

# Public Strategy & Delivery Committee

Tue 11 May 2021, 09:00 - 12:30

MS Teams



## Agenda

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### 1. Standing Items

*Michael Imperato*

#### 1.1. Welcome & Introductions

*Michael Imperato*

#### 1.2. Apologies for Absence


*Michael Imperato*

#### 1.3. Declarations of Interest

*Michael Imperato*


#### 1.4. Minutes of the Meeting held on 9th March 2021

*Michael Imperato*

 1.4 - Public Minutes - Strategy & Delivery Committee v3 -March 2021 AF.NF Final.pdf (14 pages)

#### 1.5. Action Log of the Meeting held on 9th March 2021

*Michael Imperato*

 1.5 - Public Action Log - 09-03-2021 v3.pdf (2 pages)

#### 1.6. Chair's Action taken following meeting held on 9th March 2021





*Michael Imperato*

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### 2. Items for Approval

#### 2.1. Draft Pharmaceutical Needs Assessment (PNA) report

*Karen May, Fiona McGinagle, Paul Burns*

-  2.1 - Pharmaceutical Needs Assessment (PNA) report je.pdf (3 pages)
-  2.1.1 - Appendix 1 CV UHB PNA Timeline April 2021.pdf (1 pages)
-  2.1.2 - Appendix 2 Cardiff and Vale Draft PNA.pdf (318 pages)
-  2.1.3 - Appendix 3 CV PNA EHIA.pdf (24 pages)

#### 2.2. Strategic Equality Plan – Action Plan

*Rachel Gidman, Keithley Wilkinson*

-  2.2 - Strategic Equality Plan - Action Plan je.pdf (2 pages)
-  2.2.1 - Appendix 1 - SEP Delivery Plan 2020-2022 Caring about Inclusion.pdf (6 pages)

#### 2.3. Employment Policies for Approval

Khan, Raji  
05/06/2021 17:00:35

*Rachel Gidman*

- (A) Respect and Resolution Policy
- (B) Special Leave Policy
- (C) Recruitment and Retention Policy

- 📄 2.3 - Employment policies report May 2021 je.pdf (4 pages)
- 📄 2.3.1 (a) - Respect and Resolution Policy 1 May 21.pdf (25 pages)
- 📄 2.3.2 (b) - Special Leave Policy - 2 May 21.pdf (17 pages)
- 📄 2.3.3 (c) - Recruitment and Retention Policy - 3 May 21.pdf (12 pages)

## **2.4. No Smoking and Smoke Free Environment Policy**

*Fiona Kinghorn*

- 📄 2.4 - No Smoking and Smoke Free Environment Policy FINAL V1 je.pdf (3 pages)

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## **3. Items for Review and Assurance**

### **3.1. Recovery Planning Update – Presentation**

*Steve Curry*

### **3.2. Shaping Our Future Wellbeing Strategy (SOFW) Update :**

*Abigail Harris*

- (A) Flash Update
- (B) Deep Dive - (Rehabilitation Model Implementation)
- 📄 3.2 (B) - SOFW Update - Deep Dive.pdf (2 pages)

### **3.3. Strategy & Delivery Dashboard Demo Update**

*David Thomas*

**VERBAL**

### **3.4. People and Culture**

*Rachel Gidman*

**VERBAL**

### **3.5. Performance Reports**

*Steve Curry / Rachel Gidman*

- (a) Organisation Key Performance Indicators
- (b) Workforce Key Performance Indicators
- 📄 3.5 - (a) Performance Report - Operational Indicators 11 05 21.pdf (6 pages)
- 📄 3.5 (b) - Workforce & OD Performance KPI Dashboard Reports je.pdf (3 pages)
- 📄 3.5 (b) - Workforce & OD KPI Dashboard Report Mar-21 - Appendix 1b.pdf (1 pages)

### **3.6. Board Assurance Framework**

*Nicola Foreman*

- 📄 3.6 - Board Assurance Framework (BAF) Report je.pdf (3 pages)

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## **4. Items for Noting and Information**

### **4.1. Induction Support For New Committee Members**

Khan, Raj  
05/06/2021 17:00:36

## **5. Review of the Meeting**

*Michael Imperato*

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## **6. Date & Time of Next Meeting: Tuesday 13th July 2021 at 09:00am Via MS Teams**

**Unconfirmed Minutes of the Strategy & Delivery Committee**  
**Tuesday 9<sup>th</sup> March 2021 – 9:00am – 12:00pm**  
**Via MS Teams**

<b>Chair:</b>		
Michael Imperato	MI	Committee Chair
<b>Members:</b>		
Sara Moseley	SM	Committee Vice Chair & Independent Member – Third Sector
Rhian Thomas	RT	Independent Member – Estates
<b>In attendance:</b>		
Abigail Harris	AH	Executive Director of Strategic Planning
Caroline Bird	CB	Deputy Chief Operating Officer
Ceri Dallimore	CD	Principal Informatics Analyst
Dan Crossland	DC	Transformation and Innovation Lead Occupational Therapy
David Thomas	DT	Director of Digital Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health
Lee Davies	LD	Operational Planning Director
Neil Jones	NJ	Consultant Community Addictions Unit
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	MD	Interim Executive Director of Workforce & Organisational Development
Scott Mclean	SM	Director of Operations – Children & Women
Stuart Walker	SW	Executive Medical Director
<b>Secretariat</b>		
Raj Khan	RK	Corporate Governance Officer
<b>Apologies:</b>		
Gary Baxter	GB	Independent Member – University
Steve Curry	SC	Chief Operating Officer

<b>S&amp;D 21/03/001</b>	<b>Welcome &amp; Introductions</b>  The Committee Chair (CC) welcomed everyone to the meeting.	<b>Action</b>
<b>S&amp;D 21/03/002</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.	
<b>S&amp;D 21/03/003</b>	<b>Declarations of Interest</b>  Independent Member – Third Sector (IM-TS) declared an interest as the Director of Mind Cymru	
<b>S&amp;D 21/03/004</b>  Khan, Raj 05/06/2021 17:00:36	<b>Minutes of the Committee Meeting held on 12<sup>th</sup> January 2021</b>  The Committee reviewed the minutes of the meeting held on 12 <sup>th</sup> January 2021.  Executive Director of Public Health stated in relation to S & D 21/01/014: Healthy eating standards:	



	<p>Paragraph 1, should say 'where 75% of the food and drink <u>consists</u> of healthier options' not 'could be'</p> <p><b>Resolved that:</b></p> <p>(a) The Committee approved the minutes of the meeting held on 12th January 2021 as a true and accurate record pending the update.</p>	
<b>S&amp;D 21/03/005</b>	<p><b>Action Log following the Meeting held on 12th January 2021</b></p> <p>The Committee reviewed the action log and the following comments and updates were made:</p> <p><b>S&amp;D 15/09/007 - Strategic Equality Plan – Action Plan</b> – the Interim Executive Director of Workforce &amp; Organisational Development (EDWOD) stated she would follow up with the Equalities Manager to bring this back to the next meeting</p> <p>The Director of Corporate Governance (DCG) and Director of Digital Health Intelligence (DDHI) confirmed that the integrated performance report would be taken to the May Board meeting.</p> <p>The remaining actions were confirmed to be completed or on the agenda for the meeting.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee noted the Action Log.</p>	
<b>S&amp;D 21/03/006</b>	<p><b>Chair's Action taken following the meeting held on 12th January 2021</b></p> <p>The CC and IM-TS met with the Equalities Manager and had followed up with him regarding the Equality, Inclusion and Human Rights Policy.</p> <p>The CC as part of the Wales Vice-chairs meeting had met with Eluned Morgan - Mental Health Minister who had stated that her focus was on CAHMS and the CC confirmed that it was opportune that the committee was focusing on the topic today.</p> <p>The CC highlighted the Mental Health Minister's interest in the Welsh Language Strategy and that she would want Health Boards to capture and measure developments and improvements in Welsh language.</p> <p>The Interim Executive Director of Workforce &amp; Organisational Development (EDWOD) reassured the CC that this was happening and that there was an Equality &amp; Welsh Language Group from which they monitor outcomes. She offered to bring this back to a future committee meeting to which the CC agreed.</p>	RG

Khan, Raj  
05/06/2021 17:00:36

<p><b>S&amp;D 21/03/007</b></p>	<p><b>Employment Policies for Approval</b></p> <p><b>(a) Job Planning Procedure</b></p> <p>The Executive Medical Director (EMD) stated that this had taken a year, which included a 5–6-month negotiation with BMA, which did not result in a consensus result although many of the recommendations were considered.</p> <p>The EMD confirmed that the procedure was there to support the implementation of a uniform, fair, equitable, and transparent job planning process for all consultants. The EMD added that this came out of the need to properly job plan all senior medical staff and an internal audit saying they had limited assurance on their job planning processes.</p> <p>The EMD stated that it was partly written from fresh, partly taken from an older version, and partly taken from a Hywel Dda equivalent. He had circulated to all other health boards at their request as they wanted to utilise it themselves.</p> <p>The EMD advised that the procedure had come to the committee for sign off and he felt that it was a good piece of work with many keen to get the process started. He mentioned that they had started uploading job plans electronically a few weeks previously which had increased to 20% of all plans.</p> <p>IM-TS queried if there was anything that needed to be highlighted in terms of risk</p> <p>The EMD highlighted that the biggest risk was the balance of job plan in the delivery of direct critical care (DCC) and supporting professional activities (SPA).</p> <p>The EMD stated that in the English contracts, it says consultants will have on average 7.5 DCC and 2.5 SPA but the Welsh contract says typically consultants will have 7 DCC and 3 SPA. He highlighted that it says “typically” which was a deliberate obfuscation in the contract due to Welsh Government and BMA not agreeing. He advised that the way people were interpreting this was on the basis that they had an entitlement to 3 SPA’s which was not what the procedure said. All new Welsh job plans have to get Royal College approval and have to have 3 SPAs.</p> <p><b>Resolved that:</b></p> <p>(a) the committee <b>APPROVED</b> the Job Planning Procedure</p>	
<p><b>S&amp;D 21/03/008</b></p> <p>Khan, Raji 05/06/2021 17:00:36</p>	<p><b>Research &amp; Delivery Strategy 2021-2024</b></p> <p>The EMD reminded members that he brought the 3 year strategy to the committee the previous year for sign off. Since then, a number of things had changed i.e. Covid, research response &amp; learning, UHW2 and additional thinking about what a learning healthcare system means. Another change he highlighted was the ongoing relationship with Cardiff</p>	

	<p>University and how this was getting stronger. The EMD stated that all these things made them think that they needed to refresh the strategy already rather than wait another 3 years.</p> <p><b>Resolved that:</b></p> <p>(a) the committee <b>NOTED</b> the contents of the re-written strategy, and <b>APPROVED</b> its contents and the direction of travel of the Health Board's R+D services.</p>	
<b>S&amp;D 21/03/009</b>	<p><b>Terms of Reference</b></p> <p>The DCG stated that the paper could be taken as read by the committee and she highlighted that there had been very few changes. The DCG highlighted one addition which was the socio economic duty which needed to be reported on within the committee.</p> <p>The CC confirmed that requirement to report on the Socio Economic Duty would commence on the 31<sup>st</sup> March 2021.</p> <p>The IM-TS queried the EHIA, under 2.8, and whether it adequately covered equalities more broadly in the context of the strategy in relation to our population and workforce.</p> <p>She also queried, under item 4, job planning and sharing information. She felt that some items sat more appropriately with other committees and felt that the chairs of committees needed to have assurance that work was being picked up elsewhere once referred.</p> <p>The DCG agreed with the IM-TS and advised that the committee should cover equalities as it was responsible for reporting on the work the Health Board had undertaken for equalities and diversity. The DCG agreed to make changes to the TOR.</p> <p><b>Resolved that: following pending changes</b></p> <p>(a) <b>APPROVE</b> the changes to the Terms of Reference for the Strategy and Delivery Committee and</p> <p>(b) <b>RECOMMEND</b> the changes to the Board for approval.</p>	
<b>S&amp;D 21/03/009</b>	<p><b>Work Plan 2021-22</b></p> <p>The DCG stated that the work plan reflected the routine business of the committee. She advised that under the SOFW strategy she aimed to bring in work with Q5 that had been looked at an executive level to ensure that the committee were sighted on progress. There were also a number of programs that the Health Board would focus on over the following 2 months and the DCG confirmed that she would list those in the work plan to ensure that the committee did not lose sight of progress.</p> <p>The Executive Director of Strategic Planning confirmed that it was her intention is to regularly bring to S&amp;D committee a flash report on where programmes were in terms of delivery and to provide an in depth look at one or two programmes at each committee meeting.</p>	

Khan, Raj  
05/06/2021 17:00:36

	<p>The EDSP stated she will work with the DCG to ensure they have a rolling programme.</p> <p><b>Resolved that:</b></p> <p>(a) The Committee <b>REVIEWED</b> the Work Plan 2021/22;  (b) The Committee <b>APPROVED</b> the Work Plan 2021/22;  (c) The Committee <b>RECOMMENDED</b> approval of the Work Plan to the Board.</p>	<b>AH</b>
<b>S&amp;D 21/03/010</b>	<p><b>Committee Annual Report</b></p> <p>The DCG advised that the report was a backwards look at the committees work over the year. She mentioned that it feeds into the overall annual report and annual governance statement and was shared to demonstrate what the committee should have done under its Terms of reference which is why the report is signed off by the chair.</p> <p>The report provides a review of year and what has taken place where and when. She added that the only thing missing from the report was the strategic focus placed on key areas, i.e elective surgery, primary care, Mental Health, etc. at recent meetings. It was noted that these items would need to be captured, prior to Board approval, and pulled to the front of report to make it more obvious to those reading the report that this has been undertaken.</p> <p><b>Resolved that: Following pending changes</b></p> <p>a) The Committee <b>REVIEWED</b> the draft Annual Report 2020/21 of the Strategy &amp; Delivery Committee  b) The Committee <b>RECOMMEND</b> the Annual Report to the Board for approval.</p>	<b>NF</b>
<b>S&amp;D 21/03/011</b>	<p><b>Mental Health Strategy Presentation to include Adult, Children and Neurodevelopmental.</b></p> <p>The Director of Operations – Children &amp; Women (DO-CW) provided a presentation to the committee</p> <p>He reminded the committee of the targets set in each area</p> <p><b><u>Primary Mental Health (PMH)</u></b></p> <p><b><u>Assessment</u></b></p> <ul style="list-style-type: none"> <li>80% of Children &amp; Young People (CYP) to be assessed within 28 days of referral</li> </ul> <p><b><u>Intervention</u></b></p> <ul style="list-style-type: none"> <li>80% of CYP to have an intervention within 28 days of assessment</li> </ul> <p><b><u>Specialist CAMHS (SCAMHS)</u></b></p> <p><b><u>Assessment</u></b></p> <ul style="list-style-type: none"> <li>80% of CYP to be assessed within 28 days of referral</li> </ul> <p><b><u>Intervention</u></b></p> <ul style="list-style-type: none"> <li>No formal target currently, though there is talk of a target being introduced for CYP psychological therapies</li> <li>90% of CYP identified as requiring a Care &amp; Treatment Plan (CTP) have one in-place and within review date</li> </ul> <p><b><u>Neurodevelopment (ND)</u></b></p>	

Khan, Raj  
05/06/2021 17:00:36

### Assessment

- 80% of newly referred patients should be seen & assessed within 26 weeks of referral

The DO-CW then provided information which showed the trended analysis of PMH referrals pre and during Covid as well as pre and post school opening during Covid highlighting that there was an 80% rise of referrals once schools opened back up. He also highlighted the waiting times throughout.

In terms of compliance he stated that from May – October they were above the target performance thresholds but had since taken a significant drop since schools had re-opened, highlighting C&V were not alone in that position compared to the rest of Wales

The DO-CW stated that based on what they knew, the team has the capacity to get back to a recovered position as demonstrated within the presentation and he was hopeful to deliver on the improved performance position in Q1 of the new financial year and sustain it into Q2

He then went onto display the same trended analysis for Specialist CAHMS highlighting the average referrals in the pre Covid days being 140 a month, which then dipped during Covid to half of that but similarly seeing significant rises once schools opened back up.

He highlighted that the waiting list length had risen from 15 weeks to 25 weeks

The DO-CW said in summary:

- PMH & SCAMHS services across Wales were experiencing similar increases in demand for PMH, SCAMHS and Crisis
- Flow through services has been slower as a result of:
  - difficulties in engaging patients in remote appointments, and
  - increasing complexity of initial presentations
  - Increased numbers of Young People referred for eating disorders
  - Ongoing challenges with recruitment to vacancies
- What would happen to Demand following release of the 2<sup>nd</sup> lockdown was uncertain
- The already pressured service was suffering increasing pressure from external bodies, often about individual cases. This detracted from clinical/operational work and presented a potential governance risk
- Lay media publicity describing “tsunamis” or “epidemics” of “Mental Health issues” for young people following the pandemic may:
  - ‘Pathologise’ what is essentially a normal distress reaction to abnormal circumstances
  - Worsen the over-medicalisation of social and emotional distress in our dealings with public sector partners

The DO-CW then discussed Neurodevelopment stating that committee members would hear more frequently about the Neurodevelopment targets.

Khan, Raj  
05/06/2021 17:00:36

<p>Khan, Raj 05/06/2021 17:00:36</p>	<p>In terms of performance C&amp;V compared to the rest of Wales the Health Board see 1 of 4 referred to the service within the 26 week target.</p> <p>In terms of referrals pre Covid they spiked above the average and dropped significantly during Covid and then rose above the average once schools re-opened.</p> <p>In terms of waiting list times, children and young people waiting figures in March recorded 327 people waiting over 26 weeks but that had risen to 550 and rising. He stated that he could not assure the committee that those times would be brought down.</p> <p>The DO-CW showed the Annual ND Waiting List vs the Annual capacity highlighting that the teams were working against a backlog highlighting that Transformation work was underpinned by a realisation that the “Dr only” model would lead to further deterioration in ND waiting times.</p> <p>He stated that:</p> <ul style="list-style-type: none"> <li>• School closures have a very significant impact on ND assessment times: the majority of assessment time is spent in school</li> <li>• Community Pediatricians have seen a significant upsurge in Safeguarding and Children Looked After work, therefore further diminishing capacity for ND assessments</li> <li>• Welsh Government Delivery Unit were supporting our Demand/Capacity modelling and Process Mapping</li> <li>• The Health Board was working with the National ND Strategy Team supporting work on a proof-of-concept digital tool (called ‘Do It’) which would streamline information capture and assessment for professionals and make the process much more accessible for CYP and their families</li> <li>• 20-25% of the population have Neurodiverse traits: ‘pathologising’/over-medicalising these and creating a dependency on health services was unsustainable</li> </ul> <p>The Transformation and Innovation Lead, Occupational Therapy (TIL) continued the presentation reminding the committee that the team had predicted that following falling Covid cases there would be an increase in mental Health referrals.</p> <p>The TIL presented data from the National Care Commissioning Unit (NCCU) which showed across Wales referral rates were slightly below that of the expected level from 2019/20 but with an expected projection of it increasing from January 2021.</p> <p>He highlighted that in C&amp;V the largest area was the community and that they had seen a return to normal levels, although there were concerns that there were higher emergency and urgent referrals but upon review they were equivocal with the 2019/20 rates. He added that what they had noticed was whilst inpatient acute admissions had fallen by 8% in Wales, formal Mental Health Act admissions had risen by 11%.</p> <p>The TIL highlighted a slide which was presented to the Board in June 2020 which outlined their strategic direction and intent, which was something they were able to maintain.</p>	
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	<p>The TIL spoke about the recovery college in relation to empowerment, he reminded the committee that it holds lived experience and clinical expertise with equal parity. He advised that everything in the recovery college was co-produced and everything had to abide by its 3 principles:</p> <ul style="list-style-type: none"> <li>-Hope</li> <li>-Control</li> <li>-Opportunity</li> </ul> <p>Every Course was developed from scratch by a peer tutor with lived experience of recovery and a professional tutor who was usually a clinician. The students were also people with lived experiences of mental health challenges.</p> <p>The TIL then spoke about empowerment in action:</p> <ul style="list-style-type: none"> <li>• There were no referral in courses, people had the choice to choose what course they attend</li> <li>• Students shaped the curriculum</li> <li>• Holding lived experience with equal parity – the college is run by a peer lead. There are health staff within the college but the vast majority of staff are people who have had lived experience.</li> </ul> <p>The CC thanked the team for the presentation and confirmed that would like to discuss the way forward offline as the position seemed to be one which they were firefighting and that the issues were ones that may be bigger national issues.</p> <p><b>Resolved that:</b></p> <p>a) The Committee <b>NOTED</b> the update</p>	
<p><b>S&amp;D 21/03/012</b></p>	<p><b>Strategy &amp; Delivery Dashboard Demo</b></p> <p>Director of Digital Health Intelligence (DDHI) and the Principal Informatics Analyst (PIA) provided a demo of the Strategy &amp; Delivery Dashboard.</p> <p>The DDHI informed the committee that he had met with the Chief Operating Officer (COO), EDSP, and the CC to discuss how to develop the dashboard in a more meaningful and useful way.</p> <p>The PIA provided a demo of Dashboard looking at scheduled and unscheduled care, the DDHI commented that he would like the committee to consider whether:</p> <ul style="list-style-type: none"> <li>- The format was correct</li> <li>- How it complimented the performance report that was presented separately</li> </ul> <p>Independent Member – Estates (IM-E) queried whether the right metrics were being measured and how would the dashboard be used to get the best value from it.</p> <p>The PIA responded that the dashboard was still in test mode but would be available within the business intelligence system as a dashboard for anyone to view. The DDHI added that it would be available to independent members and in response to the query about the correct metrics being measured, he advised that this would be part of a wider piece of work as</p>	

