

Cardiff and Vale University Health Board

Pharmaceutical needs assessment – final

September 2026

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

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Executive summary

The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 require, as a minimum, each health board to prepare and publish a new pharmaceutical needs assessment (PNA) every five years. The key purpose of the PNA is to assess the pharmaceutical needs of the local population and determine whether existing pharmacy services are sufficient to meet those needs both now and in the future. The PNA is used to support the planning, commissioning and delivery of pharmaceutical services in the health board and to identify any gaps in provision. The PNA will be used to make decisions on applications for the opening of new pharmacies (or relocations), dispensing appliance contractor premises and dispensing doctor practices, based on current and future needs that have been identified.

A steering group was established to oversee the development of the document and ensure that it meets the statutory requirements.

In developing the PNA, several sources of information were used to gain an overview of the demographic characteristics and the health profile of residents to determine their pharmaceutical needs.

Surveys were used to gather views of residents on their use of pharmacies, and information provided by contractors which could not be nationally sourced. This information was used, in conjunction with other data sources, to inform the PNA.

A consultation on a draft of the PNA has been undertaken, and a report on that consultation is included as an appendix to this document.

The PNA provides an overview of the demographic characteristics of the residents of Cardiff and Vale University Health Board and their general health needs. These have been set out at health board, local authority and cluster level. Also, any specific groups identified as present in Cardiff and Vale University Health Board's area, including those who share a protected characteristic under the Equality Act 2010, and their likely health needs have been included.

The current provision of pharmaceutical services has been identified and mapped. Those providers who are located outside of the health board's area but who provide services to its residents, were also considered. There are also some services which affect the need for pharmaceutical services (either by increasing or reducing demand) such as hospital pharmacies, the out of hours service and minor injury units and these have been considered as part of the PNA.

A cluster level review has been undertaken of the demographic characteristics, health needs and the current provision of pharmaceutical services to residents. This has been used to identify whether the service provision currently meets the needs of those residents and whether there are any gaps in service delivery that may arise during the five-year lifetime of the PNA.

There are 100 pharmacies in Cardiff and Vale University Health Board all providing the full range of essential services. In 2024/25, 96.6% of all prescription items written by GP practices were dispensed by the pharmacies in the health board's area (97.1% in the first nine months of 2025/26). Pharmacies also provide a range of national community pharmacy and appliance contractor services and additional clinical services.

There are four appliance contractors, which dispense prescriptions for appliances within the health board's area. Of the four dispensing appliance contractors one provides the appliance use review service, but none provide the stoma appliance customisation service.

Since the publication of the health board's first PNA on 1 October 2021, covering the five-year period to 30 September 2026, there is now no longer a GP dispensing practice in the Cardiff and Vale University Health Board area. The GP practices personally administered 1.7% of all prescribed items in 2024/25, and 1.0% in the first nine months of 2025/26.

While there is very good service provision within the health board area, some residents may choose to access pharmacy contractors outside of the health board's area. In 2024/25, 1.8% of prescriptions were dispensed outside the health board area with 1.7% in the first nine months of 2025/26. This suggests that some residents prefer to access pharmaceutical services close to their home, their place of work, their GP practice or where they go for shopping, recreational or other reasons.

Access to pharmaceutical services for the residents in the health board's area is very good, with an overwhelming majority able to access a pharmacy during normal working hours within 20 minutes. The majority can access a pharmacy within five to 10 minutes by car. Whilst noting that not all households have access to a car, the nature of the clusters means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

It is noted in some more rural areas public transport services are limited, so those without a car and in particular the elderly, may find it more difficult to access a pharmacy. However, the majority of pharmacies in these clusters will have arrangements in place that enable timely access to medicines to those who are housebound or who may find it difficult to access a pharmacy. Therefore, the main conclusion of this PNA is that there are currently no gaps in the provision of pharmaceutical services.

In relation to future needs for pharmaceutical services during the five-year lifetime of the PNA, consideration has been given to the predicted population growth, planned housing developments and the capacity and distribution of service providers across the health board. Whilst there are a number of planned housing developments, the available information on the number of houses that will be built and occupied during

the five-year period does not suggest there will be demand that cannot be met. Therefore, the conclusion is that the current provision will be sufficient to meet the future needs of the residents within the lifetime of the PNA.

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population in a health board area for a period of up to five years. It links closely to the Cardiff and the Vale of Glamorgan Population Needs Assessment 2022-2027[1], Public Services Board Well-being Plans 2023-2028 for Cardiff[2] and for the Vale of Glamorgan[3]. Whilst these respectively focus on the care and support needs of the population, and on improving the well-being of communities in the health board's area, the PNA considers how the population health needs can be met by pharmaceutical services commissioned by the health board.

The PNA informs strategic planning and commissioning of pharmaceutical services and underpins decisions on market entry, relocation and changes to core opening hours. If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the health board, in whose area the premises are to be located, to be included in its pharmaceutical list. In general, their application must offer to meet a need that is set out in that health board's PNA. There are two exceptions to this; change of ownership applications and relocation for business purposes.

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

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

1.2 Health board duties in respect of the PNA

Cardiff and Vale University Health Board published its first PNA on 1 October 2021. 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 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

[1] Cardiff and Vale Regional Partnership Board – Cardiff and the Vale of Glamorgan Population Needs Assessment 2022
[2] Cardiff Public Services Board – Cardiff Well-being Plan 2023-28
[3] Vale of Glamorgan Public Services Board – Vale of Glamorgan Public Services Board Well-being Plan 2023-28

would be a disproportionate response to those changes, and
- produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

1.3 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

Each health board is responsible for preparing, maintaining, and publishing its lists. In Cardiff and Vale University Health Board there are 100 pharmacies and four dispensing appliance contractors (March 2026).

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

1.3.1 Pharmaceutical services provided by pharmacy contractors

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

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

- Essential services – all pharmacies must provide these services
    - Dispensing of prescriptions, including urgent supply of a drug or appliance without a prescription
    - Dispensing of repeatable prescriptions
    - Disposal of unwanted drugs
    - Promotion of healthy lifestyles
    - Signposting, and
    - Support for self-care

- National community pharmacy and appliance contractor services – pharmacies choose whether to provide these services and they must meet certain requirements and also be fully compliant with the essential services and clinical governance requirements.
    - Appliance use review service
    - Clinical community pharmacy service
    - Discharge medicines review service
    - Lateral flow test supply service
    - Pharmacy independent prescribing service
    - Seasonal influenza vaccination service
    - Stoma appliance customisation service

- Additional clinical services – service specifications for this type of service are developed by the health board and then commissioned to meet specific health needs. The list of additional clinical services that may be commissioned are:
    - Anticoagulation monitoring
    - Care home service
    - Disease specific medicines management service
    - Emergency pandemic treatment and prophylaxis supply service
    - Emergency pandemic vaccination service
    - Gluten free food supply service
    - Home delivery service
    - Language access service
    - Medication review service
    - Medicines assessment and compliance support service
    - Needle and syringe supply service
    - On demand availability of specialist drugs service
    - Out of hours service
    - Patient group direction service
    - Prescriber support service
    - Schools service
    - Screening service
    - Stop smoking service
    - Supervised administration service
    - Prescribing service
    - An anti-viral collection service
    - A waste minimisation service

Section 80 of the National Health Service Act (Wales) 2006 places an obligation on health boards to ensure their residents can access the essential services. Section 81 requires health boards to commission the national community pharmacy and appliance contractor services from pharmacies who wish to provide them, but the commissioning of the additional clinical services listed above is at the discretion of the health boards. As some of the services may be commissioned from other providers, there is not an expectation on health boards to commission any or all of the additional clinical services.

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

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

- A patient and public involvement programme
- A clinical audit programme
- Collaboration with other healthcare professionals through clusters in order to identify and improve the health and wellbeing of the population serviced by the pharmacy
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme
- An information governance programme, and
- A premises standards programme

Pharmacies are required to open for not less than 40 hours per week, and these are referred to as core opening hours. Many choose to open for longer and these additional hours are referred to as supplementary opening hours. Under the NHS (Pharmaceutical Services) (Wales) Regulations 2020 it is possible for pharmacy contractors to successfully apply to open a pharmacy with a greater number of core opening hours in order to meet a need identified in a PNA. If a pharmacy wishes to reduce its core opening hours to fewer than 40 per week it must first apply to the health board, however the health board is not required to agree to such a request.

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

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

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

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

- Dispensing of prescriptions, including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items

- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances, and
- Signposting

They may also choose to provide national community pharmacy and appliance contractor services. If they do choose to provide them, they must meet certain requirements and be fully compliant with their terms of service and the clinical governance requirements. The two national community pharmacy and appliance contractor services they may provide are:

- Appliance use review service
- Stoma appliance customisation service

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

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

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

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

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

1.3.3 Pharmaceutical services provided by doctors

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

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

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

1.4 Other NHS services

Other services which are commissioned or provided by Cardiff and Vale University Health Board which affect the need for pharmaceutical services are also included within the PNA.

1.5 How the assessment was undertaken

1.5.1 PNA steering group

Cardiff and Vale University Health Board has overall responsibility for the publication of the PNA. It established a steering group 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 can be found in appendix F.

The consultation draft of the PNA was signed off by the steering group prior to the consultation, and a final draft of the document approved by the health board's strategic leadership team and subsequently noted by the Board in September.

1.5.2 PNA localities

In Wales there are 60 primary care clusters, each serving a population between 25,000 and 100,000. The clusters are tasked with improving access to, and the quality of, primary care to deliver improved local health and wellbeing and reduce health inequalities. They are therefore a natural footprint for the localities within this PNA.

The nine clusters in the health board's area are:

- Cardiff City and South
- Cardiff East
- Cardiff North
- Cardiff South East
- Cardiff South West
- Cardiff WestCentral Vale
- Eastern Vale
- Western Vale

There are six clusters within the Cardiff local authority area and three within the Vale of Glamorgan local authority area.

1.5.3 Patient and public engagement

To gain the views of the public on pharmaceutical services, a questionnaire was developed and made available online from 5 March to 7 April 2026. It was promoted via the health board's website and social media pages and a paper copy of the questionnaire was made available on request.

The questionnaire was available in Welsh and English and a copy can be found in appendix G. The full results can be found in appendix H.

A total of 679 people completed the questionnaire in English; there were no responses in Welsh.

64.9% of respondents were female, 32.3% were male and 2.2% preferred not to say.

All respondents who provided information about their age were over 16 years old.

- 49% of respondents were aged 65 and over,
- 20.5% were aged 55 to 64 years old,
- 12.8% were aged 45 to 54 years old,
- 4.0% were aged 25 to 34, and
- 1.5% were aged 16 to 24 years old.

15 respondents preferred not to say.

97.9% of respondents said their preferred language was English and 1.9% said their preferred language was Welsh.

When asked why they usually visit a pharmacy, the majority of responses received show that people visit a pharmacy to get or collect a prescription for themselves (95.1%). The next most common reasons were to get advice for themselves (73.7%), to buy medicines for themselves (72.9%), or to get or to collect a prescription for someone else (66.4%).

Figure 1.1: Reasons for visiting a pharmacy



27.5% respondents said they visit a pharmacy monthly/every four weeks, 20.0% said weekly, 19.6% fortnightly and 18% said as and when they need to. Of the 16 people who selected "Other", 62.5% said they went every eight weeks/two months.

42.5% of respondents said they do not have a preference about when is the best time to use a pharmacy. Of the remaining responses, 24.1% said between 08.30 and 12.30, and 24.0% said 14.00 to 18.30.

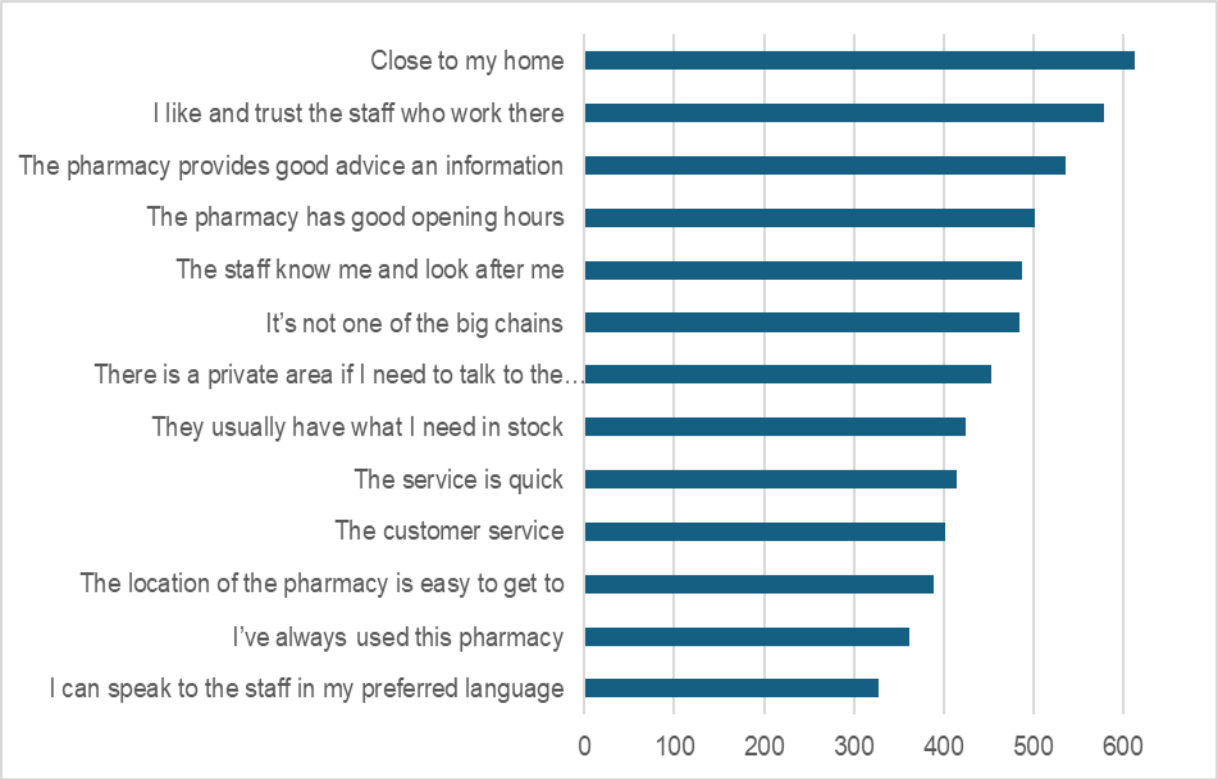
Similarly, 47.8% did not have a preference about the most convenient day to use a pharmacy. Of the remaining responses, 34.6% found the weekdays in general the most convenient time to access a pharmacy, and 6.1% said the weekends in general. The remaining responses were spread across Mondays to Saturdays.

When asked whether there had been a time recently when they were not able to use their normal pharmacy, 16.7% responded 'yes', 76.4% responded 'no' and 6.8% said the question was 'not applicable'. When asked what they had done, 54.4% of people said they went to another pharmacy, 42.1% said they waited until the pharmacy was open, and 10.5% went to their GP. Others called 111 or went to A&E.

Most respondents prefer to use the same pharmacy. Of the 675 responses received, 82.7% said they always use the same pharmacy, and 16.7% said they use different pharmacies but prefer to visit one most often.

There are many reasons that influence the choice of pharmacy. Multiple answers were given with the most popular reasons being close to home (613 responses) followed liking and trusting the staff (579), the pharmacy provides good advice and information (536), and the pharmacy's opening hours (502).

Figure 1.2: Top factors that influence the choice of pharmacy



The majority of respondents (84.3%) use the pharmacy that is most convenient or closest for them to use. 3.9% of respondents said they did not know whether there was a closer or more convenient pharmacy. However, for 11.9% of respondents there was a more convenient or closer pharmacy that they were choosing not to use. When asked why they did not use that pharmacy the top four reasons provided were the service being too slow (36 responses), not having the required items in stock (27), the staff don't know the person (22) and it isn't easy to park at the pharmacy (21).

The most popular way of travelling to a pharmacy was on foot (66.7% of respondents) followed by car (29.7%). It is noted that this is different to the responses received when views were sought in relation to the 2021 PNA when 51% of respondents said they drove to a pharmacy and 44% said they travelled on foot. The latest figures may have been influenced by the large number of responses from one village in Cardiff.

In relation to travel time to a pharmacy, 99.2% could get to a pharmacy in less than 20 minutes. 0.8% take more than 20 minutes.

For 42.6% of respondents their travel time is less than 5 minutes, and for 53.5% it is between 5 and 15 minutes

The majority of respondents (92.4%) said they didn't have difficulty getting to a pharmacy. Only 5.2% replied that they did and 2.4% said the question was not applicable.

The key themes for why people had difficulty in getting to a pharmacy were:

- Working hours coinciding with pharmacy opening hours.
- Mobility issues.
- Health issues.
- Unable to drive.
- Do not currently have difficulty but would if the closest pharmacy closed.

Multiple answers could be given to the question regarding how people find out information about a pharmacy such as the opening times or services offered. 52,9% said they would pop in and ask, 48.7% would search the internet or use an app, 47.3% said they would call the pharmacy, and 32.0% said they would look in the window.

When it comes to being able to discuss something in private with their pharmacist, 83.2% felt able to do this, 3.0% did not feel able to, 12.5% had never needed to and 1.3% responded they did not know.

When asked whether they were aware that they may be able to access certain services from pharmacies as part of the NHS, 664 people responded to the question giving multiple responses. Flu vaccinations (93.8% of respondents) followed by the common aliments scheme (85.1%) and the emergency medicines supply service (63.6%) were the services most respondents are aware of as being offered by pharmacies as part of the NHS. In general, there was limited awareness of the appliance use review service (9.2% of respondents); however, this specialist service would only be used by those in need of appliances such as stomas and colostomies rather than the wider patient group. 21 people were not aware of any of the services offered from pharmacies as part of the NHS.

When asked whether they had used any of the services, multiple responses were given. The most popular service used was the common ailments scheme (386 people) followed by the flu vaccination service (388 responses) and the emergency medicines supply service (215 responses). 98 people (15.1%) said they had not used any of the listed services.

When asked if there was anything else respondents would like to share about their experience of their local pharmacy, 477 said they did (but 17 of those didn’t then leave a comment).

The key themes were:

- Customer service - the quality of service provided by friendly and approachable staff who take time to get to know their customers and go the extra mile – 258 people
- Considerable support was shown for one particular pharmacy and how much it is valued by the respondents – 112 people.
- Having a local pharmacy that people can easily access is important – 27 people
- Lack of lunchtime, evening, and weekend opening hours was mentioned by 17 people.

- 11 people mentioned how busy pharmacies are and the amount of time spent waiting to speak to a pharmacist or collect their prescription.
- Ten people mentioned poor customer service/stock issues.
- Seven people value the automated collection points which allow them to collect their medicines at a time convenient to them.
- Two people mentioned a lack of privacy.

When asked if there are any barriers to accessing services at their pharmacy, which had not already been mentioned, a total of 319 people answered this question. A total of 71 comments were received and the main themes were:

- 22 people said the opening hours aren't convenient – closed at lunchtimes, evenings, and at weekends.
- 17 people were concerned about the impact of their pharmacy relocating and having problems accessing it at its new location.
- 12 people mentioned various aspects of poor customer service.

1.5.4 Contractor engagement

An online questionnaire for pharmacies was undertaken and the approach was taken to only ask contractors for information that could not be sourced elsewhere.

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

The questionnaire was open from 5 March to 7 April 2026 and the results are summarised below.

49 of the pharmacies answered all the questions, a response rate of 49%.

47 pharmacies said that their premises where accessible by wheelchair although one who said the pharmacy is not wheelchair accessible stated that it has two ramps which staff can put down to access into the pharmacy, although the doorway is narrow. 46 said their consultation room is accessible by wheelchair.

Consultation rooms are a pre-requisite for providing the advanced services and are often included as a requirement for a wider range of pharmacy commissioned services. All 49 pharmacies confirmed the consultation area meets the four requirements as they:

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

17 pharmacies confirmed they have Welsh speakers, and 20 confirmed that other languages are spoken (other than English). These are:

- Urdu (six pharmacies)
- Hindi (five)
- Arabic (four)
- Cantonese (three)
- Punjabi (three)
- Gujarati (two)
- Bengali (four)
- Persian (two)
- Chinese, Divine, Filipino, German, Greek, Hakka, Italian, Kurdish, Malay, Mandarin, Pashto, Portuguese, Romanian, Somali, Spanish, Tamil, Telegu (one pharmacy each)

When asked whether the pharmacy dispenses appliances 42 respondents confirmed that prescriptions for all types of appliances are dispensed and two said that only dressings are dispensed. One of these expressed interest in dispensing other types of appliances.

When asked about collection and delivery services offered:

- all 49 pharmacies said they collect prescriptions from their GP practices.
- 27 pharmacies said that they provide a free delivery service for dispensed medicines on request.
- five pharmacies said they provide a free delivery service to selected patients predominantly the elderly who are unable to access the pharmacy and housebound patient who have no-one else to collect their prescriptions. One pharmacy said it delivers bulky items ie nutritional drinks.
- four pharmacies said they provide a free delivery service to selected areas.
- 21 pharmacies said they charged for the delivery of dispensed medicines.

Two pharmacies said they had recently introduced a fee for the service, although one said that it continued to provide free delivery to palliative care patients. Another said that it is reviewing whether it can continue to provide the service for free.

Three pharmacies said they have an automated collection point, and another said it is considering installing one.

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

When asked whether there is a requirement for an existing additional clinical service which is not currently provided in the area, 16 responders replied positively.

- Expanded independent prescriber services (two pharmacies)
- Kenalog injections for hay fever and allergies where the common ailments service is not effective
- Weight loss injection (two pharmacies)
- C-reactive protein testing for patients with a cough (two pharmacies)
- Urinalysis for patients outside the pharmacy independent prescribing service

- Smoking cessation services (six pharmacies)
- Medication administration record service
- Sharps disposal service
- Inhaler technique support
- Blood pressure monitoring
- Triage and treat service for treating low level minor wounds and burns amongst the student population
- Depo-provera injections and pre-exposure prophylaxis to be provided by independent prescribers working alongside sexual health clinics.

When asked if there is a requirement for a new service that is currently not available 11 pharmacies replied.

- Wellbeing check service for people aged 50 and over
- Blood pressure checks (three pharmacies)
- Ability to dispense dressing instead of the online non prescription ordering service
- Hormone replacement therapy clinic due to the inconsistency in the availability, and provision, of it resulting in patients seeking private treatment
- Testosterone replacement therapy clinic as there is no availability of provision of it resulting in patients seeking private treatment
- Attention deficit hyperactivity disorder service - waiting times of five to eight years for diagnosis even in the private sector, resulting in inconsistency in healthcare and patients having to travel across to England to access.
- Cholesterol testing
- Assessment and provision of Depo-provera injections
- Nurses to be able to give influenza injections
- Covid vaccinations

The demand for pharmaceutical services in general is increasing and therefore the questionnaire asked about pharmacies ability to meet future needs. Due to the initial response rate, there was a follow up to all pharmacies to confirm their position. Responses to this question were received from 72 of the pharmacies.

In relation to their premises 59 pharmacies have sufficient capacity to manage an increase in demand, six do not but could make adjustments, and seven don't have sufficient capacity and would have difficulty in managing increased demand.

In relation to their staffing capacity, 57 pharmacies have sufficient capacity to manage an increase in demand, 12 do not but could make adjustments, and three don't have sufficient capacity and would have difficulty in managing increased demand. One pharmacy chose not to answer this question.

In the follow up to pharmacies the health board stated that if a response was not received, it would be assumed the pharmacy had sufficient capacity. Therefore, the health board has assumed that the 28 pharmacies that chose not to answer this question have sufficient capacity.

When asked whether pharmacies have any plans to develop or expand their premises or service provision, 24 pharmacies said they do. The themes of the responses are as follows.

- Further expand independent prescriber services
- Expand the number of pharmacies owned if new services are not commissioned, or provide more private services
- Commence provision of the pharmacy independent prescribing service (six pharmacies)
- Continue to raise awareness of the services offered with the public and GP practices (three pharmacies)
- Develop the service offer, including independent prescribing
- Provide a stop smoking service
- Relocate to larger premises (three pharmacies)
- Install an automated collection point
- Refit of existing premises
- Provide more private services (four pharmacies)
- Create more consultation rooms (five pharmacies)
- Increase provision of the pharmacy independent prescribing service and common ailment service
- Provide a Depo-provera service once commissioned
- Considering the provision of the higher tier of the needle and syringe programme

1.5.5 Consultation

A report of the consultation including any changes to the PNA can be found in appendix J.

2 Overview of Cardiff and Vale University Health Board

2.1 Introduction

Cardiff and Vale University Heath Board is one of the largest health boards in Wales and is responsible for the planning and delivery of NHS services to Cardiff local authority and the Vale of Glamorgan local authority, and all its residents.

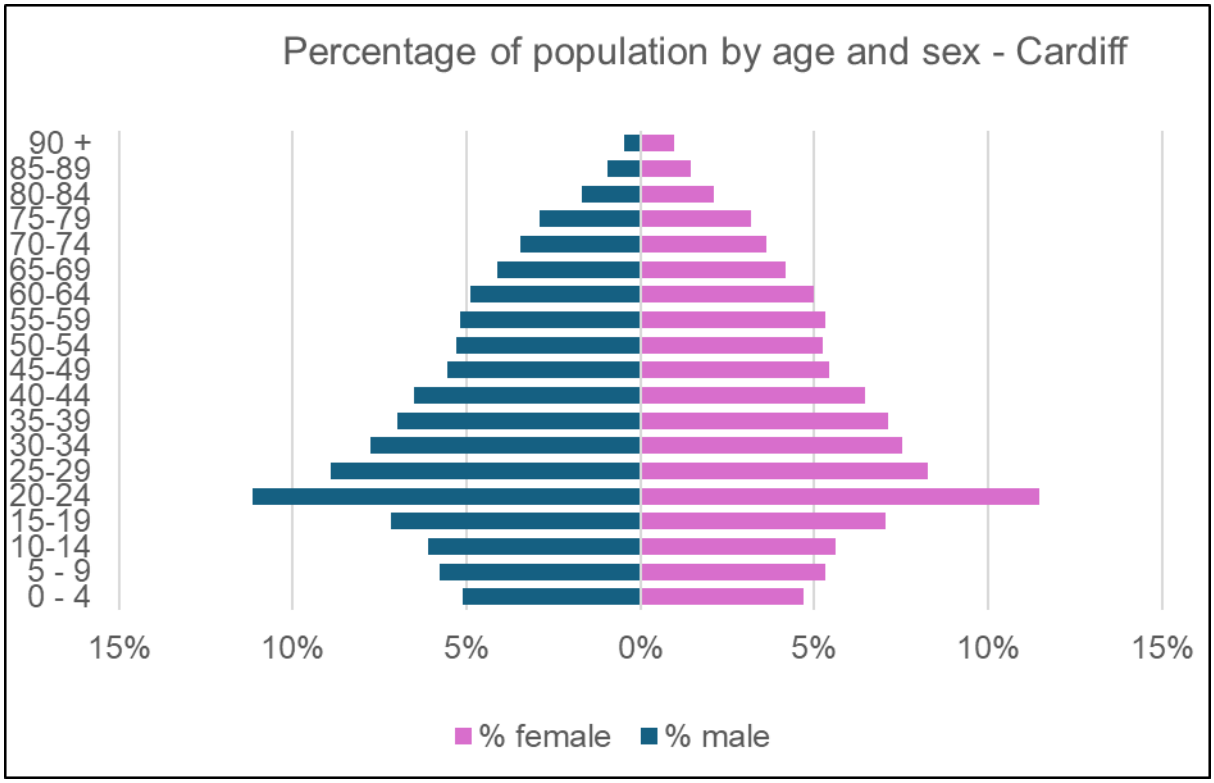
2.2 Population[4]

Cardiff is the largest local authority in Wales in terms of population, with an estimated 383,919 residents in 2024. The Vale of Glamorgan has a smaller population of 135,743 residents.

Cardiff has a much larger proportion of its population in the age groups between 19 years to 40 years, with the highest percentage being between the ages of 19 to 22 years due to its high student population.

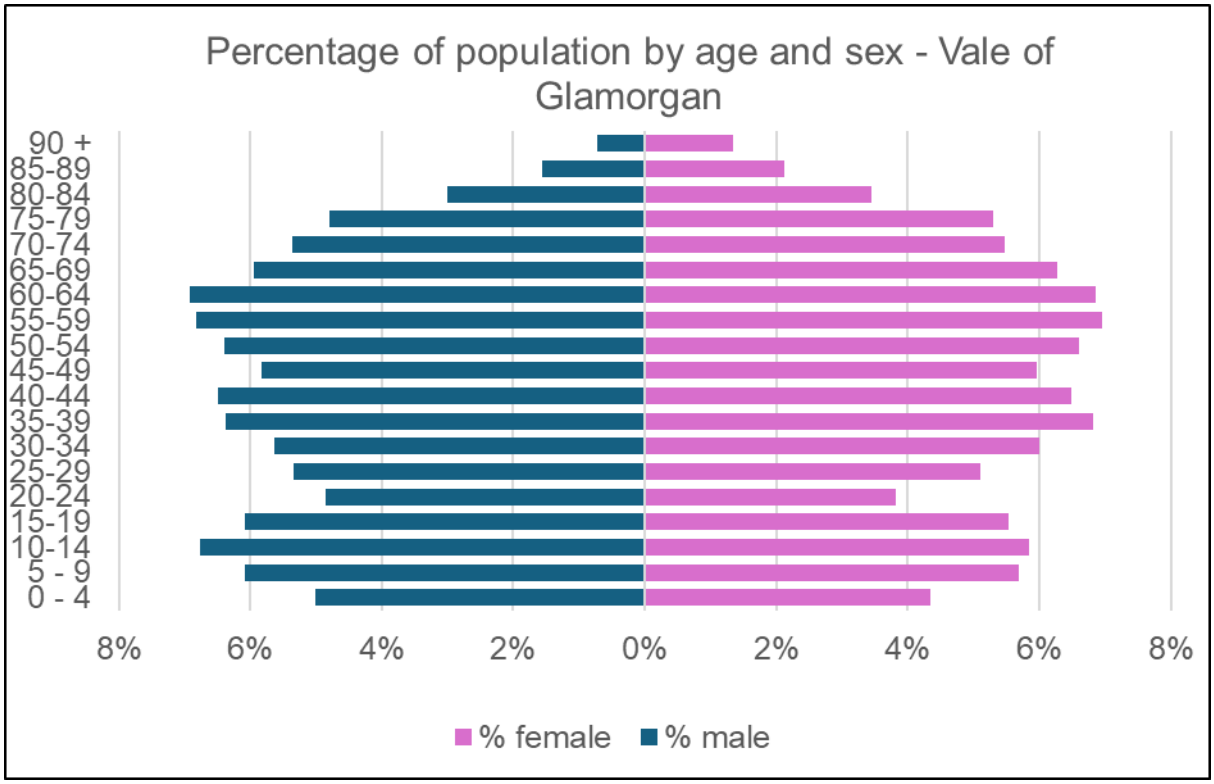
In the Vale of Glamorgan, the median age (the age at which half the population is older than and half the population is younger than), is 44.2 years. This is 1.4 years above the average for Wales of 42.8 years. In Cardiff, the median age is much younger at 34.4 years, which is 9.8 years lower than the Vale of Glamorgan and 8.4 years lower than the average for Wales.

Figure 2.1: Population pyramids for Cardiff and Vale of Glamorgan local authorities, 2024



[4] Office for National Statistics - Population estimates for England and Wales: mid-2024

Cardiff	Number	Percentage
Total population	383,919	
Males	188,316	49.1%
Females	195,603	50.9%

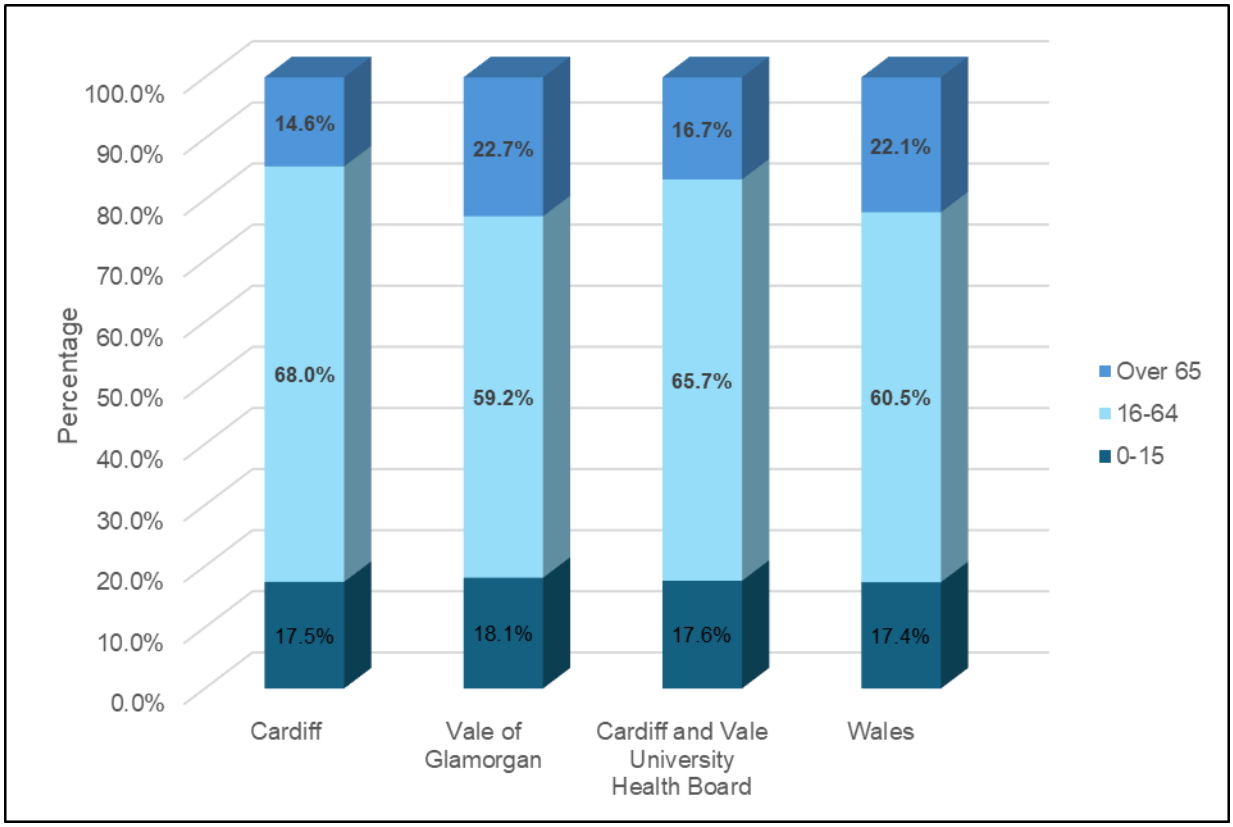


Vale of Glamorgan	Number	Percentage
Total population	135,743	
Males	65,261	48.1%
Females	70,482	51.9%

Cardiff has the lowest proportion of its population aged over 65 years old (14.6%) and has the highest proportion of its population aged between 16 to 64 years (68.0%). The proportion of the population aged 65 years and over in the Vale of Glamorgan (22.7%) is similar to the average for Wales (22.1%).

For the age group 16 to 64 years, the Vale of Glamorgan (59.2%) is slightly lower than the average for Wales (60.5%). The proportion of the population aged 15 years and younger in Cardiff (17.54%) is similar to the average for Wales (17.4%) and the Vale of Glamorgan is slightly higher (18.1%).

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



The population estimates of Cardiff in 2024 was 383,919, a rise of 1.1% since 2023. In the period from mid-2021 to mid-2024, the population estimates increased by 6.7%; the increase between 2023 and 2024 was mainly due to net international migration (+6,845). There were also more births than deaths in Cardiff of +592.

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

Area	Population mid-year 2023	Natural change	Internal migration net	International migration net	Other changes	Population mid-year 2024
Cardiff	379,739	+592	-3,215	+6,845	-42	383,919
Vale of Glamorgan	134,771	-221	+823	+537	-167	135,743
Cardiff and Vale University Health Board	514,510	+371	-2,392	+7,382	-209	519,662

The estimated population of the Vale of Glamorgan in 2024 was 135,743 usual residents, a rise of 0.7% since 2023. In the period from mid-2021 to mid-2024, the population estimate of the Vale of Glamorgan increased by 2.5%. In contrast to Cardiff, this was mainly due to internal migration (+823), alongside international

migration (+537). There were more deaths than births in the Vale of Glamorgan resulting in a negative natural change (-221).

2.2.1 Population projections 2022 to 2032 (2021 based)[5]

The population of Cardiff is predicted to increase by 10.5% by 2032, with an estimated population of 408,689 by this date. This is the largest percentage growth of all the local authorities with Wales, continuing to be the largest local authority in Wales.

The population is expected to increase across all broad age groups. The largest population increases will be in the over 75 age group followed by 65-74 age group. The population is projected to continue to age in the local authority.

Table 2.2: Population projections by broad age groups for Cardiff local authority, 2022 to 2032

	Mid-year 2022	Mid-year 2032	Increase / decrease	Percentage increase / decrease
0-15	85,713	94,554	8,841	10.3%
16-64	226,867	248,220	21,353	9.4%
65-74	28,745	31,853	3,108	10.8%
Over 75	28,526	34,062	5,536	19.4%
TOTAL	369,851	408,689	38,838	10.5%

Between 2022 to 2032, the population of the Vale of Glamorgan is projected to increase by up to 9.9%, the third largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 146,990 by 2032, making it the ninth largest local authority in Wales. The population is expected to increase across all broad age groups, with the largest expected increase in the over 75 age group of 26%. The population is projected to continue to age in the local authority.

Table 2.3: Population projections by age groups for Vale of Glamorgan local authority, 2022 to 2032

	Mid-year 2022	Mid-year 2032	Increase / decrease	Percentage increase / decrease
0-15	22,943	23,853	910	4.0%
16-64	81,171	87,940	6,769	8.3%
65-74	15,056	16,901	1,845	12.3%
Over 75	14,525	18,296	3,771	26.0%
TOTAL	133,695	146,990	13,295	9.9%

Cardiff is by far the most densely populated local authority in Wales with 2,724 persons per square kilometre (2024). The Vale of Glamorgan is less densely populated with 410 persons per square kilometre and is the tenth most densely

[5] Office for National Statistics – National population projections (2022 based)

populated area in Wales in 2024. Both Cardiff and the Vale of Glamorgan have a much higher population density when compared to Wales (154 persons per square kilometre)[6].

Table 2.4: Population density (persons per square kilometre) and percentage change by local authority and Wales, mid-year 2020, 2023 and 2024

	2020	2023	% increase	2024	% increase
Cardiff	2,557	2,695	5.4%	2,724	1.1%
Vale of Glamorgan	396	407	2.8%	410	0.7%
Wales	150	153	2.0%	154	0.7%

2.3 Ethnicity[7]

Cardiff has the most ethnically diverse population in Wales with 20.8% of its population estimated to be Black, Asian and minority ethnic.

In the Vale of Glamorgan, 5.4% of the population are estimated to be Black, Asian and minority ethnic. This is less than the average for Wales at 6.2%.

Table 2.5: Ethnicity by ethnic group and by local authority, health board and Wales, 2021

	White	Black, Asian, Minority ethnic	Total	% of Black, Asian and minority ethnic
Cardiff	286,931	75,379	362,310	20.8%
Vale of Glamorgan	124,800	7,139	131,939	5.4%
Cardiff and Vale University Health Board	411,731	82,518	494,249	16.7%
Wales	2,915,848	191,646	3,107,494	6.2%

2.4 Household language[8]

12.0% of the population aged three and over can speak Welsh. This is lower than the average for Wales. The percentage of Welsh speakers is slightly higher in Cardiff than the Vale of Glamorgan.

[6] Office for National Statistics – Mid-year population estimates 2024 – population density
[7] StatsWales - People by ethnic group, for Wales and local authorities, Census 2021
[8] Nomis 2021 Census – TS033 - Welsh language skills

Table 2.6: People aged three or more who say they can speak Welsh, by local authority, health board and Wales, 2021

Area	Population aged 3 years and over	Can speak Welsh	Percentage of population who say they can speak Welsh
Cardiff	351,240	42,757	12.2%
Vale of Glamorgan	128,082	14,737	11.5%
Cardiff and Vale University Health Board	479,322	57,494	12.0%
Wales	3,018,172	538,298	17.8%

2.5 Religion[9]

In the 2021 Census, 38.3% of the population of Cardiff self-reported as being Christian. In the Vale of Glamorgan 44.1% of the population self-reported as being Christian. Just under a half of population stated they have no religion. Muslim is the second most common religion in both Cardiff (9.3%) and the Vale of Glamorgan (0.9%).

Table 2.7: Religion of Welsh residents by local authority, health board and Wales, 2021

Area	Christian	Buddhist	Hindu	Jewish	Muslim	Other	Sikh	No religion	Not stated
Cardiff	38.3%	0.4%	1.5%	0.2%	9.3%	0.4%	0.6%	42.9%	6.3%
Vale of Glamorgan	44.1%	0.3%	0.3%	0.1%	0.9%	0.1%	0.5%	47.9%	5.7%
Cardiff and Vale University Health Board	39.9%	0.4%	1.2%	0.2%	7.1%	0.3%	0.5%	44.3%	6.2%
Wales	43.6%	0.3%	0.4%	0.1%	2.2%	0.1%	0.5%	46.5%	6.3%

2.6 Index of multiple deprivation[10]

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) 2025, is the method used in Wales to identify the small areas of Wales that are the most deprived. It brings together eight different types of deprivation: income, employment, health, education, access to services, housing, community safety and physical environment, to produce a set of indices and an overall index. This allows for the ranking of small areas according to their relative deprivation score to determine whether an area is more or less deprived compared to all other small areas in Wales.

[9] Nomis 2021 Census – TS031 - Religion
[10] Welsh government - Welsh Index of Multiple deprivation 2025 - guidance

There are 1,917 small areas or lower layer super output areas in Wales, which are ranked form 1 (most deprived) to 1,917 (least deprived).

Overall, Cardiff and Vale University Health Board has some of the most deprived and least deprived areas in Wales.

Within the health board area, Cardiff has 37 areas in the most deprived 10% of areas in Wales. The most deprived areas in Cardiff are Ely 5 (rank 3), Trowbridge 8 (rank 6) and Ely 2 (rank 8). The least deprived area in Cardiff is Pentrych and St Fagans 2 (rank 1916).

Overall, the Vale of Glamorgan is less deprived than Cardiff, with only seven areas in the most deprived 10% of areas in Wales. The two areas with the highest deprivation are Gibbonsdown 2 (rank 32) and Castleland 1 (rank 120). The least deprived area is Plymouth (The Vale of Glamorgan) 1 (rank 1910).

Table 2.8: Number and percentage of lower layer super output areas (LSOAs) by deprivation fifth by local authority and health board, 2025[11]

	Total LSOAs	% of LSOAs in 10% most deprived (ranks 1-191)	% of LSOAs in 20% most deprived (ranks 1-382)	% of LSOAs in 30% most deprived (ranks 1-573)
Cardiff	218	37 (16.9%)	56 (25.7%)	74 (33.9%)
Vale of Glamorgan	82	7 (8.5%)	11 (13.4%)	15 (18.3%)
Cardiff and Vale University Health Board	300	44 (14.7%)	67 (22.3%)	89 (29.7%)

2.7 Births[12]

In 2024, in Cardiff and Vale University Health Board, there was a slight increase of 2.3% compared with 2023 overall. Cardiff saw an increase of 3.9% whilst the Vale of Glamorgan saw a slight decrease of 1.5%.

The total fertility rate for Cardiff in 2024 was lower than the Wales average at 1.2. In the Vale of Glamorgan, the average was 1.4 in 2024.

[11] StatsWales - Ranking of LSOAs in Wales by Local Authority WIMD 2025
[12] Office for National Statistics - Births in England and Wales: 2024

Table 2.9: Percentage change in live births, and total fertility rate by local authority and Wales, 2023 and 2024

	2023 live births	Total fertility rate	2024 Live births	Total fertility rate	Live birth % change
Cardiff	3,491	1.16	3,626	1.19	+3.9%
Vale of Glamorgan	1,139	1.46	1,122	1.42	-1.5%
Wales	27,374	1.39	26,832	1.35	-2.0%

2.8 Life expectancy[13]

In Cardiff the average life expectancy at birth is 82.3 for females and 78.1 for males, both higher than the Wales average for the same period. In the Vale of Glamorgan, the average life expectancy at birth is 83.3 for females and 79.6 for males.

Table 2.10: Life expectancy at birth and age 65 by local authority, health board and Wales, 2020 to 2022

	Female at birth Years	Male at birth Years	Female at 65 Years	Male at 65 Years
Cardiff	82.3	78.1	20.4	17.8
Vale of Glamorgan	83.3	79.6	21.2	18.8
Wales	81.8	77.9	20.2	17.9

Overall, males and females in the Vale of Glamorgan can expect to live longer than in Cardiff and Wales. Life expectancy is significantly higher than the average for Wales except for males at 65 years.

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

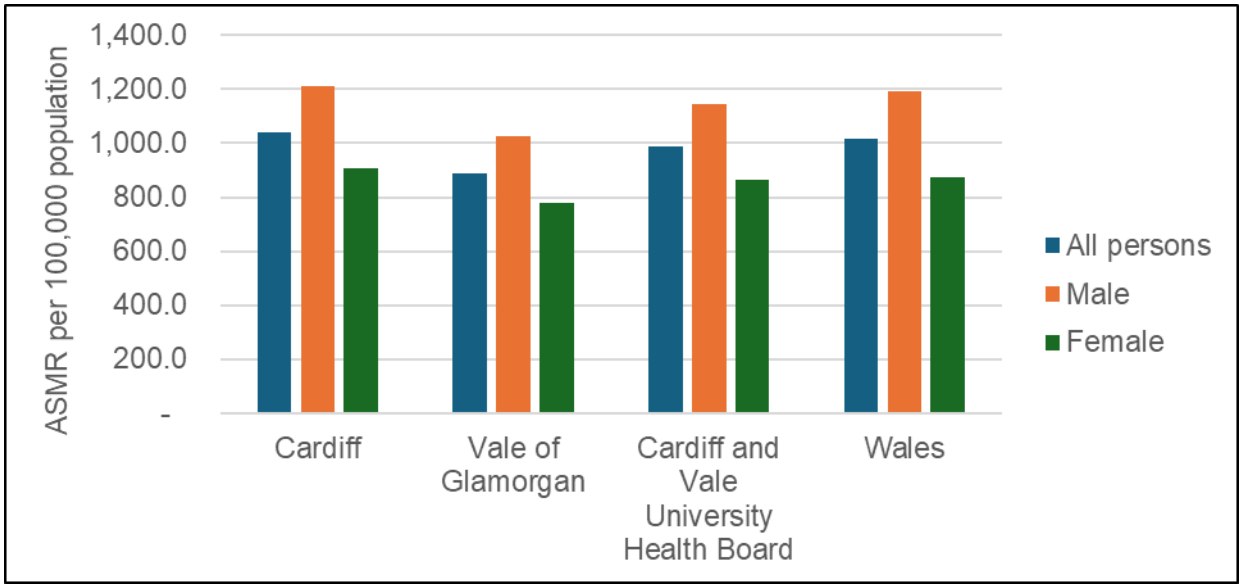
2.9 Deaths[14]

Cardiff and Vale University Health Board had a lower age-standardised mortality rate per 100,000 population for both females (864.0) and males (1,144.7) than the average for Wales.

At the local authority level, Cardiff had a higher age-standardised mortality rate per 100,000 population for males (1,209.1) and females (907.5) compared to the average for Wales. The Vale of Glamorgan had the lowest age-standardised mortality rates per 100,000 population for both females (780.2) and males (1,023.7) within the health board area. Both rates were lower than the average for Wales.

[13] Office for National Statistics - Life expectancy by local authority 2020-22
[14] Office for National Statistics - Deaths registered in England and Wales

Figure 2.3: Age-standardised mortality rate per 100,000 population by local authority, health board and Wales 2024



The avoidable mortality rate (deaths defined as either preventable or treatable) in Wales was 277.3 deaths per 100,000 population in 2023. Of the 8,193 avoidable deaths in Wales in 2023, 5,305.5 (64.8%) could be attributed to conditions considered preventable and 2,887.5 (35.2%) could be attributed to conditions considered treatable[15]

Table 2.11: Causes of death considered avoidable, treatable and preventable, European age-standardised rate per 100,000 person, Cardiff and Vale Bay University Health Board, 2023

	Rate per 100,000 population – avoidable	Rate per 100,000 population – treatable	Rate per 100,000 population – preventable
All persons	260.4	96.6	163.8
Male	331.8	108.9	223.0
Female	193.5	85.2	108.3

2.10 People with disabilities

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

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

[15] Office for National Statistics - Avoidable mortality by Integrated Care Boards in England and Health Boards in Wales

The 2021 Census data show that in Wales a smaller proportion and a smaller number of people were disabled (21.6%, 670,264), compared with 2011 (23.4%, 696,000).[16]

Cardiff is the local authority with the lowest proportion of disabled people in Wales out of the 22 local authorities in Wales. The Vale of Glamorgan has the sixth lowest proportion of disabled people.

Table 2.12: Proportion of the population registered disabled in Swansea Bay area and Wales

Area	Disabled under the Equality Act 2010	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Not disabled under the Equality Act
Cardiff	18.6%	8.2%	10.4%	81.4%
Vale of Glamorgan	19.9%	8.9%	11.0%	80.1%
Wales	21.6%	10.3%	11.3%	78.4%

2.11 Households[17]

In Cardiff and Vale University Health Board, 12.2% of the population aged 65 years and over live alone, which is lower than the average for Wales (14.6%). The Vale of Glamorgan (14.8%) has the highest proportion of its population aged 65 and over that live alone.

Table 2.13: Household composition, number and percentage of one person households, local authority, health board and Wales, 2021

One person household	Aged 66 years and over Male at birth Years		Aged 65 years and below Male at 65 Years	
	Number	Percentage	Number	Percentage
Cardiff	16,526	11.2%	30,937	21.0%
Vale of Glamorgan	8,491	14.8%	9,350	16.3%
Cardiff and Vale University Health Board	25,017	12.2%	40,287	19.7%
Wales	196,056	14.6%	233,505	17.3%

[16] Nomis Census 2021 - Disability, England and Wales
[17] Nomis Census 2021 – TS003 - household composition

2.12 Car ownership[18]

Just under a quarter of households in Cardiff and Vale University Health Board (23.4%) reported as having no car or van at the time of the 2021 Census. The percentage is higher in Cardiff (26.0%) than the Vale of Glamorgan (16.6%).

Table 2.14: Number and percentage of households with no cars or vans by local authority, health board and Wales, 2021

Area	Number of households with no cars or vans	
	Number	Percentage
Cardiff	38,293	26.0%
Vale of Glamorgan	9,529	16.6%
Cardiff and Vale University Health Board	47,822	23.4%
Wales	261,859	19.4%

2.13 Economic activity[19]

In the year ending December 2023, the unemployment rate for people aged 16 and over in Wales was 3.7%, up 0.7 percentage points compared with the previous year. Cardiff's unemployment rate was slightly higher than across Wales whilst the Vale of Glamorgan was slightly lower.

Table 2.15: Summary of economic activity by local authority and Wales, 2023

	Unemployment rate (Ages 16+)	Employment rate (Ages 16 to 64)	Economic activity (Ages 16-64)
Cardiff	5.0%	74.6%	21.0%
Vale of Glamorgan	3.6%	77.5%	21.9%
Wales	3.7%	74.1%	23.0%

Cardiff has the highest employment level (the total number of people aged 16 and over that are in employment) in Wales at 193,000, which is around 10,000 higher than the previous year. This reflects the fact it has the largest population in Wales. When considering the employment rate (the percentage of the population aged 16 to 64 that are in employment), the Vale of Glamorgan has the highest rate in Wales at 77.5% over this period.

The economic inactivity rate is the percentage of the population aged 16 to 64 years who are not working and not seeking nor available to work. Economically inactive people include people looking after the family or home, retirees and people with a sickness or disability. It does not include students. For the year ending December 2023, Cardiff (21.0%) and the Vale of Glamorgan (21.9%) had a lower economic activity rate than the Wales average.

[18] Nomis Census 2021 – TS045 - Car ownership
[19] Office of National Statistics – Employment, unemployment and economic inactivity December 2023

2.14 Sexual orientation

The 2024 Annual Population Survey[20] identified:

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

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

Table 2.16: Census 2021 – sexual identity[21]

Area	Straight or heterosexual	Gay or lesbian	Bisexual	All other sexual orientation	Not answered
Cardiff	87.0%	2.4%	2.4%	0.5%	7.7%
Vale of Glamorgan	90.3%	1.7%	1.1%	1.3%	6.6%
Wales	89.4%	1.5%	1.2%	0.3%	7.6%

Table 2.17: Census 2021 – gender identity[22]

Area	Gender identity same as birth	Gender identity different to birth (no details)	Trans woman	Trans man	Non-binary	All other gender identities
Cardiff	92.9%	0.2%	0.1%	0.1%	0.1%	0.1%
Vale of Glamorgan	94.5%	0.1%	0.1%	0.1%	0.1%	0.0%
Wales	93.3%	0.2%	0.1%	0.1%	0.2%	0.0%

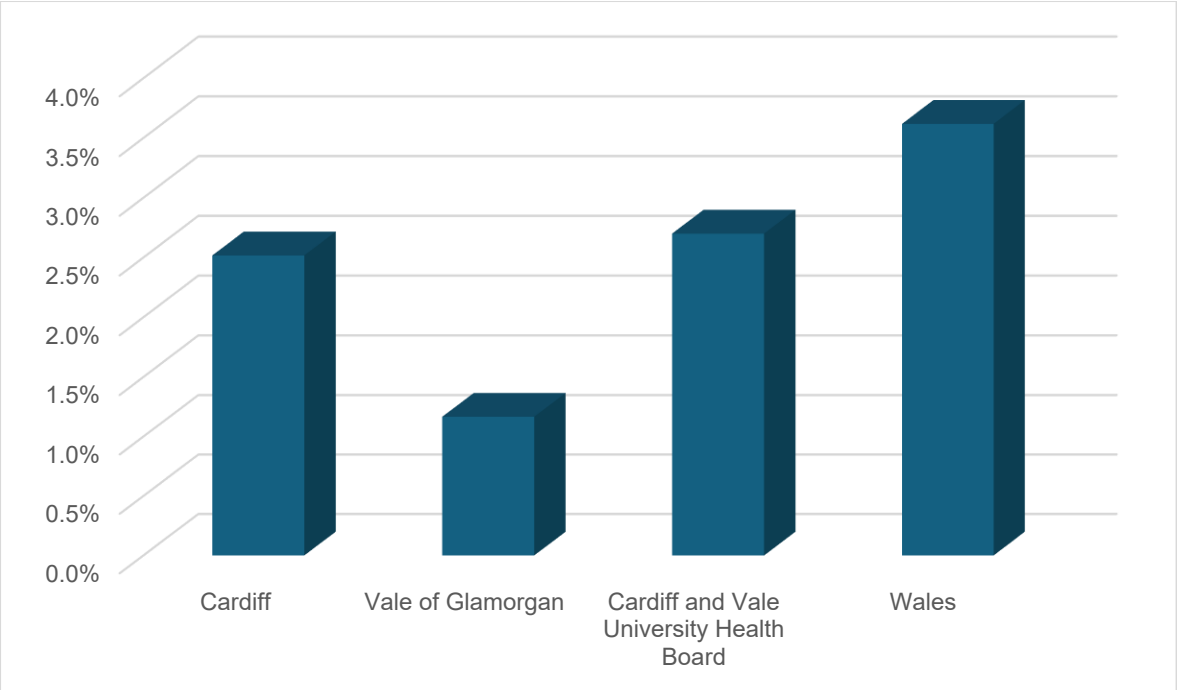
[20] Office for National Statistics - Sexual orientation, UK: 2024
[21] Nomis Census 2021 – TS077- Sexual orientation
[22] Nomis Census 2021 – TS070 - Gender identity

2.15 Carers[23]

At the 2021 Census, 41,913 adults self-reported as being an unpaid carer in Cardiff and the Vale of Glamorgan. This is a fall on the previous Census data however, it is likely that this figure is much higher than the data suggests[24]. Census 2021 was undertaken during the Covid-19 pandemic, which may also have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people chose to respond.

The percentage of people in the population who identified as carers providing 50 hours or more a week of unpaid care was below the Wales average in both Cardiff and the Vale of Glamorgan.

Figure 2.4: Percentage of the population providing 50 hours or more of unpaid care a week, by local authority, health board and Wales, 2021



A young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem. Most young carers look after one of their parents or care for a brother or sister. At the 2021 Census, 741 young carers were identified in Cardiff and the Vale of Glamorgan, although this is likely to be an underestimation.

Young adult carers are defined as carers aged between 18 to 25 years. This group is particularly vulnerable to transition on leaving school, and are more likely to be not in education, employment or training, or experience difficulties balancing caring with college or university.

[23] Office for National Statistics – Census 2021
[24] Carers Trust – Response to Census 2021 data – February 2023

2.16 Traveller and gypsy communities

In the 2021 Census there were 4,000 residents of Wales (0.1%) that identified as "Gypsy or Irish Traveller"; this is an increase from 2011 when almost 3,000 residents responded with this ethnicity. In 2021, "Roma" was included as a tick box category within the high-level "White" category for the first time on a census form, with close to 2,000 usual residents in Wales (0.1%) identifying with this ethnic group.[25]

In January 2025, there were 222 caravans on authorised sites in Cardiff, with 80 pitches provided by the local authority.

The Vale of Glamorgan had approximately 30, across three authorised sites. The remaining four sites are unauthorised but deemed as tolerated sites, where removal of encampment had not been sought by the authority.

2.17 Offenders[26]

Cardiff and Vale University Health Board has one prison, HMP Cardiff, a category B local prison for adult male prisoners. It is a traditional prison, situated in the heart of the city, and serving the courts of Southeast Wales. In general, the prison holds un-convicted and remand prisoners and short-term prisoners serving up to 12 months. Cardiff and Vale University Health Board provides health services to the prison.

An unannounced inspection by HM Inspectorate of Prisons, was carried out between 29 January to 5 February 2024. The information below is taken from the inspection report and provides an insight into the prison's population and the health needs at the prison during this time.

At the time of the inspection, the prison held just under 737 prisoners. 3,497 new prisoners received each year (around 291 per month). The minimum and maximum age at the prison is 18 years and 75 years. The vast majority of prisoners were aged between 21 years to 49 years (89%), with the highest proportion aged between 30 years to 39 years (39%). 92% of prisoners were British. Key findings from the report included:

- 70% of prisoners self-declared having a mental health problem.
- 51% identified as having a disability.
- Nearly half of prisoners said it was easy to obtain drugs; just under a quarter tested positive in mandatory drug tests.
- Ten prisoners had taken their own lives since 2019.

