist Ltd' in the eastern area. The map also shows the coastline of the LSOA.

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Map 10.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20-minute drive of a pharmacy. This evidences that all residents living within the Cwmtawe locality are able to access a pharmacy well within the 20-minute drive time standard set for the maximum access time to Pharmaceutical services.

Map 10.2.3 – Drive times from pharmacies/Dispensing sites in the Cwmtawe locality



For Swansea 98% of all prescriptions written in 2019/20 by GP practices based in the County were dispensed by pharmacies within the area.

All 10 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 10 pharmacies provided the service and 80 DMR's were offered out of a potential maximum of 1400.

All 10 pharmacies offer the Medicine Use Review service. During 2019/20, 10 pharmacies provided the service and 3,045 MURs were completed out of a potential maximum of 4,000.

All 10 pharmacies offer the Common Ailments Service. During 2019/20, 1,112 patients accessed the service and the range of activity across the 10 pharmacies was between 2 and 240 patients.

8 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 197 patients accessed the service.

All 10 pharmacies offer the Emergency Contraception service. During 2019/20, 241 patients accessed the service.

All 10 pharmacies offer the Influenza Vaccination service. During 2019/20, 689 patients were vaccinated at a pharmacy.

5 pharmacies are listed for the Just in Case pack service. During 2019/20, 3 Just in Case packs were issued.

8 pharmacies offer Smoking Cessation Level 3. During 2019/20, 126 patients accessed the service, 89 patients were treated and 51 patients quit. The highest number of patients seen by 1 pharmacy was 12, and the lowest number of patients seen by one pharmacy was 3.

In 2019/20, 1 pharmacy provided the Palliative Care Medication enhanced service. This is in line with the aim of having at least 1 pharmacy per locality.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

There are 3 surgeries within the **Cwmtawe locality** 1 of which offers 2 branch practices:

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmacy
Cwmtawe Medical Group	Clydach(M)	Pharmacy - Adjacent
Sway Road Surgery	Morrison(B)	Pharmacy - Adjacent
New Cross Surgery	Morrison(B)	Pharmacy - Adjacent
Strawberry Place Surgery	Morrison (M)	Pharmacy - Adjacent
Llansamlet Surgery	Llansamlet(M)	Pharmacy - Adjacent

10.3 Current provision of pharmaceutical services outside the County's area

Some residents choose to access contractors outside both the County and the Health Board 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

During 2019/20, just over 2% of prescriptions issued in Swansea were dispensed outside of the County. Of which, 0.3% were dispensed in another pharmacy within Swansea Bay UHB. 0.7% of prescriptions were dispensed elsewhere in Wales and 0.8% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the County, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

10.4 Other NHS services

There is a GP Out of Hours treatment centre based at Morriston Hospital, Swansea which can be accessed by patients' resident within the Swansea Localities. There is also an Accident and Emergency Department at Morriston Hospital which is located within the Cwmtawe Locality. The Accident and Emergency Department at Morriston Hospital serves the whole of the Swansea Bay University Health Board population. There is no Minor Injury Unit within the Cwmtawe Locality. Patients within the Cwmtawe Locality could access the Minor Injury Unit at Neath Port Talbot Hospital.

10.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 462 contractors outside Swansea Bay UHB dispensed prescriptions prescribed within Swansea County

10.6 Gaps in provision

All 10 pharmacies in Cwmtawe locality confirmed via the Contractor Questionnaire that they had sufficient capacity to meet an increase demand for services within existing premises and staffing levels.

The main increase in demand for essential and enhanced services is likely to be in the Morriston, Llangyfelach and Swansea Vale areas which have the most significant planned housing development expected to be realised within the life of this PNA.

Whilst not an NHS service, 10 pharmacies offer a free prescription collection and delivery service. 7 pharmacies will deliver to any patient. 3 pharmacies will deliver to patients from selected list criteria. Those who are unable to access a pharmacy could have their medicines delivered by a pharmacy within the locality.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

❖ Number of pharmacies per 10,000 population

The availability of pharmacy services (community pharmacies) within the Cwmtawe locality, per 10,000 population is 2.35, which is slightly lower than the Swansea Bay UHB average of 2.38.

The area is adequately served in terms of essential pharmaceutical services.

Number of pharmacies open within normal working hours

[Monday to Friday, 9.00am – 5.30pm]

All 10 pharmacies in Cwmtawe locality are open Monday to Friday 9.00am – 5.30pm.

To conclude there is good access to pharmacies within normal working hours in the Cwmtawe locality

❖ Number of pharmacies open outside of normal opening hours on weekdays

[after 5.30pm Monday to Friday]

With regards to late opening there are:

6 pharmacies open until 6.00pm.

No pharmacies are open past 6.00pm on weekdays.

Full details of pharmacy opening times can be found in **Appendix L**

There is access until 10.30pm in the neighbouring locality of Penderi.

This is within 4.6 miles and 20 minutes' drive time and for residents living within the Cwmtawe locality.

There is reasonable access to pharmacy services outside of normal opening hours.

❖ Number of pharmacies open on weekends

In considering access to essential services, it is noted that:

- 7 pharmacies open either half or full day on a Saturday.
6 pharmacies are open mornings only. 1 pharmacy is open all day Saturday.
- There are no pharmacies open on a Sunday. However, the neighbouring locality of Penderi has a pharmacy open until 10.00pm on a Sunday, residents of Cwmtawe would be able to access this pharmacy within the 20-minute drive time.

Pharmacy	Saturday	Sunday
Boots Chemist Ltd, Woodfield Street, Morriston	Full day opening	Closed
Hanfords Chemist, Llansamlet	Half day opening	Closed
Lloyds Pharmacy, 50 Sway Road, Morriston	Half day opening	Closed
Lloyds Pharmacy, 67 Sway Road, Morriston	Half day opening	Closed
Lloyds Pharmacy, Heol y Nant, Clydach	Half day opening	Closed
Lloyds Pharmacy, Clydach Health Centre	Half day opening	Closed

Lloyds Pharmacy, Strawberry Place, Morrison	Half day opening	Closed
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The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 20 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

Noting the opening hours of the existing pharmacies on weekends, it is concluded that they are sufficient to meet the likely needs of residents in the locality and residents travelling to neighbouring localities on weekends.

❖ **Availability of advanced services**

All 10 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 10 pharmacies in the locality provide the Discharge Medicines Review Service.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

❖ **Availability of enhanced services identified, to be available in all pharmacies**

The Health Board commissions the following national enhanced services,

- *Emergency Contraception* – all 10 pharmacies offer Emergency Contraception service
- *Common Ailments Service*- all 10 pharmacies in the locality provide this service
- *Influenza Vaccinations* – all 10 pharmacies offer Influenza vaccinations
- *Emergency Supply of Medication* – 8 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – all 10 pharmacies offer L2 (supply of NRT)
- *Smoking Cessation (L3)* – 8 pharmacies offer L3 – supply of NRT & counselling

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

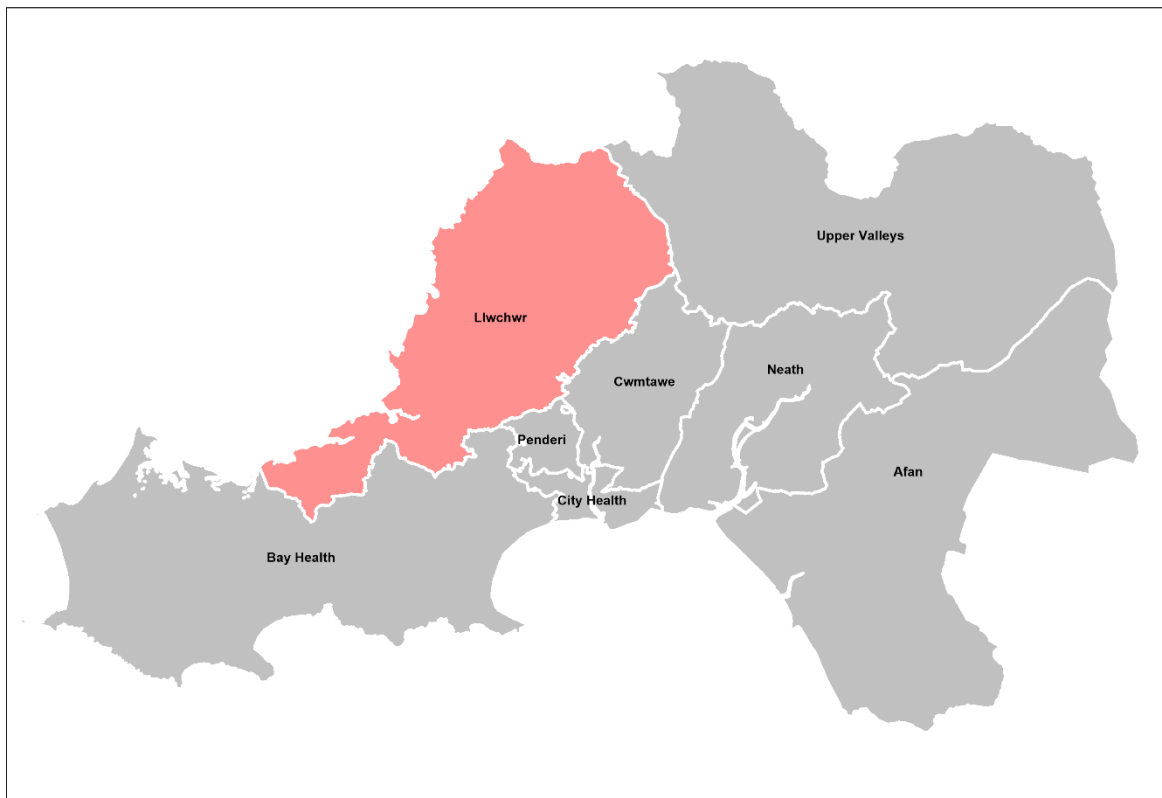
❖ **Proximity of pharmacies to GP practices**

Each of the 5 GP Practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy – Adjacent or next door	5

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

11. Llŵchwr locality



11.1 Key Facts

- The Llŵchwr cluster serves a (GP registered) population of 48,153 (as at 01.04.2021) and is the fourth smallest cluster by registered population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 5 clusters within the county of Swansea.
- Of the 20% most deprived LSOAs in Wales, 17 are within Swansea, with 2 found within the Llŵchwr Cluster (Source - <https://www.swansea.gov.uk/wimd2019>)
- This area comprises mostly the district centres to the north-west and around the Loughor estuary/river, and the rural north of the county. It consists of 27 LSOAs. (Source - <https://www.swansea.gov.uk/communityareaprofiles>)
- The cluster geographically covers the wards: Cockett (part), Gorseinon, Gowerton, Kingsbridge, Llangyfelach (part), Lower Loughor, Mawr, Penclawdd, Penllergaer, Penyrheol, Pontardulais, Upper Loughor (Source - <https://www.swansea.gov.uk/communityareaprofiles>)

- A journey from Pontarddulais to Gowerton by road would take 15 minutes and cover a distance of 5 miles. (Source – Google Maps)
- Based on the projected population growth in Swansea, provided in section 2, there is a forecast of 6.94% increase in population between 2018 – 2043. Based on the *resident population* in the Llŵchwr cluster area of 45,753 Population projections by local authority and year (gov.wales) this could increase to 48,928
- The Llŵchwr Cluster has approximately 9,489 people over the age of 65 years and over (19.2%) which is lower than the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (Source: *Small area population estimates (2018)*, ONS) Secondary Source - Cluster IMTP
- The Cluster area has 4 GP practices (1 of which operate a branch practice).
- The locality has 10 community pharmacies. (Source – Cluster IMPT 2020 – 2023)
- There are 7 dental practices that offer NHS treatment and 4 optometric practices. (Source – Cluster IMPT 2020 – 2023)
- There are;
 - Dual Registered Care Homes
 - 1 Dementia Care Homes
 - 1 Residential Care Homes
 - 3 LA Homes
- There is 1 hospital within the Llŵchwr Cluster; Gorseinon Community Hospital
- There is 1 pharmacy in the Llŵchwr Cluster where services are available in Welsh in addition to English.
- According to the 2011 Census 11.4% of people aged 3 years and above in Swansea are able to speak Welsh
- According to Swansea Council Local Development Plan (2010-2025) it is estimated that a minimum of 1,830 homes will be built in the Llŵchwr Cluster during the 5-year period of this PNA from October 2021:

Site Name	Total Estimated Units	Planning Status	No. of Homes Expected To Be Built by 2025
Residential Led Strategic Development Areas (SDAs)			
South of Glanffrwd Road, Pontarddulais (Site A)	720	Pre-Application. No planning applications determined in 2019 - 20.	486

North of Garden Village	750	Outline planning consent granted in December 2019 to Persimmon, and a detailed reserved matters application is being considered by the Authority.	700
South of A4240, Penllergaer	850	A hybrid planning application by Bellway Homes is being considered by the Authority	644

These developments are unlikely to have a significant impact on the pharmaceutical needs of the locality.

Of the 10 pharmacies in Llchwyr locality, 9 pharmacies indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area.

1 pharmacy stated they do not have sufficient premises and staffing capacity at present but are exploring alternative premises locally to manage the increase in demand.

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

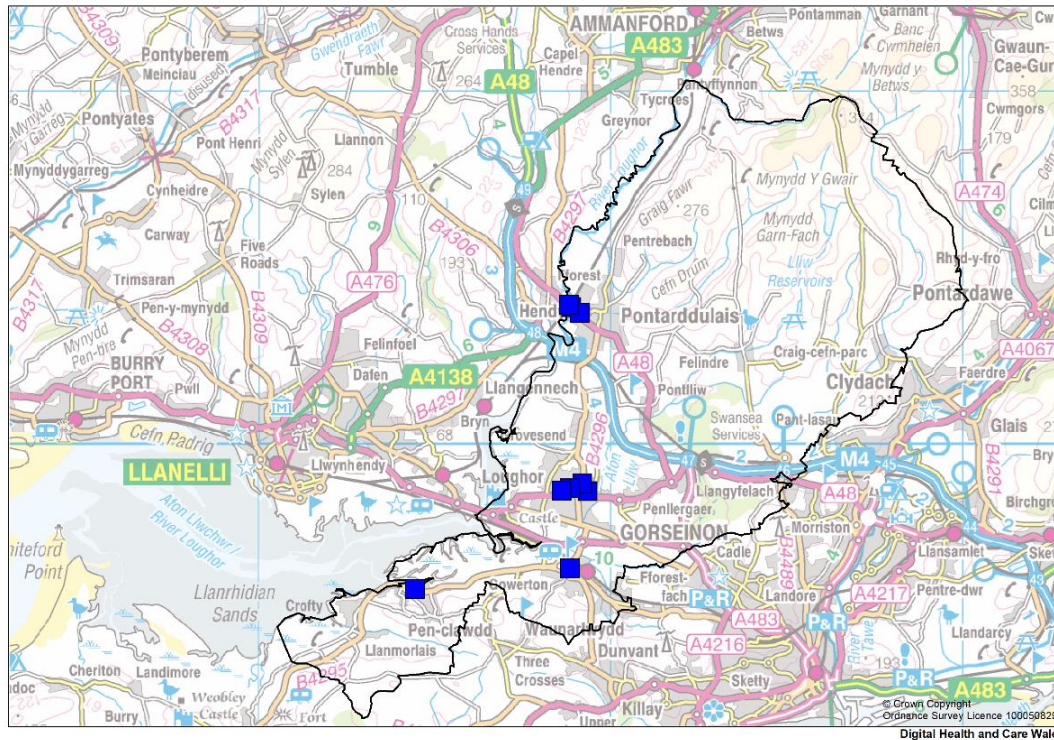
There are 10 pharmacies in the Llchwyr locality (see map 11.2.1 – Pharmacies (in blue) operated by 7 different contractors.

There are 2.08 pharmacies for every 10,000 population in the locality. This is lower than the overall rate for Swansea Bay UHB, which is 2.38.

There are no dispensing practices within the locality.

Map 11.2.1 – Location of pharmacies and dispensing practices in the Llŵchwr locality

Location of pharmacies in the Llŵchwr cluster



It is expected that a pharmacy will provide at least 40 hours of opening each week. For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

❖ Number of pharmacies open within normal working hours

There are 10 Pharmacies in Llŵchwr Locality:

- None of the pharmacies are open 7 days a week
- 1 pharmacy is open full days from Monday to Saturday
- 5 pharmacies are open full days Monday to Friday and Saturday morning
- 4 pharmacies are open Monday to Friday only

❖ Number of pharmacies open outside of normal opening hours on weekdays

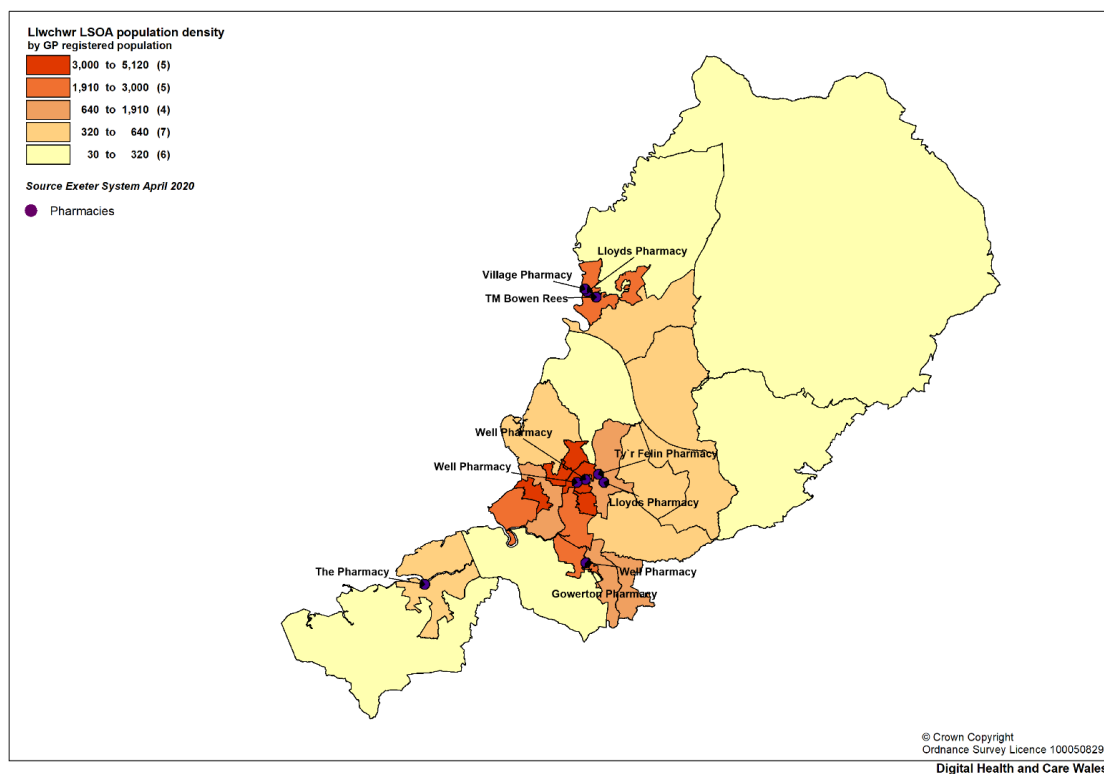
8 pharmacies within the Llŵchwr locality are open until 6.00pm Monday to Friday.

- 6 pharmacies open at 9.00am,
- 4 pharmacies open at 8.30am.

Full details of pharmacy opening times can be found in **Appendix L**

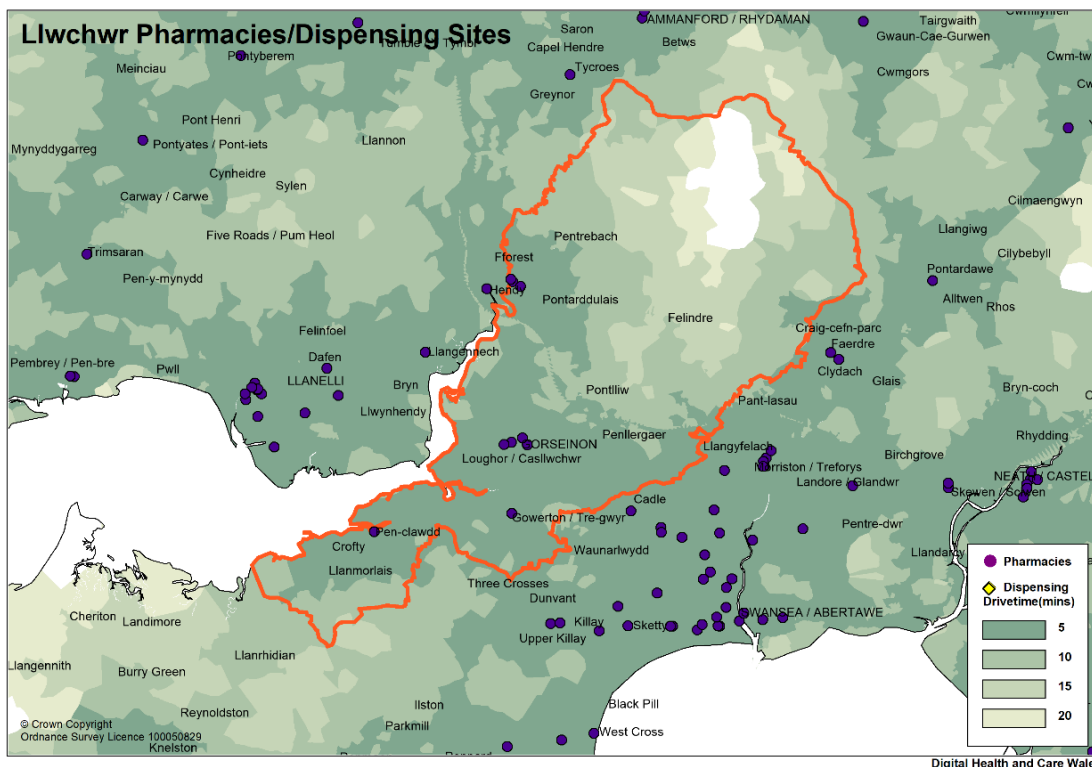
As can be seen from Map 11.2.2 the 9 pharmacies are based within the areas of highest population density, with the remaining pharmacy in Penclawdd serving a smaller population and providing pharmaceutical services in a rural area. In Gorseinon where there is high population density there are multiple pharmacies and in smaller settlements there is usually one pharmacy serving that population.

Map 11.2.2 – Location of pharmacies and dispensing practices compared to population density in Llŵchwr locality



Map 11.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20-minute drive of a pharmacy. This evidences that all residents living within the Llŵchwr locality are able to access a pharmacy within the 20-minute drive time standard set for the maximum access time to Pharmaceutical services.

Map 11.2.3 – Drive time to a pharmacy in the Llŵchwr locality



For Swansea 98% of all prescriptions written in 2019/20 by GP practices based in the county were dispensed by pharmacies within the area.

All 10 pharmacies are able to offer the Discharge Medicines Review service.

During 2019/20 9 pharmacies provided the service and 62 DMR's were offered out of a potential maximum of 1260.

9 pharmacies offer the Medicines Use Review Service. During 2019/20, 9 provided the services and 1,728 MURs were completed out of a potential maximum of 3,600.

9 pharmacies offer the Common Ailment Service. During 2019/20, 1242 patients accessed the service and a range of activity across the 9 pharmacies was between 4 and 221 patients.

8 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 365 patients accessed the service.

9 pharmacies offer the Emergency Contraception service. During 2019/20, 229 patients accessed the service.

9 pharmacies offer the Influenza Vaccination service. During 2019/20, 981 patients were vaccinated at a pharmacy.

9 pharmacies are listed for the Just in Case pack service. During 2019/20, 9 Just in Case packs were issued.

9 pharmacies offer Smoking Cessation Level 3. During 2019/20, 148 patients accessed the service, 107 patients were treated and 62 patients quit. The highest number of patients seen by one pharmacy was 20, and the lowest number of patients seen by one pharmacy was 4.

In 2019/20 3 pharmacies provided the Palliative Care Medication enhanced service, in line with having at least one pharmacy per locality.

1 pharmacy offers the Blood Borne Virus (BBV) testing service. During 2019/20, 6 patients accessed the service

All 10 pharmacies dispense all types of appliance.

There are 4 surgeries within the **Llwchwr Locality** that operate 6 sites (1 of which operates 2 branch practices):

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmacy
Estuary Group Practice	Gowerton(M)	Pharmacy - Adjacent
Penclawdd Health Centre	Penclawdd(B)	Pharmacy within ¼ mile
Penbryn Surgery	Gorseinon(B)	Pharmacy - Adjacent
Princess Street Surgery	Gorseinon(M)	Pharmacy within ¼ mile
Tal y Bont Surgery	Pontardulais(M)	Pharmacy - Adjacent
Tyr Felin Surgery	Gorseinon(M)	Pharmacy - Adjacent

11.3 Current provision of pharmaceutical services outside the County's area

Some residents choose to access contractors outside both the County and the Health Board 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

During 2019/20, just over 2% of prescriptions issued in Swansea were dispensed outside of the County. Of which, 0.3% were dispensed in another pharmacy within Swansea Bay UHB. 0.7% of prescriptions were dispensed elsewhere in Wales and 0.8% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the County, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

11.4 Other NHS services

Gorseinon Hospital is located within the Llwwchwr locality which provides assessment and rehabilitation for the elderly. There are no other key NHS services located within the Llwwchwr Locality. However, patients

could access the Minor Injury Unit at Neath Port Talbot Hospital and the Out of Hours Treatment Centre and the Accident and Emergency Department at Morriston Hospital, Swansea, if needed.

11.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 462 contractors outside Swansea Bay UHB dispensed prescriptions prescribed within Swansea County.