Khan, Raj  
05/06/2021 17:00:36

	<p>the teams were seeing things in the performance report which hadn't been mapped out yet but there were still opportunities to adjust the system.</p> <p>The EMD whether the accuracy of the dashboard would depend on how it was being used. He suggested that if dashboard was used to measure operational performance, then some of those metrics would be key but if a BAF dashboard was used there was potential to consider other metrics for Quality &amp; Safety as there are a number of those metrics which would overlap.</p> <p>He also queried where the data would come from. If the system was used operationally in the clinical boards daily then it needed to be completely up to date live data but if it was looked at in a Board meeting to look at performance over the year then different timeframes would be needed.</p> <p>The EMD commented that there was a need to define the:</p> <ul style="list-style-type: none"> <li>- Purpose</li> <li>- Metric</li> <li>- How it's should be presented</li> <li>- Source of data</li> <li>- Narrative of the data presented</li> </ul> <p>The CC agreed with the points made by the EMD and he acknowledged the work taken to get to the Dashboard to the current position. He commended the DDHI and his team.</p> <p>The CC asked the DDHI to meet outside the meeting to discuss how to carry the work forward, the MD also asked to meet the DDHI to discuss this work.</p> <p><b>Resolved that:</b></p> <p>a) The Committee <b>NOTED</b> the update and demo of the Dashboard</p>	DT
S&D 21/03/012	<p><b>Partnership Planning update to include:</b></p> <p>(a) <b>Work of the Regional Partnership Board</b></p> <p>(b) <b>White Paper on Social Services</b></p> <p><b>A - Work of the Regional Partnership Board</b></p> <p>The EDSP confirmed that the update was shared for noting as it provided a brief overview of the work done in relation to Health and social care under the RPB. It showed that there were a number of streams of work and services funded through non recurrent money which ended in the new financial year. She added that the update highlighted that a good programme of work had been set out for the year including:</p> <ul style="list-style-type: none"> <li>- development of the outcomes framework</li> <li>- regrouping the work of the RPB (Starting Well, Living Well, Ageing Well)</li> </ul> <p>The EDSP informed the committee that the RPB had learnt that there was some funding to continue what was invested as winter capacity over and above normal intermediate health and social care services.</p>	

Khan, Raj  
05/06/2021 17:00:36



	<p>She added work was being undertaken around engagement on how best engage with communities and that would inform their thinking going forward.</p> <p><b>B - White Paper on Social Services</b></p> <p>The EDSP shared with the committee what was included within the white paper that was out for consultation. She commented that it was produced following quite a detailed stock take and assessment of the state of affairs in social care but was not made a public document. She felt that it described a situation where over time various reforms of social care had resulted in a situation where progress had been made in some but the service area had not seen the pace of change that had been anticipated.</p> <p>She highlighted 4 key changes detailed in the White Paper:</p> <ul style="list-style-type: none"> <li>- A national framework for commissioning care and support for children and adults would be developed to rebalance the market with the aim of improving services</li> <li>- A 'National Office' for social care would be established to develop and deliver the national framework</li> <li>- The RPB would be established as corporate legal entities. Re-shaped RPB's, with functions to employ staff and hold budgets, would be expected to undertake significant joint commissioning and more direct market shaping</li> <li>- Current planning and reporting arrangements would be consolidated, and those arrangements would be a better basis to evidence accountability to local and regional partners, as well as Welsh Ministers in respect of any national resources allocated to RPB's</li> </ul> <p>The EDSP highlighted what was talked about in terms of what rebalancing means</p> <ul style="list-style-type: none"> <li>- Away from complexity, towards simplification</li> <li>- Away from price, towards quality and social value</li> <li>- Away from reactive commissioning, towards managing the market</li> <li>- Away from task-based practice, towards outcome-based practice</li> <li>- Away from organisational focus, towards more effective partnership</li> </ul> <p>She added that the UHB, RPB and NHS Wales responses to the white paper would be lodged by the 6<sup>th</sup> April 2021</p> <p><b>Resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Committee <b>NOTED</b> the update on the Regional Partnership Board for information.</li> <li>b) The Committee <b>NOTED</b> the update on White Paper on Social Services</li> </ul>	
<p><b>S&amp;D 21/03/013</b></p> <p><i>Khan, Raj 05/06/2021 17:00:36</i></p>	<p><b>Elective Treatment Strategy Update – Verbal</b></p> <p>The Deputy Chief Operating Officer (DCOO) shared a verbal update with the committee. At the time of the meeting there 280k open pathways with</p>	

	<p>patients waiting a lot longer and the Health Board's response needed to be more significant and not just about services returning back to normal.</p> <p>She advised that the issue was wider than just elective treatment as it included the whole of planned care. Operational teams continued to refine their approach but 3 key principles continued to underpin the strategy</p> <ul style="list-style-type: none"> <li>- Clinically led and designed</li> <li>- Data driven</li> <li>- Risk orientated</li> </ul> <p>The DCOO stated that the operational teams approach was currently in 3 facets</p> <ul style="list-style-type: none"> <li>– Risk, need, value – establishing what is high value care, how to prioritize patients based on clinical urgency rather than time</li> <li>– Efficiency - how to get back to pre Covid levels</li> <li>– Capacity – how to transform capacity to manage the backlog</li> </ul> <p>The DCOO added that there would be some capital schemes for expansion of infrastructure, theatres, endoscopy suites, etc. but in the interim the teams would need to utilise as much capacity as possible. She concluded that plans were being finalised in draft for inclusion in the annual plans but behind that would sit a more detailed plan. She stated that plans would be submitted at the end of March, with conversations with Welsh Government around funding and she suggested that an update be brought back to a future committee meeting</p> <p><b>Resolved that:</b></p> <p>a) The Committee <b>NOTED</b> the update on the Elective Treatment Strategy</p>	SC
S&D 21/03/014	<p><b>Performance Reports</b></p> <p><b>(a) Organisation Key Performance Indicators</b></p> <p>The DCOO confirmed that the paper could be taken as read and highlighted the impact of Covid and how the second wave was different from the first i.e. higher level of Covid admissions, twice the occupancy level – 277 in the first wave as opposed to 560, etc.</p> <p>She stated throughout the pandemic the Health Board had been able to maintain essential services and highlighted:</p> <ul style="list-style-type: none"> <li>– Single cancer pathway – came into effect 1<sup>st</sup> December, replacing the previous 2 measures of the urgent suspect &amp; non urgent suspected cancer targets</li> <li>– Actions being taken in terms of recovery were being done in 2 planning horizons</li> </ul> <ol style="list-style-type: none"> <li>1. To remain Covid ready &amp; plan in 4-6 week cycles and look at how to rebalance footprints to reflect the transition from Covid to non Covid activity</li> <li>2. 6 month / 12 month / 5 year recovery plan being looked at in the annual plan</li> </ol> <p>The CC queried how would what's happening in primary care be captured.</p>	

Khan, Raj  
05/06/2021 17:00:36

	<p>The DCOO responded that this was reflect in the Board reports to a degree but to the committee via the Covid update report and the performance report</p> <p><b>(b) Workforce Key Performance Indicators</b></p> <p>The EDWOD highlighted that an additional paper was added to share graphs to provide clarity to the figures in the report.</p> <p>Sickness rates were going down, the pay bill was reducing and turnover rates were in a healthy position.</p> <p>The Job planning which the EMD referenced earlier in the meeting would be taken off the graph as it was not being put on ESR and would be placed on another system called allocate.</p> <p>In regards to Fire, statutory, mandatory training and appraisals, she stated that a good uptake on training had been seen based off value based appraisal returns.</p> <p>The EDWOD wanted to highlight that through the wellbeing groups staff were reporting that they felt as though they hadn't had a breather as we moved to the next phase of Covid/lockdown and the ambitions for the future. She stated that it was the intent of the team to reflect back on the 23<sup>rd</sup> March 2020 when it was the first lockdown and to thank staff but to be mindful of the struggles staff were still facing.</p> <p>The CC highlighted the voluntary resignation trends rising to which the EDWOD responded that they needed to look at the exit questionnaires to understand the reasons behind this..</p> <p>The CC stated that the next committee meeting would look at workforce and the way forward for workforce and staff wellbeing.</p> <p><b>Resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The Committee <b>NOTED</b> the year to date position against key organisational performance indicators for 2020-21but in the context of current Covid operating challenges.</li> <li>b) The Committee <b>NOTED</b> and <b>DISCUSSED</b> the contents of the report</li> </ul>	<p><b>RG</b></p>
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<p><b>S&amp;D 21/03/015</b></p>	<p><b>Board Assurance Framework (a) Capital Assets</b></p> <p>The DCG reminded the committee that each of the risks within the BAF was allocated to a lead committee for assurance and scrutiny and that the S&amp;D committee had 7 of the 9 risks listed..</p> <p>The DCG commented that The Capital Assets risk covered IT, Medical devices, and actual assets. She highlighted that an additional £1 million was received from Welsh Government and it was agreed the funds would be spent on medical devices and the bulk of it on IT infrastructure. The DCG advised that this did not mean this risk was fully mitigated as going forward this risk would be carried in to the following financial year.</p> <p>IM-E queried whether submission of the UHW2 business case would impact on existing OBC's and given the existing demand on Welsh Government whether they would be affected or postponed.</p> <p>The EDSP responded to confirm that if there was a new site for UHW2 this would deal with a massive amount of backlog in terms of estates maintenance at UHW. She advised that the Health Board must ensure that the budget for maintenance going forward is the right size as there has never been any review on spend for estates, maintenance, or equipment as it usually rolls forward each year.</p> <p>The CC asked what assurance would be given to the Board around this risk. The DCG confirmed that it was about making sure the actions in place to manage the risk were taking place and that this would continue to be monitored.</p> <p><b>Resolved that:</b></p> <p>a) The Committee <b>REVIEWED</b> the attached risk in relation to Capital Assets to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.</p>	
<p><b>S&amp;D 21/03/017</b></p>	<p><b>Shaping Our Future Wellbeing Ten Year Strategy Delivery Programme Including Key Milestones &amp; Metrics</b></p> <p>The EDSP and CC agreed that the item would be deferred to the next meeting</p>	<p><b>AH</b></p>
<p><b>S&amp;D 21/03/018</b></p> <p>Khan, Raj 05/06/2021 17:00:36</p>	<p><b>People &amp; Culture</b></p> <p>The EDWOD shared a good news story and asked for support to promote the kick-start programme. As a corporate platinum health standards organisation the EDWOD stated that the programme was something that C&amp;V should be doing and highlighted that C&amp;V would be the first health board in Wales to become a direct employer.</p> <p>The EDWOD confirmed that this was an exciting opportunity as it leads on the inclusion agenda and she highlighted:</p> <ul style="list-style-type: none"> <li>• 50 places were available with an opportunity to apply for more</li> </ul>	

	<ul style="list-style-type: none"> <li>• 17 were starting in corporate areas</li> <li>• The programme was fully funded by Welsh Government</li> </ul> <p>The EDPH stated that the programme was a great piece of work and added that good employment opportunities contributed to good emotional mental health and she was really supportive of the programme.</p> <p><b>Resolved that:</b></p> <p>a) The Committee <b>NOTED</b> the UHB's successful application to become a Kickstart direct employer The Committee <b>NOTED</b> that by March 2021 placements would commence in Cardiff and Vale UHB supported by an Inclusion Manager. The committee members would <b>PROMOTE</b> the scheme for employment opportunities.</p>	
<b>S&amp;D 21/03/019</b>	<p><b>Review of the Meeting</b></p> <p>The CC thanked everyone for their contribution during the meeting.</p> <p>All committee members confirmed it was a good meeting with an appropriate level of Independent Member challenge and scrutiny.</p>	
<b>S&amp;D 21/03/020</b>	<p><b>Date &amp; Time of next Meeting</b></p> <p><b>Date &amp; Time of Next Meeting:</b> Tuesday 11<sup>th</sup> May 2021 at 09:00am Via MS Teams</p>	

Khan, Raj  
05/06/2021 17:00:36

## Public Action Log

### Following Strategy & Delivery Committee Held on 9<sup>th</sup> March 2021

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
<b>Completed Actions</b>					
<b>S&amp;D 20/11/008</b>	Neurodevelopmental Monitoring Report	Bring a monitoring report to the Committee meeting in March	<b>09/03/2021</b>	Scott Mclean	<b>Complete</b>
<b>S&amp;D 20/11/011</b>	Shaping our Future Wellbeing Ten Year Strategy Delivery Programme	Circulate midpoint review to Committee Update on the Shaping our Future Wellbeing Ten Year Strategy Delivery Programme.	12/01/2021 <b>09/03/2021</b>	A Harris A Harris	<b>Complete</b>
<b>S&amp;D 20/11/019</b>	Leadership Engagement	Update report to be provided.	<b>09/03/2021</b>	R Gidman	<b>Complete</b>
<b>S&amp;D 21/01/008</b>	S&D Dashboard Demo	To bring live demo back to March meeting	<b>09/03/2021</b>	D Thomas	<b>Complete</b>
<b>S&amp;D 21/01/008</b>	S&D Dashboard	To bring an update on work done with Q5 in relation to the Strategic Measures	<b>09/03/2021</b>	A Harris	<b>Complete</b>
<b>S&amp;D 21/03/010</b>	Committee Annual Report	Annual Report to be updated to reflect strategic discussions had at previous meetings.	<b>15/03/21</b>	Nicola Foreman	<b>Complete submitted to Board for approval 25<sup>th</sup> March 2021</b>
<b>Actions In Progress</b>					
<b>S&amp;D 15/09/007</b>	Strategic Equality Plan – Action Plan	To bring an updated action plan with set target/criteria as well as a timeline with set time points to a future meeting	<b>11/05/2021</b>	Keithley Wilkinson / Rachel Gidman	<b>Update to be brought in May 2021</b> Agenda item 2.2
<b>S&amp;D 21/03/006</b>	Chair's Action taken following the meeting held on 12th January 2021	The Interim EDWOD to share an update on the Health Board's Implementation of the Welsh Language Strategy	TBC	Rachel Gidman	To be Brought to <b>July</b> Meeting

<b>S&amp;D 21/03/015</b>	Workforce Key Performance Indicators	Interim EDWOD to share findings on review of exit interviews and an increase in voluntary resignations.  The CC advised that the May committee meeting would focus on workforce and staff wellbeing.	May 2021	Rachel Gidman	<b>To be discussed at the May 2021 meeting.</b>  Agenda item 3.5
<b>S&amp;D 21/03/009</b>	Work Plan 2021-22	The EDSP to share 'Flash' Programme Update reports at future meetings.	<b>11/05/2021</b>	Abigail Harris	<b>To be brought to all future meetings starting in May</b> Agenda item 3.2
<b>S&amp;D 21/03/012</b>	Strategy & Delivery Dashboard Demo	The CC asked the DDHI to meet outside the meeting on how to carry this work forward, the MD also asked to meet the DDHI to discuss this work.	<b>11/05/2021</b>	David Thomas	<b>Updated demo to be provided at the May meeting</b>  Agenda item 3.3
<b>S&amp;D 21/03/013</b>	Elective Treatment Strategy Update  "Recovery Planning Update"	Updated operational plan to be shared following finalisation of the Annual Plan.  Updated to Recovery Planning	<b>11/05/2021</b>	Steve Curry	<b>Update to be brought in May 2021</b>  Agenda item 3.1 – Agenda changed to "Recovery Planning Update".
<b>Actions referred to committees of the Board</b>					
	Integrated performance report	Director of Digital Health Intelligence and Executive Medical Director to take integrated performance report to the next Board meeting	<b>27/05/2020</b>	David Thomas A Harris	DDHI confirmed this would be taken to the Board in May

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05/06/2021 11:00:36



<b>Report Title:</b>	<b>Pharmaceutical Needs Assessment (PNA) Update</b>						
<b>Meeting:</b>	<b>Strategy &amp; Delivery Committee</b>				<b>Meeting Date:</b>	<b>11.05.2021</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	✓	<b>For Information</b>
<b>Lead Executive:</b>	<b>Fiona Kinghorn, Executive Director of Public Health</b>						
<b>Report Author (Title):</b>	<b>Karen May, Head of Medicines Management Primary Care</b>						

## Background and current situation:

The Welsh Government has changed the way in which applications from pharmacies, dispensing appliance contractors and dispensing doctors to provide pharmaceutical services are made and determined, by introducing pharmaceutical needs assessments (PNAs). The NHS (Pharmaceutical Services) (Wales) Regulations 2020, which introduce the PNA in Wales, came into force on the 1 October 2020 and place a statutory duty on each Health Board to publish its first PNA by the 1 October 2021. As a result, Cardiff & Vale UHB (C&VUHB) has begun the process of developing its first PNA.

From the 1 October 2021, Health Boards will need to use the published PNA when determining applications from pharmacies, dispensing appliance contractors and dispensing doctors to provide pharmaceutical services under these regulations.

The PNA will:

- Look at the health needs of C&VUHB's resident population and those who may be temporarily in its area, both now and in the five year lifespan of the PNA;
- Look at how the provision of pharmaceutical services can meet those health needs;
- Map the provision of pharmaceutical services within the Health Board's area;
- Identify the provision of pharmaceutical services outside C&VUHB's area for example elsewhere in Wales and also in England;
- Identify any gaps in the provision of pharmaceutical services now and in the lifespan of the PNA; and
- Turn those gaps into current and future needs for pharmaceutical services.

Once the PNA is published it will be used by C&VUHB to determine applications from pharmacies and dispensing appliance contractors who wish to open new premises or relocate existing premises. It will also be used to determine outline consent and premises approval applications from dispensing doctors.

The following services fall within the legal definition of pharmaceutical services:

- Essential, advanced and enhanced services provided by pharmacies and dispensing appliance contractors, and
- The dispensing service provided by some GP practices.

In addition, the PNA will also include services provided by other providers for example hospital and prison pharmacies.

Khan, Raji  
05/06/2021 17:00:36



## Steering Group

C&VUHB has set up a PNA Steering Group which will oversee the drafting of the PNA which is being supported by PCC CIC (PCC CIC are a company that has experience of drafting PNAs and assisted in the drafting of the Welsh regulations) they will be responsible for drafting the PNA. The group was established in January 2021 and plans to meet on a quarterly basis but more frequently if required. The purpose of the group is to develop and agree content of a robust pharmaceutical needs assessment that complies with the requirements of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 and the needs of the local population. The PNA will also provide an evidence base for future local commissioning intentions. The Chair of the Steering Group is the Head of Medicines Management Primary Care and the members include representatives from Primary Care, Pharmacy, Public Health, Local Medical Committee (LMC), Communications team, Finance, Planning, Community Health Council (CHC), Community Pharmacy Wales and also has Pharmacy project management support.

The Steering Group will be accountable to the Strategy & Delivery Committee. Its primary role is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust PNA, building on expertise from across the local healthcare community.

## Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

### Process Update

A public/patient survey was circulated to the UHB population at the end of mid-January to mid-February 2021 and this received 311 responses. Also, as part of this process all Community Pharmacies were consulted across Wales and this resulted in a 100% response rate.