2.18 Homeless and rough sleepers[27]

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

[25] Welsh Government - Ethic group, national identity, language and religion in Wales (Census 2021)
[26] HM Chief Inspector of Prisons - Report on an unannounced inspection of HMP Cardiff by HM Chief Inspector of Prisons (29 January – 5 February 2024)
[27] StatsWales - Rough sleepers by local authority

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

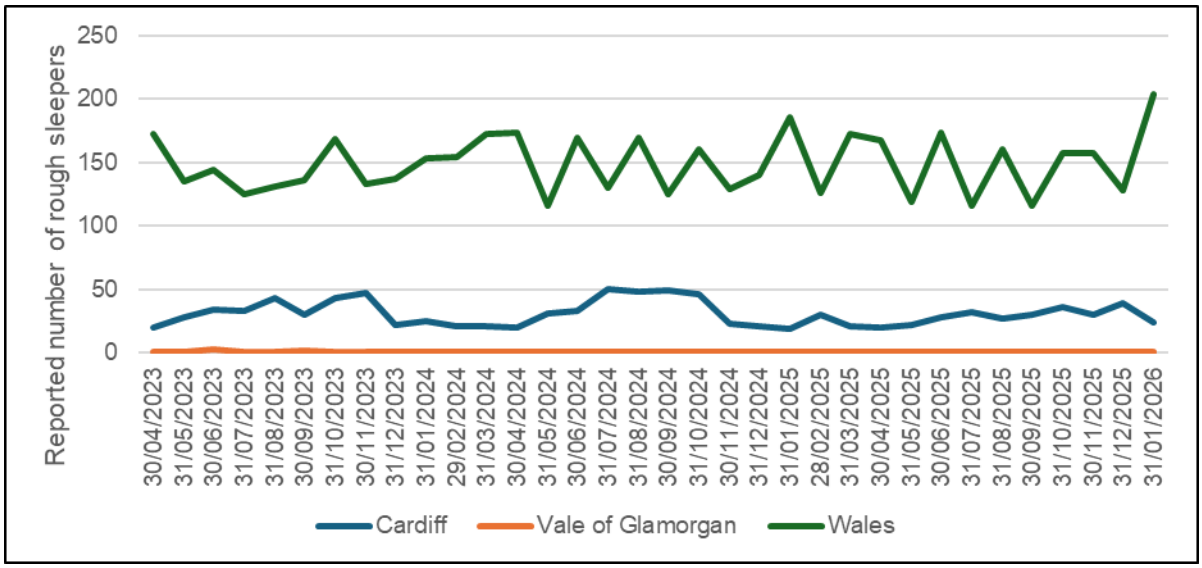
Data on rough sleepers is collected via monthly returns from local authorities. The numbers of individuals sleeping rough is a snapshot on the last day of the month.

Table 2.18: Rough sleeper count by local authority, health board, Wales, 2025/26 (to January 2026)

Date	Cardiff	Vale of Glamorgan	Cardiff and Vale University Health Board	Wales
30/04/2025	20	0	20	116
31/05/2025	22	0	22	131
30/06/2025	28	0	28	169
31/07/2025	32	0	32	160
31/08/2025	27	0	27	168
30/09/2025	30	0	30	160
31/10/2025	36	0	36	157
30/11/2025	30	0	30	137
31/12/2025	39	0	39	140
31/01/2026	24	0	24	128

Due to an unexpected system disruption following an upgrade, Vale of Glamorgan were unable to provide data for November 2025, December 2025 and January 2026. It was agreed that October 2025 data be used as an estimate for these months. All totals across Wales for November 2025, December 2025 and January 2026 should be treated as provisional data.

Figure 2.5: Trend of rough sleepers, local authority and Wales, 2023-2026



3 General health needs of Cardiff and Vale University Health Board

Health, disability and unpaid care data, are all closely related to the age structure of a population. In more elderly populations, poorer health outcomes, more disability and more unpaid care is expected. Therefore, to compare data fairly across areas with different age profiles, age-standardised rates have been used throughout this chapter, unless otherwise stated[28].

This process adjusts for differences in age structure by observing rates to a standard population, showing what the rates would look like if all areas had the same age distribution, based on the 2013 European standard population.

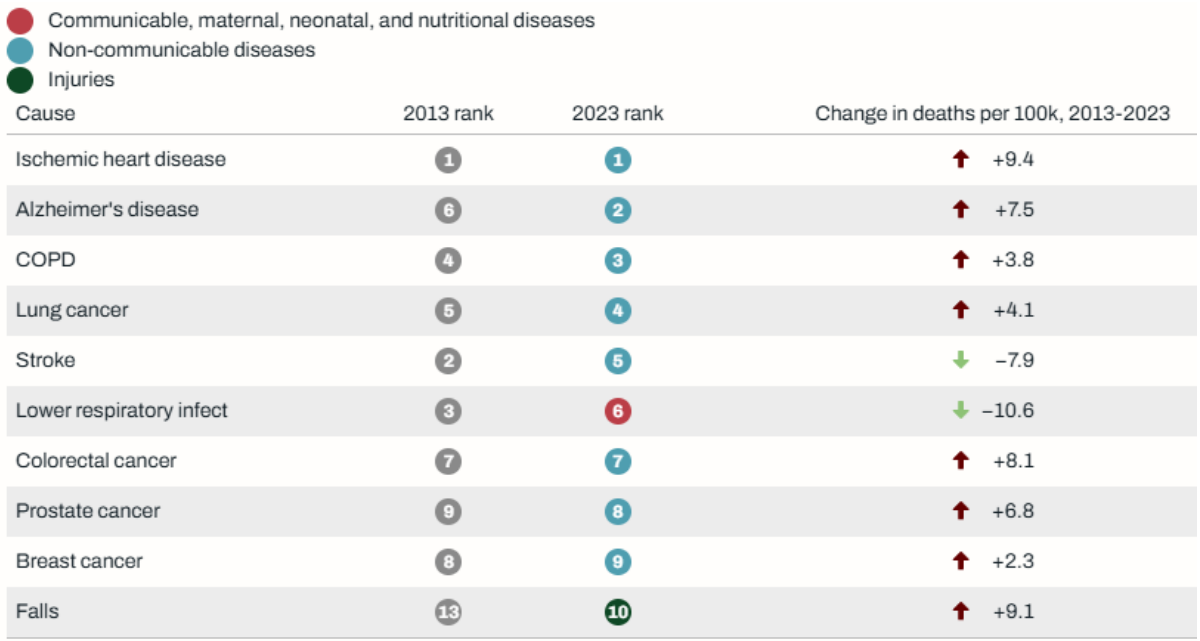
Where quality and outcomes framework data has been used, caution should be taken when interpreting the data. Reported quality and outcome framework data is dependent on diagnosis and recording on the general practice clinical system - if a condition is not coded, it is not counted in the quality and outcome framework register. It is also dependent on the social and demographic characteristics of the population and their readiness to seek healthcare services. This may therefore be an underestimate of 'true' prevalence.

3.1 Long-term conditions

Disability-adjusted life years take into account both premature death and health-related suffering to portray the total years of healthy life lost from all causes. In Wales, ischaemic heart disease remains the leading cause of death and disability in Wales in 2023. Since 2013, the greatest increases can be seen in ischaemic heart disease (+9.4), falls (+9.1), colorectal cancer (+8.1), Alzheimer's disease (+7.5), and prostate cancer (+6.8). Reductions have been seen in deaths from lower respiratory infections (-10.6) and stroke (-7.9)[29].

[28] Office of National Statistics - Age standardising data: What does this mean and why does it matter? (January 2023)
[29] Institute for Health Metrics and Evaluation. Seattle, WA: IHME, University of Washington – Wales profile

Figure 3.1: Top 10 causes of death and disability in Wales in 2023 and rate change 2013 to 2023, all ages combined



Cause	2013 rank	2023 rank	Change in deaths per 100k, 2013-2023
Ischemic heart disease	1	1	↑ +9.4
Alzheimer's disease	6	2	↑ +7.5
COPD	4	3	↑ +3.8
Lung cancer	5	4	↑ +4.1
Stroke	2	5	↓ −7.9
Lower respiratory infect	3	6	↓ −10.6
Colorectal cancer	7	7	↑ +8.1
Prostate cancer	9	8	↑ +6.8
Breast cancer	8	9	↑ +2.3
Falls	13	10	↑ +9.1

Chronic health conditions tend to become more common with age. Based on quality and outcomes framework 2025 reported GP practice data, the health board has a lower estimated prevalence of chronic health conditions when compared to the average for Wales.

The table below shows the recorded prevalence of selected long-term conditions based on the quality and outcomes framework 2025 reported by GP practice data across clusters in Cardiff and the Vale of Glamorgan. Figures are compared with the Cardiff and Vale University Health Board average and the Wales average.

Table 3.1: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by local authority, health board and Wales, 2025[30]

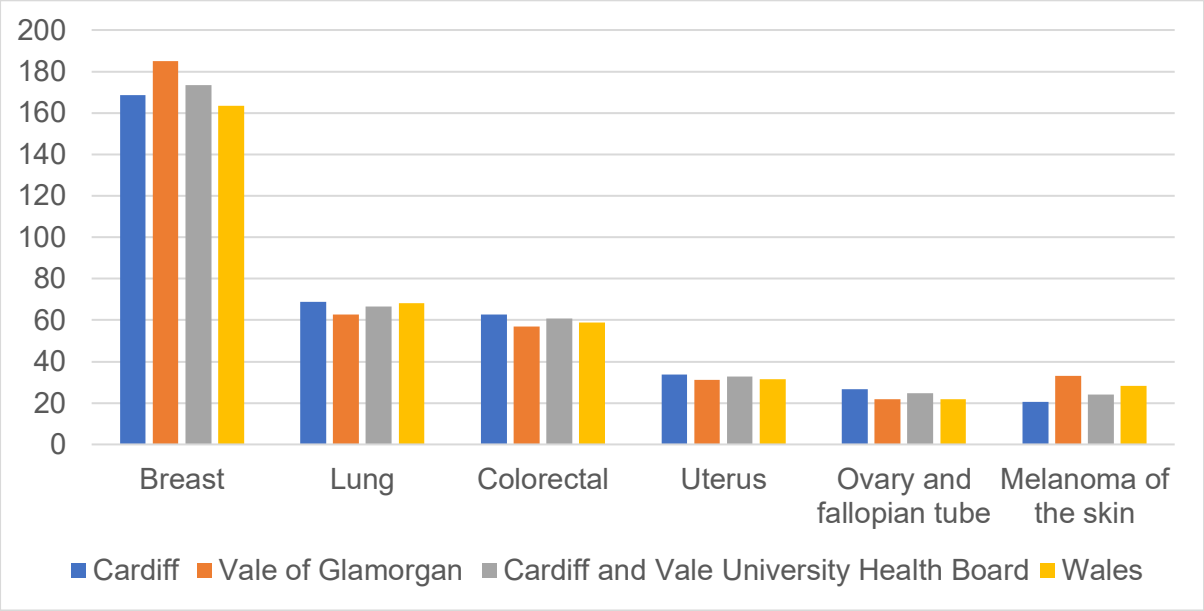
Cluster/Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff City and South	5.2%	1.8%	1.1%	7.5%	0.6%	1.2%
Cardiff East	6.7%	2.9%	2.5%	8.5%	1.3%	1.7%
Cardiff North	6.6%	2.6%	1.1%	6.0%	1.3%	1.8%
Cardiff South East	4.7%	1.6%	1.5%	5.4%	0.6%	1.1%
Cardiff South West	6.9%	2.4%	2.1%	8.0%	1.1%	1.6%
Cardiff West	7.1%	3.1%	1.8%	6.8%	1.3%	2.2%
Central Vale	6.7%	3.3%	2.6%	8.0%	1.5%	2.1%
Eastern Vale	6.8%	3.2%	1.5%	6.8%	1.4%	2.0%
Western Vale	6.5%	2.9%	1.3%	7.1%	1.4%	2.8%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

3.1.1 Cancer

The figure below shows the incidence of the six most common types of cancer for women between 2020 and 2022. As can be seen, the rates of breast cancer and melanoma of the skin in women in the Vale of Glamorgan are higher than in Cardiff and Wales, and rates of the other four cancers in women are higher in Cardiff.

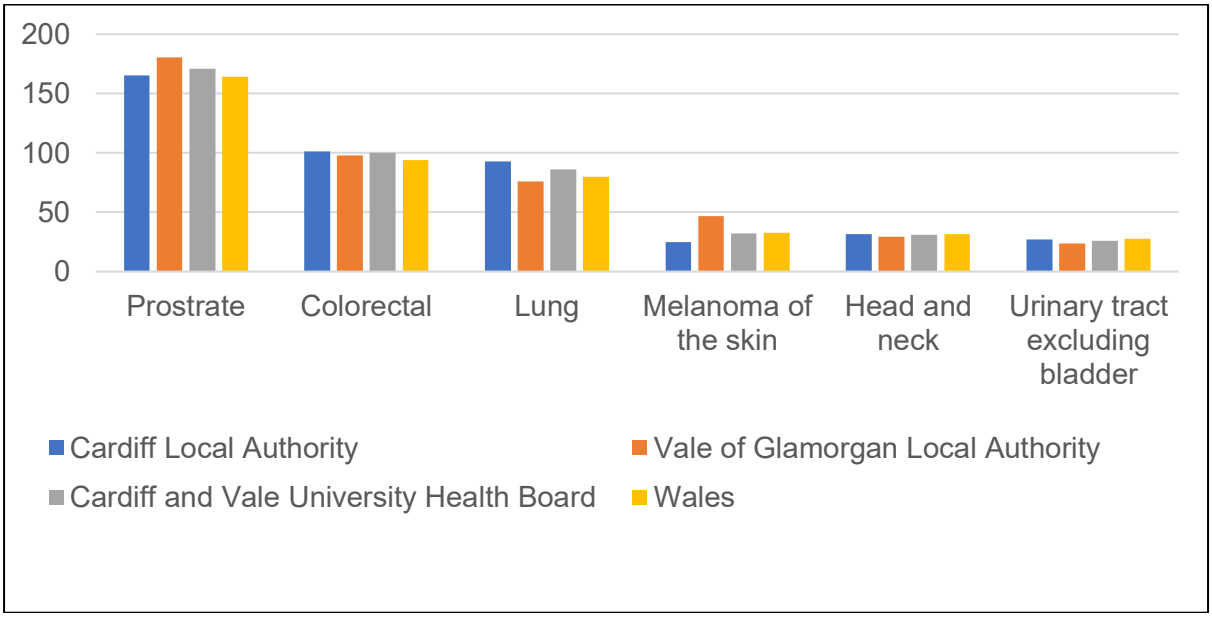
[30] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Figure 3.2: Cancer incidence by cancer type, European age-standardised rate per 100,000, women, all ages, by health board, local authority and Wales (three-year period, 2020 – 2022)[31]



The figure below shows the incidence of the six most common types of cancer for men between 2020 and 2022. As can be seen the rates of prostate cancer and melanoma of the skin in men in the Vale of Glamorgan are higher than in Cardiff and Wales, and rates of the other four cancers in men are higher in Cardiff.

Figure 3.3: Cancer incidence by cancer type, European age-standardised rate per 100,000, mean, all ages, by health board, local authority and Wales (three-year period, 2020 – 2022)[32]



[31] NHS Wales Public Health Wales - Cancer reporting tool Wales (March 2026)
[32] NHS Wales Public Health Wales - Cancer reporting tool Wales (March 2026)

The table below shows the recorded prevalence based on the quality outcomes framework 2025 of cancer across clusters in Cardiff and the Vale of Glamorgan. Figures are compared with the Cardiff and Vale University Health Board and the Wales percentages.

Table 3.3: Estimated prevalence of patients registered as having cancer by cluster, health board and Wales, 2025[33]

Area	Cancer prevalence (%)
Cardiff City and South	1.1%
Cardiff East	2.9%
Cardiff North	3.6%
Cardiff South East	1.5%
Cardiff South West	2.5%
Cardiff West	4.0%
Central Vale	3.4%
Eastern Vale	3.3%
Western Vale	5.1%
Cardiff and Vale University Health Board	3.0%
Wales	3.7%

Cardiff and Vale University Health Board as a whole has lower prevalence of cancer than Wales (3.0% and 3.7% respectively).

Across Cardiff clusters, recorded prevalence of cancer ranges from 1.1% (Cardiff City and South) to 4.0% (Cardiff West). Four of the six clusters are lower than both the health board and Wales percentages (Cardiff City and South, Cardiff East, Cardiff South East and Cardiff South West). One cluster is higher than the health board percentage but lower than Wales (Cardiff North). One cluster is higher than both the health board and Wales percentages (Cardiff West).

For the Vale of Glamorgan clusters, recorded prevalence of cancer ranges from 3.3% (Eastern Vale) to 5.1% (Western Vale). Two of the three clusters are higher than the health board percentage, but lower than Wales (Central Vale and Eastern Vale) and one cluster is higher than both the health board and Wales percentages (Western Vale).

The table below shows the cancer mortality rates in Wales, Cardiff and Vale University Health Board, Cardiff, and Vale of Glamorgan across the three-year period (2022-2024), for all cancers, all cancers (aged under 75 years), colorectal cancer, female breast cancer, prostate cancer and trachea, bronchus and lung cancer (age-standardised per 100,000 persons, all ages unless stated).

[33] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 3.4: Cancer death rates (age-standardised per 100,000) for all cancers, all cancers (aged under 75 years), colorectal cancer, female breast cancer, prostate cancer and trachea, bronchus and lung cancer by local authority, health board and Wales (three-year period, 2022 – 2024)[34]

Area	All cancers	All cancers (aged under 75 years)	Colorectal cancer	Female breast cancer	Prostate cancer	Trachea, bronchus and lung cancer
Cardiff	259.7	133.1	28.7	33.7	29.5	53.0
Vale of Glamorgan	229.5	110.5	26.3	26.8	36.0	43.4
Cardiff and Vale University Health Board	249.3	125.6	27.9	31.3	31.7	49.6
Wales	264.1	131.1	28.3	30.7	43.3	51.2

3.1.2 Diabetes

Wales has more than 200,000 people (8% of adults) living with diabetes[35], with an estimated 65,500 additional people living with undiagnosed type 2 diabetes[36]. Young adults are more likely to be living with undiagnosed type 2 diabetes, and type 2 diabetes in younger people often develops faster and causes problems earlier[37].

Adults from Black and Asian ethnic backgrounds[36] are also more than twice as likely to be living with pre-diabetes or undiagnosed type 2 diabetes compared to adults from White, Mixed and Other ethnic backgrounds.

One in 15 people aged 17 and over living in Cardiff and the Vale of Glamorgan have already been diagnosed with type 2 diabetes[38]. Type 2 diabetes is a growing problem. If current trends continue, around one in 11 adults in Wales could be living with diabetes by 2035[39].

The estimated percentage prevalence of diabetes at cluster level is lower than that for Wales (8.4%) with the exception of Cardiff East (8.5%). Percentage prevalence is lowest in Cardiff South East (5.4%). Cardiff's relatively young population is a factor in its relatively low prevalence[39].

[34] NHS Wales Digital Health and Care Wales - Cancer mortality dashboard
[35] NHS Wales Performance and Improvement - Understanding Diabetes
[36] Senedd Research. Can we stop the rise in diabetes? January 2023
[37] Office for National Statistics - Risk factors for pre-diabetes and undiagnosed type 2 diabetes in England: 2013 to 2019 February 2024
[38] Welsh Government - Disease Registers by Local Health Board, Cluster and GP Practice
[39] Powell R. Diabetes prevalence – trends, risk factors, and 10-year projection Cardiff: Public Health Wales; 2023

3.1.3 Mental health

The table below shows the recorded prevalence of mental health conditions across clusters in Cardiff and the Vale of Glamorgan. Figures are compared with the Cardiff and Vale University Health Board and Wales.

Table 3.5: Estimated percentage prevalence of patients registered as having a mental health condition by cluster, health board and Wales, 2025[40]

Area	Mental health condition prevalence (%)
Cardiff City and South	1.2%
Cardiff East	0.8%
Cardiff North	0.8%
Cardiff South East	1.1%
Cardiff South West	1.0%
Cardiff West	1.2%
Central Vale	2.2%
Eastern Vale	0.8%
Western Vale	0.7%
Cardiff and Vale University Health Board	1.0%
Wales	1.1%

Prevalence of mental health conditions in the health board are lower than the Wales percentage.

Across Cardiff clusters, recorded prevalence of mental health conditions ranges from 0.8% (Cardiff East and Cardiff North) to 1.2% (Cardiff City and South and Cardiff West). Two clusters are lower than both the health board and Wales averages (Cardiff East and Cardiff North). Two of the clusters are equal to the health board and Wales averages (Cardiff South East and Cardiff South West) and two cluster are higher than both the health board and Wales (Cardiff City and South and Cardiff West).

For Vale of Glamorgan, recorded prevalence of mental health conditions ranges from 0.7% (Western Vale) to 2.2% (Central Vale). Two clusters are lower than both the health board and Wales (Eastern Vale and Western Vale) and one cluster is higher than both (Central Vale).

As part of the Welsh Government National survey for Wales 2024/25[41], people were asked about their mental wellbeing using the Warwick Edinburgh Mental Well-being Scale, a scale of 14 self-assessed questions with scores ranging from 14 to 70. A higher score (58 to 70) is classified as having high mental wellbeing, 45 to 57 as medium mental wellbeing, and 44 or lower as low mental wellbeing.

The average Warwick Edinburgh Mental Well-being Scale score in 2024/25 is 48.4. 33% of people have low mental wellbeing, 52% have medium mental wellbeing, and

[40] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[41] Welsh Government - National Survey for Wales headline results: April 2024 to March 2025

15% have high mental wellbeing. Younger people on average have lower mental wellbeing, those aged 16 to 44 (score of 47.5), compared with a score of 49.7 for those aged 65 and over. These figures are all similar to those in 2022/23 except for a decrease in those aged 65 and over (the mean wellbeing score for this group in 2022/23 was 50.7).

The National Survey for Wales for 2024/25 did not measures levels of loneliness in Wales. However, information on loneliness was included in the Welsh Government Wellbeing of Wales 2025[42].

The National Survey for Wales for the period 2022/23[43] included all six measures of emotional and social loneliness. 13.0% of people in Wales were found to be lonely, the same for the survey period 2021/22 and 2020/21, but was higher in 2019/2020. There were, however, some marked variations in the percentages of people who say they feel lonely across individual measures:

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

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

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

In April 2025 Welsh Government published “Understanding: a suicide prevention and self-harm strategy 2025 - 2035[44]” which replaced the “Talk to me 2” strategy 2015 to 2022. This new strategy should be read in connection with the Mental Health and Wellbeing 2025-2035 strategy[45]. The risk factors for poor mental health, self-harm and suicide are similar and sometimes inter-related.

The new strategy is accompanied by Welsh Government three-year delivery plan “Understanding: The Suicide Prevention and Self-harm Delivery Plan for Wales

[42] Welsh Government - Wellbeing of Wales 2025
[43] Welsh Government – National Survey for Wales headline results: April 2022 to March 2023
[44] Welsh Government - Understanding: The Suicide Prevention and Self-harm strategy for Wales (2025-2035)
[45]Welsh Government - The Mental Health and Wellbeing Strategy 2025-2035

2025-2028[46]" and builds on the progress made under the previous strategies "Talk to Me" (2009 – 2013) and "Talk to Me 2" (2014 - 2018).

The table below shows the suicide rate at local authority, health board and Wales level for 2020-24[47]. As can be seen the rates for the health board and Cardiff and the Vale of Glamorgan local authorities are lower than the rate for Wales (13.1). Cardiff is lower (10.2) than the health board rate (10.5), while in the Vale of Glamorgan was higher (11.3).

Table 3.6: Deaths by suicide, European age-standardised rate per 100,000 persons 2020-2024[48]

Area	Rate of deaths by suicide (per 100,000 persons)
Cardiff	10.2
Vale of Glamorgan	11.3
Cardiff and Vale University Health Board	10.5
Wales	13.1

3.2 Lifestyle behaviours

Tobacco use, living with overweight and obesity (high body mass index), high blood pressure, dietary risks, high fasting plasma glucose and the harmful use of alcohol have been identified as the top risk factors for noncommunicable diseases in Wales in 2023.

[46] Welsh Government - Understanding: The Suicide Prevention and Self-harm Delivery Plan for Wales 2025-2028
[47] Public Health Wales – Public Health Outcomes Framework
[48] NHS Wales Public Health Wales - Public Health Outcomes Framework for Wales reporting tool

Figure 3.4: Top 10 risks contributing to death and disability (DALYs) in 2023 and rate change 2013 to 2023, all ages combined[49]

Metabolic risks
Environmental/occupational risks
Behavioral risks

Risk	2013 rank	2023 rank	Change in DALYs per 100k, 2013-2023
Tobacco	1	1	↑ +112.2
High body-mass index	2	2	↑ +440.5
High blood pressure	3	3	↑ +208.9
Dietary risks	4	4	↑ +238.8
High fasting plasma glucose	5	5	↑ +349.2
High alcohol use	7	6	↑ +160.6
High LDL	8	7	↑ +104.5
Other environmental	9	8	↑ +64.7
Air pollution	6	9	↓ −137.7
Occupational risks	10	10	↓ −3.5

3.2.1 Smoking

Smoking remains a major cause of mortality and ill health in Wales. Over the period 2020 – 2022[50]:

- An estimated 3,845 deaths per year amongst those aged 35 and over in Wales were due to smoking. This means that on average 10.7% of all deaths in Wales amongst those aged 35 and over in these years were attributable to smoking.
- The number of deaths attributable to smoking varies considerably by deprivation. Amongst those aged 35 and over living in the most deprived fifth of areas, 14.5% of all deaths were attributable to smoking. The European Age-Standardised Rate of smoking attributable mortality was 337 per 100,000 adults aged 35 and over in the most deprived fifth of areas, more than three times higher compared with the least deprived fifth of areas.
- An estimated 17,195 hospital admissions per year in Wales were due to smoking. This means that on average 3.4% of all hospital admissions in Wales amongst those aged 35 and over in these years were attributable to smoking.

When looking at smoking attributable mortality, by European age-standardised rate per 100,000, persons aged 35 years and over at health board level, Cardiff and Vale University Health Board ranks second at a rate of 165 (range 152, Powys Teaching

[49] Institute for Health Metrics and Evaluation. Seattle, WA: IHME, University of Washington – Wales profile
[50] NHS Wales Public Health Wales - Smoking attributable mortality and hospital admissions for Wales, 2020-22 (new analysis)

Health Board, to 220, Cwm Taf Morgannwg University Health Board), higher than the rate for Wales (190).[51]

Smoking is also known to increase people's risk of developing a wide range of illnesses, which can be fatal or cause irreversible long-term damage to health[52]. These include cancers, respiratory diseases, and cardio-vascular diseases, including strokes, heart attacks and dementia.

Exposure to second-hand smoke has been shown to cause significant harm, increasing non-smokers risks of developing smoking related diseases including lung cancer and cardio-vascular disease[53]. Exposure to second-hand smoke is particularly harmful to children, leading to conditions including middle-ear disease, asthma and allergies[54].

Smoking in pregnancy is known to have a range of impacts on the pregnancy and child in later life, including increased risk of miscarriage, premature birth and sudden infant death syndrome[55].

When looking at the average percentage of adults who currently smoke (adults 18 years and over) at local authority level across Wales between 2020 and 2024, Vale of Glamorgan ranks second lowest (8.5%) and Cardiff ranks fifth lowest (11.8%). Monmouthshire has the lowest rate at 7.6% and Merthyr Tydfil has the highest rate at 15.7%.

The table below shows the percentage of adults aged 16 years and over, in Cardiff and Vale of Glamorgan who have self-reported engaging in smoking and e-cigarettes as recorded by the National Survey for Wales[56] between 2021 and 2023.

[51] NHS Wales Public Health Wales - Smoking attributable mortality and hospital admissions for Wales, 2020-22 (new analysis)
[52] NHS 2018 - What are the health risks of smoking?
[53] Department of Health Scientific Committee on Tobacco and Health (SCOTH) 2004. Secondhand Smoke: Review of the evidence since 1998
[54] Royal College of Physicians London - Passive smoking and children (March 2010)
[55] Royal College of Obstetricians and Gynaecologists - Smoking and pregnancy (2021)
[56] Welsh Government - National Survey for Wales - Adults reporting lifestyle behaviours

Table 3.7: Percentage of adults (aged 16 years and over) who self-reported engaging in smoking and e-cigarettes by local authority and Wales, 2021 to 2023[57]

Area	Population 16 years and over[58, 59]	Percentage of self-reported smokers	Percentage of self-reported e-cigarette users
Cardiff Local Authority	316,918	12.0%	5.0%
Vale of Glamorgan Local Authority	111,152	14.0%	8.0%
Wales	2,641,000	13.0%	7.0%

The number of young people vaping has risen substantially in Wales in recent years, even though it has been illegal to sell a vape to anyone under 18 years since 2015[60].

The evidence suggests that the availability of disposable vaping devices and the ways in which vapes are marketed have strongly contributed to their appeal amongst young people. Several pieces of legislation have been introduced to address both smoking and youth vaping including the Tobacco and Vapes Act 2026 which will create a smoke-free generation by prohibiting the sale of tobacco products to anyone born after 1 January 2009 alongside measures to reduce the appeal and accessibility of vaping products to children.

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

- The number of learners in year seven to 11 (ages 11-16 years) in Wales reporting vaping at least once a week is 7.0%, an increase from 5.4% (2021) and 2.7% (2019).
- Since 2021, vaping has increased amongst girls, year 11 learners and non-smokers, but weekly vaping increased between 2021 and 2023 in all year groups except year seven.
- Girls (8.6%) are more likely to vape regularly than boys (5.1%). Those in year 11 (age 15-16 years) (15.9%) are more likely to vape than those in younger year groups.
- More than a quarter (25.7%) of all learners in year seven to 11 have tried a vape, an increase from 20.5% (2021). Amongst year 11 learners the figure was 45.4%.
- Only 2.7% of learners in years seven to 11 now smoke regularly. The majority of these also vape.

[57] Welsh Government - National Survey for Wales - Adults reporting lifestyle behaviours
[58] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[59] Welsh Government July 2025 - Mid-year estimates of the population: 2024
[60] NHS Wales Public Health Wales and The School Health Research Network - Vaping and Smoking amongst Learners in Year seven to 11 in Wales - Analysis from The School Health Research Network Student Health and Well-being Survey in secondary schools, 2023

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

The table below shows the percentage of 11- to 16-year-olds who were smoking weekly and E-cigarette users in 2023[61].

Table 3.8: Percentage of adolescent smoking weekly and e-cigarette users by local authority, health board and Wales, 2023

Area	Percentage of aged 11 to 16 years who smoke weekly	Percentage of weekly e-cigarette users aged 11 to 16 years
Cardiff	2.1%	4.1%
Vale of Glamorgan	1.6%	4.1%
Cardiff and Vale University Health Board	2.0%	4.1%
Wales	2.6%	6.9%

3.2.2 Hypertension

Hypertension is a major risk factor for heart disease, stroke, kidney disease, peripheral arterial disease and vascular dementia. Early detection and effective management can prevent progression to cardiovascular disease. Although hypertension is classed as more of a clinical risk factor, its prevention or reduction is affected by life-style choices such as excessive salt intake, poor diet and obesity, excess alcohol consumption, lack of physical activity, mental well-being and stress. The burden of high blood pressure is greatest among individuals from low-income households and those living in deprived areas[62].

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices, for hypertension across clusters. Figures are compared with Cardiff and Vale University Health Board and Wales rates. As can be seen prevalence for the health board is lower than Wales, although prevalence in Western Vale (16.6%) is higher than for both the health board (13.1%) and Wales (16.3%). Prevalence is higher in the Vale of Glamorgan clusters than the clusters in Cardiff.

[61] NHS Wales Public Health Wales - Secondary School Children's Health and Well-being Dashboard: School Health Research Network Survey Data
[62] Public Health England (2017). Guidance Health matters: combating high blood pressure

Table 3.9: Estimated prevalence of patients registered as having hypertension by cluster, health board and Wales, 2025[63]

Cluster/Area	Local authority	Prevalence of Hypertension (%)
Cardiff City and South	Cardiff	9.6%
Cardiff East	Cardiff	14.4%
Cardiff North	Cardiff	13.1%
Cardiff South East	Cardiff	7.8%
Cardiff South West	Cardiff	13.1%
Cardiff West	Cardiff	14.4%
Central Vale	Vale of Glamorgan	15.9%
Eastern Vale	Vale of Glamorgan	15.0%
Western Vale	Vale of Glamorgan	16.6%
Cardiff and Vale University Health Board		13.1%
Wales		16.3%

3.2.3 Diet, physical activity and obesity

Obesity prevalence is rising in Wales, (as it is globally). Living with overweight or obesity increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as some types of cancer, kidney disease, liver disease among others37. It can also impair a person's well-being, quality of life and ability to earn. Poor diet and a sedentary lifestyle are the main causes of overweight and obesity[64].

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

Having a high body mass index (i.e. living with overweight or obesity) and physical inactivity are the third and fourth leading causes of ill health in the UK. Together they make a substantial contributor to poor health and wellbeing in communities today. Obesity in childhood is a key determinant of lifelong health, increasing the likelihood of living with obesity in adulthood and contributing to the development of a wide range of long term ill health conditions. Adult obesity is linked to both reduced healthy life expectancy and shorter overall life expectancy.

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

[63] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[64] NHS Wales Public Health Wales - Overweight and obesity

Government advice is that everyone should have at least five portions of a variety of fruit and vegetables every day. An adult portion of fruit or vegetables is 80g[65]. Physical activity guidelines for adults aged 19 to 64 include at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week[66].

The table below shows the percentage of adults aged 16 years and over, in Cardiff and Vale of Glamorgan who have self-reported lifestyle behaviours, as recorded by the National Survey for Wales[67] between 2021 and 2023.

Table 3.10: Percentage of adults (aged 16 years and over) self-reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over[68, 69]	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Ate five portions of fruit and vegetables the previous day
Cardiff	316,918	58%	21%	65%	41%
Vale of Glamorgan	111,152	59%	22%	69%	35%
Wales	2,641,000	62%	25%	56%	29%

The table below shows the recorded prevalence based on the quality outcomes framework 2025, reported prevalence percentages by GP practices for obesity across clusters in Cardiff and Vale of Glamorgan. Figures are compared with the health board and Wales. As can be seen, the prevalence of adults living with obesity are generally lower than Wales (14.4%), with the exception of Cardiff East (15.6%).

[65] Welsh Government – Eatwell guide March 2025
[66] Welsh Government – UK Chief Medical Officers' physical activity guidelines March 2022
[67] Welsh Government - National Survey for Wales Adults reporting lifestyle behaviours
[68] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[69] Welsh Government July 2025 - Mid-year estimates of the population: 2024

Table 3.11: Estimated percentage prevalence of patients registered as living with obesity by cluster, health board and Wales, 2025[70]

Area	Local authority	Prevalence of Obesity (%)
Cardiff City and South	Cardiff	8.5%
Cardiff East	Cardiff	15.6%
Cardiff North	Cardiff	9.5%
Cardiff South East	Cardiff	10.5%
Cardiff South West	Cardiff	12.4%
Cardiff West	Cardiff	10.3%
Central Vale	Vale of Glamorgan	13.8%
Eastern Vale	Vale of Glamorgan	9.5%
Western Vale	Vale of Glamorgan	11.1%
Cardiff and Vale University Health Board		11.3%
Wales		14.4%

3.2.4 Alcohol[71, 72]

Alcohol use remains a major public health challenge in Wales. It is associated with the development of many health conditions such as high blood pressure, heart disease, cirrhosis of the liver and cancers of the mouth, throat and breast. It has also been identified as a causal factor in more than 200 medical conditions[73].

Alcohol misuse is also a cause of falls, accidents and injuries, as well as social problems such as assaults and crimes.

The table below presents the percentage of adults aged 16 years and over, in Cardiff and Vale of Glamorgan who have self-reported engaging in drinking 14 units or more per week, as recorded by the National Survey for Wales[74] between 2021 and 2023.

Table 3.12: Percentage of adults (aged 16 years and over) self-reporting drinking 14 units or more per week, by local authority and Wales, 2021 to 2023

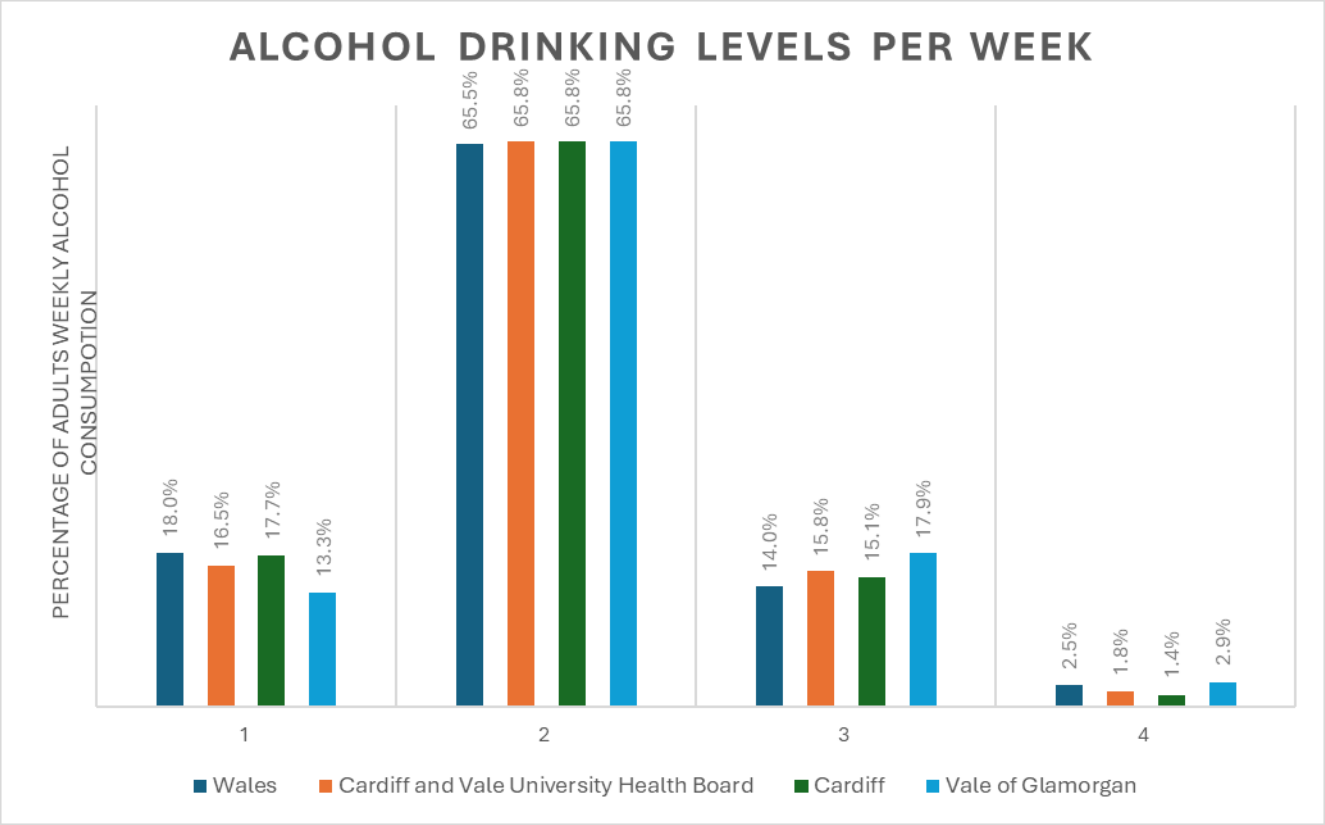
Area	Population 16 years and over[75, 76]	Percentage of adult who self-reported drinking 14 units or more per week (%)
Cardiff	316,918	17.0%
Vale of Glamorgan	111,152	21.0%
Wales	2,641,000	16.0%

[70] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[71] NHS Wales Public Health Wales - Alcohol
[72] Glamorgan Voluntary Services - Record high alcohol related deaths in Wales highlight urgent public health concerns (March 2025)
[73] World Health Organization – Alcohol factsheet June 2024
[74] Welsh Government - National Survey for Wales - Adults reporting lifestyle behaviours
[75] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[76] Welsh Government July 2025 - Mid-year estimates of the population: 2024

When compared to local authorities across Wales, Cardiff ranked 16th and Vale of Glamorgan 21st with only Monmouthshire having a higher percentage (24%).

The figure below highlights the reported drinking patterns in Cardiff and Vale University Health Board, Cardiff and the Vale of Glamorgan Local Authorities compared to the rate for Wales.

Figure 3.5: Adult weekly drinking levels by local authority, health board and Wales (2021-2023)[77]



Key

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

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

[77] Social Care Wales - National social care data portal for Wales - Drinking
[78] NHS Wales Public Health Wales - Data mining Wales: The annual profile for substance misuse 2023/24

The three-year rolling average of deaths from alcohol-specific causes over the most recent five-year reporting period shows that the European age-standardised rate of deaths per 100,000 population increased between 2017-19 and 2021-23. In 2021-23, the three-year rolling average European age-standardised rate was 16.0 alcohol-specific deaths per 100,000 population. This rate has gradually increased in recent years. The rate per 100,000 in Cardiff and Vale University Health Board area was 13.6. The health board was the second lowest of the seven health boards, the lowest being Powys Teaching Health Board (10.9).

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of the population. In 2024/25 the alcohol-specific admissions rate (age-standardised), persons, all ages for the health board was 289.0 per 100,000 population, the sixth lowest rate for all health boards (range 245.0 to 464.0). The rate was higher in Cardiff (300.0) than in Vale of Glamorgan (275.0)[79].

Alcohol-specific mortality represents deaths which are considered to be entirely caused by alcohol. In 2022 to 2024, the health board had an alcohol-specific mortality rate of 14.0 per 100,000 persons, the third lowest rate of all health boards (range 11.0 to 22.0). There was no difference in the rate between Cardiff and Vale of Glamorgan.

3.3 Healthy ageing

3.3.1 Low birthweight

Low birthweight is defined as a birthweight of less than 2.5kg (around 5.5lbs) and can be associated with health risks in an infant's first year of life[80]. Low birth weight is influenced by maternal lifestyle issues such as smoking. Birth weight is inversely associated with infant mortality, life expectancy, and is predictive of the onset of chronic conditions in adult life[81].

In 2024, the health board had a lower percentage of low birthweights compared to Wales (5.8% and 6.3% respectively), with Vale of Glamorgan higher than Cardiff (6.1% and 5.7% respectively)[82].

3.3.2 Breastfeeding

Breastfeeding provides the best nutritional start in life for a baby. In 2024, the percentage of babies that were breastfed (any breastfeeding) in the health board's area[83] at birth was 70.3%, at 10 days 71.6%, at six weeks 60.1% and 46.7% at six months. These are higher than when compared to prevalence for Wales.

[79] Digital Health and Care Wales – Health Maps Wales substance misuse
[80] Welsh Government - Maternity and birth statistics: 2024
[81] NHS Wales Public Health Wales - Low Birth Weight - Review of risk factors and interventions summary report (2014)
[82] Public Health Wales – Public Health Outcomes Framework
[83] Welsh Government StatsWales - Breastfeeding by age of baby, type of breastfeeding and local health board

3.3.3 Children living in poverty

23.4% of people in Cardiff aged 0 to 15 live in poverty, 18.7% in Vale of Glamorgan. Both are lower than the rate for Wales (24.0%). Vale of Glamorgan has the second lowest rate after Monmouthshire (15.2%)[84].

3.3.4 Oral health

Tooth decay in young children is largely preventable. It can lead to pain, infections and difficulties with eating, sleeping and socialising. It is associated with poor nutrition and obesity and is closely linked to social and economic disadvantage. Oral health is an important aspect of a child's overall health status and of their school readiness[85].

In2024/25, of 913 children aged five-year-olds examined in state-maintained schools in the health board's area:[86]

- 21.0% were affected by tooth decay (range across Wales 20.2% to 36.0%), a reduction since 2022/23.
- Prevalence across the Cardiff and Vale of Glamorgan was similar (21.1% and 20.8% respectively).
- 0.7 tooth was affected by tooth decay, a reduction in the severity of tooth decay since 2022/23 and lower than the average for Wales.
- 19.1% of children had untreated tooth decay, lower than the average for Wales.
- Oral health had a negative impact on 15.4% of the children examined, compared to 17.7% across Wales.

In 2023/24, of 541 children aged 12-year-olds examined in 26 state-maintained schools in the health board's area:[87]

- 25.5% of children were affected by tooth decay (range across Wales 16.8% to 36.4%), a reduction since 2008/09.
- Prevalence was lower in Vale of Glamorgan (19.1%) than in Cardiff (28.0%).
- 0.5 tooth was affected by tooth decay in 2023/24, a reduction in severity of tooth decay since 2008/09.
- 19.6% of children had untreated tooth decay, higher than the average for Wales.
- Oral health had a negative impact on 16.8% of the children examined, compared to 28.1% across Wales.

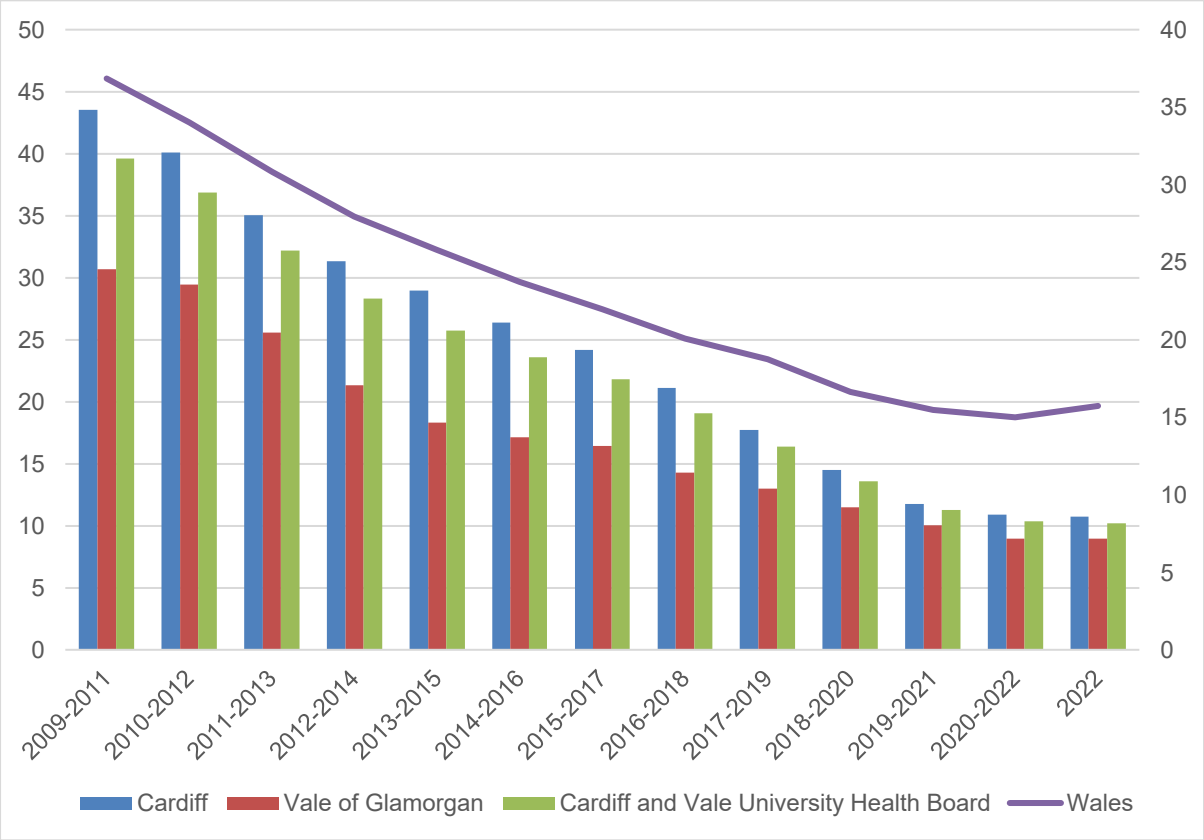
3.3.5 Sexual health

[84] Public Health Wales – Public Health Outcomes Framework
[85] Public Health England. Health Matters: Child dental health. From: Health Matters: Child dental health - Public health matters (blog.gov.uk)
[86] Public Health Wales – Dental epidemiology programme for Wales
[87] Public Health Wales - Dental Epidemiology Programme for Wales Picture of Oral Health 2023 for 12-year-olds

In 2022, out of the local authorities in Wales, Cardiff was ranked third with 10.7 conceptions per 1,000 women 18 years and under, while Vale of Glamorgan ranked first (9.0). Both rates are lower than for Wales (15.7)[88].

Rates in the health board's area have continued to decrease.

Figure 3.6: Teenage conceptions per 1,000 females aged under 18 by Wales, health board and local authority, 2009-2011 to 2020-22



Data from the latest Sexual Health Trends in Wales report[89] has shown the number of gonorrhoea diagnoses increased by 27.0% in 2023 compared to the previous year, reaching a total of 5,292 cases. Similarly, syphilis diagnoses saw a 20.0% increase, with 507 cases reported, marking a 17.0% rise from the previous peak in 2019[90].

This increase may in part be due to enhanced testing efforts, which have improved case detection. However, it is also likely to represent increased transmission of these diseases in Wales. The introduction of the Test and Post home testing service[91] in 2020 has been important in making confidential sexual transmitted infections testing

[88] Public Health Wales – Public Health Outcomes Framework
[89] NHS Wales Public Health Wales - Sexual Health Trends in Wales: Sexually Transmitted Infections, Emergency and Long-acting Reversible Contraception provision and Termination of Pregnancy Annual report 2024 (Data to end of 2023)
[90] Glamorgan Voluntary Services - Sexual transmitted infection cases climb in Wales: Increases in Gonorrhoea and Syphilis reported (August 2024)
[91] NHS Wales Sexual Health Wales - Test and Post: Home testing for sexually transmitted infections

available to all in Wales. These kits allow individuals to test for sexually transmitted infections at home.

The report outlines that the overall sexually transmitted infections testing is at a decade-high level. In 2023, 87,235 individuals were tested for gonorrhoea, and 65,742 for syphilis, showing a significant rise in testing numbers compared to previous years. This increased accessibility to testing is likely uncovering more cases that might have gone undiagnosed in the past, providing a clearer picture of the sexually transmitted infections across Wales.

3.3.6 Frailty and falls in older people

Older people are at increased risk of falling and when falls occur, are more likely to experience serious consequences, such as injury, a loss of independence and reduced confidence, these impacts can contribute to physical and mental deterioration and the development or progression of frailty. Frailty itself is an important risk factor for falls. Frailty can be physical, psychological, or a combination of the two. It is characterised by increased vulnerability to sudden deterioration in their physical and mental health. Early identification of people who may be living with frailty is a key intervention in the prevention of falls.

In the UK, almost a third of people aged over 65 experience at least one fall each year and there are an estimated 500,000 fragility fractures each year[92]. Osteoporosis is a condition which causes bones to weaken and become more fragile. People with osteoporosis are more likely to suffer a fragility fracture.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices for osteoporosis (50 years and over) across the clusters. Figures are compared with the Cardiff and Vale University Health Board and Wales percentages.

[92] Public Health England – RightCare Pathway: Falls and Fragility Fractures version 18

Table 3.13: Estimated percentage prevalence of patients registered as having osteoporosis (50 years and over) by cluster, health board and Wales, 2025[93]

Area	Prevalence of Osteoporosis (50 years and over) (%)
Cardiff City and South	0.2%
Cardiff East	1.0%
Cardiff North	1.3%
Cardiff South East	0.4%
Cardiff South West	0.5%
Cardiff West	0.6%
Central Vale	0.4%
Eastern Vale	0.8%
Western Vale	0.3%
Cardiff and Vale University Health Board	0.7%
Wales	0.6%

As can be seen, the highest prevalence is in Cardiff North (1.3%), more than double the percentage for Wales, and nearly double the percentage of the health board. Prevalence at health board level is slightly higher than for Wales.

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

Table 3.14: Range of estimated percentage prevalence of osteoporosis (50 years and over) based on people on GP practice registers by local authority area, health board and Wales, 2025[94]

Area	Osteoporosis (50 years and over) percentage prevalence range at cluster level (%)
Cardiff	0.2% -1.3%
Vale of Glamorgan	0.3% - 0.8%
Cardiff and Vale University Health Board	0.7%
Wales	0.6%

3.3.7 Dementia

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

[93] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[94] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices for dementia across clusters in Cardiff and the Vale of Glamorgan. Figures are compared with the health board and Wales.

Table 3.15: Estimated percentage prevalence of patients registered as having dementia by cluster, health board and Wales, 2025[95]

Area	Dementia prevalence (%)
Cardiff City and South	0.5%
Cardiff East	0.8%
Cardiff North	0.8%
Cardiff South East	0.3%
Cardiff South West	0.6%
Cardiff West	0.7%
Central Vale	0.7%
Eastern Vale	1.1%
Western Vale	0.7%
Cardiff and Vale University Health Board	0.7%
Wales	0.8%

As can be seen, the health board has a lower prevalence of dementia than Wales (0.7% and 0.8% respectively). Prevalence is highest in the Eastern Vale cluster.

3.4 Health protection

3.4.1 Childhood vaccination uptake[96]

In 2024/25, 6 in 1 DTaP/IPV/Hib/HepB1 vaccine uptake of all three doses in children reaching their first birthday was 92.9% in the health board's area, 93.0% in Cardiff and 92.8% in the Vale of Glamorgan, compared to Wales 94.1%. This compares to a target of 95% uptake across Wales.

Meningococcal serotype B vaccination was introduced in September 2015 for those born 1 May 2015 onwards. Uptake of a complete course in children at two years of age was 92.3% for the average for Wales, 89.6%. At local authority level, Cardiff achieved 88.6% and Vale of Glamorgan 92.4%.

The percentage of resident children reaching their fourth birthday and who are up to date with all scheduled vaccines was 81.9% for the health board, lower than the average for Wales (85.3%). There is variation between the two local authorities with uptake within Cardiff lower than Vale of Glamorgan (81.1% and 84.2% respectively).

Measles, mumps and rubella uptake of two doses in children at five years of age was 87.1% for the health board, compared with the Wales average 89.5%. Two doses in teenagers turning 16 years of age between 1 September 2024 and 31 August 2025

[95] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[96] NHS Wales Public Health Wales - Vaccine uptake in children in Wales - COVER annual report 2025- year ending 31 March 2025

was 92.9% for Wales and 89.8% for the health board - Cardiff 88.8% and Vale of Glamorgan 92.4%.

The health board had the lowest uptake of the above vaccinations of all the health boards and is below the national target (95%) for all of them.

3.5.2 Influenza vaccination uptake[97]

In 2024/25 the influenza vaccination uptake in those aged 65 years and older in Wales was 70.4 % and in the health board it was 70.3%. The uptake of vaccination in 2021/22 was 76.1% and this has declined year on year since.

Uptake in those aged under 65 years and at risk in Wales was 36.9% and in the health board's area it was 33.5%. The rate of vaccination in 2021/22 was 41.9% and has declined year on year since.

In Wales, 43.7% of children aged two and three years old were immunised against influenza in general practice between 1 September 2024 and 31 March 2025 compared to 38.1% for the health board. Uptake in children aged 4 to 15 years was lower for the health board compared to Wales.

[97] Public Health Wales – Annual influenza surveillance and influenza vaccination uptake report 2024/25

4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting the Cardiff and Vale University Health Board's area:

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

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

4.1 Age[98]

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

[98] Cardiff and Vale of Glamorgan - Population Needs Assessment 2022-27

condition has, or conditions have, a significant impact on their life. Older people also provide significant amount of time and energy caring for others.

The demography of Cardiff and the Vale of Glamorgan differ considerably.

In general, Cardiff is diverse, youthful, with a growing ethnic minority population (around 20% non-White in 2021), and a large student body. The population of Cardiff increased by 4.7% from just under 346,100 in 2011 to around 362,300 in 2021. Between the last two censuses, the average (median) age of Cardiff increased by one year, from 33 to 34, the lowest average (median) age in Wales. The number of people aged 65 to 74 years rose by just under 6,200 (an increase of 27.2%), while the number of residents aged 4 years and under fell by just over 3,300 (14.8% decrease)[99].

This contrasts with the generally older, less diverse population of Vale of Glamorgan (around 95% White). The population of Vale of Glamorgan increased by 4.4%, from around 126,300 in 2011 to around 131,900 in 2021. The population increased by a greater percentage than the overall population of Wales which increased by 1.4%.

Between the last two censuses, the average (median) age of the Vale of Glamorgan increased by two years, from 42 to 44 years, a higher average (median) age than Wales as a whole (42 years). The number of people aged between 65 to 74 years rose by 3,300 (an increase of 26.4%), whilst the number of residents between 35 and 49 years fell by just over 1,800 (7% decrease)[100].

For older people:

- Age is the single biggest factor associated with having a long-term condition with two-thirds of people aged 65 and over in Wales reporting they have at least one long-term or chronic condition. One third of older adults (65+) have multiple long-term conditions (multimorbidity) and over three-quarters of people aged 85+ report having a limiting long-term illness[101]. Public Health Wales provided a written response in June 2023 to the Health and Social Care Committee on supporting people with chronic conditions[102] which noted that a “considerable proportion of the burden of disease and ill-health in Wales is preventable” by addressing behavioural (lifestyle) risk factors such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity.
- Unhealthy behaviours are common in older people too, just as with the rest of the population, and are a major cause of long-term conditions. In particular, there is concern over significant numbers of older people who drink excessive alcohol.
- Older people are more likely to suffer with illnesses or injuries that can stop them from being able to do as much for themselves.

[99] Census 2021 - How life has changed in Cardiff
[100] Census 2021 - How life has changed in Vale of Glamorgan
[101] National Assembly for Wales - A profile of long-term conditions in Wales
[102] Health and Social care Committee - Supporting people with chronic conditions Public Health Wales written response June 2023

- 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.
- Older people, particularly those who are frail, often suffer with a combination of problems that have an impact on the way they connect with others. This could be because they have problems walking steadily, remembering things, or hearing and seeing well. All these things affect people's confidence and ability to get out and about and live their lives.
- Feeling lonely or unconnected to friends can have a very negative effect on wellbeing and health. It is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. The lockdown restrictions imposed during the Covid-19 pandemic in 2020, are likely to have exacerbated these issues across all age groups. Loneliness also has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide. Lonely people tend to make more use of health and social care services and are more likely to have an early admission to residential or nursing care. Looking at different ways of making sure that older people stay in touch with the things that matter to them and that there are opportunities for older people to stay active and connected are important.
- Information from the Census 2021[103] showed that 25,017 people aged 66 years and over live alone in Cardiff and Vale University Health Board's area, which equates to 12.2% of the population. Without the means to leave their homes, or with fewer visits from community workers and service providers, an increasing number of older people will feel lonely and isolated resulting in damaging effects to their mental health.
- Depression is the most common mental health need for older people. Age Cymru hosted an event in April 2024, which highlighted the gap between the current level of investment in older people's mental health and the pressing needs across Wales. The event spotlighted some key statistics regarding poor mental health among older demographics in Wales including 22% of men and 28% of women over 65 suffering from depression, while 30% of older carers experience depression at some point. It also highlighted that older individuals experiencing bereavement are four times more likely to suffer from depression[104].
- Dementia is the leading cause of deaths in England and Wales. Welsh Government estimates there to be 42,000 people over the age of 65 living with dementia in Wales, but Alzheimer's Society Cymru[105] estimates suggest the total number could be as high as 51,000. This figure is set to rise by 37% to almost 70,000 people by 2040. Approximately 5,773 people are currently living with dementia in Cardiff and the Vale of Glamorgan. By 2030 approximately 7,500–7,600 people will be living with dementia in Cardiff and the Vale[106].