11.6 Gaps in provision

All 10 pharmacies in the locality responded to the Contractor questionnaire exercise.

9 pharmacies indicated sufficient capacity within existing premises and staffing levels to meet increasing demand for services

1 pharmacy indicated they were reviewing their premises and staffing to manage the increased demand.

The main increase in demand for essential and enhanced services is likely to be in the Gorseinon, Pontardulais and Penlleagaer areas, which have the most significant planned housing developments expected to be realised within the life of this PNA.

These developments will not have an impact on the pharmaceutical needs of the locality.

Whilst not an NHS service 10 pharmacies provide a free prescription collection service. 7 confirmed they provide a free prescription delivery service, 2 confirmed they provide a free prescription delivery service from a selected list of criteria. 1 pharmacy did not provide a response to this question.

Those who are unable to access a pharmacy could have their medicines delivered by a pharmacy within the locality.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the Llŵchwr Cluster per 10,000 population is 2.08, which is lower than the Swansea Bay UHB average of 2.38.

The area is adequately served in terms of essential pharmaceutical services.

Number of pharmacies open within normal working hours

[Monday to Friday, 9.00am – 5.30pm]

10 pharmacies in the Llŵchwr locality are open Monday to Friday 9.00am – 5.30pm.

There is good access to pharmacies within normal working hours in the Llŵchwr locality.

❖ **Number of pharmacies open outside of normal opening hours on weekdays**

[After 5.30pm Monday to Friday]

With regards to late opening there are

- 8 pharmacies open until 6.00pm on weekdays.

There are pharmacies open after 6.00pm in the neighbouring locality of Penderi.

Full details of pharmacy opening times can be found in **Appendix L**

There is good access to pharmacies open outside of normal working hours in Llchwyr locality.

❖ **Number of pharmacies open on weekends**

In considering access to essential services, it is noted:

- 7 pharmacies open either half or full day on a Saturday.
- 6 pharmacies are open mornings only. 1 pharmacy is open all day Saturday.
- 1 pharmacy is open on a Sunday as part of weekly Sunday rota between 11.00am and 1.00pm.

Pharmacy	Saturday	Sunday
Lloyds Pharmacy, Gorseinon	Full day opening	Closed
Lloyds Pharmacy, Pontardulais	Half day opening	Closed
T Bowen Rees t/a Medihub Pharmacy, Pontardulais	Half day opening	Closed
Tyr Felin Pharmacy, Gorseinon	Half day opening	Closed
Village Pharmacy, Pontardulais	Half day opening	Closed
Gowerton Pharmacy	Half day opening	Closed
Penclawdd Pharmacy	Half day opening	Rota hours only 11.00am -1.00pm

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 20 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for some residents.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality on weekends.

❖ **Availability of advanced services**

All 10 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to COVID-19 pandemic).

All 10 pharmacies offer the Discharge Medicines. Review service. During 2019/20 9 pharmacies provided the service and 62 DMR's were offered out of a potential maximum of 1260.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

❖ **Availability of enhanced services identified, to be available in all pharmacies**

The Health Board has commissioned the following national enhanced services:

- *Common Ailments Service* – 9 pharmacies in the locality provide this service
- *Emergency Contraception* – 9 pharmacies offer Emergency Contraception Service
- *Influenza Vaccinations* – 9 pharmacies offer Influenza vaccinations
- *Emergency Medicine Supply* service - 8 pharmacies provide this service
- *Smoking Cessation Services (L2)* – 9 pharmacies offer L2 (supply of NRT)
- *Smoking Cessation (L3)* – 9 pharmacies offer L3 – supply of NRT & counselling

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

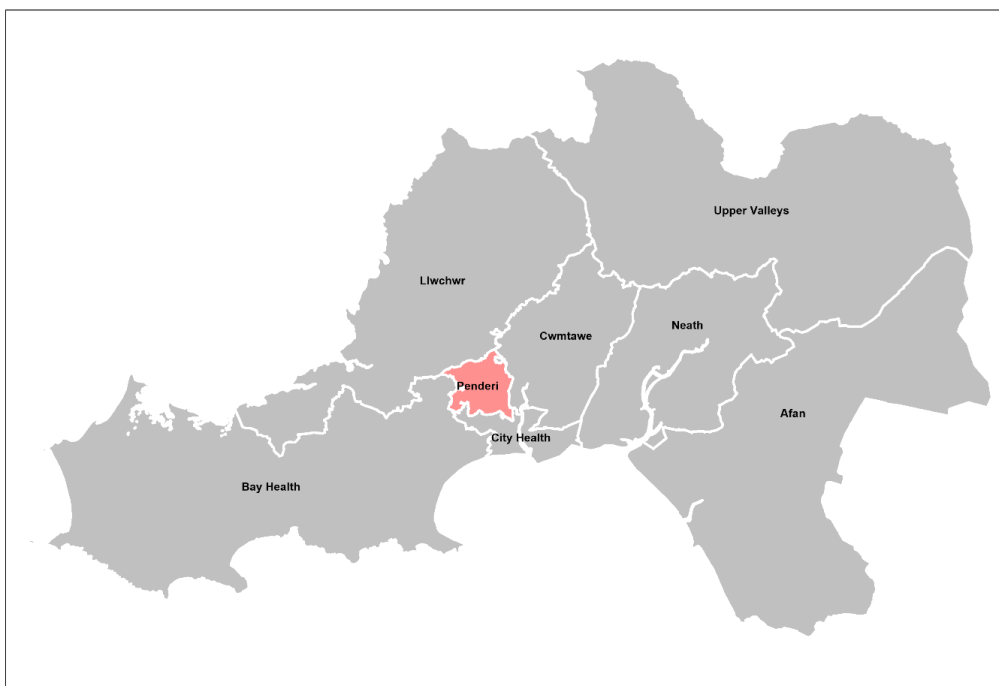
❖ **Proximity of pharmacies to GP practices**

Each of the 6 GP Practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy - Adjacent	4
Pharmacy within ¼ mile	2

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients)

12. Penderi locality



12.1 Key Facts

- The Penderi Cluster serves a (GP registered) population of 37,867 (as at 01.04.2021) and is the second smallest cluster by registered population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 5 clusters within the county of Swansea.
- Of the 20% most deprived LSOAs in Wales, 17 are within Swansea, with 5 found within the Penderi Cluster (Source - <https://www.swansea.gov.uk/wimd2019>)
- Consisting of 19 LSOAs, this area includes the urban areas to the north- west of the city and is adjacent to four of the other five areas. It has the smallest land area of the Swansea clusters (Source - <https://www.swansea.gov.uk/communityareaprofiles>)
- The Cluster area consists of 19 LSOA's and is the most deprived Cluster Network in Swansea. (Source - <https://www.swansea.gov.uk/communityareaprofiles> / IMTP 2020-2023)
- The Cluster geographically covers the wards: Castle (part), Cockett (part), Cwmbwrla, Mynyddbach (part), Penderry (Source - <https://www.swansea.gov.uk/communityareaprofiles>)
- Based on the projected population growth in Swansea, provided in section 2, there is a forecast of 6.94% increase in resident population between 2018 – 2043. Based on the population in the Penderi cluster area of 32,534 (Source: --[Population projections by local authority and year \(gov.wales\)](https://www.gov.wales/population-projections) this could increase to 34,792.

- The Penderi Cluster has approximately 5,289 people over the age of 65 years and over (16.3%) which is lower than the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (*Source: Small area population estimates (2018), ONS*) Secondary Source - Cluster IMTP)
- The Cluster has 6 GP practices.
- The locality has 9 community pharmacies. (Source – Cluster IMPT 2020 – 2023)
- There are 5 dental practices that offer NHS treatment and 3 optometric practices. (Source – Cluster IMPT 2020 – 2023)
- There are;
 - 1 Dual Registered Care Homes
 - 1 Dementia Care Homes
 - 1 Residential Care Homes
 - 2 Local Authority Homes
- There are no pharmacies in the Penderi cluster who are able to offer pharmaceutical services through the medium of Welsh.
- According to the 2011 Census 11.4% of people aged 3 years and above in Swansea are able to speak Welsh.
- According to Swansea Council Local Development Plan (2010-2025) it is estimated that a minimum of 1,804 homes will be built in the Penderi Cluster during the 5-year period of this PNA from October 2021:

Site Name	Total Estimated Units	Planning Status	No. of Homes Expected To Be Built by 2025
Residential Led Strategic Development Areas (SDAs)			
West of Llangyfelach Road, Penderry	1,950	Outline planning consent granted to Llanmoor Homes in 2019 - 20, and a detailed reserved matters application is being considered by the Authority.	1,088
Mixed Use Strategic Development Areas (SDAs)			
North of Waunarlwydd / Fforestfach	1,319	Pre - Application.	716

These developments are unlikely to have a significant impact on the pharmaceutical needs of the locality.

There are 9 pharmacies in the Penderi locality, where the increase in housing is planned.

Of the 9 pharmacies in the Penderi locality, all 9 indicated that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in their area.

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

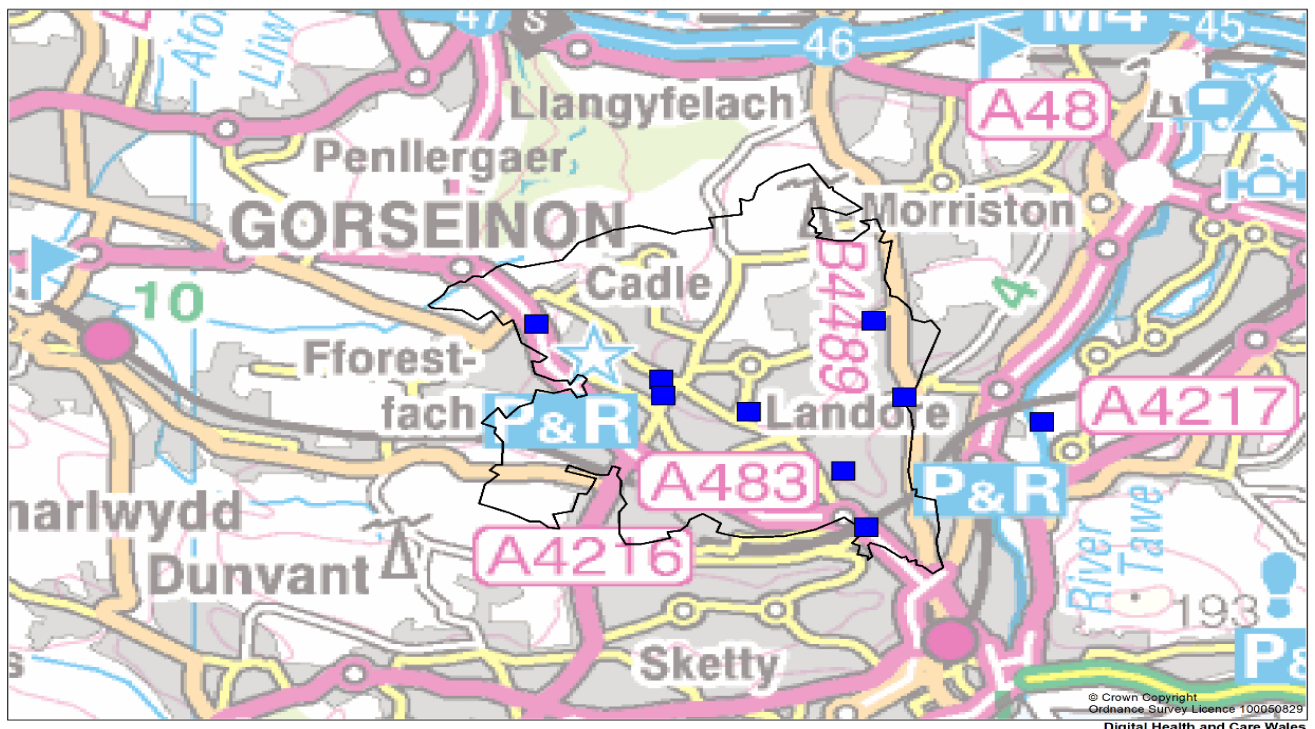
There are 9 pharmacies in the Penderi locality (see Map 12.2.1 - pharmacies shown in blue) operated by 6 different contractors.

The availability of pharmacy services within the Penderi Cluster per 10,000 population is 2.09, which is lower than the Swansea Bay UHB average of 2.38.

There is no dispensing practice within the locality.

Map 12.2.1 – Location of community pharmacies and dispensing practices in the Penderi locality

Location of pharmacies in the Penderi cluster



Boots Pharmacy, Morfa is slightly outside of the Penderi boundary as shown above, the nearest GP practice is within the Penderi boundary and for the purposes of the PNA the pharmacy is included within the Penderi locality.

It is expected that a pharmacy will provide at least 40 hours of opening each week. For the purposes of the PNA, normal working hours have been defined as [Monday to Friday 9.00 am to 5.30 pm].

There are 9 Pharmacies in Penderi locality

9 pharmacies are open Monday to Friday 9.00am to 5.30 pm

- 2 pharmacies are open 7 days a week
- There are no pharmacies who are open full days from Monday to Saturday
- 3 pharmacies are open full days Monday to Friday and Saturday morning
- 4 pharmacies are open Monday to Friday only

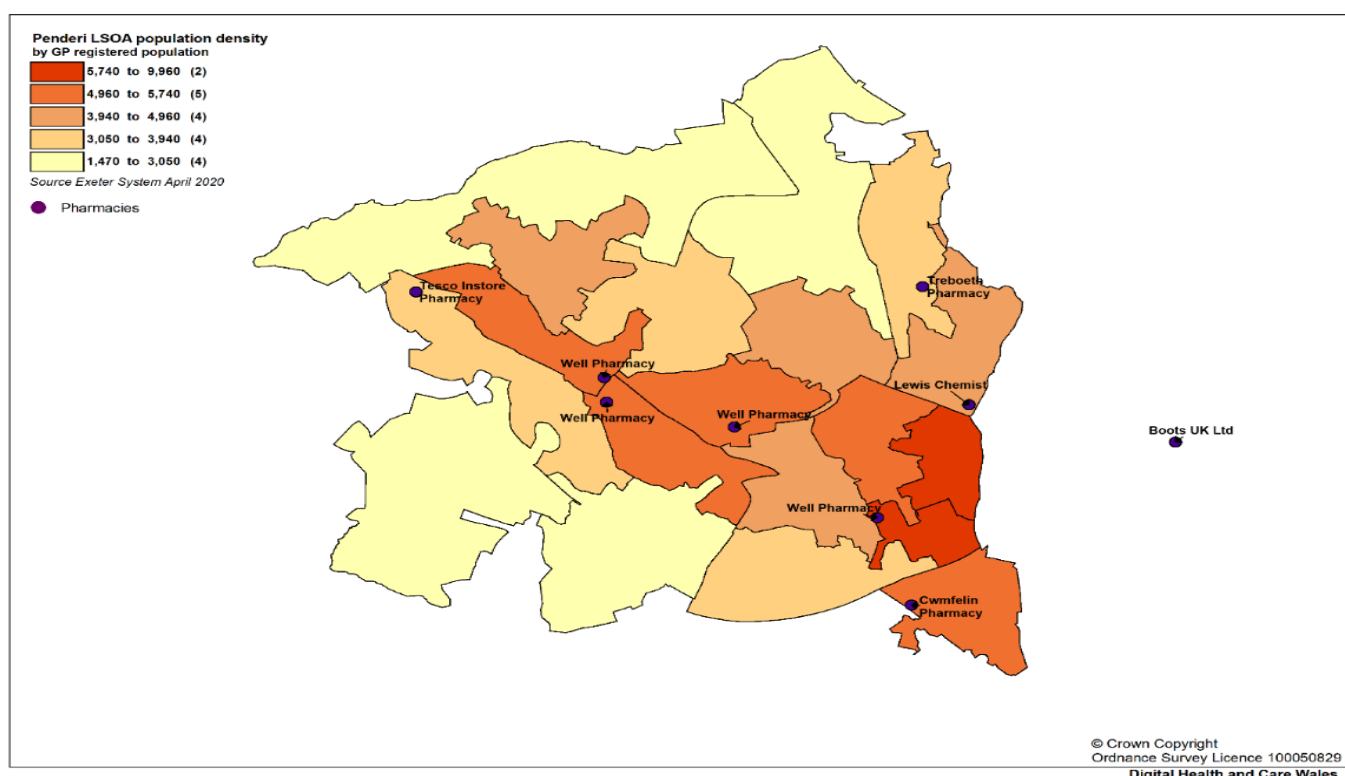
With regards to late opening, 6 pharmacies are open until 6.00pm, 1 pharmacy is open until 6.15pm, 1 pharmacy is open until 8.00pm and 1 pharmacy is open until 10.30pm

- 5 pharmacies open at 9.00am. 2 pharmacies open at 8.30am. 2 pharmacies open at 8.00am
- Full details of pharmacy opening times can be found in **Appendix L**

There is good access to pharmacies within normal working hours in the Penderi locality.

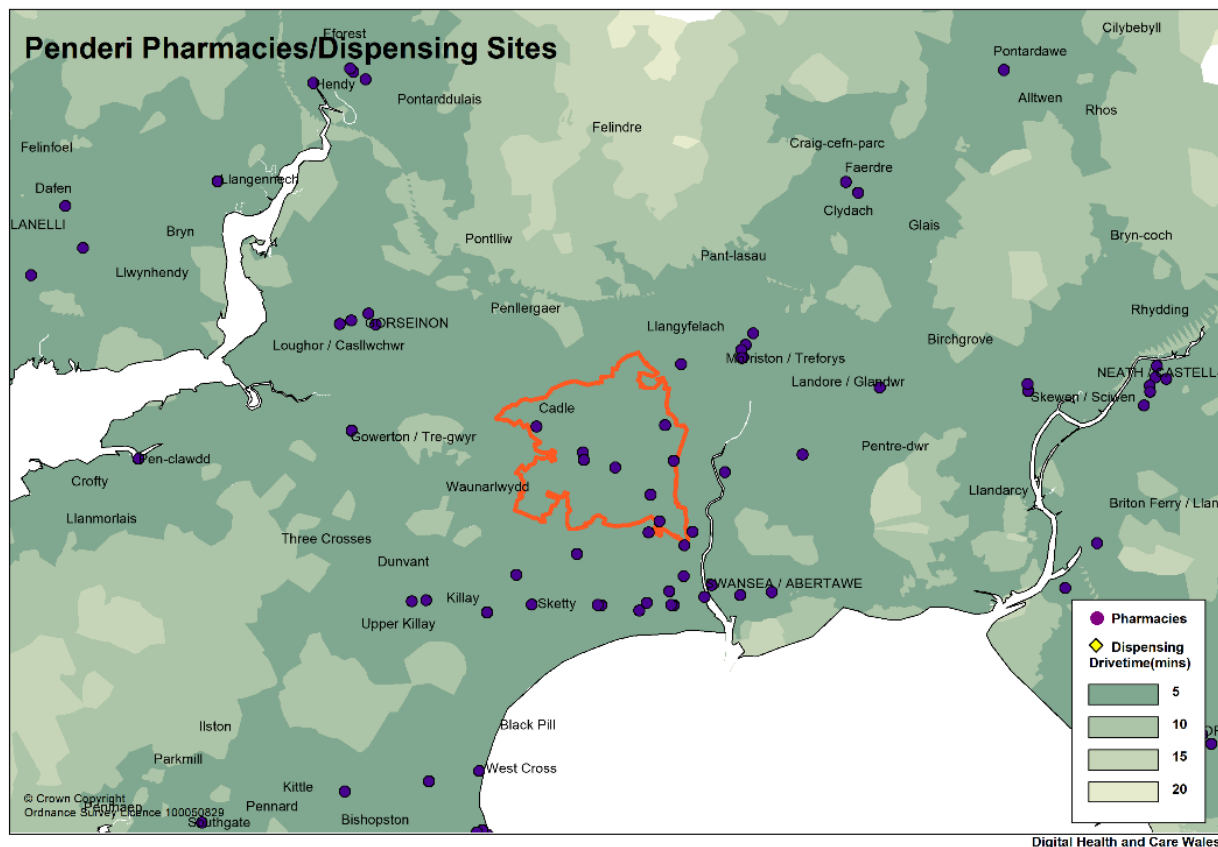
As can be seen from Map 12.2.2 the 9 pharmacies are located in the areas of higher population density. In areas with the highest population density there are at least three pharmacies to meet the needs of the local population.

Map 12.2.2 – Location of pharmacies compared to population density in Penderi locality



Map 12.2.3 below shows the areas of the locality which are within a 5,10,15 and 20-minute drive of a pharmacy. This evidences that all residents living within the Penderi locality are able to access a pharmacy well within the 20-minute drive time standard set for the maximum access time to pharmaceutical services.

Map 12.2.3 – Drive time to a pharmacy/Dispensing Site in the Penderi locality



For Swansea 98% of all prescriptions written in 2019/20 by GP practices based in the county were dispensed by pharmacies within the area.

All 9 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 9 pharmacies provided the service and 23 DMR's were offered out of a potential maximum of 1260.

All 9 pharmacies offer the Medicines Use Review service. During 2019/20, 9 provided the service and 2,289 Medicines Use Reviews were completed out of a potential maximum of 3,600.

All 9 pharmacies offer the Common Ailments Service. During 2019/20, 971 patients accessed the service and the range of activity across the 9 pharmacies was between 1 and 170 patients.

8 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 501 patients accessed the service.

All 9 pharmacies offer the Emergency Contraception service. During 2019/20, 1,375 patients accessed the service.

8 pharmacies offer the Influenza Vaccination service. During 2019/20, 1,092 patients were vaccinated at a pharmacy.

7 pharmacies offer the Just in Case pack service. During 2019/20, 11 Just in Case packs were issued.

7 pharmacies offer Smoking Cessation Level 3. During 2019/20, 106 patients accessed the service, 72 patients were treated and 43 patients quit. The highest number of patients seen by 1 pharmacy was 17, and the lowest number of patients seen by one pharmacy was 1.

In 2019/20, 3 pharmacies provided the Palliative Care Medication enhanced service, in line with the aim of having at least 1 pharmacy per locality.

1 pharmacy offered the Blood Borne Virus (BBV) testing service. During 2019/20, 3 patients accessed the service

There are 6 surgeries within the **Penderi locality** that operate 5 sites:

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmacy
Brynhyfryd Medical Centre	Brynhyfryd	Pharmacy - Adjacent
Cheriton Medical Centre	Port mead	Pharmacy within ½ mile
Cwmfelin Medical Centre	Cwmbwrla	Pharmacy - Adjacent
Fforestfach Medical Centre (Bradley)	Fforestfach	Pharmacy - Adjacent
Fforestfach Medical Centre (Powell)	Fforestfach	Pharmacy- Adjacent
Manselton Surgery	Manselton	Pharmacy within ¼ mile

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

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

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

During 2019/20, just over 2% of prescriptions issued in Swansea were dispensed outside of the county. Of which, 0.3% were dispensed in another pharmacy within Swansea Bay UHB. 0.7% of prescriptions were dispensed elsewhere in Wales and 0.8% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

12.4 Other NHS services

There are no key NHS services located within the Penderi Locality. However, patients could access the Minor Injury Unit at Neath Port Talbot Hospital and the Out of Hours Treatment Centre and the Accident and Emergency Department at Morriston Hospital, Swansea, if needed.

12.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2 and 12.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 462 contractors outside Swansea Bay UHB dispensed prescriptions prescribed within Swansea County

12.6 Gaps in provision

All 9 pharmacies in the locality responded to the Contractor questionnaire exercise.

All 9 pharmacies indicated sufficient capacity within existing premises and staffing levels to meet increasing demand for services.

The main increase in demand for essential and enhanced services is likely to Llangyfelach and Fforestfach areas, which have the most significant planned housing developments expected to be realised within the life of this PNA, however, this will be met by existing provision.

Whilst not an NHS service, 9 pharmacies offer a free prescription collection service from the GP practices locally. 5 pharmacies offer a free prescription delivery service to any patient. 4 pharmacies offer delivery service to patients from a list of selected criteria. Those who are unable to access a pharmacy could have their medicines delivered by a pharmacy within the locality.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the Penderi locality, per 10,000 population is 2.09, which is slightly lower than the Swansea Bay UHB average of 2.38.

The area is adequately served in terms of essential pharmaceutical services.

❖ Number of pharmacies open within normal working hours

[Monday to Friday, 9.00am – 5.30pm]

9 pharmacies in the Penderi locality are open Monday to Friday 9.00am – 5.30pm.

There is good access to pharmacies within normal working hours in the Penderi locality.

❖ **Number of pharmacies open outside of normal opening hours on weekdays**

[After 5.30pm Monday to Friday]

9 pharmacies in the Penderi locality are open after 5.30pm on weekdays.

- 7 pharmacies in the Penderi locality are open until 6.00pm.
- 1 pharmacy is open until 8.00pm.
- 1 pharmacy is open until 10.30pm

There is good access to pharmacies outside of normal working hours in the Penderi locality

❖ **Number of pharmacies open on weekends**

In considering access to essential services, it is noted that:

- 3 pharmacies open either half or full day on a Saturday. 3 pharmacies open morning only.
- 1 pharmacy is open all day Saturday to 8.00pm. 1 pharmacy is open all day Saturday to 10.30pm.
- 2 pharmacies open on a Sunday. 1 pharmacy is open between 10.00am and 4.00pm. 1 pharmacy is open between 10.00am and 10.30pm

Pharmacy	Saturday	Sunday
Boots Chemist Morfa Retail park	Full day opening	Full day opening
Tesco Pharmacy Fforestfach	Full day opening	Full day opening
Treboeth Pharmacy Treboeth	half day opening	Closed
Well Pharmacy Conway Road	half day opening	Closed
Well Pharmacy 118 Ravenhill Road	half day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 20 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

Noting the opening hours of the pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality.