The risk throughout this process was not having a robust and approved PNA. A submission to the risk register to identify actions to mitigate this has been agreed and the Executive lead has been identified. The Steering Group has received a project plan, presented at **Appendix 1**, which is regularly updated throughout the project to ensure the final report is ready for publication in the agreed timeframe.

The draft PNA was presented to the Steering Group on Monday 12 April 2021 and this is presented at **Appendix 2** for approval. The next steps will involve a consultation period of 60 days in June and July then the final report will be presented to the Strategy & Delivery Committee on Tuesday 14 September 2021. The consultation process is available in The NHS (Pharmaceutical Services) (Wales) Regulations 2020 and Health Boards have been issued with a guidance document. There is a defined list for consultation and the PNA must be published on the website for a minimum of 60 days and no later than 24 hours after the draft pharmaceutical needs assessment is published to notify the persons listed. The final approved document will be published by 1 October 2021.

## Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Meeting the statutory publication timescales will be challenging, the project is currently progressing to plan. A project manager has been key in progressing this work to date and it is proposed to continue this post until the PNA is published. An equality and health impact assessment has been completed for the PNA, which is presented at **Appendix 3** for information.

The recommendation is that C&VUHB supports the PNA steering group in achieving the target date for publication by 1 October 2021. The draft PNA includes housing data but further updated information is being sourced but the main issue is the Councils did not complete their

[Type here]

monitoring exercise due to COVID-19 and latest information is for 2019. This information should not change the recommendations therefore could the Chair of the Steering Group take chair's action to include, and or act on, this information. Recommend that guidance is provided, where requested, and papers are reviewed by various identified committees for sign off within the process. The final PNA publication will be signed by C&VUHB Strategy & Delivery Committee.

#### Recommendation:

The Committee is asked to:

- **NOTE** the Pharmaceutical Needs Assessment (PNA) Update report,
- **ENDORSE** the proposed approach for Cardiff & Vale UHB (C&VUHB) to develop a process for developing its first PNA,
- **CONSIDER** the need to take chair's action to include, and or act on, information contained within the report.

#### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

#### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term	✓	Integration		Collaboration		Involvement	✓
<b>Equality and Health Impact Assessment Completed:</b>		Yes – see Appendix 3.							



**Timeline for the development of CV UHB's first PNA -2021 w/c dates**

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# **Cardiff and Vale University Health Board pharmaceutical needs assessment**

**October 2021**

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05/06/2021 17:00:36

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

Khan, Raj  
05/06/2021 17:00:36

## Contents

Executive summary .....	4
1 Introduction .....	7
2 Overview of Cardiff and Vale University Health Board .....	39
3 General health needs of Cardiff and Vale University Health Board .....	59
4 Identified patient groups – particular health issues .....	79
5 Provision of pharmaceutical services .....	95
6 Other NHS services.....	133
7 Health needs that can be met by pharmaceutical services .....	139
8 Cardiff East cluster .....	146
9 Cardiff South East cluster.....	155
10 City and Cardiff South cluster.....	165
11 Cardiff North cluster .....	175
12 Cardiff South West cluster.....	187
13 Cardiff West cluster .....	197
14 Central Vale cluster .....	208
15 Eastern Vale cluster .....	220
16 Western Vale cluster .....	231
17 Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 .....	243
Appendix A – policy context and background papers.....	250
Appendix B – essential services.....	254
Appendix C – advanced services .....	257
Appendix D – enhanced services .....	259
Appendix E – terms of service for dispensing appliance contractors .....	262
Appendix F – PNA steering group membership .....	265
Appendix G – patient and public engagement survey .....	266
Appendix H – full results of the patient and public questionnaire .....	275
Appendix I – pharmacy contractor questionnaire .....	299
Appendix J – dispensing practice questionnaire .....	302
Appendix K – consultation report .....	<b>Error! Bookmark not defined.</b>
Appendix L – opening hours.....	306

## Executive summary

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

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

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

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

In addition, a consultation, which ran from [insert date] until [insert date], was undertaken on the draft PNA and the feedback received used to inform the final PNA (Appendix K).

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

The current provision of pharmaceutical services has been identified and mapped. Those providers who are located outside of Cardiff and Vale University Health Board's area but who provide services to its residents, were also considered. Furthermore, there are some services which affect the need for pharmaceutical services either by increasing or reducing demand. Such services include the hospital pharmacies, the Out of Hours and CAV 24/7 and Minor Injury Units and these have been considered as part of the PNA.

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

There are 106 pharmacies in Cardiff and Vale University Health Board all providing the full range of essential services. In 2019 to 2020, 96.3% of all prescription items written by GP practices were dispensed by the pharmacies in the health board. Pharmacies also provide a range of advanced and enhanced services.

There are four appliance contractors, which dispense prescriptions for appliances within and outside of the health board's area. All four appliance contractors offer either the Appliance Use Review (AUR) advanced service or the Stoma Appliance Customisation (SAC) advanced service or both.

There is one GP dispensing doctor practice in Cardiff and Vale University Health Board, who dispenses to eligible patients and who dispensed or personally administered less than 0.1% of all items prescribed in Cardiff and Vale University Health Board. The non-dispensing practices personally administered 1.9% of the total.

While there is very good service provision within the health board area, some residents may choose to access pharmaceutical contractors outside of the health board's area. In 2019 to 2020, 1.8% of prescriptions were dispensed outside of Cardiff and Vale University Health Board. Whilst many were dispensed by pharmaceutical contractors in neighbouring health boards, some were dispensed as far afield as England. This suggests that some residents prefer to use a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmaceutical services for the residents of Cardiff and Vale University Health Board 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. However, in the more rural areas of Western Vale cluster and Central Vale cluster, public transport services are limited. Although car ownership is likely to be high, those without a car and in particular the elderly, may find it difficult to access a pharmacy. 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.



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

Khan, Raj  
05/06/2021 17:00:36

# 1 Introduction

## 1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a health board's area for a period of up to five years, linking closely to the 'Cardiff and Vale Population Needs Assessment For Social Services and Well-being (Wales) Act 2014' and the Public Services Board Well-being Assessment (2017) for Cardiff and for the Vale of Glamorgan. Whilst these respectively focus on the care and support needs of the population, and on improving the well-being of communities, the PNA looks at how the population health needs can be met by pharmaceutical services commissioned by the health board.

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

If a GP wishes to dispense to a new area or from new or additional premises, they are also required to apply to the health board to be included in its dispensing doctor list or for a new area or new or additional premises to be listed in relation to them. 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 pharmaceutical needs assessment

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

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

### 1.3 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

Each health board is responsible for preparing, maintaining and publishing its lists. In Cardiff and Vale University Health Board there are 106 pharmacies, four dispensing appliance contractors and one dispensing practice.

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 (Advanced and Enhanced Services) (Wales) Directions 2005, and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010.

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

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

- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements.
  - Medicines use review and prescription intervention services (more commonly referred to as the medicines use review or MUR service)
  - Discharge medicines review service (DMR) service
  - Stoma appliance customisation (SAC) service
  - Appliance use review (AUR) service
- Enhanced services – service specifications for this type of service are developed nationally or by the health board and then commissioned to meet specific health needs.
  - Anticoagulation monitoring
  - Care home service
  - Disease specific medicines management service
  - Gluten free food supply service
  - Home delivery service
  - Language access service
  - Medication review service
  - Medicines assessment and compliance support service
  - Minor ailment scheme
  - Needle and syringe exchange
  - On demand availability of specialist drugs service
  - Out of hours service
  - Patient group direction service
  - Prescriber support service
  - Schools service
  - Screening service
  - Stop smoking service
  - Supervised administration service
  - An anti-viral collection service
  - An emergency supply service

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

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

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

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

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

### **1.3.2 Pharmaceutical services provided by dispensing appliance contractors**

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

- Stoma appliance customisation (SAC) service
- Appliance Use Review (AUR) service

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

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

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

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

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

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

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

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

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

Khan, Raj  
05/06/2021 17:00:36

## 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, and the Executive Director of Public Health is accountable for its development. Cardiff and Vale University Health Board established a PNA steering group whose purpose was to ensure that the development of a robust PNA that complies with the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and meets the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

### 1.5.2 PNA localities

In Wales there are 64 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 reduced health inequalities. In Cardiff and Vale University Health Board there are nine primary care clusters.

The PNA localities that have been used for the PNA match the boundaries of these nine clusters that make up the combined Cardiff and Vale University Health Board area, namely:

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

Within Cardiff and Vale University Health Board area, the nine clusters are divided evenly between three localities, which fall within two Borough Councils or local authorities as shown below in table 1.1.

Khan, Raj  
05/06/2021 17:00:36

**Table 1.1: Clusters, localities and local authorities within Cardiff and Vale University Health Board**

Cardiff and Vale University Health Board		
North-West Locality	South-East Locality	Vale Locality
Cardiff North	Cardiff East	Western Vale
Cardiff West	Cardiff South East	Central Vale
Cardiff South West	Cardiff City and South	Eastern Vale
Cardiff Local Authority		The Vale of Glamorgan Local Authority

Throughout this document the PNA localities will be referred to as clusters to match the terminology used by Cardiff and Vale University Health Board and to prevent confusion with the health board's three localities.

### 1.5.3 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available from 19<sup>th</sup> January 2021 to 15<sup>th</sup> February 2021. The questionnaire was promoted through social media, with at least one media post for each week the questionnaire was open. It was sent out at different times of the day to capture a cross section of patients and the public. It was also shared with Community Health Councils. A news item about the patient and public questionnaire was featured on the Health Board's website. Two news items were also included in the Chief Executive's Weekly Connect blog which is seen by staff, patients and the public. As Cardiff and Vale University Health Board has a large student population, the questionnaire was promoted through the three universities. The StaffConnect app was also used to promote the questionnaire to staff that live in the health board area.

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

It is worth noting that at the time the survey was undertaken, Wales was in lockdown due to the Coronavirus (COVID-19) pandemic. As community pharmacies are designated as an essential service, they were required to remain open during this time to provide for the pharmaceutical needs of the population. Many changes to working practice were swiftly undertaken to enable this. Social distancing measures were implemented, restricting patient numbers entering the pharmacy premises. Changes to opening hours meant many pharmacies were permitted to work behind closed doors at lunchtime and for the first and last hour of the day. These measures resulted in longer waiting times for patients, contributing to patient anxiety and frustration. With large numbers of patients shielding, the demand for deliveries from community pharmacies also increased. Many volunteers and voluntary agencies

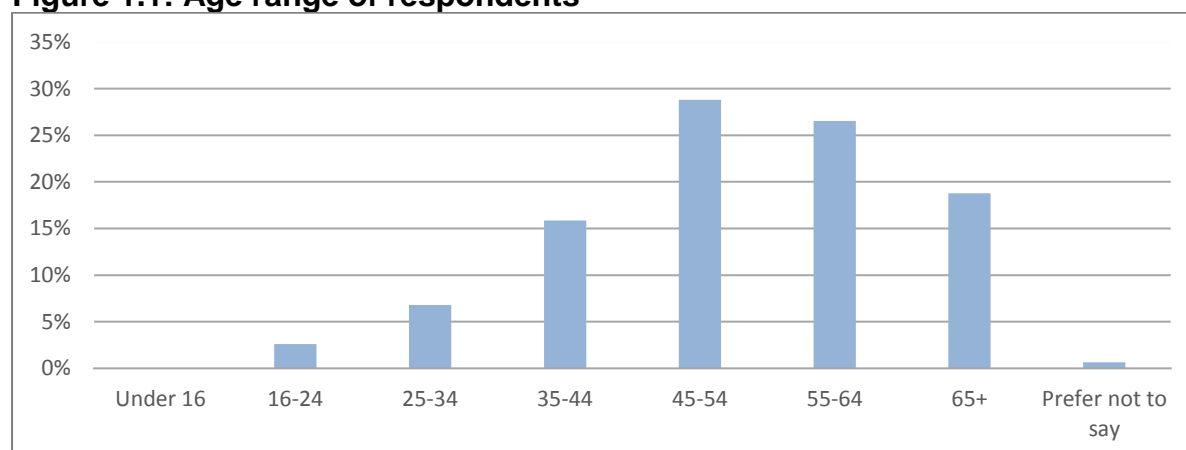


stepped forward to help meet this demand in many areas. Pharmacy staff themselves also faced increased stress during this time, due to the Coronavirus (COVID-19) pandemic pressures at work and at home.

A total of 311 people or respondents completed the questionnaire; however, not all 311 respondents answered every question. 80% of respondents (247 out of 308 people) were female, 18% (55 people) were male and 1% (2 people) were non-binary. 2 respondents preferred not to say, 2 respondents selected other and three skipped the question.

All respondents who provided information about their age (309 people) were over 16 years old. A quarter of respondents (25%, 78 people) were aged between 16 to 44 years old. Almost three quarters of respondents were aged 45 years and over (74%, 229 people), with the age group 45 to 54 years having the largest number of responses overall (29%, 89 people), followed by the age group 55 to 64 years (27%, 82 people). Two respondents preferred not to say.

**Figure 1.1: Age range of respondents**

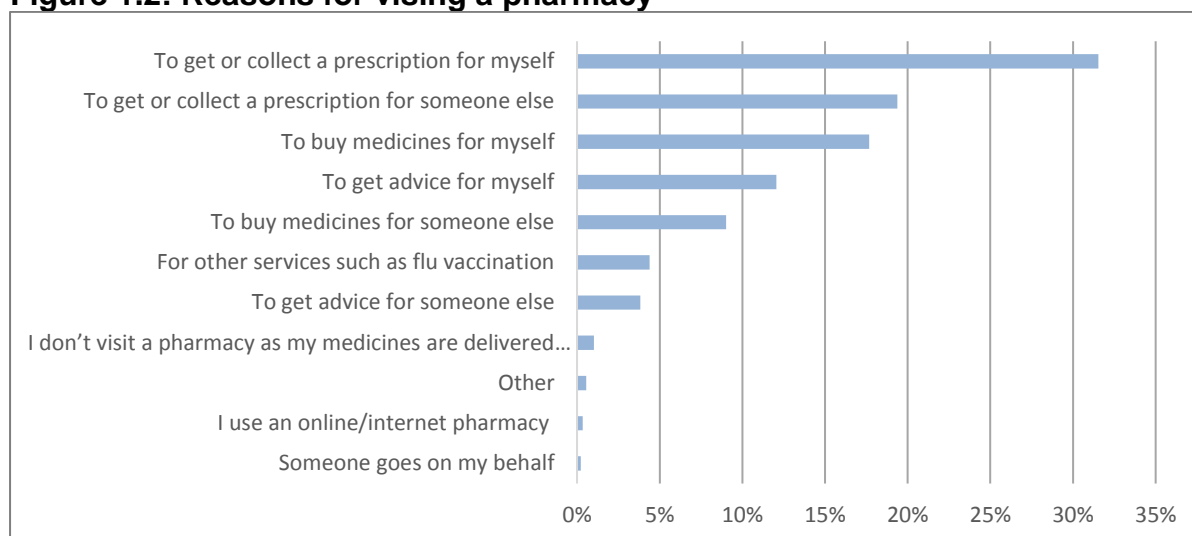


96% of respondents (296 out of 308 people) said their preferred language was English when they accessed services at a pharmacy. Only 4% (11 people) said their preferred language was Welsh. One respondent commented that they preferred either language to be used.

When asked why they usually visit a pharmacy, 309 people answered the question and a total of 888 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people chose more than one reason for visiting a pharmacy. The majority of responses received show that people visit a pharmacy to get or collect a prescription for themselves (32%, 280 responses) or to get or to collect a prescription for someone else (19%, 172 responses). Of the five people who responded other, two comments referred to buying cosmetics and general toiletries or both as a reason for visiting a pharmacy. The remaining three comments were related to how the Coronavirus (COVID-19) pandemic and guidance on shielding requirements had forced respondents to change how they usually collect their dispensed medicines from a pharmacy:

- “Collect myself until shielding was in place.”
- “Currently husband collects medication to allow me to shield.”

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



Most respondents (63%, 194 out of 308 people) visit a pharmacy on a monthly basis, reflecting the length of their prescription. Of the 23 people who responded other, nine visited a pharmacy to collect their two monthly repeat prescription, one person visited the pharmacy every six weeks and 11 visited a pharmacy rarely or whenever needed:

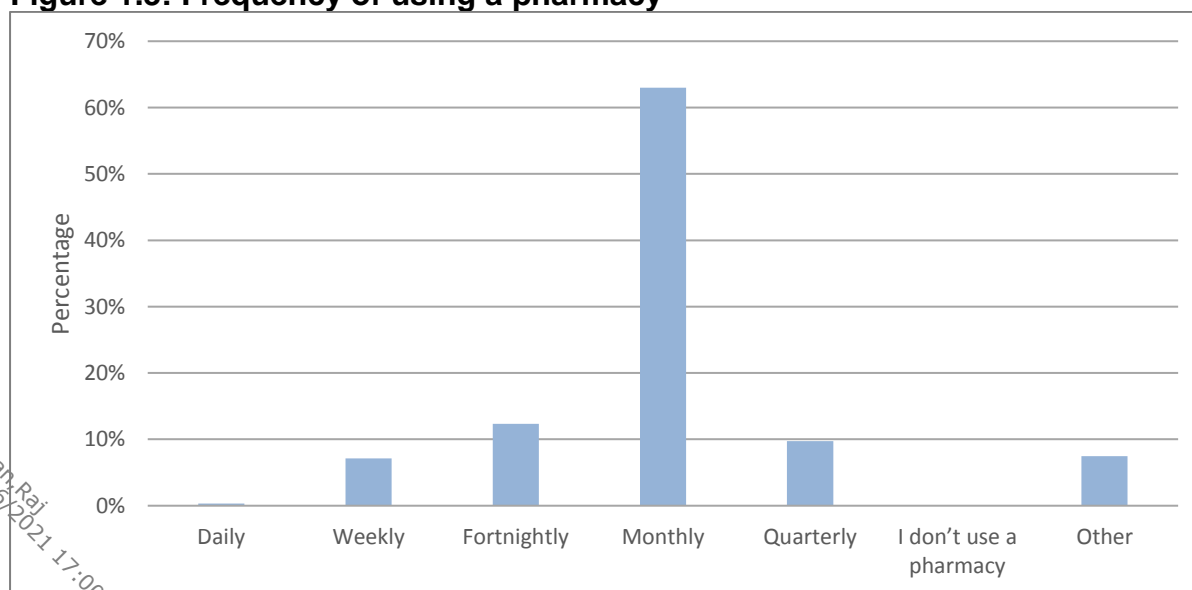
- “When necessary, depending on levels of illness. I’m healthy therefore I don’t attend regularly.”

One commented how the frequency had changed due to a prescription item not being available:

- “Usually monthly but as often a seven times recently (last quarter) due to prescription items not being Avalon [available on] time.”

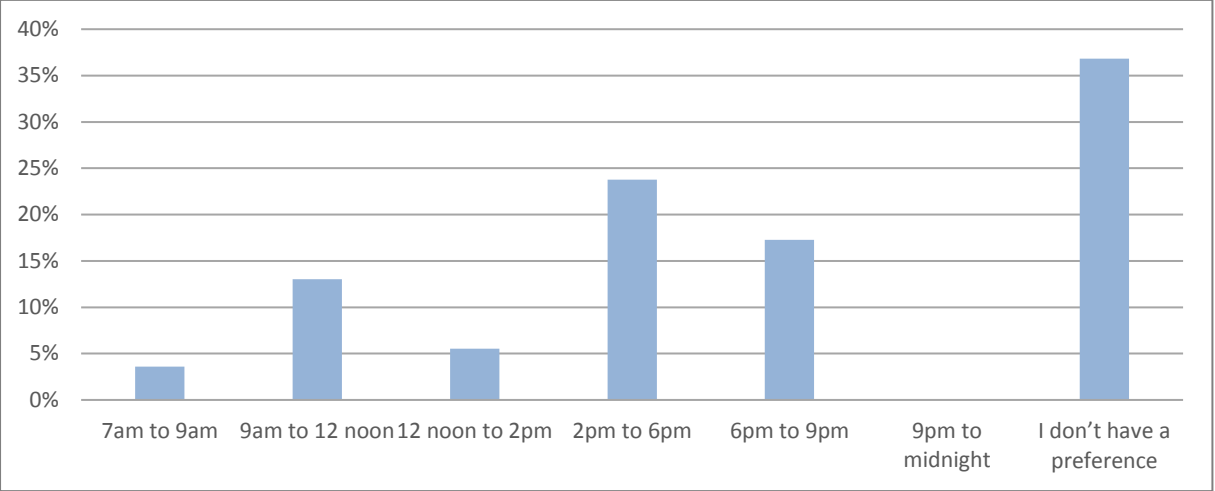
One person responded that they were shielding so someone else collected on their behalf.