[103] NOMIS TS003 - Household composition
[104] Age Cymru - Welsh Government consults on mental health and wellbeing, and suicide prevention strategies (2024)
[105] Alzheimer's Society Cymru - A new dementia action plan for Wales (2025)
[106] Cardiff University - Barriers faced in accessing Cardiff and Vale Memory Assessment Service

- Developing dementia supportive communities is crucial to the wellbeing of older people, especially the thousands of people living with dementia, regardless of official diagnosis, and the people around them that are also affected. The Welsh Government will be publishing in 2026 a new Dementia Strategy (2026 – 2036) replacing the Dementia Action Plan published in 2018[107], and subsequent Companion Document in 2021. The 2026 Dementia Strategy aims to improve dementia care and support across Wales. At the time of writing this pharmaceutical needs assessment the strategy was not published.
- Good physical health has a significant beneficial impact on health and wellbeing in older age. The ability to be physically active improves muscle strength and emotional health whilst reducing risk of falls and isolation.
- A Welsh study[108,109] funded by Health and Care Research Wales in collaboration with Cardiff University explored how to improve lives of people living with vision impairment. The study commenced 1 October 2022 and ended 30 September 2024. In 2020, over 1,000 people in Wales were formally registered as sight impaired or severely sight impaired. Vision impairment is one of the most common disabling conditions in older people that affects every day lives, including relationships and social connections. According to Age UK around 1.5 million people in the UK, over the age of 65 are living with vision impairment.
- Sight loss is a significant public health issues, particularly for older people, as it can affect physical and mental health and a person's independence, making people more likely to have a fall or become socially isolated.

For young people:

- There is evidence that the first one thousand days of life[110] (this includes before the child is born, up until they are two years old) have a significant effect on the rest of the child's life. As Cymru Well Wales has explained it "these years have a long-lasting impact on individuals and families. They shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age".
- Children born into poverty are more likely to be adults with poor health than those born into affluence.
- The importance of breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment; however, young mothers are among the groups least likely to breast feed.
- Being born to a mother who is obese and smokes throughout pregnancy, puts a baby at greater risk of developing unhealthy lifestyle behaviours in the future and serious chronic conditions. This will impact on their quality of life and life expectancy.

[107] Welsh Government - Dementia action plan 2018 - 2022
[108] Health and Care Research Wales - Research into pathway for older people with vision impairment to navigate support and services
[109] Health and Care Research Wales - A preventative approach to ensuring access to a sustainable, whole system pathway for older people with vision impairment (ASSIST)
[110] Public Health Wales - The First 1000 Days programme

- There are also certain groups of children who are more likely to need care and support services in their lives. These include children from families where there are other care and support needs, children who have been separated from their families, and children with disabilities.
- Some children go through physical, emotional, or sexual abuse or live in families where there is parental separation, substance misuse, domestic violence, or mental illness, these are called adverse childhood experiences. Adverse childhood experiences are stressful experiences occurring during childhood that directly harm a child or affect the environment in which the child lives in and can continue to harm the health of children throughout their life.
- In 2016 Public Health Wales published the first Welsh adverse childhood experiences study[111]. A substantial proportion of the Welsh population, nearly half (47%) of adults, experienced at least one adverse childhood experience before the age of 18, and 14% suffered four or more. Adverse childhood experiences cause long lasting health harms which continue into adulthood and older age.
- People who have experienced four or more adverse childhood experiences are:
    - Four times more likely to be a high-risk drinker
    - Six times more likely to smoke
    - Six times more likely to have had underage sex
    - Six times more likely to have had or caused unintended teenage pregnancy
    - 11 times more likely to have smoked cannabis
    - 14 times more likely to have been a victim of violence in the previous 12 months
    - 15 times more likely to have committed violence against another person in the previous year
    - 16 times more likely to have used heroin or crack cocaine, and
    - 20 times more likely to be incarcerated during their lifetime.
- In Wales, a quarter (23%) of adults were exposed to verbal abuse as a child, a fifth (20%) to parental separation; 17% to physical abuse, 16% to domestic violence, 14% to mental illness, 14% to alcohol abuse, 10% to sexual abuse, and 5% each to drug use or incarceration of a parent. ‘Trauma-informed’ services can provide a supportive environment for people who have experienced adverse childhood experiences, encouraging engagement and improved management of conditions.
- Making sure that children are supported to take control of their own lives and wellbeing, will help them to live their best possible lives. Providing clear and easily accessible information about how young people and their families can find out more about what early help is available in their area is important.
- Teenage years are also important and there is strong evidence that teenage lifestyle behaviours impact on future longer-term health and social care outcomes in adults. With many children developing unhealthy behaviours in terms of physical activity and diet, influencing positive lifestyle choices in

[111] Public Health Wales - Adverse Childhood Experiences

teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.

- On average across Wales, one in four children is either overweight or obese (25.5%). As deprivation levels increase in Wales, so does the percentage of children at risk of becoming obese. For example, just over one in seven children living in the most deprived neighbourhoods are likely to be obese in the future, compared to less than one in 10 residing in areas of least deprivation[112]. Obesity Alliance Cymru in their 2025 response to the "Healthy Eating and drinking in maintained schools in Wales" advised studies have shown that children and adolescents living with obesity are around five times more likely to live with obesity into adulthood, with 80% of adolescents living with obesity still measuring as having obesity in adulthood[113].
- Public Health Wales collected data across Wales during the 2022-2023 school year.[114] The data for Cardiff and Vale University Health Board showed:
    - the proportion of children categorised as experiencing 'overweight not obesity' was 11.9%. This result was slightly lower than the previous year at 13.0%, and similar to the pre-pandemic 2018/19 report of 11.7%.
    - the proportion of children categorised as having obesity was 9.3%. This was lower than observed in the previous year at 11.1% and pre-pandemic at 10.2% reported in 2018/19. The post pandemic drop must be interpreted with caution as there are only two data points.
- 90% of people who smoke in the UK started before the age of 21[115]. Vaping has become the dominant nicotine behaviour among adolescents in Wales. 5% of children and young people aged 11–16 vape at least weekly (increasing from 3% in 2019)[116].
- Untreated sexually transmitted infections can have a longer-term health impact including infertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies. Furthermore, it is known that low birth weight can be linked to teenage pregnancy and mothers who smoke while pregnant. To reduce the risk of babies being born early, with a low birth weight, and the risk of disabilities that this brings, it is important that help is available to those who may be at risk.
- Around 50% of lifetime mental illness starts by the age of 14[117]. Children and young people who are at greater risk of mental health problems include those going through family breakdown; those in the 'looked after system', those showing behavioural problems, and children who have experienced trauma.
- The Wales Centre for Evidence Based Care produced the most recent national forecast of long-term conditions across age groups in Wales[118]. The burden of long-term conditions is expected to rise over the next 10 years,

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[112] Chemist4u - Obesity Statistics Report 2025
[113] Obesity Alliance Cymru Response - Healthy Eating and drinking in maintained schools in Wales (2025)
[114] Public Health Wales - Child Measurement Programme 2022-2023
[115] Cancer Research UK - Around 350 young adults start smoking every day in the UK - Cancer News
[116] Public Health Wales - Information and Guidance on Vaping for Secondary-aged learners in Wales
[117] The Children's Society - Children's mental health statistics
[118] Wales Centre for Evidence Based Care - Forecasted prevalence and incidence of long-term conditions in Wales (2023)

driven by increases in multimorbidity, obesity, poor nutrition, and persistent health inequalities.

4.2 Disability[119]

According to the World Health Organization[120], an estimated 1.3 billion people experience significant disability, and this number is growing due to demographic and epidemiological changes in the population (such as ageing and the global increase in chronic health conditions), and health emergencies (such as disease outbreaks, natural disasters, and conflicts).

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

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

Between 2021 and 2023, 6% of adults reported being in bad or very bad health in Cardiff with 7% reported for the Vale of Glamorgan. 46% of people in Cardiff and Vale University Health Board reported their day to day activities to be 'limited by longstanding illness'[121].

There are many different types of disabilities. A person with a 'health or physical disability including sensory impairment' may have difficulty carrying out everyday activities as their movement and senses may be limited. Sensory impairment is reduced or loss of sight, hearing or both. Those included are the blind, partially sighted, deaf, and hard of hearing. A disability may be present from birth or occur during a person's lifetime.

The Cardiff and Vale University Health Board sight loss briefing published March 2023 estimated the number of people in Cardiff and Vale University Health Board living with sight loss was 14,290. By 2032 it is expected there will be 16,850 living with sight loss, an estimated increase of 18% over the next decade.

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

[119] Cardiff and Vale of Glamorgan - Population Needs Assessment 2022-27
[120] World Health Organization - Disability factsheet 2023
[121] StatsWales - Adult general health and illness by local authority and health board, 2020-21 onwards

Severity of sight loss	2022	2032
Mild sight loss	9,210	10,850
Moderate sight loss	3,190	3,750
Severe sight loss	1,880	2,260
Total	**14,290**	**16,850**

There are 1,543 people in Cardiff and Vale University Health Board registered blind or partially sighted.

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

Age band	Registered blind	Registered partially sighted	Total
0-17	8	14	22
18-64	270	247	517
65+	525	479	1,004
Total	**803**	**740**	**1,543**

The older a person is, the greater their risk of sight loss. The proportion of people aged 75 years and over in Cardiff and Vale University Health Board's area is lower (7%) than the average for Wales (10%). People from different ethnic communities are at greater risk of some of the leading causes of sight loss. The proportion of people from minority ethnic groups is higher than the average for Wales, 12.1% of the population are from minority ethnic groups, compared to 4.3% across Wales.

The number of people impacted by slight loss and the impact this has on their daily life in Cardiff and Vale University Health Board is as follows.

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

The estimated numbers for people living with certain sight threatening eye conditions in Cardiff and Vale University Health Board are as follows.

Age-related macular degeneration

Severity of condition	Estimated number of people living with it
Early-stage age-related macular degeneration	18,810
Late-stage dry age-related macular degeneration	1,440
Late-stage wet age-related macular degeneration	2,920
Combined late-stage age-related macular degeneration	4,140

Between 2022 and 2032 it is estimated there will be an increase of 22% in the number of people living with late-stage age-related macular degeneration.

Cataract

Eye condition	Estimated number of people living with it
Cataract	4,550

Between 2022 and 2032 it is estimated there will be an increase of 23% in the number of people living with cataracts.

Glaucoma

Eye condition	Estimated number of people living with it
Ocular hypertension	9,330
Glaucoma	4,550

Between 2022 and 2032 it is estimated there will be an increase of 17% in the number of people living with glaucoma.

Diabetic eye disease

Severity of condition	Estimated number of people living with it
Adults have diagnosed diabetes	29,240
People are living with diabetic retinopathy, of these	9,810
Of those living with diabetic retinopathy, 910 have severe diabetic retinopathy, a later stage of the disease that is likely to result in significant and potentially certifiable sight loss.	910

Between 2022 and 2032 it is estimated there will be an increase of 7% in the number of people living with diabetic retinopathy.

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

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

- 1,780 people with sight loss aged over 65 experience a fall per year,
- Of these falls, 840 are directly attributable to sight loss,

- 140 people aged over 65 with sight loss experience a severe fall per year (a severe fall is defined as a fall that results in hospital admission through Accident & Emergency), and
- Of these severe falls, 70 are directly attributable to sight loss.

People with learning disabilities are 10 times more likely to experience sight loss than the general population. It is estimated in Cardiff and Vale University Health Board's area that 580 adults have a learning disability and partial sight. A further 170 adults have a learning disability and blindness.

Prevalence of sight loss is higher among people with dementia, especially those living in care homes. In Cardiff and Vale University Health Board's area, it is estimated that 6,880 people are living with dementia. Within this group it is estimated that 2,460 people have dementia and vision impairment.

It is estimated in Cardiff and Vale University Health Board's area that 45,800 people have moderate or severe hearing impairment, and 1,000 people have a profound hearing impairment. It is also estimated 2,760 people are living with some degree of dual sensory loss. Of these people, it is estimated that 1,080 are living with severe dual sensory loss (sight and hearing loss).

In 2022 it was estimated that 816 people were included on the local authority hearing impairment register for Cardiff and five people in Vale and Glamorgan[122].

In 2021/22, there were 1,596 people registered with a learning disability in Cardiff and 578 people in the Vale of Glamorgan[123]. People with learning disabilities are more likely to develop both physical and mental health problems when compared with the general population. For example, there is a high prevalence of dementia in people with Down's syndrome. Research suggests people with learning disabilities are 58 times more likely to die before the age of 50. They are also more likely to have diabetes, sensory impairments, mental health problems or epilepsy and to have an increased mortality from conditions associated with their learning conditions. People with learning disabilities may also have poorer health resulting from lifestyle issues such as diet and exercise for which they have not received enough advice and support[124].

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

In Wales[125], there are:

- 54,000 adults with a learning disability
- 40,000 adults of working age with a learning disability (18 to 64 years)

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[122] StatsWales - Physically/sensory disabled persons by local authority, disability and age range
[123] StatsWales - Persons with learning disabilities by local authority, service and age range
[124] National Institute for Health and Care Excellence - Care and support of people growing older with learning disabilities (2018)
[125] Mencap - How Common Is Learning Disability In The UK?

- 15,000 children with a learning disability (0 to 17 years).
- 6,000 children aged 0 to 7 years with a learning disability

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

4.3 Pregnancy and maternity

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

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

4.3.1 Perinatal mental health[126, 127]

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

Key findings[128].

- At least one in five women experience mental health problems during pregnancy and after birth.
- Anxiety and depression are the most common serious maternity health considerations, affecting 10 to 15% of women.
- In Wales, almost 9,000 new mothers experience perinatal mental health problems each year.

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

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[126] National Institute for Health and Care Excellence - Antenatal and postnatal mental health: clinical management and service guidance, 2020. National Institute for Health and Care Excellence
[127] Royal College of Midwives - Strengthening perinatal mental health, a roadmap to the right support at the right time
[128] Institute of Health Visiting - Supporting Perinatal Mental Health Through the Power of Reading

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

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

In Wales[129]:

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

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

4.3.2 Smoking

Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy. Encouraging pregnant women to stop smoking during pregnancy can help them kick the habit for good, provide health benefits for the mother and unborn child, and reduce children's exposure to second-hand smoke.

In Wales[130]:

- 20% of women who were smokers at the initial assessment were not smokers at birth. This is a decrease of 6.5% since the previous year, and an increase of 2.0% since data was first collected in 2016. The large increase since 2021 may be affected by nearly all data being self-reported, rather than being carbon monoxide monitored and the higher-than-usual amount of missing data in the past two years.

[129] Welsh Government - Wales maternity and birth statistics 2023
[130] Welsh Government - Wales maternity and birth statistics 2023

- 14% of pregnant women were recorded as smokers at their initial assessment in 2023 and 12% of women who birthed in 2023 were recorded as being smokers at the time they gave birth. Both rates are similar to the previous two years.
- 28% of pregnant women aged under 20 were recorded as a smoker at initial assessment, compared to 21% aged 20 to 24, and 12% aged 35 or over.
- 27% of pregnant women aged under 20 were recorded as smokers at birth, compared to 19% aged 20 to 24 and 10% aged 35 or older.
- Smoking rates were highest among younger mothers and mothers from White and Mixed ethnic backgrounds.
- The percentage of pregnant women recorded as a smoker differs widely by ethnic group. At initial assessment in 2023, smoking rates varied from 2% of pregnant women from Asian ethnic groups to 16% of pregnant women from White ethnic groups.
- At birth in 2023, smoking rates varied between 1% of pregnant women from Black ethnic groups and 2% of pregnant women from Asian ethnic groups to 14% of pregnant women from both White and Mixed ethnic groups.
- Over the past five years the smoking rates have decreased in the White and Mixed ethnic groups, while rates have been broadly similar (but at a much lower level) for pregnant women of Other, Black and Asian ethnic groups.
- Large decreases in smoking rate at initial assessment since 2020 coincide with nearly all data being self-reported, rather than being carbon monoxide monitored. Suspended since the Covid-19 pandemic in 2020. This change in data collection method may explain the sharp falls from this point onwards.

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

4.3.3 Substance and alcohol use

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

A number of risks are associated with drinking alcohol during pregnancy[131], including:

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

[131] Royal College of Obstetricians & Gynaecologists 2018 - Alcohol and pregnancy patient information

Being drug-free in pregnancy reduces the risk of:

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

4.3.4 Healthy weight and nutrition

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

In Wales[132]:

- 32% of pregnant women were classed as obese by their body mass index score at initial assessment in 2023 this is an increase of 0.8% from the previous year continuing the upward trend since 2016 and has increased every year since data collection started in 2016. In 2023 it was 5.8% higher than in 2016.
- 33% of pregnant women from Black and 33% of pregnant women from White ethnic groups had a body mass index of 30 or more. The percentage for both ethnic groups only changed marginally from the previous year. An upward trend since data was first collected in 2016.
- 27% of pregnant women from Mixed ethnic groups had a body mass index of 30 or more. This was a small decrease on the previous year, but the percentage of this group had the steepest longer-term upward trend and was 8.7% higher in 2023 than in 2016.
- Pregnant women in the Other and Asian ethnic groups had the lowest proportion of women with a body mass index of 30 or more out of all five ethnic groups at 21% and 19% respectively.
- 32% of pregnant women with no stated ethnic group had a body mass index of 30 or more in 2023.
- There was little variation in the percentage of pregnant women with a body mass index of 30 or more between most age groups. The percentage varied between 30% and 34% in all age groups between 20 to 24 and 40 to 44; while the percentage was markedly lower for the under 16 (5%), the 16 to 19 (21%), and the 45 or over (25%) age groups.

[132] Welsh Government - Wales maternity and birth statistics 2023

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

4.3.5 Breastfeeding[133]

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

Every child in Wales should receive the best start in life[134], and breastfeeding can enhance this start. However, breastfeeding may not be every woman's choice. Therefore, it is essential all families have access to sufficient evidence-based information to make an informed choice and subsequently supported in whatever choice they make.

Breastfeeding data for Wales for 2024[135] is based on a mother's intentions to breastfeed prior to birth, therefore data is based on mothers who delivered in 2024 rather than children born in 2024.

- 65% of all mothers in Wales intended to breastfeed prior to giving birth. This percentage has remained broadly stable, however in the latest year it had decreased by 1.0% when compared to the previous year but increased by 1.7% when compared to five years ago.
- 61% of mothers who gave birth to multiple children (twins, triplets or quadruplets) intended to breastfeed in 2024. This is 1.9% lower than the previous year and 3.1% higher than the rate five years ago.
- 64% of babies were breastfed at birth. The percentage has been on an upward trend and is 2.2% higher than five years. But also decreased in the latest year as it was 1.2% lower compared to 2023.
- 57% of babies were breastfed at 10 days. The percentage has been on an upward trend and is 8.3% higher than five years ago and 1.9% higher than 2023.
- 44% of babies were breastfed at 6 weeks. The percentage has been on an upward trend and is also 9.8% higher than five years ago and 3.4% higher than 2023.
- 32% of babies were breastfed at 6 months. The percentage has been on an upward trend and is also 10% higher than five years ago and 3.8% higher than 2023.

Mothers in the most deprived areas were less likely to breastfeed than those in the least deprived areas. 52% of mothers in the most deprived areas in 2024 breastfed at birth compared with 75% of mothers in the least deprived areas in 2024. Breastfeeding rates at birth within each quintile of deprivation have remained relatively stable since 2019. However there has been an increase of over 3% in

[133] Welsh Government - Breastfeeding data: 2024 (Wales)
[134] Welsh Government - The Well-being of Future Generations
[135] Welsh Government - Breastfeeding data: 2024 (Wales)

breastfeeding rates at birth in the most deprived areas from 49% in 2019 to 52% in 2024. There was an increase of 0.7% over the same time period for those in the least deprived areas.

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

4.3.6 General health needs

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

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

4.4 Race

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

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

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

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

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

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to

report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

A report by The King's Fund[136] examined ethnic differences in health outcomes, highlighted the variation across ethnic groups and health conditions, and considered what is needed to reduce health inequalities.

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

[136] The King's Fund, 2023 - The health of people from ethnic minority groups in England

have a significantly lower risk (of 20–60%) of getting cancer than the white group and smoking rates are generally lower in these groups. Cancer incidence is also lower among Black women compared with white women but similar in Black and white men.

4.5 Religion and belief[137]

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

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

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

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

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

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

4.6 Sex

- The average life expectancy at birth in Cardiff and Vale University Health Board is 81.1 years, which is above the Wales average of 80.4 years. When we look at the gender splits across the region the average life expectancy at birth is 82.9 years for females and 78.6 years for males, a difference of 4.3 years between the genders[138].
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the English Department of Health and Social Care[139] into the use of pharmacies in 2009 showed men

[137] Government UK - Culture, spirituality and religion: migrant health guide
[138] Office for National Statistics - Life expectancy and Healthy life expectancy at birth by Local Health Board and Local Authority
[139] Pharmacy consumer research - Pharmacy usage and communications mapping – Executive summary. June 2009

aged 16 to 55 tend to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet. Results from the patient and public questionnaire showed that 64.5% of responders were female and 32.1% were male

- Men are more likely to die from coronary heart disease prematurely and are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- Based on obesity statics from the Welsh Government[140] 25% of men and 27% of women were reported as being obese in 2022/23, with 65% of men and 57% of women regarded as being either overweight or obese. Obesity rates were highest in 45-64 age group (31%) and lowest in the 16-24 and over 75 age groups (19% and 17% respectively).
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- According to the Welsh Government's 2025 modelling update on alcohol consumption[141] 23% of adult drinkers in Wales drink above the UK low-risk weekly guidelines. This group consumes 70% of all alcohol sold in Wales, highlighting a concentration of consumption among heavier drinkers. Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women[142].

4.7 Sexual orientation

A report published by the LGBT Foundation in 2023[143] highlighted key statistics which it believes most clearly evidence the sequential and significant impact of experiencing inequality over the life course.

- In 2017, 21% lesbian, gay, bisexual, and transgender people reported that they had experienced a homophobic, biphobic, or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.
- 23% of lesbian, gay, bisexual, and transgender people have at one time witnessed anti-lesbian, gay, bisexual, and transgender remarks by healthcare staff.
- In 2017, one in six lesbian, gay, bisexual, and transgender people reported drinking almost every day in the last year, this compares to one in 10 adults in

[140] Chemist4u - Obesity Statistics Report 2025
[141] Welsh Government - New modelling of alcohol pricing policies, alcohol consumption and harm in Wales
[142] Department of Health and Social Care - "The Gender and Access to Health Services Study" 2008
[143] LGBT Foundation - Hidden Figures: LGBT Health Inequalities in the UK

the general population who report drinking alcohol on five or more days per week.

- 45% of trans young people (aged 11-19) and 22% of cis lesbian, gay, and bisexual young people have tried to take their own life. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.
- 24% of homeless people aged 16-24 are lesbian, gay, bisexual, and transgender and 69% of these people believe parental rejection was a main factor in becoming homeless.
- 42.8% of lesbian, bisexual, transgender women said that they had experienced sexual violence compared to an estimated 20% of all women in the UK.
- 55% of gay, bisexual, and trans men were not active enough to maintain good health, compared to 33% of men in the general population.
- In 2017, 52% of lesbian, gay, bisexual, and transgender people reported experiencing depression in the previous year. This includes 67% of trans people and 70% of non-binary people.
- In 2017, 40% of trans people who had accessed or tried to access public healthcare services reported having experienced at least one negative experience because of their gender identity in the previous 12 months.
- 93% of lesbian, gay, bisexual, and transgender specialists and service users consider that more work needs to be done to improve end of life services for lesbian, gay, bisexual, and transgender people.
- LGB+ people are 2.2 times more likely to have self-harmed or attempt suicide than heterosexual people.
- Gay and bisexual men are 2.5 times more likely to attempt suicide.
- Nearly one in five (18.6%) lesbian, gay and bisexual young people (aged 16–24) have attempted suicide[144].

4.8 Gender re-assignment[145]

Gender reassignment refers to individuals, who have either:

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

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

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.

[144] UK wide data from ONS data reported ONS Data: LGB+ Community Facing Higher Mental Health Risks | LGBT HERO

[145] Gender Identity Research and Education Society. From: Trans Health Factsheets

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

4.9 Marriage and civil partnership

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

4.10 University students[146]

For many university students, this will be the first time they have moved away from home to live independently. It is a time of transition, and the challenges of university life can impact on health care. Health needs[147] identified include:

- screening for, and treatment of, sexually transmitted diseases,
- smoking cessation,
- meningitis vaccination,
- alcohol and substance misuse support,
- contraception, including emergency hormonal contraception,
- mental health support (stress, anxiety, and depression are common due to academic pressures and personal issues),
- social wellbeing support (feeling connected and supported within the university community. Loneliness and isolation can negatively impact both mental and physical health), and
- physical health concerns (poor nutrition, lack of exercise, and sleep disturbances).

[146] Unite Students - The New Realists Unite Students Insight Report 2019
[147] Education - Health and Wellbeing Services for Students in UK Universities

A UK study undertaken by Transforming Access and Student Outcomes in Higher Education and The Policy Institute Kings College London examined British higher education in 2024[148], and found the following.

- Almost one fifth (18%) of students reported a mental health issue in 2024, triple the rate in 2017, when it was 6%.
- 17.9% of students reported mental health challenges, indicating nearly one in five students are now experiencing mental health difficulties.
- Anxiety and depression continue to be the primary mental health challenges among students, linked to:
    - cost of living pressures,
    - academic stress,
    - post pandemic effects, and
    - social isolation and loneliness.
- Mental health difficulties are higher amongst lesbian, gay, bisexual, queer and allies. In 2024, bisexual students had the highest rate (30%), followed by lesbian students (29%).
- More than half of non-binary students and queer-identifying students now experience mental health difficulties.
- Female students are twice as likely to report mental health difficulties (22%) compared to male students (11%); the gap has increased compared to 2023.
- Death by suicide is more prevalent among young men than young women, suggesting a highly acute need for support among male students.
- 40,810 students were asked if they had considered dropping out of university, 11,424 (27.9%) students had considered this with the most common reason being mental health difficulties. This reason was significantly greater than all other reasons, including financial difficulties.
- The 2024 data showed the proportion of students who had considered dropping out had fallen after previous years of fairly consistent rates.

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

The HMP Cardiff health needs assessment identified a number of key issues among prisoners. Those which relate specifically to need which impacts on or is affected by the community, include:

- substance misuse,
- mental health, and
- sexual health.

Children and young people in contact with the youth justice system can have more health and wellbeing needs than other children of their age. They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships,

[148] Transforming Access and Students outcomes in Higher Education - Report Student mental health in 2024: How the situation is changing for LGBTQ+ students

bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems.

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

On 28 January 2021, the Youth Justice Board published a second set of experimental statistics for 2019/2020[149], (the first report on experimental statistics of the assessed needs of sentenced children in the Youth Justice System in England and Wales was published on 28 May 2020) and showed that the number of concerns each child had increased with the severity of the type of sentence received. For five of the 19 concerns, 71% of children were accessed to have a concern present. These were:

- safety and wellbeing (90%)
- risk to others (87%)
- substance misuse (76%)
- mental health (72%)
- speech, language and communication (71%)

Furthermore, over half (57%) of children were assessed to be a current or previous 'child in need'; 1% were considered to have a current status and around 38% had a previous status. Almost a third (32%) were assessed as having a high or very high risk of serious harm rating, and almost half (46%) as having a high or very high safety and wellbeing rating.

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

4.12 Homeless and rough sleepers

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. Research by the homeless charity Crisis[150], found that people who sleep rough are 17 times more likely to be victims of violence than the general public. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.

[149] Youth Justice Board - Assessing the needs of sentenced children in the Youth Justice System 2019/20 England and Wales (2021)
[150] Crisis, Sanders, B. & Albanese, F. - "It's no life at all" - Rough sleepers' experiences of violence and abuse on the streets of England and Wales (2016)

The average life expectancy for someone sleeping rough in Wales remains at 45 years for men and 43 years for women and has not improved since the 1990s. This is compared to the average life expectancy for the general population of 77.9 for males and 81.8 for females. The overall numbers of people who have died whilst homeless across the UK have increased by 9% with an average of four deaths every day. 90 people died while homeless in Wales in 2024 with Bridgend seeing a notable spike. The majority of homelessness deaths (55%) can now be classed as a 'death of despair' with more deaths by suicide being reported and evidence of a higher rate of drug related deaths. There are significant issues with psychoactive substances such as spice and synthetic opioids[151].

The monthly rough sleeper count is now published by Welsh Government[152]. Recent data shows that Cardiff had an average of 153 rough sleepers February to July 2025, with 32 rough sleepers reported as the highest number in one month. There were no rough sleepers reported in the Vale of Glamorgan over the same period.

According to a report by Centrepoint[153], homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events.

The key findings of a report by Homeless Link in 2022[154] were as follows.

- People experiencing homelessness suffer from worse physical and mental health than the general population.
- Between 2018 and 2021 63% of respondents reported they had a long-term illness, disability, or infirmity (22% in the general population).
- 80% of those with a physical health condition reported having at least one comorbidity, with 29% having between five and 10 diagnoses.
- The most commonly reported condition was joint aches/problems with bones and muscles, followed by dental/teeth problems.
- The number of people with a mental health diagnosis has increased substantially from 45% in 2014 to 82% in the 2018 – 2021 cohort, compared to 12% in the general population.
- 81% of those with a mental health condition reported experiencing at least two mental health conditions, with 17% reporting five or more.
- 45% of respondents reported they were self-medicating with drugs or alcohol to help them cope with their mental health.
- Barriers in accessing needed support for physical and mental health means people experiencing homelessness are over reliant on emergency health care services, with 48% of respondents having used A&E services in the last year, three times more than the general population.
- Between 2018 and 2021 a total of 38% of respondents had been admitted to hospital in the12 months before participating in a homeless health needs

[151] Museum of Homelessness – The Wallich homeless deaths (2025)
[152] StatsWales - Rough sleepers by local authority
[153] Centrepoint - Toxic Mix: The health needs of homeless young people
[154] Homeless Link - The unhealthy state of homelessness 2022: Findings from the homeless health needs audit

audit. The most common reason for hospital admission related to a physical health condition (37%), and 28% related to either a mental health condition or self-harm or attempted suicide.

- For those who had been admitted to hospital nearly a quarter (24%) had been discharged to the streets.
- 54% of respondents had used drugs in the 12 months prior to taking part in a homeless health needs assessment. 38% reported that they have, or are recovering from, a drug problem.
- 20% regularly exceeded the low risk drinking guidelines (compared to 24% in the general population) and 29% reported they have, or are in recovery from, an alcohol problem.
- 76% of respondents reported that they smoke cigarettes, cigars, or a pipe (13.8% in the general population). Of these, 50% would like to give up.
- Nutrition presents as a big challenge with a third of respondents reporting that on average, they eat only one more meal a day. 66% ate one or fewer portions of fruit or vegetables per day, with just 4% eating the recommended five or more.

Groundswell's study Healthy Mouths[155] reveals that homeless people suffer extremely poor oral health compared to the general population.

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

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

- The diet of participants is damaging to oral health – lack of access to health food and a need for a source of energy meant high levels of sugar consumption were present.
- High rates of drug and alcohol misuse and smoking tobacco were likely to be damaging oral health. 37% had alcohol misuse issues, 33% had drug misuse issues and 78% were current smokers.
- Poor mental health was common which had a significant impact on their ability to care for themselves and seek treatment.
- Whilst participants highly valued and understood the importance of taking care of their oral health, the ability to do so was impacted by homelessness.
- Rates of cleaning teeth were significantly lower than the advised minimum levels – 35% were cleaning their teeth twice or more a day compared to 75%

[155] Groundswell - Healthy Mouths, 2017

of the general population. 29% were cleaning their teeth less than once a day or never.
- Alcohol and drugs were commonly used in an attempt to manage oral health issues. 27% of participants had used alcohol to help them deal with dental pain and 28% had used drugs.

4.13 Traveller and gypsy communities[156]

Gypsies and Travellers are among the UK's longest established minority ethnic populations. Romani Gypsies and Irish Travellers are recognised racial groups under the Equality Act 2010. In the 2021 Census 3,630 people identified as Gypsy or Irish Traveller in Wales, representing 5.1% of the total Gypsy/Irish Traveller population across England and Wales. This is approximately 0.12% of the Welsh population and is an increase of 845 people from the 2011 Census[157].

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

- transient nature of being in the area,
- location of sites,
- transport – particularly related to women who often cannot drive, and
- low levels of health literacy of what services they are entitled to use or how to access them.

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

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

A presentation to the health and wellbeing in Doncaster in November 2023[158] highlighted the following facts.

- Gypsy and Traveller people will live between 10 and 25 less years than the general population.
- The average health of 60 year olds from Gypsy or Irish Traveller communities is similar to those of an average white British 80 year old.

[156] Welsh Government - Travelling to Better Health Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers (2015)
[157] Census 2021 - Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics
[158] Doncaster Health and Wellbeing Board meeting (Item 11) - Health inequalities – a focus on Gypsy Roma Traveller communities

- Gypsy, Roma and Traveller men are over 12 times more likely to suffer with more than two physical health conditions than white British men.
- Roma people had the highest risk of not being able to access health and social care services.
- Gypsy and Traveller mothers are 20 times more likely to experience the death of a child.
- 29% of Gypsy Roma and Traveller parents are likely to experience one or more miscarriages (compared to 16% in the non-traveller group surveyed).
- Roma mothers experience higher rates of poor infant outcomes, such as preterm births and low birth weight.
- Whilst the evidence on mental health and suicide is limited due to poor data collection it shows:
    - high levels of unmet need,
    - people in the Gypsy, Roma and Traveller community are three times more likely to be anxious and twice as likely to suffer from depression
    - mental health is a taboo subject,
    - men are more likely to "reach for the rope" than talk, and
    - Irish Traveller men are seven times more likely to die by suicide, with women six times more likely.
- The challenges faced in accessing health and care include:
    - hate crime, marginalisation, discrimination,
    - cultural beliefs,
    - low or no literacy,
    - English not first language,
    - digital exclusion,
    - lack of education,
    - poverty,
    - transport, and
    - unconscious bias/staff attitude.
- The Evidence for Equality National Survey[159] in 2023 revealed that more than a third of people from ethnic and religious minority groups had experienced some form of racist assault. The survey had the largest number of Gypsy, Roma and Traveller participants in any national survey to date and revealed:
    - 62% of Gypsies and Travellers had experienced racial abuse, which was the highest out of all minority ethnic groups surveyed,
    - 47% of Roma people had been racially assaulted, and
    - 37% of Roma people have been physically attacked.
- The wide effects of discrimination include:
    - poor housing, limited access amenities,
    - Gypsy, Roma and Traveller people experience the highest levels of social and economic deprivation,
    - more than half of Gypsy, Roma and Traveller people have no educational qualifications,
    - 85% of Gypsy or Traveller men and 65% of Roma men were in precarious employment, compared with 19% of white British men, and
    - the Gypsy Roma Traveller community accounts for 6% of the prison population.

[159] Evidence for Equality National Survey, Centre on the Dynamics of Ethnicity - Racism and ethnic inequality in a time of crisis

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

4.14 Asylum seekers, refugees and migrants[160]

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

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

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

Cardiff is a both an initial accommodation centre and dispersal centre for UK asylum seekers. The number of entrants is linked to population size, with a ceiling level in place. The current number of new asylum seekers is below that level.

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

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

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

Asylum seekers are located across Cardiff, but with the highest concentration in South Cardiff. In Cardiff, many rely on the Cardiff and Vale health inclusion service

[160] Cardiff and Vale of Glamorgan - Population Needs Assessment 2022-2027

commissioned by Cardiff and Vale University Health Board, which provides vital services such as initial health checks, mental health support, and care coordination for asylum seekers, refugees, and other vulnerable migrants together with ongoing support linked to national programs like the Syrian Resettlement Programme which operates in Cardiff and the Vale of Glamorgan.

Although, many of their health requirements are the same as those of the local community, asylum seekers may also have different health and health-related problems[161]. These may include:

- specific problems arising from their experiences and circumstances that may have led to their asylum application eg experienced or witnessed torture/abuse,
- health challenges such as:
    - incomplete immunisations
    - communicable diseases such as tuberculosis, HIV/AIDS and other sexually transmitted diseases
    - vulnerability to specific conditions,
- chronic disease,
- mental health problems which may be related to past experiences or pre-existing problems and potentially exacerbated by current circumstances eg post-traumatic stress disorder, and
- dental health.

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

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

Reported hate crimes have increased by in Cardiff. While it is likely that actual cases of hate crime have risen in Cardiff, it is thought that people are now more likely to report it too.

The main challenges for this patient group are as follows.

- Lack of fluency in English or Welsh.
- Access to English for speakers of other languages.
- Routine access to interpretation for public services.
- Access to information and accessibility of services.

[161] Welsh Government - Health and wellbeing provision for refugees and asylum seekers (2018)

- Access to labour market.
- Establishing links in the community - integration and community cohesion, tackling hate crime.
- Childcare.
- Transport.
- Engaging with schools.
- Improved access to community mental health services.

In January 2019, the Welsh Government launched the Nation of Sanctuary Refugee and Asylum Seeker Plan[162] which seeks to address the following key issues of refugees and asylum seekers.

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

4.15 Military veterans[163,164]

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

The 2021 Census in England and Wales[165] was the first to ask people if they had previously served in the UK armed forces. People aged 16 years and over were asked whether they had previously served in the regular or reserve UK armed forces, or both. People currently serving in the UK armed forces and those who had never served were both advised to tick "no".

The Census data indicates:

- There were 1,853,112 people who had previously served in the UK armed forces in England and Wales in 2021, 3.8% of the population aged 16 years and over. This is almost one in 25 people aged 16 years and over in England and Wales.

[162] Welsh Government - Nation of Sanctuary – Refugee and Asylum Seeker Plan (2019)
[163] Cardiff and Vale of Glamorgan - Population Needs Assessment 2022-2027
[164] Ministry of Defence - Veterans Key Facts
[165] Census 2021 - UK armed forces veterans, England and Wales - Office for National Statistics

- Over three-quarters of UK armed forces veterans residing in Wales had previously served in the regular armed forces only (88,000 people), while 22,000 had served in the reserve armed forces only. The remaining 5,000 had served in both the regular and the reserve armed forces.
- The proportion of UK armed forces veterans was higher in Wales (4.5% of the population aged 16 years and over) than it was in England (3.8%).
- Across Wales, the local authorities with the highest percentage of veterans were Conwy (5.9%), Pembrokeshire (5.7%) and the Isle of Anglesey (5.6%,). These local authorities all contain or are located near military establishments, suggesting that UK armed forces veterans tend to stay in the same areas after they have left service.
- Cardiff had the lowest proportion of veterans with less than 2.9% of the population.
- 14,484 residents of Cardiff and Vale University Health Board identified as previously served in the UK armed forces[166] (either regular and/or reserve). The age distribution of the ex-service population is skewed towards those over retirement age. However, the predicted decline in this group, and the changes[167] currently occurring in the UK armed forces, mean that a greater proportion of the veteran population will be made up of younger people. As such their health needs are likely to be different than those of the older veteran population.
- Most veterans report their time in the services as a positive experience and do not suffer adverse health effects as a result of the time they have served. Overall, the general health of the military population is good, especially around physical fitness. However, conditions attributable to military service include higher rates of depression, back problems, limb problems, heart problems, diabetes, hearing and sight problems, than the general population. Some of the differences can be largely explained by the older age profile of veterans.
- 48.7% of UK veterans are disabled[168] (self-reported, weighted estimate). Disabled veterans were significantly more likely to report poor wellbeing, loneliness, and barriers accessing services. Musculoskeletal problems[169] are the most common long-term health issues among UK veterans, often arising from heavy physical demands during service.
- These conditions are strongly linked to:
    - chronic pain
    - mobility problems
    - reduced independence
    - increased risk of depression and loneliness

In September 2024, Kings Centre for Military Health Research published a report[170] covering data collected from serving and ex-serving UK armed forces personnel. 4,104 responded to a detailed questionnaire exploring symptoms of common mental

[166] NOMIS TS071 – previously served in UK Armed Forces
[167] Public Health Wales - Health and Wellbeing Needs of Armed Forces Veterans
[168] GOV.UK - Health and wellbeing of UK Armed Forces veterans: Veterans' Survey 2022, UK
[169] Forward Assist - Alone After Service: Addressing the Crisis of Isolation Among UK Veterans with Musculoskeletal Mobility Issues
[170] Office for Veterans' Affairs - Office for Veterans' Affairs Final Report. Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel: Phase 4

disorders, probable post-traumatic stress disorder, complex post-traumatic stress disorder and alcohol misuse. This data showed that:

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

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

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

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

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

Exposure to combat and post deployment mental health problems have been found to be risk factors for violence both inside and outside the family environment.

The first national data published on veteran suicide in England and Wales[171] showed that in 2021, 253 UK armed forces veterans died by suicide of which 93.7% were male and 6.3% were female. 5.9% of the 253 UK armed forces veterans' suicides in 2021 were in Wales.

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

[171] Census 2021- Suicides in UK armed forces veterans, England and Wales - Office for National Statistics

Suicide after leaving the UK Armed Forces 1996–2018: a cohort study[172,173] published in 2023 found UK armed forces veterans are at their highest risk of suicide in their first two years of leaving the armed forces. Factors associated with higher risk of suicide are:

- being male,
- serving in the Army,
- being discharged between the ages of 16 and 34 years,
- a length of service under 10 years, and
- being untrained on discharge.

A quarter of all veterans who died by suicide had been in contact with mental health services in the year before they died.

The United Kingdon armed forces Veteran's Health and Gambling Study was published in 2021[174] and found that veterans are significantly more likely to struggle with gambling problems than non-veterans in the UK. Veterans who responded to the survey were more than 10 times more likely than non-veteran respondents to experience gambling harm. They were also four times more likely to have gambled recently, and on more activities than non-veteran respondents. Veterans' gambling was seven times more likely to be motivated by a need to escape or avoid distress and were also found to be at a much greater risk of poor mental health outcomes including depression, anxiety, post-traumatic stress disorder, and to have an alcohol and/or nicotine dependence.

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

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

4.16 Visitors to the area for business, or to visit friends and family or tourist attractions

Cardiff offers a mix of historic castles (eg Cardiff Castle and Castell Coch), museums (National Museum Cardiff (dinosaurs), and open-air St Fagans National Museum of History), Cardiff Bay (Millennium Centre, The Pierhead), and outdoor spaces (walk or cycle the Taff Trail, relax in Bute Park, or Roath Park), as well as shopping and arcades.

[172] National Confidential Inquiry into Suicide and Safety in Mental Health, The University of Manchester - Suicide after leaving the UK Armed Forces 1996–2018: A cohort study
[173] Samaritans - Armed Forces and Veteran Suicide
[174] Swansea University - The United Kingdom Armed Forces Veterans' Health and Gambling Study

The Vale of Glamorgan boasts stunning coastline beaches and funfair (Barry Island), costal walks (Dunraven Bay), and woodland and costal paths (Porthkerry Country Park), combining city culture with coastal beauty and history.

It is not anticipated that the health needs of this patient group are likely to be different to those of the general population in Cardiff and Vale University Health Board's area. As they may only be in the area for a short stay, their health needs are likely to be:

- treatment of an acute condition which requires the dispensing of a prescription,
- consultation for minor ailments or illness,
- services for alcohol intoxication eg at major sporting events,
- the need for repeat medication,
- support for self-care, or
- signposting to other health services such as a GP or dentist.

5 Provision of pharmaceutical services

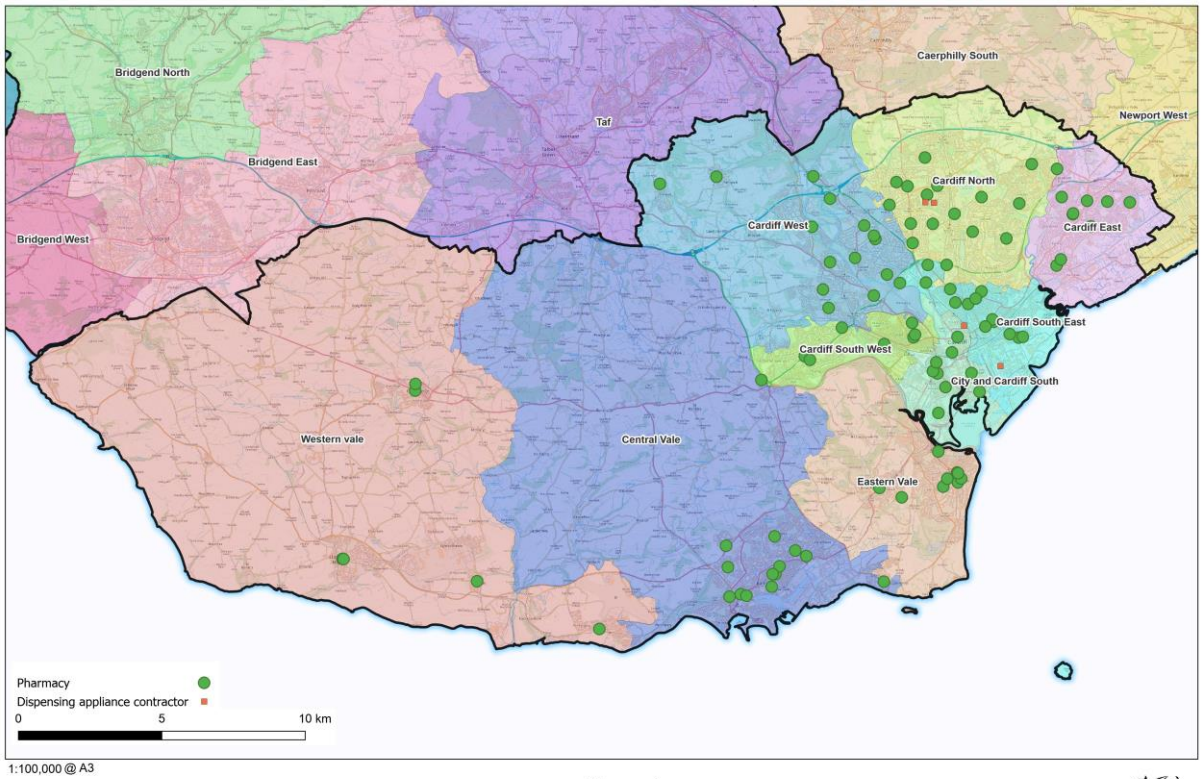
The maps used in this chapter combined with the full list of pharmacy contractors by cluster found in Appendix K identify the premises at which pharmaceutical services are provided in the area of Cardiff and Vale University Health Board. In subsequent chapters and in particular those providing cluster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

5.1 Current provision within Cardiff and Vale University Health Board area

There are 100 pharmacies included in the pharmaceutical list for the area of the health board (March 2026), operated by 43 different contractors. There are also four dispensing appliance contractors with premises within the health board's area. None of the GP practices provide a dispensing service.

The map below shows the location of the pharmacy and dispensing appliance contractor premises within the health board's area.

Map 5.1: Location of pharmacy and dispensing appliance contractor (DAC) premises



1:100,000 @ A3

Pharmacies
Cardiff and Vale University Health Board

Geography and Technology 022.26-27 Date 2026-9-16
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Llywodraeth Cymru
Welsh Government

In 2024/25, 96.6% of prescriptions written by the GP practices in Cardiff and Vale University Health Board were dispensed by pharmacies and dispensing appliance contractors within the health board's area.

In the first nine months of 2025/26, 97.1% of prescriptions written by the GP practices in Cardiff and Vale University Health Board were dispensed by pharmacies and dispensing appliance contractors within the health board's area.

5.1.1 Access to premises

The access to services domain in the Welsh Index of Multiple Deprivation 2025[175] captures deprivation as a result of a household's inability to access a range of services considered necessary for day-to-day living, including pharmacies.
It uses an average return travel time to a pharmacy rather than a one way journey, calculating travel times (in minutes) by public transport or active travel (bus, train, foot, or coach) or private transport ie by car.

In Cardiff and Vale University Health Board the average return travel time to a pharmacy by public transport or active travel is 34 minutes and six minutes by car. Both local authorities in Cardiff and Vale University Health Board have a shorter average return travel time to a pharmacy than the average for Wales by public transport. For private travel, the Vale of Glamorgan is less than the Wales average, whilst in Cardiff the travel time is on a par with the Wales average.

Table 5.1: Travel time to a pharmacy by public and private transport at local authority, health board and Wales levels, 2025

Area	Average return travel by public transport	Range of return travel time by public transport	Average return time by private transport	Range of return travel time by private transport
Cardiff	38.1 minutes	4 to 62 minutes	7.2 minutes	1 to 10 minutes
Vale of Glamorgan	31.3 minutes	5 to 150 minutes	5.6 minutes	1 to 26 minutes
Cardiff and Vale University Health Board	34.2 minutes		6.3 minutes	
Wales	40.4 minutes		7.1 minutes	

At the time of the 2021 PNA there were 106 pharmacies in the health board's area and four dispensing appliance contractors. The health board noted that the majority of the pharmacies were located in or near areas of higher population density, and in or near to areas of higher deprivation. All residents were able to access a pharmacy, by car, within 20 minutes and for many the travel time would be 15 minutes or less.

[175] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 indicator data by lower layer super output area and local authority: access to services domain

Although six pharmacies have closed since the 2021 PNA was published, the health board has noted that these six were in close proximity to other pharmacies. It is therefore satisfied that the conclusions reached in the 2021 PNA with regard to travel times to the pharmacies are still valid.

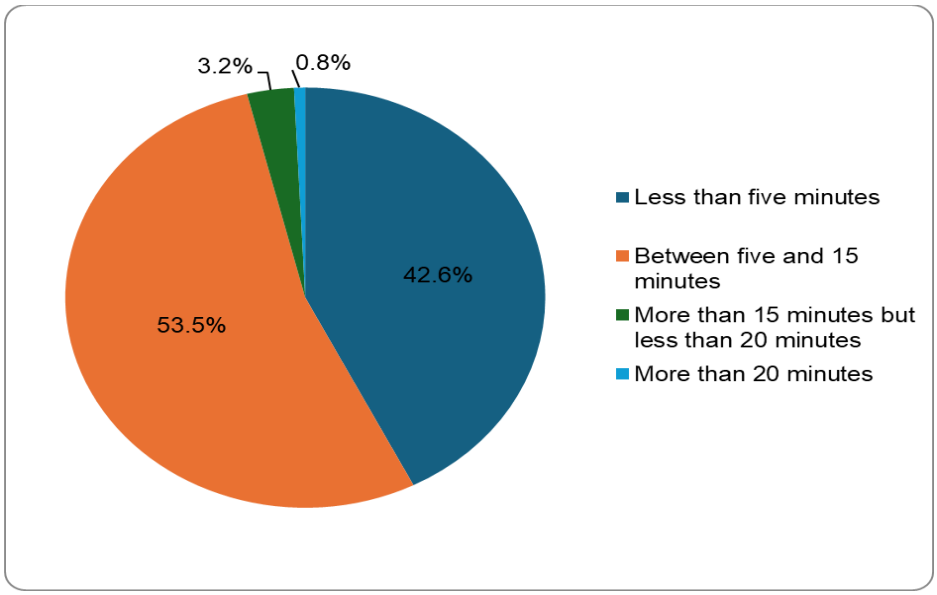
Since the 2021 PNA, one of the dispensing appliance contractors has relocated from the Eastern Vale cluster to the Cardiff City and South cluster. However, as dispensing appliance contractors provide services remotely this hasn't affected the ability of residents to access the pharmaceutical services provided by this contractor.

Based on information from the 2021 Census, just under a quarter of households in Cardiff and Vale University Health Board (23.4%) do not have a car or van. The percentage is higher in Cardiff (26.0%) than the Vale of Glamorgan (16.6%).

Responses to the public engagement questionnaire provide the following insights into accessing pharmacies.

- 66.5% of people walk or use a wheelchair to access a pharmacy, 29.9% by car, and 0.6% by bus.
- For 42.6% of people their journey time is less than five minutes, for 53.5% it takes between five and 15 minutes, for 3.2% it takes more than 15 minutes but less than 20 minutes, and for 0.8% it takes more than 20 minutes.
- For those for whom it takes more than 20 minutes, one person walks to a pharmacy, three travel by car, and one either takes a bus or taxi, walks, gets a lift, or drives but cannot park.

Figure 5.1: Length of time taken to travel to a pharmacy



The majority of respondents (92.4%) said they didn't have difficulty getting to a pharmacy. Only 5.2% replied that they did and 2.4% said the question was not applicable. Key themes as to why people have difficulty included:

- pharmacy opening hours coinciding with working hours,
- mobility issues,
- transport issues (eg lack of bus service and taxis), and
- health issues.

5.1.2 Access to essential services and dispensing appliance contractor equivalent services

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

The public engagement questionnaire showed that 42.5% respondents do not have a preference about when is the best time or day to use a pharmacy. Of the remaining responses, 24.1% preferred to use a pharmacy between 8.30am and 12.30pm and 24.0% between 2pm and 6.30pm. 5.2% said between 6.30pm and 9pm, and 3.6% between 12.30pm and 2pm. When asked what day is the most convenient to visit a pharmacy, 47.8% did not have a preferred day, 34.6% said weekdays in general, 6.1% said weekends in general, and the remainder specified a specific weekday.

Appendix K provides information on the pharmacy and dispensing appliance contractor opening hours (March 2026), excluding bank and public holidays, and at that point in time there were:

- 13 pharmacies open seven days a week
- 13 pharmacies open Monday to Saturday
- 21 pharmacies open Monday to Friday, and part of Saturday
- 53 pharmacies that open Monday to Friday.

The opening hours for the four dispensing appliance contractors can also be found in appendix K. They open Monday to Friday.

GP practices provide primary medical services during core hours, which are between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays.

Cardiff and Vale University Health Board developed a strategy called "Shaping our Future Wellbeing"[176], a 10-year strategy (2023 to 2035). A central part of this strategy is the "Shaping our Future Wellbeing: In our community" programme and involves developing health and wellbeing centres and wellbeing hubs to bring care

[176] Cardiff and Vale University Health Board – Cardiff and Vale University Health Board Strategy to 2035

closer to home. By 2035 the health board's goal is for 80% of the population to have access to these hubs.

Hubs are to be established in each of the three localities (Cardiff North and West, Cardiff South and East and Vale) with the purpose of moving services away from a traditional hospital setting into the community. The development of these hubs and shifting of services will have an impact on the need for pharmaceutical services as the strategic aim includes enhancing pharmacy roles for medicine management to reduce pressure on GPs and A&E.

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

5.1.3 Access to national community pharmacy and appliance contractor services

5.1.3.1 Access to appliance use reviews service

No pharmacies provided this service in 2025/26.
Of the four dispensing appliance contractors, only one provided this service in 2025/26. Due to the way the data is collated and published it is not known how many of these were provided for the health board's residents.

5.1.3.2 The clinical community pharmacy service

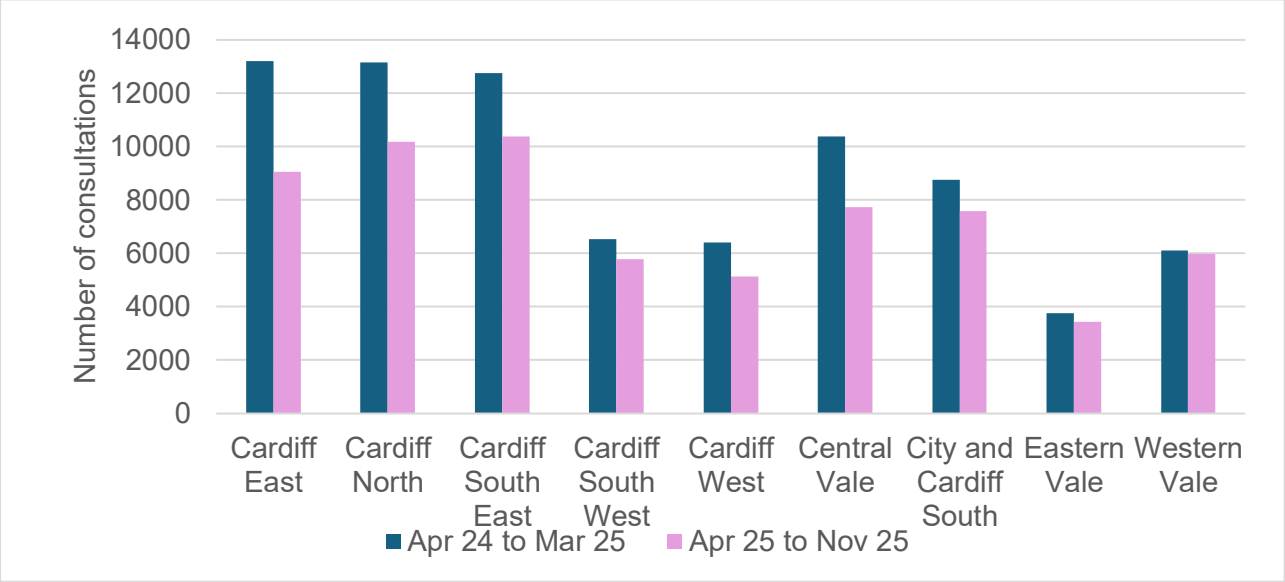
This service consists of three elements, all of which must be provided. All the pharmacies in the health board's area have signed up to provide the clinical community pharmacy service.

5.1.3.2.1 Access to the common ailment service

All the pharmacies provided the common ailments service in 2024/25, providing a total of 81,077 consultations, and in the first eight months of 2025/26 provided a total of 65,299 consultations.

The figure below shows the total number of consultations claimed under this element of the service by pharmacies between April 2024 and November 2025.