❖ **Availability of advanced services**

All 9 pharmacies in the locality provide the Medicines Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 9 pharmacies in the locality provide the Discharge Medicines Review Service.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

❖ **Availability of enhanced services identified, to be available in all pharmacies**

The Health Board commissions the following national enhanced services:

- *Common Ailments Service* – 9 pharmacies in the locality provide this service
- *Emergency Contraception* – 9 pharmacies offer Emergency Contraception Service
- *Influenza Vaccinations* – 8 pharmacies offer Influenza vaccinations
- *Emergency Supply of Medication* – 8 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – 9 pharmacies offer L2 (supply of NRT)
- *Smoking Cessation (L3)* – 7 pharmacies offer L3 – supply of NRT & counselling

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

The Health Board will work with existing pharmacy contractors to improve on the provision of those services that are not currently available in all 9 pharmacies in the locality.

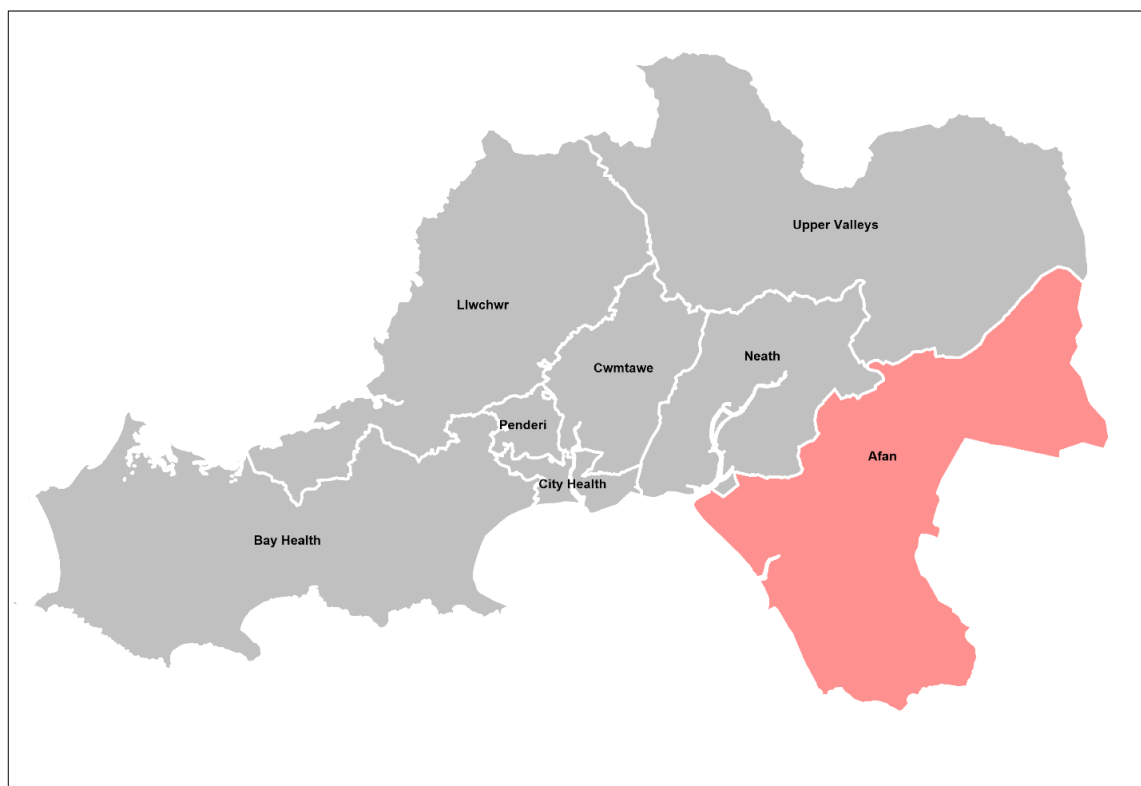
❖ **Proximity of pharmacies to GP practices**

Each of the 6 Medical Practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy - Adjacent	4
Pharmacy within ¼ mile	1
Pharmacy within ½ mile	1

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients).

13. Afan locality



13.1 Key facts

- The Afan Cluster serves a (GP registered) population of 50,505 (as at 01.04.2021) and is the fourth Largest cluster by registered population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 3 clusters within the county of Neath Port Talbot.
- Of the 20% most deprived LSOAs in Wales, 14 are within Neath Port Talbot, with 12 found within the Afan Cluster. (Source - <https://wimd.gov.wales/geography/la/W06000012?lang=en#&min=0&max=10&domain=overall>)
- This area consists of 34 LSOAs. 5.8% live in a Lower Super Output Area (LSOA) that is classified as rural (Source – IMTP 2020-2023)
- The Cluster geographically covers the wards: Glyncorwg, Cymmer, Gwynfi, Pelenna, Bryn, Cwmavon, Port Talbot, Taibach, Margam, Baglan, Briton Ferry West, Sandfields West, Sandfields East and Aberavon (Source – Afan IMTP)
- Based on the projected population growth in Neath Port Talbot, provided in section 2, there is a forecast of 5.91% increase in population between 2018 – 2043. Based on the population in the Afan cluster

area of 49,536 (as at 2018) ([Population projections by local authority and year \(gov.wales\)](https://gov.wales/population-projections-by-local-authority-and-year)) this could increase to 52,463.

- The Afan Cluster has approximately 10,505 people over the age of 65 years and over (20.8%) which is lower than the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (Source: *Small area population estimates (2018)*, ONS) Secondary Source - Cluster IMTP
- The Cluster area has 8 GP practices (1 of which operates a branch practice).
- The locality has 13 community pharmacies.
- There are 8 dental practices that offer NHS treatment and 3 optometric practices.
- There are 9 care homes (Source - Cluster IMPT 2020 – 2023)
- There are 4 pharmacies in the Afan Cluster where services are available in English and Welsh.
- There is 1 hospital within the Afan Cluster; Neath Port Talbot Hospital
- According to the 2011 Census 15.3% of people aged 3 years and above in Neath Port Talbot are able to speak Welsh (Source: <https://stats.wales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>)
- According to Neath Council Local Development Plan (2010-2026) it is estimated that a minimum of 198 homes will be built in the Afan Cluster during the 5-year period of this PNA from October 2021

Site Name	Total Estimated Units	Planning Status	No. of Homes Expected To Be Built by 2025 - 26
Harbourside, Port Talbot	385	Site is without planning permission	198

- These developments are unlikely to have a significant impact on the pharmaceutical needs of the locality (Source - https://www.npt.gov.uk/media/7321/ldp_written_statement_jan16.pdf?v=20170727124344).

All 13 pharmacies in Afan locality stated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area.

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

There are 13 pharmacies in the Afan locality (see Map 13.2.1 – pharmacies are in Blue) operated by 8 different contractors.

There is 1 dispensing GP practice within the locality (see Map 13.2.1 – shown in yellow) and when this is factored into the ratio of essential pharmaceutical series, the ratio increases to 2.78 per 10,000 population.

Map 13.2.1 – Location of community pharmacies and dispensing practice in the Afan locality

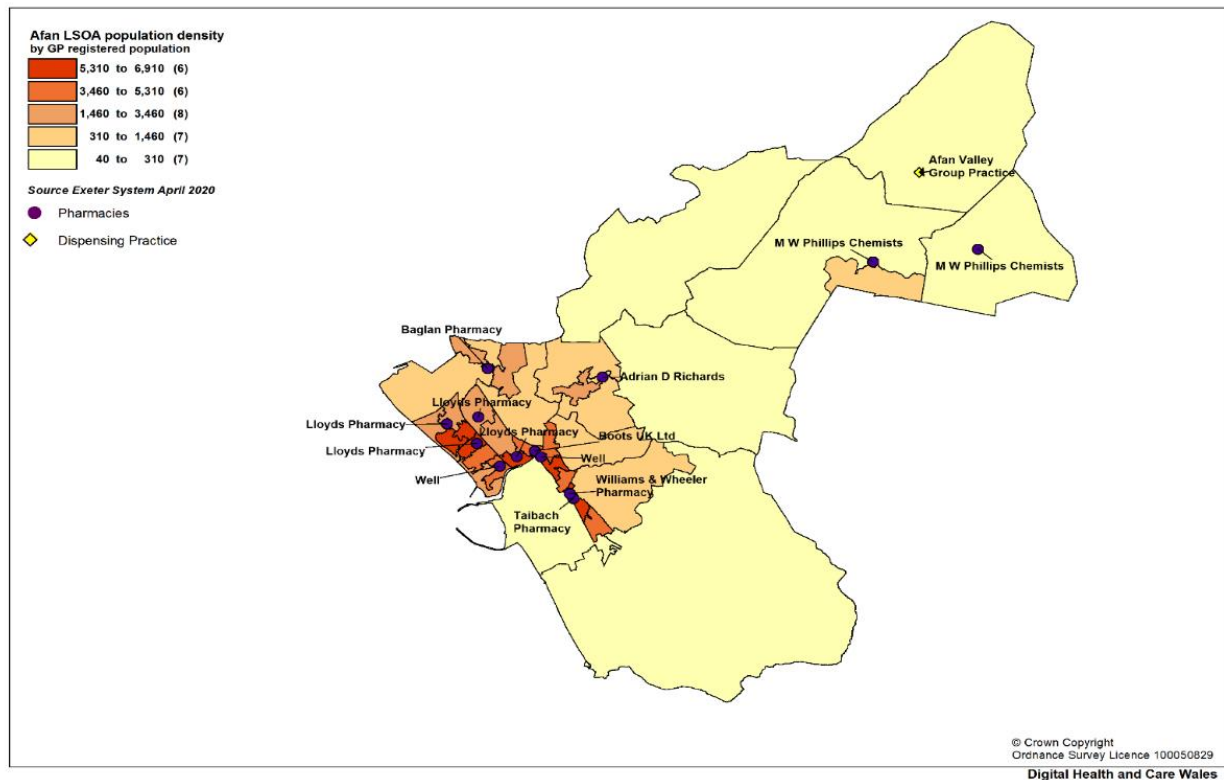
- 1 pharmacy is open 7 days a week
- 1 pharmacy is open full days Monday to Saturday
- 6 pharmacies open Monday to Friday and Saturday morning
- 5 pharmacies open Monday to Friday only

Full details of pharmacy opening times can be found in **Appendix L**.

SBUHB: Pharmaceutical Needs Assessment

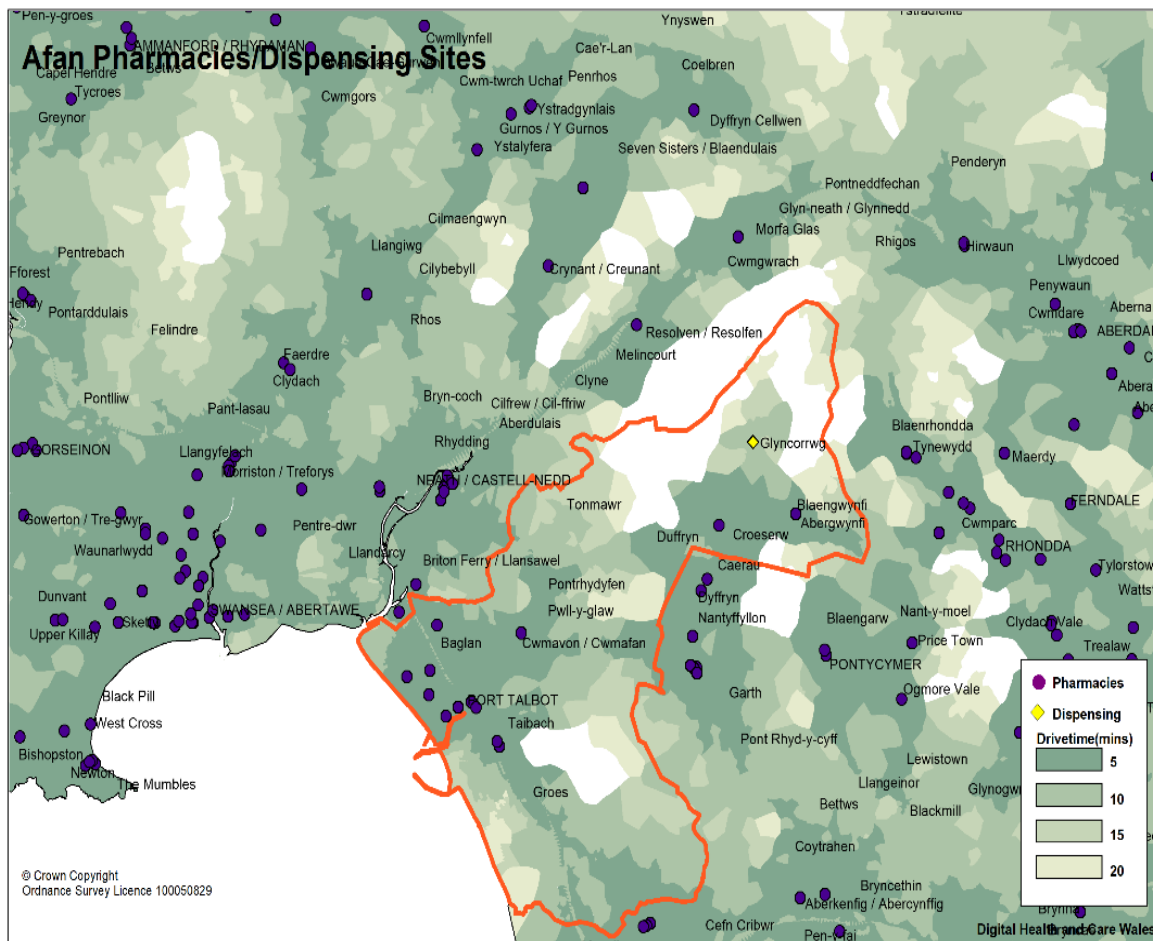
2 of the pharmacies are situated in areas of low population density but with such vast areas of lower population they are ideally located to serve the needs of this rural community.

Map 13.2.2 – Location of pharmacies and dispensing practice compared to population density in Afan locality.



Map 13.2.3 shows the areas of the locality which are 5,10,15, and 20-minute drive from a pharmacy. This evidences that all residents living within the Afan locality are able to access a pharmacy within the 20-minute drive time standard set for the maximum access time to Pharmaceutical services.

Map 13.2.3 – Drive time to a community pharmacy/Dispensing site in the Afan locality



For Neath Port Talbot, 93% of all prescriptions written in 2019/20 by GP practices based in the county were dispensed by pharmacies within the area.

The locality has 13 pharmacies.

11 out of 13 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 11 pharmacies provided the service and 86 DMR's were offered out of a potential maximum of 1820.

12 pharmacies offer the Medicines Use Review service. During 2019/20, 11 pharmacies provided the service and 2,935 MURs were completed out of a potential maximum of 4,800.

All 13 pharmacies offer the Common Ailment Service. During 2019/20, 3015 patients accessed the service and the range of activity across the 13 pharmacies was between 4 and 603 patients.

10 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 572 patients accessed the service.

11 pharmacies offer the Emergency Contraception service. During 2019/20, 557 patients accessed the service

10 pharmacies offer the Influenza Vaccination service. During 2019/20, 1,124 patients were vaccinated at a pharmacy.

9 pharmacies are listed for the Just in Case pack service. During 2019/20, 1 Just in Case packs were issued.

9 pharmacies offer Smoking Cessation Level 3. During 2019/20, 270 patients accessed the service, 175 patients were treated and 105 patients quit. The highest number of patients seen by 1 pharmacy was 41 and the lowest number of patients seen by one pharmacy was 6.

In 2019/20, 3 pharmacies provided the Palliative Care Medication enhanced service, in line with having at least 1 pharmacy per locality.

All 13 pharmacies and 1 dispensing GP practice in the locality dispense all types of appliances, 2 pharmacies dispense only dressings and 1 pharmacy doesn't dispense appliances nor dressings.

There are 7 surgeries within the Afan locality (that operate across 6 premises)

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmacy
SBU HB Managed Practice	Cwmafan (M)	Pharmacy within ½ mile
	Cymmer (B)	Pharmacy within ¼ mile
Afan Valley Group Practice	Glyncorrwg (M)	Pharmacy with 3 miles *
Kings Surgery	Port Talbot(M)	Pharmacy - Adjacent
Mount Surgery	Port Talbot(M)	Pharmacy with ¼ mile
Riverside Surgery	Port Talbot(M)	Pharmacy - Adjacent
Rosedale Medical Centre (Dr Coombs)	Port Talbot(M)	Pharmacy - Adjacent
Rosedale Medical Centre (Dr Williams)	Port Talbot(M)	Pharmacy - Adjacent

*It is noted that Afan Valley Group practice in Glyncorrwg is a Dispensing practice with onsite pharmacy provision

The dispensary at Afan Valley Group Practice Glyncorrwg offers the following opening hours for the pharmaceutical service it provides:

Monday	Tuesday	Wednesday	Thursday	Friday
8.00am- 1.30pm	8.00am- 2.00pm	8.00am- 2.00pm	8.00am- 2.00pm	8.00am-11.00am 2.00pm - 6.00pm

13.3 Current provision of pharmaceutical services outside the County's area

Some residents choose to access contractors outside both the locality and the Health Board 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

During 2019/20, just over 7% of prescriptions issued in Neath Port Talbot were dispensed outside of the county. Of which, 4.2% were dispensed in another pharmacy within Swansea Bay UHB 2.6% were dispensed elsewhere in Wales by 354 different contractors and 0.4% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the locality, some residents would be able to access a pharmacy by car within 20 minutes of their home location.

13.4 Other NHS services

Neath Port Talbot Hospital is within the Afan locality. There is 1 Minor Injury Unit and 1 GP Out of Hours treatment centre in the Afan locality which are both based at Neath Port Talbot Hospital. Patients resident in the Afan locality could be seen at the GP Out of Hours treatment centre at Neath Port Talbot Hospital. Although situated within the Afan locality, the Minor Injury Unit serves the whole of the Swansea Bay UHB population. Patients needing Accident and Emergency services would need to access these at Morriston Hospital.

13.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.2 and 13.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 354 contractors outside Swansea Bay UHB dispensed prescriptions prescribed within Neath Port Talbot County.

13.6 Gaps in provision

All 13 pharmacies in the Afan locality responded to the Contractor Questionnaire exercise.

13 Pharmacies indicated sufficient capacity within existing premises and staffing levels to meet increasing demand for services

Whilst not an NHS service, 12 pharmacies offer a free prescription collection service from the GP practices locally, 1 pharmacy did not provide a response to this question.

10 pharmacies offer a free prescription delivery service to any patient. 4 pharmacies offer delivery service to patients from a list of selected criteria.

Those who are unable to access a pharmacy could have their medicines delivered by a pharmacy within the locality.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the Afan Cluster per 10,000 population is 2.56, which is slightly higher than the Swansea Bay UHB average of 2.38.

Taking into account the dispensing practice, the ratio increases to 2.78 per 10,000 population.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services and no additional need is identified based on current provision.

Number of pharmacies open within normal working hours

[Monday to Friday 9.00 am to 5.30 pm].

13 pharmacies in Afan locality

- 1 pharmacy is open 7 days a week
- 1 pharmacy is open full days from Monday to Saturday.
- 6 pharmacies are open full days Monday to Friday and Saturday morning
- 5 pharmacies are open Monday to Friday only

There is good access to pharmacies within normal working hours in the Afan locality.

❖ Number of pharmacies open outside of normal opening hours on weekdays

[After 5.30pm Monday to Friday]

With regards to late opening there is/are:

- 6 pharmacies open until 6.00pm on weekdays and 1 pharmacy open until 10.30pm

There is good access to pharmacies outside of normal working hours in the Afan locality.

❖ Number of pharmacies open on weekends

In considering access to essential services, it is noted that

8 pharmacies open either half or full day on a Saturday.

6 pharmacies are open mornings only.

- 2 pharmacies are open full day Saturday
- 3 pharmacies open on a Sunday. 1 pharmacy is open 10.00am to 4.00pm. 1 pharmacy is open 11.00am to 2.00pm. 1 pharmacy is open 5.00 - 6.00pm

Pharmacy	Saturday	Sunday
AD Richards Chemist, Cwmavon	Half day opening	Closed
Boots Chemist, Aberavon, Port Talbot	Full day opening	10am -4pm
Lloyds Pharmacy, Port Talbot	Full day opening	Sunday rota

Resource Centre, Port Talbot		11.00am to 2.00pm
Well Pharmacy, Victoria Road, Port Talbot	Closed	Sunday rota 5.00pm to 6.00pm
Lloyds Pharmacy Morrison Road, Port Talbot	Half day opening	Closed
Lloyds Pharmacy Western Avenue, Port Talbot	Half day opening	Closed
Lloyds Pharmacy Marsh Street, Port Talbot	Half day opening	Closed
Taibach Pharmacy, Taibach	Half day opening	Closed
Williams and Wheeler, Taibach	Half day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 20 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for some residents. Those living outside of the main towns will rely on transport for most of their daily living needs.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality

❖ **Availability of advanced services**

12 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

12 pharmacies in the locality provide the Discharge Medicines Review Service

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

❖ **Availability of enhanced services identified, to be available in all pharmacies**

The Health Board commissions the following national enhanced services:

- *Common Ailments Service* – all 13 pharmacies in the locality provide this service
- *Emergency Contraception* – 11 pharmacies offer Emergency Contraception Service
- *Influenza Vaccinations* – 10 pharmacies offer Influenza vaccinations
- *Emergency Supply of Medication* – 11 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – 11 pharmacies offer L2 (supply of NRT)
- *Smoking Cessation (L3)* – 9 pharmacies offer L3 – supply of NRT & counselling

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

The Health Board will work with existing pharmacy contractors to improve on the provision of those services that are not currently available in all 13 pharmacies in the locality.

❖ **Proximity of pharmacies to GP practices**

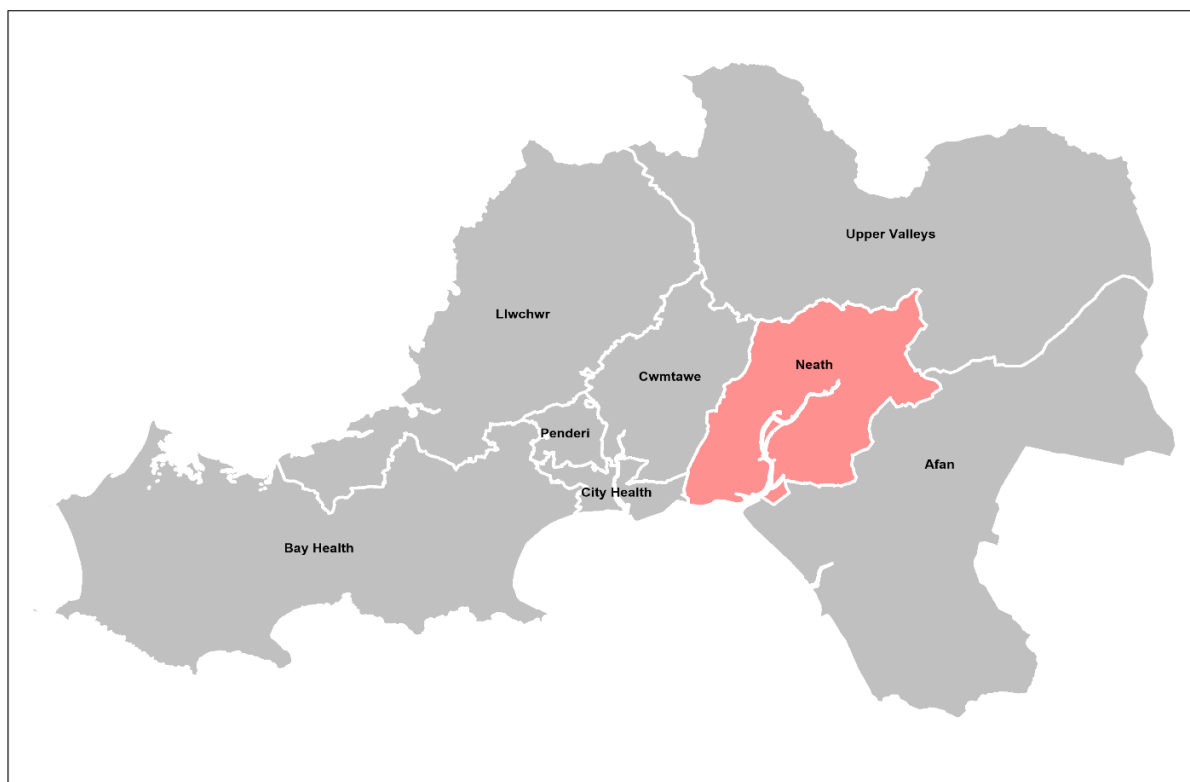
Each of the 8 GP Practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy - Adjacent	4
Pharmacy within ¼ mile	2
Pharmacy within ½ mile	1
Pharmacy within 3 miles*	1

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

*It is noted that Afan Valley Group practice in Glyncorrwg is a Dispensing practice with onsite dispensing provision.