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



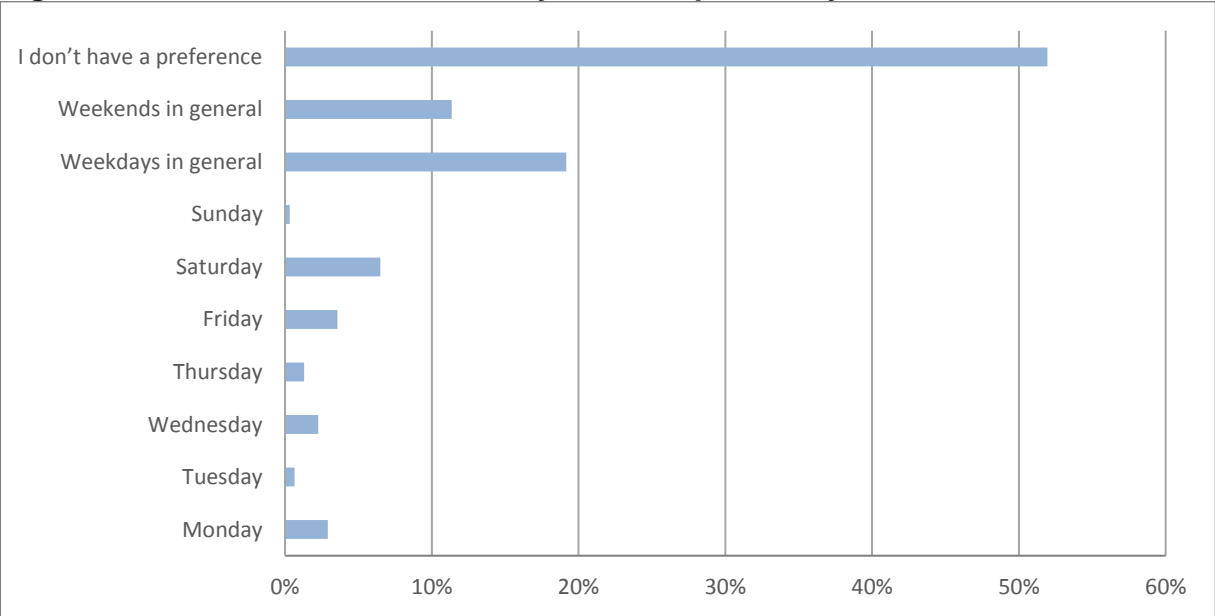
The majority of respondents (37%, 113 out of 307 people) do not have a preference about when is the best time to use a pharmacy. Of the remaining responses, 42% preferred to use a pharmacy between 9am and 6pm, with 2pm to 6pm being the most popular choice followed by 6pm to 9pm.

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



Similarly, the majority of respondents (52%, 160 out of 308 people) did not have a preference about the most convenient day to use a pharmacy. Of the remaining responses, 19% found the weekdays in general the most convenient time to access a pharmacy and 11% found the weekends in general the most convenient time to access a pharmacy. Other respondents preferred a specific day of the week, with Saturday being the most popular choice (6%).

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



When asked whether there had been a time recently when they were not able to use their normal pharmacy, 25% (76 out of 307 people) responded 'yes', 73% (223 people) responded 'no' and 3% (8 people) said the question was 'not applicable'.

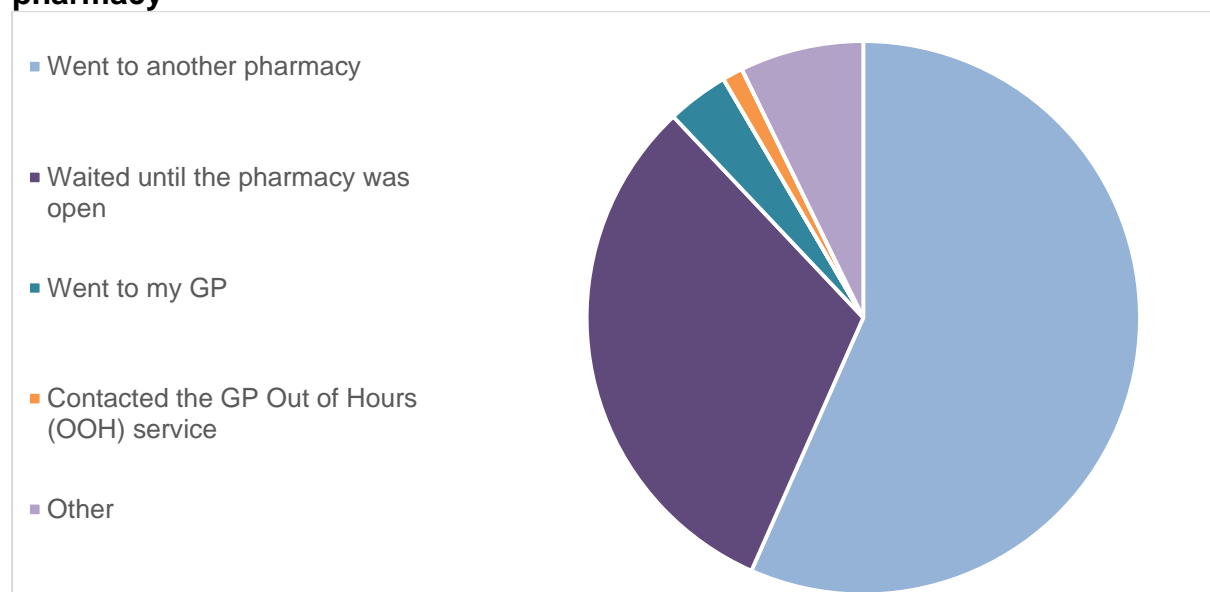
When asked what they had done, 76 people answered the question and a total of 83 responses were received. Multiple answers could be given to this question and the number of responses indicates that some people chose more than one course of action. The majority of responses received, show that people went to another pharmacy (57%, 47 responses) or waited until the pharmacy was open (31%, 26 responses). Three responses show that people went to their GP and one contacted the Out of Hours service. Of the six people who responded other: one did not have a usual pharmacy they used, one went home, and one had problems with the pharmacy not being open at the weekend and the next pharmacy being closed due to the Coronavirus (COVID-19) pandemic. Two other comments were linked to the delivery service and Coronavirus (COVID-19) pandemic:

- “The person who usually picks up my prescriptions because I am housebound was unable to get them due to illness himself. I had to phone to ask them to deliver and was told they don't usually deliver - but they would do it this once. I was shocked by this attitude.”

One person commented:

- “Went to on call pharmacy.”

**Figure 1.6: What respondents did when they were not able to use their normal pharmacy**



Most respondents prefer to use the same pharmacy. Of the 308 responses received, 197 respondents (64%) said they always use the same pharmacy and 101 respondents (33%) said they use different pharmacies but prefer to visit one most often. Three respondents said that they always use different pharmacies and seven respondents said they rarely use a pharmacy.

There are many reasons that influence the choice of pharmacy. Multiple answers (1664 responses) were given by the 308 people who answered the question as to what influences choice of pharmacy. The most popular reasons were close to home (14%, 229 responses) followed by close to my doctor (9%, 157 responses) and the

location of the pharmacy is easy to get to (9%, 144 responses). Of the 22 respondents who answered other, 10 comments were received about the repeat dispensing system, including ordering and collecting prescriptions:

- “They provide telephone updates when my prescription is ready to be collected.”
- “Collect my prescription from GP and I pick up from the pharmacy once completed.”

Two comments were about the delivery service offered during the Coronavirus (COVID-19) pandemic:

- “They've been great during lockdown and have delivered our prescriptions when my husband was shielding.”
- “[Name of pharmacy] collects my prescription BUT WILL NOT DELIVER - even though I am shielding.”

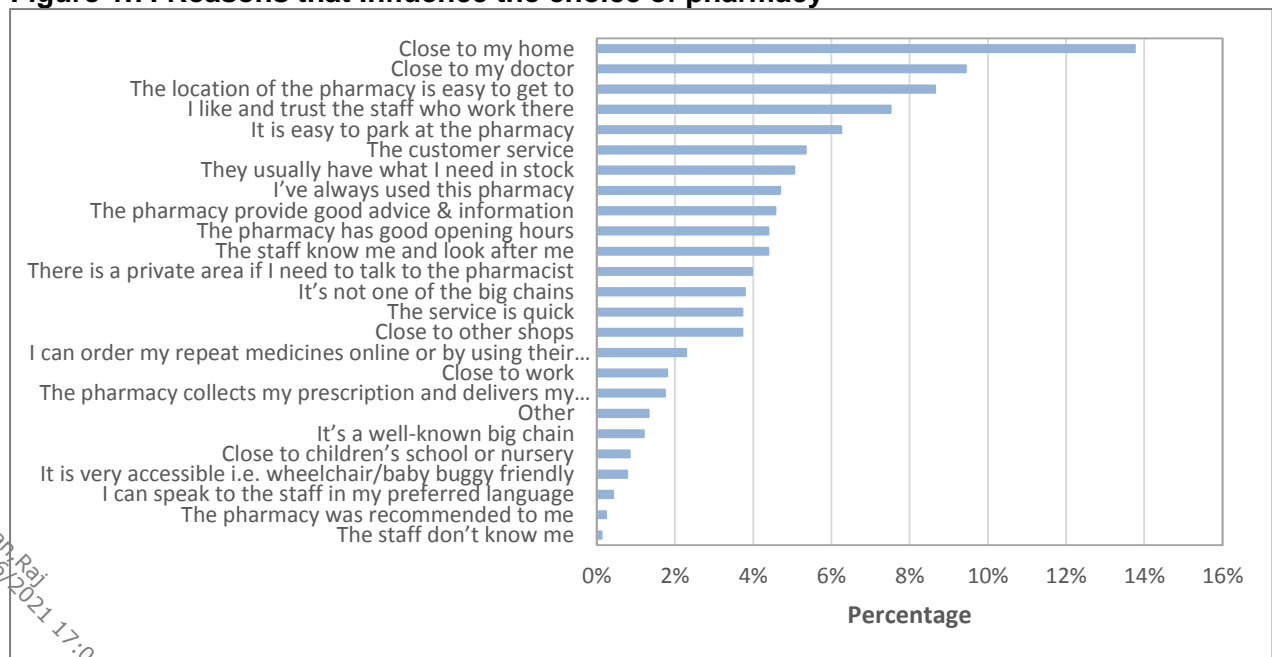
Two comments were about opening times.

- “If only they would open at hours that people who work (in the NHS) could access them, I would go to the one that's 30 seconds walk from my house, instead of having to track to [name of pharmacy].”
- “Open on a Saturday.”

One comment received was about ease of parking. Other comments include:

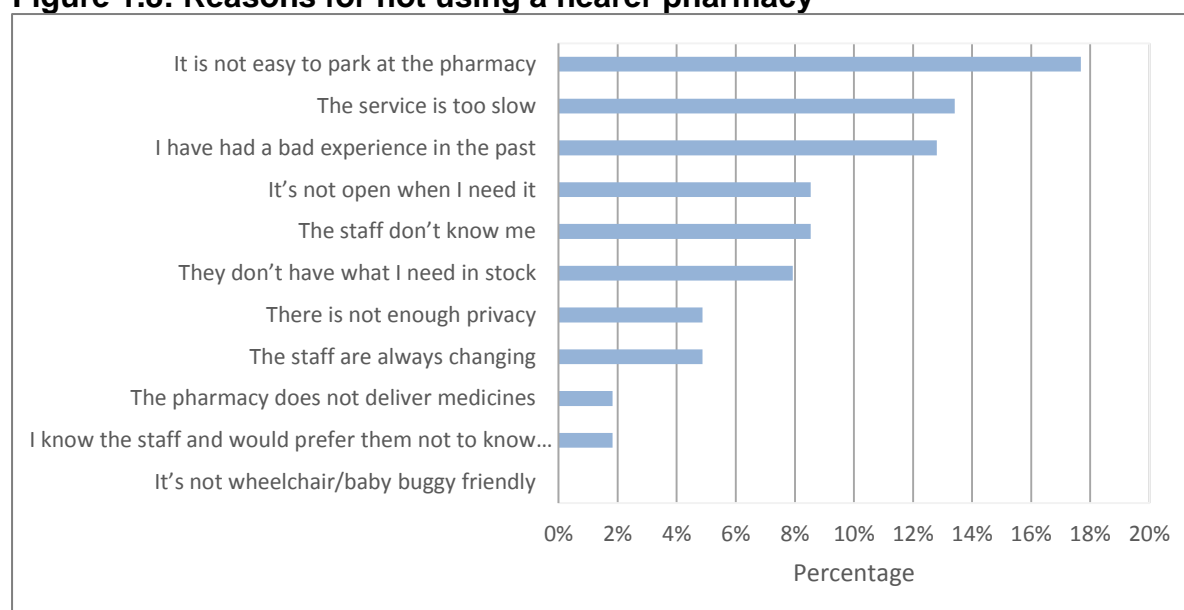
- “This is pharmacy that the drs told me I had to use this one.”
- “I go to the pharmacy that is open but this has been harder lately since my local pharmacy has moved further away and I have to delay my treatment till the next day.”
- “They get preferred brands.”
- “The other local pharmacy is closed but service is appalling.”
- “After negative experiences with other pharmacies, this one is the best in [name of location].”

**Figure 1.7: Reasons that Influence the choice of pharmacy**



The majority of respondents (67%, 207 out of 307 people), use the pharmacy that is most convenient or closest for them to use. 11 respondents said they did not know whether there was a closer or more convenient pharmacy. However, for 29% of respondents (89 people) there was a more convenient or closer pharmacy that they were choosing not to use. When asked why they did not use that pharmacy, 90 people answered the question (one more than previously responded) and a total of 164 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people chose more than one reason. The top three reasons provided were around ease of parking (18%, 29 responses), speed of service (13%, 22 responses) and having a bad experience in the past (13%, 21 responses).

**Figure 1.8: Reasons for not using a nearer pharmacy**



Of the 29 people who selected other, the following themes emerged from the comments received:

Five comments were about having built up a relationship with that particular pharmacy or being satisfied with the service received from the pharmacy they were using or both:

- “I moved house and am still within the catchment area for my GP and current pharmacy, so preferred not to change it as I like the staff and service, they know my medications (I take some unusual ones).”
- “I’ve always been happy with the one I use.”

Five comments were related to the proximity of pharmacy to the GP practice:

- “The pharmacy I do use is attached to my GP surgery so my script is passed to the pharmacy for me so it’s just easier to go there than the pharmacy nearest my home which is not attached to my GP.”
- “It’s further away from the doctor’s.”

Khan Raj  
05/06/2021 17:00:36

Three comments were about where the GP sends the prescription suggesting that the patient is not given a choice by their GP:

- “My go [GP] sends my prescription there.”
- “My doctors won't use it.”

Two comments mentioned opening times:

- “I only go elsewhere when its closed for lunch.”

Eight comments mentioned the quality of service received such as the inefficiency of staff, mistakes made (one comment), prescriptions not being ready on time, and the pharmacy staff not being as approachable or as personable as the one they were choosing to use:

- “[Name of pharmacy] inefficient & need customer service training.”
- “Have made mistakes on more than one occasion. Dangerous as life threatening medicines.”
- Confined spaces in many pharmacies and the staff don't always treat you with respect and dignity.”

One comment was related to the pharmacy not holding in stock the required prescription item:

- “Altho within walking distance it means 2 visits as one of my monthly items is not held in stock. Other pharmacies carry this drug.”

Two comments were about pharmacies being busy:

- “Very busy, have to wait a long time.”

Two comments were about personal service:

- “Part if a chain with no sense of community.”
- “No personal service.”

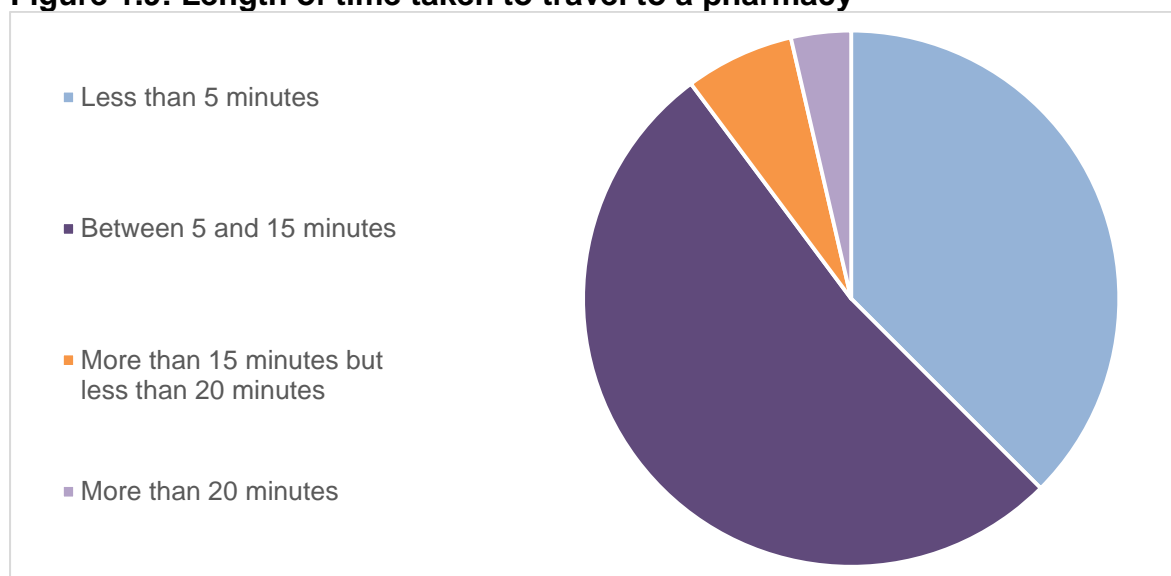
Two comments related directly to the Coronavirus (COVID-19) pandemic situation and staff not wearing face masks:

- “Staff not wearing face masks behind the counter. Visors have been proven to offer little or no protection and users of a pharmacy should be safe in Knowledge that all PPE is being worn. Last time there were two people in no masks!”

The most popular way of travelling to a pharmacy was by car (51%, 158 out of 308 people) and then on foot (44%). 1% (2 people) travelled by bus and the same by taxi. These travel modes are likely to have been skewed by the Coronavirus (COVID-19) pandemic travel restrictions in place at the time of the survey. Of the five people who responded other, two comments were about walking as well as using another method of traveling to the pharmacy.

Nearly all respondents (96%, 293 people out of a total of 304) could get to a pharmacy in less than 20 minutes. Only for 4% of respondents (11 people) did it take more than 20 minutes. 38% of respondents (114 people) could get to a pharmacy in less than 5 minutes. The most popular response was between 5 minutes and 15 minutes (52%, 159 people).

**Figure 1.9: Length of time taken to travel to a pharmacy**



The majority of respondents (90%, 276 out of 308 people) said they didn't have difficulty getting to a pharmacy. Only 7% (23 people) replied that they did and 3% (9 people) said the question was not applicable. Of the 25 people who responded other:

Seven comments were related to poor health or mobility issues due to a disability, injury or a health condition, as the main reason which made getting to a pharmacy difficult:

- "I am disabled and it is now too far for me to walk. This is recent (in the last 5 years)."
- "Sometimes I am too ill to collect my prescription so my dad goes for me."

Eight comments mentioned opening times, often related to work commitments and one specifically mentioning limited hours due to Coronavirus (COVID-19) pandemic, which made getting to a pharmacy difficult:

- "My work hours and family commitments and their opening hours give small windows of opportunity to get there."
- "They no longer open on Saturday."

Two comments were related to the need to queue, most likely related to social distancing measures in place due to Coronavirus (COVID-19) pandemic:

- "There is always a queue and I am unable to stand for long. Also the queue outside is very close to a busy bus stop."

Another comment mentioned the Coronavirus (COVID-19) pandemic and the need to shield:

- "Currently isolating as much as possible. My pharmacy recommend calling to make sure script is filled, they then ensure its in the to collect box so he picks it very easily."