Figure 5.2: Total number of common ailments consultations claimed between April 2024 and November 2025

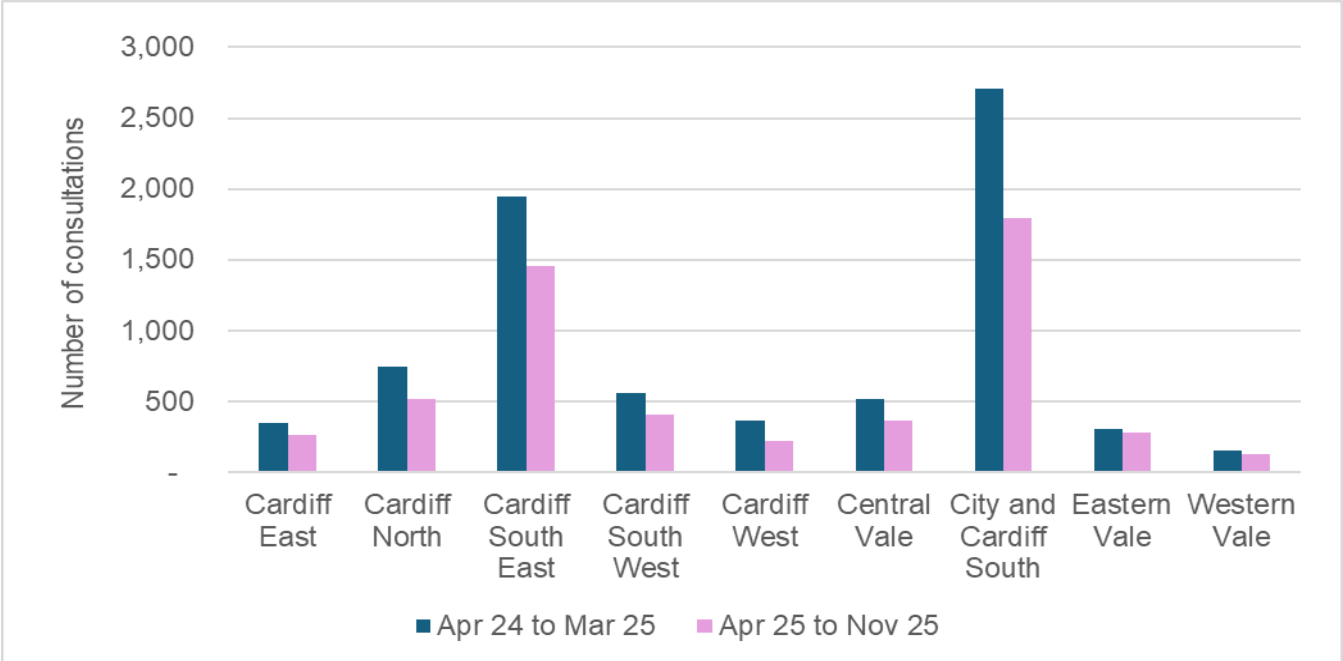


5.1.3.2.2 Access to the emergency contraception services

All the pharmacies provided this service in 2024/25 providing a total of 7,648 consultations, and in the first eight months of 2025/26 98 pharmacies provided a total of 5,456 consultations.

The figure below shows the total number of consultations claimed under this element of the service by pharmacies between April 2024 and November 2025.

Figure 5.3: Total number of emergency contraception consultations claimed between April 2024 and November 2025

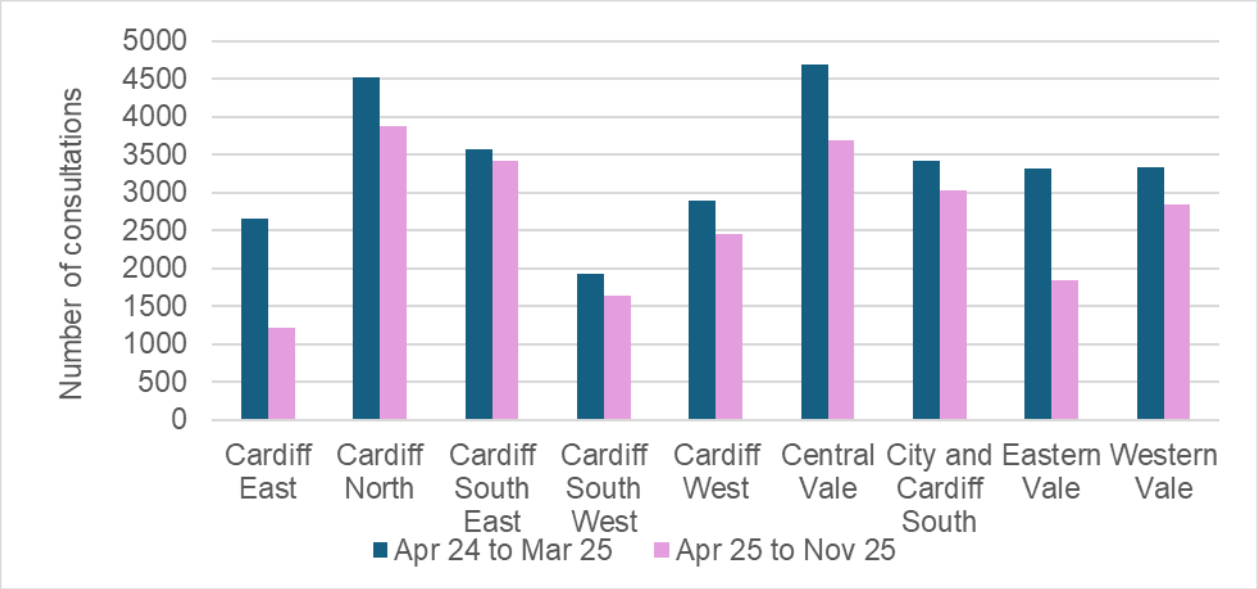


5.1.3.2.3 Access to the emergency medicines supply service

The 100 pharmacies provided a total of 30,330 consultations in 2024/25 and in the first eight months of 2025/26 provided a total of 24,015 consultations.

The figure below shows the total number of consultations claimed under this element of the service by between April 2024 and November 2025.

Figure 5.4: Total number of emergency medicine supply consultations claimed between April 2024 and November 2025

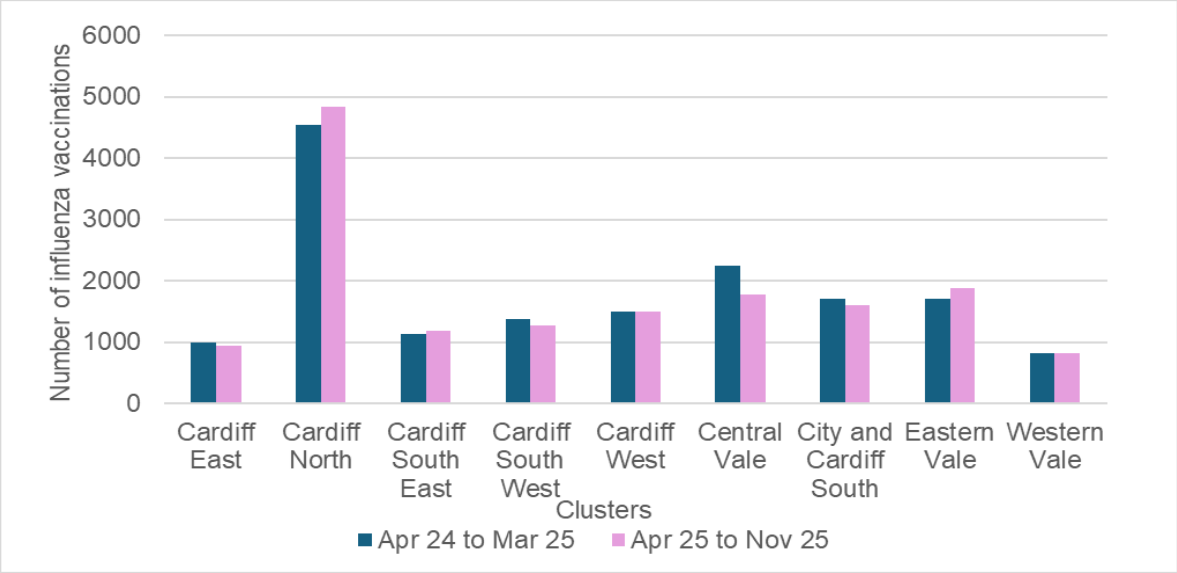


5.1.3.3 Access to the influenza vaccination service

In 2024/25, 98 of the pharmacies that signed up to provide this service gave a total of 16,031 vaccinations, and in the first eight months of 2025/26, 95 pharmacies provided a total of 15,806 vaccinations.

The figure below shows the total number of vaccinations claimed under the influenza vaccination service by pharmacies between April 2024 and November 2025.

Figure 5.5: Number of influenza vaccinations claimed between April 2024 and November 2025

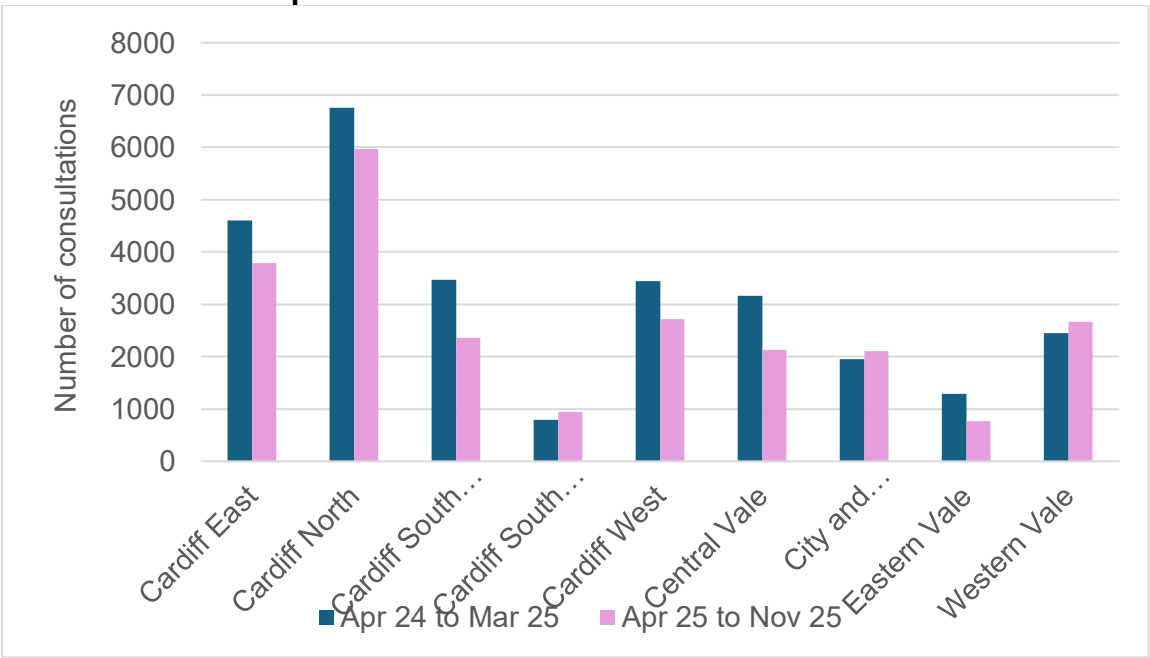


5.1.3.4 Access to pharmacy independent prescribing service

In 2024/25, 51 of the pharmacies provided this service providing a total of 27,911 consultations and in the first eight months of 2025/26, 56 pharmacies provided a total of 23,473 consultations although 62 had signed up to provide the service in 2025/26.

The figure below shows the total number of consultations claimed under the service by pharmacies between April 2024 and November 2025.

Figure 5.6: Total number of pharmacy independent prescribing consultations claimed between April 2024 and November 2025



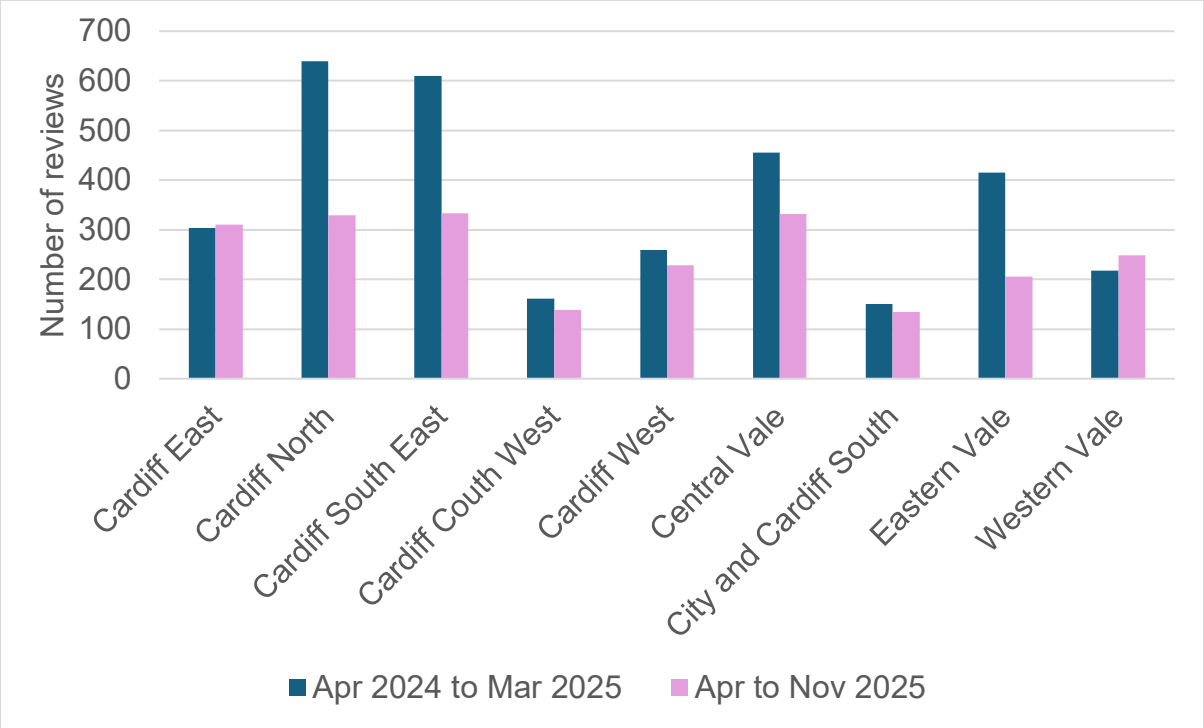
5.1.3.5 Access to stoma appliance customisation service

None of the pharmacies or dispensing appliance contractors provided this service in 2025/26.

5.1.3.6 Access to the discharge medicines review service

In 2024/25, 92 of the pharmacies provided this service and claimed a total of 3,211 reviews. 86 of the pharmacies provided the service between April and November 2025, claiming a total of 2,258 reviews. The figure below shows the number of reviews claimed each month.

Figure 5.7: Number of discharge medicines reviews claimed between April 2024 and November 2025



5.1.4 Access to additional clinical service

5.1.4.1 Access to needle and syringe programme

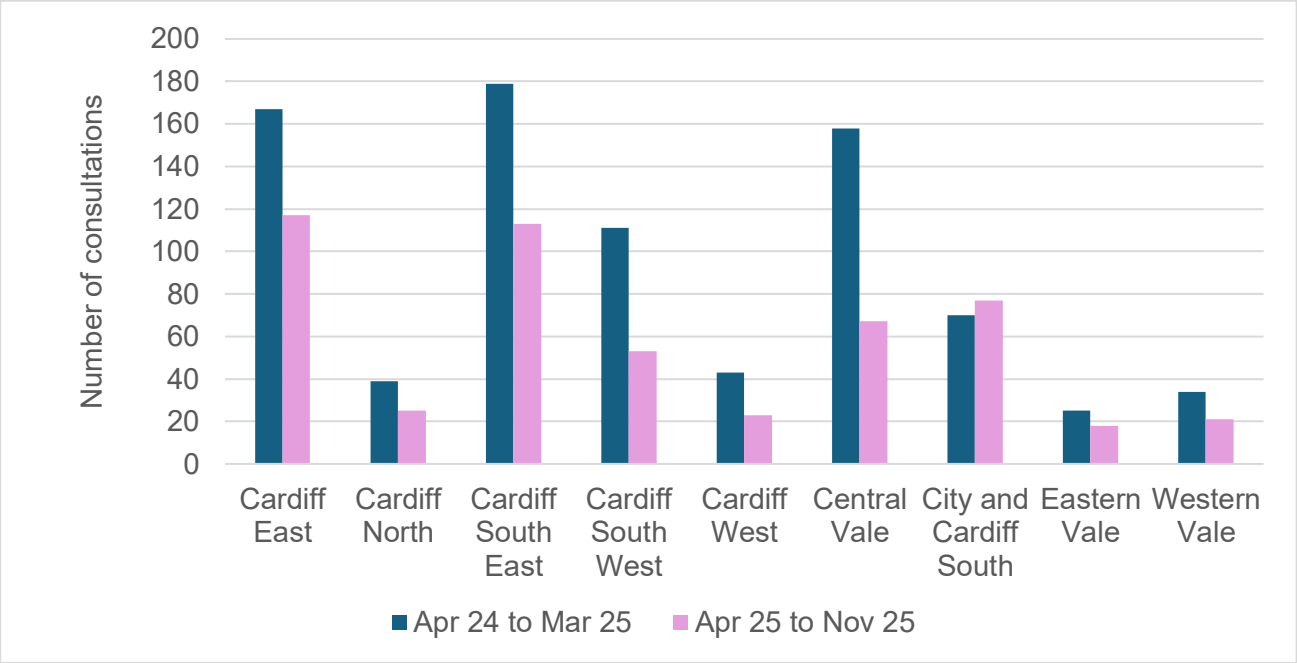
13 of the pharmacies have signed up to provide this service.

5.1.4.2 Access to the help me quit @ pharmacy (level 2 smoking cessation) service

38 of the pharmacies have signed up to this service. In 2024/25, 36 pharmacies provided a total of 826 consultations and in the first eight months of 2025/26, 33 pharmacies provided a total 514 consultations.

The figure below shows the total number of consultations claimed under the service by pharmacies between April 2024 and November 2025.

Figure 5.8: Total number of level 2 smoking cessation consultations claimed between April 2024 and November 2025

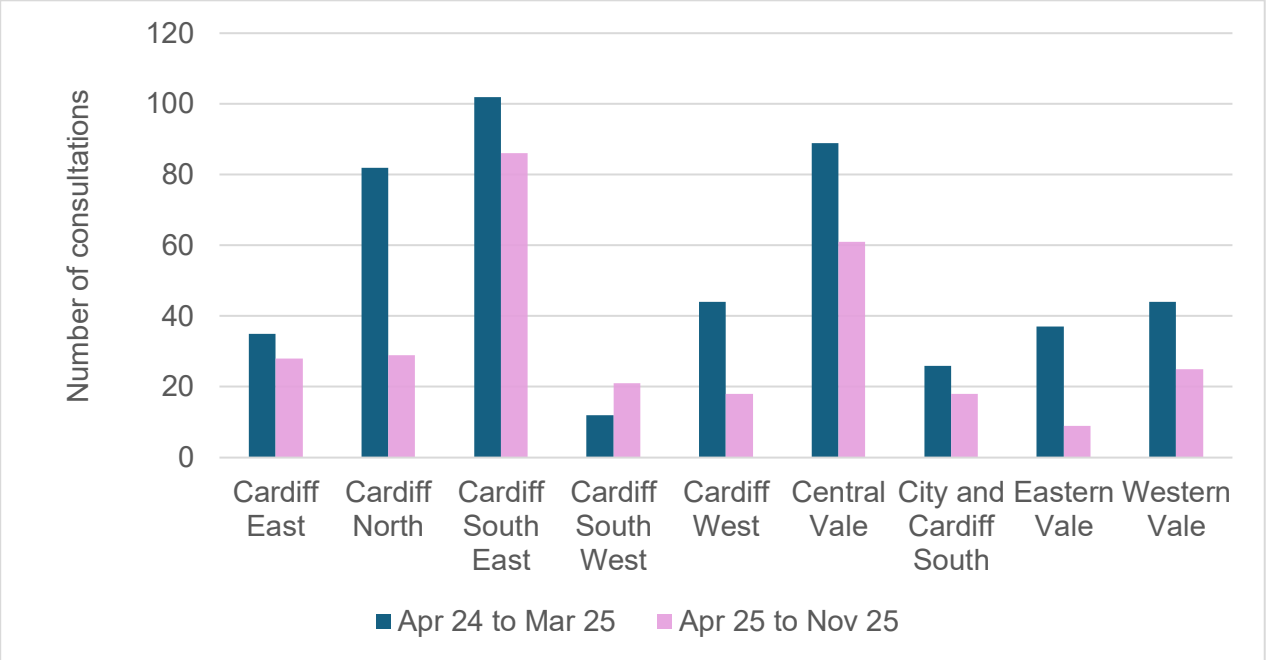


5.1.4.3 Access to the help me quit @ pharmacy (level 3 smoking cessation) service

In 2024/25, 25 of the 40 pharmacies commissioned to provide this service providing a total of 471 consultations and in 2025/26, 26 pharmacies provided a total of 295 consultations.

The figure below shows the total number of level 3 consultations claimed under the service by pharmacies between April 2024 and November 2025.

Figure 5.9: Number of level 3 smoking cessation consultations claimed between April 2024 and November 2025



5.1.4.4 Access to pharmaceutical services on Sundays, weekday evenings and public and bank holidays

The health board has a duty to ensure that residents of its area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some may choose to do so.

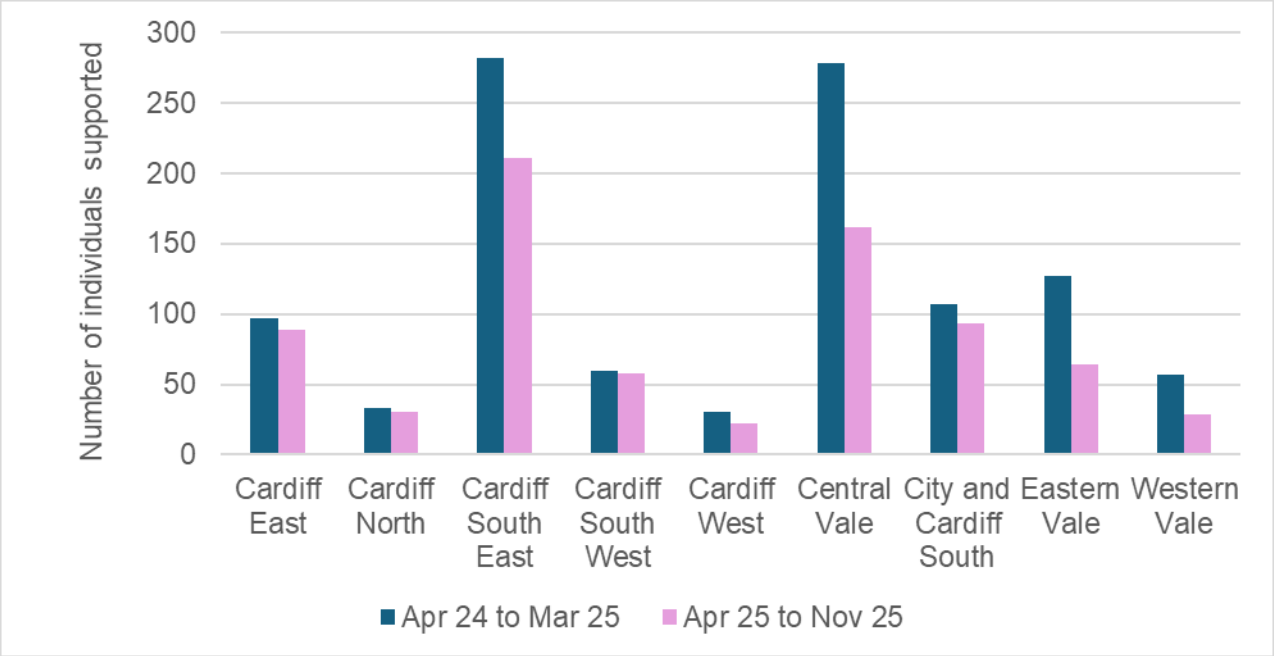
A directed hours rota is in place across the Vale of Glamorgan area on Christmas Day, Boxing Day, New Year's Day, and Easter Sunday. Pharmacies are directed to open across the area for set times in a rotational order to ensure people are able to access pharmaceutical services on those days.

5.1.4.5 Supervised administration of medicines – substance misuse

50 of the pharmacies have signed up to provide this service. In 2024/25, 32 pharmacies supported 1,072 individuals and in the first eight months of 2025/26, 30 pharmacies supported 758 individuals.

The figure below shows the total number of individuals supported under this service by pharmacies between April 2024 and November 2025.

Figure 5.10: Total number of individuals supported under the supervised administration of medicines service between April 2024 and November 2025



5.1.4.6 Access to urgent medicines service

25 of the pharmacies have signed up to provide this service with 14 signed up to provide level 1 (standard) and 11 to provide level 2 (enhanced).

The table below shows the number and location of pharmacies signed up to provide level 1 and level 2 of the urgent medicines service.

Table 5.2: Number and location of pharmacies signed up to the urgent medicines service

Cluster	Number of pharmacies providing level 1	Number of pharmacies providing level 2
Cardiff East	2	1
Cardiff North	2	2
Cardiff South East	1	2
Cardiff South West	1	1
Central Vale	3	2
City and Cardiff South	0	1
Eastern Vale	1	1
Western Vale	4	1

5.2 Current provision outside Cardiff and Vale University Health Board area

5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their home, their GP practice, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of the health board's area are dispensed within the same area although as noted in section 5.1, the vast majority of items are. In 2024/25, 1.7% of items were dispensed outside of the health board's area, of which 1.0% were dispensed elsewhere in Wales by 481 different pharmacies (trading during this period) and the remaining 0.7% were dispensed in England.

Of the 104,074 items dispensed elsewhere in Wales:

- 81,459 were dispensed by 129 pharmacies in Aneurin Bevan University Health Board's area,
- 18,345 were dispensed by 112 pharmacies in Cwm Taf Morgannwg University Health Board's area,
- 2,375 were dispensed by 85 pharmacies in Hywel Dda University Health Board's area,
- 1,547 were dispensed by 76 pharmacies in Swansea Bay University Health Board's area,
- 239 were dispensed by 63 pharmacies in Betsi Cadwaladr University Health Board's area, and
- 109 were dispensed by 16 pharmacies in Powys Teaching Health Board's area.

In the first nine months of 2025/26 1.9% of items were dispensed outside of the health board's area, of which 1.2% were dispensed elsewhere in Wales by 507 different pharmacies (trading during this period) and the remaining 0.7% were dispensed in England.

Of the 93,779 items dispensed elsewhere in Wales:

- 76,185 were dispensed by 135 pharmacies in Aneurin Bevan University Health Board's area,
- 12,098 were dispensed by 141 pharmacies in Cwm Taf Morgannwg University Health Board's area,
- 3,668 were dispensed by 82 pharmacies in Hywel Dda University Health Board's area,
- 938 were dispensed by 73 pharmacies in Swansea Bay University Health Board's area.
- 675 were dispensed by 60 pharmacies in Betsi Cadwaladr University Health Board's area, and
- 215 were dispensed by 16 pharmacies in Powys Teaching Health Board's area.

5.2.2 Access to national community pharmacy and appliance contractor services

Information on the type of national community pharmacy and appliance contractor services additional clinical services provided by pharmacies outside the health board's area to its residents is not available. When claiming for additional 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 additional clinical services

As with national community pharmacy and appliance contractor services information on the provision of additional clinical services by pharmacies outside the health board's area to its residents is not available. It can be assumed however that residents of the health board's area will access these services from contractors outside of the area.

5.2.4 Dispensing service provided by some GP practices

Some residents of the health board's area may choose to register with a GP practice outside of the area and may access the dispensing service if offered by that practice and they are eligible.

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 100 pharmacies, operated by 43 different contractors and four dispensing appliance contractors. Outside of the health board's area residents chose to access a further 481 pharmacies in 2024/25, and 507 pharmacies in 2025/26 (up to December 2025), 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 questionnaire were:

- close to my home (613 people)
- I like and trust the staff who work there (579)
- the pharmacy provides good advice and information (536)
- the pharmacy has good opening hours (502)
- the staff know me and look after me (487)
- it's not one of the big chains (484)
- there is a private area if I need to talk to the pharmacist (453)
- they usually have what I need in stock (424)

- the service is quick (414)
- the customer service (402)
- location of the pharmacy is easy to get to (389)
- I've always used this pharmacy (362), and
- I can speak to the staff in my preferred language (328).

Please note that more than one option could be provided to this question.

When asked if there is a more convenient and/or closer pharmacy that they don't use, the majority of respondents (84.3%) said 'no'. 11.9% of respondents said 'yes', and 3.9% said they didn't know. When asked why they did not use that closer pharmacy, 78 people responded. The top four reasons provided were:

- The service is too slow (36 people)
- they don't have what I need in stock (27)
- the staff don't know me (22), and
- it isn't easy to park at the pharmacy (21).

6 Other NHS services

This chapter describes the NHS services that are deemed by the health board to affect the need for pharmaceutical services within its area.

6.1 Hospital pharmacies

There are seven hospitals in the health board area. Patients attending these hospitals, on either an inpatient or outpatient basis, may require prescriptions to be dispensed in the community. In general, inpatients at University Hospital of Wales, University Hospital Llandough, Barry Hospital, St David's Hospital and Noah's Ark Children's Hospital for Wales, will have their medicines dispensed by their hospital pharmacy department. On discharge, patients receive a minimum of two weeks' supply of their medicines. Patients attending the hospitals for outpatient appointments will also receive a four week supply of medicines in general. The hospital pharmacies within the health board are not registered with the General Pharmaceutical Council and therefore cannot dispense community generated prescriptions (WP10).

Outpatient clinics and the A&E department may provide patients with a hospital issue prescription (WP10HP) to be dispensed in the community, especially when there is no pharmacy on site or when seeing patients outside of the hospital pharmacy department operating hours.

The hospitals therefore both reduce (by dispensing in-patient medicines) and increase (by issuing prescriptions to be dispensed by pharmacies) the demand for pharmaceutical services.

6.1.1 University Hospital of Wales

University Hospital of Wales is a major 1,000-bed hospital in Cardiff. It has a pharmacy department on site. Clinics and services issue prescriptions that are either dispensed in the hospital pharmacy, via homecare services or dispensed by community pharmacies. There is an additional satellite renal pharmacy which provides outpatient dispensing of certain renal medicines for renal outpatients.

6.1.2 University Hospital Llandough

Located near Penarth in the Vale of Glamorgan. The hospital has a pharmacy department on site. Clinics and services issue prescriptions that are either dispensed in the hospital pharmacy, via homecare services or by community pharmacies.

6.1.3 Noah's Ark Children's Hospital for Wales

The Noah's Ark Children's Hospital for Wales is based at the University Hospital of Wales. There is a satellite pharmacy dispensary which is for inpatient supply only, serviced by University Hospital of Wales's main pharmacy. Clinics and services issue prescriptions that are either dispensed in the hospital pharmacy, via homecare services or by community pharmacies.

6.1.4 Cardiff Royal Infirmary

A range of services are provided at this site. There is a satellite pharmacy dispensary at the hospital that is open three days a week and is serviced by University Hospital of Wales's main pharmacy department. Clinics and services issue prescriptions that are either dispensed in the hospital pharmacy, via homecare services or by community pharmacies.

6.1.5 University Dental Hospital

This is based on the same site as the University of Wales. There is no pharmacy dispensary. Clinics and services issue prescriptions that are either dispensed in the University Hospital of Wales's main pharmacy department or dispensed by community pharmacies.

6.1.6 Barry Hospital

Barry Hospital is based in the Vale of Glamorgan. There is no pharmacy dispensary on site – it is serviced by University Hospital Llandough's pharmacy department.

6.1.7 St David's Hospital

The hospital is based in Cardiff. There is no pharmacy dispensary on site – it is serviced by University Hospital Llandough's pharmacy department.

6.2 Provision of drugs, medicines and appliances for immediate treatment or personal administration of items by GPs

Under their primary medical services contract with the health board there will be occasions where a GP or other healthcare professional at the practice:

- must provide a drug, medicine or appliance to a patient where such provision is needed for the immediate treatment of the patient before they can otherwise be obtained, or
- may provide a drug, medicine or appliance to a patient which the GP or healthcare professional administers or applies to the patient.

Generally, when a patient requires a medicine or appliance, their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances, the GP or practice nurse will supply the item against a prescription, and this is referred to as personal administration, as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices, and sutures.

For these items, the practice will produce a prescription; however, the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it

for reimbursement to the NHS Wales Shared Services Partnership at the end of the month.

Separately, a GP practice may provide a drug, medicine or appliance for the immediate treatment of a patient because the patient is unable to access the item from a pharmacy within the required timescale.

In 2024/25, 182,807 of items were personally administered or provided for immediate treatment by the GP practices. In the first nine months of 2025/26 77,029 items were personally administered or provided for immediate treatment.

This service therefore reduces the demand for the dispensing essential service as certain items will be personally administered or provided to the patient for immediate treatment.

6.3 Urgent primary care - out of hours service (CAV24/7)

CAV24/7 is the service in Cardiff and Vale that provides patients in need of urgent, or out of hours care, with access to clinicians who are able to assess symptoms. It is accessed by calling 111. If, after an assessment it is decided that any medication is required, a prescription will be issued for dispensing at a pharmacy.

The urgent primary care - out of hours service operates during the times when GP practices are closed. It provides healthcare for those with urgent (but not emergency) medical problems that cannot wait until their GP practice next opens. The service covers the whole of Cardiff and the Vale of Glamorgan. The service operates from three primary care centres:

- University Hospital Wales
- Cardiff Royal Infirmary
- Barry Hospital

35,720 items were prescribed by the out of hours service in 2024/25, and 36,467 in the first nine months of 2025/26. This service therefore increases the need for the dispensing essential service.

The minor injuries unit (based at Barry Hospital) can be accessed by phoning 111.

This service reduces the need for the common ailments service element of the clinical community pharmacy service.

6.4 Prison

HMP Cardiff is a category B prison holding male adult prisoners on remand or those sentenced to usually less than two years. It has an inhouse pharmacy service. The pharmacy uses a wide range of patient group directions covering vaccinations and minor ailment remedies, including treatment for drug and alcohol withdrawal symptoms. On discharge, prisoners are provided with a supply of their medication or have provisions made for them to obtain medication from a pharmacy.

The in-house pharmacy therefore reduces the demand for the dispensing essential service.

6.5 Online Non Prescription Ordering Service dressings system

This is a wound dressing procurement system and has been introduced to improve the management of wound care and to reduce waste. It allows community services to order formulary agreed dressings through an online portal for supply through participating pharmacies, without the need for a prescription.

The service therefore reduces the demand for the dispensing essential service.

6.6 Prescribing by dentists and optometrists

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the health board's area. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in Cardiff and the Vale.

In 2024/25, a total of 33,847 items were dispensed by the pharmacies and 27,867 items were dispensed in the first nine months of 2025/26.

The position is the same for prescriptions written by optometrists. In 2024/25, a total of 7,722 items were dispensed by the pharmacies and in the first nine months of 2025/26 8,306 items were dispensed.

These services therefore increase the demand for the dispensing essential service.

6.7 Services provided by GPs under their General medical services contract

The GP practices in Cardiff and the Vale provide the following services which reduce the need for pharmaceutical services:

- Provision of advice and issuing prescriptions in relation to emergency hormonal contraception
- Influenza and Covid-19 vaccinations
- Advice and treatment for common ailments
- Inhaler reviews.

Provision of general medical services increases the need for the dispensing essential service as prescriptions are issued. However, it will also reduce the need for the provision of some of the national community pharmacy and appliance contractor services and additional clinical services.

6.8 Safe at Home

Safe at Home is supporting people across Cardiff and the Vale of Glamorgan to receive urgent care at home when it's safe to do so, instead of going into hospital.

In 2024/25 the service prescribed 781 items which were dispensed by pharmacies and 948 in the first nine months of 2025/26.

This service therefore increases the demand for the dispensing essential service.

6.9 Drug and alcohol services

Cardiff and Vale drug and alcohol services support people with any drug or alcohol-related concerns.

In 2024/25 the service prescribed 112 items which were dispensed by pharmacies and 324 in the first nine months of 2025/26. However, some dispensing of prescriptions happens on site. This service therefore both increases and reduces the demand for the dispensing essential service.

6.9 Services provided in the community

The health board provides and commissions a range of services that are provided in the community and may issue prescriptions which require dispensing by a pharmacy. Welsh Government policy prioritises the delivery of care close to home, supporting the organisation of care around local communities. This strategic direction may increase the number of services which issue prescriptions during the lifetime of this document.

These services therefore increase the demand for the dispensing essential service.

7 Health needs that can be met by pharmaceutical services

In Wales, over 11,000 advice consultations occur every day across the community pharmacy network[177]. These provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight, and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services commissioned by the health board.

7.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section four, as prescribed medicines are one of the most common interventions in health care. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both the health board and pharmacies have a duty to ensure that people living at home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

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

The discharge medicines review will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (eg during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. This is a national community pharmacy and appliance contractor service, that contractors may choose to provide.

There may be occasions where a person runs out of their regular medication and the pharmacist believes that it would not be practicable for the person to obtain the previously prescribed medicines they require in a clinically appropriate timeframe via the usual route without undue delay. Under the clinical community pharmacy service, a person may be able to access a supply of their urgently needed medicines.

[177] Community Pharmacy Wales (2020) Pharmacy advice audit (full report) Richard Brown PhD, FRPharmS

For those who have an appliance, the appliance use review service will help improve their knowledge and use of it. The service aims to ensure people get the maximum benefit from the use of their appliance and improve their experience of its usage.

For those with a stoma appliance that requires customisation, the stoma appliance customisation service will ensure the proper use and comfortable fitting of the appliance and improve the duration of its usage thereby reducing waste.

7.2 Substance misuse

The provision of a supervised administration additional clinical service by pharmacies can:

- assist prescribing clinicians in the provision of community-based prescribing,
- improve adherence to an agreed treatment plan,
- provide support and access to further advice and assistance including referring individuals to specialist treatment services or other health and social care services,
- reduce the risk of inappropriate medicines taking, which might result in harm
- ensure the individual takes the correct dosing regimen of medication as prescribed,
- reduce the risk of prescribed medication being diverted to the illegal market,
- reduce the possibility of accidental poisoning, particularly of children, and
- reduce incidents of accidental death through overdose.

The needle syringe provision additional clinical service will assist in the reduction of the sharing of needles and equipment which can consequently result in blood-borne viruses and other infections such as human immunodeficiency virus (HIV), hepatitis B and hepatitis C being transmitted. In turn, this could lead to a reduction in the prevalence of blood-borne viruses, therefore also benefiting wider society.

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

- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. They are usually undertaken over a four-week period, but some can be extended. The topics for these campaigns are selected by the health board and could include drug and alcohol abuse. Public health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.
- Where the pharmacy does not provide the additional clinical service of needle and syringe supply and/or the supervised administration of medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.3 Cancer

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to cancer care as part of the essential services they provide:

- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include cancer awareness and/or screening.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Smoking cessation services, including those provided by pharmacies, are part of prehabilitation prior to admission for cancer treatments.

7.4 Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide:

- Where a person presents a prescription and appears to the pharmacist that they are suffering from or at risk of developing an adverse health issue, the pharmacist must provide advice to that person with the aim of increasing their knowledge and understanding of the health issues which are relevant to their personal circumstances.
- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Provision of the flu vaccinations, smoking cessation and supervised administration of medicines additional clinical services will also assist people to manage their long-term conditions in order to maximise their quality of life.

7.5 Overweight and obesity

Four elements of the essential services will address this health need:

- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include obesity.
- Signposting people using the pharmacy to other providers of services or support for weight management services.
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.6 Sexual health

Alongside the clinical community pharmacy service which includes the provision of a contraception service, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include sexually transmitted infections and HIV.
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Where the pharmacy does not provide the clinical community pharmacy service signposting people using the pharmacy to other providers of sexual health services, including sexually transmitted infection screening kits.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.7 Teenage pregnancy

The pharmacy clinical community service contraception service coupled with elements of essential service provision will help address this health need:

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

7.8 Smoking

In addition to the smoking cessation level 2 and level 3 (Help Me Quit @ Pharmacy) additional clinical services there are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include smoking.
- Where the pharmacy does not provide the smoking cessation additional clinical service, signposting people using the pharmacy to other providers of the service.
- Routinely discussing stopping smoking when selling relevant over the counter medicines.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.9 Support for self-care

Support for self-care is an essential service. As part of their essential services pharmacies must provide advice on self-care to patients in terms of treatment options and lifestyle changes.

7.10 Blood borne viruses

The blood borne virus additional clinical service aims to improve access to blood borne virus screening, associated treatments and health advice by increasing the number of people tested and to reduce the personal and public health risks associated with infection by hepatitis B and C and human immunodeficiency virus[178,179,180].

The service supports the detection and early diagnosis of those at risk from blood borne viruses such as human immunodeficiency virus, hepatitis B and C using dried blood spot testing, and ensures treatment is commenced at an early stage, preventing further virus transmission. The group of clients considered to be at risk of

[178] Welsh Government January 2023 - Eliminating hepatitis (B and C) as a public health threat in Wales - Actions for 2022-2023 and 2023-2024 (Welsh Health Circular WHC/2023/001)
[179] Welsh Government - Written Statement: World Hepatitis Day 2024 (26 July 2024)
[180] Welsh Government - Written Statement: Eliminating hepatitis B and C in Wales (7 August 2025)

infection are regularly accessing services provided by pharmacies such as needle and syringe provision and supervised administration of medicines.

7.11 Pharmacy independent prescribing service

Pharmacist independent prescribers may prescribe any licensed medicine for any medical condition, within their therapeutic area of competence. This currently excludes three controlled drugs for the treatment of addiction. The Welsh Pharmaceutical Committee plan 'Pharmacy: Delivering a Healthier Wales (2019)'[181], sets the goal that by 2030, there will be an independent prescriber in every community pharmacy and an increased focus on prevention and early detection of illness.

The pharmacy independent prescribing service differs from the common ailments service under the clinical community pharmacy service in that appropriately trained pharmacists are required to prescribe medications for NHS supply where appropriate, often replacing the need for a GP appointment. Unlike the common ailments service, which typically focuses on minor health issues and supplies over-the-counter treatments, the independent prescribing service empowers pharmacists to manage a wider range of conditions independently. This advanced role supports patients with timely access to healthcare, reducing pressure on general practice and enhancing the provision of care within the community.

Any pharmacy contractor wishing to provide the pharmacy independent prescribing service must also provide the clinical community pharmacy service which includes three elements; common aliments service, emergency, Bridging and QuickStart contraception service and emergency medicine supply service.

7.12 Palliative care

Access to palliative care medications in hours is required to support the care of patients whose condition is deteriorating unexpectedly. Palliative care medicines are not necessarily stocked routinely by all pharmacies, meaning that sometimes patients must visit more than one pharmacy to access all the medicines needed.

The urgent medicine service facilitates access to an agreed list of medicines from participating pharmacies during contracted opening hours, including any opening hours specified in and out of hours pharmaceutical service agreement between the health board and the pharmacy contractor. Some of the medication available via this service has been approved by palliative care specialists for pain management in emergency situations. The aim of this service is to support in hours timely access to urgent medicines which might otherwise not routinely be immediately available, in sufficient quantities at a pharmacy, and to support effective patient care through promotion of the urgent medicines service and signpost individuals and healthcare providers to participating pharmacies.

[181] Royal Pharmaceutical Society - Pharmacy: Delivering a healthier Wales

7.13. Vaccination against infectious disease

Vaccines are the most effective way to prevent many infectious diseases and prevent millions of deaths worldwide every year.

Influenza, also known as flu, is a key factor in NHS Wales' resilience, impacting patient health and service demand. The annual vaccination programme reduces unplanned admissions and pressures on A&E. The health board commissions pharmacies to provide the seasonal influenza vaccination service.

8 Cardiff City and South cluster

8.1 Overview

Cardiff City and South cluster is the smallest of the six clusters within Cardiff local authority, serving a GP practice registered population of 42,769[182]. There are nine pharmacies in the cluster, two dispensing appliance contractors and six GP practices; two of the GP practices have branch surgery sites.

48.9% of residents in Cardiff City and South cluster live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation, compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Cardiff City and South cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in asthma, atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, dementia, heart failure, hypertension and stroke and transient ischaemic attack.
- Higher than both health board and Wales averages in mental health.
- Diabetes is higher than the health board but lower than Wales.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Cardiff City and South cluster.

Table 8.1: Estimated percentage of patients living in the most deprived 20%of areas in Cardiff City and South and the health board (2025)[183]

Area	Percentage
Cardiff City and South cluster	48.9%
Cardiff and Vale University Health Board	25.1%

8.2 Health profile

The table below shows the estimate prevalence of chronic disease in Cardiff City and South cluster.

[182] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[183] Public Health Wales - Primary care clusters dashboard

Table 8.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[184]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff City and South cluster	5.2%	1.8%	1.1%	7.5%	0.6%	1.2%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

There has been a reduction in prevalence since the previous PNA was published in asthma (from 5.6%), CHD (from 1.9%), COPD (from 1.2%) with increases in diabetes (from 5.5%), heart failure (from (0.5%) and stroke/TIA (from 1.1).

The table below shows the percentage of people registered with a mental health condition and dementia in Cardiff City and South cluster. The data shows that Cardiff City and South, has a higher percentage of patients registered with a mental health condition than both the health board (0.2% higher) and Wales averages (0.1% higher), and for dementia the percentage of registered patients is lower than the health board average (0.2% lower) and the Wales average (0.3% lower).

Table 8.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[185]

Area	Mental health	Dementia
Cardiff City and South cluster	1.2%	0.5%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

There has been no change in the prevalence of mental health since the previous PNA and there has been a slight reduction from 0.6% in the prevalence of dementia.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Cardiff City and South cluster. Cardiff City and South cluster prevalence of atrial fibrillation is lower than the health board (1.1% lower) and Wales averages (1.8% lower) and for hypertension it is lower than both the health board (3.5% lower) and the Wales averages (6.7% lower).

[184] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[185] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 8.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[186]

Area	Atrial fibrillation	Hypertension
Cardiff City and South cluster	0.9%	9.6%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

There has been a slight increase in the prevalence of atrial fibrillation and hypertension since the previous PNA from 0.8% and 9.3% respectively.

8.3 Current provision of pharmaceutical services within the cluster

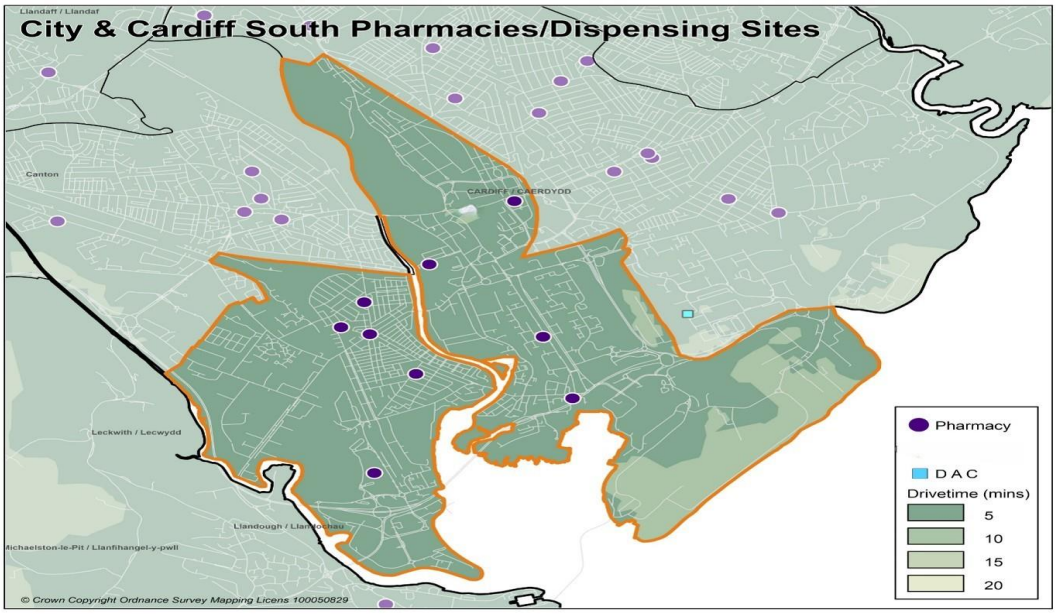
There are nine pharmacies operated by four contractors and one dispensing appliance contractor in Cardiff City and South cluster. In the previous PNA there were 10 pharmacies.

In 2024/25, 88.6% of items on prescriptions written by the GP practices in Cardiff City and South cluster were dispensed by one of the pharmacies or the dispensing appliance contractor within the cluster.

In the first nine months of 2025/26, 90.0% of items on prescriptions written by the GP practices in Cardiff City and South cluster were dispensed by one of the pharmacies or the dispensing appliance contractor within the cluster.

The map below shows the location of the pharmacy and dispensing appliance contractor premises in the cluster. Pharmacies are represented by ● and the dispensing appliance contractor by ■

Map 8.1: Location of pharmacy and dispensing appliance contractor premises



[186] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 10 minutes, with the majority within five minutes. Noting the locations of the pharmacies have not changed, and the pharmacy that has closed was in close proximity to other pharmacies, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 10 minutes and for many the travel time will be shorter.

Looking at the opening hours for the nine pharmacies:

- Two pharmacies are open seven days a week,
- One pharmacy is open Monday to Saturday, and
- Six pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours is shown in the table below.

Table 8.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00am	5.30pm to 8.00pm
Saturday	9.00am	5.30pm to 7.00pm
Sunday	11.00am	5.00pm

- Monday to Friday:
    - One pharmacy closes at 5.30pm
    - Five pharmacies close at 6.00pm
    - One pharmacy closes at 6.30pm
    - One pharmacy closes at 7.00pm
    - One pharmacy closes at 8.00pm
- Three pharmacies open on a Saturday:
    - One pharmacy closes at 5.30pm
    - Two pharmacies close at 7.00pm
- Two pharmacies are open on a Sunday

To note some pharmacies were open until 10:30pm at the time of the previous PNA.

The dispensing appliance contractor opens Monday to Friday, 9.00am to 3.00pm.

Full details of when the pharmacies and dispensing appliance contractor are open can be found in Appendix K.

Five pharmacies responded to the contractor questionnaire in full, and the following information was taken from their responses.

The five pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas:

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

Two pharmacies confirmed they have Welsh speakers in their staff. Other languages spoken by staff are as follows.

- Urdu (two pharmacies)
- Arabic
- Bengali
- Cantonese
- Greek
- Gujarati
- Hindi
- Italian
- Persian

Four of the pharmacies dispense prescriptions for all types of appliances. The fifth doesn't dispense appliances.

Although non-commissioned services:

- five pharmacies collect prescriptions from GP practices,
- three provide a free of charge delivery service on request,
- one restricts the service to patients with bulky items ie nutritional drinks or housebound patients with no family members/neighbours/friends who can collect on their behalf, and
- three provide a delivery service for a fee.

There were two suggestions for existing additional clinical services which are not currently provided in the area:

- Depo-provera injections
- Pre-exposure prophylaxis

These would be provided via independent prescribers working alongside the sexual health clinic.

There were two suggestions for a new service that is not currently available:

- Nurses to be able to provide influenza vaccinations
- Covid vaccinations to be provided by pharmacies.

When asked if they have capacity to meet the increasing need for pharmaceutical services all nine pharmacies confirmed they have sufficient capacity within their premises and staffing levels.

When asked if they have any plans to develop or expand the premises or range of services provided two pharmacies responded.

- One plans to provide a private Dengue fever vaccination service, and bone health screening.
- One has a trainee independent prescriber in the pharmacy.

8.3.1 Access to national community pharmacy and appliance contractor services

8.3.1.1 Appliance use reviews service

None of the pharmacies provide this service, and neither does the dispensing appliance contractor.

8.3.1.2 Clinical community pharmacy service

All nine pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 8,754 consultations for common ailments (range at pharmacy level 240 to 3,147)
- 2,704 consultations for contraception (range at pharmacy level one to 2,154)
- 3,429 emergency medicines supplies (range at pharmacy level 30 to 1,540)

In the first eight months of 2025/26 the pharmacies provided:

- 7,593 consultations for common ailments (range at pharmacy level 395 to 2,640)
- 1,798 consultations for contraception (range at pharmacy level six to 1,278)
- 3,027 emergency medicines supplies (range at pharmacy level 131 to 1,257)

8.3.1.3 Influenza vaccination service

All nine pharmacies have signed up to provide this service.

Eight pharmacies provided this service in 2024/25, providing a total of 1,714 vaccinations (range at pharmacy level 12 to 816).

Six pharmacies provided the service in the first eight months of 2025/26, providing a total of 1,598 vaccinations (range at pharmacy level 103 to 688).

8.3.1.4 Pharmacy independent prescribing service

Five of the nine pharmacies provided this service in 2024/25, providing a total of 1,953 consultations (range at pharmacy level six to 1,779).

Although seven of the pharmacies had signed to provide this service, four provided it in the first eight months of 2025/26, providing a total of 2,111 consultations (range at pharmacy level 15 to 1,832).

8.3.1.5 Stoma appliance customisation service

Neither the pharmacies nor the dispensing appliance contractor provide this service.

8.3.1.6 Discharge medicines review service

Eight pharmacies provided this service in 2024/5, providing a total of 150 reviews (range at pharmacy level one to 93). Eight also provided it in the first nine months of 2025/26 providing a total of 134 reviews (range at pharmacy level two to 65).

8.3.2 Additional clinical services

8.3.2.1 Needle and syringe programmes

One of the pharmacies has signed up to provide this service.

8.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Four pharmacies provided this service in 2024/25, supporting 70 people (range at pharmacy level five to 47).

Five pharmacies provided it in the first eight months of 2025/26, supporting 77 people (range at pharmacy level two to 41).

8.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Two of the pharmacies provided this service in 2024/25, supporting 26 people (range at pharmacy level one to 25).

Two pharmacies provided the service in the first eight months of 2025/26, supporting a total of 18 people (range at pharmacy level three to 15).

8.3.2.4 Supervised administration of medicines – substance misuse

Five of the pharmacies have signed up to provide this service.

In 2024/25, two pharmacies provided the service to 107 clients (range at pharmacy level 36 to 71).

In the first eight months of 2025/26, two pharmacies provided the service to 93 clients (range at pharmacy level four to 89).

8.3.2.5 Urgent medicines service level 1 (standard)

None of the pharmacies have signed up to provide this service.

8.3.2.6 Urgent medicines service – level 2 (enhanced)

One of the pharmacies has signed up to provide this service.

8.4 Current provision of pharmaceutical services outside the cluster

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (88.6%), the remainder were dispensed outside the cluster, most notably:

- 2.9% by pharmacies in Cardiff South East cluster
- 2.8% by pharmacies in Cardiff South West cluster
- 1.7% by pharmacies in Eastern Vale cluster.

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (90.0%) with the remainder dispensed outside the locality, most notably:

- 2.8% by pharmacies in Cardiff South East cluster
- 2.3% by pharmacies in Cardiff South West cluster
- 1.6% by pharmacies in Eastern Vale cluster

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

8.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.3 and 8.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 312 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the cluster, of which 201 were outside of the health board's area. 6,176 prescription items were dispensed in England.

A total of 283 contractors that were trading in Wales during 2025/26 (up to December 2025) dispensed items written by one of the GP practices in the cluster, of which 175 were outside of the health board's area. 4,709 prescription items were dispensed in England.

8.7 Housing developments

There are two developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 8.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Butetown	5,797	679	898	4,220	11,260
Grangetown	1,547	99	93	1,355	3,186
Total	**7,344**	**778**	**991**	**5,575**	**14,445**

8.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that all nine pharmacies confirmed they have sufficient capacity within their premises and staffing levels.

8.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 10 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completions.
- The opening hours of the pharmacies and dispensing appliance contractors.

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

8.8.2 National community pharmacy and appliance contractor services

8.8.2.1 Appliance use review service

The health board has noted the pharmacies do not provide this service and only one of the dispensing appliance contractors in the health board's area provides it.

However, of the items dispensed in England in 2024/25, 49.0% were dispensed by dispensing appliance contractors, and 51.9% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

8.8.2.2 Clinical community pharmacy service

The health board has noted all nine pharmacies have signed up to provide this service, and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

8.8.2.3 Influenza vaccination service

The health board has noted all nine pharmacies have signed up to provide this service, and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

8.8.2.4 Pharmacist independent prescribing service

The health board has noted five of the pharmacies provided this service in 2025/26 and another has a trainee independent prescriber in the pharmacy.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

8.8.2.5 Stoma appliance customisation service

The health board has noted none of the pharmacies provide this service and neither do any of the dispensing appliance contractors.

However, of the items dispensed in England in 2024/25, 49.0% were dispensed by dispensing appliance contractors, and 51.9% in the first eight months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

8.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements. Eight of the pharmacies provided this service in 2024/25 and the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

8.8.3 Additional clinical services

8.8.3.1 Needle and syringe programmes

The health board has noted one of the pharmacies has signed up to provide this service in 2025/26.

8.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted five of the pharmacies provided this service in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

8.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted two of the pharmacies had signed up to provide this service in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

8.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted five of the nine pharmacies have signed up to provide this service in 2025/26, and two pharmacies provided it.

8.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted none of the nine pharmacies had signed up to provide this service in 2025/26.

8.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted one of the nine pharmacies had signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

9 Cardiff East cluster

9.1 Overview

Cardiff East cluster is fourth largest of the six clusters within Cardiff local authority. Cardiff East, serving a GP practice registered population of 59,452[187] has 10 pharmacies in the cluster and four GP practices; two of the four GP practices have branch surgery sites.

Deprivation is heavily concentrated in the Cardiff East cluster - 45.7% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation, compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Cardiff East cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in atrial fibrillation, mental health conditions, and stroke/transient ischaemic attack.
- Higher than both health board and Wales averages in chronic obstructive pulmonary disease and diabetes.
- Higher than the health board but lower than Wales averages in asthma, coronary heart disease, heart failure, and hypertension.
- Dementia is higher than the health board but aligns with Wales.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Cardiff East cluster.

Table 9.1: Estimated percentage of patients living in the most deprived 20%of areas in Cardiff East and the health board (2025)[188]

Area	Percentage
Cardiff East cluster	45.7%
Cardiff and Vale University Health Board	25.1%

9.2 Health profile

The table below shows the estimate prevalence of chronic diseases in Cardiff East cluster.

[187] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[188] Public Health Wales - Primary care clusters dashboard

Table 9.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[189]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff East cluster	6.7%	2.9%	2.5%	8.5%	1.3%	1.7%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

Since the previous PNA there has been a reduction in the prevalence of asthma (from 6.8%) and increases in COPD (from 2.3%), diabetes (from 5.6%) heart failure (from 0.9%) and stroke/TIA (from 1.6%) with coronary heart disease remaining the same.