14. Neath locality



14.1 Key facts

- The Neath Cluster serves a (GP registered) population of 56,669 (as at 01.04.2021) and is the second largest cluster by registered population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 3 clusters within the county of Neath Port Talbot.
- Of the 20% most deprived LSOAs in Wales, 14 are within Neath Port Talbot, with 9 found within the Neath Cluster (Source - <https://wimd.gov.wales/geography/la/W06000012?lang=en#&min=0&max=10&domain=overall>)
- This area consists of 35 LSOAs. 0.3% live in a Lower Super Output Area (LSOA) that is classified as rural (IMTP 2020-2023)
- The Cluster geographically covers the wards: Aberdulais, Bryn-coch, Cadoxton, Tonna, Cimla, Neath, Briton Ferry East, Coedffranc West, Coedffranc Central, Coedffranc North and Dyffryn (Source - Neath IMTP)
- Based on the projected population growth in Neath Port Talbot, provided in section 2, there is a forecast of 5.91% increase in population between 2018 – 2043 Based on the population in the Neath cluster

area of 51,215 (as at 2018) Population projections by local authority and year (gov.wales) this could increase to 54,242.

- The Neath Cluster has approximately 10,940 people over the age of 65 years and over (18.7%) which is lower than the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (Source: *Small area population estimates (2018)*, ONS) Secondary Source - Cluster IMTP
- The Cluster area has 8 GP practices
- The locality has 10 community pharmacies.
- There are 4 dental practices that offer NHS treatment and 5 optometric practices.
- There are 11 care homes
- There are no pharmacies in the Neath Cluster who are able to offer pharmaceutical services through the medium of Welsh.
- According to the 2011 Census 15.3% of people aged 3 years and above in Neath Port Talbot are able to speak Welsh (Source: <https://stats.wales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>)
- According to Neath Council Local Development Plan (2010-2026) it is estimated that a minimum of 1,141 homes will be built in the Neath Cluster during the 5-year period of this PNA from October 2021

Site Name	Total Estimated Units	Planning Status	No. of Homes Expected To Be Built by 2025 - 26
Coed Darcy Urban Village	4,000	Site has planning permission	1,141

- These developments are likely to have an impact on the pharmaceutical needs of the locality (Source - https://www.npt.gov.uk/media/7321/ldp_written_statement_jan16.pdf?v=20170727124344).

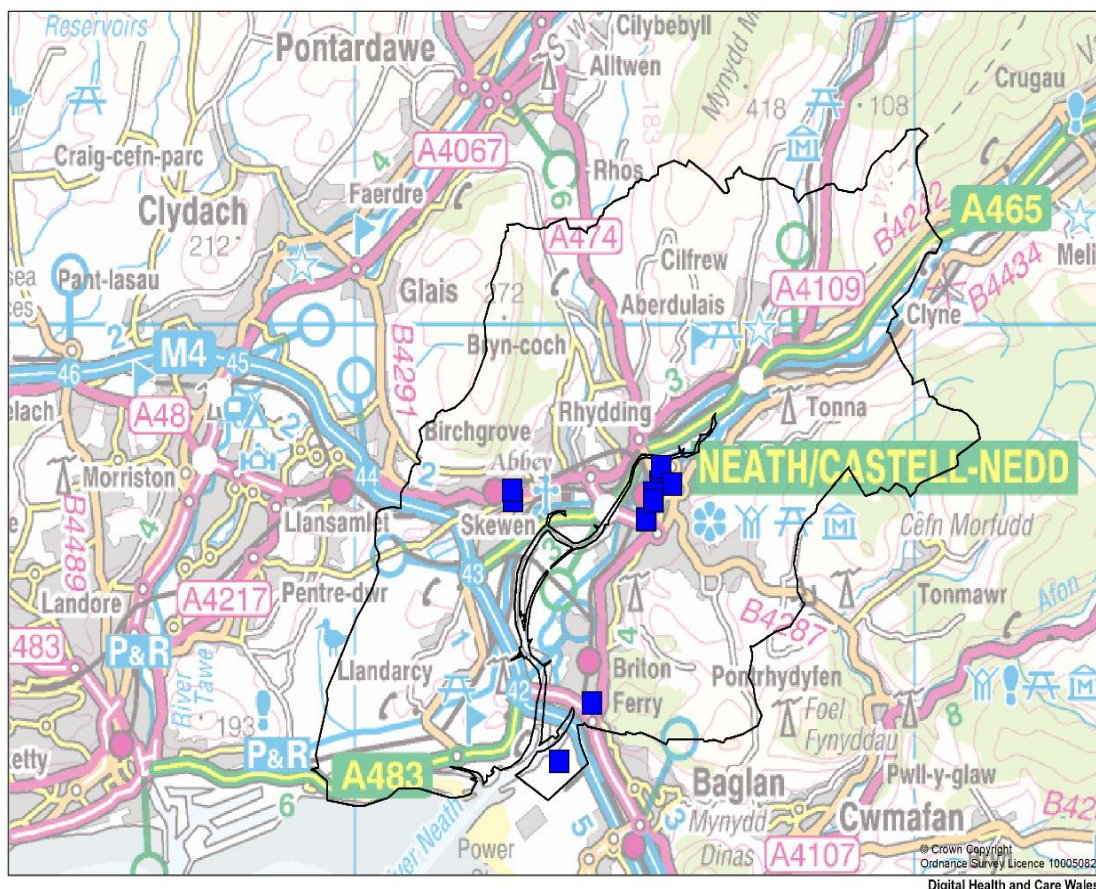
Of the 10 pharmacies in Neath locality 10 stated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area.

14.2 Current provision of pharmaceutical services within the Neath locality area

There are 10 pharmacies in the Neath locality (see map below) operated by 5 different contractors.

The availability of pharmacy services within the Neath locality per 10,000 population is 1.76, which is lower than the Swansea Bay UHB average of 2.38.

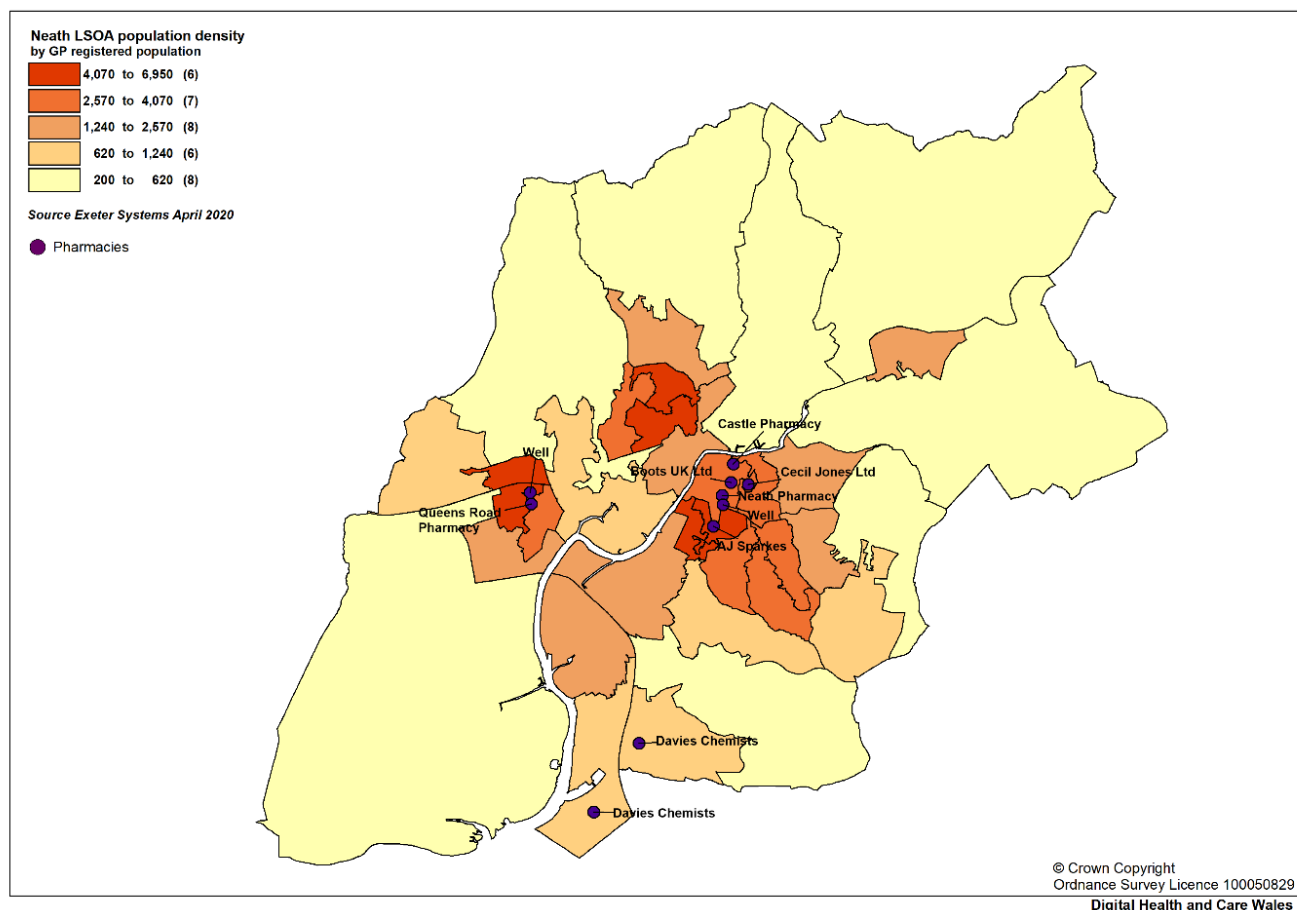
Location of pharmacies in the Neath cluster



281

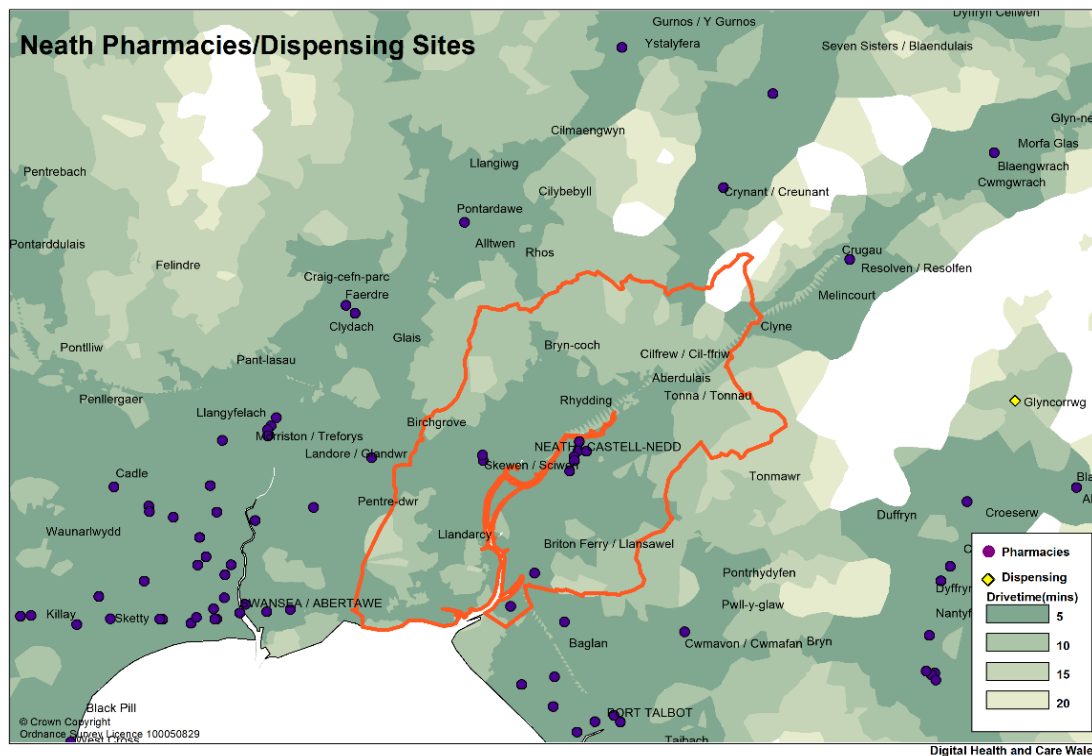
Map 14.2.2 shows the locations of the 10 pharmacies in relation to the population density of the area. In areas such as Briton Ferry and Neath town centre where there is a high population density there are multiple pharmacies and in smaller settlements there is usually 1 pharmacy.

Map 14.2.2 – Location of pharmacies compared with population density in Neath locality.



Map 14.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20-minute drive of a pharmacy. This evidences that all residents living within the Neath locality are able to access a pharmacy well within the 20-minute drive time standard set for the maximum access time to Pharmaceutical services.

Map 14.2.3 – Drive time to a pharmacy/Dispensing site in Neath locality.



For Neath Locality 93% of all prescriptions written in 2019/20 by GP practices based in the county were dispensed by pharmacies within the area. 7% of resident's access neighbouring pharmacies for their prescription.

The Neath locality has 10 pharmacies.

All 10 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 10 pharmacies provided the service and 230 DMR's were offered out of a potential maximum of 1400.

All 10 pharmacies offer the Medicine Use Review service. During 2019/20, 10 provided the service and 2,919 MURs were completed out of a potential maximum of 4,000.

All 10 pharmacies offer the Common Ailments Service. During 2019/20, 1,123 patients accessed the service and the range of activity across the 10 pharmacies was between 3 and 276 patients.

8 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 272 patients accessed the service.

9 pharmacies offer the Emergency Contraception service. During 2019/20, 425 patients accessed the service.

10 pharmacies offer the Influenza Vaccination service. During 2019/20, 542 patients were vaccinated at a pharmacy.

4 pharmacies are listed for the Just in Case pack service. During 2019/20, No Just in Case packs were issued.

9 pharmacies offer Smoking Cessation Level 3. During 2019/20, 146 patients accessed the service, 106 patients were treated and 66 patients quit. The highest number of patients seen by 1 pharmacy was 12, and the lowest number of patients seen by one pharmacy was 1.

In 2019/20 2 pharmacies provided the Palliative Care Medication enhanced service, in line with having at least 1 pharmacy per locality.

One pharmacy offers the Blood Borne Virus (BBV) testing service. During 2019/20, 11 patient accessed the service.

One pharmacy offers the Take Home Naloxone service (THNS). During 2019/20, 1 patient accessed the service.

8 pharmacies in the locality dispense all types of appliances and 2 pharmacies dispense dressings only.

There are 8 surgeries within the **Neath locality** that operate 8 sites:

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmac
Alfred Street Primary Care Centre	Neath	Pharmacy within ¼ mile
Briton Ferry Health Centre	Briton Ferry	Pharmacy - Adjacent
Castle Surgery	Neath	Pharmacy - Adjacent
Dyfed Road Health Centre	Neath	Pharmacy - Adjacent
Skewen Medical Centre	Skewen	Pharmacy - Adjacent
Tabernacle Medical Centre	Skewen	Pharmacy within ¼ mile
Victoria Gardens	Neath	Pharmacy within ¼ mile
Waterside Health Centre	Briton Ferry	Pharmacy - Adjacent

14.3 Current provision of pharmaceutical services outside the County's area

Some residents choose to access contractors outside both the County 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

During 2019/20, just over 7% of prescriptions issued in Neath Port Talbot were dispensed outside of the county. Of which, 4.2% were dispensed in another pharmacy within Swansea Bay UHB. 2.6% were dispensed elsewhere in Wales by 354 different contractors and 0.4% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the County, many residents would be able to access a pharmacy by car within 20 minutes of their home location.

14.4 Other NHS services

There are no Minor Injury Units or GP Out of Hours treatment centres in the Neath Locality but patients who are resident in the Neath Locality can access the services provided at the Minor Injury Unit and GP Out of Hours treatment centre in the Afan Locality. Patients needing Accident and Emergency services would need to access these at Morriston Hospital

14.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.2 and 14.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 354 contractors outside Swansea Bay UHB dispensed prescriptions prescribed within Neath Port Talbot County.

14.6 Gaps in provision

All 10 pharmacies in the locality responded to the Contractor Questionnaire exercise.

9 indicated sufficient capacity within existing premises and staffing levels to meet increasing demand for services. 1 pharmacy did not provide a response to this question.

Whilst not an NHS service 10 pharmacies offer a free prescription collection service and 3 offer a free delivery service, 7 pharmacies provide delivery to patients listed in specific categories (elderly, housebound, or specific areas etc.).

Those who are unable to access a pharmacy could have their medicines delivered by a pharmacy within the locality.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the Neath locality per 10,000 population is 1.76, which lower than the Swansea Bay UHB average of 2.38.

The area is adequately served in terms of essential pharmaceutical services as the existing pharmacies have confirmed that they have sufficient capacity to meet their current and future needs. There is also access to pharmacy services until 10.00pm within the neighbouring locality of Afan.

This area may require consideration of additional essential pharmaceutical services if there was a significant increase in the population or if there was a further reduction in the number of pharmacies

Number of pharmacies open within normal working hours

[Monday to Friday, 9.00am – 5.30pm]

There are 10 Pharmacies in Neath Locality. 1 pharmacy is open 7 days a week. There are 4 pharmacies open Monday to Friday only. 5 pharmacies are open full days Monday to Friday and Saturday morning.

There is good access to pharmacies within normal working hours in the Neath locality.

❖ Number of pharmacies open outside of normal opening hours on weekdays

[After 5.30pm Monday to Friday]

- There are 5 pharmacies in the Neath locality open until 6.00pm on weekdays.

There are no pharmacy services available in the locality after 6.00pm. However, there is access to pharmaceutical services within the neighbouring locality of Afan until 10.30pm

There is reasonable access to pharmacies outside of normal working hours in Neath locality

❖ Number of pharmacies open on weekends

In considering access to essential services, it is noted that:

- There are 6 pharmacies open either half or full day on a Saturday. 5 pharmacies are open Saturday mornings only. 1 pharmacy is open all day Saturday.
- There is 1 pharmacy open on a Sunday from 10.00am to 4.00pm

Pharmacy	Saturday	Sunday
Boots The Chemist	Full day opening	10.00am-4.00pm
Cecil Jones Queens Road Skewen	Half day opening	Closed
Davies Chemist Neath Road Briton Ferry	Half day opening	Closed
Neath Pharmacy Orchard Street	Half day opening	Closed
Well Pharmacy London Road	Half day opening	Closed
Well Pharmacy New Road Skewen	Half day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

❖ Availability of advanced services

10 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 10 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 10 pharmacies provided the service and 230 DMR's were offered out of a potential maximum of 1400.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

❖ **Availability of enhanced services identified, to be available in all pharmacies**

The Health Board commissions the following national enhanced services:

- *Common Ailments Service* – all 10 pharmacies in the locality provide this service
 - *Emergency Contraception* – all 10 pharmacies offer the Emergency Contraception Service
 - *Influenza Vaccinations* – all 10 pharmacies offer Influenza vaccinations
 - *Emergency Supply of Medication* – 8 pharmacies offer the Emergency Supply of Medication Service
 - *Smoking Cessation Services (L2)* – 9 pharmacies offer L2 (supply of NRT)
 - *Smoking Cessation (L3)* – 9 pharmacies offer L3 – supply of NRT & counselling
- It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

The Health Board will work with existing pharmacy contractors to improve on the provision of those services that are not currently available in all 10 pharmacies in the locality.

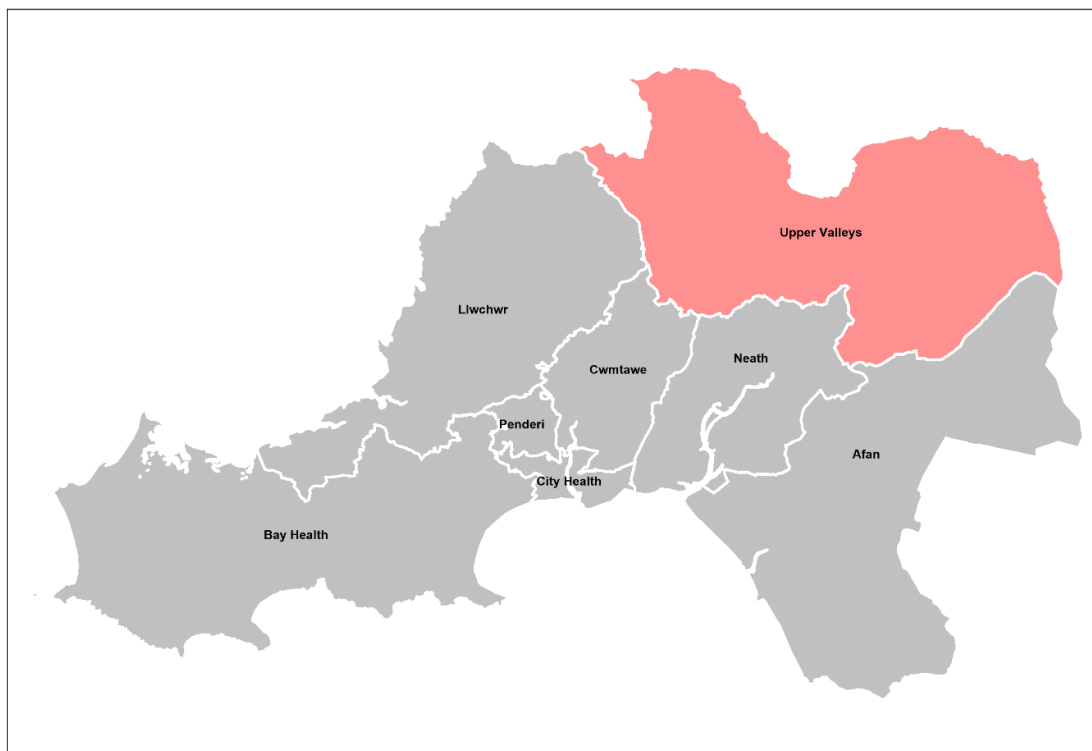
Proximity of pharmacies to GP practices

Each of the 8 GP Practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy - Adjacent	5
Pharmacy within ¼ mile	3

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

15. Upper Valley locality



15.1 Key facts

- The Upper Valleys Cluster serves a (GP registered) population of 31,088 (as at 01.04.2021) and is the smallest cluster by registered population in the Health Board Area. (Source – NHS Wales Shared Services Partnership)
- It is 1 of 3 clusters within the county of Neath Port Talbot.
- Of the 20% most deprived LSOAs in Wales, 14 are within Neath Port Talbot, with 3 found within the Upper Valleys Cluster (Source - <https://wimd.gov.wales/geography/la/W06000012?lang=en#&min=0&max=10&domain=overall>)
- This area consists of 22 LSOAs. 11.8% of the cluster population live in a Lower Super Output Area (LSOA) classified as rural. (Source – IMTP 2020-2023)
- The Cluster geographically covers the wards: Lower Brynamman, Gwaun-Cae-Gurwen, Cwmllynfell, Pontardawe, Ystalyfera, Allt-wen, Rhos, Trebanos, Crynant, Seven Sisters, Resolven, Onllwyn, Glynneath and Blaengwrach (Source Upper Valleys IMTP)
- Based on the projected population growth in Neath Port Talbot, provided in section 2, there is a forecast of 5.91% increase in population between 2018 – 2043. Based on the *resident population* in the Upper Valleys cluster area of 35,031 (as at 2018) -- Population projections by local authority and year (gov.wales) this could increase to 37,101

- The Upper Valleys Cluster has approximately 10,940 people over the age of 65 years and over (18.7%) which is lower than the Welsh average of 21%. (Primary Source – Mid 2018 Population estimates (*Source: Small area population estimates (2018), ONS*) Secondary Source - Cluster IMTP)
- The Cluster area has 4 GP practices (1 of which operate a branch practice).
- The locality has 10 community pharmacies.
- There are 4 dental practices that offer NHS treatment and 3 optometric practices.
- There are 6 care homes (Source – GP Care Homes DES)
- There are 4 pharmacies in the Upper Valleys Cluster where spoken languages in addition to English, Welsh is noted.
- According to the 2011 Census 15.3% of people aged 3 years and above in Neath Port Talbot are able to speak Welsh (Source: <https://stats.wales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>)
- According to Neath Council Local Development Plan (2010-2026) there are no homes that will be built in the Upper Valley Cluster during the 5-year period of this PNA from October 2021
- There are no developments that are likely to have an impact on the pharmaceutical needs of the locality (Source - https://www.npt.gov.uk/media/7321/ldp_written_statement_jan16.pdf?v=20170727124344)

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

There are 10 pharmacies in the Upper Valley locality (see map below) operated by 7 different contractors.

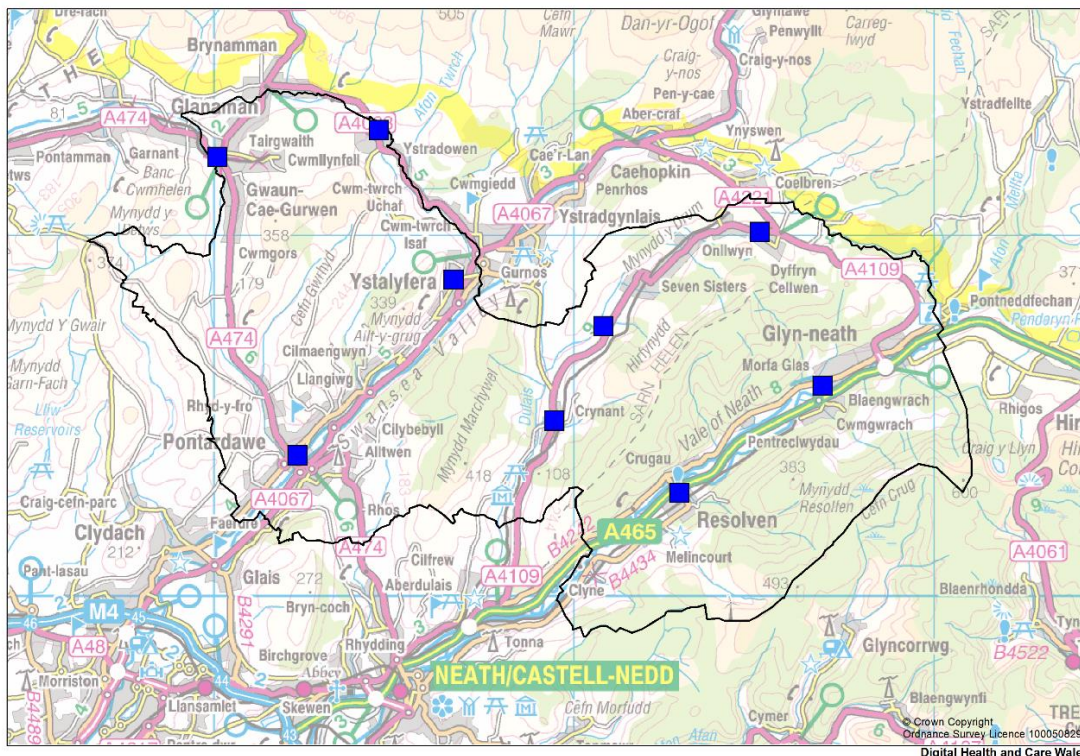
The pharmacies are located all around the outer edge of the locality footprint.