Six comments were about ease of getting to a pharmacy, including travel distance or pharmacy closure or both:



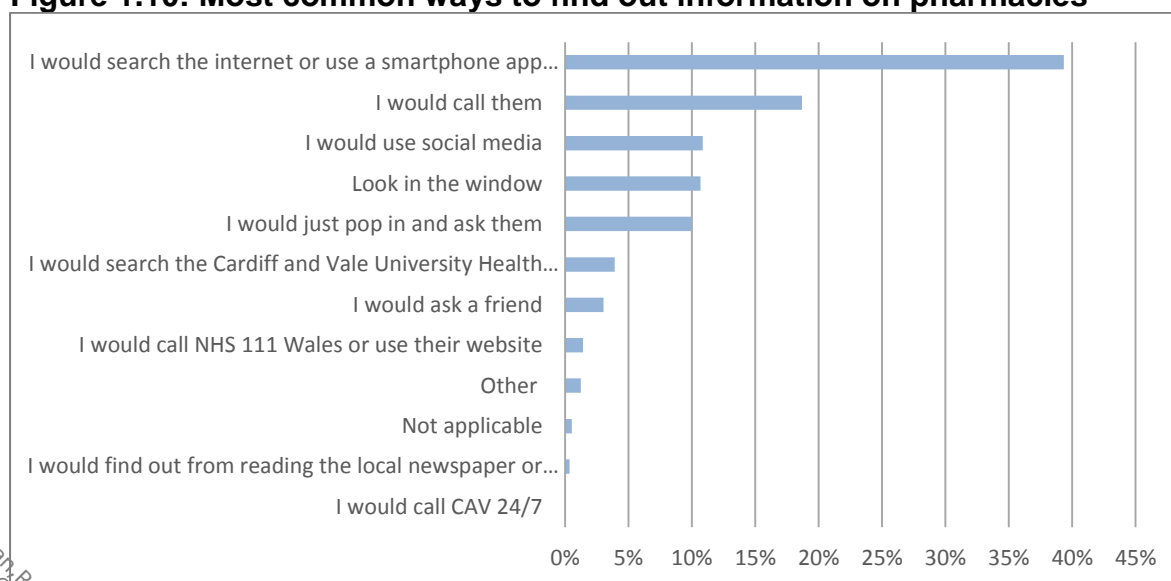
- “I often have late afternoon appointments with my gp in [name of location]. my usual pharmacy in [name of pharmacy] has now closed. Other pharmacies in the area are not open by the time i go there, so i can’t get my medication on the same day. If i am working the next day i often don’t start my medication for a few days.”
- “Too far away and not easy to get to.”
- “I do not drive and have to walk to my surgery and to a pharmacy to collect my medication. I used to use the pharmacy on [name of location] but as that has now closed I struggle to get to a pharmacy near my gp. Because of this I have on occasions had to wait a day or two before I can get my medication which has resulted in my condition worsening. I suffer with chest infections and starting antibiotics and steroids is very important for me.”

One comment mentioned parking difficulties and another the ongoing road works.

When asked how they find out information about a pharmacy such as opening times or the service being offered, 308 people answered the question and a total of 562 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people use more than one method. Overall, the internet or use of a smart phone app (39%, 221 responses) was the most common way respondents used to find out information about a pharmacy, followed by the calling them (19%, 105 responses). 11% used social media. Less than 1% (2 responses) would find out from reading the local newspaper or magazine. This mirrors the wider trend of people switching to the internet and social media to find news and information and the declining reach of printed newspapers. Of the seven people who responded other, three comments were about checking the pharmacy website. One respondent commented:

- “It is advertised however during the pandemic they post their varied times on social media.”

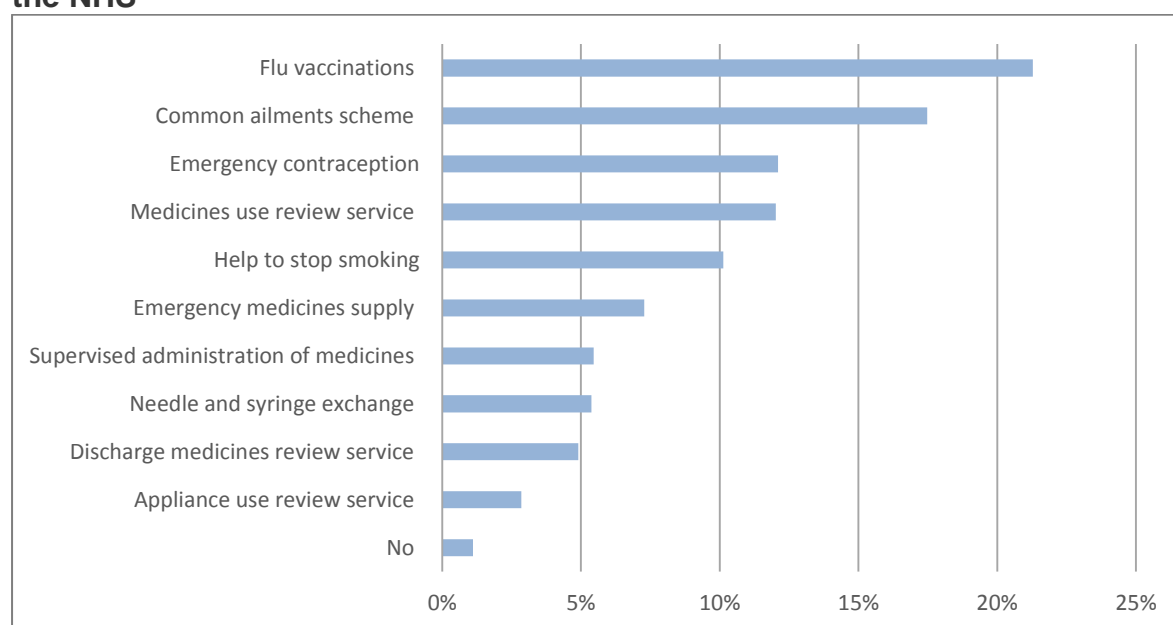
**Figure 1.10: Most common ways to find out information on pharmacies**



When it comes to being able to discuss something in private with their pharmacist, 10% of respondents (30 people out of 308) did not feel able to as oppose to 56% (171 people) who did feel able to discuss something private with their pharmacist. 31% had never needed to and 3% responded that 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, 305 people responded to the question and a total of 1264 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people were aware of more than one service. Flu vaccinations (21%, 269 responses) followed by the Common Ailments Scheme (17%, 221 responses) are the services most respondents are aware of as being offered by pharmacies as part of the NHS. In general, there was limited awareness of the Appliance Use Review service (3%, 36 responses); however, this specialist service would only be used by those in need of appliances such as stomas and colostomies rather than the wider patient group. 1% of respondents (14 people) were not aware of any of the services offered from pharmacies as part of the NHS.

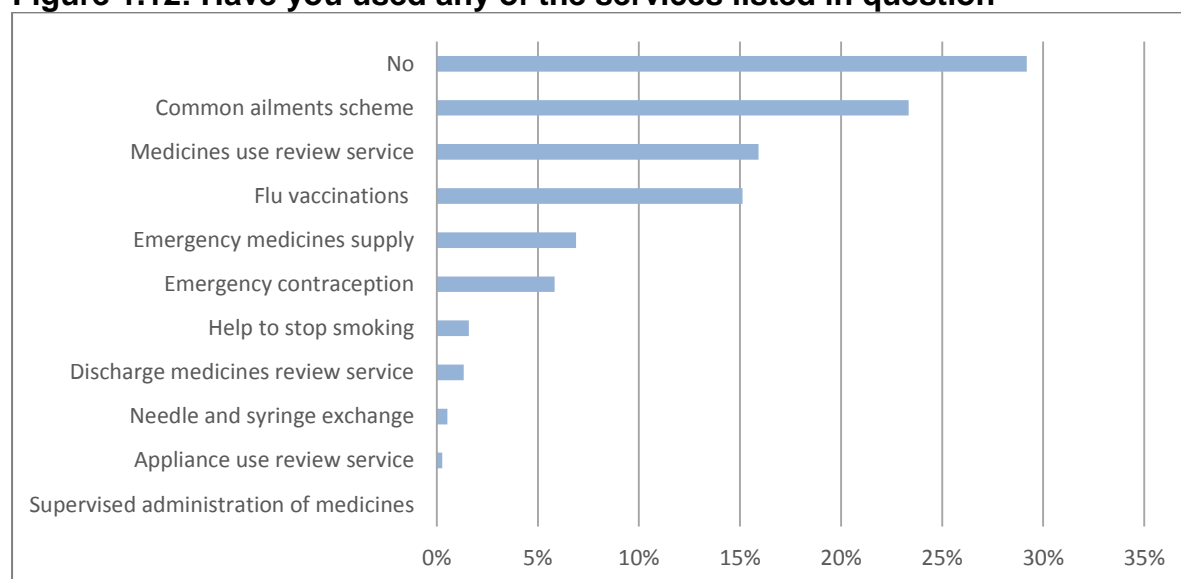
**Figure 1.11: Awareness of availability of services from pharmacies as part of the NHS**



When asked whether they had used any of the services, 281 people responded to the question and a total of 377 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people had used more than one service. The most popular service that respondents said they had used was the Common Ailments Scheme (23%, 88 responses) followed by Medicines Use Review service (16%, 60 responses) and then flu vaccination service (15%, 57 responses). However, the majority of respondents, 38% (199 people) said they had never used any of these services.

Khan, Raj  
05/06/2021 17:00:36

**Figure 1.12: Have you used any of the services listed in question**



When asked if there was anything else respondents would like to share about their experience of their local pharmacy, a total of 131 comments were received. Nine of these comments said no or not applicable. Of the remaining comments, several main themes emerged with some comments containing more than one theme. These were:

Ten comments referred to opening times with four mentioning closing at lunchtime, four requesting opening over the weekend and two in the evening as well:

- “It would be useful if pharmacy opening hours could reflect the opening hours of Gp surgeries.”
- “Stop closing at lunchtime, sometimes it's the only time I can go.”
- “Would prefer they opened weekends - even if shorter hours. My prescription becomes available on a Friday. There have been a couple of times when its been delayed and had to wait until Monday.”
- “Only open 9-6 Monday - Friday. Evening and weekend opening needed.”

Five comments mentioned the lack of privacy amongst other themes:

- “Find it difficult to have confidential conversations, and difficult to access the pharmacist. I don't think the consultations rooms are well used or offered a lot. Wish I could order my medicine online, its very time consuming to use the paper slips or phone up. I've moved from England where things were much more efficient in terms of ordering and getting my repeat.”
- “Small space, limited privacy even though there is a separate room, risk of being overheard.”
- “Local pharmacies are very confined. It's not easy to have a private conversation nor time because they're busy. I feel that requesting advice is an annoyance for pharmacists.”

Khan, Raj  
05/06/2021 17:00:36

Six comments mentioned issues due to medication being out of stock or items missing from the prescription:

- “Recently my experience has not been good. One pharmacy didn't have my medication in stock. They did not inform me. When I arrived after waiting 20 minutes to be served then I found out and they seemed to think that ordering it in by the next week was good enough. At another occasion at a different pharmacy they had outsourced the packaging of my medication to [name of location] Again I wasn't informed until I arrived (both times after waiting 48hours after sending in my prescription) and I had to wait 2 more days for the medication. In general I do not understand why it takes pharmacies so long to bag up my medication once I take in the prescription.”
- “They seem to be not the best in terms of organisation and their always seems to be items missing or wrong when picking up my family meds.”
- “Don't always have what I need and aren't always helpful in finding it elsewhere. A staff issue.”

Six comments mentioned the quality of the service in relation to staffing issues:

- “The pharmacy we go to as it is near our GP is generally short staffed and feels a bit chaotic as they have too much to do and are constantly firefighting. Not very comfortable for those using the service.”
- “It used to be an excellent service but it is now very hit and miss. Constantly different staff who are not aware of what is needed.”
- “[Name of pharmacy]. Poor experience with the pharmacy. Poor customer service (lack of compassion) and long wait times (appears to be understaffed/ poor systems in place)”

Three comments mentioned errors that had been made by the pharmacy:

- “We are thinking of moving to another pharmacy, errors and unhappy staff don't help.”
- “They have made some errors, 4, recently which has made me worry about getting the correct medication. I can't access the pharmacy and I'd like to change but I'm not confident to so that at the moment as I don't know if others will deliver.”

Four comments addressed the organisation within the pharmacy:

- “It's a very long wait and they are very disorganised.”
- “Disorganised. Deal with one customer at a time in spite of several staff behind counter.”
- “They are always busy, often disorganised. I always ring ahead to make sure they have my prescription as before now they have mislaid it.”

Seven comments were based around the repeat ordering system:

- “Gp doesn't always send prescription to pharmacy in time .. but they chase it.”
- The nearest pharmacy to my house in [name of location] is on the high street so parking is difficult. They have recently started charging extra for delivery and no longer let me order repeat medicines through them. They say I have to call the doctors but the surgery say they can't take repeat requests by phone. It hopeless! I would like there to be more choices of pharmacy in [name of location]

- “The wait for phone ordered repeat medication has increased from a 48 hour turnaround to 96 which has been hard to organise as I take insulin. Was not informed until I spoke to them but luckily I had enough supply. Queues outside are sometimes 15 people deep and as I am a frontline nurse this can be hard to waiting when your busy.”
- “It's frustrating having to collect a prescription from the doctors and take it to the pharmacy and then wait for the medicine to be dispensed. They are next door to one another so I have no idea why the doctor can't pass the prescriptions to the pharmacy as soon as the doctor has written the prescription so the medicine is ready for collection. Makes much more sense with covid to only have to go to the pharmacy rather than both the surgery and the pharmacy and then have to wait around at the pharmacy. There needs to be a more streamlined process particularly for repeat prescriptions.”

Five comments mentioned prescription medicines not being ready in time for collection:

- “Very poor service, often told to return after lunch and find items still not ready. Told on a phone items are ready to collect and on arrival told not in stock yet. Often long queues.
- “It's got far worse. [Name of pharmacy] seem to wait ages for them to get your prescription ready but friends of staff who visit seem to get theirs a lot quicker while you are still waiting. [Name of pharmacy] never answer the phone when you are chasing to see if your prescription is actually ready and order medication that you have said you do not need next time as seasonal but ones you do need regularly they don't order in time and is never ready.”
- “Service from gp to pharmacy appalling. During pandemic, new prescriptions are sent direct to pharmacy are not made up in good timescale. I often pop in about 4 days to a week later and not made up which results in me waiting for it to be processed (10 mins to 30 mins wait) defeats the purpose of covid19 safety.”
- “We collect out prescriptions from the same Chemist but every month they never have our medicines ready and although it is bagged ready they only give some. I really need to check I have everything whilst I am there as I always have to go back and they always say they forgot to hand everything over. Very frustrating.”
- “Lying about Dr's request for example my Step Father needed urgent medication, which Dr made house call & marked as urgent. The front of house staff count have careless saying nope not ready, come back tomorrow. When investigated yes the dr had written urgent on there, dr enquired as he was concerned by this. We had an apology but was so upsetting my Mum refused to go there. I guess my frustration was the pharmacy knew my Step Dad was seriously ill, he took this medication but the dose was increased but they refused to deal with it urgently. They even showed the paper at a distance to my Mum who by now reduced to tears. Which is conflicting when say don't bother GP go see the pharmacist!”

Five comments mentioned, amongst other things, difficulties with collecting prescriptions:

- “They make it as awkward as possible to collect medication. Opening hours are difficult. They only collect prescriptions from the go once per day. If a prescription is handed in you are asked to wait outside in the rain even if it is empty.”
- “Slow service, queues outside. Doesn't seem fair to only have 1 person on the counter to deal with collecting and queries. During this time, I think a quicker collection service would be better.”

- “They don't contact me when repeat prescription in, so food on prescription was out of date & not given too me -what a waste of public money!! I assume the pharmacy would be paid for administering an incorrect prescription!!”

Three comments were about the location of the pharmacy:

- “The locations of the nearest pharmacies to my GP are not convenient and I find it difficult when walking.”
- “Would be useful if my own gp had pharmacy attached to it. [Name of surgery].”

Three comments mentioned ‘fitness for purpose’ to meet growing needs of the area:

- “It’s too small and too busy. A new housing estate with several thousand new residents hasn’t been planned for. There is higher staff turnover and supplies if needed prescription medicines aren’t always available on time. This can be stressful if supplies of a medicine runs now. Missing items mean repeat visits to the pharmacy, often multiple visits and this is an increasingly frequent issue.”
- “Run down not fit for purpose for a growing area.”

Three comments were about the advice provided by pharmacies:

- “I think generally counselling service when issuing meds could be better.”
- “The pharmacists themselves are usually very busy and often out of sight of the main counter. It's therefore more likely that if I need advice I would initially have to discuss this with a member of sales staff who would then refer a question on to the pharmacist. This seems reasonable but I don't always feel that I'm getting 'expert' advice in the same way, despite the fact that I'm sure sales staff have a degree of training. There is no direct access to the pharmacist, either by phone or in person. One pharmacy I use nearby doesn't even answer the phone, no doubt due to the number of calls they would need to take if they did.”
- “I feel that I can get advice from them quicker than with a GP, more approachable.”

Three comments were about other pharmacy services available on the NHS:

- “I’ve been getting a flu vaccine since 2017 when my mum and brother both developed cancer as I didn’t want to put them at greater risk. I pay for my flu jab.”
- “Feel that the medicine review was forced on me. Was of no use at all and had the impression it was a money making box ticking opportunity for the pharmacy and of more benefit to them than me.”
- “One medication review ever. I didn't know what it was. It was of no use whatsoever. Advice is to ask at the hospital. Basically I make it up as I go or ask on twitter. “

One comment mentioned a request for a service that is not routinely available on the NHS, except following an assessment under the Equality Act and where a reasonable adjustment is identified as required, such as the provision of a compliance aid:

- “My mother has her regular medication delivered by the pharmacy next door to her GP Practice, however, quite often, medication is not delivered or pumps left in the fridge in the pharmacy. My 85 year old mother has been in hospital for the past 4 weeks with Covid and is due to come home on Monday 15th February, once a care package has been put in place. We have been asked by the Social Worker to arrange for mum's medication to be put into 'Blister Packs' so that the

care workers can help her with her medication, but, despite phoning every chemist in [name of location], none of them are able to help us and mum's usual pharmacy doesn't even offer this service."

Three comments made suggestions as to how the service could be improved:

- "It would be good to be able to order prescriptions by email directly to the pharmacy."
- "During the pandemic the pharmacy should set up an area by the door to dispense repeat prescriptions rather than having to walk through the hole shop and queue - social distancing is present however many are keen to reduce time spent indoors."
- "1)HOME DELIVERY OF MEDCINES WILL VERY USEFUL IF PROVIDED THROUGH SOME CENTRAL CARDIFF WIDE DELEIVERY SERVICE RATHER LEAVING IT AS AN OPTION AVAILABLE WITH SOME PHARMACIES ONLY.
  - 2) ONLINE CUSTOMER SATISFACTION SURVEY BY THE HEALTH BOARD FOR EACH PHARMACY, PUBLICLY DISPLAY IN FRONT OF EVERY PHARMACY SHOULD BE STARTED. JUST SIMILAR TO HYGEINE RATING FOR RESTAURANTS.
  - 3) We should be able to comment, provide feedback in the case of poor service or good service to the Health Board or Cardiff Council. Otherwise behave with little accountability as a supply dominant service with no quality control. they may."

Three comments mentioned that pharmacies could offer more services:

- "They should not close every lunchtime. Need to offer more services. They could take a lot of pressure off GPs. They could monitor iron. I've got chronic anaemia could be monitored by pharmacist. Also my thyroid function could be monitored by pharmacist. Most contraception services. Services for young people as they are more accessible and approachable. C card schemes. The list is endless they should not be dispensing machines."
- "The pharmacist is a valuable and essential clinician in the community. The pharmacists are so knowledgeable and friendly. Staff easy to talk to. The turnaround of repeats is too slow. They should offer more services to take pressure off GPs. Pharmacies should do c card scheme, contraception, etc. They need more respect."
- "Generally good and could do more."

Five comments were overall positive about the quality of service received:

- "They discard items safely on my behalf when applicable."
- "If product not available they will order it in for me usually same day!"
- "I order my prescription once a month via MyHealthOnline, it takes approx. 5 days. The Pharmacy sends me a text to let me know when my medication is available to collect. I find this system works really well."
- "Never usually a problem. Have never been told whether I can get prescription medication delivered to my address or if it's mandatory to collect in person."
- "My pharmacy – [name of pharmacy] - are great they pick up my prescriptions and are helpful if I ring and make inquiries BUT the fact they do not deliver especially with the lock down rules is APPALLING."