The table below shows the percentage of people registered with a mental health condition and dementia in Cardiff East cluster. The data shows that Cardiff East has a lower percentage of patients registered with a mental health condition than both the health board average (0.2% lower) and Wales averages (0.3% lower), and for dementia the percentage of registered patients is slightly higher than the health board average (0.1% higher) but aligns with the Wales average.

Table 9.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[190]

Area	Mental health	Dementia
Cardiff East cluster	0.8%	0.8%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

The prevalence is the same as at the time of the previous PNA.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Cardiff East cluster. Cardiff East cluster prevalence of atrial fibrillation is lower than the health board (0.2% lower) and Wales averages (0.9% lower) and for hypertension it is higher than the health board average (1.3% higher) and lower than the Wales averages (1.9% lower).

[189] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[190] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 9.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[191]

Area	Atrial fibrillation	Hypertension
Cardiff East cluster	1.8%	14.4%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

The prevalence of atrial fibrillation and hypertension have both increased from the previous PNA from 1.6% and 13.7% respectively.

9.3 Current provision of pharmaceutical services within the cluster

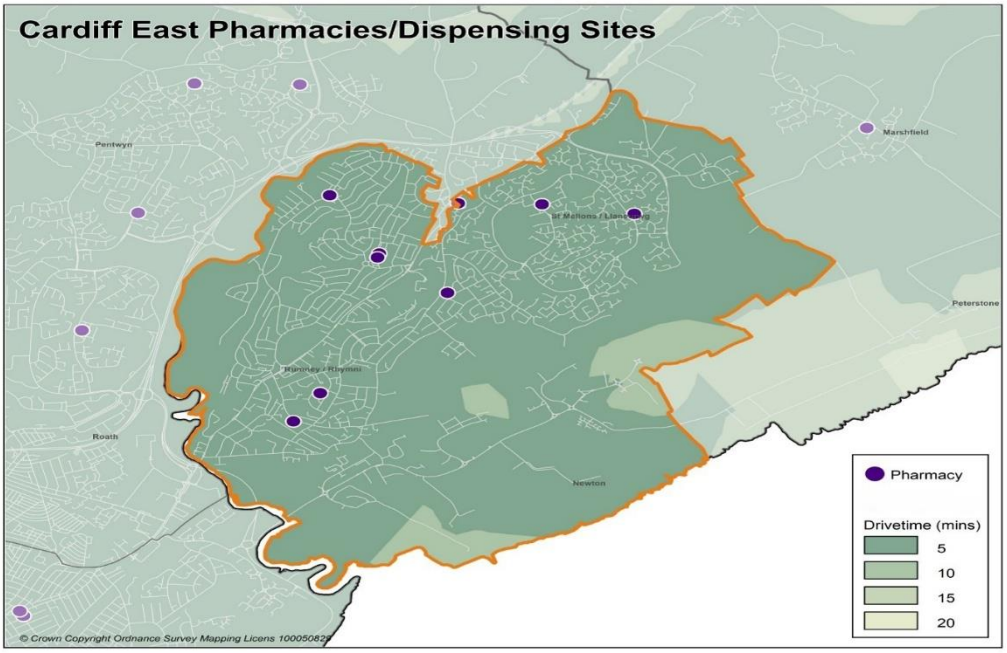
There are 10 pharmacies in Cardiff East cluster operated by seven contractors.

In 2024/25, 82.9% of items on prescriptions written by the GP practices in Cardiff East cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 84.2% of items on prescriptions written by the GP practices in Cardiff East cluster were dispensed by one of the pharmacies within the cluster.

The map below shows the location of the pharmacies in the cluster.

Map 9.1: Location of the pharmacies



[191] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 10 minutes, with the majority within five minutes. Noting the locations of the pharmacies have not changed the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 10 minutes and for many the travel time will be shorter.

Looking at the opening hours for the 10 pharmacies:

- One pharmacy is open seven days a week
- One pharmacy is open Monday to Saturday
- Two pharmacies are open Monday to Friday and Saturday morning, and
- Six pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

Table 9.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00am	5.30pm to 7.00pm
Saturday	9.00am	1.00pm to 5:30pm
Sunday	10.00am	4.00pm

- Monday to Friday:
    - Four pharmacies close at 5.30pm
    - Four pharmacies close at 6.00pm
    - One pharmacy closes at 6.30pm
    - One pharmacy closes at 7.00pm
- Four pharmacies open on a Saturday:
    - Two pharmacies close at 1.00pm
    - Two pharmacies close at 5.30pm
- One pharmacy opens on Sunday

Full details of when the pharmacies are open can be found in Appendix K.

Five pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

The five pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas:

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

Two pharmacies confirmed they have Welsh speakers in their staff. Other languages spoken by staff are as follows.

- Hindi and Punjabi
- Tamil

The five pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services:

- all five pharmacies collect prescriptions from GP practices,
- four provide a free of charge delivery service on request, and
- one provides a delivery service for a fee although does free deliveries to palliative care patients on compassionate grounds.

There was one suggestion for existing additional clinical services which are not currently provided in the area – Kenalog injections for hay fever and allergies where the common ailment service hay fever service is not effective.

There was one suggestion for a new service that is not currently available. A wellbeing health check service for patients aged 50 and over.

When asked if they have capacity to meet the increasing need for pharmaceutical services eight pharmacies confirmed they have sufficient capacity within their premises and staffing levels. Two did not respond to the question.

When asked if they have any plans to develop or expand the premises or range of services provided two pharmacies responded.

- One plans to acquire more pharmacies, and to offer more private services if new clinical services are not commissioned.
- One pharmacy plans to start providing the pharmacist independent prescribing service.

9.3.1 Access to national community pharmacy and appliance contractor services

9.3.1.1 Appliance use reviews service

None of the pharmacies provide this service.

9.3.1.2 Clinical community pharmacy service

All 10 pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 13,196 consultations for common ailments (range at pharmacy level 414 to 3,694)

- 346 consultations for contraception (range at pharmacy level one to 95)
- 2,652 emergency medicines supplies (range at pharmacy level one to 1,418)

In the first eight months of 2025/26 the pharmacies provided:

- 9,047 consultations for common ailments (range at pharmacy level 304 to 2,737)
- 268 consultations for contraception (range at pharmacy level one to 99)
- 1,222 emergency medicines supplies (range at pharmacy level five to 478)

9.3.1.3 Influenza vaccination service

All 10 pharmacies have signed up to provide this service.

All pharmacies provided this service in 2024/25, providing a total of 996 vaccinations (range at pharmacy level 39 to 210).

All pharmacies provided the service in the first eight months of 2025/26, providing a total of 936 vaccinations (range at pharmacy level 37 to 148).

9.3.1.4 Pharmacist independent prescribing service

Seven of the pharmacies provided this service in 2024/25, providing a total of 4,599 consultations (range at pharmacy level 18 to 1,864).

Although eight of the pharmacies had signed up to provide this service, six provided it in the first eight months of 2025/26, providing a total of 3,792 consultations (range at pharmacy level 66 to 1,064).

9.3.1.5 Stoma appliance customisation service

None of the pharmacies provide this service.

9.3.1.6 Discharge medicines review service

All the pharmacies provided this service in 2024/5, providing a total of 303 reviews (range at pharmacy level two to 126). Nine provided it in the first nine months of 2025/26 providing a total of 310 reviews (range at pharmacy level one to 139).

9.3.2 Additional clinical services

9.3.2.1 Needle and syringe programmes

One of the pharmacies has signed up to provide this service.

9.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Five of the pharmacies have signed up to provide this service.

Five pharmacies provided it in 2024/25, supporting 167 people (range at pharmacy level nine to 45).

Four pharmacies provided it in the first eight months of 2025/26, supporting 117 people (range at pharmacy level seven to 41).

9.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Three pharmacies provided this service in 2024/25, supporting 35 people (range at pharmacy level one to 23).

Three pharmacies provided the service in the first eight months of 2025/26, supporting a total of 28 people (range at pharmacy level three to 16).

9.3.2.4 Supervised administration of medicines – substance misuse

Seven of the 10 pharmacies have signed up to provide this service.

In 2024/25, five pharmacies provided the service to 97 clients (range at pharmacy level six to 47.

In the first eight months of 2025/26, six pharmacies provided the service to 89 clients (range at pharmacy level four to 33).

9.3.2.5 Urgent medicines service level 1 (standard)

Two of the pharmacies have signed up to provide this service.

9.3.2.6 Urgent medicines service – level 2 (enhanced)

One of the pharmacies has signed up to provide this service.

9.4 Current provision of pharmaceutical services outside the cluster

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (82.9%), the remainder were dispensed outside the cluster, most notably:

- 5.3% by pharmacies in Cardiff South East cluster
- 4.4% by pharmacies in Cardiff North cluster
- 2.6% by pharmacies in Cardiff City and South cluster
- 2.1% in Aneurin Bevan University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (84.2%), with the remainder dispensed outside the locality, most notably:

- 4.7% by pharmacies in Cardiff South East cluster
- 4.3% by pharmacies in Cardiff North cluster
- 2.9% by pharmacies in Cardiff City and South cluster
- 2.1% in Aneurin Bevan University Health Board

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

9.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

9.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.3 and 9.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 292 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Cardiff East cluster, of which 187 were outside of the health board's area. 9,698 prescription items were dispensed in England.

A total of 268 contractors that were trading in Wales during 2025/26 (up to December 2025) dispensed items written by one of the GP practices in the Cardiff East cluster, of which 167 were outside of the health board's area. 6,757 prescription items were dispensed in England.

9.7 Housing developments

There are three developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 9.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Llanrumney	103	28	59	16	165

Rumney	336	215	1	120	266
Trowbridge	285	3	130	152	620
Total	**724**	**246**	**190**	**288**	**1,052**

9.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that eight of the pharmacies confirmed they have sufficient capacity within their premises and staffing levels. It has assumed that the remaining two pharmacies also have sufficient capacity.

9.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 10 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completions.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

9.8.2 National community pharmacy and appliance contractor services

9.8.2.1 Appliance use review service

The health board has noted none of the pharmacies provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 80.5% were dispensed by dispensing appliance contractors, and 79.2% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

9.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

9.8.2.3 Influenza vaccination service

The health board has noted all the pharmacies have signed up to provide this service, and all pharmacies provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

9.8.2.4 Pharmacy independent prescribing service

The health board has noted seven of the pharmacies provided this service in 2025/26 and one plans to start to provide it.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

9.8.2.5 Stoma appliance customisation service

The health board has noted none of the pharmacies provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 80.5% were dispensed by dispensing appliance contractors and 79.2% in the first nine months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

9.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements. All the pharmacies provided this service in 2024/25 and eight provided it in the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

9.8.3 Additional clinical services

9.8.3.1 Needle and syringe programmes

The health board has noted one of the pharmacies has signed up to provide this service in 2025/26.

9.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted five of the pharmacies have signed up to provide this service. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

9.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted three of the pharmacies provided this service in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

9.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted seven of the pharmacies have signed up to provide this service in 2025/26, and six pharmacies provided it.

9.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted two of the pharmacies had signed up to provide this service in 2025/26.

9.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted one of the pharmacies had signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

10 Cardiff South East cluster

10.1 Overview

Cardiff South East cluster is the third largest of the six clusters within Cardiff local authority, serving a GP practice registered population of 66,014[192]. There are 15 pharmacies in the cluster and eight GP practices; two of the GP practices have branch surgery sites.

Deprivation is heavily concentrated in the Cardiff South East cluster - 39.0% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Cardiff South East cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in asthma, atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, dementia, diabetes, heart failure, hypertension and stroke and transient ischaemic attack
- Mental health is higher than the health board but aligns with Wales average

The table below shows the estimated percentage of people living in the most deprived 20% areas in Cardiff South East cluster.

Table 10.1: Estimated percentage of patients living in the most deprived 20%of areas in Cardiff South East and the health board (2025)[193]

Area	Percentage
Cardiff South East cluster	39.0%
Cardiff and Vale University Health Board	25.1%

10.2 Health profile

The table below shows the estimate prevalence of chronic disease in Cardiff South East cluster.

[192] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[193] Public Health Wales - Primary care clusters dashboard

Table 10.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[194]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff South East cluster	4.7%	1.6%	1.5%	5.4%	0.6%	1.1%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

There has been a reduction in prevalence since the previous PNA for asthma (from 5.2%), CHD (from 1.8%) an increase in diabetes (from 4.2%) with COPD, heart failure and stroke/TIA remaining the same.

The table below shows the percentage of people registered with a mental health condition and dementia in Cardiff South East cluster. The data reveals that Cardiff South East has a slightly higher percentage of patients registered as having a mental health condition than the health board average (0.1% higher) but aligns with the Wales average, and for dementia the percentage of registered patients is lower than both the health board average (0.4% lower) and Wales average (0.5% lower).

Table 10.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[195]

Area	Mental health	Dementia
Cardiff South East cluster	1.1%	0.3%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

The prevalence for dementia has decreased (from 0.4%) since the previous PNA and mental health has remained the same.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Cardiff South East cluster. Cardiff South East cluster prevalence of atrial fibrillation is lower than both the health board (1.0% lower) and Wales averages (1.7% lower) and for hypertension it is lower than both the health board (5.3% lower) and Wales averages (8.5% lower).

[194] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[195] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 10.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[196]

Area	Atrial fibrillation	Hypertension
Cardiff South East cluster	1.0%	7.8%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

The prevalence for hypertension has decreased (from 8.1%) since the previous PNA and atrial fibrillation has remained the same.

10.3 Current provision of pharmaceutical services within the cluster

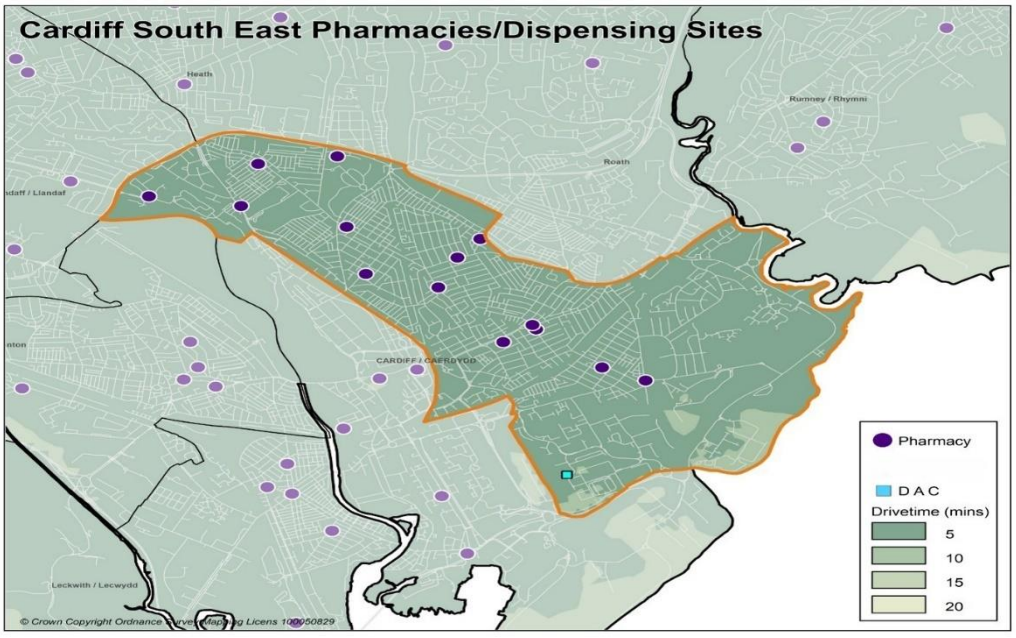
There are 15 pharmacies in Cardiff South East cluster operated by 13 contractors and one dispensing appliance contractor.

In 2024/25, 79.6% of items on prescriptions written by the GP practices in Cardiff South East cluster were dispensed by one of the pharmacies or the dispensing appliance contractor within the cluster.

In the first nine months of 2025/26, 79.5% of items on prescriptions written by the GP practices in Cardiff South East cluster were dispensed by one of the pharmacies or the dispensing appliance contractor within the cluster.

The map below shows the location of the pharmacy and dispensing appliance contractor premises in the cluster. Pharmacies are represented by ● and the dispensing appliance contractor by ■

Map 10.1: Location of pharmacy and dispensing appliance contractor premises



[196] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that the pharmacies in this cluster were located in or near areas of greater population density and of higher deprivation. In addition, all residents could access one of the pharmacies by car within 10 minutes, with the majority within five minutes. Noting the locations of the pharmacies have not changed, and the pharmacy that has closed was in close proximity to other pharmacies, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 10 minutes and for many the travel time will be shorter.

Looking at the opening hours for the 15 pharmacies:

- Two pharmacies are open seven days a week
- Two pharmacies are open Monday to Saturday
- Two pharmacy is open Monday to Friday and part of Saturday, and
- Nine pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

Table 10.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday, Tuesday, Thursday and Friday	8.00am to 9.00am	5.30pm to 9.00pm
Wednesday	8.00am to 9.00am	4.00pm to 9.00pm
Saturday	8.00am to 9.00am	1.00pm to 10.00pm
Sunday	10.00am to 10.30am	4.00pm to 4.30pm

- Monday, Tuesday, Thursday and Friday:
    - Two pharmacies close at 5.30pm
    - 11 pharmacies close at 6.00pm
    - One pharmacy closes at 6.15pm
    - One pharmacy closes at 9.00pm
- Wednesday:
    - One pharmacy closes at 4.00pm
    - Three pharmacies close at 5.00pm
    - Two pharmacies close at 5.30pm
    - Seven pharmacies close at 6.00pm
    - One pharmacy closes at 6.15pm
    - One pharmacy closes at 9.00pm
- Six pharmacies open on a Saturday:
    - Two pharmacies close between 12.00pm and 2.00pm
    - Three pharmacies close between 5.00pm and 6.00pm
    - One pharmacy closes at 10.00pm
- Two pharmacies open on a Sunday

Full details of when the pharmacies are open can be found in Appendix K.

Five pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

The five pharmacies are accessible by wheelchair and four have a consultation area that is accessible by wheelchair. All the consultation areas:

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

One pharmacy has Welsh speakers in its staff. Other languages spoken by staff are as follows.

- Bengali
- German
- Hindi
- Mandarin
- Punjabi
- Telegu
- Urdu

Two of the pharmacies dispense prescriptions for all types of appliances and three dispense dressings only.

Although non-commissioned services:

- five pharmacies collect prescriptions from GP practices,
- two provide a free of charge delivery service on request to all and one provides it to a limited and select group of elderly and infirm patients unable to attend and collect from the pharmacy, and
- one provides a delivery service for a fee.

There was one suggestion for an existing additional clinical service which is not currently provided in the area – a triage and treat service for treating low level minor wounds and burns which are particularly common amongst the student population who often do not have a registered GP in the area.

There was one suggestion for a new service that is not currently available - assessment and provision of Depo-provera injections as a contraceptive option in addition to current pharmacy independent prescribing service contraception service.

When asked if they have capacity to meet the increasing need for pharmaceutical services six pharmacies confirmed they have sufficient capacity within their premises, and one doesn’t and would have difficulty managing an increase in demand. Five have sufficient capacity within their staffing levels, one doesn’t but could make adjustments, and one doesn’t and would have difficulty managing an increase in demand. Eight did not respond to the question.

When asked if they have any plans to develop or expand the premises or range of services provided two pharmacies responded.

- One plans to provide a Depo-provera injection service once commissioned and may consider the higher tier needle and syringe programme service.
- One has a recently qualified independent prescriber in the pharmacy.

10.3.1 Access to national community pharmacy and appliance contractor services

10.3.1.1 Appliance use reviews service

None of the pharmacies provide this service, and neither does the dispensing appliance contractor.

10.3.1.2 Clinical community pharmacy service

All 15 pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 12,747 consultations for common ailments (range at pharmacy level 117 to 2,663)
- 1,944 consultations for contraception (range at pharmacy level six to 498)
- 3,568 emergency medicines supplies (range at pharmacy level 16 to 835)

In the first eight months of 2025/26 the pharmacies provided:

- 10,385 consultations for common ailments (range at pharmacy level 148 to 1,804)
- 1,460 consultations for contraception (range at pharmacy level four to 303)
- 3,425 emergency medicines supplies (range at pharmacy level 28 to 686)

10.3.1.3 Influenza vaccination service

14 pharmacies provided this service in 2024/25, providing a total of 1,134 vaccinations (range at pharmacy level one to 169).

13 pharmacies provided the service in the first eight months of 2025/26, providing a total of 1,180 vaccinations (range at pharmacy level 14 to 222).

10.3.1.4 Pharmacy independent prescribing service

Six of the pharmacies provided this service in 2024/25, providing a total of 3,467 consultations (range at pharmacy level four to 1,708).

Seven of the pharmacies had signed up to provide the service and provided it in the first eight months of 2025/26, providing a total of 2,365 consultations (range at pharmacy level five to 1,012).

10.3.1.5 Stoma appliance customisation service

Neither the pharmacies nor the dispensing appliance contractor provide this service.

10.3.1.6 Discharge medicines review service

15 of the pharmacies provided this service in 2024/5, providing a total of 610 reviews (range at pharmacy level one to 224). 12 provided it in the first nine months of 2025/26 providing a total of 333 reviews (range at pharmacy level two to 120).

10.3.2 Additional clinical services

10.3.2.1 Needle and syringe programmes

Three of the pharmacies have signed up to provide this service.

10.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Seven of the pharmacies have signed up to provide this service.

Six pharmacies provided it in 2024/25, supporting 179 people (range at pharmacy level two to 95).

Six pharmacies provided it in the first eight months of 2025/26, supporting 113 people (range at pharmacy level two to 51).

10.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Five of the pharmacies provided this service in 2024/25, supporting 102 people (range at pharmacy level 10 to 46).

Five pharmacies provided the service in the first eight months of 2025/26, supporting a total of 86 people (range at pharmacy level eight to 31).

10.3.2.4 Supervised administration of medicines – substance misuse

Eight of the pharmacies have signed up to provide this service.

In 2024/25, seven pharmacies provided the service to 282 clients (range at pharmacy level four to 104).

In the first eight months of 2025/26, six pharmacies provided the service to 211 clients (range at pharmacy level two to 67).

10.3.2.5 Urgent medicines service level 1 (standard)

One of the pharmacies has signed up to provide this service.

10.3.2.6 Urgent medicines service – level 2 (enhanced)

Two of the pharmacies have signed up to provide this service.

10.4 Current provision of pharmaceutical services outside the cluster

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (79.6%), the remainder were dispensed outside the cluster, most notably:

- 5.7% by pharmacies in Cardiff North cluster
- 5.2% by pharmacies in Cardiff City and South cluster
- 4.8% by pharmacies in Cardiff East cluster
- 1.2% in Aneurin Bevan University Health Board
- 1.1% by pharmacies in Cardiff West cluster

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (79.5%), with the remainder dispensed outside the locality, most notably:

- 5.6% by pharmacies in Cardiff North cluster
- 5.4% by pharmacies in Cardiff City and South cluster
- 4.8% by pharmacies in Cardiff East cluster
- 1.9% in Aneurin Bevan University Health Board
- 1.1% by pharmacies in Cardiff West cluster

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

10.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

10.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.3 and 10.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the

health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 359 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Cardiff South East cluster, of which 248 were outside of the health board's area. 6,751 prescription items were dispensed in England.

A total of 329 contractors that were trading in Wales during 2025/26 (up to December 2025) dispensed items written by one of the GP practices in the Cardiff South East cluster, of which 224 were outside of the health board's area. 4,608 prescription items were dispensed in England.

10.7 Housing developments

There are four developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 10.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Adamsdown	327	77	19	231	550
Cathays and Gabalfa	87	5	5	77	180
Plasnewydd	156	9	34	113	323
Splott	24	3	0	21	46
Total	**594**	**94**	**58**	**442**	**1,100**

10.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that six pharmacies confirmed they have sufficient capacity within their premises, and one doesn't and would have difficulty managing an increase in demand. Five have sufficient capacity within their staffing levels, one doesn't but could make adjustments, and one doesn't and would have difficulty managing an increase in demand. The health board has assumed that the remaining eight pharmacies also have sufficient capacity.

10.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 10 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public

transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completions.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current needs for essential services within the cluster.

The health board noted that there were no large housing developments due to be built and is satisfied that in relation to the smaller units of housing (as shown in the table above), based upon the responses to the contractor questionnaire, that the demand this will create can be met by the existing pharmacies. The Cardiff and Vale University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

10.8.2 National community pharmacy and appliance contractor services

10.8.2.1 Appliance use review service

The health board has noted the pharmacies do not provide this service and only one of the dispensing appliance contractors in the health board's area provides it.

However, of the items dispensed in England in 2024/25, 78.0% were dispensed by dispensing appliance contractors and 78.9% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

10.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up to provide this service, and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

10.8.2.3 Influenza vaccination service

The health board has noted all the pharmacies have signed up to provide this service, and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

10.8.2.4 Pharmacy independent prescribing service

The health board has noted seven of the pharmacies provided this service in 2025/26, and another has a recently qualified independent prescriber in the branch.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

10.8.2.5 Stoma appliance customisation service

The health board has noted the pharmacies do not provide this service and neither do any of the dispensing appliance contractors.

However, of the items dispensed in England in 2024/25, 78.0% were dispensed by dispensing appliance contractors and 78.9% in the first nine months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

10.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements.15 of the pharmacies provided this service in 2024/25 and 12 provided it in the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

10.8.3 Additional clinical services

10.8.3.1 Needle and syringe programmes

The health board has noted three of the pharmacies have signed up to provide this service in 2025/26.

10.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted seven of the pharmacies have signed up to provide this service, and six provided it in 2025/26.

10.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted five of the pharmacies provide this service in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

10.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted eight of the pharmacies have signed up to provide this service, and seven pharmacies provided it in 2025/26.

10.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted one of the pharmacies had signed up to provide this service in 2025/26.

10.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted two of the pharmacies had signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

11 Cardiff North cluster

11.1 Overview

Cardiff North cluster is the largest of the six clusters within Cardiff local authority serving a GP practice registered population of 107,547[197]. There are 17 pharmacies in the cluster and 10 GP practices; four of the 10 GP practices have branch surgery sites.

The cluster is relatively affluent compared to the other clusters in Cardiff – only 3.2% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation, compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Cardiff City and South cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in chronic obstructive pulmonary disease, diabetes, and mental health.
- Higher than the health board but lower than Wales averages in asthma, atrial fibrillation, and heart failure.
- Coronary heart disease, hypertension and stroke and ischaemic attack align with the health board averages but are lower than the Wales averages.
- Dementia is higher than the health board average but aligns with the Wales average.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Cardiff North cluster.

Table 11.1: Estimated percentage of patients living in the most deprived 20% of areas in Cardiff North and the health board (2025)[198]

Area	Percentage
Cardiff North cluster	3.2%
Cardiff and Vale University Health Board	25.1%

11.2 Health profile

The table below shows the estimated prevalence of chronic disease in Cardiff North cluster.

[197] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[198] Public Health Wales - Primary care clusters dashboard

Table 11.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[199]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff North cluster	6.6%	2.6%	1.1%	6.0%	1.3%	1.8%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

There has been a reduction in prevalence since the previous PNA for asthma (from 7%) and COPD (from 1.2%) with increases in diabetes (from 4.3%), heart failure (from 1%) and stroke/TIA (from 1.7%) with CHD remaining the same.

The table below shows the percentage of people registered with a mental health condition and dementia in Cardiff North cluster. The data shows that Cardiff North has a lower percentage of patients registered with a mental health condition than both the health board (0.2% lower) and Wales averages (0.3% lower), and for dementia the percentage of registered patients is slightly higher than the health board average (0.1% higher) but aligns with the Wales average.

Table 11.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[200]

Area	Mental health	Dementia
Cardiff North cluster	0.8%	0.8%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

There has been an increase in prevalence for both mental health and dementia since the previous PNA from 0.7% for both.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Cardiff North cluster. Cardiff North cluster prevalence of atrial fibrillation is higher than the health board (0.2% higher) but lower than the Wales averages (0.5% lower) and for hypertension aligns with the health board average but is lower than the Wales averages (3.2% lower).

[199] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[200] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 11.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[201]

Area	Atrial fibrillation	Hypertension
Cardiff North cluster	2.2%	13.1%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

There has been an increase in prevalence for both atrial fibrillation and hypertension since the previous PNA from 1.9% and 12.4% respectively.

11.3 Current provision of pharmaceutical services within the cluster

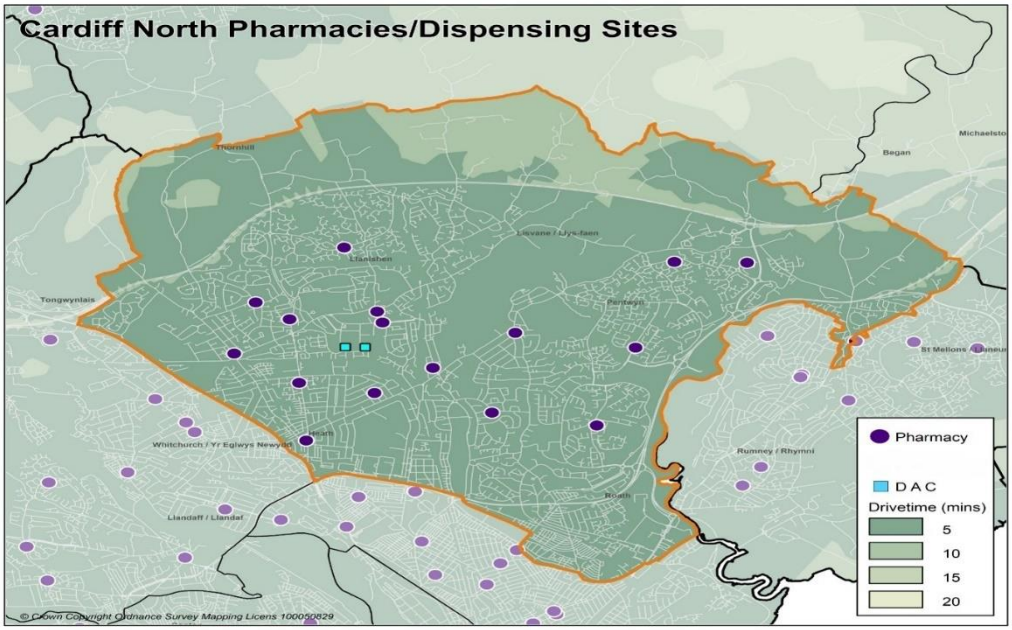
There are 17 pharmacies, operated by 12 contractors and two dispensing appliance contractors in Cardiff North cluster.

In 2024/25, 82.0% of items on prescriptions written by the GP practices in Cardiff North cluster were dispensed by one of the pharmacies or the dispensing appliance contractors within the cluster.

In the first nine months of 2025/26, 81.0% of items on prescriptions written by the GP practices in Cardiff North cluster were dispensed by one of the pharmacies or the dispensing appliance contractors within the cluster.

The map below shows the location of the pharmacy and dispensing appliance contractor premises in the cluster. Pharmacies are represented by ● and the dispensing appliance contractor by ■

Map 11.1: Location of pharmacy and dispensing appliance contractor premises



[201] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that where there were pockets of deprivation, pharmacies in general are located within or near these areas. They were also located in areas of greater population density. In addition, all residents could access one of the pharmacies by car within 10 minutes, with the majority within five minutes. Noting the locations of the pharmacies have not changed, and the pharmacy that has closed was in close proximity to other pharmacies, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 10 minutes and for many the travel time will be shorter.

Looking at the opening hours for the 17 pharmacies:

- Three pharmacies are open seven days a week,
- Two pharmacies are open Monday to Saturday,
- One pharmacy is open Monday to Friday and part of Saturday, and
- 11 pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below.

Table 11.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00am	5.00pm to 8.00pm
Saturday	8.00am to 9.00am	14.00pm to 8.00pm
Sunday	10.00am to 10.30am	1.00pm to 4.30pm

- Monday to Friday
    - One pharmacy closes at 5.00pm
    - One pharmacy closes at 5.30pm (except on a Wednesday when the number of pharmacies increases to two pharmacies)
    - 11 pharmacies close at 6.00pm (except on a Wednesday when the number of pharmacies reduces to 10 pharmacies)
    - One pharmacy closes at 6.30pm
    - One pharmacy closes at 7.00pm
    - Two pharmacies close at 8.00pm
- Six pharmacies are open on a Saturday
    - One pharmacy closes at 2.00pm
    - Two pharmacies close at 5.30pm
    - Two pharmacies close at 7.00pm
    - One pharmacy closes at 8.00pm
- Three pharmacies are open on a Sunday
    - One pharmacy closes at 1.00pm
    - One pharmacy at 4.00pm
    - One pharmacy at 4.30pm

The two dispensing appliance contractors open Monday to Friday, with one opening 9.00am to 5.00pm and the other 8.00am to 5.00pm.

Full details of when the pharmacies and dispensing appliance contractors are open can be found in Appendix K.

11 pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

The 11 pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas:

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

Six pharmacies confirmed they have Welsh speakers in their staff. Other languages spoken by staff are as follows.

- Arabic (two pharmacies)
- Kurdish
- Malay
- Punjabi
- Romanian
- Urdu

All 11 pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services:

- all 11 pharmacies collect prescriptions from GP practices,
- seven provide a free of charge delivery service on request, although one may introduce charges by Autumn 2026,
- one restricts the service to specified areas,
- four deliver items for a fee, and
- one has an automated collection point.

There were six suggestions for existing additional clinical services/new services which are not currently provided in the area:

- continued expansion of the pharmacy independent prescribing service,
- weight loss injection clinics,
- C-reactive protein testing for at risk patients with coughs,
- urinalysis for patients outside of the normal pharmacy independent prescribing service specification due to an inability to test,
- cholesterol testing, and
- blood pressure monitoring.

When asked if they have capacity to meet the increasing need for pharmaceutical services 12 pharmacies confirmed they have sufficient capacity within their

premises, one said it didn't but could make adjustments, and one said it didn't and would have difficulty managing an increase in demand.

12 have capacity within their staffing levels, one doesn't but could make adjustments, one said it didn't but could make adjustments, and one said it doesn't and would have difficulty managing an increase in demand.

Three pharmacies did not respond to the question.

When asked if they have any plans to develop or expand the premises or range of services provided six pharmacies responded.

- One plans to expand its independent prescribing services.
- One will continue to develop its NHS service offer including independent prescribing and has introduced a weight management service.
- Four plan to add extra consultation rooms,
- One plans to increase provision of the pharmacy independent prescribing service.

One pharmacy said that it is looking to reduce unfunded services should the funding constraints not ease.

11.3.1 Access to national community pharmacy and appliance contractor services

11.3.1.1 Appliance use reviews service

None of the pharmacies provide this service, and only one of the dispensing appliance contractors does.

11.3.1.2 Clinical community pharmacy service

All 17 pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 13,158 consultations for common ailments (range at pharmacy level 261 to 1,594)
- 750 consultations for contraception (range at pharmacy level three to 285)
- 4,518 emergency medicines supplies (range at pharmacy level 27 to 628)

In the first eight months of 2025/26 the pharmacies provided:

- 10,190 consultations for common ailments (range at pharmacy level 325 to 1,450)
- 522 consultations for contraception (range at pharmacy level one to 202)
- 3,878 emergency medicines supplies (range at pharmacy level 12 to 488)

11.3.1.3 Influenza vaccination service

All 17 pharmacies have signed up to provide this service.

All pharmacies provided this service in 2024/25, providing a total of 4,539 vaccinations (range at pharmacy level nine to 771).

All pharmacies provided the service in the first eight months of 2025/26, providing a total of 4,843 vaccinations (range at pharmacy level 60 to 782).

11.3.1.4 Pharmacy independent prescribing service

13 of the pharmacies provided this service in 2024/25, providing a total of 6,754 consultations (range at pharmacy level 41 to 1,384).

13 pharmacies had signed up to provide the service and provided it in the first eight months of 2025/26, providing a total of 5,971 consultations (range at pharmacy level 54 to 1,024).

11.3.1.5 Stoma appliance customisation service

Neither the pharmacies nor the dispensing appliance contractor provide this service.

11.3.1.6 Discharge medicines review service

16 of the pharmacies provided this service in 2024/5, providing a total of 639 reviews (range at pharmacy level one to 213). 15 provided it in the first nine months of 2025/26 providing a total of 329 reviews (range at pharmacy level two to 62).

11.3.2 Additional clinical services

11.3.2.1 Needle and syringe programmes

None of the pharmacies have signed up to provide this service.

11.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Five of the pharmacies have signed up to provide this service.

Five pharmacies provided it in 2024/25, supporting 39 people (range at pharmacy level two to 16).

Four pharmacies provided it in the first eight months of 2025/26, supporting 25 people (range at pharmacy level four to 10).

11.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Three of the pharmacies provided this service in 2024/25, supporting 82 people (range at pharmacy level 16 to 36).

Four pharmacies provided the service in the first eight months of 2025/26, supporting a total of 29 people (range at pharmacy level one to 14).

11.3.2.4 Supervised administration of medicines – substance misuse

Three of the pharmacies have signed up to provide this service.

In 2024/25, two pharmacies provided the service to 33 clients (range at pharmacy level 16 to 17).

In the first eight months of 2025/26, three pharmacies provided the service to 30 clients (range at pharmacy level two to 22).

11.3.2.5 Urgent medicines service level 1 (standard)

Two of the pharmacies have signed up to provide this service.

11.3.2.6 Urgent medicines service – level 2 (enhanced)

Two of the pharmacies have signed up to provide this service

11.4 Current provision of pharmaceutical services outside the cluster

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (82.0%), the remainder were dispensed outside the cluster, most notably:

- 10.7% by pharmacies in Cardiff South East cluster
- 2.7% by pharmacies in Cardiff City and South cluster

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (81.0%), the remainder were dispensed outside the locality, most notably:

- 10.1% by pharmacies in Cardiff South East cluster
- 2.7% by pharmacies in Cardiff City and South cluster
- 1.3% by pharmacies in Central Vale cluster
- 1.1% in Aneurin Bevan University Health Board

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

11.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

11.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.3 and 11.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 386 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Cardiff North cluster, of which 278 were outside of the health board's area. 11,898 prescription items were dispensed in England.

A total of 372 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Cardiff North cluster, of which 264 were outside of the health board's area. 9,243 prescription items were dispensed in England.

11.7 Housing developments

There are eight developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 11.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Cyncoed	44	25	4	15	42
Heath	20	2	0	18	40
Lisvane and Thornhill	2,578	416	75	2,087	4,756
Llanishen	47	23	0	24	53
Pentwyn	125	0	41	84	275
Pontprennau/ Old St. Mellons	2,096	313	65	1,718	3,923
Rhiwbina	9	3	2	4	13
Penylan	67	53	12	2	31
Total	**4,986**	**835**	**199**	**3,952**	**9,132**

11.8 Gaps in provision

When asked if they have capacity to meet the increasing need for pharmaceutical services 12 pharmacies confirmed they have sufficient capacity within their premises, and one said it didn't and would have difficulty managing an increase in demand.

12 have capacity within their staffing levels, one doesn't but could make adjustments, one said it didn't but could make adjustments, and one said it doesn't and would have difficulty managing an increase in demand.

The health board has assumed that the remaining three pharmacies have sufficient capacity.

11.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 10 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completion.
- The opening hours of the pharmacies and dispensing appliance contractors.

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

11.8.2 National community pharmacy and appliance contractor services

11.8.2.1 Appliance use review service

The health board has noted the pharmacies do not provide this service, and only one of the dispensing appliance contractors does.

However, of the items dispensed in England in 2024/25, 88.4% were dispensed by dispensing appliance contractors and 86.8% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

11.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up to provide this service, and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

11.8.2.3 Influenza vaccination service

The health board has noted all the pharmacies have signed up to provide this service, and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

11.8.2.4 Pharmacy independent prescribing service

The health board has noted 13 of the pharmacies provided this service in 2025/26.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

11.8.2.5 Stoma appliance customisation service

The health board has noted the pharmacies do not provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 88.4% were dispensed by dispensing appliance contractors and 86.8% in the first nine months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

11.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements.16 of the pharmacies provided this service in 2024/25 and 15 in the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

11.8.3 Additional clinical services

11.8.3.1 Needle and syringe programmes

The health board has noted none of the pharmacies had signed up to provide this service in 2025/26.

11.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted five of the pharmacies provided this service in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

11.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted four of the pharmacies provided this service in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

11.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted three of the pharmacies have signed up to provide this service, and three pharmacies provided it in 2025/26.

11.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted two of the pharmacies had signed up to provide this service in 2025/26.

11.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted two of the pharmacies had signed up to provide this service.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

12 Cardiff South West cluster

12.1 Overview

Cardiff South West cluster is the second largest of the six clusters within Cardiff local authority, serving a GP practice registered population of 75,002[202]. There are eight pharmacies in the cluster and nine GP practices; two of the nine GP practices have branch surgery sites.

Deprivation is heavily concentrated in the Cardiff South West cluster 45.6% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Cardiff South West cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in atrial fibrillation, coronary heart disease, dementia, heart failure and stroke and transient ischaemic attack
- Asthma, chronic obstructive pulmonary disease, and diabetes are higher than the health board but lower with Wales averages
- Hypertension and mental health align with the health board averages, but lower than the Wales averages.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Cardiff South West cluster.

Table 12.1: Estimated percentage of patients living in the most deprived 20% of areas in Cardiff South West and the health board (2025)[203]

Area	Percentage
Cardiff South West cluster	45.6%
Cardiff and Vale University Health Board	25.1%

12.2 Health profile

The table below shows the estimated prevalence of chronic disease in Cardiff South West cluster.

[202] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[203] Public Health Wales - Primary care clusters dashboard

Table 12.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[204]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff South West cluster	6.9%	2.4%	2.1%	8.0%	1.1%	1.6%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

There has been an increase in the prevalence of diabetes (from 5.4%) and heart failure (from 0.8%), with a decrease in asthma (from 7.3%) and coronary heart disease (from 2.6%) with COPD and stroke remaining the same.

The table below shows the percentage of people registered with a mental health condition and dementia in Cardiff South East cluster. The cluster aligns with the health board percentage of patients registered as having a mental health condition but is slightly lower than the Wales average. For dementia the percentage of registered patients is lower than both the health board (0.1% lower) and Wales averages (0.2% lower).

Table 12.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[205]

Area	Mental health	Dementia
Cardiff South West cluster	1.0%	0.6%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

There has been no change in the prevalence for mental health and dementia since the previous PNA.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Cardiff South West cluster. The cluster prevalence of atrial fibrillation is lower than both the health board (0.3% lower) and Wales average (1.0% lower) and for hypertension aligns with the health board average but is lower than the Wales average (3.2% lower).

[204] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[205] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 12.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[206]

Area	Atrial fibrillation	Hypertension
Cardiff South West cluster	1.7%	13.1%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

There has been an increase in the prevalence of atrial fibrillation (from 1.5%) and hypertension (from 12.9%) in the cluster since the previous PNA.

12.3 Current provision of pharmaceutical services within the cluster area

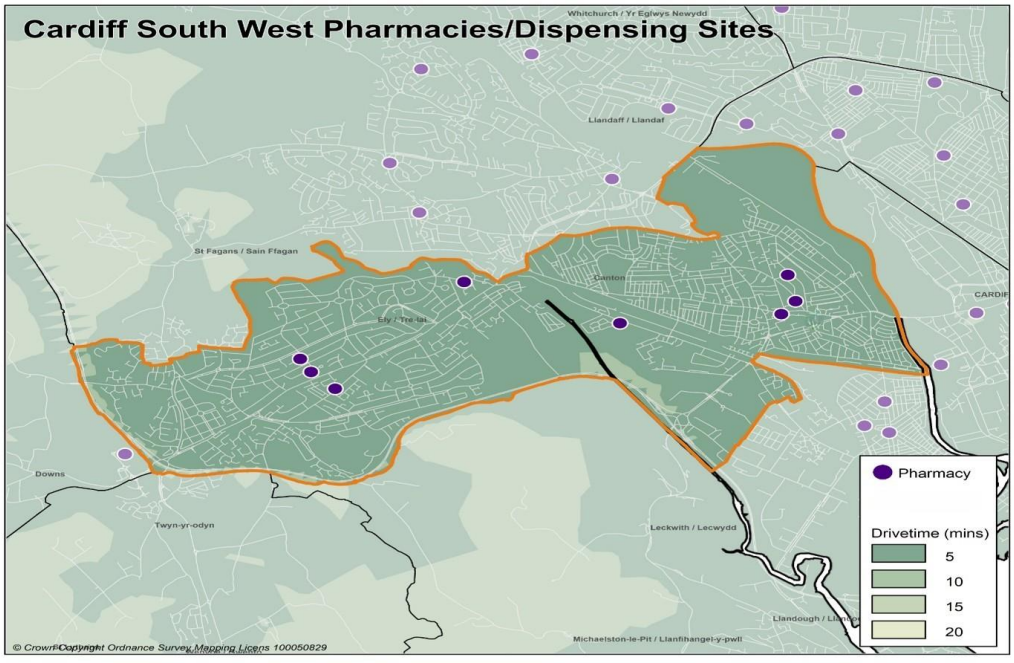
There are eight pharmacies in Cardiff South West cluster, operated by six contractors, compared to 10 pharmacies at the time of the previous PNA.

In 2024/25, 76.7% of items on prescriptions written by the GP practices in Cardiff South West cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 76.8% of items on prescriptions written by the GP practices in Cardiff South West cluster were dispensed by one of the pharmacies within the cluster and 0.9% were personally administered by the GP practices.

The map below shows the location of the pharmacies in the cluster.

Map 12.1: Location of the pharmacies



[206] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 10 minutes, with the majority within five minutes. Noting the locations of the pharmacies have not changed, and the two pharmacies that have closed were in close proximity to other pharmacies, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 10 minutes and for many the travel time will be shorter.

Looking at the opening hours for the eight pharmacies:

- One pharmacy is open seven days a week,
- One pharmacy is open Monday to Saturday,
- Two pharmacies are open Monday to Friday and Saturday morning, and
- Four pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below:

Table 12.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday, Tuesday, Thursday and Friday	8.00am to 9.00am	5.30pm to 8.00pm
Wednesday	8.00am to 9.00am	2.30pm to 8.00pm
Saturday	8.00am to 9.00am	12.00pm to 8.00pm
Sunday	10.00am	4.00pm

- Monday, Tuesday, Thursday and Friday:
    - One pharmacy closes at 5.30pm
    - Four pharmacies close at 6.00pm
    - One pharmacy closes at 6.15pm
    - One pharmacy closes at 6.30pm
    - One pharmacy closes at 8.00pm
- Wednesday:
    - One pharmacy closes at 2.30pm (half day closure)
    - Two pharmacies close at 5.30pm
    - Three pharmacies close at 6.00pm
    - One pharmacy closes at 6.15pm
    - One pharmacy closes at 8.00pm
- Four pharmacies open on a Saturday:
    - Two pharmacies close at 12.00pm
    - One pharmacy closes at 5.30pm
    - One pharmacy closes at 8.00pm
- One pharmacy opens on a Sunday

Full details of when the pharmacies are open can be found in Appendix K.

No changes to the range of opening and closing hours since the previous PNA.

Four pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

The four pharmacies are accessible by wheelchair and three have a consultation area that is accessible by wheelchair. All the consultation areas are:

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

Two pharmacies confirmed they have Welsh speakers in their staff. Other languages spoken by staff are as follows.

- Arabic
- Bengali
- Hindi
- Somali
- Urdu

Three of the pharmacies dispense prescriptions for all types of appliances. The fourth doesn't dispense stoma appliances.

Although non-commissioned services:

- the four pharmacies collect prescriptions from GP practices,
- three provide a free of charge delivery service on request, and the fourth provides a delivery service for a fee.

There were two suggestions for existing additional clinical services which are not currently provided in the area:

- independent prescribing
- smoking cessation services – both levels 2 and 3.

There was one suggestion for a new service that is not currently available and that is in relation to the provision of dressings.

When asked if they have capacity to meet the increasing need for pharmaceutical services three confirmed they have sufficient capacity within their premises, and two said they do not and would have difficulty in managing an increase in demand.

Three pharmacies said they have sufficient capacity within their staffing levels, and two said they do not but could make adjustments.

Three pharmacies did not respond to the question.

When asked if they have any plans to develop or expand the premises or range of services provided two pharmacies responded.

- One has approached the health board to provide smoking cessation services.
- One is looking for larger premises or to build an extension.

12.3.1 Access to national community pharmacy and appliance contractor services

12.3.1.1 Appliance use reviews service

None of the pharmacies provide this service.

12.3.1.2 Clinical community pharmacy service

All eight pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 6,543 consultations for common ailments (range at pharmacy level 482 to 1,676)
- 561 consultations for contraception (range at pharmacy level 20 to 182)
- 1,923 emergency medicines supplies (range at pharmacy level 47 to 500)

In the first eight months of 2025/26 the pharmacies provided:

- 5,786 consultations for common ailments (range at pharmacy level 383 to 1,176)
- 411 consultations for contraception (range at pharmacy level 19 to 126)
- 1,634 emergency medicines supplies (range at pharmacy level 41 to 352)

12.3.1.3 Influenza vaccination service

All eight pharmacies have signed up to provide this service.

All eight pharmacies provided this service in 2024/25, providing a total of 1,379 vaccinations (range at pharmacy level 28 to 519).

All pharmacies provided the service in the first eight months of 2025/26, providing a total of 1,270 vaccinations (range at pharmacy level four to 507).

12.3.1.4 Pharmacy independent prescribing service

Four of the pharmacies provided this service in 2024/25, providing a total of 795 consultations (range at pharmacy level 17 to 391).

Five of the pharmacies had signed up to provide the service and provided it in the first eight months of 2025/26, providing a total of 948 consultations (range at pharmacy level 45 to 311).

12.3.1.5 Stoma appliance customisation service

None of the pharmacies provide this service.

12.3.1.6 Discharge medicines review service

Seven pharmacies provided this service in 2024/5, providing a total of 161 reviews (range at pharmacy level one to 68). Seven also provided it in the first nine months of 2025/26 providing a total of 138 reviews (range at pharmacy level five to 34).

12.3.2 Additional clinical services

12.3.2.1 Needle and syringe programmes

Two of the pharmacies have signed up to provide this service.

12.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Five of the pharmacies have signed up to provide this service.

Two pharmacies provided it in 2024/25, supporting 111 people (range at pharmacy level 49 to 62).

Three pharmacies provided it in the first eight months of 2025/26, supporting 53 people (range at pharmacy level four to 31).

12.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

One pharmacy provided this service in 2024/25, supporting 12 people.

Two pharmacies provided the service in the first eight months of 2025/26, supporting a total of 21 people (range at pharmacy level five to 16).

12.3.2.4 Supervised administration of medicines – substance misuse

Four of the pharmacies have signed up to provide this service.

In 2024/25, three pharmacies provided the service to 60 clients (range at pharmacy level one to 21).

In the first eight months of 2025/26, four pharmacies provided the service to 58 clients (range at pharmacy level one to 29).

12.3.2.5 Urgent medicines service level 1 (standard)

One of the pharmacies has signed up to provide this service.

12.3.2.6 Urgent medicines service – level 2 (enhanced)

One of the pharmacies has signed up to provide this service

12.4 Current provision of pharmaceutical services outside the cluster

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (76.7%), the remainder were dispensed outside the cluster, most notably:

- 8.9% by pharmacies in Cardiff West cluster
- 7.3% by pharmacies in Cardiff City and South cluster
- 1.6% by pharmacies in Cardiff South East cluster
- 1.0% by pharmacies in Eastern Vale cluster

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (76.8%), with the remainder dispensed outside the locality, most notably:

- 9.0% by pharmacies in Cardiff West cluster
- 8.3% by pharmacies in Cardiff City and South cluster
- 1.7% by pharmacies in Cardiff South East cluster

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

12.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

12.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.3 and 12.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 371 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Cardiff South West cluster, of which 259 were outside of the health board's area. 11,600 prescription items were dispensed in England.

A total of 363 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Cardiff South West cluster, of which 253 were outside of the health board's area. 7,859 prescriptions items were dispensed in England.

12.7 Housing developments

There are four developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 12.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Caerau	105	0	99	6	231
Canton	544	237	156	151	675
Ely	257	1	17	239	563
Riverside	162	22	42	98	308
Total	**1,068**	**260**	**314**	**494**	**1,788**

12.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that three pharmacies confirmed they have sufficient capacity within their premises, and two said they do not and would have difficulty in managing an increase in demand.

Three pharmacies said they have sufficient capacity within their staffing levels, and two said they do not but could make adjustments.

The health board has assumed that the remaining three pharmacies also have sufficient capacity.

12.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 10 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completions.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

12.8.2 National community pharmacy and appliance contractor services

12.8.2.1 Appliance use review service

The health board has noted the pharmacies do not provide this service and only one of the dispensing appliance contractors in the health board's area provides it.

However, of the items dispensed in England in 2024/25, 67.5% were dispensed by dispensing appliance contractors and 70.2% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

12.8.2.2 Clinical community pharmacy service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

12.8.2.3 Influenza vaccination service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

12.8.2.4 Pharmacy independent prescribing service

The health board has noted five of the pharmacies provided this service in 2025/26.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

12.8.2.5 Stoma appliance customisation service

The health board has noted the pharmacies do not provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 67.5% were dispensed by dispensing appliance contractors and 70.2% in the first nine months of 2025/26. It is

therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

12.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements. Seven of the pharmacies provided this service in 2024/25 and the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

12.8.3 Additional clinical services

12.8.3.1 Needle and syringe programmes

The health board has noted two of the pharmacies have signed up to provide this service in 2025/26.

12.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted five of the pharmacies have signed up to provide this service, and three pharmacies provided it in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

12.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted two of the pharmacies provided this service in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

12.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted four of the pharmacies have signed up to provide this service, and four pharmacies provided it in 2025/26.

12.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted one of the pharmacies had signed up to provide this service in 2025/26.

12.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted one of the pharmacies had signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

13 Cardiff West cluster

13.1 Overview

Cardiff West cluster is the second smallest of the six clusters within Cardiff local authority, serving a GP practice registered population of 55,016[207]. There are 13 pharmacies in the cluster and six GP practices; two of the six GP practices have branch surgery sites.

Deprivation in Cardiff West cluster is lower than the health board and Wales average. 13.1% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation, compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Cardiff West cluster when compared with the health board and Wales position shows:

- Higher than both the health board and Wales averages in mental health.
- Higher than the health board averages, but lower than the Wales averages in atrial fibrillation, chronic obstructive pulmonary disease, coronary heart disease, diabetes, heart failure and hypertension.
- Higher than the health board average but aligns with the Wales averages in asthma and stroke and transient ischaemic attack.
- Dementia aligns with the health board average but is lower than the Wales average.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Cardiff West cluster.

Table 13.1: Estimated percentage of patients living in the most deprived 20% of areas in Cardiff West and the health board (2025)[208]

Area	Percentage
Cardiff West cluster	13.1%
Cardiff and Vale University Health Board	25.1%

13.2 Health profile

The table below shows the estimated prevalence of chronic disease in Cardiff West cluster.

[207] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[208] Public Health Wales - Primary care clusters dashboard

Table 13.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[209]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff West cluster	7.1%	3.1%	1.8%	6.8%	1.3%	2.2%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

There has been a reduction in the prevalence of long term conditions since the previous PNA was undertaken for asthma (from 7.3%) and increase in COPD (from 1.6%), diabetes (from 4.7%), heart failure (from 1%) and stroke/TIA (from 2%) with CHD remaining the same.

The table below shows the percentage of people registered with a mental health condition and dementia in Cardiff West cluster. Cardiff West has a slightly higher percentage of patients registered as having a mental health condition than both the health board (0.2% higher) and the Wales averages (0.1% higher), and for dementia the percentage of registered patients aligns with the health board average but is lower than the Wales average (0.1% lower).

Table 13.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[210]

Area	Mental health	Dementia
Cardiff West cluster	1.2%	0.7%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

There has been a slight increase in the prevalence of mental health since the previous PNA was undertaken (from 1.1%), with dementia remaining the same.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Cardiff West cluster. Atrial fibrillation is higher than the health board (0.6% higher) but lower than the Wales averages (0.1% lower) and for hypertension it is higher than the health board (1.3% higher) but lower than the Wales averages (1.9% lower).

[209] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[210] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 13.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[211]

Area	Atrial fibrillation	Hypertension
Cardiff West cluster	2.6%	14.4%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

There has been an increase in the prevalence of atrial fibrillation (from 2.3%) and hypertension (from 13.5%) since the previous PNA was undertaken.

13.3 Current provision of pharmaceutical services within the cluster

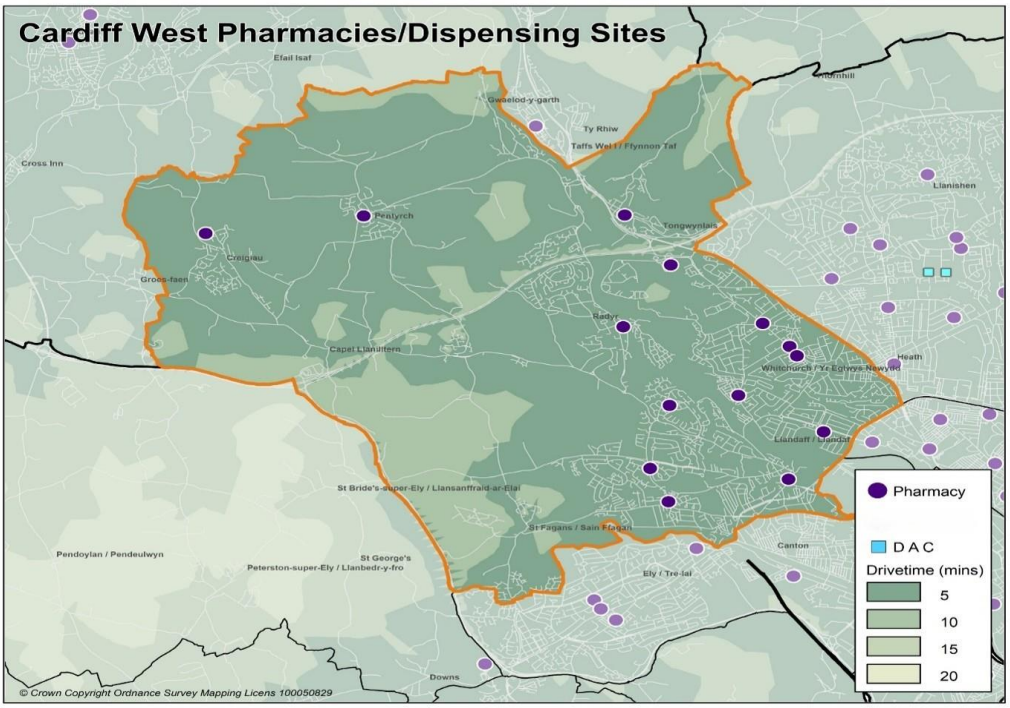
There are 13 pharmacies in Cardiff West cluster, operated by 12 contractors.