The availability of pharmacy services within the Upper Valleys Cluster per 10,000 population is 3.22, which is significantly higher than the Swansea Bay UHB average of 2.38. The Upper Valleys Cluster has the highest availability per population of pharmacy services within Swansea and Neath Port Talbot. However, this could be linked to Upper Valley's being the least populated locality within Swansea and Neath Port Talbot.

There are no dispensing practices within the Upper Valley locality.

Map 15.2.1 – Location of community pharmacies in Upper valley locality

Location of pharmacies in the Upper Valleys cluster



It is expected that a pharmacy will provide at least 40 hours of opening each week. For the purposes of the PNA, normal working hours have been defined as [Monday to Friday 9.00am to 5.30pm].

There are: 10 Pharmacies in Upper Valley locality

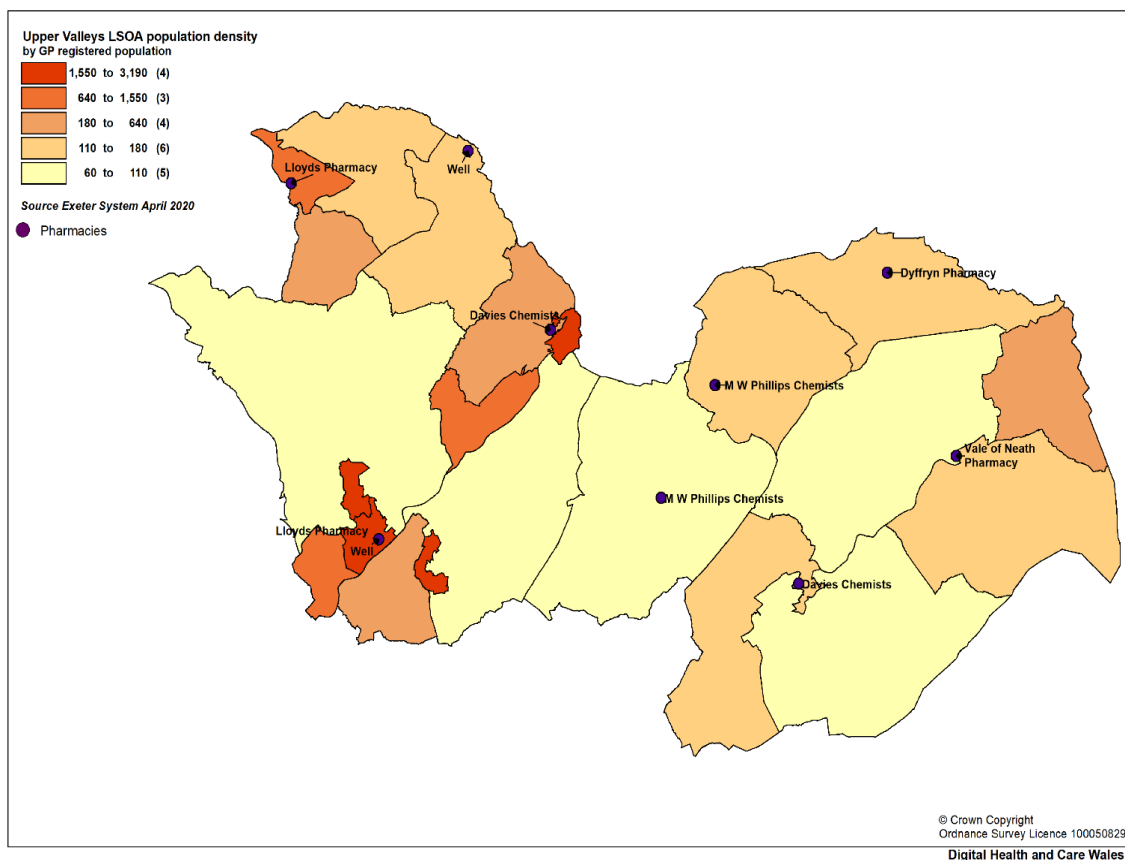
- 1 pharmacy is open 7 days a week.
- There are no pharmacies that are open full days from Monday to Saturday
- 7 pharmacies are open full days Monday to Friday and Saturday morning
- 2 pharmacies are open Monday to Friday only

With regards to late opening, there are no pharmacies open past 6.00pm on weekdays. However, there is pharmaceutical provision within a neighbouring locality.

10 pharmacies open at 9.00am.

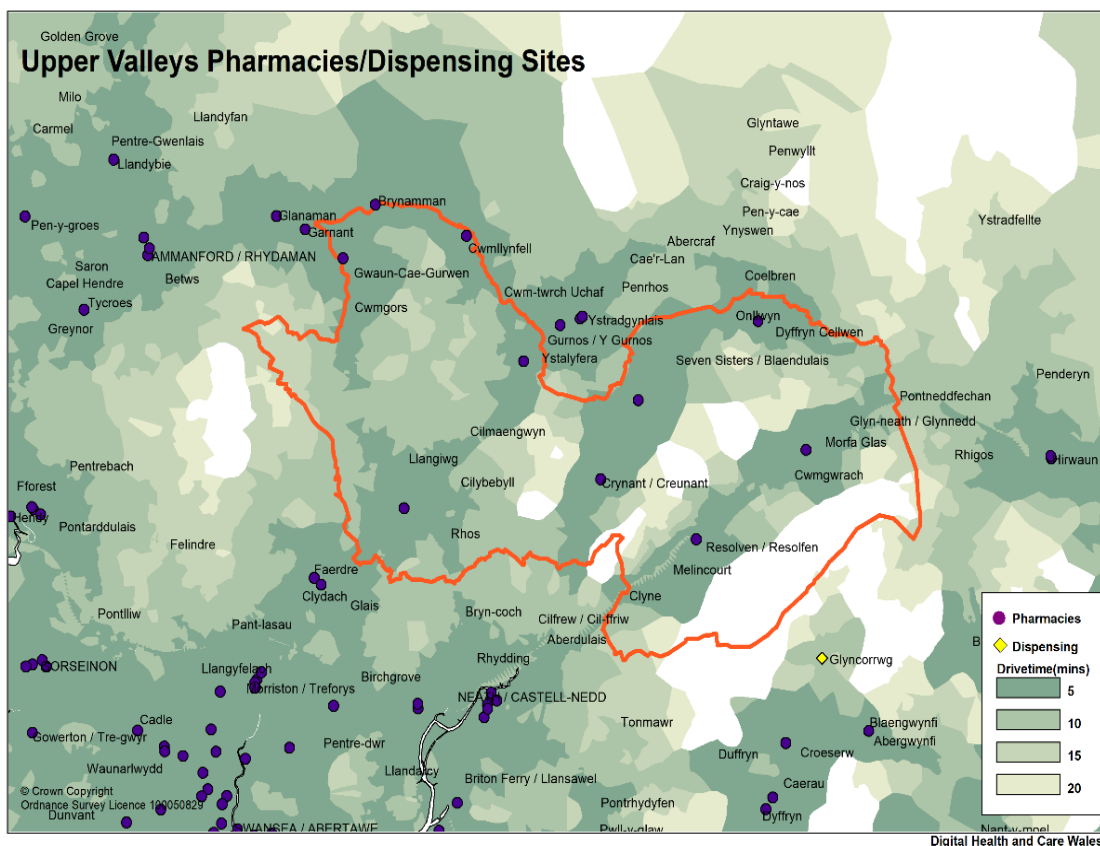
Full details of pharmacy opening times can be found in **Appendix L**

Map 15.2.2 – Location of pharmacies compared with population density in Upper Valley locality.



Map 15.2.3 shows the areas of the locality which are within a 5,10,15 and 20-minute drive of a pharmacy. This evidences that all residents living within the Upper valley locality are able to access a pharmacy well within the 20-minute drive time standard set for the maximum access time to Pharmaceutical services.

Map 15.2.3 – Drive time to a pharmacy in Upper Valley locality.



Note: The white on the above map highlights the mountainous areas of the locality

For Neath Port Talbot, 93% of all prescriptions written in 2019/20 by GP practices based in the county were dispensed by pharmacies within the area.

The locality has 10 pharmacies.

All 10 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 10 pharmacies provided the service and 103 DMR's were offered out of a potential maximum of 1400.

10 pharmacies offer the Medicines Use Review service. During 2019/20, 9 provided the service and 2,299 MURs were completed out of a maximum of 4,000.

All 10 pharmacies offer the Common Ailments Service. During 2019/20, 1,444 patients accessed the service and the range of activity across the 10 pharmacies was between 7 and 292 patients.

All 10 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 345 patients accessed the service.

9 pharmacies offer the Emergency Contraception service. During 2019/20, 136 patients accessed the service.

9 pharmacies offer the Influenza Vaccination service. During 2019/20, 1,306 patients were vaccinated at a pharmacy.

7 pharmacies are listed for the Just in Case pack service. During 2019/20, 19 Just in Case packs were issued.

9 pharmacies offer Smoking Cessation Level 3. During 2019/20, 217 patients accessed the service, 144 patients were treated and 85 patients quit. The highest number of patients seen by one pharmacy was 20, and the lowest number of patients seen by one pharmacy was 5.

In 2019/20, 2 pharmacies provided the Palliative Care Medication enhanced service, in line with having at least one pharmacy per locality.

During 2019/20, 4 pharmacies offered the Inhaler Review service, 51 patient accessed the service

There are 4 surgeries within the **Upper Valley locality** that operate 4 sites:

GP Practice	Location (Main/Branch)	Distance to Nearest Pharmacy
Amman Tawe Partnership	Cwmllynfell	Pharmacy - Adjacent
Dulais Valley Primary Care Centre	Seven Sisters	Pharmacy - Adjacent
Pontardawe Health Centre	Pontardawe	Pharmacy within ¼ mile
Vale of Neath	Glynneath	Pharmacy - Adjacent

15.3 Current provision of pharmaceutical services outside Neath Port Talbot.

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

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

During 2019/20, just over 7% of prescriptions issued in Neath Port Talbot were dispensed outside of the county. Of which, 4.2% were dispensed in another pharmacy within Swansea Bay UHB

2.6% were dispensed elsewhere in Wales by 354 different contractors and 0.4% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the county, some residents would be able to access a pharmacy by car within 20 minutes of their home location.

15.4 Other NHS services

There are no Minor Injury Units or GP Out of Hours treatment centres in the Upper Valley's locality but patients who are resident in the Upper Valley's locality can access the services provided at the Minor

Injury Unit and GP Out of Hours treatment centre in the Afan locality. Patients needing Accident and Emergency services would need to access these at Morriston Hospital.

15.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 15.2 and 15.3, those living within the County and registered with one of the GP practices generally choose to access one of the pharmacies in the County in order to have their prescriptions dispensed.

In 2019/20 354 contractors outside Swansea Bay UHB dispensed prescriptions prescribed within Neath Port Talbot County.

15.6 Gaps in provision

All 10 pharmacies in the locality responded to the Contractor questionnaire exercise.

All 10 pharmacies indicated sufficient capacity within existing premises and staffing levels to meet increasing demand for services

There are no significant housing developments planned within Upper Valleys which will impact on demand for essential and enhanced services within the life of this PNA.

Whilst not an NHS service, 10 pharmacies offer a free prescription collection service from the GP practices locally. 9 pharmacies offer a free prescription delivery service to any patient. 1 pharmacy offers delivery service to patients from a list of selected criteria.

Those who are unable to access a pharmacy could have their medicines delivered by a pharmacy within the locality.

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 8 localities.

Number of pharmacies per 10,000 population

The availability of pharmacy services within the Upper Valleys locality per 10,000 population is 3.22, which is significantly higher than the Swansea Bay UHB average of 2.38.

The Upper Valleys locality has the highest availability per population of pharmacy services within Swansea and Neath Port Talbot. However, this could also be linked to the locality being the least populated locality within Swansea and Neath Port Talbot.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services.

Number of pharmacies open within normal working hours

[Monday to Friday, 9.00am – 5.30pm]

- There are: 10 Pharmacies in Upper Valleys locality

1 pharmacy is open 7 days a week. There are 2 pharmacies open Monday to Friday only.

7 pharmacies are open full days Monday to Friday and Saturday morning

There is good access to pharmacies within normal working hours in the Upper Valley locality.

Number of pharmacies open outside of normal opening hours on weekdays

[After 5.30pm Monday to Friday]

With regards to late opening there are no pharmacies open past 6.00pm on weekdays. However, there is access to a pharmacy within the neighbouring locality of Afan until 10.30pm on weekdays.

There are 10 pharmacies that open at 9.00am within locality.

Full details of pharmacy opening times can be found in **Appendix L**

Pharmacy services are available in the neighbouring Afan locality until 10.30pm.

There are 6 pharmacies open after 5.30pm until 6pm on weekdays in the locality.

There is reasonable access to pharmacies outside of normal working hours in the Upper Valley locality

Number of pharmacies open on weekends

In considering access to essential services, it is noted that:

There are 8 pharmacies open half day on a Saturday, the 8 pharmacies are open mornings only.

There is 1 pharmacy open on a Sunday as part of Sunday rota only.

Pharmacy Opening Hours:

Vale of Neath Pharmacy	Half day opening	1.00pm - 3.00pm Sunday rota
Davies Chemist Ltd Resolven	Half day opening	Closed
Davies Chemist Ystalyfera	Half day opening	Closed
Dyffryn Pharmacy	Half day opening	Closed
Lloyds Pharmacy Pontardawe	Half day opening	Closed
Lloyds Pharmacy Gwaun Cae Gurwen	Half day opening	Closed
Well Pharmacy Pontardawe	Half day opening	Closed
Well Pharmacy Cwmllynfell	Half day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 20 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for some residents.

There is 1 pharmacy open on a Sunday within the Upper Valley locality as part of Sunday rota provision.

There is 1 pharmacy located in Ystradgynlais within Powys THB that is accessible for residents of the Upper Valleys cluster that is open 1 in 4 Sundays.

❖ **Availability of advanced services**

10 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

10 pharmacies in the locality provide the Discharge Medicines Review Service.

There are no pharmacies in the locality that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

Availability of enhanced services identified, to be available in all pharmacies

The Health Board commissions the following national enhanced services:

- *Common Ailments Service* – all 10 pharmacies in the locality provide this service
- *Emergency Contraception* – 9 pharmacies offer the Emergency Contraception Service
- *Influenza Vaccinations* – 9 pharmacies offer Influenza vaccinations
- *Emergency Supply of Medication* – all 10 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – 9 pharmacies offer L2 (supply of NRT)
- *Smoking Cessation (L3)* – all 10 pharmacies offer L3 – supply of NRT & counselling

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

The Health Board will work with existing pharmacy contractors to improve on the provision of those services that are not currently available in all 10 pharmacies in the locality.

Proximity of Pharmacies to GP practices

Each of the 4 GP practices, both main and branch, within the locality have access to pharmaceutical services as follows:

Nearest Pharmacy Location to GP Site	No.
Pharmacy - Adjacent	3
Pharmacy within ¼ mile	1

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

16. Conclusions - for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

The PNA has considered the current provision of pharmaceutical services across the Health Board and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Swansea Bay UHB and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

16.1 Current provision

Swansea Bay UHB has identified the following services as relevant to this PNA to meet the need for Pharmaceutical services:

- Essential services provided at all premises included in the pharmaceutical lists.
- Adequate provision of advanced and enhanced services to meet the need of the local population.
- The dispensing service provided by those GP practices included in the dispensing GP practice list

Preceding sections of this document have set out the provision of these services in each locality.

It has also identified the provision of the above services by contractors outside of its area, whether that is in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

16.2 Other NHS services

In undertaking this PNA the Swansea Bay UHB considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital pharmacies
- Minor Injuries Unit
- Sexual Health Clinics
- Prison pharmacy
- GP Out of Hours / NHS Wales 111
- Personal administration of items by GPs
- Dental Care
- Eye Care
- Substance Misuse services
- Stop Smoking services
- Incontinence prescription ordering service
- Homecare services
- District nursing and wound care service

- Outpatient clinics
- Community mental health teams

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 Swansea Bay UHB considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

In order to determine the level of access within Swansea Bay UHB to pharmaceutical services the following criteria was considered:

- The ratio of dispensaries per 10,000 population
- Travel time to pharmacies or dispensing practices
- Opening hours of pharmacies and dispensing practices
- Proximity of pharmacies to GP practices

The above criteria was used to measure access in each of the 8 localities within Swansea Bay UHB.

There are 93 community pharmacies and 1 dispensing GP practice in Swansea Bay UHB. These provide essential pharmaceutical services to a population of 390,315. Taking only community pharmacies into account as providers, a ratio of 2.38 dispensaries are available per 10,000 population. This is one of the highest ratios for Health Boards in Wales. When including dispensing GP practices the ratio per 10,000 population increases to 2.41.

The ratio of dispensaries for each locality is set out below.

Locality	Ratio per 10,000 population for	
	Community pharmacies only	Pharmacies and dispensing practices
Bay	2.28	N/A
City	2.95	N/A
Cwmtawe	2.35	N/A
Llwchwr	2.08	N/A
Penderi	2.09	N/A
Afan	2.56	3.63
Neath	1.76	N/A
Upper Valley	3.22	N/A

There are 5 areas that are below the average for Swansea Bay UHB, those are Bay, Llwwchwr, Penderi, Cwmtawe and Neath.

For each locality a map of the 20 minute drive time from a community pharmacy or dispensing GP practice has been provided. These maps demonstrate that the population of Swansea Bay UHB is able to access pharmaceutical services within the drive time standard of 20 minutes as the maximum time to access pharmaceutical services.

The residents of Swansea Bay UHB are well served in terms of the number and location of pharmacies.

16.3.1.1 Access to essential services during normal working hours

It is expected that a pharmacy will provide at least 40 hours of opening each week unless the Health Board has previously agreed to less e.g. where a pharmacy serves a branch surgery only. For the purpose of the PNA, normal working hours have been defined as Monday to Friday 9.00am - 5.30pm.

Locality	Monday to Friday 9.00am – 5.30pm	Closes for a ½ day midweek	Closes earlier than 5.30pm on 1 or 2 days per week
Bay (16)	15	1	1
City (15)	14	1	0
Cwmtawe (10)	10	0	0
Llwchwr (10)	10	0	0
Penderi (9)	9	0	0
Afan (13)	12	0	1
Neath (10)	10	0	0
Upper Valley (10)	8	2	1
Total (93)	86	4	3

86 of the 93 pharmacies in Swansea Bay UHB meet the working hour's criteria of being open weekdays from 9.00am-5.30pm.

1 pharmacy in Bay locality closes at 5.00pm Wednesday, Thursday and Fridays

And 1 pharmacy closes half day on Wednesdays

1 pharmacy in Afan closes at 5.00pm Tuesday and Friday

2 pharmacies in Upper Valley close for a ½ day midweek.

16.3.1.2 Access to essential services outside normal working hours

To measure access to essential service outside of the defined normal working hours of Monday to Friday 9.00am – 5.30pm three separate criteria were applied:

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services during normal working hours have been identified in any of the 8 localities.

- Pharmacies open after 5.30pm, Monday to Friday
- Pharmacies open on Saturdays

- Pharmacies open on Sundays

The review for the criteria of the number of pharmacies open after 5.30pm, Monday to Friday is set out below.

Locality	No. open after 5.30pm	No. open up to 6.00pm	No. open up to 6.15pm	No. open up to 8pm
Bay	11	11	0	0
City	12	11	0	1**
Cwmtawe	7	7	0	0
Llwchwr	8	8	0	0
Penderi	9	6	1	1+ (1*)
Afan	8	7	0	1*
Neath	6	6	0	0
Upper Valley	7	7	0	0
Total (93)	68	63	1	4

** open until 10.00pm *open until 10.30 pm

Penderi locality has 1 pharmacy open to 6.15pm on weekdays.

Penderi locality has 1 pharmacy that is open until 8pm on weekdays.

City locality has 1 pharmacy open until 10.00pm, Penderi and Afan localities both have a pharmacy open until 10.30pm weekdays.

There are no pharmacies open after 6.00pm in Neath or Upper Valley localities.

Pharmaceutical services are available in neighbouring locality of Afan up to 10.30pm

There are no pharmacies open after 6.00pm in Cwmtawe or Llwwchwr localities.

Pharmaceutical services are available in neighbouring Penderi locality up to 10.30pm

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services outside normal working hours have been identified in any of the 8 localities as there are pharmaceutical services available up to 10.30pm within a neighbouring locality.

The review of the criteria for the number of pharmacies open on Saturdays is set out below.

Locality	No. open on Saturdays	For ½ day	Full day
Bay	7	5	2
City	4	1	3
Cwmtawe	7	6	1
Llwchwr	6	5	1
Penderi	5	3	2
Afan	8	6	2
Neath	8	7	1
Upper Valley	7	7	0
Total	52	40	12

52 of the 93 pharmacies in Swansea Bay UHB are open on a Saturday.
 40 open for ½ a day typically 9.00am - 12.00pm and 12 open for a full day typically 9.00am - 5.30pm.

This offers good access to essential pharmaceutical services on Saturdays in all localities.

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services on Saturdays have been identified in any of the 8 localities.

The review for the criteria of the number of pharmacies open on Sundays is set out below.

Locality	No. open on Sundays	Pharmacy services available in neighbouring locality
Bay	3	Llwchwr & City
City	2	Penderi and Bay
Cwmtawe	0	Penderi
Llwchwr	1	Penderi & Bay (Hywel Dda)
Penderi	2	City
Afan	2	Neath
Neath	1	Afan (Cwm Taf)
Upper Valley	1	Neath (Powys)
Total	12	

12 pharmacies are open on Sundays in Swansea Bay UHB to provide essential pharmaceutical services. The data highlights that Cwmtawe is the only locality that does not have a pharmacy open on Sundays.

For residents in this locality, there are pharmaceutical services available within a 20 minute drive time on Sundays in neighbouring Penderi locality

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services on Sundays have been identified as there are pharmaceutical services available within a 20 minute drive time.

16.3.2 Current access to advanced services

Advanced services currently available within Wales, that can be provided by community pharmacies are; Medicine Use Reviews, Discharge Medicine Reviews, Appliance Use Review and Stoma Appliance Customisation.

The Medicine Use Review service is suspended (as at March 2021) due to the COVID-19 pandemic and further details are awaited as to the future of the service.

The pharmacies that provided MURs and DMRs in 2019/20 are summarised by locality in the table below.

Locality	Medicine Use Reviews	Discharge Medicines Reviews
Bay	16/16	16/16
City	15/15	15/15
Cwmtawe	10/10	10/10
Llwchwr	10/10	10/10
Penderi	9/9	9/9
Afan	13/13	12/13
Neath	10/10	10/10
Upper Valleys	10/10	10/10
Total	93/93	92/93

Whilst none of the pharmacies provide the Appliance Use Review service they do dispense prescriptions for appliances.

There are no pharmacies in Swansea Bay UHB that provide stoma appliance customisation or the appliance use review service. However, patients have a choice whether to have their appliance prescriptions dispensed by a community pharmacy or a Dispensing Appliance Contractor. Dispensing Appliance Contractors can provide both of these services to patients.

It is concluded that there is sufficient provision of advanced services to meet the needs of residents in the Health Board UHB area.

Based on the information available at the time of developing this PNA no current gaps in the provision of advanced services have been identified in any of the 8 localities.

16.3.3 Current access to enhanced services

The Health Board has identified the following enhanced services, as being necessary and would aim to have them available at every community pharmacy.

The table sets out the number of pharmacies within each locality that provide the individual enhanced services.

Service /Locality	Bay (16)	City (15)	Cwmtawe (10)	Llwchwr (10)	Penderri (9)	Afan (13)	Neath (10)	Upper Valleys (10)	Total (93)
Common Ailments Service	16	15	10	10	9	13	10	10	93
Emergency Contraception	16	15	10	10	9	11	10	9	90
Influenza Vaccination	16	15	10	9	8	10	10	8	86

Emergency Supply of Medication	15	15	10	10	9	13	9	10	91
Smoking Cessation L2	14	15	10	9	9	11	9	10	87
Smoking Cessation L3	10	14	8	9	7	9	9	9	75

There is excellent availability of the Common Ailments Service and Emergency Supply of Medication Service, i.e. 90 or more pharmacies offer these services. Residents of all localities have good access to these services.

There is very good availability of the Emergency Contraception Service, Influenza Vaccination Service, Smoking Cessation L2, Smoking Cessation L3 and Patient Sharps Service, i.e. 75 or more pharmacies offer these services.

16.3.4 Current access to dispensing GP practice services

There is 1 dispensing GP practice in Swansea Bay UHB, which serves a dispensing list size of 798 (0.2% of the population). Patients are only eligible to be on the dispensing list of a practice if they live more than 1.6km/1mile from a pharmacy or in an area that has been classified as rural in character. Therefore, dispensing GP services are not available to all registered patients of the practice.