Four comments referred to the accessibility of pharmacies and how they have been used or can be used:

- “Would prefer to use my local pharmacy in the first instance, before trying to obtain a doctor's appointment.”
- “Community pharmacy has provided a consistently high-quality service during COVID-19 pandemic, with open access when other services have been closed or had very restricted accessibility. Responded very positively as a profession to help manage chronic illness and deal with minor ailments, thus reducing the burden elsewhere in NHS.”
- “Our local pharmacy was very helpful when I had a swollen leg. I couldn't get a GP appointment until the next day, so went to the pharmacy and they advised me to get it looked at immediately. As I couldn't get a GP appointment, despite going into the surgery and explaining that my leg was swelling up, I then went to A & E and was diagnosed with cellulitis. If it hadn't been for the pharmacist, and in the absence of a GP consultation, I would have probably gone home and left it until the next day, therefore delaying use of antibiotics. I was on them for 3 weeks and off work for 2 weeks. At the GPs, there was a large notice suggesting that some medical ailments could be dealt with by the pharmacist. At A & E there was a large notice telling people to go to their GPs rather than A & E. I think this is a good example of how a pharmacist can help, but also an example which shows why people may well end up in A & E, despite their best intentions of going to the right place.”
- It would be very useful to be able to pick up prescriptions from consultants in clinic in the local pharmacy rather than have to wait a long time in the hospital pharmacy (sometimes well over an hour) to pick up new medications.”

50 positive comments were received, praising pharmacies:

- “Amazing efficient staff, always friendly and never have any problems 10/10.”
- “They are EXCELLANT!! Fab customer service and advise.”
- “All of the staff are very welcoming and friendly, good knowledge and will always try and help in any way they can.”
- “Very friendly staff. My tablets are already ready for collection. No problems, I've been using this pharmacy for over 20 years.”
- “Always helpful and happy to offer advice. Will source things quickly if not immediately available.”

When asked if there are any barriers to accessing services at their pharmacy, which had not already been mentioned, a total of 90 people answered this question. Of those that answered, 47 people replied with either a response of no, not applicable, as above or none. A total of 43 other comments were received. Several main themes emerged from the comments, with some comments containing more than one theme. These were:

11 comments were related to opening times of pharmacies, some in relation to the changes in opening times due to the Coronavirus (COVID-19) pandemic:

- “Closed Saturday and lunch times between 1 and 2 which can be inconvenient for people.”
- “They should be open more in the evenings and weekends.”



- “My old pharmacy are now only open 9-12 and 2-4 so there are really long queues down the high street for people to get their medicines. As the doctor is open their normal hours I think the chemist should be too. I was given a prescription for my sick child at 6pm and ended up driving to a supermarket in another county to get it made up as nowhere in [name of location] was open.”

Six comments mentioned the need to queue, most likely due to the social distancing measures in place at the time due to Coronavirus (COVID-19) pandemic:

- “Currently with restrictions there's sometimes a queue outdoors and while that's not a big problem for me it's not good for the frail, elderly or ill. Maybe they need one of those ticketing systems where says how long to wait and or a shelter outside.”
- “They can be very slow at serving so the que outside gets long very quickly.”
- “Queues outside, especially in winter months.”

Four comments related to privacy or confidentiality:

- “Not sure it is as confidential as a doctor with other customers in their shop!”
- “As above confidentially, and not fully aware what the Pharmacist knows about so don't want to divulge private information for them to just send me to GP or nurse.”
- “I wouldn't feel comfortable discussing private matters due to lack of privacy.”
- “Asking for address or postcode in front of other people/reading address in front of others(DV survivor and hate crime victim don't want my address public knowledge) Not accepting ID as an alternative to saying said address. Requirement to talk (I use BSL to communicate).”

Four comments related to travelling to pharmacies, including travel distance, time or travel mode:

- “Apart from the travelling time by car. We have to travel for the doctors surgery as well.”
- “nearest pharmacy is miles away from me in [name of location].”
- “Travel distance and access via bus.”

Two comments were about access into the pharmacy:

- “They have a ramp but it's very rickety and I don't feel confident using it.”
- “Heavy door - this is difficult in a wheelchair.”

Eight comments mentioned the quality of service received, including issues with communication, personability and approachability of pharmacy staff, collecting prescriptions or prescription items being out of stock often requiring a further visit to the pharmacy:

- “Yes, as a result of covid, my medications are now random and I've had problems for months. Due to staff problems before Christmas, they were 3 weeks late with medication and rude/stressed to me on the phone. I was promised meds on Christmas Eve but that didn't happen. Consequently I ran out of one particular medication over Christmas until pharmacy was open. I continue to experience ongoing issues ie this month I was told I can't pick up a one off prescription until it's time for my regular medication at the end of the month. I'm worried about

Khan, Raj  
05/06/2021 17:00:36

phoning because I'm clearly in the way. I understand it's pandemic related, but I don't know what to do".

- "Some of my medicines are available to pick up on a monthly basis but others are not. This means that I have to ring my Doctor every month to ask for a repeat prescription. I am unsure why some medicines are issued automatically whilst others are not".
- "Long long queues then because the staff are so busy they lost my prescription and I had to come back the next day and queue again and even then there were things missing which I will have to wait another 4 days!!"

Five comments mentioned the potential of community pharmacies or made service suggestions:

- "Historically Cardiff had rota of pharmacies that were on call 24 hours a day, I believe this should happen again. I work for a 24 hour service and pts can't access medication overnight and often end up in A&E as a large city having 24 hour access to pharmacies is vital."
- "They should be given opportunity to do more. Clusters should engage with them more. WG provide funding & opportunities. Consulting rooms etc."
- "Would be much easier if there was electronic prescribing from surgery to pharmacy."
- "It's a service that has great potential to help people live well. Many pharmacies are local and they're all very important shops in the community. But they haven't been set out in a way that makes advisory work easy."

Other comments included:

- "Due to a mental health issue I struggle to enter the shop when there are a few people in there. I generally wait outside and observe for the right opportunity to enter."
- "There are pharmacies closer to me but they are small, cramped, no privacy, difficult to park and one of them is really dirty."
- "The pharmacist is not interested in engaging with the public"
- "They have a very old fashioned air about them. I can't imagine young people feeling encouraged to go in there and ask for contraception for example."
- "Is it not always easy to make a GP appointment to obtain prescriptions."

Two comments related to the lack of pharmacy staff wearing masks. However, this may be for legitimate medical reasons.

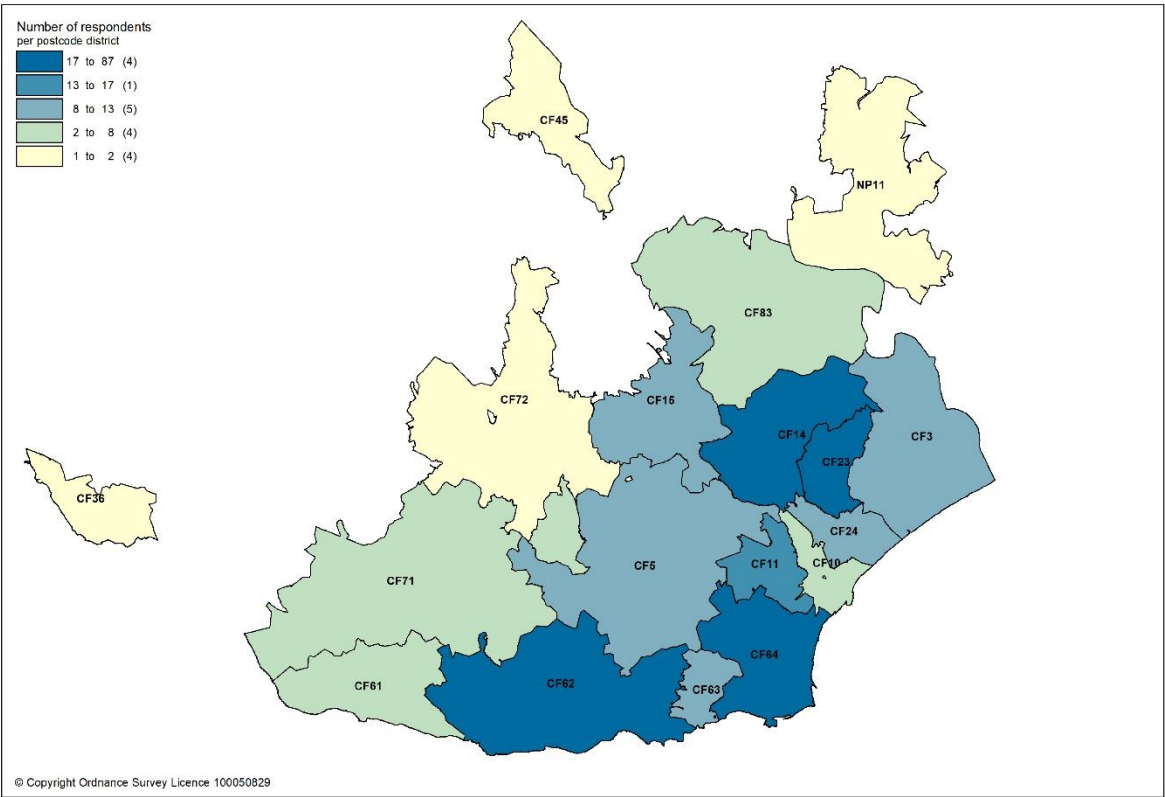
Responses to the questionnaire were received from people living across the health board's area as can be seen from the map below. The least number of responses came from CF72. Fourteen postcodes provided were invalid.

Khan, Raj  
05/06/2021 17:00:36

Khan, Raj  
05/06/2021 17:00:36

# Map 1: Location of respondents

Pharmacy Needs Assessment public survey results



## 1.5.4 Contractor engagement

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

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

The questionnaire was open from 18 November to 20 December 2020 and the results are summarised below.

All 106 pharmacies in Cardiff and Vale University Health Board area responded, a response rate of 100%. The Cardiff and Vale University Health Board is grateful for the support of Community Pharmacy Wales in encouraging contractors to complete the questionnaire.

95% (101) of pharmacies said that their premises were accessible by wheelchair and five pharmacies said they were not 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. In Cardiff and Vale University Health Board, 103 of the 106 pharmacies said that they had a consultation area on the premises:

- 87 pharmacies confirmed the presence of a consultation area with wheelchair access.
- 15 pharmacies confirmed the presence of a consultation area without wheelchair access.
- One pharmacy confirmed that they had “access for 'normal' wheel chair but not mobility scooter.”

Of the three pharmacies that did not have a consultation area, two said that they had alternative arrangements in place for confidential discussions. One replied negatively.

When considering whether the consultation area met the minimum requirements:

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

Nine languages, in addition to English, are spoken across 18 pharmacies in the area. These are:

- Arabic (two pharmacies)
- Czech
- French
- Gujarati (two pharmacies)
- Hindi (two pharmacies)
- Polish
- Punjabi (two pharmacies)
- Tamil
- Welsh (11 pharmacies, including one pharmacy where Welsh is only spoken one day a week.)

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

When considering whether the pharmacy dispenses appliance:

- 84 respondents (79%) confirmed that prescriptions for all types of appliances are dispensed from the premises.
- One pharmacy responded that they dispense appliances except stoma and incontinence appliances.
- 17 pharmacies only dispense dressings.
- Four pharmacies responded that they don't dispense any appliances.

When asked about collection and delivery services offered:

- 100 pharmacies responded that they collect prescriptions from their GP practices.
- 68 pharmacies said that they provide a free delivery service for dispensed medicines on request.
- 39 pharmacies said they provided a free delivery service to selected patients such as housebound patients, those aged over 70 years, disabled patients or those with mobility issues, those with a clinical need or who are clinically vulnerable, elderly and vulnerable, and those who are self-isolating or shielding due to Coronavirus (COVID-19) pandemic, with no support or means of collecting as per national guidance.
- 24 pharmacies said they provided a free delivery service to selected areas.
- 12 pharmacies said they charged for the delivery of dispensed medicines. Further analysis showed that eight of those also offered a free of charge service. However, this again may be in line with national guidance due to Coronavirus (COVID-19) pandemic.

It should be noted that collection and delivery services are not contractual services and are therefore provided privately by pharmacies at their discretion. During the Coronavirus (COVID-19) pandemic, a community pharmacy home delivery service was commissioned to ensure the delivery of medicines to eligible shielding patients who should not present in the pharmacy.

When asked whether there is a requirement for an existing enhanced service which is not currently provided in the area, 18 responders replied positively:

- Emergency contraception (eight pharmacies)
- Common Ailment Service
- Sore Throat Test and Treat (seven pharmacies)
- Independent prescribing (five pharmacies)
- Monitored Dosage System (MDS)
- Smoking cessation (two pharmacies)
- Palliative care
- Needle exchange

It should be noted that eight pharmacies listed more than one suggestion, and that MDS is not an existing enhanced service.

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

- Independent Prescribing (four pharmacies)
- Palliative Care
- Monitored Dosage System (MDS) (three pharmacies)
- Deliveries
- Coronavirus (COVID-19) testing
- Coronavirus (COVID-19) vaccination
- Pre-exposure prophylaxis (PrEP)
- Patient Group Direction (PGD) services for UTI, Contraception, Ear infection and Strep throat

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

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

- 89% (94) of pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- 8% (9) of pharmacies don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.
- 3% (3) of pharmacies don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand in the area.

When asked whether pharmacies have any plans to develop or expand their premises or service provision, 24 pharmacies responded positively with all 24 pharmacies providing further details. The themes of the responses are as follows:

Five pharmacies had plans to expand their pharmacy premises:

- Pharmacy refit
- Consultation rooms (two pharmacies)
- Exploring options to relocate into GP practice sites (two pharmacies)

Three pharmacies had plans to automate parts of their pharmacy service around collection of completed prescriptions/ medicines and deliveries.

Fifteen pharmacies had plans to expand their service provision, and the following examples were provided:

- Independent prescribing (nine pharmacies)
- More enhanced services as they become available (three pharmacies)
- Smoking cessation
- More vaccination services
- Triage and treat services

One pharmacy planned to offer more private services.

Two comments were received from pharmacies saying they would be willing to provide more services depending on funding being provided. One pharmacy mentioned having a business continuity plan in place for 2020 to 2021.

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

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

The questionnaire was initially open from 22<sup>nd</sup> December 2020 to 24<sup>th</sup> January 2021. The closing date was further extended until 15<sup>th</sup> February 2021 to encourage

participation and in acknowledgement of the increased work pressures all healthcare staff and providers were facing as a result of the ongoing Coronavirus (COVID-19) pandemic. The results are summarised below.

There is only one dispensing practice in Cardiff and Vale University Health Board. The dispensing practice responded to the questionnaire giving a response rate of 100%. Cardiff and Vale University Health Board is grateful for the support of the Medical Secretary of the Bro Taf Local Medical Committee in encouraging the contractor to complete the questionnaire.

The dispensing GP practice's opening hours are limited to Monday and Thursday only. The dispensing practice provides a dispensing service, as well as a delivery service for dispensed medicines, to the students living in Atlantic College, St. Donats. The dispensing GP practice does not dispense appliances from the premises. The other dispensing related services the practice provides is the disposal of patient sharps. The only language available to patients from staff at the premise, on a daily basis is English. The practice confirmed that it has sufficient capacity within its existing premises and staffing levels to manage an increase in demand in its area if required. However, this would be dependent upon the terms set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

### **1.5.5 Other sources of information**

Cardiff and Vale University Health Board provided information on:

- Services provided to residents of the health board area.
- Changes to current service provision.
- Known housing developments within the lifetime of the pharmaceutical needs assessment.
- Any other developments which may affect the need for pharmaceutical services.
- Background information on the health needs of the population.

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

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

Information on pharmaceutical contractors and services was also obtained through:



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

Maps were produced by NHS Wales Informatics Service (NWIS). Cardiff and Vale University Health Board would like to thank them for their support.

### **1.5.6 Consultation**

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

The statutory 60 day consultation on the draft pharmaceutical needs assessment commenced on [insert date] and ran until [insert date]. The statutory consultees were written to regarding the consultation, provided with a link to the health board's website where the draft pharmaceutical needs assessment was published and invited to respond online.

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

Khan, Raj  
05/06/2021 17:00:36

## 2 Overview of Cardiff and Vale University Health Board

### 2.1 Introduction

Cardiff and the Vale of Glamorgan have a rich historic past; from the Romans to the Normans to the transformations that came with the coal industry, establishing Cardiff as a major port and the future capital of Wales. All have contributed to making Cardiff and the Vale of Glamorgan one of the most popular tourist destinations in Wales.

Cardiff is a thriving international capital city, with many cultural sites, a long association with sport and a large student population; being home to four major institutions of higher education. The city boasts more castles and green spaces per person than any other UK city.

The Vale of Glamorgan is a diverse and beautiful part of Wales, with rolling countryside, coastal communities, rural villages and busy towns. Barry, Wales's largest town can be found here as well as Wales's only airport.

Cardiff and Vale University Health 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. Its mission is "Caring for People, Keeping People Well", and its vision is that a person's chance of leading a healthy life should be the same wherever they live and whoever they are.

### 2.2 Population

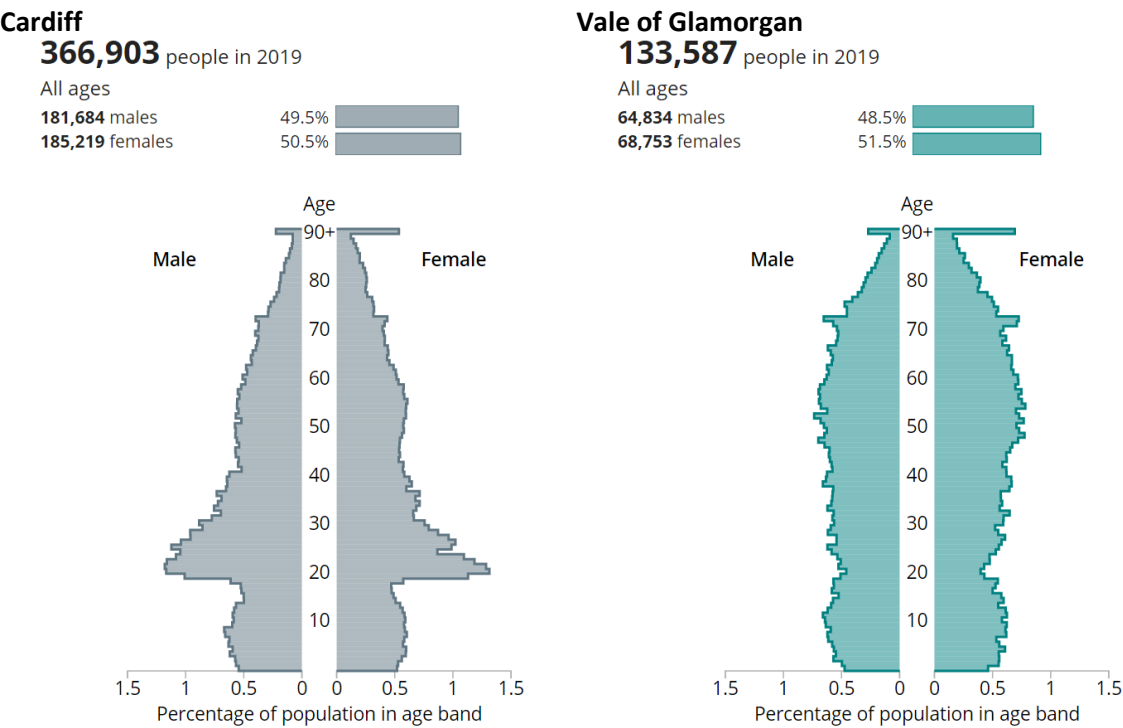
Cardiff is the largest local authority in Wales in terms of population, with an estimated 366,903 residents in 2019. The Vale of Glamorgan has a smaller population of 133,578 residents.

The age-gender profile differs between that of Cardiff and the Vale of Glamorgan (figure 2.1). 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 contrast, the population of the Vale of Glamorgan decreases around the age of 19 years most likely due to people leaving home to study outside of the area. After which, the population increases gradually with age. Around the age of 60, the percentage of the population reduces steadily with age for both Cardiff and the Vale of Glamorgan. There is a small noticeable percentage increase around the age of 70 and a much larger noticeable increase in the over 90s group. Overall, there is a fairly even gender balance in both Cardiff and the Vale of Glamorgan, with the most noticeable difference being in the over 90 age group, where the female percentage of the population is much higher.