In 2024/25, 84.2% of items on prescriptions written by the GP practices in Cardiff West cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 84.1% of items on prescriptions written by the GP practices in Cardiff West cluster were dispensed by one of the pharmacies within the cluster.

The map below shows the location of the pharmacies in the cluster.

Map 13.1: Location of pharmacies and dispensing appliance contractor premises



[211] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that the pharmacies in this cluster were generally located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 10 minutes, with the majority within five minutes. Noting the locations of the pharmacies have not changed the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 10 minutes and for many the travel time will be shorter.

Looking at the opening hours for the pharmacies:

- One pharmacy is open seven days a week,
- One pharmacy is open Monday to Saturday,
- Four pharmacies are open Monday to Friday and Saturday morning, and
- Seven pharmacies are open Monday to Friday.

The range of opening and closing hours are shown in the table below.

Table 13.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 8.00pm
Saturday	9.00am	1.00pm to 8.00pm
Sunday	10.00am	4.00pm

- Monday to Friday:
    - Three pharmacies close at 5.30pm (except for on a Wednesday when this number increases to four pharmacies)
    - Eight pharmacies close at 6.00pm (except for on a Wednesday when this number reduces to seven pharmacies)
    - One pharmacy closes at 6.15pm
    - One pharmacy close at 8.00pm
- Four pharmacies open on a Saturday:
    - Four pharmacies close at 1.00pm
    - One pharmacy closes at 5.30pm
    - One pharmacy closes at 8.00pm
- One pharmacy open on a Sunday

Full details of when the pharmacies are open can be found in Appendix K. To note a small number of pharmacies were open until 10:00pm previously on weekdays and Saturday.

Seven pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

Six pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. The pharmacy that is not wheelchair accessible has ramps. All the consultation areas:

- have closed rooms,

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

One pharmacy confirmed it has Welsh speakers in its staff. Other languages spoken by staff are as follows.

- Filipino
- Cantonese and Hakka can be spoken at conversational level if required.

All seven pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services:

- all seven pharmacies collect prescriptions from GP practices,
- three provide a free of charge delivery service on request,
- four provide a delivery service for a fee and one restricts it to certain areas, and
- One has an automated collection point with another one looking into installing one.

There were two suggestions for existing additional clinical services which are not currently provided in the area:

- Smoking cessation (two pharmacies)
- Patient sharps

There were four suggestions for a new service that is not currently available:

- Hormone replacement therapy service
- Testosterone replacement therapy service
- Attention deficit hyperactivity disorder
- Blood pressure checking

When asked if they have capacity to meet the increasing need for pharmaceutical services eight confirmed they have sufficient capacity within their premises, and three said they do not but could make adjustments. Eight said they have sufficient capacity within their staffing levels, two said they do not but could make adjustments, and one did not answer the question. Two pharmacies did not respond to the question.

When asked if they have any plans to develop or expand the premises or range of services provided three pharmacies responded.

- Two plan to install more consultation rooms.
- One pharmacy will continue to raise awareness of the services it provides through an awareness campaign and developing its relationships with GP practices.

13.3.1 Access to national community pharmacy and appliance contractor services

13.3.1.1 Appliance use reviews service

None of the pharmacies provide this service.

13.3.1.2 Clinical community pharmacy service

All 13 pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 6,420 consultations for common ailments (range at pharmacy level 99 to 1,025)
- 363 consultations for contraception (range at pharmacy level seven to 73)
- 2,901 emergency medicines supplies (range at pharmacy level eight to 657)

In the first eight months of 2025/26 the pharmacies provided:

- 5,145 consultations for common ailments (range at pharmacy level 62 to 744)
- 227 consultations for contraception (range at pharmacy level five to 50)
- 2,451 emergency medicines supplies (range at pharmacy level 14 to 508)

13.3.1.3 Influenza vaccination service

All 13 pharmacies have signed up to provide this service.

12 pharmacies provided this service in 2024/25, providing a total of 1,497 vaccinations (range at pharmacy level two to 459).

11 pharmacies provided the service in the first eight months of 2025/26, providing a total of 1,494 vaccinations (range at pharmacy level two to 510).

13.3.1.4 Pharmacy independent prescribing service

Six of the 13 pharmacies provided this service in 2024/25, providing a total of 3,443 consultations (range at pharmacy level five to 2,579).

Seven pharmacies had signed up to provide the service and provided it in the first eight months of 2025/26, providing a total of 2,714 consultations (range at pharmacy level 65 to 1,788).

13.3.1.5 Stoma appliance customisation service

None of the pharmacies provide this service.

13.3.1.6 Discharge medicines review service

11 pharmacies provided this service in 2024/5, providing a total of 259 reviews (range at pharmacy level one to 151). 11 also provided it in the first nine months of 2025/26 providing a total of 228 reviews (range at pharmacy level one to 106).

13.3.2 Additional clinical services

13.3.2.1 Needle and syringe programmes

None of the pharmacies have signed up to provide this service.

13.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Three of the pharmacies provided this service in 2024/25, supporting 43 people (range at pharmacy level two to 26).

Three of the pharmacies provided it in the first eight months of 2025/26, supporting 23 people (range at pharmacy level two to 15).

13.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Two of the pharmacies have signed up to provide this service.

Two pharmacies provided the service in 2024/25, supporting 44 people (range at pharmacy level 21 to 23).

Two pharmacies provided the service it in the first eight months of 2025/26, supporting a total of 18 people (range at pharmacy level six to 12).

13.3.2.4 Supervised administration of medicines – substance misuse

Six of the pharmacies have signed up to provide this service.

In 2024/25, three pharmacies provided the service to 30 clients (range at pharmacy level two to 25).

In the first eight months of 2025/26, one pharmacy provided the service to 22 clients.

13.3.2.5 Urgent medicines service level 1 (standard)

None of the pharmacies have signed up to provide this service.

13.3.2.6 Urgent medicines service – level 2 (enhanced)

None of the pharmacies have signed up to provide this service

13.4 Current provision of pharmaceutical services outside the cluster area

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (84.2%), the remainder were dispensed outside the cluster, most notably:

- 5.3% by pharmacies in Cardiff North cluster
- 2.6% by pharmacies in Cardiff City and South cluster
- 2.4% by pharmacies in Cardiff South East cluster
- 1.2% by pharmacies in Cardiff South West cluster
- 1.1% by contractors in England

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (84.1%), with the remainder dispensed outside the locality, most notably:

- 5.8% by pharmacies in Cardiff North cluster
- 2.6% by pharmacies in Cardiff City and South cluster
- 2.6% by pharmacies in Cardiff South East cluster
- 1.6% by pharmacies in Cardiff South West cluster
- 1.1% by contractors in England

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

13.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

13.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.3 and 13.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 369 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Cardiff West cluster, of which 258 were outside of the health board's area. 11,204 prescription items were dispensed in England.

A total of 333 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Cardiff West cluster, of which 223 were outside of the health board's area. 8,224 prescription items were dispensed in England.

13.7 Housing developments

There are six developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 13.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Pentyrch and St Fagans	8,030	482	56	7,492	16,606
Fairwater	105	72	20	13	73
Llandaff	550	62	142	346	1,074
Llandaff North	3	0	1	3	9
Radyr and Morganstown	860	231	100	529	1,384
Whitchurch/Tongwynlais	27	8	2	17	42
Total	**9,575**	**855**	**321**	**8,400**	**19,186**

13.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that eight pharmacies confirmed they have sufficient capacity within their premises, and three said they do not but could make adjustments. Eight said they have sufficient capacity within their staffing levels, two said they do not but could make adjustments, and one did not answer this element of the question.

The health board has assumed that the remaining two pharmacies also have sufficient capacity.

13.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact all the population can access a pharmacy by car within 10 minutes, with the majority within five minutes. Whilst noting that not all households have access to a car throughout

the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completions.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

13.8.2 National community pharmacy and appliance contractor services

13.8.2.1 Appliance use review service

The health board has noted the pharmacies do not provide this service and only one of the dispensing appliance contractors in the health board's area provides it.

However, of the items dispensed in England in 2024/25, 64.8% were dispensed by dispensing appliance contractors and 58.2% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

13.8.2.2 Clinical community pharmacy service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

13.8.2.3 Influenza vaccination service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

13.8.2.4 Pharmacy independent prescribing service

The health board has noted seven of the pharmacies provided this service in 2025/26.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

13.8.2.5 Stoma appliance customisation service

The health board has noted none of the pharmacies provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 64.8% were dispensed by dispensing appliance contractors and 58.2% in the first nine months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

13.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements. 11 of the pharmacies provided this service in 2024/25 and the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

13.8.3 Additional clinical services

13.8.3.1 Needle and syringe programmes

The health board has noted none of the pharmacies have signed up to provide this service in 2025/26.

13.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted three pharmacies provided this service in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

13.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted three of the pharmacies provided this service in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

13.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted two of the pharmacies have signed up to provide this service, and two pharmacies provided it in 2025/26.

13.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted none of the pharmacies had signed up to provide this service in 2025/26.

13.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted none of the pharmacies had signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

14 Central Vale cluster

14.1 Overview

Central Vale cluster is the largest of the three clusters within Vale of Glamorgan local authority serving a GP practice registered population of 67,514[212] (compared with 65,768 at the time of the previous PNA). There are 13 pharmacies in the cluster and six GP practices; two of the six GP practices have branch surgery sites.

25.1% of residents in Central Vale live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Central Vale cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in chronic obstructive pulmonary disease and heart failure.
- Higher than the health board averages but lower than Wales averages in asthma, atrial fibrillation, coronary heart disease, diabetes, hypertension and stroke and transient ischaemic attack.
- Dementia aligns with the health board average, but lower than the Wales average.
- Mental health is higher than the health board but aligns with Wales average.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Central Vale cluster.

Table 14.1: Estimated percentage of patients living in the most deprived 20% of areas in Central Vale and the health board (2025)[213]

Area	Percentage
Central Vale cluster	25.1%
Cardiff and Vale University Health Board	25.1%

14.2 Health profile

The table below shows the estimated prevalence of chronic disease in Central Vale cluster.

[212] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[213] Public Health Wales - Primary care clusters dashboard

Table 14.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[214]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Central Vale cluster	6.7%	3.3%	2.6%	8.0%	1.5%	2.1%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

There has been a reduction in prevalence since the previous PNA for asthma (from 6.9%) with increases in COPD (from 2.3%), diabetes (from 5.8%), heart failure (from 1%) and stroke/TIA (from 2%) with CHD remaining the same.

The table below shows the percentage of people registered with a mental health condition and dementia in Central Vale cluster. The data reveals that Central Vale has a slightly higher percentage of patients registered as having a mental health condition than the health board average (0.1% higher) but aligns with the Wales average, and for dementia the percentage of registered patients aligns with the health board average, but lower than the Wales average (0.1% lower).

Table 14.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[215]

Area	Mental health	Dementia
Central Vale cluster	1.1%	0.7%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

There has been an increase in the prevalence for mental health and dementia since the previous PNA from 1% and 0.6% respectively.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Central Vale cluster. Central Vale cluster prevalence of atrial fibrillation is higher than the health board average (0.4% higher) but lower than the Wales average (0.3% lower) and for hypertension it is higher than the health board average (2.8% higher) but lower than the Wales average (0.4% lower).

[214] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[215] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 14.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[216]

Area	Atrial fibrillation	Hypertension
Central Vale cluster	2.4%	15.9%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

There has been an increase in the prevalence for atrial fibrillation and hypertension since the previous PNA from 2.1% and 15.4% respectively.

14.3 Current provision of pharmaceutical services within the cluster

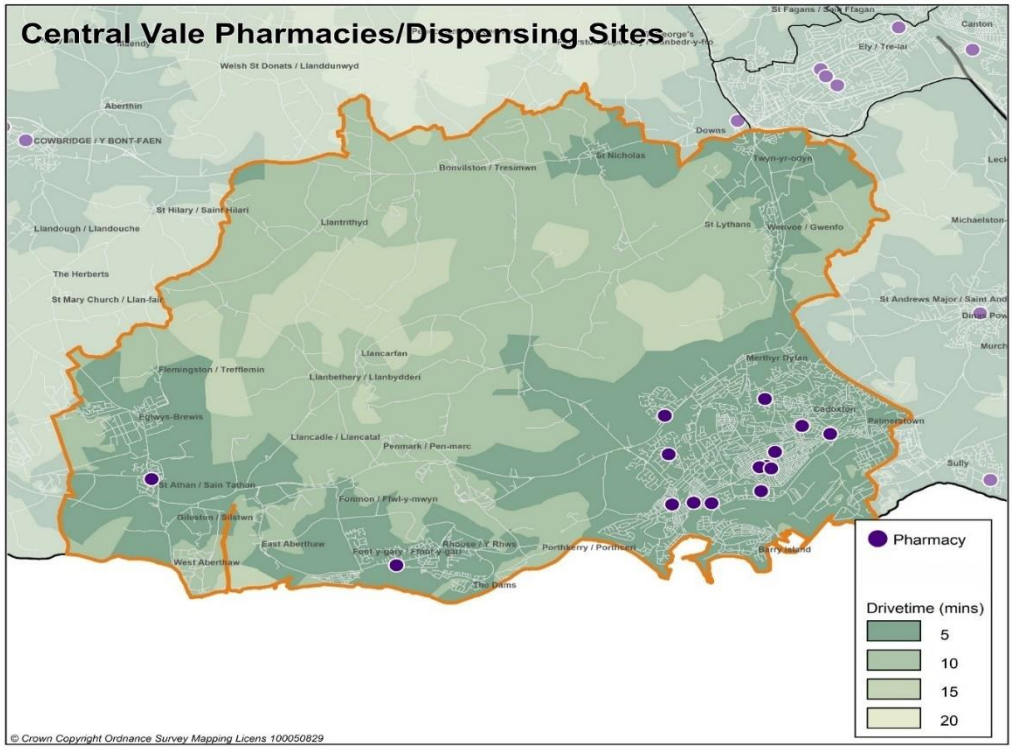
There are 13 pharmacies in Central Vale cluster operated by 10 contractors.

In 2024/25, 87.5% of items on prescriptions written by the GP practices in Central Vale cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 88.2% of items on prescriptions written by the GP practices in Central Vale cluster were dispensed by one of the pharmacies within the cluster.

The map below shows the location of the pharmacies in the cluster.

Map 14.1: Location of pharmacies



[216] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that the pharmacies in this cluster were generally located in areas of greater population density, and the majority within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 15 minutes, with the majority within 10 minutes. Noting the locations of the pharmacies have not changed, and the pharmacy that has closed was in close proximity to other pharmacies, the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 15 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- One pharmacy is open seven days a week,
- Two pharmacies are open Monday to Saturday,
- Four pharmacies are open Monday to Friday and Saturday morning, and
- Six pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours the range of opening and closing hours are shown in the table below:

Table 14.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00pm	5.00pm to 6.00pm
Saturday	9.00am to 10.00am	12.00pm to 5.30pm
Sunday	10.00am	4.00pm

- Monday to Friday:
    - One pharmacy closes at 5.00pm (except on a Wednesday when it increases to two pharmacies)
    - Six pharmacies close at 5.30pm
    - Six pharmacies close at 6.00pm (except on a Wednesday when it reduces to five pharmacies)
- Six pharmacies open on a Saturday:
    - Two pharmacies close at 12.00pm
    - Two pharmacies close at 1.00pm
    - One pharmacy closes at 4.00pm
    - Two pharmacies close at 5.30pm
- One pharmacy opens on a Sunday

Full details of when the pharmacies are open can be found in Appendix K.

Five pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

Four of the pharmacies are accessible by wheelchair and three have a consultation area that is accessible by wheelchair. All the consultation areas:

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

One pharmacy confirmed it has Welsh speakers in its staff. Other languages spoken by staff are as follows.

- Gujarati
- Hindi
- Pashto
- Persian
- Portuguese
- Spanish
- Urdu

Three of the pharmacies dispense prescriptions for all types of appliances and two dispense dressings.

Although non-commissioned services:

- all five pharmacies collect prescriptions from GP practices,
- all five provide a delivery service for a fee, although one does not charge eligible and elderly patients who do not have proper support, and
- one has an automated collection point.

There was one suggestion for an existing additional clinical service which is not currently provided in the area – increasing the scope of the pharmacy independent prescribing service to include “urinary tract infections, management and advising on burns, and insect bites, rashes”.

There was one suggestion for a new service that is not currently available and that is in relation to the provision of dressings.

When asked if they have capacity to meet the increasing need for pharmaceutical services five confirmed they have sufficient capacity within their premises, one said it does not but could make adjustments, and two said they did not and would have difficulty in managing an increase in demand.

Five said they have sufficient capacity within their staffing levels, two said they do not but could make adjustments, and one said it does not and would have difficulty in managing an increase in demand.

Five pharmacies did not answer the question.

When asked if they have any plans to develop or expand the premises or range of services provided four pharmacies responded.

- One has recently introduced the pharmacy independent prescribing service.
- One pharmacy is looking for new premises but is limited by the units that are available.
- Another is looking to increase the range of private services provided.
- One pharmacy is looking to install more consultation rooms.

14.3.1 Access to national community pharmacy and appliance contractor services

14.3.1.1 Appliance use reviews service

None of the pharmacies provide this service.

14.3.1.2 Clinical community pharmacy service

All 13 pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 10,390 consultations for common ailments (range at pharmacy level 137 to 3,231)
- 521 consultations for contraception (range at pharmacy level one to 174)
- 4,687 emergency medicines supplies (range at pharmacy level 34 to 789)

In the first eight months of 2025/26 the pharmacies provided:

- 7,723 consultations for common ailments (range at pharmacy level 145 to 1,953)
- 363 consultations for contraception (range at pharmacy level one to 138)
- 3,696 emergency medicines supplies (range at pharmacy level 10 to 649)

14.3.1.3 Influenza vaccination service

All 13 pharmacies have signed up to provide this service.

All pharmacies provided this service in 2024/25, providing a total of 2,243 vaccinations (range at pharmacy level 26 to 645).

All pharmacies provided the service in the first eight months of 2025/26, providing a total of 1,775 vaccinations (range at pharmacy level 13 to 448).

14.3.1.4 Pharmacy independent prescribing service

Six of the pharmacies provided this service in 2024/25, providing a total of 3,166 consultations (range at pharmacy level 15 to 1,327).

Nine pharmacies have signed up to provide the service and provided it in the first eight months of 2025/26, providing a total of 2,134 consultations (range at pharmacy level seven to 909).

14.3.1.5 Stoma appliance customisation service

None of the pharmacies provide this service.

14.3.1.6 Discharge medicines review service

12 pharmacies provided this service in 2024/5, providing a total of 456 reviews (range at pharmacy level one to 256). 11 provided it in the first nine months of 2025/26 providing a total of 332 reviews (range at pharmacy level two to 216).

14.3.2 Additional clinical services

14.3.2.1 Needle and syringe programmes

Two of the pharmacies have signed up to provide this service.

14.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Five of the pharmacies have signed up to provide this service.

Five pharmacies provided it in 2024/25, supporting 158 people (range at pharmacy level one to 68).

Three pharmacies provided it in the first eight months of 2025/26, supporting 67 people (range at pharmacy level 20 to 24).

14.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Three pharmacies provided the service in 2024/25, supporting 89 people (range at pharmacy level four to 48).

Three pharmacies provided the service it in the first eight months of 2025/26, supporting a total of 61 people (range at pharmacy level 10 to 30).

14.3.2.4 Supervised administration of medicines – substance misuse

Nine of the pharmacies have signed up to provide this service.

In 2024/25, five pharmacies provided the service to 279 clients (range at pharmacy level 12 to 120).

In the first eight months of 2025/26, five pharmacies provided the service to 162 clients (range at pharmacy level two to 86).

14.3.2.5 Urgent medicines service level 1 (standard)

Three of the pharmacies have signed up to provide this service.

14.3.2.6 Urgent medicines service – level 2 (enhanced)

Two of the pharmacies have signed up to provide this service

14.4 Current provision of pharmaceutical services outside the cluster

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (87.5%), with the remainder dispensed outside the cluster, most notably:

- 5.6% by pharmacies in Western Vale cluster
- 2.7% by pharmacies in Eastern Vale cluster

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (88.2%), with the remainder dispensed outside the locality, most notably:

- 5.2% by pharmacies in Western Vale cluster
- 2.7% by pharmacies in Eastern Vale cluster
- 1.0% by contractors in England

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

14.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

14.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.3 and 14.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 305 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Central Vale cluster, of which 197 were

outside of the health board's area. 11,017 prescription items were dispensed in England.

A total of 282 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Central Vale cluster, of which 179 were outside of the health board's area. 10,528 prescription items were dispensed in England.

14.7 Housing developments

There are three developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 14.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Barry	501	0	60	441	1,102
Sully	515	287	38	190	502
Wick	17	0	0	17	37
Total	**1,033**	**287**	**98**	**648**	**1,641**

14.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that five pharmacies confirmed they have sufficient capacity within their premises, one said it does not but could make adjustments, and two said they did not and would have difficulty in managing an increase in demand.

Five said they have sufficient capacity within their staffing levels, two said they do not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand.

The health board has assumed that the remaining five pharmacies also have sufficient capacity.

14.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 15 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completions

- The opening hours of the pharmacies

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

14.8.2 National community pharmacy and appliance contractor services

14.8.2.1 Appliance use review service

The health board has noted the pharmacies do not provide this service and only one of the dispensing appliance contractors in the health board's area provides it.

However, of the items dispensed in England in 2024/25, 87.1% were dispensed by dispensing appliance contractors and 68.1% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

14.8.2.2 Clinical community pharmacy service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

14.8.2.3 Influenza vaccination service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

14.8.2.4 Pharmacy independent prescribing service

The health board has noted nine of the pharmacies provided this service in 2025/26 and one started to provide it towards the end of the year.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

14.8.2.5 Stoma appliance customisation service

The health board has noted none of the pharmacies provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 87.1% were dispensed by dispensing appliance contractors and 68.1% in the first nine months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

14.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements. 12 of the pharmacies provided this service in 2024/25 and 11 in the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

14.8.3 Additional clinical services

14.8.3.1 Needle and syringe programmes

The health board has noted two of the pharmacies had signed up to provide this service in 2025/26.

14.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted five of the pharmacies have signed up to provide this service, and five provided it in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

14.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted four of the pharmacies provided this service in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

14.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted nine of the pharmacies have signed up to provide this service, and four pharmacies provided it in 2025/26.

14.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted three of the pharmacies had signed up to provide this service in 2025/26.

14.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted two of the pharmacies have signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

15 Eastern Vale cluster

15.1 Overview

Eastern Vale cluster is the second largest of the three clusters within Vale of Glamorgan local authority, serving a GP practice registered population of 36,940[217]. There are nine pharmacies in the cluster and three GP practices.

In the Vale of Glamorgan, the population size has increased by 4.3%, from around 126,300 in 2011 to 131,800 in 2021. This is higher than the overall increase for Wales (1.4%). The Vale of Glamorgan's population growth was the fourth highest in Wales after Newport (9.5%), Cardiff (4.7%) and Bridgend (4.5%). The Vale of Glamorgan is the tenth most densely populated of the 22 local authority areas in Wales[218].

The Vale of Glamorgan local authority has a higher life expectancy at birth for females (83.4 years) and males (79.7 years) when compared to the Wales average 81.8 years (females) and 77.9 years (males).

0.1% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation, compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Eastern Vale cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in chronic obstructive pulmonary disease, diabetes, and mental health.
- Higher than both the health board and Wales averages in atrial fibrillation and dementia.
- Higher than the health board averages but lower than Wales averages in asthma, coronary heart disease, hypertension and stroke and transient ischaemic attack.
- Heart failure is higher than the health board average but aligns with the Wales average.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Eastern Vale cluster.

Table 15.1: Estimated percentage of patients living in the most deprived 20% of areas in Eastern Vale and the health board (2025)[219]

Area	Percentage
Eastern Vale cluster	0.1%
Cardiff and Vale University Health Board	25.1%

[217] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[218] Office of National Statistics - How the population changed in the Vale of Glamorgan: Census 2021
[219] Public Health Wales - Primary care clusters dashboard

15.2 Health profile

The table below shows the estimated prevalence of chronic disease in Eastern Vale cluster.

Table 15.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[220]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Eastern Vale cluster	6.8%	3.2%	1.5%	6.8%	1.4%	2.0%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

Since the previous PNA there has been a reduction in the prevalence of CHD (from 3.3%) and stroke/TIA (from 2.1%) and an increase in diabetes (from 5.2%) and heart failure (from 1%) with asthma and COPD remaining the same.

The table below shows the percentage of people registered with a mental health condition and dementia in Eastern Vale cluster. The data reveals that Eastern Vale has a lower percentage of patients registered as having a mental health condition than both the health board average (0.2% lower) and Wales average (0.3% lower), and for dementia the percentage of registered patients is higher than both the health board average (0.4% higher) and Wales average (0.3% higher).

Table 15.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[221]

Area	Mental health	Dementia
Eastern Vale cluster	0.8%	1.1%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

The prevalence of dementia has increased since the previous PNA (from 0.8%) and mental health has remained the same.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Eastern Vale cluster. Eastern Vale cluster prevalence of atrial fibrillation is higher than both the health board average (0.9% higher) and Wales average (0.2% higher) and for

[220] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[221] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

hypertension it is higher than the health board average (1.9% higher) but lower than the Wales average (1.3% lower).

Table 15.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[222]

Area	Atrial fibrillation	Hypertension
Eastern Vale cluster	2.9%	15.0%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

The prevalence of atrial fibrillation and hypertension has increased since the previous PNA from 2.4% and 14.7% respectively.

15.3 Current provision of pharmaceutical services within the cluster

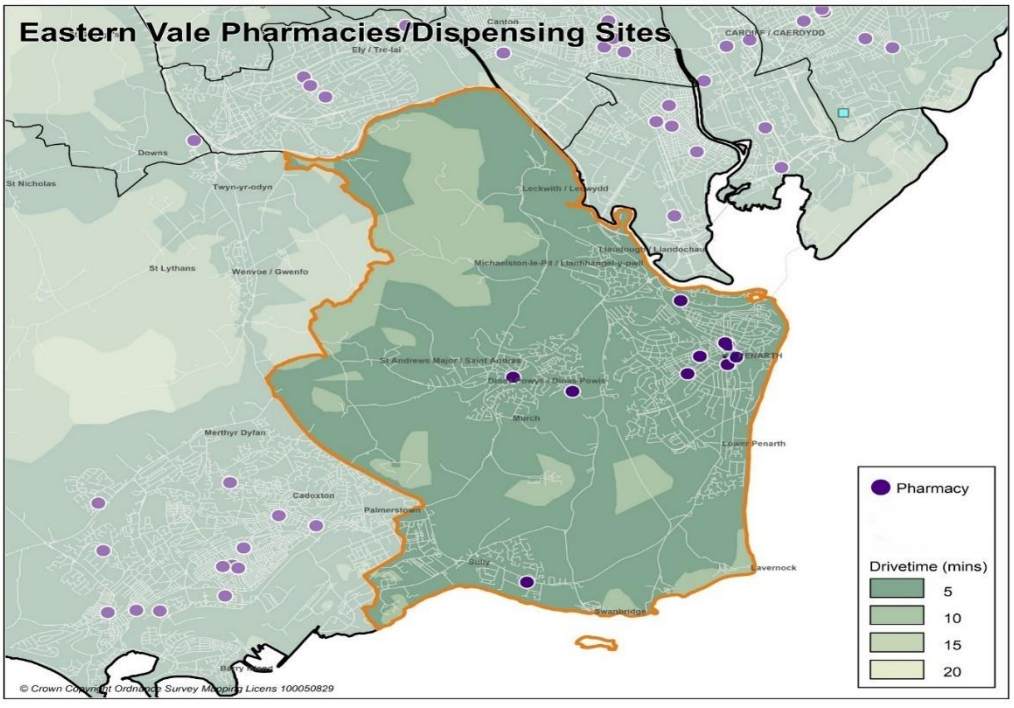
There are nine pharmacies in Eastern Vale cluster operated by five contractors.

In 2024/25, 93.0% of items on prescriptions written by the GP practices in Eastern Vale cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 93.8% of items on prescriptions written by the GP practices in Eastern Vale cluster were dispensed by one of the pharmacies within the cluster.

The map below shows the location of the pharmacies in the cluster.

Map 15.1: Location of pharmacies



[222] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

The health board has noted the PNA published on 1 October 2021 concluded that the majority of the pharmacies in this cluster were located in areas of greater population density, and within or near areas of higher deprivation. In addition, all residents could access one of the pharmacies by car within 10 minutes, with the majority within five minutes. Noting the locations of the pharmacies have not changed the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 10 minutes and for many the travel time will be shorter.

Looking at the opening hours for the nine pharmacies:

- Two pharmacies are open seven days a week,
- Four pharmacies are open Monday to Friday and Saturday morning, and
- Three pharmacies are open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours the range of opening and closing hours are shown in the table below.

Table 15.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00pm	5.30pm to 8.00pm
Saturday	8.00am to 9.00am	12.00pm 8.00pm
Sunday	10.00am	4.00pm

- Monday to Friday:
    - Six pharmacies close at 5.30pm
    - Two pharmacies close at 6.00pm
    - One pharmacy closes at 8.00pm
- Five pharmacies open on a Saturday:
    - Two pharmacies close at 12.00pm
    - Two pharmacies close at 1.00pm
    - One pharmacy closes at 6.00pm
    - One pharmacy closes at 8.00pm
- Two pharmacies are open on a Sunday

Full details of when the pharmacies are open can be found in Appendix K.

Five pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

The five pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

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

Two pharmacies confirmed they have Welsh speakers in their staff. Other languages spoken by staff include:

- Bengali
- Cantonese

All five pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services all five pharmacies collect prescriptions from GP practices and provide a free of charge delivery service on request.

There were three suggestions for existing additional clinical services which are not currently provided in the area:

- Full smoking cessation service
- Community medication administration records service
- Smoking cessation level 3

There were two suggestions for a new service that is not currently available:

- Weight loss clinic
- Blood pressure monitoring

When asked if they have capacity to meet the increasing need for pharmaceutical services six pharmacies confirmed they have sufficient capacity within their premises, and one said it does not but could make adjustments. Five said they have sufficient capacity within their staffing levels, and two said they do not but could make adjustments.

Two pharmacies did not answer the question.

When asked if they have any plans to develop or expand the premises or range of services provided three pharmacies responded.

- Two are due to start providing the pharmacy independent prescribing service as pharmacists have qualified as independent prescribers.
- One has recently introduced a private weight management service.
- Three are working to raise awareness of the services they provide with the public and working with GP practices to increase referrals.

15.3.1 Access to national community pharmacy and appliance contractor services

15.3.1.1 Appliance use reviews service

None of the pharmacies provide this service.

15.3.1.2 Clinical community pharmacy service

All nine pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 3,752 consultations for common ailments (range at pharmacy level 108 to 855)
- 304 consultations for contraception (range at pharmacy level five to 126)
- 3,319 emergency medicines supplies (range at pharmacy level 38 to 863)

In the first eight months of 2025/26 the pharmacies provided:

- 3,440 consultations for common ailments (range at pharmacy level 108 to 1,067)
- 279 consultations for contraception (range at pharmacy level five to 146)
- 1,840 emergency medicines supplies (range at pharmacy level 47 to 451)

15.3.1.3 Influenza vaccination service

All nine pharmacies have signed up to provide this service.

All pharmacies provided this service in 2024/25, providing a total of 1,711 vaccinations (range at pharmacy level 29 to 419).

Eight pharmacies provided the service in the first eight months of 2025/26, providing a total of 1,883 vaccinations (range at pharmacy level 25 to 547).

15.3.1.4 Pharmacy independent prescribing service

One of the pharmacies provided this service in 2024/25, providing a total of 1,284 consultations.

Two of the pharmacies had signed up to provide this service and provided it in the first eight months of 2025/26, providing a total of 768 consultations (range at pharmacy level 37 to 731).

15.3.1.5 Stoma appliance customisation service

None of the pharmacies provide this service.

15.3.1.6 Discharge medicines review service

Seven pharmacies provided this service in 2024/5, providing a total of 415 reviews (range at pharmacy level eight to 149). Seven also provided it in the first nine months of 2025/26 providing a total of 205 reviews (range at pharmacy level 11 to 65).

15.3.2 Additional clinical services

15.3.2.1 Needle and syringe programmes

Two of the pharmacies have signed up to provide this service.

15.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Four pharmacies provided it in 2024/25, supporting 25 people (range at pharmacy level three to 11).

Three pharmacies provided it in the first eight months of 2025/26, supporting 18 people (range at pharmacy level one to 11).

15.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Four pharmacies provided the service in 2024/25, supporting 37 people (range at pharmacy level one to 28).

Three pharmacies provided the service it in the first eight months of 2025/26, supporting a total of nine people (range at pharmacy level one to four).

15.3.2.4 Supervised administration of medicines – substance misuse

Five of the pharmacies have signed up to provide this service.

In 2024/25, two pharmacies provided the service to 127 clients (range at pharmacy level 59 to 68).

In the first eight months of 2025/26, two pharmacies provided the service to 64 clients (range at pharmacy level 19 to 45).

15.3.2.5 Urgent medicines service level 1 (standard)

One of the pharmacies has signed up to provide this service.

15.3.2.6 Urgent medicines service – level 2 (enhanced)

One of the pharmacies has signed up to provide this service

15.4 Current provision of pharmaceutical services outside the cluster

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (93.0%), with the remainder dispensed outside the cluster, most notably:

- 2.5% by pharmacies in Cardiff City and South cluster

- 1.4% in Aneurin Bevan University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (93.8%), with the remainder dispensed outside the locality, most notably:

- 2.6% by pharmacies in Cardiff City and South cluster
- 1.2% in Aneurin Bevan University Health Board

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

15.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

15.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 15.3 and 15.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 185 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Eastern Vale cluster, of which 89 were outside of the health board's area. 5,389 prescription items were dispensed in England.

A total of 149 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Eastern Vale cluster, of which 68 were outside of the health board's area. 3,847 prescription items were dispensed in England.

15.7 Housing developments

There is one development within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 15.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Penarth	721	576	91	145	519

15.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that six pharmacies confirmed they have sufficient capacity within their premises, and one said it does not but could make adjustments. Five said they have sufficient capacity within their staffing levels, and two said they do not but could make adjustments.

The health board has assumed that the remaining two pharmacies also have sufficient capacity.

15.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact the population can access a pharmacy by car within 10 minutes, with the majority within five minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing development and where information is available on phasing and completions.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

15.8.2 National community pharmacy and appliance contractor services

15.8.2.1 Appliance use review service

The health board has noted none of the pharmacies provide this service and only one of the dispensing appliance contractors in the health board's area provides it.

However, of the items dispensed in England in 2024/25, 90.3% were dispensed by dispensing appliance contractors and 92.7% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

15.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up to provide this service and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

15.8.2.3 Influenza vaccination service

The health board has noted all the pharmacies have signed up to provide this service and all provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

15.8.2.4 Pharmacy independent prescribing service

The health board has noted two of the pharmacies provided this service in 2025/26 and two more are due to start providing it.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

15.8.2.5 Stoma appliance customisation service

The health board has noted none of the pharmacies provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 90.3% were dispensed by dispensing appliance contractors and 92.7% in the first nine months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

15.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements. Seven of the pharmacies provided this service in 2024/25 and the first nine months of 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

15.8.3 Additional clinical services

15.8.3.1 Needle and syringe programmes

The health board has noted two of the pharmacies had signed up to provide this service in 2025/26.

15.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted four of the pharmacies provided this service in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

15.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted four of the pharmacies provided this service in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

15.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted five of the pharmacies have signed up to provide this service, and two pharmacies provided it in 2025/26.

15.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted one of the pharmacies had signed up to provide this service in 2025/26.

15.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted one of the pharmacies had signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

16 Western Vale cluster

16.1 Overview

Western Vale cluster is the smallest of the three clusters within Vale of Glamorgan local authority serving a GP practice registered population of 32,439[223]. There are six pharmacies in the cluster and three GP practices.

Deprivation is not a particular issue in the Western Vale cluster as 0.0% of residents live in areas ranked in the most deprived 20% on the Welsh Index of Multiple Deprivation compared with 20.7% across Wales and 25.1% across Cardiff and Vale University Health Board.

The profile of long-term health conditions in Western Vale cluster when compared with the health board and Wales position shows:

- Lower than both health board and Wales averages in chronic obstructive pulmonary disease and mental health.
- Higher than both the health board and Wales averages in atrial fibrillation, hypertension and stroke and transient ischaemic attack.
- Higher than the health board average but lower than the Wales average in asthma, coronary heart disease, dementia, and diabetes.
- Heart failure is higher than the health board but aligns with the Wales average.

The table below shows the estimated percentage of people living in the most deprived 20% areas in Western Vale cluster.

Table 16.1: Estimated percentage of patients living in the most deprived 20%of areas in Western Vale and the health board (2025)[224]

Area	Percentage
Western Vale cluster	0.0%
Cardiff and Vale University Health Board	25.1%

16.2 Health profile

The table below shows the estimated prevalence of chronic disease in Western Vale cluster.

[223] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice (January 2026)
[224] Public Health Wales - Primary care clusters dashboard

Table 16.2: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales 2025[225]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Western Vale cluster	6.5%	2.9%	1.3%	7.1%	1.4%	2.8%
Cardiff and Vale University Health Board	6.4%	2.6%	1.7%	7.0%	1.2%	1.8%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

There has been a slight increase for asthma (from 6.3%) and stroke/TIA (from 2.5%) with a larger increase in diabetes (from 5.2%) with a decrease for CHD (from 3.3%), COPD (from 1.4%) and no change in heart failure.

The table below shows the percentage of people registered with a mental health condition and dementia in Western Vale cluster. Western Vale has a lower percentage of patients registered as having a mental health condition than both the health board average (0.3% lower) and Wales average (0.4% lower), and for dementia the percentage of registered patients aligns with the health board average but lower than the Wales average (0.1% lower).

Table 16.3: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2025[226]

Area	Mental health	Dementia
Western Vale cluster	0.7%	0.7%
Cardiff and Vale University Health Board	1.0%	0.7%
Wales	1.1%	0.8%

There has been no change in the mental health prevalence and a slight decrease in dementia (from 0.8%) since the previous PNA.

The table below, shows the estimated prevalence of atrial fibrillation and hypertension amongst people included on GP practice registers in Western Vale cluster Western Vale cluster prevalence of atrial fibrillation is higher than both the health board average (1.0% higher) and Wales average (0.3% higher) and for hypertension it is higher than both the health board average (3.5% higher) and Wales average (0.3% higher).

[225] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[226] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

Table 16.4: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2025[227]

Area	Atrial fibrillation	Hypertension
Western Vale cluster	3.0%	16.6%
Cardiff and Vale University Health Board	2.0%	13.1%
Wales	2.7%	16.3%

There has been a slight increase in atrial fibrillation (from 2.8%) and an increase in hypertension (from 14.3%) since the previous PNA.

16.3 Current provision of pharmaceutical services within the cluster

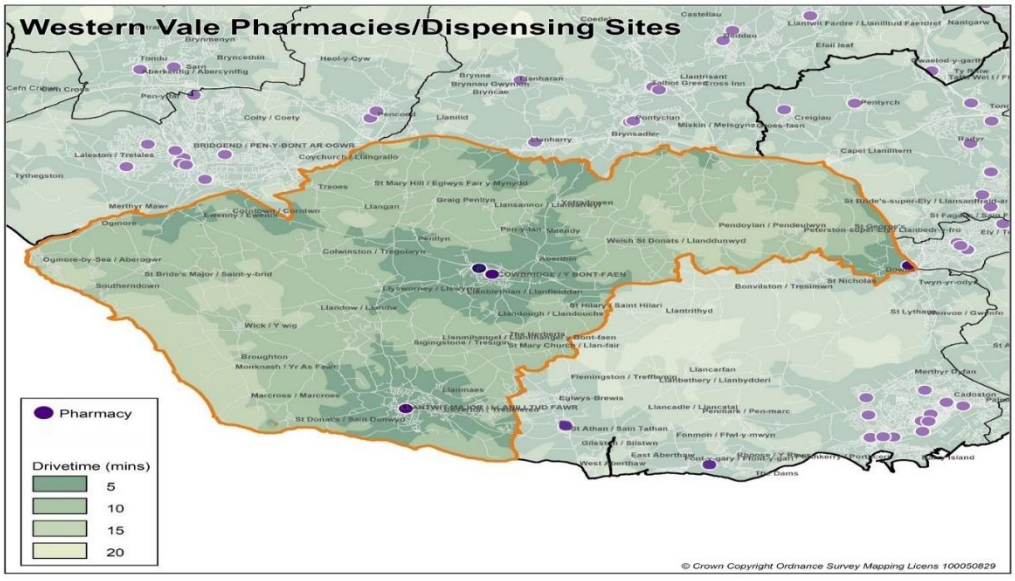
There are six pharmacies in Western Vale cluster operated by six contractors.

In 2024/25, 95.9% of items on prescriptions written by the GP practices in Western Vale cluster were dispensed by one of the pharmacies within the cluster.

In the first nine months of 2025/26, 97.4% of items on prescriptions written by the GP practices in Western Vale cluster were dispensed by one of the pharmacies within the cluster.

The map below shows the location of the pharmacies in the cluster.

Map 16.1: Location of pharmacies



The health board has noted the PNA published on 1 October 2021 concluded that the pharmacies in this cluster were located in areas of greater population density. In addition, all residents could access one of the pharmacies by car within 20 minutes, with the majority within 10 minutes. Noting the locations of the pharmacies have not

[227] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice

changed the health board is satisfied these conclusions remain valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- No pharmacies are open seven days a week,
- Three pharmacies are open Monday to Saturday,
- Two pharmacies are open Monday to Friday and Saturday morning, and
- One pharmacy is open Monday to Friday.

Within the cluster, when looking at the total pharmacy opening hours the range of opening and closing hours are shown in the table below.

Table 16.5: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	9.00am	5.00pm to 6.00pm
Saturday	9.00am	12.00pm 5.30pm

- Monday to Friday:
  - Two pharmacies close at 5.00pm
  - One pharmacy closes at 5.30pm
  - Three pharmacies close at 6.00pm
- Five pharmacies are open on a Saturday:
  - One pharmacy closes at 12.00pm
  - One pharmacy closes at 12.30pm
  - One pharmacy closes at 5.00pm
  - Two pharmacies close at 5.30pm

Full details of when the pharmacies are open can be found in Appendix K.

There has been a slight reduction in the range of opening hours since the previous PNA with opening times at 9.00am rather than 8.30-9.00am and closing times during the week 30 minutes earlier.

Two pharmacies responded to the contractor questionnaire, and the following information was taken from their responses.

Both pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. Their consultation areas are:

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

Neither pharmacy has Welsh speakers in their staff and the only other language spoken is English.

Both pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services:

- both pharmacies collect prescriptions from GP practices, and
- one provides a free of charge delivery service on request, and the other provides it for a fee.

There were no suggestions for existing additional clinical services which are not currently provided in the area or for a new service that is not currently available.

When asked if they have capacity to meet the increasing need for pharmaceutical services pne confirmed it does not have sufficient capacity within its staffing levels, but could make adjustments, and one does not have sufficient capacity within its premises and would have difficulty in managing any increase in capacity.

Three pharmacies did not answer the question.

When asked if they have any plans to develop or expand the premises or range of services provided one pharmacy confirmed a second consultation room is to be installed.

16.3.1 Access to national community pharmacy and appliance contractor services

16.3.1.1 Appliance use reviews service

None of the pharmacies provide this service.

16.3.1.2 Clinical community pharmacy service

All six pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 6,117 consultations for common ailments (range at pharmacy level 188 to 3,570)
- 155 consultations for contraception (range at pharmacy level one to 64)
- 3,333 emergency medicines supplies (range at pharmacy level 118 to 1,063)

In the first eight months of 2025/26 the pharmacies provided:

- 5,990 consultations for common ailments (range at pharmacy level 336 to 2,866)
- 128 consultations for contraception (range at pharmacy level eight to 47)
- 2,842 emergency medicines supplies (range at pharmacy level 148 to 1,062)

16.3.1.3 Influenza vaccination service

All six pharmacies have signed up to provide this service.

Six pharmacies provided this service in 2024/25, providing a total of 818 vaccinations (range at pharmacy level 16 to 340).

Six pharmacies provided the service in the first eight months of 2025/26, providing a total of 827 vaccinations (range at pharmacy level 23 to 365).

16.3.1.4 Pharmacy independent prescribing service

Three of the pharmacies provided this service in 2024/25, providing a total of 2,450 consultations (range at pharmacy level 80 to 1,972).

Although four of the pharmacies had signed up to provide this service, three provided it in the first eight months of 2025/26, providing a total of 2,670 consultations (range at pharmacy level 341 to 1,885).

16.3.1.5 Stoma appliance customisation service

None of the pharmacies provide this service.

16.3.1.6 Discharge medicines review service

All the pharmacies provided this service in 2024/5, providing a total of 218 reviews (range at pharmacy level eight to 97). They also provided it in the first nine months of 2025/26 providing a total of 249 reviews (range at pharmacy level one to 77).

16.3.2 Additional clinical services

16.3.2.1 Needle and syringe programmes

Two of the pharmacies have signed up to provide this service.

16.3.2.2 Help me quit @ pharmacy (level 2 smoking cessation) service

Two of the pharmacies have signed up to provide this service.

Two pharmacies provided it in 2024/25, supporting 34 people (range at pharmacy level four to 30).

Two pharmacies provided it in the first eight months of 2025/26, supporting 21 people (range at pharmacy level nine to 12).

16.3.2.3 Help me quit @ pharmacy (level 3 smoking cessation) service

Two of the pharmacies have signed up to provide this service.

Two pharmacies provided the service in 2024/25, supporting 44 people (range at pharmacy level 21 to 23).

Two pharmacies provided the service it in the first eight months of 2025/26, supporting a total of 25 people (range at pharmacy level 11 to 15).

16.3.2.4 Supervised administration of medicines – substance misuse

Three of the six pharmacies have signed up to provide this service.

In 2024/25, three pharmacies provided the service to 57 clients (range at pharmacy level one to 53).

In the first eight months of 2025/26, one pharmacy provided the service to 29 clients.

16.3.2.5 Urgent medicines service level 1 (standard)

Four of the pharmacies have signed up to provide this service.

16.3.2.6 Urgent medicines service – level 2 (enhanced)

One of the pharmacies has signed up to provide this service

16.4 Current provision of pharmaceutical services outside the cluster area

Some residents may choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the cluster (95.9%), with the remainder dispensed outside the cluster, most notably:

- 0.7% in Cwm Taf Morgannwg University Health Board
- 0.6% by contractors in England
- 0.2% by pharmacies in Cardiff City and South cluster

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (97.4%), with the remainder dispensed outside the locality, most notably:

- 0.6% by contractors in England
- 0.5% in Cwm Taf Morgannwg University Health Board

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

16.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

16.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 16.3 and 16.4, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 173 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the Western Vale cluster, of which 96 were outside of the health board's area. 4,094 prescription items were dispensed in England.

A total of 134 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the Western Vale cluster, of which 63 were outside of the health board's area. 3,030 prescription items were dispensed in England.

16.7 Housing developments

There are eight developments within the cluster as can be seen from the table below. The number of people is calculated using 2.2 people per unit.

Table 16.6: housing developments within the cluster

District/area	Number of plots	Completed plots (March 2026)	Plots in progress	Not started	Number of people
Bonvilston	120	40	0	80	176
Cowbridge	678	298	72	308	836
Hensol	16	0	0	16	35
Llantwit Major	465	0	0	465	1,023
Rhoose	15	0	15	0	33
Southerndown	22	0	0	22	48
St Athan	15	0	0	15	33
Ystradowen	46	0	0	46	101
Total	**1,377**	**338**	**87**	**952**	**2,286**

16.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that two pharmacies confirmed they have sufficient capacity within their premises and staffing levels. One confirmed it does not have sufficient capacity within its staffing levels, but could make adjustments, and one does not have sufficient capacity within its premises and would have difficulty in managing any increase in capacity.

The health board has assumed that the remaining three pharmacies have sufficient capacity.

16.8.1 Essential services

The health board has noted:

- The location of pharmacies across the cluster and the fact all of the population can access a pharmacy by car within 20 minutes, with the majority within 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The known housing developments and where information is available on phasing and completions.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current or future needs for essential services within the cluster.

16.8.2 National community pharmacy and appliance contractor services

16.8.2.1 Appliance use review service

The health board has noted none the pharmacies provide this service and only one of the dispensing appliance contractors in the health board's area provides it.

However, of the items dispensed in England in 2024/25, 92.4% were dispensed by dispensing appliance contractors and 92.0% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

16.8.2.2 Clinical community pharmacy service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

16.8.2.3 Influenza vaccination service

The health board has noted all pharmacies have signed up to provide this service and provided it in 2025/26. As a result, the health board has not identified any current or future needs for this service within the cluster.

16.8.2.4 Pharmacy independent prescribing service

The health board has noted three of the pharmacies provided this service in 2025/26.

The health board has noted that this is an evolving service and from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

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

16.8.2.5 Stoma appliance customisation service

The health board has noted none of the pharmacies provide this service and neither do the dispensing appliance contractors in the health board's area.

However, of the items dispensed in England in 2024/25, 92.4% were dispensed by dispensing appliance contractors and 92.0% in the first nine months of 2025/26. It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

16.8.2.6 Discharge medicines review service

The health board has noted that the service is available to be provided by any community pharmacy who wish to enter into such arrangements. All the pharmacies provided this service in 2024/25 and the first nine months of 2025/26. It has therefore not identified any current or future needs for this service within the cluster.

16.8.3 Additional clinical services

16.8.3.1 Needle and syringe programmes

The health board has noted two of the pharmacies had signed up to provide this service in 202/26.

16.8.3.2 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted two of the pharmacies have signed up to provide this service and provided it in 2025/26. The service is commissioned from pharmacies in areas of deprivation.

Based on the above, the health board has not identified any current or future needs for this service within the cluster.

16.8.3.3 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted two of the pharmacies have signed up to provide this service and provided it in 2025/26. It has noted that pharmacies are one of a range of providers of the service including the Help me quit baby and Help me quit in hospital services.

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

16.8.3.4 Supervised administration of medicines – substance misuse

The health board has noted three of the pharmacies have signed up to provide this service, and three pharmacies provided it in 2025/26.

16.8.3.5 Urgent medicines service level 1 (standard)

The health board has noted four of the pharmacies had signed up to provide this service in 2025/26.

16.8.3.6 Urgent medicines service level 2 (enhanced)

The health board has noted one of the pharmacies had signed up to provide this service in 2025/26.

The Health Board has not identified any current or future need to expand additional clinical service provision as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in health boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on health boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to health boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 October 2021 had to be satisfied before a health board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services submitted an application to the health board in accordance with the 2013 Regulations. The health board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the health board’s decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It was they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located, or direct which services must be provided from those locations.

Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (eg doctors) and to make recommendations for

changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation “Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992” sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However, it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce pharmaceutical needs assessments.

The Public Health (Wales) Act 2017 (the 2017 Act) inserted section 82A into the 2006 Act which makes provision for a new duty for health boards in Wales to prepare and publish an assessment of need for pharmaceutical services. Section 82A gave the Welsh Ministers powers to make regulations setting out the requirements for PNAs in Wales.

Intended effect and beneficial outcomes

The intended effect of introducing pharmaceutical needs assessments is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This requires health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (eg pharmacies and dispensing doctors). Health boards use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change provides contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they did previously. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve and provide services effectively to address identified pharmaceutical needs.

Policy, legislative framework and regulation

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are the essential services now set out in Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. 'Additional pharmaceutical services' are defined as services of a kind that do not fall within section 80 i.e. the national community pharmacy and appliance contractor services (previously referred to as the 'advanced services', and the community pharmacy additional clinical services (previously referred to as the 'enhanced services') . Section 81 gives Welsh Ministers the power to give directions to a health board:

(i) requiring it to arrange for the provision of additional pharmaceutical services, or
(ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A into the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of pharmaceutical needs assessments. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers made subordinate legislation setting out requirements for pharmaceutical needs assessments in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 imposes the legal requirements on health boards to complete pharmaceutical needs assessments.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1st October 2020 and health boards had until 1 October 2021 to publish their first pharmaceutical needs assessment.

In summary the NHS (Pharmaceutical Services) (Wales) Regulations 2020 set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health boards are free to include any other information that they feel is relevant)
- Date by which health boards must publish their first pharmaceutical needs assessment

- Requirement on health boards to publish further pharmaceutical needs assessments on a five yearly basis
- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the health board is to have regard to when producing its pharmaceutical needs assessment.

Once a health board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition, a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

Developing the detailed requirements

A working group was established in November 2015 to develop the detailed requirements for conducting a PNA and to review and amend the tests and procedures as they apply to the provision of NHS pharmaceutical services. The group, which met on a number of occasions, consisted health board pharmacy leads with knowledge of the previous control of entry system and expertise in community pharmacy, NHS Shared Services Partnership primary care (pharmacy) leads, who have expertise in the process of determining control of entry applications, and Welsh Government staff. The group made a significant contribution to the development of Welsh Government's policy on pharmaceutical needs assessments, including the resultant proposals contained within the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Review of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

Welsh Government undertook a review of the regulations in 2024 to evaluate the introduction of pharmaceutical needs assessments in order to assess whether their introduction is working as intended and to identify any unintended consequences of the policy. Amendments are expected to be made to the regulations in due course.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to be suffering from, or at risk of development, an adverse health issue and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

Appendix C – national community pharmacy and appliance contractor services

1. The clinical community pharmacy service

Service description

The clinical community pharmacy service comprises three components.

- A common ailments service,
- A contraception service, and
- An emergency medicine supply service.

In order to provide the service, pharmacy contractors must provide all three components.

Aims and intended outcomes

- To deliver prudent healthcare using a ‘community pharmacy first’ model of care, for patients who can be appropriately managed in the community pharmacy setting, thereby increasing access to timely care from an appropriate healthcare professional.
- To help tackle health inequalities through increasing access (both temporally and geographically) to services that meet patient need for unplanned care, contraception, or advice on sexually transmitted infections.

Common ailments service

Under this service, patients register with the pharmacy of their choice in order to receive advice and treatment on a specified list of common ailments which includes urinary tract infection and sore throat. This may include the supply of one or more medicines listed on the national formulary.

Contraception service

This service is for patients aged 13 to 54 years old, who are of childbearing potential and:

- have had unprotected sexual intercourse in the past five days, or
- wish to use a progestogen-only contraceptive as Bridging or QuickStart contraception.

Where the patient is aged 13, 14 or 15 years old the service will be offered in accordance with Gillick competence, Fraser guidance and any guidance issued by the Welsh Government in relation to the provision of confidential sexual health advice and/or treatment for patients aged 13 years or over.

Where assessment determines that it is appropriate to supply emergency contraception, the relevant medicine will be supplied via a patient group direction for immediate consumption on the premises.

Emergency medicines supply

This service will normally only be provided where the pharmacy contractor believes that it would not be practicable for the patient to obtain the previously prescribed medicines they require in a clinically appropriate timeframe via the usual route.

In order to make a supply, the pharmacy contractor must interview the patient and be satisfied that:

- that there is an immediate need for the medicine supplied, and
- that it is impracticable to obtain a prescription without undue delay; and
- that treatment with the medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; and
- as to the dose which in the circumstances it would be appropriate for that person to take.

2. Discharge medicines review service

Service description

The discharge medicines review service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (eg during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication.

The service comprises two stages.

- The first stage requires the pharmacist or pharmacy technician at the pharmacy to check the medicines prescribed in one care setting match those prescribed by the patient's GP or relevant primary care team when the patient moves to another care setting, which may be their home. If there are any discrepancies these are raised with the GP practice, relevant primary care team, care setting patient or carer as applicable.
- The second stage provides an opportunity for the patient to have a discussion with a pharmacist and/or pharmacy technician to establish a picture of the patient's use of their medicines or onward referral to an appropriate setting for further review. The review will also help patients understand their medicines and will identify any problems they are experiencing along with possible solutions.

Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,
- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed, and reducing wastage of medicines.

3. Pharmacy independent prescribing service

Service description

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service. It comprises three components:

- The prescribing of routine contraception,
- The management of common ailments, not normally managed by the national common ailment service, and
- The provision of a prescribing service agreed by the relevant local health board.

Aims and intended outcomes

The underlying purposes of this service are:

- to provide access to prescription only medicines for the treatment of common ailments that require treatment with prescription only medicines that are not available under the clinical community pharmacy service,
- to provide access to emergency or regular contraception where those needs cannot be met under the clinical community pharmacy service; and
- for the provision of any other service which the pharmacy contractor agrees with the relevant local health board to provide.

4. Seasonal influenza vaccination service

Service description

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service.

Aims and intended outcomes

The underlying purpose of the service is for the registered pharmacist or pharmacy technician to administer an influenza vaccination to a patient under a patient group direction or administer an influenza vaccination to a patient under a protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations).

5. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

6. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

7. Lateral flow test supply service

Service description

This service is only for patients who are potentially eligible for COVID-19 treatments. Under the service, pharmacy contractors make a supply of lateral flow tests to eligible patients or their representatives for the tests to be self-administered by the patient away from the pharmacy.

Aims and intended outcomes

To offer access to lateral flow tests for patients who have a health condition that makes them eligible for COVID-19 treatment, to enable testing at home for COVID-19, following symptoms of infection. A positive lateral flow test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

Appendix D – additional clinical services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
- The clinical and cost effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

4. An emergency pandemic treatment and prophylaxis supply service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

5. An emergency pandemic vaccination service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to patients' homes-

- Drugs, and
- Appliances, other than specified appliances within the meaning of regulation 2(1) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

8. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- Drugs which they are using
- Their health,
- General health matters relevant to them, and
- where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for the pharmacy contractor to —

- Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's patient care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
- Advise and support the patient regarding the use of their drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- Where appropriate, to refer the patient to another health care professional.

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —

- Assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with additional learning needs, and
- Offer advice, support and assistance to vulnerable patients and patients with additional learning needs regarding the use of drugs with a view to improving their knowledge of, compliance with and use of, such drugs.

11. A needle and syringe supply service, the underlying purpose of which is for the pharmacy contractor to —

- Provide sterile needles, syringes and associated materials to drug misusers
- Receive from drug misusers used needles, syringes and associated materials, and
- Offer advice to drug misusers and where appropriate refer the drug misuser to another health care professional or a specialist drug treatment centre.

12. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

13. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

14. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

15. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost effective use of drugs
- Prescribing policies and guidelines, and
- Repeat prescribing.

16. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

17. A screening service, the underlying purpose of which is for the pharmacy contractor to —

- Identify patients at risk of developing a specified disease or condition
- Offer advice regarding testing for a specified disease or condition
- Carry out such a test with the patient's consent, and
- Offer advice following a test and refer to another health care professional as appropriate.

18. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to—

- Advise and support patients wishing to give up smoking, and
- Where appropriate, to supply appropriate drugs and aids.

19. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.

20. A prescribing service, the underlying purpose of which is for the pharmacy contractor who is an independent prescriber, or who employs or engages an

independent prescriber, to prescribe medicines in circumstances specified by the relevant local health board.

21. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in the event of or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

22. A waste minimisation service, the underlying purpose of which is to identify prescribed medicines or appliances which are not required by the patient at the point of supply.

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service includes the requirements that are additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient

- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

3. Home delivery service

Service description

To provide a home delivery service in respect of certain appliances.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice by a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to NHS Direct Wales

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not staffed callers must be given a telephone number or website contact details for NHS Direct Wales who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – pharmaceutical needs assessment steering group membership

Name	Role	Organisation
Louise Allen	Head of Community Pharmacy	Cardiff and Vale University Health Board
Timothy Banner	Clinical Director of Pharmacy and Medicines Management	Cardiff and Vale University Health Board
Dr Huw Brunt	Consultant in Public Health	Cardiff and Vale University Health Board
Clare Clement	Lead Pharmacist - Primary, Community and Intermediate Care	Cardiff and Vale University Health Board
Gary Dowling	Finance Business Partner	Cardiff and Vale University Health Board
Lisa Dunsford	Director of Operations, Primary Care	Cardiff and Vale University Health Board
Tracy Mends	Primary Care Contract and Development Manager	Cardiff and Vale University Health Board
Kyle Murphy	Senior Communications and Engagement Officer	Cardiff and Vale University Health Board
Geoff Walsh	Director of Capital Estates & Facilities	Cardiff and Vale University Health Board
Robert Wilkinson	Service Planning Lead	Cardiff and Vale University Health Board
Jayne Howard	Associate Director Contractor Services	Community Pharmacy Wales
Rachel Cook	Administrative Support Officer	Llais
Kevin Thomas	Medical Director	Bro Taf Local Medical Committee

Appendix G – public engagement survey

Public survey for Cardiff and Vale University Health Board pharmaceutical needs assessment (PNA)

Cardiff and Vale University Health Board is inviting you to tell us about pharmacy services in your area. This is to help the health board plan for services for its patients now and in the future to make sure they meet your needs, using a process called a 'pharmaceutical needs assessment'.

Your answers will help the health board identify if there are any service gaps, for example whether a pharmacy (also called a 'chemist') is needed in a particular area, or whether more pharmacies need to provide a particular service.

Looking to the future, the health board will look at what may change over the next five years and whether there will be enough pharmacies in the right places, providing the services that people need as, for example, more houses are built.

Your views are important so please spare a few minutes to complete this questionnaire. We estimate it will take you about 10 to 15 minutes to complete depending on how much you wish to tell us about your experience of using pharmacies.

The questionnaire is anonymous and any information you give will not be linked to you.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please contact cav.communitypharmacy@wales.nhs.uk with "PNA questionnaire" in the subject header.

If you would like to complete this questionnaire in Welsh, please click here.

Cardiff and Vale University Health Board has commissioned Primary Care Commissioning CIC (PCC) to draft the pharmaceutical needs assessment. PCC will hold your responses and will only use them for the purpose of drafting the pharmaceutical needs assessment. We would ask that you do not provide any information that could identify you, however all data provided in your response will be held by PCC in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulation.

About you

Please tell us your postcode

By providing us with the first four digits of your postcode, you are consenting for us to use this information to understand which part of Cardiff and Vale University Health Board area you usually 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 CF14 4HH just type CF14 in the box below.

Preferred language

1. Please could you tell us your preferred language when you access services at a pharmacy? Please tick one.

- 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 – you may find the remaining questions are not relevant to you.
- I don't visit a pharmacy as I use a dispensing doctor - you may find the remaining questions are not relevant to you.
- I don't visit a pharmacy as I use an appliance contractor – you may find the remaining questions are not relevant to you.
- 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? Please tick one.

- Daily
- Weekly
- Fortnightly
- Monthly/every four weeks
- Quarterly
- As and when I need to
- I don't use a pharmacy
- Other [text box]

4. What time is the most convenient for you to use a pharmacy? Please tick one.

- Before 8.30am
- 8.30am to 12.30
- 12.30 to 2pm
- 2pm to 6.30pm
- 6.30pm to 9pm
- After 9pm
- I don't have a preference

5. What day is the most convenient for you to use a pharmacy? Please tick one.

- 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, or a person on your behalf, were not able to use your usual pharmacy? Please tick one.

- Yes
- No – please go to question 8
- Not applicable – please go to question 8

7. If you answered 'yes' to question 6, can you tell us what you/they did? Please tick all statements that apply.

- Went to another pharmacy
- Waited until the pharmacy was open
- Went to my GP
- Went to the A&E / casualty
- Went to a minor injury unit
- Called NHS 111 Wales (out of hours service)
- Other [text box]

Your choice of pharmacy

8. Please could you tell us whether you (please tick one):

- 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.

Location of the pharmacy

- 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

Facilities and services

- It is easy to park at the pharmacy
- I can speak to the staff in my preferred language
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy provides good advice & information
- It is very accessible i.e. wheelchair/baby buggy friendly
- 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

Customer service

- 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 was recommended to me
- The customer service

Other

- It's a well-known big chain
- It's not one of the big chains
- Other [text box]

10. Is there a more convenient and/or closer pharmacy that you don't use? Please tick one.

- Yes
- No – please go to question 12
- Don't know – please 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? Please tick all that apply.

- 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? Please tick one.

- On foot/wheelchair
- By bus
- By car
- By bike
- By taxi
- By mobility scooter
- Other [text box]
- Not applicable – please go to question 14

13. ...and how long does it usually take to get there? Please tick one.

- 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 usually have difficulty in getting to a pharmacy? Please tick one.

- 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 Cardiff and Vale University Health Board website
- I would search the internet or use a smartphone app e.g. Google Maps or Facebook
- 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? Please tick one.

- 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)
- Discharge medicines review service – this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.
- Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.
- Contraception service
- Emergency medicines supply – if you cannot obtain a repeat prescription and cannot wait until your next prescription is due, or your GP is open, or if you are out of the area, you can visit your local pharmacy who may be able to supply you with your regular repeat prescription medication in emergency circumstances.

- Common ailments scheme – pharmacists can provide you with prescription-only medication for a number of ailments, for example sore throats and urinary tract infections, without the need to see a doctor first. Pharmacists can also give advice or over-the-counter treatments for a wide number of everyday conditions. If the pharmacist decides you still need to see a doctor, they will refer you.
- Help to stop smoking
- Needle and syringe provision – 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
- No – please go to question 20

19. Have you used any of the services listed in question 18? Please tick all that apply.

- Flu vaccinations (for those who are in one of the at risk groups)
- Discharge medicines review service
- Appliance use review service
- Contraception service
- Emergency medicines supply
- Common ailments scheme
- Help to stop smoking
- Needle and syringe provision
- Supervised administration of medicines
- 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 questions

Cardiff and Vale University Health Board is committed to ensuring all its service users and staff are treated fairly and with dignity and respect. It can only achieve this if it knows more about the people who work for it and/or use the services it provides. It would be grateful if you completed the following questionnaire. Your background information will be used for monitoring purposes only and held in strictest confidence.

1. What was your age on your last birthday? Please tick one box			
Under 16	☐	45-54	☐
16-24	☐	55-64	☐
25-34	☐	65+	☐
35-44	☐	Prefer not to say	☐

2. Which term best describes your gender? Please tick one box			
Female	☐	Male	☐
Non-binary	☐	Prefer not to say	☐
Other (specify if you wish)	☐ _____		

3. Do you identify as Trans? Please tick one box			
Yes	☐	No	☐
Prefer not to say	☐		

4. Do you identify as a disabled person? Please tick one box			
Yes	☐	No	☐
Prefer not to say	☐		

5. Please tick any of the following that apply to you					
Deaf/Deafened/ Hard of hearing	☐	Mental health difficulties	☐	Learning impairment/difficulties	☐
Visual impairment	☐	Wheelchair user	☐	Mobility impairment	☐
Long-standing illness or health condition (e.g. cancer, diabetes or asthma)	☐	Prefer not to say	☐	Other	☐

6. Are you a carer for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without your support? Please tick one box			
Yes	☐	No	☐

7. Do you regard yourself as belonging to any particular religion? Please tick one box					
Yes	☐		No	☐	
Prefer not to answer			☐		
If 'Yes', please specify					
Buddhist	☐	Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)			☐
Hindu	☐	Jewish	☐	Muslim	☐
Sikh	☐	Other	☐		

If 'Other' please specify:

8. How would you describe your sexual orientation? Please tick one box					
Bisexual	☐	Gay woman/ Lesbian	☐	Gay man	☐
Heterosexual/ Straight	☐	Other	☐	Prefer not to answer	☐
If 'Other' please specify:					

9. Do you consider yourself to be Welsh? Please tick one box			
Yes	☐	No	☐

10. What is your ethnic group? Please tick one box Where the term 'British' is used, this refers to any of the four home nations of Wales, England, Northern Ireland and Scotland, or any combination of these.					
White - Welsh/English/ Scottish/Northern Irish/British	☐	**White - Irish**	☐	**White - Gypsy or Irish Traveller**	☐
White - Any other white background (please specify below)	☐	**Mixed/Multiple Ethnic Groups - White & Asian**	☐	**Mixed/Multiple Ethnic Groups - White and Black Caribbean**	☐
Mixed/Multiple Ethnic Groups - White and Black African	☐	**Mixed/Multiple Ethnic Groups - Any other** (please specify below)	☐	**Asian/Asian Welsh/ British - Chinese**	☐
Asian/Asian Welsh/ British – Pakistani	☐	**Asian/Asian Welsh/ British - Bangladeshi**	☐	**Asian/Asian Welsh/ British - Indian**	☐
Asian/Asian Welsh/British - Any other (please specify below)	☐	**Black/African/Caribbean/ Black Welsh/British - African**	☐	**Black/African/Caribbean/ Black Welsh/British – Caribbean**	☐
Black/African/Caribbean/Black Welsh/British - Any other (please specify below)	☐	**Arab**	☐	**Any other ethnic group** (please specify below)	☐
Prefer not to say	☐	**Any other ethnic group** (please specify below)	☐		
If 'Other' please specify:					

Appendix H – responses to the public engagement questionnaire

All responses are verbatim unless a practice, pharmacy, location or staff member has been identified, in which case the response has been anonymised.

Please provide us with the first four digits of your postcode.

Postcode	Number of responses
CF3	6
CF5	36
CF10	3
CF11	6
CF14	45
CF15	463
CF23	13
CF24	10
CF32	1
CF33	1
CF38	4
CF56	1
CF61	4
CF62	31
CF63	13
CF64	15
CF71	3
Chose not to provide	12

Please could you tell us your preferred language when you access services at a pharmacy?

Answer options	Number of responses
Welsh	13
English	660
Other	1
Chose not to answer	5

The person who chose “Other” expanded upon their answer - “Welsh and English”.

Why do you usually visit a pharmacy?

Answer options	Number of responses
To get or collect a prescription for myself	643
To buy medicines for myself	493

Answer options	Number of responses
To get advice for myself	498
For other services such as flu vaccination	350
To get or collect a prescription for someone else	449
To buy medicines for someone else	304
To get advice for someone else	204
I don't visit a pharmacy as I use an online/internet pharmacy – you may find the remaining questions are not relevant to you.	0
I don't visit a pharmacy as I use a dispensing doctor - you may find the remaining questions are not relevant to you.	0
I don't visit a pharmacy as I use an appliance contractor – you may find the remaining questions are not relevant to you.	0
I don't visit a pharmacy as my medicines are delivered to me	4
I don't go to a pharmacy; someone goes on my behalf	6
Other	10

Where "Other" was selected the following additional information was provided.

- I've consulted the pharmacist for antibiotics for an infection when I couldn't consult GP.
- For minor ailments
- To order items not needed every month.
- A valuable asset to the village. [Name of staff] even recognise my voice on the phone.
- To buy other products and feel part of a community
- Discuss my medication
- Vaccinations
- Paid treatment- ear wax removal for my child
- my meds are often delivered to me

How often do you use a pharmacy?

Answer options	Number of responses
Daily	2
Weekly	135
Fortnightly	132
Monthly/every four weeks	253
Quarterly	16
As and when I need to	121
I don't use a pharmacy	0
Other	16
Chose not to respond	4

Where “Other” was selected the following additional information was provided.

- Every two months
- Every 8 weeks (three people)
- Every 2 months
- Plus as and when I need advice
- Once a week to a few times a week
- Regular prescription every 2 months and advice when I need it.
- My prescription is collected every two months
- And as and when in addition
- Regularly monthly to collect my prescription but at other variable times for over the counter medicines, advice, and medically related products. ble times for advice, meducal products, etc. as required.
- bi-monthly (two people)
- My partner goes once a fortnight or so
- When required
- Two monthly

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

Answer options	Number of responses
Before 8.30am	4
8.30am to 12.30	163
12.30 to 2pm	24
2pm to 6.30pm	162
6.30pm to 9pm	35
After 9pm	0
I don’t have a preference	287
Chose not to respond	4

What day is the most convenient for you to use a pharmacy?

Answer options	Number of responses
Monday	12
Tuesday	17
Wednesday	13
Thursday	13
Friday	18
Saturday	5
Sunday	0
Weekdays in general	234
Weekends in general	41
I don’t have a preference	323
Chose not to respond	3

Has there been a time recently when you, or a person on your behalf, were not able to use your usual pharmacy?

Answer options	Number of responses
Yes	113
No	516
Not applicable	46
Chose not to respond	4

Can you tell us what you/they did?

Answer options	Number of responses
I went to another pharmacy	62
I waited until the pharmacy was open	48
I went to my GP	12
I went to A&E/casualty	1
Went to a minor injury unit	0
I called NHS 111 Wales (out of hours service)	7
Other	3

Where “Other” was selected the following additional information was provided.

- With difficulty
- Waited until pharmacy was access when road works/skip delivery was completed.

Please could you tell us whether you:

Answer options	Number of responses
Always use the same pharmacy	558
Use different pharmacies but I prefer to visit one most often	113
Always use different pharmacies	3
Rarely use a pharmacy	1
Never use a pharmacy	0
Chose not to respond	4

We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? (More than on option could be chosen.)

Answer options	Number of responses
Close to my home	613
Close to work	37
Close to my doctor	192

Answer options	Number of responses
Close to children's school or nursery	32
Close to other shops	97
The location of the pharmacy is easy to get to	389
I can speak to the staff in my preferred language	328
The pharmacy has good opening hours	502
The pharmacy collects my prescription and delivers my medicines	186
The pharmacy provides good advice & information	536
It is very accessible ie wheelchair/baby buggy friendly	145
There is a private area if I need to talk to the pharmacist	453
I can order my repeat medicines online or by using their app	167
I like and trust the staff who work there	579
The staff know me and look after me	487
The staff don't know me	25
I've always used this pharmacy	362
The service is quick	414
They usually have what I need in stock	424
The pharmacy was recommended to me	41
The customer service	402
It's a well-known big chain	51
It's not one of the big chains	484
Other:	72

Where "Other" was selected the following additional information was provided.

Located next to GP surgery
I don't have a pharmacy that is any good. One prescribed incorrect medication and did not apologise. It also will not receive prescriptions from my GP even though it is next door.
They reliably have the medication I need.
medium sized chain
there is parking
Independent
no choice as surgery sends repeat scripts to this one only
24 hour vending machine of prescriptions
[name], small independent
Amazing to walk in and be asked by name you are, such a great service.
Local
Independent

Small independent
I do not know if it is a part of a chain.
Independent
Mix due to using 2 different pharmacies. One is family run and other is a large chain.
Local business
It's [name]
A family business
The staff are fabulous. It’s a key part of our community and having access to it improves my life.
They care, because they know me and I don’t have to struggle to travel elsewhere with such poor public transport in my village
[satff] in a small village - they know their customers and are very friendly and personnable
[Contractor name]
It is a family run pharmacy and the owners a lovely helpful folks
they are wonderful and offer a excellent service
[Name] pharmacy - superb service
Perfect local
It is a great and important service to our community.
It’s our local pharmacy in [location]
Local independent pharmacy
[Name] pharmacy is part of [location] community, All residents can walk to the pharmacy...which obeys the Welsh Assembly legislation that NaHS facilities should be within walking distance ..Our loyal pharmacist can be reliably approached to discuss health ailments and recommends health products,which can avoid GP consultation. Our [location] pharmacists are loyal to our immunity and know most people by name..what a huge bonus this is for NHS service. I would add that if the Health Board have been devious and acted illegally to deprived [name] of it's surgery...it would be a crime and totally break W.A. legislation to deprive [location] of it's loyal pharmacy,which can accessed on foot...UNLKE the nightmare [name] surgery...FOR SHAME Health board
The pharmacy is family run and cares to give a good service
It is an independent pharmacy
independant pharmacist
[Location]
[Name] pharmacy
Has a 24/7 prescription collection machine
I can order my repeat prescription from them.
i had to change pharmacy due to lack of consistency in service and being ignored by their director when contacting them about clarity
Friendly pharmacist
Personable
Excellent, reliable, personal service
Local independent
Independent

It’s attached to my surgery
[Name] pharmacy
The best service, quick, friendly, reliable and generally lovely people
I used to use another pharmacy which is closer but I use the [name] Pharmacy every time now. They’re second to none!!
It’s an excellent pharmacy
It's in my village.Not many buses to get to another and it's very good, so would not want to anyway
an indepenent [staff] pharmacy aided by [staff]
It is our village pharmacy
very friendly family business
Independent
I don’t know
Privately owned.
It’s very a very personable service. Trusted.
It's the only pharmacy in the village. It is many miles to another.
I trust them to get my medication in. They understand my condition and are reliable
They have my script direct from the drs, the service is always easy and straightforward.
Private I think
[Name] Pharmacy
A trusted Pharmacy
Independent pharmacy

Is there a more convenient and/or closer pharmacy that you don’t use?

Answer options	**Number of responses**
Yes	80
No	568
Don’t know	26
Chose not to respond	5

Please could you tell us why you do not use that pharmacy?

Answer options	**Number of responses**
It is not easy to park at the pharmacy	21
I have had a bad experience in the past	15
The service is too slow	36
The staff are always changing	14
The staff don’t know me	22
I know the staff and would prefer them not to know what medicines I am taking	1

Answer options	Number of responses
They don’t have what I need in stock	27
The pharmacy does not deliver medicines	3
There is not enough privacy	10
It’s not open when I need it	15
It’s not wheelchair/baby buggy friendly	1
Other	20

Where “Other” was selected the following additional information was provided.

- Safety
- Don’t do a repeat prescription service
- I dont want to see people i know when visiting
- They refuse to keep the same brand of thyroxine, which I need as when I change brands it makes me ill
- It's part of a chain so the service is casual
- Customer service is not good.
- Not very clean
- There are multiple pharmacies closer to where I work which would be easier for me to use, however I am unsure of the process of nominating them for electroni prescribing - it doesn't offer a lot of flexibility because you can only have one nominated pharmacy at a time and if this gets messed up I end up without vital medication. My pharmacy is already a 20 minute drive from where I live, having to go to the GP and sort all of that out would be really difficult with my working hours.
- It's a big chain. I prefer to support independent
- No reason really
- no choice as GP surgery only use this one for repeat scripts - it's impossible to sort each month and things go wrong every single month, it's an absolute nightmare, the pharmacy blame the surgery and vice versa, I have to run back and for days and days trying to get it sorted every month and noone cares or helps properly, no IT system works with it, so much for any app or electronic system working - it all needs relooking at, the text messaging service doesn't work either and the pharmacy never pick up the phone as they're too busy so you have to go down, on a bus or taxi or get a lift and it all starts again every month - it's the worst system ever
- [Name] service is much better than [Name]
- It’s easier to use the pharmacy adjoining the surgery that I attend and have done for the last 16 years.
- No 24/7 collection machine
- Prefer the pharmacy at my GP practice
- There are several pharmacies closer to me and my experiences have all been the same. Slow service, don’t have the complete order, always stressed, no personalised service
- The pharmacy I use is trusted they understand my condition and the importance of my products and always get them in for me without any fuss.

- I have recently moved from [location] and have several pharmacies that are closer to me but none of which have provided me with the same level or service. I use a medication which usually needs to be ordered and [name] knows all of my history. I wouldn't go anywhere else now.

If you go to the pharmacy by yourself or with someone, how do you usually get there?

Answer options	Number of responses
On foot/wheelchair	449
By bus	4
By car	202
By bike	1
By taxi	0
By mobility scooter	4
Not applicable	7
Other	8
Chose not to respond	4

Where 'Other was selected' the following additional information was provided:

- I walk (two people)
- bus taxi or walk, or get a lift, or take the car but can't park
- One by car other I walk
- Walk
- Walk we can all walk if mobile to our pharmacy as per W.A. legislation
- Passing by car on my way out or coming back home

...and how long does it usually take to get there?

Answer options	Number of responses
Less than 5 minutes	283
Between 5 and 15 minutes	356
More than 15 minutes but less than 20 minutes	21
More than 20 minutes	5
Chose not to respond	14

Would you say that you usually have difficulty in getting to a pharmacy?

Answer options	Number of responses
Yes	35
No	617
Not applicable	16
Chose not to respond	11

If you have difficulty getting to a pharmacy, please tell us why.

Work between hours of 08.30 and 6pm Monday to Friday. Also had elderly mother who has walking difficulties and has to walk to pharmacy as they refuse to deliver
They keep changing how they are prepared to receive the prescription.
work 8-5 mon-fri
Opening times don't fit in with my working hours well
Opening times and working hours - they are closed by the time I finish work and only open for 3 hours on a saturday. I also travel frequently for work which makes planning around this logistically difficult
On crutches
no parking near, no bus direct service
If I am unable to drive in the future there is no pharmacy within 15 min walk of my home
I have answered no but if there was no pharmacy in [location] the answer would be yes
Mobility issues
Walking with a dog who stops often, makes the walk take longer.
The opening hours at [Name] pharmacy- they don't open weekends, and close on my lunch break
Waiting for hip replacement
Will do if it moves like they keep saying it might
If the [name] pharmacy closes transport to the nearest pharmacy would be very difficult
only problem is closing at lunchtime and saturdays
my eyesight is failing atm. taxis are nightmare in [location]. excellent pharmacy I can get to on foot is now increasingly important. [Location] is an elderly community so guess im not alone.
This is the only pharmacy in our village. Others require a drive of several miles if you have access to a car. Otherwise it’s a wait for an hourly bus plus a walk of some distance.
Transport issues
In the village where I live there are no regular pavements and the roads are narrow like country lanes. This is a rat run short cut from the [name] road to the [road name]. The bus stops are not all wheelchair friendly and the bus does not tske you near a surgery nor pharmacy until [location], nearly 5 miles away
MY WIFE HAS DIFFICULTY SO I COLLECT FOR BOTH OF US
Mobility issues
Mobility issues
Location
difficulty in walking
There is a local one in [location] where I live. As a disable person with complex heath needs it would be difficult for me to get to another
As I live in rural village
A car is necessary to access any other pharmacy in my village

Not able to drive at the moment so rely on a friend. Am thinking of movingGP and pharmacy
Mobility issues
not physically able due to fatigue or due to poor state of roads leading there
unable to walk more than 10 minutes
Times they are open are when I'm in work!
I don't drive I'm disabled and bus travel is not always possible
as i get older (64) it will become nmore difficult as i won't be so fit. If the surgery is moved to [location] from [location] it will be very inaccessible becaise of the road access with no buses
I am house bound but am able to speak to the pharmacy on the phone when I need advice. My son picks up anything I need.
I have an energy-limiting disability. My husband often goes for me instead.
inclement weather
I am 92. Having an excellent pharmacy in my village, [location], is enormously helpful.
Mobility issues so this is right by my home
Its in my village of [location]
Age related mobility problems
Would have difficulty if there was no pharmacy in [location]
Pharmacy is within walking distance and provides all the facilities I require. I am 84 and do not drive. Any other Pharmacy would be difficult'
If [name] Pharmacy closed yes I would have difficulty as I would need to use public transport
But I would have significant difficulties were [name] Pharmacy to close
On going health issues
No means of transport. Have to walk or rely on friends
I don't drive, so I would have trouble getting to any other pharmacy apart from [name] Pharmacy
Can't drive
Chronic illness means I can't leave the house
Mental health & endometriosis

We would like to know how you find out information about a pharmacy such as opening times or the service being offered.

Answer options	Number of responses
I would call them	319
I would call NHS 111 Wales or use their website	37
I would search the Cardiff and Vale University Health Board website	39
I would search the internet or use a smartphone app eg Google Maps or Facebook	329
I would use social media	71
I would ask a friend	59

Answer options	Number of responses
I would just pop in and ask them	357
Look in the window	216
I would find out from reading the local newspaper or magazine	18
Not applicable	11
Other	10
Chose not to respond	4

Where “Other” was selected the following additional information was provided.

- no information given
- Neighbours facebook page
- Online - their website
- Check their website
- Use pharmacy website with all info needed
- Pharmacy website
- I don't need "information". My local pharmacy knows me and meets all my needs.
- Use the pharmacy or GP website
- [Name] Pharmacy have a website with helpful information
- Nearest to me and next door to my Doctor.

Do you feel able to talk about something private/sensitive with a pharmacist?

Answer options	Number of responses
Yes	561
No	20
Never needed to	84
Don’t know	9
Chose not to respond	5

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.

Answer options	Number of responses
Flu vaccinations (for those who are in one of the at risk groups)	623
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.	195

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.	61
Contraception service	202
Emergency medicines supply – if you cannot obtain a repeat prescription and cannot wait until your next prescription is due, or your GP is open, or if you are out of the area, you can visit your local pharmacy who may be able to supply you with your regular repeat prescription medication in emergency circumstances.	422
Common ailments scheme – pharmacists can provide you with prescription-only medication for a number of ailments, for example sore throats and urinary tract infections, without the need to see a doctor first. Pharmacists can also give advice or over-the-counter treatments for a wide number of everyday conditions. If the pharmacist decides you still need to see a doctor, they will refer you.	565
Help to stop smoking	175
Needle and syringe provision – this is a substance misuse harm reduction service where pharmacists can supply sterile injecting equipment packs and dispose of used equipment	84
Supervised administration of medicines – this service is to support people receiving treatment for substance misuse	70
No	21
Chose not to respond	15

Have you used any of the services listed?

Answer options	**Number of responses**
Flu vaccinations (for those who are in one of the at risk groups)	388
Discharge medicines review service	63
Appliance use review service	11
Contraception service	32
Emergency medicines supply	215
Common ailments scheme	386
Help to stop smoking	6
Needle and syringe provision	9
Supervised administration of medicines	8
No	98
Chose not to respond	30

Is there anything else you would like to tell us about local pharmacy services?

Later evening (even if for 1 evening a week) or Saturday morning service would be helpful when working full time.
Friendly staff but question and wait times often long
They are invaluable and don’t get enough support to stay afloat.
Generally happy with my experience.
Fab services , great staff
24hr collection point is fantastic. Not restricted to opening hours
I’m new to the one I now use
Excellent service, pleasant, knowledgeable staff
Independent pharmacy. The owners are so patient focused and encourage all their team to do the best for patients
The pharmacist down [location] are amazing
Can be rude and never seem happy to help
the ones i have used have not had a very private space
Once prescribed incorrect meds. Never has enough of my common med. Wont collect from my GP even though next door. Always takes ages whenever you go. Never answer the phone. Can’t find a pharmacy that is any good. Went to a different pharmacy for advice and was told that the splits in the corners of my mouth were cold sores. Was actually angular cheilitis due to iron deficiency. Luckily I did not take their advice
The Pharmacy I deal with needs a special mention. [name and location], opposite the GP surgery. It used to be a [name] pharmacy but was taken over by a small independent a while back. The staff are amazing. The service is brilliant and scripts are always ready on time with no items out of stock or missing. It is a brilliant Pharmacy.
Local pharmacy staff keep changing
It is very busy but very productive and the staff are very engaging and helpful. It does take 5 working days to collect a prescription.
It needs more staff - always a queue, which isnt ideal if unwell/around others unwell. Id recommend prescription related (in and out) queue is separate at busy periods freeing up advice, information, other queries. Also just moved over to electronic prescription collection service - surprised it took 6 days - will need to factor this in, for future repeat requests.
when I tried to access the common ailments scheme I was told on several occasions that the pharmacist was too busy to see me and to call back. after calling in twice I gave up and bought the medicine myself.
never answer the phone
It can be difficult to find out where there is a prescribing pharmacist on duty. I would prefer to try a pharmacy first before visiting the GP.
They can't always obtain drugs - but that's the supplier as other pharmacies are short too
Moving prescription from GP to pharmacy is usually where it goes wrong. I often have to go to GP to get it/get second, even though I’ve nominated a pharmacy for collection.

We need more pharmacies open in the evening or lunchtime and weekends on a rota.
A lot of Pharmacies in the [location] area are small or run down and larger more modern Pharmacies may help direct people away from using incorrect services as I find my Pharmacist can help with a lot of things historically you would have visited a GP for. Its quicker and easier to see a Pharmacist for advice but often only one Pharmacist working so other Services can be slower.
Would be better if more pharmacies open after 5
Friendly and helpful
Not very private for any duscussion
Love mine [staff member] is amazing
They're excellent - just not open long enough
it is not open late enough and at weekends
Pharmacy has dispensing box outside. They txt me when ready and supply code to access. Great idea can collect when suits. Also they routinely dispense my repeat medication without me having to request.
Over 70 cant use scheme have to contact doctor
They have a machine in the wall outside, when my prescription is ready the message me, give me a code and I can access at any time. Just brilliant
Frustrating that it closes for 1hour during lunchtime
My pharmacy has a 24hr 'hole in the wall' service for picking up my prescription - game changer!
Superb service.
Very good pharmacy in [location] just annoyed that our surgery does not still provide printed prescriptions. I have to ask the staff to print off prescriptions before I can drop them back in.
Inconvenient not being open Saturday/Sunday
Always very helpful and understanding
They have an excellent self service dispensing machine outside of the building which is very useful
Local pharmacy provides much better service than my GP.
The pharmacy I use are pretty good, but the time I have to take out of my day travelling there and back (ends up being over an hour round trip!) is tiresome. Ideally I'd like to be able to use any pharmacy and be able to choose which one from a selection on the NHS Wales app depending on where I happen to be at the time (due to work travel)
I work for the Health Board and so have a reasonably good idea of services offered but I think these could be better communicated. If you don't have reason to access primary care services regularly I think you're less likely to be aware of what is available.
They need to be supported by welsh government and national government. Each loss of a high street pharmacy is a national scandal
I like that they collect my prescriptions as I work. Once fully electronic prescribing, this won't matter so much.
Someone is always at hand if you need a private word about my medication

awful experience every single month. never goes smoothly. pharmacy blame GP surgery and say they haven't received it, even though I have to drop it in every month (as they won't keep it there), then it still goes missing. No choice but to stay with them as GP practice only uses this one pharmacy for repeats. No electronic IT systems work, ie, no apps, no email confirmation or liaison, text messages to say it's ready never happen, it's a problem every single month. Staff there do not have the time to help or care, even for elderly patients who struggle. There is no sense of feeling that it will be okay the next month as it never is. things get missed off the list and noone tells you. Urgent medication like BP meds, heart meds etc are just missed and not done on time with no real explanation, other than telling you to go back to the GP to sort. It is absolute shambles every month and this is my opportunity to share our experiences that have gone on for years. It is so stressful trying to get meds. The pharmacy are only open daytime hours, not sundays either and no late nights so its impossible to sort when working long hours.
Very helpful
It is an excellent service
Always ready with advice and assistance very approachable
[Name] pharmacy is great. Lovely welcoming staff that go above and beyond.
[Name] pharmacy is wonderful, my husband has a chronic condition so we use it regularly. I can walk there which is better for my own health and the planet.
Lovely staff, all very friendly and helpful
[Name] Pharmacy is an excellent local pharmacy. Everyone in the village knows them and trusts them. The staff are superb. They know every prescription, every family member, every condition. It’s vital it stays in [location].
They will tell you that a walk in prescription with 8 items takes 48 to process
Very limited opening hours and closes for lunch, half day Saturday and doesn't open Sunday. Often has to order items in. Not very good at customer service. Never smiles.
It, and the people who work there, are part of the community of [location] and have empathy not experienced in larger chains or more distant businesses.
He is so knowledgeable and so kind.
[name] is often too busy with a wait [name] is lovely and always has what I need.
Well positioned in our village which has limited transport links to other pharmacies
the population in [location] is aging and relies on the Pharmacy as we will not have a GP
Absolutely first class service tgat is easily accessible
The local pharmacy provides excellent customer service and advice.
It is vital to retain the local pharmacy within the village.
Excellent service in all respects
[Name] is very knowledgeable, helpful and knows us as a family
Our village pharmacy is excellent
A valuable asset to the village. [Name] even recognise my voice on the phone..
not having to take car or bus journey is essential
Only to say they are a asset and well respected in our village, I would pop to get advice before making a doctors appointment.

Our local pharmacy in [location]is CRITICAL to me and my family, including my daughter who has [condition] and lives with us. We currently have a part-time doctor's surgery in the village but this will close in the next few months with the opening of a new surgery in [location], which is meant to serve the inhabitants of the village but will be virtually inaccessible to many due to its location. We use our local pharmacy regularly and I know that the pharmacist [name] and his staff (including his wife [name]) are VERY highly regarded by everyone in the community. The fact that the pharmacist carries out the Common Ailments Scheme brilliantly will be even more important when we lose our village surgery shortly. I cannot think of a stronger case for the retention of a pharmacy facility here in [locaiton] than this one - it would be devastating for the community, particularly the older residents, like ourselves, and those with disabilities, like my daughter. Everyone in this community (and many people we know who live in the nearby villages who choose to use this pharmacy) speak so highly of the pharmacy service we receive and, in particular, the personal and caring attitue shown to us all. To lose the access to our local pharmacy in addition to the loss of our local doctors' surgery (when we were promised would be replaced and upgraded WITHIN OUR LOCAL COMMUNITY) would be completely unthinkable. We hope very much that common sense and the reality of the situation for all the residents of this community will prevail. In this age when so many of our services are being 'absorbed' in to large, impersonal outlets (like pharmacies in supermarkets) we very much appreciate the benefits of having a personal, local and highly efficient pharmacy service and it must not be taken from us!!!!
Friendly and always very helpful.
Incredibly helpful staff who make every effort to provide a first class service o
Ease of access. Knows all of patients.Friendly and very helpful service. Looks after my repeat prescriptions
[Name] pharmacy and the team there are professional and wonderful
Very friendly and helpful
[Name] pharmacy provides a great service for our village.
Excellent service
[Name] Pharmacy provides a vital public service .Staff are friendly and helpful
Super friendly and knowledgeable staff
local and ease of access,professional ,never failed to provide or answer or supply of medication &advice
Having a local pharmacy is very important
The existing pharmacy in [location] is brilliant, very helpful, excellent location, and with very good links to my GP service, so have never had any issues with prescriptions.
Excellent service
My local pharmacy is very good
The staff there are helpful and it’s vet convenient
My local pharmacy provides an excellent personal service
Excellent service
Such a friendly pharmacy and are very helpful.
Ever since we changed our doctors we've been to [Name] Pharmacy

Having a local pharmacy with a pharmacist that you can build relationship with means it's often the first port of call and less likely to go to GP
Extremely helpful and corteous
It would be bad to lose the local pharmacy especially for the large portion of elderly in [location]
Love my village pharmacy, [staff] are excellent and take great care of my pharmacy needs.
Excellent Pharmacist and staff - people travel from outside the village to use it. Highly recommended.
Very friendly, they know our needs. We have used [Name] Pharmacy for many years
The Pharmacists in [location] are friendly and helpful.
All my family use [Name] pharmacy as they have always been so trustworthy and reliable. We value their help greatly. They know all of us and our ailments and we feel we are in safe hands with them.
Sometimes they refuse to order certain medications as it costs more than what they can claim back- ie lactulose. They never tell you in advance though so you go to pick it up and they say no it costs too much, so then you have to try get it elsewhere.- [Name] pharmacy
Our local pharmacy is a valuable part of the community, and will become even more important when the local doctors surgery moves to [location]
It's. Fantastic resource for [location] and the surrounding area . Extremely friendly and helpful staff
The pharmacy in [location] is excellent and well located for my needs. The staff have become good friends since I moved to the village.
Brilliant, professional and quick
They know every customer by name, they go above and beyond helping you. They have a good liaison with the GP surgeries, always looking out for their patients. Always giving good advice and they make sure that you fully understand what they have explained to you.
Is central to village and their knowledge of the community especially important for aging population of village
I feel safe and welcomed there. The staff are friendly and helpful.
[Name] surgery is excellent
They are fantastic
Brilliant service
It's great to have a local pharmacy - they order my prescriptions and I can collect them from there. I don't drive so getting my repeat prescriptions would be difficult otherwise.
It is accessible on foot as I don't have access to transport
Excellent service and advice.
Our pharmacist in [location] is wonderful. [Staff] are an important part of the community.
They seem to know everybody by name
Very good quick service
They are fantastic, helpful, knowledgeable.And convenient.

First class service with efficient and friendly staff. Extremely important and respected pharmacy in a community setting.
A friendly service and would hate to lose it.
Excellent service from highly qualified and efficient staff. It is a very great asset to our community.
[Name] pharmacy is brilliant- efficient and friendly service
[Name] pharmacy staff are professional, friendly, helpful and efficient and offer a great service to the community . They are very hard working.
Local village pharmacy is useful as we can walk to it
They are fantastic and we live less than five minutes away. Always get our flu jabs there.
The service and advise supplied by the [name] pharmacy is excellent and serves the local community exceptionally well
Excellent professional and friendly service at all times, the pharmacist knows his customers/ patients well.
It is a fantastic local service which is always busy. Customer service is excellent and the staff know the customers. Losing the pharmacy in [location] would be a crime
The [Name] Pharmacy is very efficient and friendly service; it is easily accessed
Both my husband and I use our local pharmacy regularly for our repeat prescriptions. The staff are unfailingly helpful and go out of their way to be helpful for everything we have ever asked them. They are very professional and sensitive to our needs even to the extent of being helpful when we had family visiting from outside the UK.
My pharmacy is local to me and I do not have a car to be able to drive to a pharmacy
Excellent service, useful information and advice, very friendly and knowledgeable staff. Close to my home and easy access to.
Very helpful and super efficient service on my doorstep. Friendly and trustworthy.
Excellent knowledge and service of my family
Always efficient, helpful and friendly, reassuring advice and information when needed.
excellent service
It's very convenient abd the staff are very helpful, professional and friendly
Efficient, trustworthy, friendly and supportive. Very caring. They know you and use your name so very personal service. A huge part of our community.
Excellent really helpful service at all times
Our local pharmacy is excellent, the staff are fantastic
Never had an issues - always pleasant and friendly, would trust with my information
Very good customer service. Very polite and very efficient
Extremely helpful and saves a Dr's appointment time when not necessary as they can assist. Have complete faith in the pharmacist.
My wife and I are well known to the pharmacist and his staff, and a visit is like visiting a friend

Very helpful
FRiendly efficient service
Most excellent service
Great service, very knowledgeable, polite and friendly staff, a great and very valuable local service in [location] .
The pharmacy holds my repeat prescription form. I telephone one week in advance when a new supply of medication is needed. Typically, a two monthly supply is ordered and collected one week later.
[Name] Pharmacy in [location] has always been helpful
The outside vending machine is so useful
Excellent, friendly and professional
Living in a village means our pharmacy is essential. The services they provide are exceptional and nothing is ever too much trouble. They are not just a pharmacy they are an essential community service.
Friendly interaction with customers and wide supply of over the counter medications etc.
My pharmacy is local, it is walkable and the service is personalised.
The current pharmacy have a knowledge of a lot of the village's residents and are very friendly & patient with everyone. They are part of our community
Amazing service
Always helpful and courteous and friendly service
I usually use my local pharmacy. I only used another one once recently when my local pharmacy had stock supply problems and could not supply one of my prescription items.
It is not near my doctor but is near where I live. They collect prescriptions from my doctor and also deal with repeats
Such a friendly and helpful pharmacy . Well trained and informed staffed. Excellent advice.
Personal & friendly service. Feel that Pharmacist knows me. Not just a customer
The pharmacy is the main hub of the village , with great advice and service with really helpful staff , a essential service to the residents
So convenient, trustworthy, reliable and professional service provided at all times the list goes on.
[Staff] is amazing and knows our family well
[Name] Pharmacy are fantastic. Helpful, friendly and local
Continuity of care is crucial
The best I’ve come across
Now
the village of [location] depends upon the pharmacist as we don't have a fulltime open gp surgery - they can resolve queries and reduce the load to the gp's by dealing with simple problems - this saves gp appointment slots for more complex issues
They are knowledgeable and helpful, their customer service is excellent
A very Friendly service. Vital in our village
A lifesaver

[name] pharmacy is superb. Although we use the doctor in [location] , we get our pharmacy services in [location] . We are concerned about it being moved away from [location]
Our local pharmacy in [location] is a valuable community resource. It provides excellent service and the staff always go above and beyond to help you.
The personal touch from someone who is reliable and professional and knows me and takes an interest in my health is invaluable
Having someone who knows me and my needs is invaluable
It's just a fabulously run service by great people who look out for their customers. Over the years I have regularly called in about symptoms for the children, or advice about medicines. After surgery last year they were incredibly helpful to me when I was struggling with pain and recovery.
they are very well respected within the village
Close to where I live and convenient as a local resident
this pharmacy was key in diagnosing mum in laws [condition]. they are superb . their support meant mum in law stayed in her home with our care for as long as possible
Fantastic service for our village [location] , we have a great fear of losing it.
[Staff] are very professional and helpful and always at hand for any queries
Our pharmacy is part of our village, wonderful , helpful service which we need especially when the doctors have moved to new premise
BEING LOCAL IS IMPORTANT
Good service,excellent advice and close to home
I emphasise the quality and friendliness of service provided and the I emphasise the quality and friendliness of service I received.
The service in every way is 100%, I would find it very difficult to have this service from anywhere rlse
[Name] Pharmacy is vital to our village
[Name] pharmacy is friendly profession service - they never let me down with anything
Very helpful and professional
Helpful, knowledgeable staff who are a valued service to the village
Very convenient
The use of a machine to dispense medication externally is particularly useful for collecting medication outside of opening hours
Great service and friendly
Our Pharmacy in [location] is an important and necessary part of the village community, they are always able to provide a friendly service and give personal and helpful advice when needed, nothing is ever too much trouble for them.
It is great to have it local as I'd find it very hard to get to another one. The staff know me and have given me lots of advice so I have not had to go to the doctors, I would be lost without them.
Superb facility , excellent advice. Book an appointment with the pharmacist quicker than seeing a GP.

They are at the heart of the village. It’s a convenient location for anyone to access. I far prefer it is not attached to a GP surgery as my surgery is too far away to go to frequently collect prescriptions or purchase other meds.
Our local pharmacy is so much more than just a prescription service. We can get advice and help on so many medical problems without the need to visit the GP practice, which is what we are advised to do by the GP and government policy.
[Name] Pharmacy is wonderful and very convenient. Without it I would have no access at all
My local pharmacy provides an excellent and much needed service. They are very helpful and my neighbour who has no car is able to access it as and when they need it
They are an integral part of the [location] community
I regularly use the local pharmacy in [location] where I live. They provide a great service and know all my family. It’s important that I can walk to my local pharmacy in [location] as I do not have a car.
i have very restricted mobility, icannot walk for more than a few paces so a caring professional , with ease of access is essential
I have compared my pharmacy services with friends living in [location] and have found our local pharmacy to be very much better
I use the pharmacy at [location] and find it excellent. From the personal relationship I have with the pharmacist, to the advice and service provided.
He is very personable and approachable and I trust his judgement. It is convenient and he works tirelessly to ensure we have the right medication at the right time
WE HAVE ALREADY LOST OUR LOCAL SURGERY, WE CAN'T AFFORD TO LOSE OUR PHARMACY AS WELL
[Name] pharmacy has been great, very knowledgeable, so close to me, it's great to have
[Name] pharmacy is fantastic, the service is exceptional and easy to access in relation to location. We have previously tried other pharmacies in the local area and service and knowledge was very poor.
They have an automated machine for collecting prescriptions at any time, this is extremely helpful ([Name] Pharmacy)
Our local pharmacist has been very helpful, friendly and has got to know each and every one of their clients. They are a trusted and treasured part of our community
It is a local pharmacy the staff know their customers and go that extra mile to be helpful and efficient
Very good
Helpful, on first name terms, [staff] are part of the community.
Frequently overwhelmed i.e people queuing out of the door
Our local pharmacy is very convenient
Friendly , helpful, caring and your not a number
We are very satisfied with our local pharmacy. The staff are professional, approachable and friendly. Without the village pharmacy accessing an alternative pharmacy using public transport would be very difficult if not prohibitive.
[Name] pharmacy is essential for this village , alternative pharmacy’s are difficult to get to.

They're helpful and friendly
Excellent service from pharmacist and staff
they are extremely helpful and have a good knowledge of who we are and our reqirements
Excellent local service
Convenience and excellent service
Always very helpful and has time to discuss any issues, in private if requested.
It’s brilliant, personal and supportive and reassuring… exactly what you need in times of stress, illness and worry. They know the community.. we need MORE services like this not faceless corporations.
Excellent service
Very efficient and helpful, if they haven’t got what I need they will get it in a day or so (unlike the previous pharmacy I used)
The pharmacy at [location] is very convenient and provides an excellent service for the whole community.
Yes...keep your hands OFF [location] surgery!!
We need it in such a remote village
The staff are friendly, efficient and helpful. It is a pleasure to give them my custom.
There is a chance that the pharmacy may move from [location] to [location] . This must happen otherwise [name] pharmacy will become financially non viable if another pharmacy opens in the new surgery. If [name] pharmacy moves to [location] then an automatic machine could be placed in [location] where dispensed medication could be accessed using a PIN number. This works very well in [location] . Please note that I am among very many people in [location] village whose doctor is in [location] . However [name] Pharmacy operates a collection service which could also operate ftom [location] . Should you require an unbiased opinion from a retired pharmacist who owned a practice in CAV for 30 years then please phone [number].
Great local pharmacy, part of the community.
The pharmacy staff are very experienced and work brilliantly as a team. Their knowledge of my medical history and needs means I always receive the best service.
Always feel confident in the advice given & the medication dispensed, repeat prescriptions are always ready on time.
Getting on hand correct advice from knowledgeable pharmacist who understands my personal situation.
Very helpful and efficient and can always get any medication required within 24 hours. And I can walk there.
Our local pharmacy is so convenient to the villagers, provides an excellent service, knows my family by name and is extremely efficient
Great friendly service
Local to the village, do not need a car or public transport to visit. Friendly and very professional service
Local to the village, no need to use the car or bus. Essential for people without a car. Local pharmacy enables me to be independent and not depend on other people.
Excellent service 👏

Our Local Pharmacy is fantastic and helps many people in the local community
It is close and convenient. There are no other pharmacies on a bus route that are in any way accessible especially as the buses are terrible
At present, we have an excellent local pharmacy in [location] , which sadly we will lose to [location] . in the most inconvenient of locations.I will have to drive there, as long as i'm able to.
Local and within easy walking distance. They know the complex medical needs that impact us and I trust their experience. When going there you are not just an unknown customer. As within walking distance I often go for advice rather than the doctor which is in line with the NHS Wales guidelines. If further away and as can't drive I could potentially put off going and risk making our medical issues worse.
They are personal and prfessional and always try to help
Our Pharmacist in [location] is excellent as he knows us individually and explains and guides us so well with regard to our medication. There is also easy parking available.
Being able to walk to the pharmacy is vital
Although always professional they are very friendly and approachable. Giving sound advise.
They offer a great service
The staff are professional, warm and friendly. They give sound advice that prevents my need to go see a GP
Very very busy - serves a huge area with a skeleton staff. Often queues of up to half an hour to be served
Having a pharmacy in our village ([location]) is extremely valuable as the alternative is a ten minute drive or bus journey (with buses only running once an hour)
Friendly and great being in the village
Friendly ,very professional , is a real part of the community and a very important service especially to the more vulnerable population .
My local pharmacy is essential for me. I’m a [condition]. And they are helpful, give good advice. Very close to my home. I will call and ask for my repeat prescriptions which they sort for me. I’ve used them for advice for myself and my children.
Part of the community. Both myself ([condition]) and wife ([condition]) are regular users
great local service
I have full trust of all the pharmacists at the [name] surgery. They are always friendly and welcoming and willing to give me time and advice, despite their very busy work.
The are so very helpful and efficient I hope they move to new [location] surgery so we can see a doctor and get new prescription and monthly ones in one place
Very good service - patient focused
Very friendly. Always welcome you with your Christian name
The pharmacy is a vital need for our community. The staff are very professional and help with medical advice and know our requirements.

Great service, helpful staff, easy to get to with or without transport. As someone who needs lifesaving medication it is good that I can get access to that easily and close to home.
Excellent service. Professional and knowledgable. They remember my medical details and on one occasion have advised against using an OC medicine.
It’s local and convenient
Brilliant service and location assesible
Close, convenient and with helpful frienly staff.
The service currently provided is excellent, I would want it to change
We want to keep [location] village pharmacay.
My local pharmacy is part of the local community and as such trusted by myself and family. I am able to walk to the pharmacy and this makes it extremely convenient and is more likely to seek advice .
Local, friendly, treats you as an individual and knows you by name.
I trust the pharmacist and team, they provide me with the service that I need and expect.
Excellent customer service, have developed a very trusted relationship with the pharmacist for professional health advice/signposting in absence of GP
Very friendly staff who give excellent service
Friendly and efficient staff
Very helpful and friendly staff, great service
They appear to be completely overwhelmed. Not always a prescribing pharmacist available. Appear to have poor communication with the GP next door.
Some medication was missed as I have a lot monthly and it was in a second bag which I wasn’t given at the time
It is invaluable to us. Good service Friendly, professional staff, queries answered, Easy access. Without it I would have to drive or take public transport to access the service.
Having a local pharmacy in [location] is excellent, the customer service and knowledge of the the pharmacy team is fantastic. Prior to the pharmacy opening I used to have to drive to [location] for prescriptions which isn’t always easy and parking is problematic. Being able to walk to the pharmacy and liaise with a team who know their patients/customers is fantastic and just what the village needs.
It would be good if they were open on a Saturday even for just a few hours
Very helpful qualified trusted advice
Very friendly, approachable and knowledgable. Easily accessed in centre of village. They show a personal touch and we greatly appreciate all their staff.
Access to the pharmacist is a huge barrier, and the knowledge accessed. I tried to gain advice about my sons ear and the pharmacist didn’t even look at his ear or speak to us and just told us to call 111
It is an essential village service that is clearly well used as there is a continually replenishing queue of people attending for one reason or another
They are sometimes to busy, eg to take blood pressure or weight.
It is essential for my mobility issues to have somewhere I can get to without a car or bus

i would like to be able to access the pharmacy independently, but currently depend on someone to pick-up my medication. I'm not able to speak on the phone or go there so i'm not able to arrange alternatives
always friendly and helpful
Very helpful, friendly service
[Name] chemist is just the best, the staff are amazing
Local very helpful
Staff are always very helpful and accomodating
It is extremely useful that NHS hospitals now issue green prescriptions that can be taken to my local pharmacy.
Would like it to be open on a Saturday
Very friendly and convenient
Excellent in all aspects and convenient
While close the opening hours are short and only open half day Saturday and closed Sunday. Often has to order in medications which is frustrating. But [XX] pharmacy so understandable. [Staff] doesn't have a friendly manner but we use it because it's close. As it's a [XX] operation there are always queues and when we give a prescription in we always have to come back later the same day to collect the meds.
Shuts at lunch time. Local pharmacies have all closed so I have to drive a considerable distance to one. None are open at the weekend.
[Name] pharmacy is convenient and well run
They offer a fantastic service always ready to help, especially with the choose pharmacy items they are super quick to supply your items, the have a text alert so you know when your prescriptions are ready to collect
Excellent a pharmacist ! Very helpful regarding repeat scripts & medication changes. Liaises well with GP practice too. Easily accessible for whole village
Would’ve convenient if open on a Saturday.
Needs better flexible hits for working people!
[Staff] are super efficient, very helpful and always find time to answer any concerns about medical issues.
They are great - and an online booking system for appointments is super helpful.
They ar professional and caring and make every effort to help,unlike [name] who generally do the bare minimum and won't help even if they themselves lost your prescription
[Name] pharmacy is a critical part of our community with a high demand for usesage.
[Name] pharmacy needs to be open longer hours on the weekend
I use [name] in [location] and they are excellent in every respect
We use [name] pharmacy and they are a fantastic asset to our village. They are professional and helpful and we have used them many times before going to see our GP (when they have often helped us so we don't need to go). My daughter is now 6 years old and they have been a great comfort knowing we can pop in and ask if we're worried about anything.
They are very helpful / they know me by name / they are friendly/ professional

My local pharmacy provides an excellent and professional service.
Convenience and personal attention
A very friendly, helpful and accessible service. Well liked, informative and trusted staff.
my local pharmacy in [location] oofers an excellent personal sservice along similar lines to GPs 20 years ago when you saw the same doctor almost all the time so he knew you and your family well. [Staff] go above and beyond in the friendly and personal service they offer.
It is a vital service for the people of [location] particularly as the decision has been taken to deprive the area of its surgery. The pharmacist and his staff are exceptional
The team at my local pharmacy are knowledgeable, responsive to queries and are an essential part of our community.
I always find the pharmacist helpful and knowledgeable and they know me and my family.
Friendly, extremely helpful, caring and close enough to reach easily.
Great people’
[Name] very good but not an issue if it moves
Friendly convenient professional
The pharmacists speak Welsh to me, which I welcome. They are very amenable and accessible - it's usually possible to get a same- or next- day appointment
Excellent service
They are fabulous. Always go above and beyond to help
A wonderful pharmacy in our village. Helpful,friendly,knowledgeable and efficient.
The staff are very helpful, friendly and knowledgeable.
[Staff] run the pharmacy in the village. Premises [XXXXXXX]. I get my repeat prescription from them and walk there from home and work. Their customer service is incredible. They know me and always have my medicine. They liaise with the practice when needed to. When there is a locum cover the difference in the service is huge!
The local pharmacy is [location] is an essential service
My family has used [Name] pharmacy for many years and the pharmacist is a lifeline for us. He knows us and our medical history very well and always looks after us.
Great to have the service in the village
[Name] pharmacy is helpful and a great resource for our community
The village pharmacy is very helpful , very considerate in providing their services to myself and my wife, much appreciated.
It is vital to have a local pharmacy in the village for the community in [location]
Excellent service with a smile!
[Name] Pharmacy is simply wonderful! The staff are kind, caring and trustworthy.
It would be a dsaster for my wife and I
Very accomodating in sorting out supply issues / repeat prescriptions.
The [Name] Pharmacy provides an invaluable, personal service to me and the many people of advancing years in my village.

My local pharmacy is excellent and I do not want to lose it.
Only that the staff are very helpful
The staff are incredible at [name] pharmacy and I trust them.
They always remember my name and provide a personalised service. They even sent me beautiful flowers when my [XX] died. So kind and considerate and nothing is too much trouble. The village would be lost without them.
Only that they are incredible,and give an excellent service.
This is a family run pharmacy and it never ceases to amaze me how they remember all their customers. They're always dedicated and professional while providing a speedy and friendly service. I wouldn't want to go anywhere else, even though it's further away than 4 other pharmacies.
Its important to have a pharmacy in the local community
Extremely friendly staff
It's essential that to have a pharmacy that can be reached on foot.
Excellent friendly and knowledgeable staff providing an excellent service.
The [name] pharmacy is very convenient for those in the village and surrounding area, and offers excellent, personal customer service. They go the extra mile to help and overcome obstacles to service provision, e.g. I recently mislaid a prescription but the pharmacy offered to sort it out with the doctor's practice, and did so efficiently. The people of [location] are losing our local surgery to a new one being built in [location] . The only silver lining is that we still have an excellent pharmacy in [location] . It would be another major blow to the local community to lose our pharmacy too.
Our local pharmacy in [location] is amazing. Wonderful helpful staff. Very professional and knowledgeable. Nothing is too much trouble. Always happy to give advice and reassurance.
Fantastic service
Always very knowledgeable and friendly
Very kind and caring, great location, always has customers.
It's an excellent, friendly and comprehensive service that is truly appreciated in [location] .
The service is excellent. The staff are friendly and helpful. As I live in the village I can walk to my pharmacist.
It's the only one easily accessible to me (I live in [location])
[name] pharmacy is fantastic and I don`t want to lose it!!!!
Pharmacist in [location] is very good
I have recently used the pharmacy to discuss an issue that I would normally have gone to the doctor with. The pharmacist saw me promptly and was knowledgeable and friendly. I would have easily had to wait 4 weeks to see the GP for this as it was not an emergency.
excellent service
They have never let us down. Always helpful and friendly.
It is helpful to get advise when you are unable to get a doctor's appointment
An amazing personalised service
This pharmacy is an absolute asset to the community and if it were to go I would have to look elsewhere to live

Very helpful, knowledgeable, staff. Can collect my regular prescriptions there and buy other items. It will be more useful to me soon as my GP surgery is moving further away.
It provides a first class service, should we loose this pharmacy I would have to consider changing house location.
If the pharmacy in my village is closed, it will be very dangerous to attempt to walk to a new health centre/pharmacy being built at [location] , off the [road], as the narrow winding road from the village has no verges/pavements and traffic travels fast along it. it's quite dangerous to even drive along it. Also I may not be able to continue driving in future years. No buses run along this road since it's too narrow.
I am very happy with the service provided. I would find it extremely difficult if this service was removed from the village as it would be impossible for me to get to the surgery unaided, thus resulting in the loss of my independence.
Soon there will be no doctor in the village, so making our pharmacy the only place where we can get professional medical help and advice. The pharmacist knows me personally, which makes a huge difference when seeking support. Bus services to other doctors and pharmacists in the area are few and far between. I would feel very vulnerable if we lost our pharmacy - which is apparently under consideration.
Always professional and helpful
I use several medications with widely differing times for the need to reorder but the Pharmacy in [location] always manage to accommadate this without any problems despite my sometimes confusing requests and are always helpful and patient
they are patient & caring
Excellent personal service, fully aware of medical history and required medicines.
Excellent Pharmacist with services. Very knowledgeable and friendly. Would be difficult to replace and is easy to get to as I do not need to use public transport to get to. If II used public transport to a pharmacy it would take about 2 hours
[location] enjoys excellent pharmacy services which would be difficult to match elsewhere. Public transport means the next nearest pharmacy would involve a minimum of 1 1/2 to 2 hours
EXCELLENT CUSTOMER SERVICE (will be sad day if the pharmacy leaves the village, which I understand is what you are planning).
The pharmacist is always very informative and helpful. Has also helped out occasionally with supply of medicines
This pharmacy has always (since it was opened) provided a first class service.
YES - [Name] pharmacy provides a superb service for local residents and from adjoining villages you MUST ensure that it is suppored for the community
Excellent service and very friendly
Very efficient and friendly
Friendly, supportive, and knowledgeable staff. Efficient and reliable service.
Knowledgeable,friendly & professional
Superb service from [name] chemist, always helpful and understanding and go out of their way to help, would be mentally and physically affected if I lost this facility
[Name] Pharmacy is accessible and friendly. They have great advice and support and act as a hub in the community.
One of the few places you can get medical help with immediately

Friendly, very efficient and knowledgeable. Essential to our village especially for the elderly who no longer or are unable to drive. Delivery availabilty so important to those who are housebound at any time.
My local pharmacy ([location]) is an absolute lifeline for me and my household. I am the only [XX] person in our household and the others rely on me to collect their medication. I've also been able to obtain advice from the pharmacist about minor ailments which I might otherwise have felt I'd have to call the surgery for.
I and my family are very comfortable using our pharmacy in [location] because we trust their professional service and skills and they know our needs after many years of personal professional relationship. The friendliness of the Pharmacists always helps during periods of illness and always a confidence that they have our best interests at heart.
My partner is really happy with the service she gets and I have confidence that I'll get my medication
We lost our doctor's surgery we don't want to lose our village pharmacy as well
We have an excellent local pharmacy and hope that it will continue to operate.
Need to keep the [name] pharmacy open
This pharmacy is very convenient for me.
We have excellent personal service from our Pharmacist
My local pharmacy provides me with services that are easily accessed without me having to impose on others to help me
The pharmacy team are very professional and courteous and make you feel valued, nothing is to much trouble.
I have confidence in my local pharmacy as they know me and are friendly and approachable. I would not have the same confidence in a pharmacy that was part of a large chain.
The pharmacist bilingual (English/welsh)
I really value this service
They are friendly, Very local, they know each persons medication. I don't have to worry about my medication for [location]
They are invaluable
Extremely Helpful and courteous
Experience has ben very positiv. It is vital to keep the pharmacy in the village.
My local [location] pharmacy provides an excellent and friendly service to our community. If this valuable service were taken away, there would be substantial inconvenience tall that live in our community.
My local pharmacy is very helpful and I have known the staff for a long time. The general practice in the village sends the prescriptions over when signed and I can get in there by wheelchair when they have dispensed it.
The pharmacist and all the staff at my local pharmacy are kind, helpful, very knowledgeable and have known me and my family for quite a long time
First class service, polite and knowledgeable and always prepared to go the extra mile to satisfy customers.
Excellent service, always friendly and polite and nothing is too much trouble to ensure the customer is cared for.