Glyncorrwg dispensing GP practice the one dispensing practice within Swansea Bay UHB that provides access to pharmaceutical services over the following times:

Monday	Tuesday	Wednesday	Thursday	Friday
8.00am-1.30 pm	8.00am- 2.00pm	8.00am- 2.00pm	8.00am-2.00pm	8.00am -11.00 am 2.00pm - 6.00pm

Based on the information available at the time of developing this PNA no current gaps in the provision of GP dispensing services have been identified.

16.4 Future gaps in provision

Swansea Bay UHB has taken into account the following known future developments:

- Forecasted population growth
- Housing Development information from the two Local Authorities
- Pharmacy: Delivering a Healthier Wales

16.4.1 Future access to essential services

16.4.1.1 Access to essential services during normal working hours

Based on the planned developments identified in the locality sections (8-14) in this PNA and confirmation by 91 of the 93 pharmacies in Swansea Bay UHB that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand, no gap is evident for future access to essential services.

91 pharmacies stated that they would be able to meet an increase in demand for services with some adjustments to either their premises or staffing levels.

Swansea Bay UHB does not expect any applications to curtail pharmacy opening hours during normal working hours over the lifespan of this PNA. Any applications relating to core hours would be scrutinised to measure the impact on availability of pharmaceutical services in the location that the applying pharmacy was situated.

Based on the information available at the time of developing this PNA no future gaps in the provision of essential services during normal working hours have been identified in any of the 8 localities.

16.4.1.2 Access to essential services outside normal working hours

It is possible that notifications will be submitted to the Health Board to revise supplementary opening hours for pharmacies during the lifespan of this PNA. Supplementary hours are usually those that relate to after 5.30pm on weekdays and weekend opening.

Notifications to change supplementary hours only require a period of 90 days' notice from the pharmacy contractor. The Health Board cannot refuse changes to supplementary hours but it can review the availability of Pharmaceutical services in the area as a result of any changes.

Based on the information available at the time of developing this PNA it is not possible to determine if there will be any future gaps in the provision of essential services outside of normal working hours.

16.4.2 Future access to advanced services

From the data available for advanced services, all pharmacies are able to provide Medicine Use Review and Discharge Medication Reviews (93/93). The activity levels on both of these services is capped at 400 and 140, respectively. Not all pharmacies complete the maximum amount they could undertake each year. There is still therefore capacity for future increases in demand for advanced services.

The Medicine Use Review Service is currently suspended due to the COVID-19 pandemic.

Based on the information available at the time of developing this PNA no gaps in the future provision of advanced services have been identified in any of the 8 localities.

16.4.3 Future access to enhanced services

As set out in 15.3.3 there are currently no identified gaps in the provision of enhanced services.

There has been a focus on the development of enhanced services for community pharmacies over the last 5 years and this will continue throughout the lifespan of this PNA. In particular, the number of Independent Prescribing Pharmacists may increase and will lead to an expansion in the number of sites commissioned to offer Acute Conditions.

Based on the information available at the time of developing this PNA no gaps in the future provision of enhanced services have been identified in any of the 8 localities.

16.4.4 Future access to the GP dispensing service

Based on the ratio of 2.41 pharmacies and dispensing practices per 10,000 population and this being one of the highest ratios of all Health Boards in Wales, it is concluded that there is adequate provision of pharmaceutical services within Swansea Bay UHB to meet the needs of its population.

Based on the information available at the time of developing this PNA no current gaps in the future provision of GP dispensing services have been identified in the Health Board area.

Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in health boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on health boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to health boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 April 2021 had to be satisfied before a health board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services

submitted an application to the health board in accordance with the 2013 Regulations. The health board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the health board's decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It is they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located or direct which services must be provided from those locations.

Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (e.g. doctors) and to make recommendations for changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation "Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992" sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce PNAs.

The Public Health (Wales) Act 2017 (the 2017 Act) inserted section 82A into the 2006 Act which makes provision for a new duty for health boards in Wales to prepare and publish an assessment of need for pharmaceutical services. Section 82A gave the Welsh Ministers powers to make regulations setting out the requirements for PNAs in Wales.

Intended effect and beneficial outcomes

The intended effect of introducing PNAs is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This will require health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (e.g. pharmacies and dispensing doctors). Health boards will use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change will provide contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they do currently. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve, and provide services effectively to address identified pharmaceutical needs.

Policy, legislative framework and regulation

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are essentially dispensing services. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. 'Additional pharmaceutical services' are defined as services of a kind that do not fall within section 80 i.e. advanced and enhanced services. Section 81 gives Welsh Ministers the power to give directions to a health board (i) requiring it to arrange for the provision of additional pharmaceutical services, or (ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A in to the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of PNAs. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers have now made subordinate legislation setting out requirements for PNAs in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) Regulations 2020 imposes the legal requirements on health boards to complete PNAs.

The NHS (Pharmaceutical Services) Regulations 2020 came into force on 1st April 2020 and health boards have until 1 April 2021 to publish their first PNA.

In summary the NHS (Pharmaceutical Services) Regulations 2020 set out the:

- Services that are to be covered by the PNA
- Information that must be included in the PNA (it should be noted that health boards are free to include any other information that they feel is relevant)
- Date by which health boards must publish their first PNA
- Requirement on health boards to publish further PNAs on a five yearly basis

- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the PNA, for at least 60 days; and
- Matters the health board is to have regard to when producing its PNA.

Once a health board has published its first PNA it is required to produce a revised PNA within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised PNA would be a disproportionate response to those changes.

In addition a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its PNA is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

Developing the detailed requirements

A working group was established in November 2015 to develop the detailed requirements for conducting a PNA and to review and amend the tests and procedures as they apply to the provision of NHS pharmaceutical services. The group, which met on a number of occasions, consisted health board pharmacy leads with knowledge of the previous control of entry system and expertise in community pharmacy, NHS Shared Services Partnership primary care (pharmacy) leads, who have expertise in the process of determining control of entry applications, and Welsh Government staff. The group has made a significant contribution to the development of the Welsh Government's policy on PNAs, including the resultant proposals contained within the NHS (Pharmaceutical Services) Regulations 2020.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

Appendix C – advanced services

1. Medicines use review and prescription intervention service

Service description

This service includes MURs undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A MUR is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

To improve patient knowledge and use of medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines;
- Identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- Identifying side effects and drug interactions that may affect patient compliance;
- Improving the clinical and cost effectiveness of prescribed medicines thereby reducing medicine wastage.

2. Discharge medicines review service

Service description

The DMR service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. The service, which builds on the existing MUR service, will provide an opportunity to support patients to improve their knowledge and use of drugs.

Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers.
- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed thereby reducing wastage of medicines.

3. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

4. Appliance use review

Service description

An AUR 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.

Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
 - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
 - The clinical and cost effective use of drugs
 - The proper and effective administration of drugs and appliances in the care home
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
4. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
5. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver drugs and appliances to patients at their home.
6. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - Drugs which they are using
 - Their health, and
 - General health matters relevant to them,

and where appropriate referral to another health care professional.
7. A medication review service, the underlying purpose of which is for the pharmacy contractor to —
 - Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
 - Advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
 - Where appropriate, to refer the patient to another health care professional.
8. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —

- Assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with special needs, and
 - Offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving their knowledge of, compliance with and use of, such drugs.
9. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
 10. A needle and syringe exchange service, the underlying purpose of which is for the pharmacy contractor to —
 - Provide sterile needles, syringes and associated materials to drug misusers
 - Receive from drug misusers used needles, syringes and associated materials, and
 - Offer advice to drug misusers and where appropriate referral to another health care professional or a specialist drug treatment centre.
 11. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
 12. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
 13. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply a prescription only medicine to a patient under a patient group direction.
 14. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
 - The clinical and cost effective use of drugs
 - Prescribing policies and guidelines, and
 - Repeat prescribing.
 15. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
 - The clinical and cost effective use of drugs in the school
 - The proper and effective administration and use of drugs and appliances in the school
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
 16. A screening service, the underlying purpose of which is for the pharmacy contractor to —

- Identify patients at risk of developing a specified disease or condition
 - Offer advice regarding testing for a specified disease or condition
 - Carry out such a test with the patient's consent, and
 - Offer advice following a test and refer to another health care professional as appropriate.
17. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to —
- Advise and support patients wishing to give up smoking, and
 - Where appropriate, to supply appropriate drugs and aids.
18. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.
19. A prescribing service, the underlying purpose of which is for the pharmacy contractor to prescribe medicines in circumstances specified by the relevant local health board.
20. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.
21. An emergency supply service, the underlying purpose of which is to ensure that in cases of urgency, patients, at their request have prompt access to drugs of appliances:
- Which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and
 - Where in the case of prescription only medicines the requirements of regulation 225(1) of the Human Medicines Regulations 2012 (emergency sale etc by Pharmacist: at patient's request) are satisfied.

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service includes the requirements that are additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

3. Home delivery service

Service description

To provide a home delivery service in respect of certain appliances.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice by a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to NHS Direct Wales

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not staffed callers must be given a telephone number or website contact details for NHS Direct Wales who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – PNA Steering Group membership

Name	Role	Organisation
Judith Vincent	Clinical Director Pharmacy	Swansea Bay University Health Board
Sharon Miller	Associate Director of Primary Care	Swansea Bay University Health Board
Sam Page	Head of Primary Care	Swansea Bay University Health Board
Lowri Lowe	Primary Care Manager	Swansea Bay University Health Board
Rhian Newton	Head of Medicines Management	Swansea Bay University Health Board
Amy David	Community Pharmacy Professional Lead	Swansea Bay University Health Board
Calvin Smith	Co-opted Member	Community Health Council
Jayne Howard	Associate Director Contractor Services	Community Pharmacy Wales
Dr Sandar Hlaing	Elected GP Member	Local Medical Committee

Editorial Team:

Sharon Miller	Associate Director	Primary, Community & Therapies Group	Swansea Bay UHB
Amy David	Professional Lead	Primary, Community & Therapies Group	Swansea Bay UHB
Lowri Lowe	Primary Care Manager	Primary, Community & Therapies Group	Swansea Bay UHB
Tony Kluge	Cluster Development Manager	Primary, Community & Therapies Group	Swansea Bay UHB
Paola Browne	Primary Care Development Manager	Primary, Community & Therapies Group	Swansea Bay UHB
Claire Thompson	Public Health Practitioner	Local Public Health Team	Swansea Bay UHB
Claire Fauvel	Public Health Practitioner	Local Public Health Team	Swansea Bay UHB
Asha Boyce	Public Health Practitioner	Local Public Health Team	Swansea Bay UHB
Caryl Jones-Pugh	Senior Public Health Practitioner	Local Public Health Team	Swansea Bay UHB
Liz Newbury-Davies	Principal Public Health Practitioner	Local Public Health Team	Swansea Bay UHB

Appendix G – Public Engagement Survey

Public Survey on Pharmacy Services in Swansea Bay University Health Board



We are inviting you to tell us about pharmacy services in your area. This is to help us plan for services for our patients now and in the future to make sure they meet your needs, using a process called a 'pharmaceutical needs assessment'.

Your answers will help us identify if there are any service gaps, for example whether a pharmacy (also called a 'chemist') is needed in a particular area, or whether more pharmacies need to provide a particular service.

Looking to the future, we will look at what may change over the next five years and whether there will be enough pharmacies in the right places, providing the services that people need as, for example, more houses are built.

Your views are important to us so please spare a few minutes to complete this questionnaire. We estimate it will take you about 10 to 15 minutes to complete.

The questionnaire is anonymous and any information you give will not be linked to you.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please contact lowri.lowe@wales.nhs.uk with "PNA questionnaire" in the subject header.

About you

Please tell us your postcode

By providing us with the first four digits of your postcode, you are consenting for us to use this information to understand which part of Swansea Bay University Health Board you live in. This information will only be used for the purposes of this questionnaire so that we can identify whether we have received responses from across the health board area or from particular areas. Please do not provide us with your full postcode.

For example, if your postcode is SA12 9XL just type SA12 in the box below.

Preferred language

1. Please could you tell us your preferred language when you access services at a pharmacy?

- Welsh
- English
- Other [text box]

How you use your pharmacy - either in person or by having someone else go there for you

2. Why do you usually visit a pharmacy? Please tick any or all that apply.

- To get or collect a prescription for myself
- To buy medicines for myself
- To get advice for myself
- For other services such as flu vaccination
- To get or collect a prescription for someone else
- To buy medicines for someone else
- To get advice for someone else
- I don't visit a pharmacy as I use an online/internet pharmacy (go to question 22)
- I don't visit a pharmacy as I use a dispensing doctor (go to question 22)
- I don't visit a pharmacy as I use an appliance contractor (go to question 22)
- 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]

3. How often do you use a pharmacy?

- Daily
- Weekly
- Fortnightly
- Monthly
- Quarterly
- I don't use a pharmacy
- Other [text box]

4. What time is the most convenient for you to use a pharmacy?

- 7am to 9am
- 9am to 12 noon
- 12 noon to 2pm
- 2pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

5. 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

6. Has there been a time recently when you were not able to use your normal pharmacy?

- Yes
- No (go to question 8)
- Not applicable (go to question 8)

7. If you answered 'yes' to question 6 can you tell us what you did? Please tick all statements that apply.

- I went to another pharmacy
- I waited until the pharmacy was open
- I went to my GP
- I went to the A&E / casualty
- I went to a minor injury unit
- I contacted the GP Out of Hours (OOH) service
- I called NHS 111 Wales
- Other [text box]

Your choice of pharmacy

8. 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?

9. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The location of the pharmacy is easy to get to

- It is easy to park at the pharmacy
- I can speak to the staff in my preferred language
- I like and trust the staff who work there
- The staff know me and look after me
- The staff don't know me
- I've always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provide good advice & information
- The customer service
- It is very accessible i.e. wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- There is a private area if I need to talk to the pharmacist
- I can order my repeat medicines online or by using their app
- Other [text box]

10. Is there a more convenient and/or closer pharmacy that you don't use?

- Yes
- No (go to question 12)
- Don't know (go to question 12)

11. ...and if you have answered yes to question 10, 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

12. If you go to the pharmacy by yourself or with someone, how do you usually get there?

- On foot

- By bus
- By car
- By bike
- By taxi
- Other [text box]
- Not applicable (go to question 14)

13. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- More than 20 minutes

14. Would you say that you have difficulty in getting to a pharmacy?

- Yes
- No
- Not applicable

15. If you have difficulty getting to a pharmacy please tell us why.

[Text box]

Pharmacy services in general

16. 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 Swansea Bay University Health Board 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]

17. Do you feel able to discuss something private with your pharmacist?

- Yes
- No
- Never needed to
- Don't know

18. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of.

- Flu vaccinations (for those who are in one of the at risk groups)
- Medicines use review service – this is an opportunity for you to sit down with the pharmacist and discuss all the medicines you are taking to help you get the maximum benefit from them.
- Discharge medicines review service – this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.
- Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.
- Emergency contraception, also referred to as the 'morning after pill'
- Help to stop smoking
- Common ailments scheme – pharmacists can provide you with advice and free treatment for common minor illnesses and ailments so that you do not need to see a GP.
- Needle and syringe exchange – this is a substance misuse harm reduction service where pharmacists can supply sterile injecting equipment packs and dispose of used equipment
- Supervised administration of medicines - – this service is to support people receiving treatment for substance misuse
- Emergency medicines supply – this service enables people to access emergency supplies of their medication through their pharmacy
- No (go to question 20)

19. Have you used any of the services listed in question 18?

- Flu vaccinations (for those who are in one of the at risk groups)
- Medicines use review service
- Discharge medicines review service
- Appliance use review service
- Emergency contraception, also referred to as the 'morning after pill'
- Help to stop smoking
- Common ailments scheme
- Needle and syringe exchange
- Supervised administration of medicines
- Emergency medicines supply
- No

20. Is there anything else you would like to tell us about your experience of your local pharmacy?

[Text box]

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?

[Text box]

Equality monitoring

In order to monitor the effectiveness of our Equality Policy and practice, and to ensure our services are delivered in a way that is fair to all and free from bias, we would appreciate your cooperation 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. It is separated from any correspondence received from you and will be securely destroyed after we have captured the information.

In submitting this form, I hereby acknowledge and give explicit consent to SB UHB Health Board to use my personal data, including all sensitive equality data (e.g. sexual orientation/ gender reassignment) freely provided by me for the purposes of lawfully monitoring and reporting to comply with equality legislation.

22. 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

23. Gender Identity: At birth were you described as

- Male
- Female
- Intersex
- Prefer not to say
- Other (please state): [text box]

24. Gender Identity: Which of the following describes how you think of yourself

- Male
- Female
- Intersex
- Prefer not to say
- Other (please state): [text box]

25. Pregnancy and Maternity: Are you currently pregnant, or have you been pregnant in the last year?

- Yes
- No
- Prefer Not To Say

26. Pregnancy and Maternity: Have you taken maternity leave within the past year?

- Yes
- No
- Prefer Not To Say

27. National Identity: How would you describe your national identity?

- Welsh
- English
- Scottish
- Northern Irish
- Irish
- British
- Prefer Not To Say
- Other (please state): [text box]

28. Ethnic Group: What is your ethnic group?

- White
- Mixed / Mixed British
- Black / Black British
- Asian / Asian British
- Arab
- Prefer Not To Say
- Other (please state): [text box]

29. Sexual Orientation: Which of the following options best describes how you think of yourself?

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Prefer Not To Say
- Other (please state): [text box]

30. Religion or Belief: What is your religion?

- Christian (all denominations)
- Buddhist
- Hindu
- Muslim
- Sikh
- Jewish
- Atheist
- No Religion
- Prefer Not To Say
- Other (please state): [text box]

31. Marital Status: Are you married or in a civil partnership?

- Yes
- No
- Prefer Not To Say

32. Disability: Do you consider yourself to have a disability?

- Yes
- No
- Prefer Not To Say

33. Language: What is your preferred language?

- English
- Welsh
- Prefer Not To Say
- Other (please state): [text box]

34. Language: Can you understand, speak, read or write Welsh?

- Understand Spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None Of The Above
- Prefer Not To Say

35. 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

Appendix H – Full results of the Public Engagement Survey

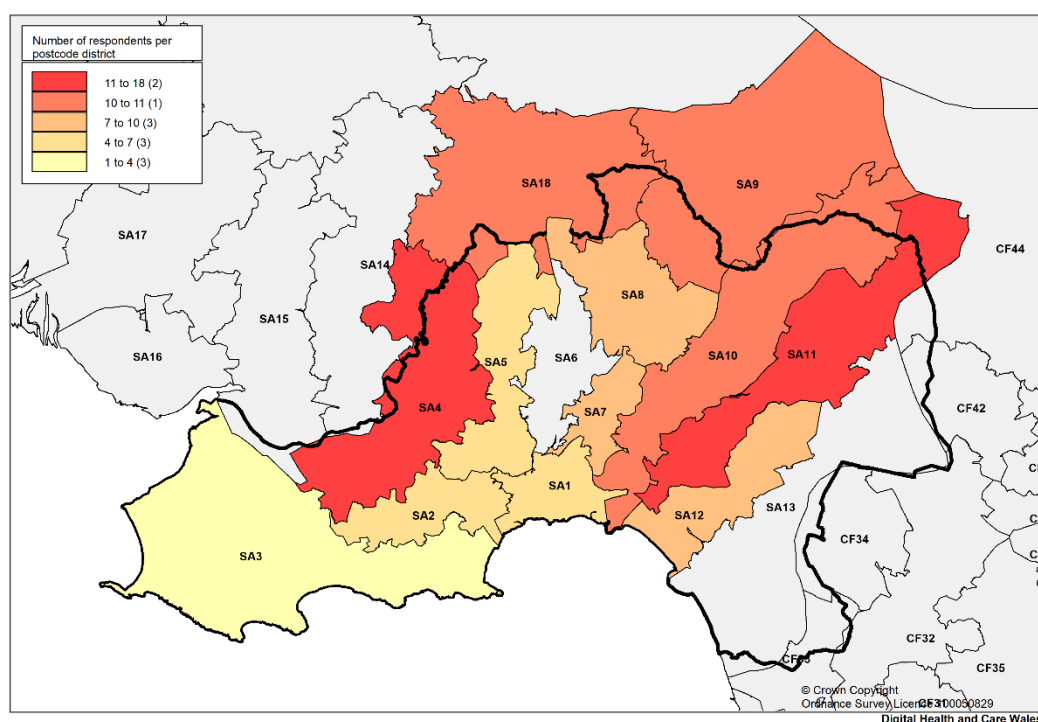
Q1. Please tell us the first part of your postcode - we only want to know which part of Swansea Bay Health Board area you live in, so to make sure we only know the general area, please do not tell us the last two letters. For example, if your postcode is [SA6 5LE] just type [SA6 7] in the box below:

Answered	77
Skipped	0

Responses to the questionnaire were received from people living across the Health Board area as can be seen from the heat map below, with the highest responses coming from those living in SA11 and SA4.

Appendix H

Location of Survey Respondents



Patient and public survey for Swansea Bay University Health Board pharmaceutical needs assessment (PNA)

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 Swansea Bay University Health Board you live in. This information will only be used for the purposes of this questionnaire so that we can identify whether we have received responses from across the health board area or from particular areas. Please do not provide us with your full postcode. For example, if your postcode is SA12 9XL just type SA12 in the box below.

	Response Percent	Response Total
	answered	77
	skipped	








1. Please could you tell us your preferred language when you access services at a pharmacy?

	Response Percent	Response Total
1 Welsh	2.70%	2
2 English	97.30%	72
3 Other (please specify):	0.00%	0
	answered	74
	skipped	3
Other (please specify): (0)		
No answers found.		

2. Why do you usually visit a pharmacy? Please tick any or all that apply.

	Response Percent	Response Total
1 To get or collect a prescription for myself	92.21%	71
2 To buy medicines for myself	55.84%	43
3 To get advice for myself	40.26%	31






2. Why do you usually visit a pharmacy? Please tick any or all that apply.

			Response Percent	Response Total
4	For other services such as flu vaccination		23.38%	18
5	To get or collect a prescription for someone else		51.95%	40
6	To buy medicines for someone else		33.77%	26
7	To get advice for someone else		14.29%	11
8	I don't visit a pharmacy as I use an online/internet pharmacy (go to question 22)		1.30%	1
9	I don't visit a pharmacy as I use a dispensing doctor (go to question 22)		0.00%	0
10	I don't visit a pharmacy as I use an appliance contractor (go to question 22)		0.00%	0
11	I don't visit a pharmacy as my medicines are delivered to me		6.49%	5
12	I don't go to a pharmacy; someone goes on my behalf		0.00%	0
13	Other (please specify):		1.30%	1
			answered	77
			skipped	0
Other (please specify): (1)				

2. Why do you usually visit a pharmacy? Please tick any or all that apply.

			Response Percent	Response Total
1		I pick up over the counter medicines in pharmacy as I'm usually at work when pharmacies are open in my (area)		








3. How often do you use a pharmacy?

			Response Percent	Response Total
1	Daily		0.00%	0
2	Weekly		9.09%	7
3	Fortnightly		16.88%	13
4	Monthly		53.25%	41
5	Quarterly		11.69%	9
6	I don't use a pharmacy		0.00%	0
7	Other (please specify):		9.09%	7
			answered	77
			skipped	0








Other (please specify): (7)

1	When needed
2	When I need to
3	Rarely - services nor needed often.
4	Whenever I need advice, or if I need medicine quickly for any ailments that come on suddenly
5	Rarely
6	Variable
7	During the pandemic my prescription has been changed to needing ordering every 3 months.