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 43.8 years. This is 1.3 years

above the average for Wales at 42.5 years. In Cardiff, the median age is much younger at 33.6 years, which is 10.2 years lower than the Vale of Glamorgan and 8.9 years lower than the average for Wales.

**Figure 2.1: Population pyramid for Cardiff and Vale of Glamorgan local authority, 2019**

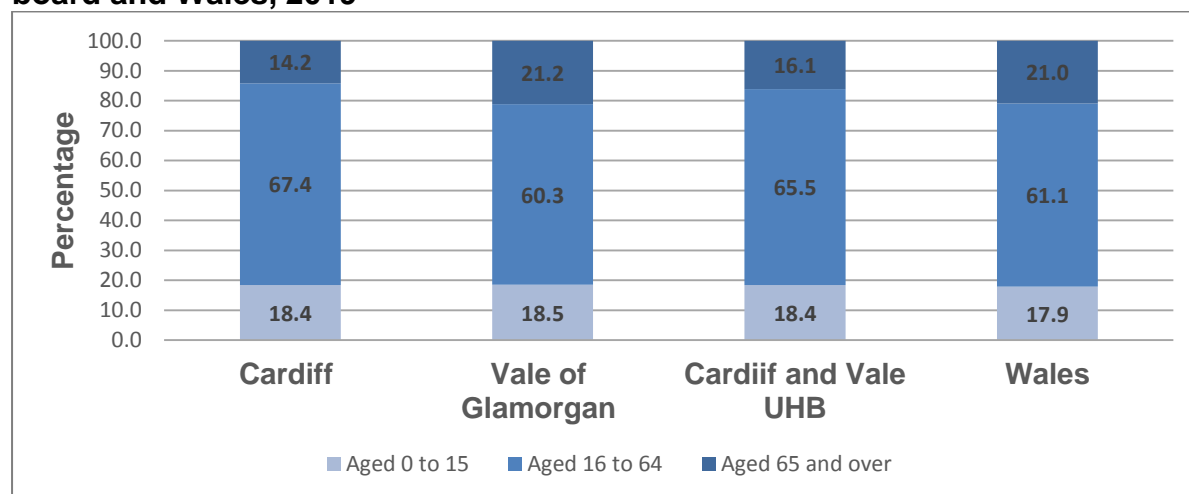


Source: – Office for National Statistics - Population estimates for the UK, England and Wales, Scotland and Northern Ireland, 2020 (interactive population pyramid, 2019)

Of all the local authorities in Wales, Cardiff has the lowest proportion of its population aged over 65 years old (14.2%) and has the highest proportion of its population aged between 16 to 64 years (67.4%). The proportion of the population aged 65 years and over in the Vale of Glamorgan (21.2%) is similar to the average for Wales (21.0%). For the age group 16 to 64 years, the Vale of Glamorgan (60.3%) is slightly lower than the average for Wales (61.1%). The proportion of the population aged 15 years and younger is similar in Cardiff (18.4%) and the Vale of Glamorgan (18.5%) and is higher than the average for Wales (17.9%).

Khan, Raj  
05/06/2021 17:00:36

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



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

Since 2018, the population of Cardiff increased by 2,655 (0.7%) from 364,248 to 366,903. This was mainly due to international migration (2653) where there were more international immigrants than international emigrants. There were also more births than deaths in Cardiff, leading to a natural change of 1112. When looking at internal migration, more people moved out of Cardiff to other areas of Wales or to other countries within the United Kingdom than moved in (-1102). In the last year, changes to special populations (home armed forces, foreign armed forces and the prison population) reduced the population of Cardiff only marginally (-8).

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

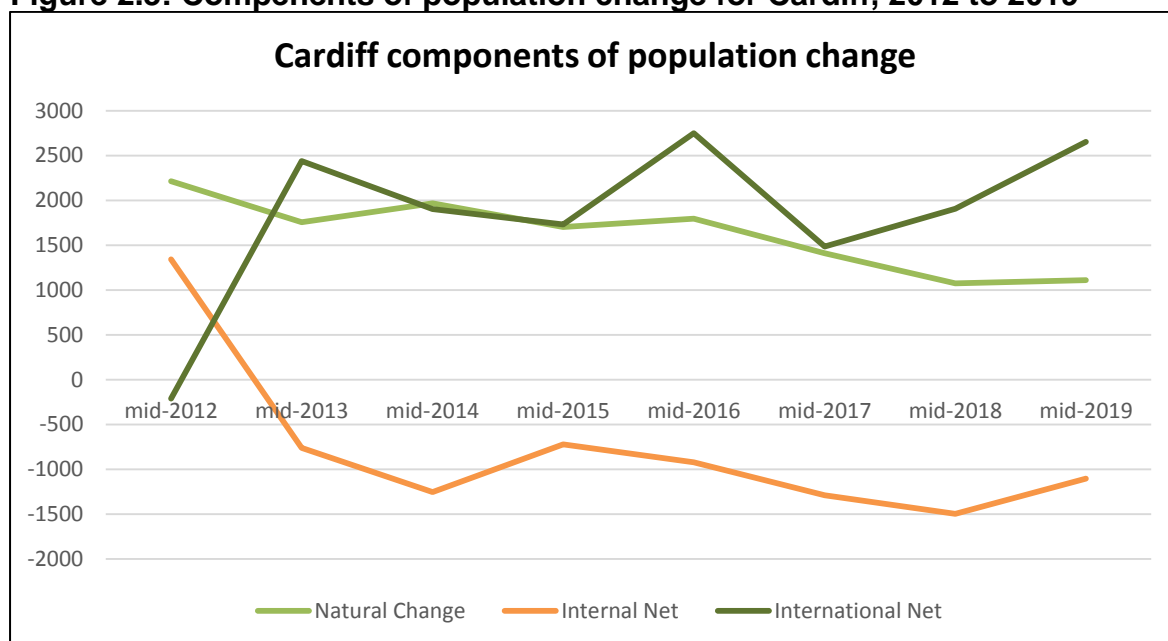
Area	Population mid-year 2018	Natural change	Internal migration net	International migration net	Population mid-year 2019
Cardiff	364248	1112	-1102	2653	366903
Vale of Glamorgan	132165	-23	1243	210	133587
Cardiff & Vale UHB	496413	1089	141	2863	500490
Wales	3138631	-2437	8685	7812	3152879

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

Over the same period, the population of the Vale of Glamorgan increased by 1,422 (1.1%) from 132,165 to 133,587. In contrast to Cardiff, this was mainly due to internal migration (1243). A smaller proportion of the population increase was due to international migration (210). Similarly to Wales, there were more deaths than births in the Vale of Glamorgan resulting in a negative natural change (-23). Changes due to special populations (home armed forces, foreign armed forces and the prison population) was the same as for Cardiff (-8).

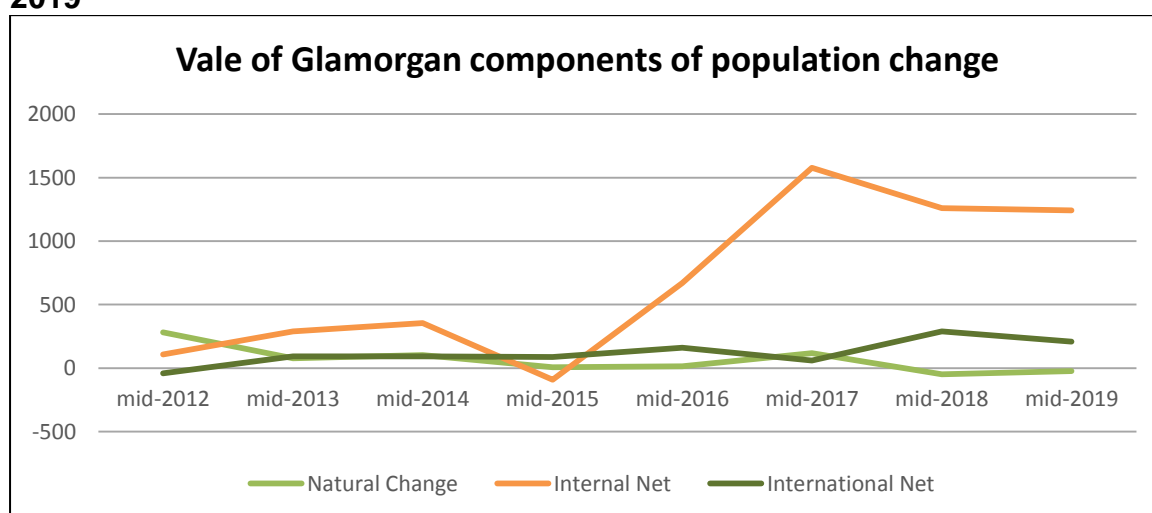
The figures 2.3 and 2.4 below show how natural change, net internal migration and net international migration have influenced population change in Cardiff and the Vale of Glamorgan since 2012.

**Figure 2.3: Components of population change for Cardiff, 2012 to 2019**



Source: Analysis of Population Estimates Tool, Office of National Statistics (June 2020)

**Figure 2.4: Components of population change for Vale of Glamorgan, 2012 to 2019**



Source: Analysis of Population Estimates Tool, Office of National Statistics (June 2020)

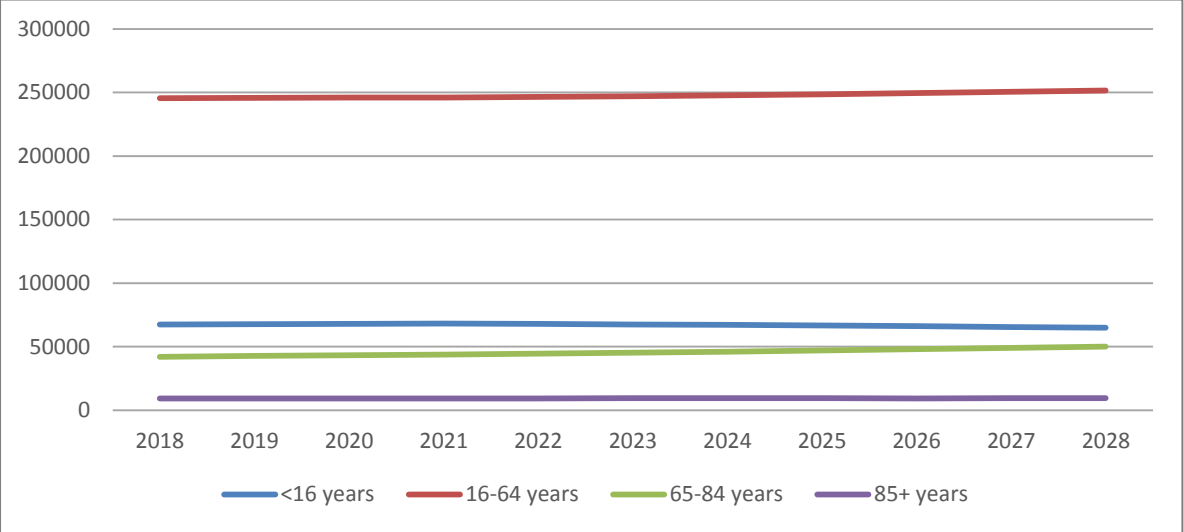
### 2.2.1 Population projections 2018 to 2028 (2018 based)<sup>1</sup>

Between 2018 to 2028, the population of Cardiff is projected to increase by up to 3.2%, the sixth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 375,700 by 2028, making it the largest local authority in Wales. Unlike all other local authorities, the increase in population will mainly be driven by natural change i.e. more births than deaths and a smaller proportion of the increase will be due to net migration i.e. more people moving into the area than out. Cardiff has the highest level of projected international migration of

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

all the local authorities. The population is expected to increase across all broad age groups, except the 0 to 15 years old where a decrease is predicted. The largest population increases will be in the over 65 age group followed by the working-age population aged 16 to 64 years. The population is projected to continue to age in the local authority.

**Figure 2.5: Population projections (2018 based) by broad age groups for Cardiff local authority, 2018 to 2028**

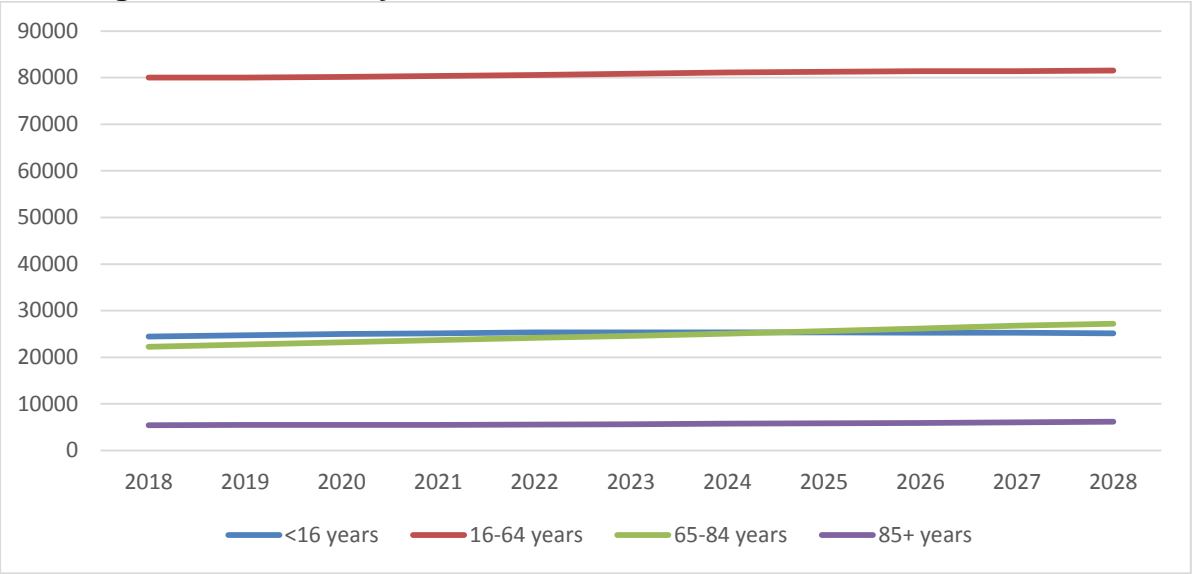


Source: StatsWales Welsh Government

Between 2018 to 2028, the population of the Vale of Glamorgan is projected to increase by up to 6%, the second largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 140,000 by 2028, making it the tenth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e. more people moving into the area than out. The number of births is expected to increase over this period as is the number of deaths, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and in the working-age population aged 16 to 64 years old. The largest population increases will be in the over 65 age group, where the Vale of Glamorgan is expected to have the largest increase of all local authorities at up to 20.5%. This is followed by the 75 or over age group. The population is projected to continue to age in the local authority.

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05/06/2021 17:00:36

**Figure 2.6: Population projections (2018 based) by age groups for Vale of Glamorgan local authority, 2018 to 2028**



Source: StatsWales Welsh Government

Cardiff is by far the most densely populated local authority in Wales with 2,604 persons per square kilometre (2019). For comparison, Newport is the second most densely populated authority with 812 persons per square kilometre. The Vale of Glamorgan is less densely populated with 403 persons per square kilometre and is the tenth most densely populated area in Wales in 2019. Both Cardiff and the Vale of Glamorgan have a much higher population density when compared to Wales (152 persons per square kilometre). Between 2014 and 2019 and 2018 and 2019, the Vale of Glamorgan had the second highest percentage increase in population density of all the local authorities.

**Table 2.2: Population density (persons per square kilometre) and percentage change by local authority and Wales, mid-year 2014, 2018 and 2019**

Area	2014	2018	% Increase	2019	% Increase
Cardiff	2518.3	2585.2	2.7	2604.0	0.7
Vale of Glamorgan	386.6	399.1	3.2	403.4	1.1
Wales	149.1	151.4	1.5	152.0	0.5

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

### 2.3 Ethnicity

Cardiff has the most ethnically diverse population in Wales with 21.1% of its population estimated to be Black, Asian and minority ethnic.

In the Vale of Glamorgan, 2.3% of the population are estimated to be Black, Asian and minority ethnic. This is less than the average for Wales at 5.9%.

**Table 2.3: Ethnicity by ethnic group and by local authority, health board and Wales, 2019 to 2020**

Area	White	Black, Asian and minority ethnic	Total	% of Black, Asian and minority ethnic
Cardiff	291700	78100	370600	21.1
Vale of Glamorgan	124200	3000	127200	2.3
Cardiff & Vale UHB	415900	81100	497800	16.3
Wales	2934100	184500	3121500	5.9

Source: Stats Wales – Annual Population Survey (year ending June 2020)

## 2.4 Household language

In Cardiff and Vale University Health Board, 23.8% of its population aged three and over can speak Welsh. This is lower than the average for Wales. The percentage of Welsh speakers is higher in Cardiff than the Vale of Glamorgan.

**Table 2.4: People aged three or more who say they can speak Welsh, by local authority, health board and Wales, 2019 to 2020**

Area	All aged 3 or over	Yes, can speak Welsh	Percentage of people who say they can speak Welsh
Cardiff	357500	89700	25.1
Vale of Glamorgan	124000	25000	20.2
Cardiff and Vale UHB	481500	114700	23.8
Wales	3030700	861700	28.5

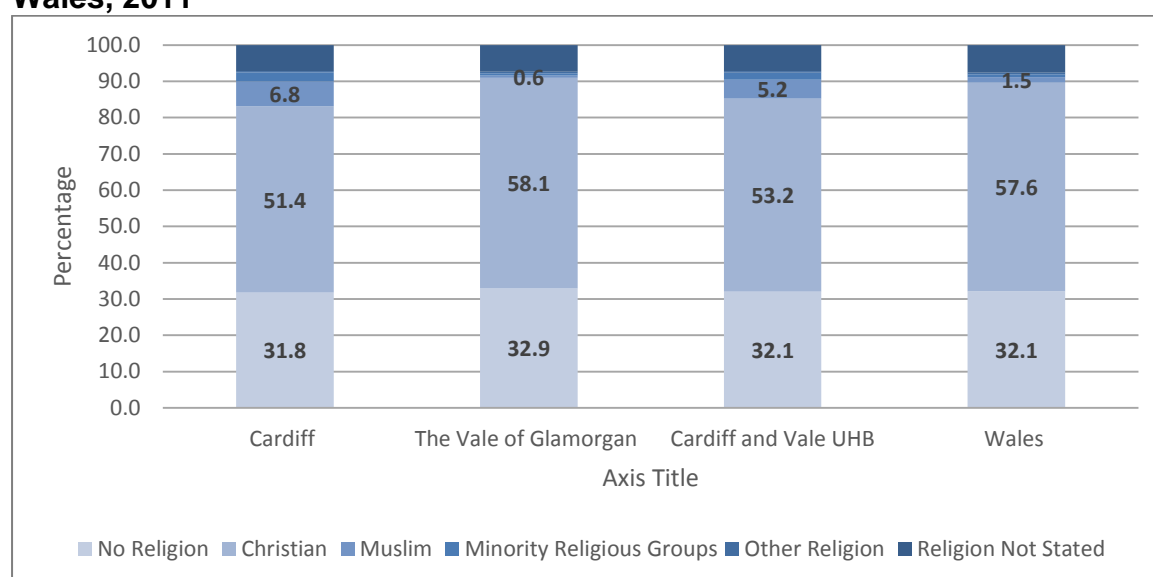
Source: Stats Wales – Annual Population Survey (year ending 30 June 2020)

## 2.5 Religion

Just over half of the population of Cardiff (51.4%) and the Vale of Glamorgan (58.1%) are estimated to be Christian. Around a third have no religion. Muslim is the second most common religion in both Cardiff (6.8%) and the Vale of Glamorgan (0.6%).



**Figure 2.7: Religion of Welsh residents by local authority, health board and Wales, 2011**



Source: StatsWales – 2011 Census: Religion of Welsh residents

## 2.6 Index of multiple deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) 2019, is the method used in Wales to identify the small areas of Wales that are the most deprived. It brings together eight different types of deprivation: income, employment, health, education, access to services, housing, community safety and physical environment, to produce a set of indices and an overall index. This allows for the ranking of small areas according to their relative deprivation score to determine whether an area is more or less deprived compared to all other small areas in Wales. There are 1,909 small areas or Lower layer Super Output Areas (LSOAs) in Wales, which are ranked from 1 (most deprived) to 1,909 (least deprived).<sup>2</sup>

Overall, Cardiff and Vale University Health Board has some of the most deprived and least deprived areas in Wales. 293 of the 1,909 LSOAs are in Cardiff and Vale University Health Board, of which 14% are within the 10% most deprived LSOAs in Wales. Proportionally, this is the second highest of all the seven health boards in Wales. However, when considering the 20% most deprived LSOAs in Wales, Cardiff and Vale University Health Board drops down to fourth highest with 24%. 133 (45%) of all LSOAs in Cardiff and Vale University Health Board lie within the 50% most deprived LSOAs in Wales, fifth highest compared to other health boards in Wales.