The local pharmacy and the staff there are essential to allowing me to manage my condition to the best of my ability.
The service is local and first class. The Pharmacist and staff know their regular customers well but are friendly and open to all. They create an air of confidence which puts you at ease.
Convenient and excellent personal service
I think it is of vital importance that people have access to local pharmacy services without needing to rely on public transport or the good will of friends or family. Myself and partner access or village pharmacy every month for repeat prescriptions, we also go there for flu vaccinations and other support
Very good service from a Pharmacy that knows me. Due to all the other servies that are available it is important that a relationship is built with the pharmacist and that the pharmacy is easily accessible
Having the pharmacy in my village and close by is a massive help. The team there are local and friendly, and help a lot of residents in the village
As a frequent user of [name] pharmacy I feel confident that the pharmacist knows my medical history and is able To advise me should I need further assistance. Familiarity is important.
Amazing to have an easily accessible pharmacy. A very friendly pharmacist who always has time to advise me re medication now and in the past. Alerted me to my blood pressure rather high which resulted me in seeking help from the GP. Knows all the residents by name and cares about our wellbeing. I will struggle without a pharmacy near. [location] has an aging population - many unable to travel so even more essential to have this service close to home. I am one of the aging population who will be unable to drive in the near future.
My local pharmacy is excellent - I can walk there to collect my regular prescriptions. The pharmacist knows me and my ongoing medical conditions and can give me advice on common ailments and whether I can use over-the-counter medicines or not. I get my flu vaccination there every year. The pharmacist is excellent with guidance and advice for common ailments where it is not necessary to make a GP appointment - this is a vital service as the GP practice is imminently about to relocate from my village to a location which is impossible to access without a car, (not possible to walk there and no public transport). Our village needs our excellent pharmacy to continue with its faultless customer service when we are losing our GP surgery to a location which is difficult to access,
No, just a great service that is always busy and much needed in our community
[Name] pharmacy is a great little pharmacy. [Staff] are really friendly and always remember my name and my prescription. A real asset to the village and surrounding communities. Even if they don’t have something in stock, which is rare, they order it either for the same day or the next day. Excellent service. Wouldn’t go anywhere else!
[Name] pharmacy is the best I’ve ever found. The service is 2nd to none and the locals and people like me rely on them heavily. They’ve helped me so much in the past.
They are outstanding at there jobs,and the service is fantastic
Friendly and helpful. Knowledgeable
Excellent service in [location]

[Name] Pharmacy provides an excellent service. The pharmacist knows me and my family and he knows of our general health and he is genuinely interested and concerned to provide us with the best service. I have lived in [location] for about 30 years and I have never been so comfortable talking with a pharmacist about by health needs and issues. I like the accessibility and immediate service for the everyday ailments that I suffer without having to arrange transport to my GP and then wait a sometimes for a very long time when I am not feeling well.
As I don't drive, I'm very grateful to have a pharmacy within walking distance ([location]). The hours are convenient and the staff know their customers.
Excellent service, very supportive
Always helpful, a family friend
They give a personal experience
Having a local pharmacy within walking distance means I can access it as regularly as I need to and would still be accessible as I grow older and less mobile or don’t have access to a car. The pharmacist is also familiar with my condition and medications I use which is useful when I have any queries. A personal service!
They are always willing to help, they get problems sorted quickly. have a good repore with my medical center.
Good service and advice from friendly knowledgeable staff
The convenience of being able to walk there and visit the village general store is really helpful in a busy day, but best is being personally known by name by the pharmacist and his helpfulness in obtaining medication especially when some items have not been readily available.
[Name] pharmacy is excellent for all our family needs - close, knowledgeable and friendly
I have always had excellent service at my local pharmacy [name], they are an extremely valuable resource for the community
We have a brilliant pharmacist in our village who gets to know the whole family
It is often very busy so not always possible to contact them by phone
The pharmacy in [location] has always provided an excellent service. This was really appreciated when my elderly [relative] needed certain medication. She sadly passed away last [month]. Their assistance was was excellent.
Very helpful and courteous and local
The repeat prescription service is vert helpful saving me time and making sure my medication is available on time. Having a pharmacy in the village is really helpful as I work long hours and would find it difficult to travel to pick up medication
Please keep [Name] Pharmacy
Excellent service from a well respected and long standing LOCAL pharmacist
Consistent, professional and friendly
Sometimes the pharmacy is really busy and they don't seem to have time to meet my needs properly
Our Pharmacist is always on the ball, knows his patients by name, is very caring and always helps and guides the public. I feel very safe and confident with his services and trust his guidance 100%.

I had a back problem and usually took co codamol to help occasionally. The pharmacist wouldn't let me buy them. Never had a problem before. Only one pharmacist has ever said that.
Very happy with the customer service our local pharmacy provides.
Often they are out of some medicines
Having a local pharmacy in my village of [location] is a vital lifeline. I can walk there in less than five minutes, most patients also seem to walk there so it reduces traffic around the village. There are numerous occasions where their services such as minor ailments or emergency medicine have helped me avoid a GP or out of hours appointment. The impact on [location] of losing this would be devastating and inevitably put more pressure on the NHS services locally.
Really good pharmacy in [location]
Shame there is a lack of provision over night on bank holidays
Since changing hands it’s gone downhill massively
No longer opens on a weekend. This is very restrictive
Very local easy to get to.
They are great
It's perfect

Are there any barriers to you accessing services at your pharmacy that you have not mentioned?

Closed at lunchtime and weekends
Local pharmacy does not do a repeat prescription service
Mostly opening hours do not support working people
Working as a nurse, often unable to attend in the day.
Unfortunately my local pharmacy is a nightmare, we are not allowed to ring up to ask if prescriptions are ready for collection which is a pain as my partner collects my prescriptions for me as I am housebound and have been for the last three years, they very often are unable to acquire my tablets or other meditation or dressings but don't notify you so my partner goes up later collect the items only to be told they can't get them frequently I run out of these items because of the pharmacist
as above, the workload of the pharmacy prevented access to the common ailments scheme, there was no provision to book to see the pharmacist and as I work I was unable to keep reattending.
The provision of needles and syringes for long term medical use.
never answer the phone , poor stock levels and availability , never let me try elsewhere send me back to dr
As above, a prescribing pharmacist.
Opening hours. They should offer more services to take pressure off gps. They could do more like in England. Lack of investment in community pharmacy.
No free service or no capacity for delivery of medication (grandparents)
Don’t always have all the items on prescription

Out of hours pharmacy are limited - last week my [relative] was dictated from a and e without antibiotics as we were told they did have what she needed in [location] - advised to use out of hours pharmacy of which there were none open after 9pm - she was quite unwell and then had a 12 hours delay in obtaining meds
very busy at the same times (popular) of day and not enough staff - have had to leave due to the length of the queue
I have flexibility in my job and so am able to call in to collect repeat prescriptions easily but previous less flexible jobs made this difficult.
Can't drive in dark, so collection in Winter/shorter days more of an issue.
Not at the moment but there could be as I get older
as above - but would never be able to go to them for emergency medication or help on discharge review meds - you cannot even get your routine monthly ones sorted - even when we've said it's urgent medication we need they won't help and just say come back in a day or so once you get the text to say it's in, but that never happens, the text never comes.
Closed weekends
For all residents of [location] there is no longer a local pharmacy, large numbers of houses are being built on the outskirts of [location] which will also not be close to a pharmacy. The problem is compounded by there being a very limited bus service to an area with a pharmacy, only 5 buses per day
Yes,i have a job Monday to Friday 0900 to 1700 so always a rush.
Late night not accessible
None - BUT were it not for the current pharmacy service being available to us we would have major issues with having to access an alternative pharmacy outside our local area.
No, it is very local and within walking distance to my house
not so far
Opening hours, cannot fit a double pram through the door so need childcare for my young twins
Not at this present time
Closed on weekend
Non , but would be if moved as I don't drive and have no family around for support.
Not open Saturday
Lack of public transport to any alternative
No, but we worry that you may eliminate the pharmacy from the village which would make life very difficult
At the moment, no. If we had to go outside the village, that would cause a big problem
They aren't always the best at answering the phone, it's always quicker to physically go there. They also are not the quickest with giving you your prescription, though sometimes they have to run upstairs to get it from the storage upstairs so it's possible this is a space issue there.

only if it's taken away from the hub of the village
The pharmacy is in a convenient location. If we are to use the surgery in [location] a pharmasist who can offer advice and help is imperative
None at all. The staff are wonderful
The village of [location] is losing it's doctor's surgery. The Pharmacy should remain in [location].
Not at my current pharmacy.
Yes, there will be if it is moved out of the village
Opening hours do not include any evenings or weekends
Mobility issues
I usually walk to my local pharmacy but otherwise nearby accessible car parking facility would be important
No except not being able to access dispensed medication (repeat prescriptions) on Sat and Sunday and out of hours which could be solved using an automatic machine.
It needs to remain in [location]
Closed on Saturday
No barriers at present, but there will be many when the pharmacy relocates. Such a disappointing decision and move.
No as within walking distance.
There are no barriers as our Pharmacy is located in [location].
No but barriers would be put up if if anything changed
Transport, traffic and parking elsewhere, being open on a Saturday morning would be beneficial for working people.
As above, whenever I visit the pharmacy are so busy dispensing I’ve never felt comfortable asking to speak to a pharmacist or it’s quite cold and clinical. I don’t see pharmacies as very welcoming or somewhere I would ask for help
There is often no female working eg for more intimate advice.
physical, phone calls, reliability of service
Opening hours. Closed by 6pm. Half day opening Saturday and closed Sunday. Also the common ailments prescribing service is too narrow eg I can't tolerate the 2 meds available for UTIs but the one the Dr prescribes Pharmacists don't offer. This is also the case for other ailments where one or two meds can be prescribed but they don't suit everyone.
Weekend closure
Not open on Sundays, or open late
Since adding a second pharmacist availability has improved.
no - but I am very concerned about ther potential move of the the phramacy to [location] which will make it difficult for many older aptients who cannot drive. Even for drivers the closest road access is hazardous and not suitable for heavey traffic which has alreadsy increased in recent years with the development around [location] whch is still ongoing. I alos believe that the new surgery sited there will cause many difficulties for residents of [location] who weren't properly consulted about the new surgery and pharmacy location

They aren't open on Saturdays
Not open at weekends
Not at present.
I don't think so
[Name] pharmacy closed on Saturday
no but does not open saturday
Not at the present time
If we lost our pharmacy it would be impossible to walk to another, and there is no public transport to nearest alternative.
No barriers to accessing the present pharmacy but would have major problems accessing a pharmacy outside the village.
Lack of frequent bus service from [location] to surrounding areas
Struggle to summon energy to move regularly and knowing they are close by a massive help as they understand needs and accommodate
Parking
It would be great to be able to get Covid vaccinations as well as flu vaccinations there, would save complicated transport arrangements.
I am immunocompromised so there are barriers to accessing everything safely for me at the moment
Can't drive
Online pharmacies are often cheaper
They are under threat because the surgery is being moved away which is grossly inconvenient for me with my age and long standing disability.
No. Pharmacy is based in my village and can be accessed easily.
None at all. The service location is excellent, easy to access with excellent service.
I do worry about how I would manage if I had to arrange transport to go another pharmacy that was outside the village. I think my health and well being would suffer. I also think my husband would be less likely to go to the pharmacy if he had to arrange transport to take him out of the village. Our GP is in [location] and that's a chore getting there. Public transport is not good from [location]. Even the one taxi driver we had no longer operates.
Not at my current pharmacy.
not at the moment but if the pharmacy in the village should close then it would be difficult to access services, especially as our Doctors are moving out of the village and there is no direct bus route to the new surgery
Being able to leave the house without help
Living in [location], then if the pharmacy were to leave the village that would represent a huge barrier as with limited public transport access, which may be unsustainable when unwell, it would be difficult to get to another pharmacy.
Constant communications in prescriptions from Doctors to the Pharmacy. Possibly caused by communication delays from my specialist at Hospial Clinic to them.

Equality monitoring

What was your age on your last birthday?	Number of responses
Under 16	0
16-24	10
25-34	27
35-44	67
45-54	86
55-64	138
65+	329
Prefer not to say	15
Chose not to respond	7

What term best describes your gender?	Number of responses
Female	438
Male	218
Non-binary	0
Prefer not to say	15
Other	4
Chose not to respond	4

Where “Other” was selected the following additional information was provided.

- why is this relevant
- I don't have a gender, that is a social construct and not one of the protected characteristics. Why are you asking this instead of (biological) sex?
- There are no others it’s only male or female
- White heterosexual married man ie: the norm

Do you identify as Trans?	Number of responses
Yes	0
No	620
Prefer not to say	11
Chose not to respond	48

Please tick any of the following that apply to you.	Number of responses
Deaf/Deafened/ Hard of hearing	91
Mental health difficulties	45
Learning impairment/difficulties	1
Visual impairment	30
Wheelchair user	8
Mobility impairment	87
Long-standing illness or health condition (eg cancer, diabetes or asthma)	212
Prefer not to say	44

Are you a carer for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without your support?	Number of responses
Yes	113
No	549
Chose not to respond	17

Do you regard yourself as belonging to any particular religion?	Number of responses
Yes	228
No	349
Prefer not to answer	32
Chose not to respond	10

If 'Yes', please specify.	Number of responses
Buddhist	2
Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)	279
Hindu	4
Jewish	1
Muslim	5
Sikh	1
Other	6
Chose not to respond	381

Where "Other" was selected the following additional information was provided.

- Christian
- why is this relevant
- Roman Catholic
- Catholic
- Wicca
- Atheist
- Humanist

How would you describe your sexual orientation?	Number of responses
Bisexual	16
Gay woman/ Lesbian	3
Gay man	3
Heterosexual/ Straight	591
Other	0
Prefer not to answer	50
Chose not to respond	16

Where "Other" was selected the following additional information was provided.

- why is this relevant
- Normal (two people)
- I fail to understand why this question is relevant

Do you consider yourself to be Welsh?	Number of responses
Yes	475
No	184
Chose not to respond	20

What is your ethnic group?	Number of responses
White - Welsh/English/ Scottish/Northern Irish/British	629
White - Irish	3
White - Gypsy or Irish Traveller	0
White - Any other white background (please specify below)	5
Mixed/Multiple Ethnic Groups - White & Asian	2
Mixed/Multiple Ethnic Groups - White and Black Caribbean	0
Mixed/Multiple Ethnic Groups - White and Black African	1
Mixed/Multiple Ethnic Groups - Any other (please specify below)	0
Asian/Asian Welsh/British - Chinese	3
Asian/Asian Welsh/British – Pakistani	1
Asian/Asian Welsh/British - Bangladeshi	0
Asian/Asian Welsh/British - Indian	4
Asian/Asian Welsh/British - Any other (please specify below)	0
Black/African/Caribbean/Black Welsh/British - African	2
Black/African/Caribbean/Black Welsh/British – Caribbean	2
Black/African/Caribbean/Black Welsh/British - Any other (please specify below)	0
Arab	1
Any other ethnic group (please specify below)	0
Prefer not to say	13
Chose not to respond	13

Where “Other” was selected the following additional information was provided.

- Swedish/British
- portuguese
- American
- German and British - Consider myself to be European or Welsh
- Welsh German

Appendix I – contractor questionnaire

Cardiff and Vale University Health Board is preparing its next pharmaceutical needs assessment or PNA which is due to be published by 1 October 2026 and we need your help to gather some information to support its development.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until 29 March 2026 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email cav.communitypharmacy@wales.nhs.uk with a subject title of 'CVUHB PNA contractor questionnaire'.

Premises details

Contractor code (ODS code, 602XXXX)	
Name of contractor (i.e., name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of premises	
Premises email address	
Premises telephone	
Premises fax (if applicable)	
Premises website address (if applicable)	
Can the health board store the above information and use it to contact you?	☐ Yes ☐ No

Consultation facilities

Are the premises accessible by wheelchair? ☐ Yes ☐ No

Is a consultation area:

- available (including wheelchair access), or ☐ Yes
- available (without wheelchair access), or ☐ Yes
- planned within the next 12 months, or ☐ Yes
- other (specify) Click or tap here to enter text.

(Please select one option.)

Where there is a consultation area:

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

Do you have Welsh speakers in your staff? ☐ Yes

Are any other languages spoken by staff (in addition to English)? ☐ Yes ☐ No

If you have ticked “Yes”, please list the languages below.

Click or tap here to enter text.

Services

Do you dispense appliances?

- Yes, all types ☐ Yes
- Yes, excluding stoma appliances ☐ Yes
- Yes, excluding incontinence appliances ☐ Yes
- Yes, excluding stoma and incontinence appliances ☐ Yes
- Yes, just dressings ☐ Yes
- Other Click or tap here to enter text.
- None ☐ Yes

Non-commissioned services

Do you provide any of the following?

- Collection of prescriptions from GP practices ☐ Yes

- Delivery of dispensed medicines – free of charge request ☐ Yes on
- Delivery of dispensed medicines – selected patient groups (list criteria) ☐ Yes
  Click or tap here to enter text.
- Delivery of dispensed medicines – selected areas (list areas) ☐ Yes
  Click or tap here to enter text.
- Delivery of dispensed medicines – chargeable ☐ Yes
- Automated collection point ☐ Yes

In your opinion is there a requirement for an existing additional clinical service which is not currently provided in your area? If so, what is the particular requirement and why.

In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.

Capacity

We need to understand your current capacity and whether or not you can meet an increased demand for the pharmaceutical services you provide. With this in mind please select the options that best reflect your situation at the moment with regard to your premises and staffing levels. We appreciate that the position may well change and will therefore treat your response as being at a fixed point in time.

	Premises	**Staffing levels**
We have sufficient capacity to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity and would have difficulty in managing an increase in demand.	☐ Yes	☐ Yes

Business development

Do you have any plans to develop or expand your premises or service provision?

☐ Yes ☐ No

If yes, please can you provide details?

Details of the person completing this form:

Contact name of the person completing the questionnaire, in case we need to discuss your response with you.

Click or tap here to enter text.

Contact email address

Appendix J – consultation report

1 Introduction

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

2 Consultation process

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 PNA addresses issues that they considered relevant to the provision of pharmaceutical services:

- Community Pharmacy Wales
- Bro Taf Local Medical Committee
- Contractors included in the pharmaceutical lists
- GP practices
- Llais Cymru
- Cardiff and Vale Regional Partnership Board
- Velindre NHS Trust
- Welsh Ambulance NHS Trust
- Aneurin Bevan University Health Board
- Cwm Taf Morgannwg University Health Board
- Cardiff Council
- Vale of Glamorgan Council

An email was sent to the above organisations, inviting them to submit their views on the pharmaceutical needs assessment. Weblinks to the pharmaceutical needs assessment and online questionnaires were included in the email.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. The questionnaire was available in English and Welsh.

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.

There has also been correspondence with Pentyrch Save our Surgery and Pharmacy, this is also reflected in this document.

The consultation ran from 8 July to 6 September 2026.

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

The consultation received 187 responses, including an off-system response by Community Pharmacy Wales. The majority of personal responses were received from people from one village in Cardiff who were happy with the services they receive from their current pharmacy and did not want it to move to a neighbouring village. There has also been separate correspondence outside of the PNA process in relation to Pentyrch and responses have been provided to that.

Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	2.7%	5
On behalf of an organisation	1.1%	2
A personal response	96.2%	179
Chose not to respond		1
Total		**187**

3 Summary of online questions, responses and the health board's considerations

The health board received a number of free text responses to the questions, many of which simply identified the place that the respondent lives in. Only those comments which answer the question or provide context to the response have been included. Those comments are included verbatim. Due to the number of responses from people in the Pentyrch area, where the same or similar point was being made several times then the duplicates were excluded. Also, for brevity, where responses agreed with the content of the PNA then the detail of these comments are excluded from this report.

Question 1: Has the purpose of the pharmaceutical needs assessment been explained?

175 people said "Yes", with five people saying, "Don't know". Five people said "No" and two people skipped the question. 122 comments were made in relation to this question.

The health board has noted that a number of respondents commented on the local briefings that had been undertaken by one particular group which had helped them to understand the purpose of the document. A number of people were of the opinion that the purpose had "been explained above", and others stated that they had read either the document or the executive summary.

Those who said "No" or "Don't know" expanded upon their responses as follows.

Don't know:

- Due to my mobility issues no one could rake me to a meeting where this was explained, as they were on holiday
- Haven't read full assessment
- Indeed
- Not read in full, only a brief summary/compressed version.

No:

- There was no prior information given. I only found out about this questionnaire by chance. This is most unprofessional!!
- More information needed from the Health Board
- Like always, you put things out online and expect everyone to be mind readers
- Pentyrch has received sub-standard NHS services for years including our needs/concerns ignored. This is just another example

Community Pharmacy Wales commented as follows.

"The draft PNA provides a useful explanation of the relationship between the PNA, population health needs and the provision of pharmaceutical services. However, it would benefit from more explicit recognition of the PNA's statutory function within the market entry framework. In particular, the PNA forms part of the evidential basis against which applications to join a pharmaceutical list or dispensing doctor list, together with certain relocation applications, are assessed under the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Clear acknowledgement of this statutory role is important, as the conclusions reached within the PNA will have a direct bearing on future market entry decisions. It is therefore essential that the evidence base, assessment methodology and resulting conclusions are sufficiently clear, comprehensive and robust to withstand scrutiny and to support sound decision-making."

Cardiff and Vale University Health Board's consideration

The health board is pleased to note that the purpose of the PNA appears to be clear to the majority of people who responded.

In response to the comment from Community Pharmacy Wales, the health board will add an additional sentence in the final version of the PNA.

Question 2: Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

175 people said "Yes", five said "No" and seven didn't know.

126 comments were made in response to this question. A number of respondents who said "Yes" clarified that their response was only in relation to the village they live in.

Some of those who said "No" or "Don't know" expanded upon their responses as follows.

No:

- The UHB is the only health board Wales that has not adopted the principles of the All Wales Medicines management framework, it has also not complied with the direct instruction from Chief Pharmacy officer Welsh Gov to implement MARS charts. Current practice in the region is unsafe and lacks clinical governance.
- In [location] there is a pharmacy that has been closed for a significant oeriod of time August 2026 to February 2026. There is no explanation regarding the closure, what measures where put in place by the Healthboard during this period of closure (I understand other local pharmacies were allowed to not provide the full essential services to ease pressure due to closure). Therefore, if this pharmacy closed again, would this create a Pharmaceutical need? What is the Healthboards view of the fact this Pharmacy closed and breached their contract? Did the Healthboard try to remove the pharmacy from the Pharmaceutical List? The Pharmaceutical Needs Assessment should reflect potential changes in the next 5 years, however, there is no mention of what would happen if this pharmacy is removed from the Pharmaceutical List?
- Yes at present, but there is likely to be a problem in future should another pharmacy open in Rhydlafar with the result that Pentyrch pharmacy is unlikely to survive.
- Want to take our pharmacy away from us for a new housing estates benefit, just like the doctors surgery
- We need Pentyrch pharmacy

Don’t know:

- Again your notice is not detailed. As our surgery is moving 2 miles away, it would be very difficult if not impossible, to access community pharmacy services
- I have not reviewed the assessment in enough detail to say whether it fully reflects the current provision in my local area. I would particularly like the needs of village communities and the importance of retaining accessible local pharmacy services to be considered.
- Pentyrch

For those people who responded yes but made some specific comments in relation to Pentyrch then these are as follows:

- Pentyrch's needs are covered and an ongoing need for a pharmacy provision actually located is acknowledged, so as long as that is followed through yes is the correct answer.
- This refers to Pentyrch where we are losing our surgery and it was proposed that pharmacy should move as well. This would be disastrous for Pentyrch as at present most can walk to the present pharmacy site in Pentyrch. If it also moved to Rhydlafa it would be impossible to access by walking and public transport as the direct route is by a narrow country lane, which is steep in parts and which many find stressful to drive down, let alone walk or cycle.

- I have not reviewed the assessment in enough detail to say whether it fully reflects the current provision in my local area. I would particularly like the needs of village communities and the importance of retaining accessible local pharmacy services to be considered.
- Yes, although buried in the detail of the cluster of pharmacies and with no comment on whether it should change (which is stated in the purpose of how needs "can" be delivered)

Community Pharmacy Wales commented as follows.

“The draft PNA provides a broadly accurate reflection of current community pharmacy provision across the CVUHB area. It draws upon an appropriate range of evidence, including contractual data, dispensing and service activity data, local Health Board intelligence and self-declared pharmacy contractor questionnaire returns. Taken together, these sources provide a reasonable high-level assessment of existing provision across the local community pharmacy network.

The pharmacy contractor questionnaire provides a useful insight into current service provision and operating conditions within parts of the network. However, the reported capacity should be regarded as a point-in-time assessment rather than a definitive indication of future resilience. The continued provision of pharmaceutical services remains intrinsically linked to the level of funding available through the community pharmacy contractual framework, which has a direct bearing on contractor capacity, workforce sustainability and the ability to maintain service delivery. In the absence of significant additional investment, there is a material risk that the level of provision described within the PNA will not be sustainable over the lifetime of the assessment.”

Cardiff and Vale University Health Board’s consideration

The principles within the All Wales Medicines management framework are not within scope of the PNA; discussions are currently ongoing in relation to implementation.

The health board takes breaches of contract very seriously and has a robust governance process in place which is fully aligned to the NHS (Pharmaceutical Service) (Wales) Regulations 2020.

The health board is mindful of an ongoing appeal relating to a pharmacy that closed for a period of time. The PNA reflects the current position with regard to pharmaceutical services.

All pharmacies are required to provide essential services, and no exemptions have been granted by the health board in the timeframe noted. If there are changes to the availability of pharmaceutical services for a given reason, this would be considered by the health board via the relevant governance process.

The relocation of a pharmacy is governed by the NHS (Pharmaceutical Service) (Wales) Regulations 2020. A proposed relocation will only be considered by the health board if an application from the relevant contractor is received.

The health board acknowledges that future provision may be influenced by a range of external factors, including workforce availability and funding arrangements.

Question 3: Are there any gaps in service provision, ie when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

52 people said “Yes”, 119 said “No” and 15 didn’t know. One person skipped the question.

130 comments were made in response to this question, many of which related to one village and current provision by one pharmacy.

Some of those who said “Yes” or “Don’t know” expanded upon their responses as follows. Only those comments which identify a gap are included. Again, where the same or similar point was made in relation to Pentyrch, duplicates were excluded.

Yes:

- A UHB led policy framework for medicines management and support from domiciliary care providers, a structured training programme to allow delegation, lack of competency assessments, and no provision of MARS charts
- Soon to be a gap. Currently Pentyrch pharmacy is located near the GP surgery. When the GP surgery relocates to Rhydlafar in Sep 2026, the pharmacy needs to move too for convenience.
- There have been gaps in provision in [location] when the pharmacy closed between August 2025 to February 2026. Other local pharmacies were given permission to reduce their offering of essential services as they were overburdened due to the closure. Is the Healthboard actively removing the pharmacy from the Pharmaceutical List? If so what are the intentions for the local area? Would local pharmacies be allowed to provide a 'reduced' ;level of essential services again? If so this would show a gap in service provision.
- When we move to the new Rhylafa surgery we need our Pentyrch pharmacy to be in the new surgery
- Movement of GP surgery from Pentyrch to Rhydlafar. Pharmacy needs to move with GP surgery for convenience of all patients; many do not live in Pentyrch so additional burden if pharmacy still in Pentyrch. Rhydlafar is on more bus routes for access too.
- Pentyrch pharmacy is able to offer flu jabs but cannot offer covid jabs. We would welcome being able to have a walk in covid service.
- Yes. I believe the assessment should consider the importance of having a pharmacy within the village itself. Even where alternative pharmacies may technically be available elsewhere, this does not necessarily mean that there is equivalent access for residents. Travel distance, public transport, access to cars and the needs of older or less mobile residents can make travelling outside the village difficult.
- We already have a near non existant doctors surgery and now want to take away the pharmacy, which is the only medical assistance some of us have access too.

- The existing pharmacy in Pentyrch is excellent and would be a great loss to the village if lost to elsewhere.

Don’t know:

- I live on the outskirts of the eastern side of Pentyrch. While I receive a lot of support from neighbour, which I would lose if I moved elsewhere However there are over 30 people of pensionable age, where the future demand in 5 years will be much higher
- Pentyrch pharmacy is adequate provision at present but would be gaps if it was lost
- Yes. I believe the assessment should consider the importance of having a pharmacy within the village itself. Even where alternative pharmacies may technically be available elsewhere, this does not necessarily mean that there is equivalent access for residents. Travel distance, public transport, access to cars and the needs of older or less mobile residents can make travelling outside the village difficult.
- As long as the currently operating 8 pharmacies in Cardiff West remain supported by the health board then there should not be a gap until the new housing developments are completed.

Community Pharmacy Wales commented as follows.

“CVUHB has identified, for the purposes of the PNA, much of the relevant information relating to when pharmaceutical services are available, where they are provided, and which services are offered by community pharmacies, appliance contractors and dispensing doctors. This assessment appears to have been informed by data drawn from a range of available sources, including information relating to opening hours, premises locations and service provision. CPW is not in a position to independently verify the completeness or accuracy of all information relied upon in the assessment. However, CPW has identified an issue which does not appear to be reflected within the draft PNA and which may affect the ability of pharmaceutical services to meet identified patient need.

The draft PNA does not appear to identify the current reduction in access to the Discharge Medicines Review (DMR) service arising from the loss of the electronic Discharge Advice Letter (eDAL) pathway to pharmacies following implementation of the Health Board's EPMA system.

The DMR service is intended to meet the needs of patients following discharge from hospital by supporting the safe transfer of care and reducing the risk of medicines-related problems. Although community pharmacies continue to have the capacity and willingness to provide the service, the absence of an effective referral mechanism has resulted in a significant reduction in DMR activity. DMR activity fell significantly following EPMA implementation. Between August 2025 and May 2026, pharmacies completed an average of 198 DMRs per month compared with 280 per month during the August 2024 to July 2025 baseline period, representing a 29% reduction, reducing opportunities to identify and resolve medicines discrepancies following hospital discharge. As a consequence, some patients with an identified need for post-discharge medicines support may not currently be able to access the

service. CPW therefore considers that this issue should be acknowledged within the PNA to ensure it accurately reflects both current service availability and the ability of pharmaceutical services to meet identified patient need."

Cardiff and Vale University Health Board's consideration

The health board has noted that whilst 52 people replied "Yes" to this question they didn't go on to identify a gap. The only service that has been identified as missing relates to the provision of vaccinations, in particular the COVID-19 vaccination. The model for the provision of COVID-19 vaccination services is determined at the discretion of the health board and informed by the health board's Health Protection Team. Decisions regarding commissioning are made through established governance processes, alongside consideration of alternative delivery models.

The health board has responded above to the point regarding a policy framework for medicines management and support from domiciliary care providers.

The health board has responded above to the comment made regarding the failure of one contractor to ensure its pharmacy was open for the provision of pharmaceutical services for a period of time.

The health board recognises the value that the DMR service brings, and it remains available to be provided by any pharmacy that may wish to enter into such arrangements, as per The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022.

The health board recognises that the implementation of EPMA and a new discharge advice letter has impacted on service activity. Discussions are ongoing as to how it can support delivery and maximise benefit.

Question 4: Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

152 people said, "Yes". 15 said "No", 19 didn't know, and one person skipped the question.

99 comments were made in response to this question, the majority of which related to one village/pharmacy.

Some of those who said "No" or "Don't know" expanded upon their responses as follows.

No

- Medicines management in the community
- There is no mention of reduced services in [location] due to the pharmacy closure. I could not obtain an influenza vaacine at my local pharmacy which is an essential service because they were too busy due to another pharmacy being closed for 6 months over the winter period. I understand the

Healthboard is actively removing this pharmacy fron the Pharmaceutical List but there is no mention of this and what the outcomes would be.

- Happy with the current pharmacy services in Pentyrch but the move of the surgery facility will create problems for the less mobile residents of Pentyrch
- See Q3. Pharmacy needs to move with GP surgery from Pentyrch to Rhydlafar.
- Excellent service from Pentyrch pharmacy but would welcome being able to provide covid jab.
- Due to changes in the original draft Pentyrch as an aging community will be inaquantly serviced.
- South East Cluster- poor provision in tremorfa area - patients complaining of multiple bus journeys to access medicines, patients also highlight the issue of closing times. GP closes at 6 as do all pharmacies local to the area.
- I do not believe the assessment fully reflects the needs of residents in village communities. Having access to a pharmacy elsewhere in the wider area is not necessarily equivalent to having a pharmacy within the village. Travel distance, limited public transport and lack of access to a car can make accessing alternative pharmacies difficult, particularly for older people and those with mobility difficulties. The importance of retaining a local village pharmacy should therefore be given greater consideration.
- What if you don’t have a car
- Only feedback from phamarcies themselves is in detail and a very loose assessment on transport by car is provided, no detail of the population needs wider than that is given i
- There has been doubt over whether the pharmacy would be kept open in Pentyrch. There shouldn't be a question about this, it is something that is necessary in the village

Don’t know:

- I have only seen your email and comments on local social media sites
- Does this refer to existing or other services? I live in Pentyrch and am very happy with the service I receive from Pentyrch Pharmacy
- remains in the village
- Due to changes in the original draft Pentyrch as an aging community will be inaquantly serviced.

Community Pharmacy Wales commented as follows.

“CPW considers that the draft PNA broadly reflects the health needs of the population. However, in some areas the document would benefit from additional context regarding the commissioning approach adopted by the Health Board. For example, smoking cessation services are currently commissioned from a limited number of pharmacies. Section 1.5.4, which summarises contractor engagement, notes that six pharmacies identified a requirement for smoking cessation services but cannot currently provide the service due to commissioning restrictions. CPW understands that current commissioning is targeted primarily at the most deprived areas of Cardiff and the Vale. Without an explanation of the rationale for this approach, readers may conclude that low levels of provision reflect limited contractor

capacity or demand, rather than a deliberate commissioning decision. Providing this context would assist readers in understanding how current service provision aligns with identified population need. It would also be helpful for the Health Board to review the contractor responses to determine whether they indicate unmet patient demand and inequitable commissioning.

In section 1.5.4 contractors have identified that there may be a requirement for inhaler technique support which would suggest there may be an opportunity to explore the commissioning of the existing Additional Clinical Services Inhaler Review Service, in the future, subject to additional recurrent funding becoming available."

Cardiff and Vale University Health Board's consideration

The health board has responded to medicines management and reduction in service comments above.

The PNA reflects the current position with regard to regard to pharmaceutical services. All pharmacies are required to provide essential services, and no exemptions have been granted by the health board in the timeframe noted. Currently, the provision of influenza vaccine is a non-mandatory national service. Changes to the availability of pharmaceutical services are considered by the health board via the relevant governance process

Question 5: Has the pharmaceutical needs assessment provided information to inform market entry decisions ie decisions on applications for new pharmacies and dispensing appliance contractor premises, and applications from dispensing doctors?

30 people said "Yes", nine said "No", and 128 didn't know. 20 people skipped the question.

39 comments were made in response to this question. Some of those who said "No" or "Don't know" expanded upon their responses as follows.

No:

- Does not make clear the expectation for compliance aids and MARS charts and funding for these
- Is aimed at the providers of health care services not customers
- No information has been made public, nor have the Health Board made any effort to inform the Pentyrch community, as it is LEGALLY obliged to do.
- It appears from original consultations that the Health Board has instigated changes to their original offer to the community of Pentyrch!
- As a customer I am not experienced enough to answer this question.
- Again pentyrch residents are ignored and disregarded by the health board

Don't know:

- Because I only use the local pharmacy, not other services
- I have no access to that information

- The assessment is verbose and unclear in the way it is set out - your are speaking to mainly non pharmacy professional people.
- The question is incomprehensible
- The health board has been very drugged with facts

Community Pharmacy Wales commented as follows.

“The assessment does not identify any current or future gaps in pharmaceutical service provision that would indicate a need for additional pharmaceutical premises, dispensing appliance contractor services or dispensing doctor services. Consequently, the PNA does not give rise to any new market entry opportunities during its lifetime.”

Cardiff and Vale University Health Board’s consideration

The health board has responded to the first point above. The health board notes the response from Community Pharmacy Wales.

Question 6: Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in the health board’s area may be commissioned in the future?

57 respondents said “Yes”, 13 said “No” and 103 didn’t know. 14 people skipped the question.

30 comments were made in response to this question. Some of those who said “No” or “Don’t know” expanded upon their responses as follows.

No:

- This survey has been badly constructed and is written in a way that requires complicated answers.
- Does not make clear the expectation for compliance aids and MARS charts and funding for these. I would also have expected some references to domestic violence and safeguarding, with identification and reporting being a core function of pharmacies. Pharmacies are trusted by our citizens and can be well placed to see signs and symptoms and offer a safe space for disclosure.
- Not taking into account near future changes in relation to GP surgery location. Very specific to a few villages though, rather than the area as a whole.
- No, again does not reflect the already crucial provision the Pentyrch pharmacy provides. Further details are needed to be explained in the needs assessment
- As an elderly recipient of pharmacy services in Pentyrch and discussing with the present pharmacist we agree that they could be detrimental to my needs!
- Amendments to the original plan have put in question as to whether Pentyrch community would be considered necessary.
- Pentyrch residents are invisible to the health board and we are seen as trouble makers if we dare to complain about anything relating to the NHS

- There is no detail other than the population stats and wider health concerns. In the Cardiff West Cluster there is no mention as I can see of any future intended changes.
- A populous village that needs the current pharmacy's premises.

Don’t know

- Decisions N/A to customers
- can't tell what will occur in the future
- This question is worded so badly that even with a science degree I don’t understand it.
- It’s bending the truth
- Unfortunately, I have no idea what your true intentions are. Losing the pharmacy in Pentyrch would not be the answer.

Community Pharmacy Wales commented as follows.

“The PNA’s purpose is to assess how pharmaceutical services can meet the health needs of the Health Board’s population over a period of up to five years. The draft PNA fulfils this purpose, and the framework does not require it to assess need beyond that period.”

Cardiff and Vale University Health Board’s consideration

The survey is consistent with previous questions and also the approach being used by other health boards in Wales. The pharmaceutical needs assessment is a technical document that is used for a specific purpose, namely the determination of applications for inclusion in a pharmaceutical or dispensing doctor list. The questions are designed to capture views on that role and the terminology used in the document reflects that in the regulations. The health board will however take feedback on board and consider for future questionnaires.

The medicines administration record provision is an additional clinical service, and commissioning is at the discretion of the health board. Consideration has been given to all commissioned additional clinical services when writing the document, however decisions regarding commissioning will be taken through usual health board process. All pharmacies have strict requirements around clinical governance, including the need to have appropriate procedures in place for safeguarding both children and adults who are at risk of abuse and neglect. These are outlined in NHS (Pharmaceutical Service) (Wales) Regulations 2020.

The health board notes some different views received from people living in Pentyrch. It has responded above regarding the relocation of pharmacies.

Question 7: Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies, dispensing appliance contractors and dispensing doctors?

33 respondents said “Yes”, 18 said “No” and 117 didn’t know. 19 people skipped the question.

33 comments were made in response to this question. Some of those who said “No” or “Don’t know” expanded upon their responses as follows.

No:

- See above, entire survey constructed in an overcomplicated way.
- Does not make clear the expectation for compliance aids and MARS charts and funding for these
- The Healthboard has not made reference to any active applications for removal of pharmacy from the Pharmaceutical List. There is no reference to the number of breach notices issued to pharmacies over the last 5 years.
- New surgery not operational yet
- Not seen any information on services provided
- Decisions N/A to Customers
- Vague with no certainties or assurances
- Needs assessment ignores location of GP surgery in my area, this should be considered in assessments.
- Another question aimed at pharmacy providers regarding future provision of services
- I do not believe there is enough consideration of the importance of maintaining accessible pharmacy services within village communities. Future planning should consider not only whether alternative pharmacies exist elsewhere, but whether residents can realistically access them. Removing a village pharmacy could create significant difficulties for people who rely on local services, particularly those without a car, older residents and people with mobility difficulties.
- Ignored and left out, just like this survey which we could not initially access
- Everything seems to have been arranged without consultation.

Don’t know

- N/A to me
- is this aimed at pharmacy providers regarding future provision of services
- I am not a doctor or pharmacist so cannot answer this awful question.
- A question for pharmacy professionals
- not customer question this is forproviders of health care
- Am not conversant with this level of detail and provision
- Again I don't believe this question is relevant to me as a service user
- Again, not relevant to me.
- In general accross the health bord then maybe, but no at a local level.
- Why ask me this? Your plans and intentions are a mystery to any reasonable person.

Community Pharmacy Wales commented as follows.

“The draft Pharmaceutical Needs Assessment provides a reasonable level of information to inform future pharmaceutical service provision and planning. It has considered pharmacy contractors’ ability to increase capacity in response to rising

demand, drawing on evidence from the contractor questionnaire, and has also taken account of wider factors such as planned housing developments and anticipated population changes. This helps to build a forward-looking picture of potential service need.

However, the conclusions regarding capacity should be viewed in the context of the current financial pressures facing the sector. Any suggestion of available or scalable capacity is heavily dependent on the availability of sustainable funding and an adequate workforce. In practice, there is clear evidence across the network that financial pressures are affecting service delivery. For some contractors, ongoing funding constraints are now affecting viability, with a small but growing number reaching a point where the sustainability of their businesses is in question. As such, while the PNA provides a useful evidence base for planning, the extent to which any identified capacity can be realised will depend on meaningful and sustained investment alongside contractual support. CPW would welcome the Health Board's support in recognising that the assumptions underpinning the PNA's conclusions depend on sustainable recurrent funding and sufficient workforce capacity."

Cardiff and Vale University Health Board's consideration

The health board has responded to the first two points above.

The health board takes breaches of contract very seriously and has a robust governance process in place which is fully aligned to the NHS (Pharmaceutical Service) (Wales) Regulations 2020.

At the time of writing, the new surgery referred to by some respondents is expected to be operational in Autumn 2026.

Question 8: Are there any pharmaceutical services that could be provided in the pharmacy setting in the future that have not been highlighted?

38 respondents said "Yes", 94 said "No", and 47 didn't know. Eight people skipped the question.

61 comments were made in response to this question. Some of those who said "Yes" or "Don't know" expanded upon their responses as follows.

Yes:

- MARS and compliance aids in line equality duty and national policy
- We need Pentyrch pharmacy to move to new surgery in Rhydlafa
- Pentyrch pharmacy ongoing provision
- Covid vaccinations
- Larger premises allowing the pharmacist more space to practise safely.
- ear syringing as no longer provided by doctors
- As Pentyrch is losing their surgery ,as many pharmacy services as possiblr are vital in Pentyrch
- Allowing pharmacists to offer wider services that enhance patient care and can help relieve any GP pressures

- We are delighted thaour pharmacy in Pentyrch can currently provide a minor ailments service which we have found invaluable. We would like to see the servies available under this uimbrella tio be extended particularly after we lose access to our GP surgery here in the village and have to travel to Rhydlafer. My wife and I are both in our mid 70s and our daughter, who lives with us and has a learning disability and a number o other health issues, consider the retention of the pharmacy facility within our village as CRITICAL.our
- Besides offering the flu jab it would be good if the Covid jab could also be offered.
- Shingles vaccination Pentyrch
- GP PROVISION AND PHARMACY COMTINUATION
- They could offer deeper investigation and dispensing, plus improved injection services I.e. B12 .
- Hearing advice/support
- Development of the full range of service including, for example, prescribing medication, as per the new guidelines.
- Possibly more prescriptions normally prescribed by doctors ?
- A chiropody service facility could be of real benefit to the increasing elderly residents in the area (like me!).
- Flu Jabs
- Weight loss medication
- Continued devolution of minor injuries and infection treatments

Don’t know

- Continue to have pentyrch pharmacy for prescription advice flu vaccines etc
- None spring to mind but changes in medicine and working practices of GPs may result in services which may be beneficially provided by Pharmacies
- I cannot comment on all provision in the area but I am very satisfied with the services provided by Pentyrch Pharmacy.

Community Pharmacy Wales commented as follows.

“Chapter 3 identifies a number of significant health needs within the CVUHB population that could potentially be addressed through community pharmacy additional clinical services. For example, Section 3.2.3 highlights the growing prevalence of obesity among adults in Wales, an area where pharmacy-based weight management services could make a meaningful contribution.

However, the delivery of services such as weight management and other clinically focused interventions **would require significant additional investment beyond the current Community Pharmacy Contractual Framework (CPCF).** It is suggested that the Health Board considers these identified health needs in greater detail, develops services in line with Community Pharmacy by Design principles, and secures appropriate recurrent funding to support their sustainable delivery through the community pharmacy network.”

Cardiff and Vale University Health Board's consideration:

The health board has responded above to the points regarding MAR and COVID-19 vaccinations and the relocatio of pharmacies.

The health board recognises the important role that pharmacies play in improving access to healthcare and supporting the health and wellbeing of our communities. We continue to review opportunities to develop and expand the range of services delivered through community pharmacies.

Question 9: Are there any developments that will arise within the lifetime of the pharmaceutical needs assessments that have not been identified? For example, housing developments, regeneration projects, or new premises for the provision of NHS services.

47 people said "Yes", 58 said "No", and 67 didn't know. `5 people skipped the question.

87 comments were made in response to this question. Some of those who said "Yes" or "Don't know" expanded upon their responses as follows.

Yes:

- increase in number of older people, increase in numbers with dementia, increased likelihood of need for medication support, compliance aids and MARS. Cardiff CRT / Vale community resource should be referenced. we should include telehealth potential and other digital / AI innovations
- Moving of Pentyrch Surgery to Rhydlafar in Sep 2026. Pharmacy should move also.
- Are there any current applications by the Healthboard for removal of pharmacies from the Pharmaceutical List?
- Pentyrch has a high percentage of older people living in the village. There is a lot of community support, but the public transport does not take you near hospitals if you are immobile. This puts greater demand on your other services like patient transport
- The major expansion of housing development for the surrounding areas.
- growth of residents
- Continual expansion of housing projects off Llantrisant Road leading to large population needing pharmacy services with available parking. Pentyrch pharmacy has very limited parking available especially necessary for an elderly population.
- there may be others but I assume PNA have taken on board rising populations, ageing and planned new housing
- New surgery due to open in Rhydlafar in September, new housing developments nearby on A4117
- New houses being built in LLaniltern/Creigiau?pentyrch areas.
- The PNA is best placed to answer this and have done so in the PNA. Ranging from rising population to planned new housing developments!

- As a resident of Pentyrch, we are not expert enough to have access to the same information that the PNA has, regarding population growth, housing needs and environmental impositions.
- Ageing population of Pentyrch increasingly rely on a local pharmacy with a personal service
- The PNA should answer this by looking at the population demographics, housing developments, transport infrastructure and future regeneration projects.
- Housing developments
- Larger premises needed in Pentyrch as the pharmacy attracts customers from within and outside Pentyrch area.
- We really need to keep a pharmacy in Pentyrch as many people haven't got access to a car.
- No provision without Pentyrch pharmacy
- Close down/moves of GP surgeries and their impact on pharmacy and primary healthcare demand and provision.

Don't know:

- The PNA seems to have covered it all
- Not sure how to respond
- The PNA are best placed to answer this and have done so by taking into account new house builds and the rising population.
- Have all new and future housing provision been accounted for for Pentyrch?
- The PNA is best placed to answer this but access to services in aging populations such as Pentyrch needs to be taken into account.
- PNA states it takes account of new developments so must answer this question
- The area served by Pentyrch pharmacy is likely to see increased population making pharmacy services even more important.
- The PNA should identify this. The growth in housing, rising populations and aging populations should be identified.
- The assessment has looked at this and is best placed to answer this.
- I believe that the Pharmacy Needs Assessment has addressed this regarding new housing and increases to population numbers.
- I don't feel best placed to answer this

Community Pharmacy Wales commented as follows.

"CPW is not aware of any developments arising within the lifetime of this PNA that have not already been identified. The Health Board has provided detailed information within the relevant chapters on planned housing developments. Pharmacy contractors with local knowledge may, however, be able to bring any further relevant developments to the Health Board's attention."

Cardiff and Vale University Health Board's consideration

The health board has taken into consideration the current and future demographic and health needs and pharmacies were asked about their capacity to meet these

needs. The use of digital technology is not referenced in this document but does have potential in enabling the delivery of different services.

The health board notes some different views received from people living in Pentyrch but that the majority of responses support the pharmacy staying in the current location.

Question 10: Do you agree with the conclusions of the pharmaceutical needs assessment.

158 respondents said “Yes”, 13 said “No”, and 13 didn’t know. Three people skipped the question.

126 comments were made in response to this question. Some of those who said “No” or “Don’t know” expanded upon their responses as follows.

No:

- There is a lot of data, but we dont seem to then use to say what this means for our services, e.g. ageing population, dementia, but we dont say how services must change to respond to this, dementia friendly, meds support, aids/ MARS etc
- There's a section missing regarding any active applications by the Healthboard for removal from the Pharmaceutical List? There is no reference to the number of breach notices issued by the Healthboard.
- Not enough has been made of the demographic of the whole area, with decisions taken to ignore the population needs as apposed to those of the local health authority
- As above - Tremorfa identified as area in need of greater provision of local services
- The closure of the pharmacy in Pentyrch should not happen. Elderly people use this service who can not travel easily from the village. Due to the pressure on the pharmacy in Radyr younger people travel up to Pentyrch to obtain their prescriptions. Closure of this pharmacy would be detrimental to the health of the local population. They need to be able to call into a pharmacy in the village as there is no doctors
- I do not agree that the conclusions fully reflect the needs of village communities. The availability of a pharmacy elsewhere in the wider area does not necessarily provide equivalent access. A local village pharmacy is an important and accessible source of prescriptions, healthcare advice and other NHS services. Removing or reducing provision within the village could disproportionately affect older people, people with mobility difficulties and those without access to a car. The assessment should place greater weight on maintaining accessible pharmaceutical services within the village.
- I feel that Pentyrch pharmacist can run Pentyrch and a branch in the new surgery as below
- It is very difficult for your average person to understand and get to grips with. Has this been done intentionally to trip people up, very disappointed.

Don’t know:

- I have not seen the outcome!
- It is not clear what the conclusions are. The executive summary refers to conclusions but there is no consolodated list of actions or conclusions, theey are buried all through a long a detailed document. This should be rectified with a "Summary of Conclusions" sectiom

Community Pharmacy Wales commented as follows.

“The PNA does not contain a specific conclusion. However, the assessment does not identify any current or future needs relating to the provision of pharmaceutical services. Subject to the comments made elsewhere in this response, CPW therefore agrees with the overall findings of the PNA.”

Cardiff and Vale University Health Board’s consideration

The health board has taken into consideration the current and future demographic and health needs and pharmacies were asked about their capacity to meet these needs. The final recommendation/conclusion is set out in the executive summary and there is also a conclusion for each cluster chapter

The health board notes some different views received from people living in Pentyrch. but that the majority of responses support the pharmacy staying in the current location.

Question 11: Do you have any further comments.

125 people said “Yes”, but not all of them went on to leave a comment. Despite 49 people saying “No” and skipping the question some left comments. The majority of comments (100) related to the need for the pharmacy to remain in Pentyrch, although one person was supportive of it relocating to the new GP premises in Rhydlafar and another was of the opinion that it could relocate.

- Obviously the entire survey is simply a box-ticking exercise set up so the department can do just what it likes.
- Where is the final recommendation?
- So much is decided without proper consultation we are never likely to have full disclosure.
- This pharmacy is essential to our community, do not take it away. I am a pregnant mother with one car and we absolutely value this pharmacy, it is vital to the health of our community.
- As an aging resident with diminishing mobility, I'll need easy access to my Pharmacy for the foreseeable future.
- It is very important to us as a community and village to retain the services of our pharmacy
- As a 70 year old I find the services and advice invaluable. Apart from routine prescriptions we also have our vaccination

- I am 94 years old registered blind and cannot travel to a surgery or pharmacywithout assistance
- This pharmacy is essential to our community, do not take it away. I am a pregnant mother with one car and we absolutely value this pharmacy, it is vital to the health of our community.
- We must retain our pharmacy and not be forced to travel by car to access one. That would result in a poorer service a lack of local knowledge (our pharmacist knows his patients and their needs something a less local pharmacist could not).
- as above this is an essential service for the village and must be retained
- We are losing our GP surgery and the further loss of the Pharmacy would have a sevastating loss on the community generally and on my wife and I in particular.
- You cant beat what it means to have a local friendly and trusted pharmacy in this village. the pharmacy is very busy for the reason that is much needed.
- We really rely on medical advice and access to items from paracetamol to creams.
- In addition to reply in Q10, many of us rely on medical advice and access to pharmacy supplies.
- Male, 84 nearly 85 years, non driver regard easily accessible to professional advice in village essential.
- Community pharmacists need to better resourced by government and HA to stem their resignations
- The pharmacy is essential to the village
- As always, these things are skewed to get the results you wanted regardless of the publics opinion
- I strongly support retaining the pharmacy within the village. It is an important local service and its value cannot be measured simply by whether another pharmacy exists elsewhere in the surrounding area. Having a pharmacy within the village makes it much easier for residents to access prescriptions, advice and healthcare services without having to travel. This is particularly important for older residents, people who do not drive, people with mobility difficulties and anyone who may struggle with public transport. A village pharmacy also forms an important part of the local community and provides a convenient point of access to healthcare. I would ask the Health Board to consider the impact that losing the pharmacy would have on the village as a whole and to prioritise maintaining a sustainable pharmacy service within the village.
- My husband and I would be very distressed if the pharmacy closed
- Our existing service provided by are excellent. 'If it ain't broke don't meddle with it'
- Just get on with it and confirm that our existing pharmacy service is safe and put our minds at rest.
- I would be very dissapointed if in the final version of the doucment there were changes listed to pharmacy provision (in particular if support is withdrawn for particualar pharmacies) when there is no clear mention of this in this draft. This would go against the spirit of consultation. Therefore I would.like to assume that all 8 currently operated pharmacies in Cardiff West will be continued to be supported as there is no mention of change.

- Really unhappy with this survey.
- We are both 83 years old - going to Rhydlafar will not be an easy option for us

- We really rely on medical advice and access to items from paracetamol to creams.

Community Pharmacy Wales commented as follows.

“Chapter 6 addresses other NHS services which CVUHB considers may affect the need for pharmaceutical services within its area. CPW considers that further consideration could be given to additional services which may have an impact on NHS pharmaceutical service provision, including sexual health clinics, smoking cessation services, homecare providers and CAMHS.

CPW welcomes the opportunity to comment on the draft PNA and recognises the significant work undertaken by CVUHB in preparing the assessment. Subject to the comments set out in this response, CPW considers that the PNA broadly reflects current pharmaceutical service provision and population need across the Health Board area. CPW does not consider that the assessment identifies any current or future gaps that would give rise to new market entry opportunities but recommends that the points raised in relation to DMR access, funding sustainability and future service development are addressed in the final PNA.”

Cardiff and Vale University Health Board’s consideration

The survey is consistent with previous questions and also the approach being used in other areas. We will take feedback on board and consider future surveys.

The final recommendation/conclusion is set out in the executive summary and there is also a conclusion for each cluster chapter.

The health board notes some different views received from people living in Pentyrch. Residents of Pentyrch will be aware of the discussions taking place within the health board on transport arrangements for the new surgery. The health board would like to confirm that the PNA does not suggest or identify the need for the pharmacy in Pentyrch to relocate. Should the owner of the pharmacy apply to relocate to new premises the application will be considered against the requirements of the NHS (Pharmaceutical Services) Wales Regulations 2020. Decisions to refuse such applications may be appealed to Welsh Ministers.

4 Summary conclusions

The health board is pleased to note that no concerns have been identified that would mean the pharmaceutical needs assessment does not comply with the regulations, or that any services, needs or developments have been missed.

The health board would like to thank those who took the time to read the document and respond to the consultation. It notes the high number of responses from people in the Pentyrch area and has responded to separate correspondence on this matter outside of the PNA process.

5 Amendments

The following amendments have been made to the pharmaceutical needs assessment:

- Formatting updated, broken reference links fixed and updating of incorrect data.
- Service activity data for the discharge medication review service has been added.
- Wording in the Introduction has been altered slightly to recognise the PNA's statutory function within the market entry framework.

Appendix K – opening hours



Cardiff and Vale
PNA 2026 appendix