4. What time is the most convenient for you to use a pharmacy?

			Response Percent	Response Total
1	7am to 9am		1.33%	1
2	9am to 12 noon		13.33%	10
3	12 noon to 2pm		5.33%	4
4	2pm to 6pm		30.67%	23
5	6pm to 9pm		12.00%	9
6	9pm to midnight		2.67%	2
7	I don't have a preference		34.67%	26
			answered	75
			skipped	2





5. What day is the most convenient for you to use a pharmacy?

			Response Percent	Response Total
1	Monday		3.90%	3
2	Tuesday		1.30%	1
3	Wednesday		0.00%	0
4	Thursday		1.30%	1
5	Friday		2.60%	2
6	Saturday		0.00%	0
7	Sunday		0.00%	0
8	Weekdays in general		20.78%	16
9	Weekends in general		11.69%	9
10	I don't have a preference		58.44%	45
			answered	77
			skipped	0

6. Has there been a time recently when you were not able to use your normal pharmacy?

			Response Percent	Response Total
1	Yes		24.68%	19
2	No (go to question 8)		72.73%	56
3	Not applicable (go to question 8)		2.60%	2
			answered	77
			skipped	0

7. If you answered 'yes' to question 6 can you tell us what you did? Please tick all statements that apply.

			Response Percent	Response Total
1	I went to another pharmacy		63.16%	12
2	I waited until the pharmacy was open		21.05%	4
3	I went to my GP		0.00%	0
4	I went to the A&E / casualty		0.00%	0
5	I went to a minor injury unit		0.00%	0
6	I contacted the GP Out of Hours (OOH) service		0.00%	0
7	I called NHS 111 Wales		5.26%	1
8	Other (please specify):		10.53%	2
			answered	19
			skipped	58





Other (please specify): (2)

1	I went back when there was less of a queue
---	--






7. If you answered 'yes' to question 6 can you tell us what you did? Please tick all statements that apply.

			Response Percent	Response Total
	2	Went to an out of hours pharmacy (Sunday)		















8. Please could you tell us whether you:

			Response Percent	Response Total
1	Always use the same pharmacy?		61.04%	47
2	Use different pharmacies but I prefer to visit one most often?		35.06%	27
3	Always use different pharmacies?		1.30%	1
4	Rarely use a pharmacy?		2.60%	2
5	Never use a pharmacy?		0.00%	0
			answered	77
			skipped	0






9. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

			Response Percent	Response Total
1	Close to my home		67.53%	52
2	Close to work		12.99%	10
3	Close to my doctor		51.95%	40
4	Close to children's school or nursery		3.90%	3
5	Close to other shops		14.29%	11




9. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

			Response Percent	Response Total
6	The location of the pharmacy is easy to get to		48.05%	37
7	It is easy to park at the pharmacy		36.36%	28
8	I can speak to the staff in my preferred language		0.00%	0
9	I like and trust the staff who work there		46.75%	36
10	The staff know me and look after me		28.57%	22
11	The staff don't know me		1.30%	1
12	I've always used this pharmacy		19.48%	15
13	The service is quick		38.96%	30
14	They usually have what I need in stock		31.17%	24
15	The pharmacy has good opening hours		27.27%	21
16	The pharmacy collects my prescription and delivers my medicines		18.18%	14
17	The pharmacy was recommended to me		1.30%	1
18	The pharmacy provide good advice & information		24.68%	19
19	The customer service		23.38%	18
20	It is very accessible i.e. wheelchair/baby buggy friendly		7.79%	6







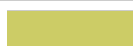
9. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

			Response Percent	Response Total
21	It's a well-known big chain		7.79%	6
22	It's not one of the big chains		24.68%	19
23	There is a private area if I need to talk to the pharmacist		29.87%	23
24	I can order my repeat medicines online or by using their app		10.39%	8
25	Other (please specify):		3.90%	3
			answered	77
			skipped	0
Other (please specify): (3)				
	1	Secure bicycle lock outside		
	2	They order my medicine and I can pick it up following a text to say it's ready		
	3	Pharmacy by surgery is slow dispensing so often take it elsewhere		

10. Is there a more convenient and/or closer pharmacy that you don't use?

			Response Percent	Response Total
1	Yes		36.84%	28
2	No (go to question 12)		59.21%	45
3	Don't know (go to question 12)		3.95%	3
			answered	76
			skipped	1







11. ...and if you have answered yes to question 10, please could you tell us why you do not use that pharmacy?

			Response Percent	Response Total
1	It is not easy to park at the pharmacy		7.14%	2
2	I have had a bad experience in the past		3.57%	1
3	The service is too slow		21.43%	6
4	The staff are always changing		0.00%	0
5	The staff don't know me		7.14%	2
6	I know the staff and would prefer them not to know what medicines I am taking		0.00%	0
7	They don't have what I need in stock		10.71%	3
8	The pharmacy does not deliver medicines		0.00%	0
9	There is not enough privacy		0.00%	0
10	It's not open when I need it		14.29%	4
11	It's not wheelchair/baby buggy friendly		0.00%	0
12	Other (please specify):		35.71%	10
			answered	28
			skipped	49
Other (please specify): (10)				
	1		They use a dispensing system I struggle to understand.	
	2		The time that you have to wait for your prescriptions even though it had been there a few days previously. This was also happening prior to the Covid 19 pandemic.	

11. ...and if you have answered yes to question 10, please could you tell us why you do not use that pharmacy?

			Response Percent	Response Total
3		Only open until 1pm on a Saturday		
4		It's further away from my doctors		
5		Pharmacy does not collect prescriptions from GP		
6		It's too far from my GP surgery		
7		Many of the above options, but this question has radio buttons rather than checkboxes so can only chose one option. Overcrowded, lack of parking, slow service, not enough privacy and it's not open when I need it		
8		Its closer to home.but not close to where surgery is		
9				
10		prefer to use a pharmacy who are dependable		





12. If you go to the pharmacy by yourself or with someone, how do you usually get there?

			Response Percent	Response Total
1	On foot		25.97%	20
2	By bus		1.30%	1
3	By car		67.53%	52
4	By bike		1.30%	1
5	By taxi		0.00%	0
6	Not applicable (go to question 14)		1.30%	1
7	Other (please specify):		2.60%	2
			answered	77
			skipped	0




12. If you go to the pharmacy by yourself or with someone, how do you usually get there?

			Response Percent	Response Total
Other (please specify): (2)				
1		Motorbike		
2		I try to have medicines delivered because I am a 24/7 carer, but sometimes things don;t go well and I have to get someone to sit in while I go by bus unless someone can drive me.		

13. ...and how long does it usually take to get there?

			Response Percent	Response Total
1	Less than 5 minutes		32.89%	25
2	Between 5 and 15 minutes		55.26%	42
3	More than 15 minutes but less than 20 minutes		10.53%	8
4	More than 20 minutes		1.32%	1
			answered	76
			skipped	1

14. Would you say that you have difficulty in getting to a pharmacy?

			Response Percent	Response Total
1	Yes		11.69%	9
2	No		87.01%	67
3	Not applicable		1.30%	1
			answered	77
			skipped	0










15. If you have difficulty getting to a pharmacy please tell us why.

			Response Percent	Response Total
1	Open-Ended Question		100.00%	8
	1	I live up a steep hill and have to cycle home. Currently working from home and can be hard to take a break.		
	2	I have a chronic medical condition that means I have restricted mobility and serious fatigue issues.		
	3	Parking		
	4	I do not have a car, I have difficulties walking, the road is very steep		
	5	sometimes its hard to get to my regular pharmacy with my working hours now they are niw longer open on a Saturday. I'm thinking about swooping to one whoes opening hours suit me better		
	6	I have mobility problems and find it hard to park near any local pharmacy.		
	7	partly due to being needed 24/7 and having to find a sitter, but also due to mobility. I cna use buses or drive some days, but not others.		
	8	Usually because my working hours are the same opening hours as pretty much all the pharmacies near me. If I need anything urgent I need to use annual leave to finish earlier to get to a pharmacy.		
			answered	8
			skipped	69




16. 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.

			Response Percent	Response Total
1	I would call them	<input type="checkbox"/>	40.26%	31




16. 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.

			Response Percent	Response Total
2	I would call NHS 111 Wales or use their website		6.49%	5
3	I would search the Swansea Bay University Health Board website		15.58%	12
4	I would search the internet		71.43%	55
5	I would use social media		19.48%	15
6	I would ask a friend		14.29%	11
7	I would just pop in and ask them		16.88%	13
8	Look in the window		23.38%	18
9	I would find out from reading the local newspaper or magazine		1.30%	1
10	Not applicable		0.00%	0
11	Other (please specify):		2.60%	2
			answered	77
			skipped	0
Other (please specify): (2)				
1		My local Pharmacy have a Facebook page and if I want to ask them anything I can message them on that and the answer is always quick and friendly. I also pop in for a quick chat if necessary		
2		Ask in the [area] Facebook group		







17. Do you feel able to discuss something private with your pharmacist?

			Response Percent	Response Total
1	Yes		57.14%	44
2	No		10.39%	8
3	Never needed to		32.47%	25
4	Don't know		0.00%	0
			answered	77
			skipped	0



18. 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.

			Response Percent	Response Total
1	Flu vaccinations (for those who are in one of the at risk groups)		87.01%	67
2	Medicines use review service – this is an opportunity for you to sit down with the pharmacist and discuss all the medicines you are taking to help you get the maximum benefit from them.		54.55%	42
3	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.		23.38%	18







18. 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.

			Response Percent	Response Total
4	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.		11.69%	9
5	Emergency contraception, also referred to as the 'morning after pill'		49.35%	38
6	Help to stop smoking		40.26%	31
7	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.		63.64%	49
8	Needle and syringe exchange – this is a substance misuse harm reduction service where pharmacists can supply sterile injecting equipment packs and dispose of used equipment		19.48%	15
9	Supervised administration of		19.48%	15





18. 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.

			Response Percent	Response Total
	medicines - – this service is to support people receiving treatment for substance misuse			
10	Emergency medicines supply – this service enables people to access emergency supplies of their medication through their pharmacy		32.47%	25
11	No (go to question 20)		7.79%	6
			answered	77
			skipped	0

19. Have you used any of the services listed in question 18?

			Response Percent	Response Total
1	Flu vaccinations (for those who are in one of the at risk groups)		40.58%	28
2	Medicines use review service		26.09%	18
3	Discharge medicines review service		1.45%	1
4	Appliance use review service		1.45%	1
5	Emergency contraception, also referred to as the 'morning after pill'		5.80%	4
6	Help to stop smoking		2.90%	2

19. Have you used any of the services listed in question 18?

			Response Percent	Response Total
7	Common ailments scheme		20.29%	14
8	Needle and syringe exchange		1.45%	1
9	Supervised administration of medicines		0.00%	0
10	Emergency medicines supply		7.25%	5
11	No		28.99%	20
			answered	69
			skipped	8

20. Is there anything else you would like to tell us about your experience of your local pharmacy?

			Response Percent	Response Total
1	Open-Ended Question		100.00%	38
	1	N/A		
	2	I tried at several pharmacies to drop off a used syringe that I found in the street and was told I had to go to [area] (but I was on foot). Eventually dropped it off at Barod.		
	3	[pharmacy] in [area] have the worst customer service I and others I know have experienced. I would like to see a review of this pharmacy as I feel it's fallen short in several areas.		
	4	Often feel the staff are under pressure of work. I have noticed that recently I have received a mix of brands of my medication ie 56 tablets of Meloxicam prescribed 30 of the brand I usually receive and 26 of another brand. I don't like this as brands do vary slightly.		

20. Is there anything else you would like to tell us about your experience of your local pharmacy?

			Response Percent	Response Total
	5		I now use a new pharmacy in [area], they are fantastic, super quick, great advice and patient care.	
	6		Medication errors Takes a very long time to dispense medication compared to other pharmacies.	
	7		[other HB] offer the ability to receive regular oral contraceptive pills from the pharmacy. This would be useful rather than visiting the GP	
	8		They are friendly and quick	
	9		It's brilliant. Because the staff know me and my regular meds they are able to pick up on potential problems. Eg they spotted that a new prescription I had from the doctor had a contraindication with one of my regular meds. They were able to ring the surgery and sort it out.	
	10		Friendly staff at all times	
	11		They're always accessible, knowledgeable, and deliver my repeat prescription without fuss. They're also close to my house, so I can pop in if I need anything quickly	
	12		My pharmacy have given me the wrong medication on many different occasions which could be very serious as I am a type one diabetic. My pharmacy hardly ever has everything I order in stock when I arrive and I usually have to go back again the next day which is very inconvenient when you work full time. During the pandemic the pharmacy displays a sign 'max 4 people in shop at any one time' but there are usually more and the staff don't say anything to customers.	
	13		I do wish that the shop pharmacist could review my medications. There is an in house pharmacist in my GP but she is usually so far booked up I worry that I will not get my review on time and I will be without my medicines. My shop pharmacist knows me so well.	
	14		It's [pharmacy] and you can queue for anything up to an hour - sometimes to be told they don't have that medication. Queueing is outside and so can be in bad	

20. Is there anything else you would like to tell us about your experience of your local pharmacy?

			Response Percent	Response Total
		weather. The staff are brilliant but the head office appear to be failing them. I have contacted head office twice to complain as they appear under staffed and under resourced. I am told that there is a new plan in place to try and deal with the issues- I will see if and how that is working next week when I call for a repeat prescription. You cannot phone them - the local store - as they have insufficient staff to answer the phones. Very difficult for the less mobile to seek help		
15		[Pharmacy] in my experience is crowded and not open outside working hours. Recently I discovered that [pharmacy] is open on Sundays at 4pm and have been there several times to pick up medicines for relatives (over the counter). The staff there are very helpful and the pharmacy is quiet on a Sunday.		
16		It's the closest to the doctors surgery (next door) but the service is usually quite bad (on a par with the receptionists at my doctors surgery)		
17		Very slow service. Even though I get repeat prescriptions, they often are short of the medication. There is also no privacy for private consultations.		
18		I am pleased with the exceptional service at my chemist and felt sorry for them during the start of covid as they couldn't obtain PPE to help them work safely. I did contact my [person] to see if he could help out. The surgery at the local health Centre at [area] had plenty.		
19		My local pharmacy always ready to help and advice.		
20		They have become so overrun the last year the system is failing local people now. There are two pharmacies but they still cannot cope with an ever increasing local population		
21		No		
22		They take too long from collecting prescription from GPS to delivering as in they collect prescription on a thursdsy and dont deliver until the Tues		

20. Is there anything else you would like to tell us about your experience of your local pharmacy?

			Response Percent	Response Total
23		My local pharmacy provides an excellent service with friendly staff and a knowledgeable pharmacist who is happy to discuss my medication and offer advice where applicable. There are many occasions I would prefer to visit my local pharmacist rather than my local GP surgery. He would be sorely missed.		
24		It is good that I now with Covid 19 I can have my medicines delivered to my home, safer and also because I have difficulties in walking.		
25		Some times the staff seem very stressed out		
26		No		
27		My local pharmacy is an essential part of my health team as I have a chronic health condition. They are outstanding in their service to me and the community they serve. They are trusted and respected by the community, and go above and beyond to ensure the health of the community.		
28		[pharmacy] is very helpful, and has knolagable staff		
29		Always available to answer any medical questions.n		
30		We need a third pharmacy in [area] as [pharmacy] seem to be slow and very busy, Well are busy too but service quicker.		
31		[area] surgery offers a wonderful service. [pharmacist] and his staff are second to none and an asset to our village.		
32		It is slow regardless of how many customers they have. And I mean really slow.		
33		Flu vaccination obtained at pharmacy only due to lack of availability at GP surgery, the person administering it was not very good at it		

20. Is there anything else you would like to tell us about your experience of your local pharmacy?

			Response Percent	Response Total
	34	I prefer to stay with a pharmacy who know the prescriptions however I have moved to a new pharmacy twice. The first time because of repeated non delivery of medication to the point of being left in a dangerous situation with no heart medication for the person I care for when they knew three days earlier but didn't deliver and when I was finally able to go and collect was told it's not their responsibility to tell me the drugs are not in! I had to frantically chase around to find another pharmacy with a supply. The second time after two years of excellent service the pharmacist left and the continual mistakes became impossible to cope with. I have returned to the original pharmacy who have had a change of staff and are so far excellent. It really does come down to the attitude of staff.		
	35	No		
	36	24hr dispenser is excellent		
	37	The staff don't run through any new medications with their patients. The staff are so busy that everything feels rushed in a [pharmacy].		
	38	They are always very friendly and helpful and I'm not usually kept waiting very long to be seen.		
			answered	38
			skipped	39

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?

			Response Percent	Response Total
1	Open-Ended Question		100.00%	25
	1	Cannot think of any!		
	2	No		

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?







			Response Percent	Response Total
	3		Not enough are open on Saturdays!!! Especially as [pharmacy] are now closing on a Saturday	
	4		No	
	5		Opening hours	
	6		Weekday opening hours	
	7		Only that my local pharmacy is small, so may not be able to offer as much as they'd like to	
	8		Never quite sure what you would ask a pharmacist for over a doctor/nurse	
	9		Pharmacist is nice but some staff are quite abrupt so I wouldn't want to discuss anything with this Pharmacy however I would be happy to discuss at the [pharmacy] around the corner as the staff are much nicer there	
	10		Yes, when I had a yearly review of my medication I was directed to my Health Centre where the review was carried out by the chemist there. Why do I have to travel 6+ miles to see that chemist when I have an excellent one in my own village who is more than capable of doing one. This is just one of many incidents that seem to push small, local chemists out.	
	11		No	
	12		Oversubscribed and often drugs not in stock / prescriptions not made up days after they should be etc	
	13		No	
	14		No	
	15		Prefer online prescribing and home delivery	
	16		No	
	17		no	

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?





			Response Percent	Response Total
18		No		
19		No		
20		No		
21		They are small shops i wouldn't be comfortable discussing anything with them on privacy . Everything can be heard. It's bad enough giving your home address out in public to confirm your details. This is also confidential.		
22		For those of us who are full time cares for people with dementia it can be extremely difficult to actually physically deal with things when they go wrong. I used to be able to pick up the script- request corrections from the doctors when they weren't right, (five or six times a year at least for a while before things improved). Then visit the pharmacy and make sure the script was correct - and be able to return to pick up missing items. Now I am dependent on the delivery service and it frequent goes wrong and can take days to get things sorted which with medication that is a lifeline is very frightening. aprt from the two years of excellent service I have little trust in getting things correct and try to allow at least ten days to ensure we don't run out.		
23		No		
24		Mainly collection times. A collection machine would be ideal in most Pharmacies but none by me have them, they are ideal for out of hours.		
25		No		
			answered	25
			skipped	52

2. Equality monitoring





22. Age: Please indicate your age range by ticking the appropriate option

			Response Percent	Response Total
1	0-15 years		0.00%	0
2	16-24 years		0.00%	0
3	25-34 years		15.79%	12
4	35-44 years		25.00%	19
5	45-54 years		11.84%	9
6	55-64 years		21.05%	16
7	65-74 years		25.00%	19
8	75 and above		1.32%	1
			answered	76
			skipped	1




23. Gender Identity: At birth were you described as

			Response Percent	Response Total
1	Male		10.53%	8
2	Female		86.84%	66
3	Intersex		0.00%	0
4	Prefer not to say		1.32%	1
5	Other (please specify):		1.32%	1
			answered	76
			skipped	1
Other (please specify): (1)				
1		I do not have a gender identity. My sex at birth was female. (Sex is important in a medical setting.)		




24. Gender Identity: Which of the following describes how you think of yourself

			Response Percent	Response Total
1	Male		9.33%	7
2	Female		86.67%	65
3	Intersex		0.00%	0
4	Prefer not to say		2.67%	2
5	Other (please specify):		1.33%	1
			answered	75
			skipped	2
Other (please specify): (1)				
1		Male/female/intersex are biological facts. My sex is female. This question is poorly worded.		





25. Pregnancy and Maternity: Are you currently pregnant, or have you been pregnant in the last year?

			Response Percent	Response Total
1	Yes		4.00%	3
2	No		94.67%	71
3	Prefer Not To Say		1.33%	1
			answered	75
			skipped	2





26. Pregnancy and Maternity: Have you taken maternity leave within the past year?

			Response Percent	Response Total
1	Yes		5.33%	4
2	No		93.33%	70
3	Prefer Not To Say		1.33%	1
			answered	75
			skipped	2

27. National Identity: How would you describe your national identity?

			Response Percent	Response Total
1	Welsh		67.11%	51
2	English		11.84%	9
3	Scottish		0.00%	0
4	Northern Irish		0.00%	0
5	Irish		1.32%	1
6	British		19.74%	15
7	Prefer Not To Say		0.00%	0
8	Other (please specify):		0.00%	0
			answered	76
			skipped	1
Other (please specify): (0)				
No answers found.				





28. Ethnic Group: What is your ethnic group?

			Response Percent	Response Total
1	White		94.74%	72
2	Mixed / Mixed British		0.00%	0
3	Black / Black British		0.00%	0
4	Asian / Asian British		0.00%	0
5	Arab		1.32%	1
6	Prefer Not To Say		1.32%	1
7	Other (please specify):		2.63%	2
			answered	76
			skipped	1
Other (please specify): (2)				




28. Ethnic Group: What is your ethnic group?

			Response Percent	Response Total
1		Welsh/British		
2		South American		




29. Sexual Orientation: Which of the following options best describes how you think of yourself?

			Response Percent	Response Total
1	Heterosexual / Straight		92.11%	70
2	Gay / Lesbian		0.00%	0
3	Bisexual		1.32%	1
4	Prefer Not To Say		5.26%	4
5	Other (please specify):		1.32%	1
			answered	76
			skipped	1
Other (please specify): (1)				
1				




30. Religion or Belief: What is your religion?

			Response Percent	Response Total
1	Christian denominations) (all		68.42%	52
2	Buddhist		2.63%	2
3	Hindu		0.00%	0
4	Muslim		1.32%	1
5	Sikh		0.00%	0
6	Jewish		0.00%	0


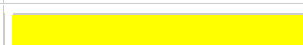

30. Religion or Belief: What is your religion?

			Response Percent	Response Total
7	Atheist		2.63%	2
8	No Religion		19.74%	15
9	Prefer Not To Say		5.26%	4
10	Other (please specify):		0.00%	0
			answered	76
			skipped	1
Other (please specify): (0)				
No answers found.				




31. Marital Status: Are you married or in a civil partnership?

			Response Percent	Response Total
1	Yes		66.67%	50
2	No		30.67%	23
3	Prefer Not To Say		2.67%	2
			answered	75
			skipped	2







32. Disability: Do you consider yourself to have a disability?

			Response Percent	Response Total
1	Yes		21.05%	16
2	No		77.63%	59
3	Prefer Not To Say		1.32%	1
			answered	76
			skipped	1



33. Language: What is your preferred language?

			Response Percent	Response Total
1	English		94.67%	71
2	Welsh		4.00%	3
3	Prefer Not To Say		1.33%	1
4	Other (please specify):		0.00%	0
			answered	75
			skipped	2
Other (please specify): (0)				
No answers found.				


34. Language: Can you understand, speak, read or write Welsh?

			Response Percent	Response Total
1	Understand Spoken Welsh		10.53%	8
2	Speak Welsh		9.21%	7
3	Read Welsh		1.32%	1
4	Write Welsh		1.32%	1
5	None Of The Above		72.37%	55
6	Prefer Not To Say		5.26%	4
			answered	76
			skipped	1

35. 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?

			Response Percent	Response Total
1	Yes		34.67%	26
2	No		64.00%	48

35. 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?

			Response Percent	Response Total
3	Prefer Not To Say		1.33%	1
			answered	75
			skipped	2

Appendix I – Pharmacy Contractor Questionnaire

Contractor code (ODS code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of pharmacy	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the health board store the above information and use it to contact you?	<input type="checkbox"/> Yes No <input type="checkbox"/>

Consultation facilities

Are the premises accessible by wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a consultation area (tick as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available (including wheelchair access), or	<input type="checkbox"/> Yes
Available (without wheelchair access), or	<input type="checkbox"/> Yes
Planned within the next 12 months, or	
Other (specify)	<input type="checkbox"/> Yes
Where there is a consultation area;	
Is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a designated area where both the patient and pharmacist can sit down together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is no consultation area are there alternative arrangements for confidential discussions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken(in addition to English)

Services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>

Other [identify]	<input type="checkbox"/>
None	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	<input type="checkbox"/>
Delivery of dispensed medicines – Selected areas (list areas)	<input type="checkbox"/>
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

In your opinion is there a requirement for an existing enhanced service which is not currently provided in your area? If so, what is the particular requirement and why.

In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.

Capacity

The demand for pharmaceutical services in general is increasing. Thinking of your pharmacy do you

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	

Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	
---	--

(Please tick one option)

Business development

Do you have any plans to develop or expand your premises or service provision?

☐ Yes ☐ No

<p>If yes please can you provide details?</p>
--

Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

Appendix J – Dispensing GP Practice Questionnaire

[to inform the content of a pharmaceutical needs assessment for Swansea Bay University Health Board]

Pharmaceutical needs assessment for Swansea Bay University Health Board

Swansea Bay University Health Board is preparing its first pharmaceutical needs assessment or PNA which is due to be published by 1 October 2021 and we need your help to gather some information to supports 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 16th May 2021 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email Lowri.lowe@wales.nhs.uk with a subject title of 'SBUHB PNA dispensing practice survey'.

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approve to dispense from:

1. Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.

	Address -	Address –	Address -
Monday			
Tuesday			
Wednesday			

Thursday			
Friday			
Saturday			
Sunday			

2. Are appliances dispensed from the premises?

Range of appliances: one answer 'yes' only	YES
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
None	

3. Delivery of dispensed items

Does the dispensary provide any of the following?

Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

4. Which languages are available to patients from staff at the premises every day – please list the main languages spoken

List of languages spoken:

5 Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only, do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

6 Other dispensing related services

Please can you provide details of any other activities that you provide related to your dispensing service, for example MARs charts, 'just in case packs' and patient sharps.

7 Provision of services post Covid-19

We recognise that you will have made a number of changes to how your dispensing service is provided as a result of Covid-19. Please can you give us information on those changes that you will be taking into the 'new normal'?

8 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:

Appendix K – consultation report

1. Introduction

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

2. Consultation process

In order to complete this process the health board has consulted with those parties identified under regulation 7 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, to establish if the draft pharmaceutical needs assessment addresses issues that they considered relevant to the provision of pharmaceutical services:

- The Local Pharmaceutical Committee for Wales
- Morgannwg Local Medical Committee
- Contractors included in its pharmaceutical list
- GPs included in its dispensing doctor list
- GP practices
- Swansea Bay Community Health Council
- West Glamorgan Regional Partnership Board
- Swansea City Council and Neath Port Talbot Council
- Hywel Dda University Health Board, Cwm Taf Morgannwg University Health Board, Powys Teaching Health Board

[All parties received an email directing them to an electronic link to access the draft PNA]

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online.

The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from [29th June 2021 – 28th August 2021].

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

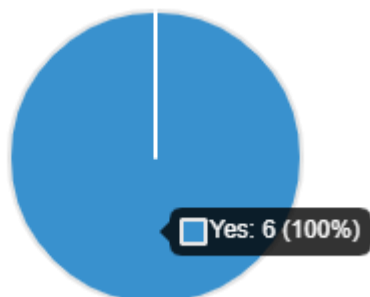
The online consultation received [six] responses, which identified themselves as the following:

Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	50%	3
On behalf of an organisation	33%	2

A personal response	17%	1
Answered question		6

3. Summary of online questions, responses and the health board's considerations

Has the purpose of the Pharmaceutical Needs Assessment been explained?



Comment 1:

In the introduction to the survey, it was explained that the PNA is to establish what additional pharmacy services such as dispensing doctors, and other services commissioned by the health board, are required in the upcoming year.

Comment 2:

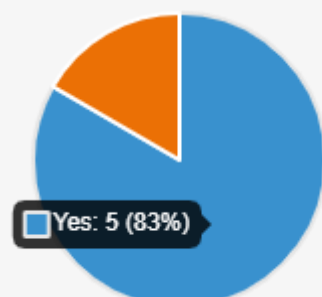
PNA Document is easy to read and explained purpose fully.

Comments 3:

CPW is aware of the purpose of the pharmaceutical needs assessment. However, it may be beneficial early on, to outline in Chapter 1 more detail on the types of application which are determined against the PNA to avoid any confusion.

Application for changes of ownership and relocations for business type reasons (e.g. a lease has expired and there is a need for new premises) under Reg 15(1)9b) (ii) aren't determined against PNA so it may be worth making this clear.

Does the draft pharmaceutical needs assessment reflect the current community pharmacy provision within the Swansea Bay UHB area?



Comment 1:

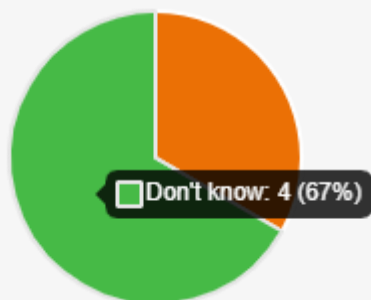
Although the "essential" services appear to be carried out by pharmacies, due to staffing issues this has been identified as not being the case. Patients are reporting that pharmacies do not

provide any counselling/lifestyle advice as part of their service. In addition, any MURs/DMRs being carried out as part of "enhanced" services are being reported as either a quick chat such as "are you happy with all of your medications, if yes, just sign here" or they are targeted at patients with minimal items on repeat or non-complex drug regimes. There have been no MURs sent to the practice in over 3 years. This may be due to staffing issues and likely COVID pressures over the past year. However this is something that has been ongoing for a number of years. It also seems the patients in the questionnaires are being coached on what to write, for example, how likely is it that a patient would know and understand the term "contraindication". The survey makes it appear that the PNA is met with these services, however it is a far cry from what is actually happening in practice.

Comments 2:

Swansea Bay (SBUHB) has used the information submitted by pharmacy contractors as part of the All-Wales Pharmacy Database (AWPD) exercise completed last year to determine current community pharmacy provision. Whilst the detail of which pharmacy contractor provides each of the Advanced and Enhanced services is not contained within the PNA, we trust that SBUHB has robustly analysed the data. As such, CPW is content that the current provision of NHS pharmaceutical services by the community pharmacy network in the SBUHB area is reflected in the Pharmaceutical Needs Assessment.

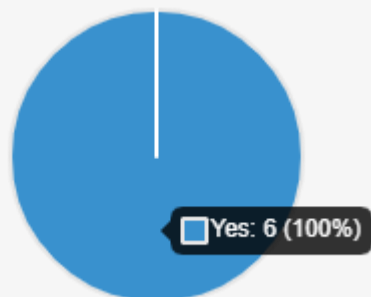
Are there any pharmaceutical services currently provided in the Swansea Bay UHB area that have not been highlighted within the draft pharmaceutical needs assessment?



Comment 1:

Pharmaceutical services provided in SBUHB have been identified for the purposes of the PNA using data available from various sources, including the AWPD. CPW is not in a position to verify this information, however, we are not aware of any pharmaceutical services currently provided that have not been highlighted in the draft PNA.

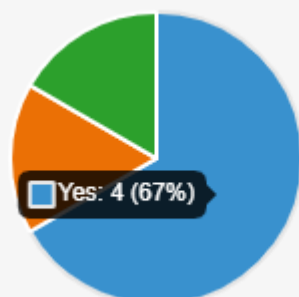
Does the draft pharmaceutical needs assessment reflect the needs of the Swansea Bay UHB area's population?



Comment 1:

It is clear that considerable work has been undertaken to identify population needs and CPW is content to accept that the health needs of the population as assessed by the Health Board have been reflected in the PNA. The PNA has also clearly demonstrated that the pharmaceutical needs of the population are being met by the existing pharmacy network within the Swansea Bay UHB area.

Has the draft pharmaceutical needs assessment provided information to support decisions i.e. decisions on applications for new pharmacies, relocations and range of services?



Comment 1:

As explained previously, the data is not reflective of what is happening in practice. Some pharmacies can barely cope with the basic dispensing services, therefore enhanced services are rarely provided.

Comment 2:

The PNA needs to contain copies of the designated controlled area map if it is to meet this requirement, as there is a Dispensing Doctor practising in the Health Board area.

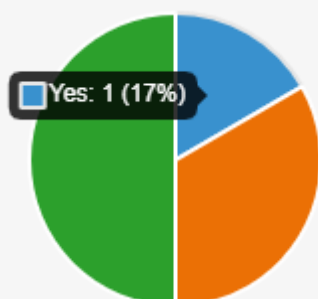
The NHS (Pharmaceutical Services) (Wales) Regulations 2020 non-statutory guidance states: Page 15 Pharmaceutical Services Provision by GPs – Within their PNA, LHBs will need to include information on the area or areas that their dispensing doctors have outline consent to dispense to, along with information on which premises those doctors have premises approval for. It is suggested that LHBs either include maps of their controlled localities within their PNA or provide the web link (URL) to where they are published on the LHB's website.

Page 36 Maps of Controlled Localities - Under Paragraph 7 of Schedule 3 of the Regulations, LHBs continue to be under a duty to precisely delineate the boundary of any controlled locality that is determined on a map, or to remove the delineated boundary of a locality that has ceased to be a controlled locality. Such maps are to be made available for inspection and should be included in the LHB's PNA. It is important that the boundaries of controlled localities are clearly marked, using appropriate geographical markers, for example rivers, not simply the squared off grid markings overprinted on Ordnance Survey maps. They should also be at a sufficient level of detail to enable any enquirer to tell whether any particular location falls within a controlled locality or not.

Page 36 Determination that an area is a controlled locality. Changes can occur to the appropriate designation of an area, particularly where an urban area is expanding into the surrounding countryside, or where there has been a substantial development permitted in what has hitherto been a controlled locality. The reverse is much rarer but can happen, for example, where an industrial area in the country (for example mining) ceases.

Without the inclusion of maps of controlled localities there is no assurance that patients receiving pharmaceutical services from their doctor, reside in properly determined controlled localities; there has been a lot of development on the outskirts of rural towns and, areas that were thought to be controlled localities may no longer be. In addition, unless the Health Board is able to provide evidence by way of a delineated map of their controlled areas the Health Board will not be able to take any action on any application it receives until it has been determined that the application is in a controlled area or not. CPW reserves the right to inspect maps of controlled areas in line with Paragraph 7 of Schedule 3 of the Regulations and, to request a determination as to whether or not an area is controlled in line with Regulation 13 (2)

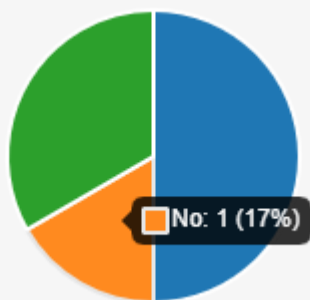
Are there any gaps or issues in pharmaceutical provision in the Swansea Bay UHB area that have not been reflected in the draft pharmaceutical needs assessment?



Comment 1:

CPW has not identified any gaps in pharmaceutical provision. CPW has identified areas where pharmaceutical provision can be improved through better use of the community pharmacy network and this has been elaborated on in the response to Q16.

Has the draft pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies?



Comment 1:

As explained previously, there needs to be a thorough assessment of real-life practice, with independent assessment of services as opposed to questionnaires.

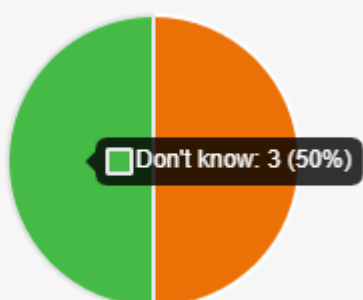
Comment 2:

The PNA has assessed pharmacy contractors' ability to increase capacity should there be an increase in demand for pharmaceutical services via the pharmacy contractor questionnaire (AWPD exercise). The Dispensing Doctor questionnaire was also completed by the one dispensing doctor outlining the delivery options made available; capacity to cope with additional demand and the availability of other dispensing related services.

SBUHB has also considered the impact of new building developments on pharmaceutical needs in each locality and concluded that none will affect the future need. However, GP Practice mergers and relocations do not appear to have been considered and as such, the conclusion that none are planned in the lifetime of the PNA may be reached. For the sake of clarity, it is suggested that that a statement on GP mergers/relocations is included.

It is unclear whether a robust exercise will now be undertaken to match the significant opportunities to meet the health needs of local patients with the potential additional capacity in the local community pharmacy network.

Are there any pharmaceutical services that could be provided in the community pharmacy setting that have not been highlighted?



Comment 1:

The PNA reviews the provision of Essential, Advanced and Enhanced Services in each of the 8 clusters. The review of enhanced services however has been undertaken with reference to the current list of commissioned services and does not look at those services that could be put in place to meet identified population needs. For example, the PNA clearly identifies in section 3.8 the harmful effects of alcohol and the challenge that SBUHB has, with one of the highest rates

(21.1%) of adults who drink more than the recommended guidelines. It also confirms that the health board has the highest percentage of harmful drinkers in Wales.

In addition, the PNA confirms that there is much work to be undertaken to encourage the local population to adopt a healthier lifestyle overall. Section 3.9 P128 identifies that obesity is one of the most preventable causes of ill health and premature death and is a condition that places a significant demand on health and social care resources. The rate of people with a BMI of 35+ in the SBUHB area is higher than the Wales average and there are clear opportunities in this area.

Section 3:10 looks at smoking across the health board area and on P136 confirms that adult smoking rates are again above the Wales average. Supporting people to quit smoking is an exercise in effective change management and community pharmacies have clearly demonstrated that they have the skills, capacity and accessibility to manage change of this nature at scale. The same skills are required to reduce alcohol usage, to reduce weight and to increase activity and yet there are no plans in the PNA to commission obesity management or alcohol support services from community pharmacies.

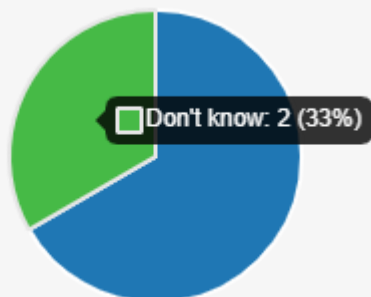
In section 1.5.4 P21, in the survey of contractors, when asked about services in demand and not yet commissioned. respondents identified healthy living services as one of the opportunity areas. Similarly in section 3.7 the PNA identifies on P125 the work that is required to be done to reduce the rate of sexually transmitted infections (STIs) with a 14% increase in gonorrhoea, a 22% increase in syphilis and a growing issue with chlamydia. Putting in place STI test and treat services from community pharmacies would be an excellent first step in improving the sexual health of the population. As part of the sexual health response from community pharmacy, CPW would suggest that community pharmacies can also positively affect teenage conception rates which on P118 are also confirmed to be above the Wales average. Again contractors identified oral contraception and STI services as being required but not yet commissioned.

The above are just some of the health needs where community pharmacy can make a significant contribution. There are others such as CHD (P102) and diabetes (P106) where an equal contribution could be made.

CPW therefore feel that an opportunity may have been lost not to have fully used the detailed and costly analysis undertaken, to develop a comprehensive list of local services to be introduced in the years ahead.

The PNA identifies in identifies on Page 21 that '79 pharmacies (85%) confirmed there was sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their local area and a further 12 pharmacies (13%) confirmed they could make adjustments to meet an increase in demand and CPW feel that this should provide the health board with the confidence it needs to follow this approach.

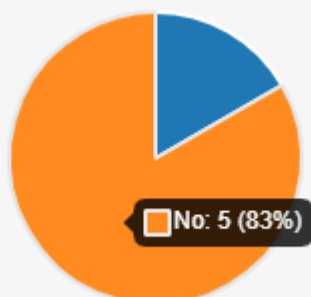
Do you agree with the conclusions of the pharmaceutical needs assessment?



Comment 1:

CPW is content with the conclusion reached in section 16.3 that there are no current or future gaps in the provision of Essential Services, Advanced or Enhanced Services identified and believe this analysis to be correct.

Do you have any other comments on the draft pharmaceutical needs assessment?



Comment 1:

a) In the locality Chapters there is a section entitled Proximity of Dispensing Services to GP Practices. Whilst it is accepted that Dispensing Medicines is the term used for one of the Essential Services within the Pharmacy Contract it is felt that the word pharmacies may be better as Dispensing Services gives Dispensing Doctor connotations.

b) Page 286 – it is stated that It is noted that Afan Valley Group practice in Glynccorrwg is a Dispensing practice with onsite pharmacy provision. Pharmacy is a protected title and shouldn't be used to describe a dispensing practice.

c) In Section 1.5.3 P16 the feedback from the public shows that while 87% were aware that they could obtain their flu jab at a community pharmacy, one third were not aware they could get NHS treatment for a common ailment. There is poor awareness of the support available for smokers (40%) and a massive 68% were not aware they could obtain an emergency supply of their medicines. This would indicate that someone running out of medication is very likely to turn to out of hours provision or even A&E when their GP surgery is closed. CPW would therefore encourage the health board to embark on a local marketing and awareness raising campaign to encourage the local population to Choose Well.

Do you have any other comments you wish to make on pharmaceutical services in Swansea Bay UHB?

No comments were added

Summary conclusions

The health board is pleased to note that the overall response to the consultation has been positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions are agreed with.

Amendments

The following amendments have been made to the PNA:

1. It was noted that Seaview Pharmacy, Penclawdd opening hours were not correct, the pharmacy is open on Saturdays between 9am and 12pm. This has been amended.
2. Since statutory consultation has been undertaken Lloyds Pharmacy, Heol-y-Nant, Clydach has amended their opening hours to close at 17.30, this is reflected within the PNA.
3. It was noted that Davies pharmacy based in Powys THB provides Sunday opening 1 in 4 weekends, this is reflected within the PNA.
4. It was noted that clarity was needed in chapter 1 on the types of applications which would be determined against the PNA for new Application for changes of ownership and relocations for business type reasons (e.g. a lease has expired and there is a need for new premises) under Reg 15(1)9b) (ii). The PNA has been updated to reflect this.
5. It was noted that a controlled locality map is needed for the Dispensing Doctor, this will be added at a later date.
6. Reference to the Afan Valley Group practice has been amended, with the word Pharmacy removed and replaced by Dispensing Practice.
7. In the locality Chapters there was a section entitled Proximity of Dispensing Services to GP Practices. The word pharmacies has replaced Dispensing Services.

Appendix L: Swansea Bay UHB Pharmacy Opening Hours (accurate as at 01/03/2021)

Cwmtawe Locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Ltd	Morrison	51	Core	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.00 - 5.30	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 5.30	
Hanfords Chemist	Llansamlet	50.5	Core	9.30-5.00	9.30-5.00	9.30-5.00	9.30-5.00	9.30-5.00	9.00 - 12.00	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	9.00 - 12.00	
K Thomas (Morrison Pharmacy)	Morrison	42.5	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Lloyds Pharmacy 50 Sway Rd	Morrison	51.5	Core	9.30-6.00	9.30-6.00	9.30-6.00	9.30-6.00	9.30-6.00	10.30 - 1.00	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	9.00 - 1.00	
Lloyds Pharmacy 67 Sway Rd	Morrison	50.5	Core	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	9.00 - 12.00	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Lloyds Pharmacy Heol y Nant*	Clydach	50	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 2.00	Closed

			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Lloyds Pharmacy Clydach HC	Clydach	49.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 11.30	Closed
			Total	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30		
Lloyds Pharmacy Strawberry Place	Morrison	50.5	Core	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	9.00 - 11.30	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Well Pharmacy Rheidol Ave	Clase	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	closed 1-2	closed 1-2	closed 1-2	closed 1-2	closed 1-2		
Well Pharmacy	Morrison	42.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		

City locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Limited	Swansea	63	Core	8.30-4.30	8.30-4.30	8.30-4.30	8.30-4.30	8.30-4.30	8.30-6.00	10.30-4.30
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
K Thomas (Overdrake) Ltd St Helens Rd	Swansea	47.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		

Mountain view Pharmacy	Mayhill	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
K Thomas (Overdrake) Ltd	Hafod	45	Core	9.00- 6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00- 6.00	9.00- 6.00	9.00- 6.00	9.00-6.00		
Lloyds Pharmacy Sainsburys	Swansea	90	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	11.00-1.00
			Total	8.00-10.00pm	8.00-10.00pm	8.00-10.00pm	8.00-10.00pm	8.00-10.00pm		
Superdrug Pharmacy	Swansea	53.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed
			Total	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30		
K Thomas (Overdrake Ltd)Tawe	St Thomas	42.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Well Pharmacy Greenhill	Dyfatty	40	Core	9.00-6.00	9.00-6.00	9.00-1.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-1.00	9.00-6.00	9.00-6.00		
K Thomas (Overdrake Ltd)	Bonymaen	44	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.00	Closed
			Total	9.00-6.00	closed 1-2	closed 1-2	closed 1-2	closed 1-2		
Well Pharmacy Graiglwyd Square	Townhill	45	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed

			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy St Helens Rd	Swansea	47.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Well Pharmacy Kingsway	Swansea	47.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Well Pharmacy Beacon Centre	Swansea SA1	47.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Well Pharmacy High Street	Swansea	42.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	8.30-5.30		
Ysgol Street Pharmacy	Port Tennant	43	Core	9.00-6.00	9.00-6.00	9.00-4.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-4.00	9.00-6.00	9.00-6.00		

Bay locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Boots UK Limited	Mumbles	55.15	Core	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-3.30	10.00-4.00
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	8.45-3.30	
Boots UK Limited	Uplands	56.30	Core	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-3.30	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-5.30	
Castle Pharmacy	Mumbles	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Kevin Thomas (Overdrake Ltd)	Mumbles	48	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-1.00	1.30-3.30
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Kevin Thomas (Overdrake Ltd)	Killay	47.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	4.00-6.00
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Lloyds Pharmacy, The Precinct	Killay	51	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-3.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Newbury Pharmacy	Mumbles	48	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-12.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Kevin Thomas Pharmacy	Tycoch	42.5	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed

			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Well Pharmacy	Sketty Park	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy West Cross lane	West Cross	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy Dillwyn rd	Sketty	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy Pennard Surgery	Pennard	37	Core	9.00-5.30	8.45-18.00	9.00-1.00	9.00-6.00	9.00-5.30	9.00-12.00	Closed
			Total	closed 1-2	closed 1-2	-	closed 1-2	closed 1-2		
Well Pharmacy Alderwood Rd	West Cross	45.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-12.00	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Well Pharmacy	Murton	46	Core	8.30-5.00	8.30-5.00	8.30-5.00	8.30-5.00	8.30-5.00	Closed	Closed
			Total	8.30-5.30	8.30-5.30	8.30-5.00	8.30-5.00	8.30-5.00		
Well Pharmacy	Scurlage	44	Total	9.00-6.00	9.00-5.30	9.00-6.00	9.00-5.30	9.00-6.00	Closed	Closed
			Core	9.00-6.00	9.00-5.30	9.00-6.00	9.00-5.30	9.00-6.00		

Well Pharmacy	Uplands	46.15	Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Core	8.45-6.00	8.45-6.00	8.45-6.00	8.45-6.00	8.45-6.00		

Penderi locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Limited Morfa	Landore	99.5	Core	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	10.00-10.30pm
			Total	8.00-10.30pm	8.00-10.30pm	8.00-10.30pm	8.00-10.30pm	8.00-10.30pm	8.00-10.30pm	
Well Pharmacy 147 Ravenhill Rd	Fforestfach	45	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Cwmfelin Pharmacy	Cwmbwrla	45	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Lewis Pharmacy	Brynhyfryd	46.15	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	8.30-6.15	8.30-6.15	8.30-6.15	8.30-6.15	8.30-6.15		
Tesco Instore Pharmacy	Fforestfach	78	Core	9.00-8.00pm	9.00-8.00pm	9.00-8.00pm	9.00-8.00pm	9.00-8.00pm	9.00-8.00pm	10.00-4.00pm
			Total	8.00-8.00pm	8.00-8.00pm	8.00-8.00pm closed 1-2	8.00-8.00pm	8.00-8.00pm	8.00-8.00pm closed 1-2	10.00-4.00pm

				closed 1-2	closed 1-2		closed 1-2	closed 1-2		
Treboeth Pharmacy	Treboeth	49	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-1.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy	Manselton	45	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy	Penlan	49	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-1.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy 118 Ravenhill Rd	Gendros	44	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		

Llwchwr locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lloyds Pharmacy	Gorseinon	53.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 4.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 5.30	
Lloyds Pharmacy	Pontardulais	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 11.30	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 12.00	

T Bowen Rees	Pontardulais	45.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-12.00	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
The Pharmacy Seaview	Penclawdd	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	11.00-13.00
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Tyr Felin Pharmacy	Gorseinon	49	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-1.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
The Village Pharmacy	Pontardulais	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy 2 Alexandra Rd	Gorseinon	45	Core	9.00-5.30	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	8.30-5.30	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Well Pharmacy 63 Alexandra Rd	Gorseinon	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
ALJ Pharmacy (Gowerton)	Gowerton	48	Core	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	9.00-1.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy	Gowerton	47.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed

			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
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Afan locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A D Richards	Cwmafan	45.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-12.00	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Baglan Pharmacy	Baglan	42.5	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Boots Chemist	Port Talbot	51	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 4.00	10.00-4.00
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 5.30	
Lloyds Pharmacy Morrison Rd	Port Talbot	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 11.30	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 12.00	
Lloyds Pharmacy Western Ave	Sandfields	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 11.30	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 12.00	
Lloyds Pharmacy Marsh Street	Aberafan	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 11.30	Closed

			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 12.00	
Lloyds Pharmacy Resource Centre	Port Talbot	78.5	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 - 12.00	11.00-2.00
			Total	8.30-10.30pm	8.30-10.30pm	8.30-10.30pm	8.30-10.30pm	8.30-10.30pm	9.00 - 5.30pm	
M W Phillips Cymmer	Cymmer	45	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
M W Phillips Blaengwynfi	Blaengwynfi	42.5	Core	9.00-6.00	9.00-5.00	9.00-5.30	9.00-6.00	9.00-5.00	Closed	Closed
			Total	9.00-6.00	9.00-5.00	9.00-5.30	9.00-6.00	9.00-5.00		
Taibach Pharmacy	Port Talbot	48	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00 - 12.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy Station Rd	Port Talbot	42.5	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Well Victoria Road	Port Talbot	42.5	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	5.00-6.00
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Williams and Wheeler	Port Talbot	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.00	

Neath locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A L Sparkes The Health Dispensary	Neath	40	Core	10.00-5.30	10.00-5.30	10.00-5.30	10.00-5.30	10.00-5.30	Closed	Closed
			Total	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30		

Boots Chemist Ltd	Neath	54	Core	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-5.30	9.30-3.30	10.00-4.00
			Total	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	
Castle Pharmacy	Neath	45	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed	Closed
			Total	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30	8.30-5.30		
Cecil Jones Ltd Dyfed Road	Neath	47.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed	Closed
			Total	8.00-6.00	8.00-6.00	8.00-6.00	8.00-6.00	8.00-6.00		
Cecil Jones Queens Road	Skewen	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Davies Chemist Ltd The Quays	Briton Ferry	47.5	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	Closed	Closed
			Total	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00	8.30-6.00		
Davies Chemist Ltd Neath rd	Briton Ferry	44.5	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	Closed	Closed
			Total	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30		
Neath Pharmacy	Neath	49	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-1.00pm	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy London Rd	Neath	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.00	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Well Pharmacy New Rd	Skewen	48.5	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-12.30	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		

Upper Valley locality

Name of Pharmacy/Contractor	Town	Weekly hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
R Cecil Jones Ltd Vale of Neath Pharmacy	Glynneath	48	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-12.00	1.00-3.00pm
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		
Davies Chemist (Resolven Pharmacy)	Resolven	40	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-11.30	Closed
			Total	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2		
Davies Chemist Ltd	Ystalyfera	40	Core	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-5.30	9.00-11.30	Closed
			Total	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2		
Dyffryn Pharmacy	Dyffryn Cellwyn	36.5	Core	9.00-5.30	9.00-1.00	9.00-5.30	9.00-5.30	9.00-5.30	9.00-12.30	Closed
			Total	Closed 1-2.15	9.00-1.00	Closed 1-2.15	Closed 1-2.15	Closed 1-2.15		
Lloyds Pharmacy	Gwaun Cae Gurwen	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-11.30	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-12.00	
Lloyds Pharmacy	Pontardawe	48	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-11.30	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-1.00pm	
M W Phillips Seven Sisters	Seven Sisters	40	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	Closed	Closed
			Total	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2		
M W Phillips Crynant	Crynant	35	Core	9.00-6.00	9.00-1.00	9.00-6.00	9.00-5.30	9.00-5.30	Closed	Closed
			Total	Closed 1-2	9.00-1.00	Closed 1-2	Closed 1-2	Closed 1-2		
Well Pharmacy	Pontardawe	49	Core	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-5.00	9.00-1.00pm	Closed
			Total	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00		

Well Pharmacy	Cwmllynfell	43	Core	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00-6.00	9.00 – 12.00	Closed
			Total	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2	Closed 1-2		