Within the health board area, Cardiff (18%) has the highest percentage of LSOAs in the most deprived 10% of LSOAs in Wales, the fourth highest of all the 22 local authorities. 49% of all LSOAs in Cardiff lie within the 50% most deprived LSOAs in Wales, the tenth highest of all local authorities. The most deprived LSOAs in Cardiff

<sup>2</sup> Welsh Index of Multiple Deprivation (WIMD) 2019 Results report. From: [Welsh Index of Multiple Deprivation \(WIMD\) 2019: Results report \(gov.wales\)](https://gov.wales/welsh-index-of-multiple-deprivation-wimd-2019-results-report)

are Splott 6 (rank 12), Trowbridge 8 (rank 13) and Ely 5 (rank 14). The least deprived area in Cardiff is Radyr & Morganstown 3 (rank 1900).

Overall, the Vale of Glamorgan is less deprived than Cardiff, with only four percent of its LSOAs in the most deprived 10% of LSOAs in Wales. 35% of all LSOAs in the Vale of Glamorgan lie within the 50% most deprived LSOAs in Wales. The two LSOAs with the highest deprivation are Gibbonsdown 2 (rank 105) and Court 3 (rank 142). The least deprived area is Plymouth (The Vale of Glamorgan)1 (rank 1899).

**Table 2.5: Number and percentage of LSOAs by deprivation fifth by local authority and health board, 2019**

Area	Total LSOAs	% LSOAs in most deprived 10% (ranks 1-191)	% LSOAs in most deprived 20% (ranks 1 - 382)	% LSOAs in most deprived 30% (ranks 1 - 573)	% LSOAs in most deprived 50% (ranks 1 - 955)
Cardiff	214	39	59	74	105
	11%	18%	28%	35%	49%
Vale of Glamorgan	79	3	10	15	28
	4%	4%	13%	19%	35%
Cardiff and Vale UHB	293	42	69	89	133
	15%	14%	24%	30%	45%

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

The health domain of the Welsh Index of Multiple Deprivation 2019 captures deprivation relating to the lack of good health. Cardiff has 16% of its LSOAs within the 10% most deprived LSOAs in Wales and the Vale of Glamorgan has just 5%.

2.7 Births

In 2019, there were 4,939 live births in Cardiff and Vale University Health Board, a decrease of 7.7% since 2018. Cardiff had 3,738 live births in 2019, a decrease of 7.2% from 2018. The Vale of Glamorgan had 1,201 live births, a decrease of 9.2% since 2018.

In 2019, the total fertility rate (the average number of children a woman gives birth to during reproductive years) for Wales was 1.54 children per women. This was a decrease from 1.63 children per women in 2018 and the lowest since records began in 1982.<sup>3</sup> When considering the age-specific fertility rates, the rates decreased in all age groups except for women aged 40 years and over, where it increased from 11.2 to 11.6 births per 1,000 women. This suggests that women may be delaying childbearing to older ages and reflects the trend seen in the UK.

<sup>3</sup>Births in England and Wales (2019). Office of National Statistics. From: [Births in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/births)

The total fertility rate for Cardiff decreased from 1.45 children per women in 2018 to 1.35 children per women in 2019. When considering the age-specific fertility rates, the decrease was in all age groups except for women aged 40 years and over. There was also an increase in age-specific fertility rates in the 18 to 19 age group.

Over the same period, the total fertility rate for the Vale of Glamorgan was higher than both Wales and Cardiff at 1.60 children per women, a decrease from 1.79 children per women from the previous year. When considering the age-specific fertility rates, the decrease was across all age groups except the 18 to 19 age group, where there was no change.

In 2019, the standardised mean age of mother at childbirth was 32.1 years in Cardiff and 30 years for the Vale of Glamorgan, slightly higher than the average for Wales at 29.9 years.

**Table 2.6: Percentage change in live births, and total fertility rate (TFR) by local authority and Wales, 2018 and 2019**

Area	2018		2019		Live births Percent change
	Live births	TFR	Live births	TFR	
Cardiff	4,027	1.45	3,738	1.35	-7.2%
Vale of Glamorgan	1,322	1.79	1,201	1.60	-9.2%
Wales	31,274	1.63	29,704	1.54	-5.0%

Source: Nomis – Office of National Statistics

## 2.8 Life expectancy

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

The average life expectancy at birth in Cardiff and Vale University Health Board is 83.1 years for females and 78.6 years for males, a difference of 4.5 years between genders. The average life expectancy is higher than the average for Wales and significantly higher for females at birth. Life expectancy at 65 in Cardiff and Vale University Health Board is 21.1 years for females and 18.1 years for males. Again, this is higher than the average for Wales and significantly higher for females at 65.

Overall, females in Cardiff can expect to live longer compared to the average population of Wales, with life expectancy at birth for females being significantly higher. However, men in Cardiff have a shorter life expectancy, significantly so for males at 65 years.

Khan, Raj  
05/06/2021 17:00:36

**Table 2.7: Life expectancy at birth and age 65 by local authority, health board and Wales, 2016 to 2018**

Area	Female at birth Years	Male at birth Years	Female at 65 Years	Male at 65 Years
Cardiff	82.9	78.2	20.8	17.7
Vale of Glamorgan	83.4	79.3	21.6	18.5
Cardiff and Vale UHB	83.1	78.6	21.1	18.1
Wales	82.3	78.3	20.6	18.2

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

Overall, males and females in the Vale of Glamorgan can expect to live longer than in Cardiff, Cardiff and Vale University Health Board 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 2015 to 2017, can be found in the cluster level chapters.

## 2.9 Deaths

For Wales, the age-standardised mortality rate per 100,000 population was higher for both females (915.9) and males (1,231.0) compared with the UK in 2018. Cardiff and Vale University Health Board had a higher age-standardised mortality rate per 100,000 population for both females (931.3) and males (1,342.5) than the average for Wales.

At the local authority level, Cardiff had a higher age-standardised mortality rate per 100,000 population for males (1327.8) compared to the average for Wales but a lower rate for females (880.9). The Vale of Glamorgan had the lowest age-standardised mortality rates per 100,000 population for both females (821.2) and males (1151.2) within the health board area. Both rates were lower than the average for Wales.

**Table 2.8: Age-standardised mortality rate per 100,000 population by local authority, health board, Wales and UK, 2018**

Area	Age-standardised mortality rate per 100,000		
	Persons	Females	Males
Cardiff	1,073.7	880.9	1,327.8
Vale of Glamorgan	959.0	821.2	1,151.2
Cardiff and Vale UHB	1,111.2	931.3	1,342.5
Wales	1,058.7	915.9	1231.0
UK	981.2	852.9	1,138.4

Source: Office of National Statistics – Death registered by area of usual residence, 2018

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

The Vale of Glamorgan had one of the lowest avoidable mortality rates for females (165.6 deaths per 100,000 female population) and males (271.6 deaths per 100,000 male population) of the 22 local authorities and was significantly lower than the average for Wales. It also had one of the lowest preventable deaths rates and treatable death rates for males and females. All were significantly lower than the average for Wales except for female treatable mortality rate.

Cardiff (123.8 deaths per 100,000 male population) had the fifth highest treatable mortality rate for males out of all the 22 local authorities and was significantly higher than the average Wales. It also had a higher avoidable and preventable age-standardised mortality rate for males compared to the average for Wales.

Of note, the mortality figures here do not capture the impact of the Coronavirus (COVID-19) pandemic, which increased mortality above historic levels across the UK.

**Table 2.9: Number and age-standardised avoidable, preventable and treatable mortality rates by sex and by local authority and Wales, 2016 to 2018**

		Avoidable		Preventable		Treatable	
		Rate	Deaths	Rate	%	Rate	%
Female	Cardiff	195.4	766	111.5	57.1	83.8	42.9
Male	Cardiff	350.4	1,309	226.6	65.4	123.8	34.6
Female	Vale of Glamorgan	165.6	326	85.6	51.7	80.1	48.3
Male	Vale of Glamorgan	271.6	486	184.7	67.9	86.9	32.1
Female	Wales	206.1	9,316	118.1	57.3	88.0	42.7
Male	Wales	330.5	14,124	223.9	67.5	106.6	32.5

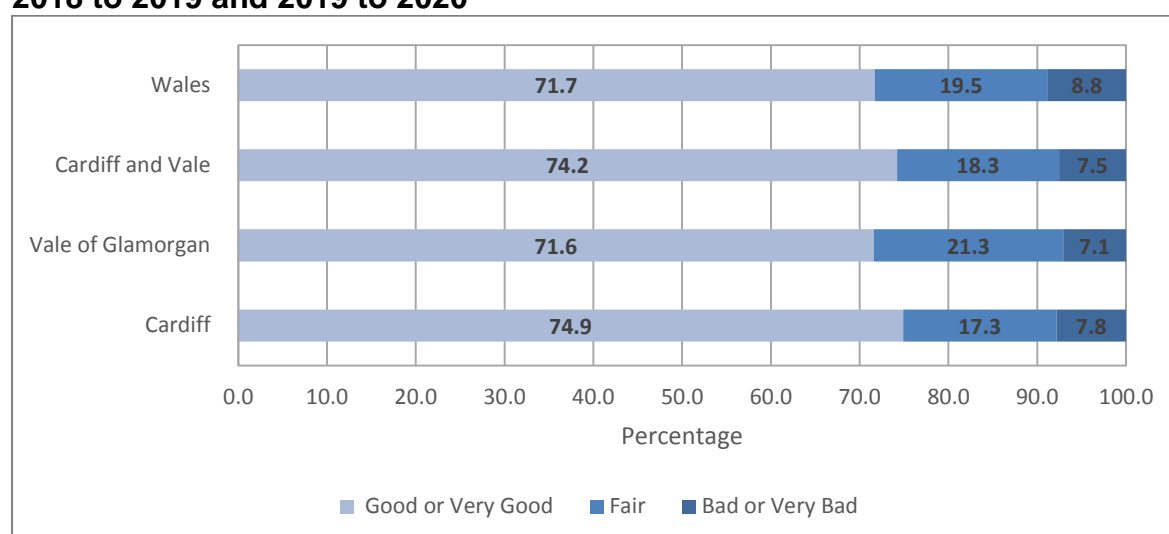
Source: Office of National Statistics – avoidable mortality in the UK

## 2.10 People with disabilities

The National Survey for Wales (NSW) collects self-reported data on the general health and illness among adults. It provides estimates of population characteristics rather than exact measures. For the combined year of 2018 to 2019 and 2019 to 2020, 7.8% of adults in Cardiff and 7.1% in the Vale of Glamorgan reported being in 'bad or very bad' health. This was lower than the average for Wales (8.8%).

Khan, Raji  
05/06/2021 17:00:36

**Figure 2.8: Adult general health by local authority, health board and Wales, 2018 to 2019 and 2019 to 2020**



Source: StatsWales – National Survey for Wales

For Cardiff, 44.8% reported having a longstanding illness. 17.5% reported having two or more longstanding illnesses, which was significantly lower than the average for Wales (19.7%). The most commonly reported complaints were, musculoskeletal disorders (15.8%), heart and circulatory related illnesses (12%) and mental health disorders (9.3%).

For the Vale of Glamorgan, 47.8% reported having a longstanding illness and 21.0% reported having two or more longstanding illnesses. The most commonly reported complaints were, musculoskeletal disorders (16.4%), heart and circulatory related illnesses (12.9%) and mental health disorders (10.7%).

In Cardiff and Vale University Health Board (16.2%) and Cardiff (15.6%), a significantly lower proportion of adults reported an illness which limited their activity a lot compared to Wales (18.4%). In the Vale of Glamorgan, 18.8 % reported an illness(es) that limited their activity a lot, which was higher than the average for Wales.

**Table 2.10: Adult general health and illness by local authority, health board and Wales, 2018 to 2019 and 2019 to 2020**

Area	Any	Longstanding illness		
		2 or more	Limited at all by	Limited a lot by
Cardiff	44.8	17.5	32.4	15.6
Vale of Glamorgan	47.8	21.0	36.6	18.8
Cardiff and Vale UHB	45.5	18.5	33.4	16.2
Wales	46.6	19.7	34.1	18.4

Source: StatsWales – National Survey for Wales

## 2.11 Households

In Cardiff and Vale University Health Board, 11.5 % of the population aged 65 years and over live alone, which is lower than the average for Wales (13.7%). Within the

health board area, the Vale of Glamorgan (13.2%) has the highest proportion of its population aged 65 and over that live alone.

**Table 2.11: Household composition, number and percentage of one person households, local authority, health board and Wales, 2011**

Area	One Person household			
	Aged 65 and over		Aged under 65 years	
	Number	Percentage	Number	Percentage
Cardiff	15,436	10.8	31,705	22.2
Vale of Glamorgan	7057	13.2	8,794	16.4
Cardiff & Vale UHB	22,493	11.5	40,499	20.7
Wales	178,334	13.7	222,434	17.1

Source: Nomis – Census, 2011

## 2.12 Car ownership

Just over a quarter of households in Cardiff and Vale University Health Board (26.4%) do not have a car or van at the time of the 2011 Census. The percentage is slightly higher in Cardiff (29%) than the Vale of Glamorgan (19.4%).

**Table 2.12: Number & percentage of households with no cars or vans by local authority, health board and Wales, 2011**

Area	Number of households with no cars or vans	Percentage of households with no cars or vans
Cardiff	41,400	29.0
Vale of Glamorgan	10,368	19.4
Cardiff and Vale UHB	51,768	26.4
Wales	298,519	22.9

Source: Nomis – Census, 2011

## 2.13 Economic activity

For the year ending June 2019, both Cardiff and the Vale of Glamorgan have similar unemployment rates (percentage of the economically active population who are unemployed), which are lower than the average for Wales.

**Table 2.13: Summary of economic activity by local authority and Wales, 2019**

Area	Population Age			
	16 years and over		16 to 64 years	
	Unemployment Rate (percentage)	Employment level (number of people)	Employment Rate (percentage)	Inactivity (percentage)
Cardiff	3.7	193,000	76.3	14.7
Vale of Glamorgan	3.8	63,600	78.6	15.5
Wales	4.2	1,459,700	73.2	19.8

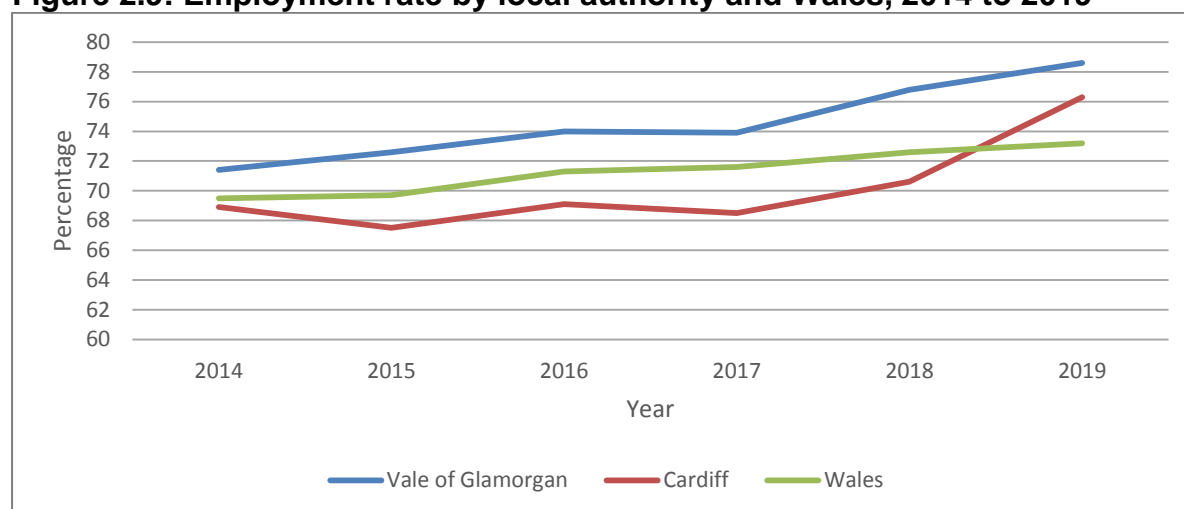
Source: StatsWales - Annual Population Survey / Local Labour Force Survey, Office of National Statistics



Cardiff has the highest employment level (the total number of people aged 16 and over that are in employment) in Wales at 193,000. 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 78.6% over this period.

The graph below shows the change in employment rate between the years ending June 2014 to June 2019. Overall, each local authority has shown an increase in employment rate since 2014. Between June 2018 and 2019, Cardiff saw the biggest increase in employment rate of all the local authorities in Wales. The Vale of Glamorgan had the fourth biggest increase.

**Figure 2.9: Employment rate by local authority and Wales, 2014 to 2019**



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

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 June 2019, Cardiff (14.7%) had the lowest economic inactivity rate, and the Vale of Glamorgan (15.5%) had the second lowest economic inactivity rate of all the local authorities.

Of note the economic activity data here do not include the impact of the Coronavirus (COVID-19) pandemic, the long-term effects of which are not yet clear.

## 2.14 Sexual orientation

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

- Men (2.5%) were more likely to identify as LGB than women (2.0%).
- Younger people (aged 16 to 24 years) were most likely to identify as LGB (4.4%).

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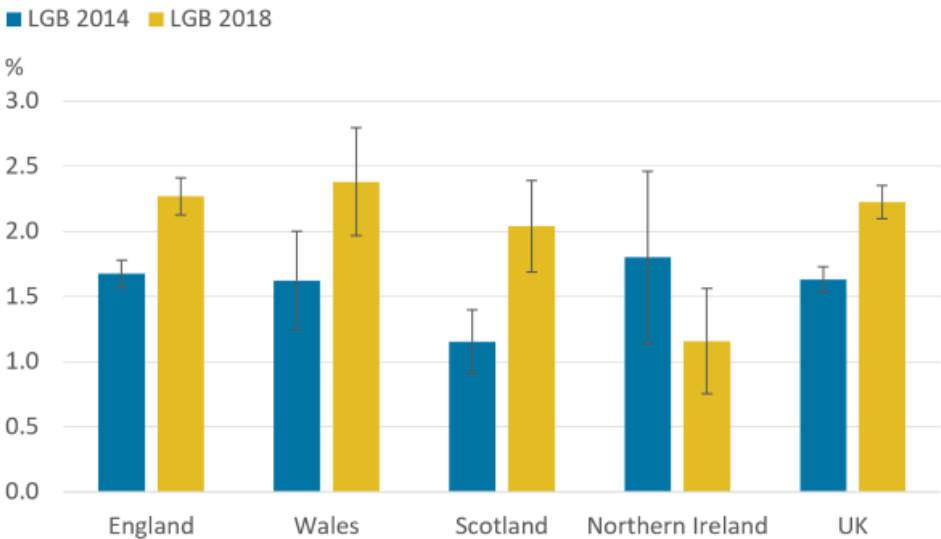


- More than two-thirds (68.7%) of people who identified as LGB were single (never married or in a civil partnership).<sup>4</sup>

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

Figure 2.10 shows that in 2018, the percentage of people who identified as lesbian, gay or bisexual (LGB) was similar for England (2.3%), Wales (2.4%), Scotland (2.0%) and the UK (2.2%).

**Figure 2.10: UK constituent countries by lesbian, gay or bisexual population, 2014 and 2018**



Source: Office for National Statistics – Annual Population Survey

When considering sexual orientation at the local authority level, data from the Annual Population Survey 3-year pooled dataset for 2016 to 2018, showed that in Cardiff, 93.8% of the population identified themselves as heterosexual compared to 96.1% in the Vale of Glamorgan. The percentage of people who identified as lesbian, gay or bisexual (LGB) was highest in Cardiff (5.2%) and third highest in Vale of Glamorgan (2.8%) compared to the other local authorities in Wales.

<sup>4</sup>Source: Office of National Statistics (2020). Sexual Orientation UK, 2012 - 2018 edition. Annual Population Survey (APS), Office for National Statistics From: [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationandgender/articles/sexualorientationuk/2012-2018)

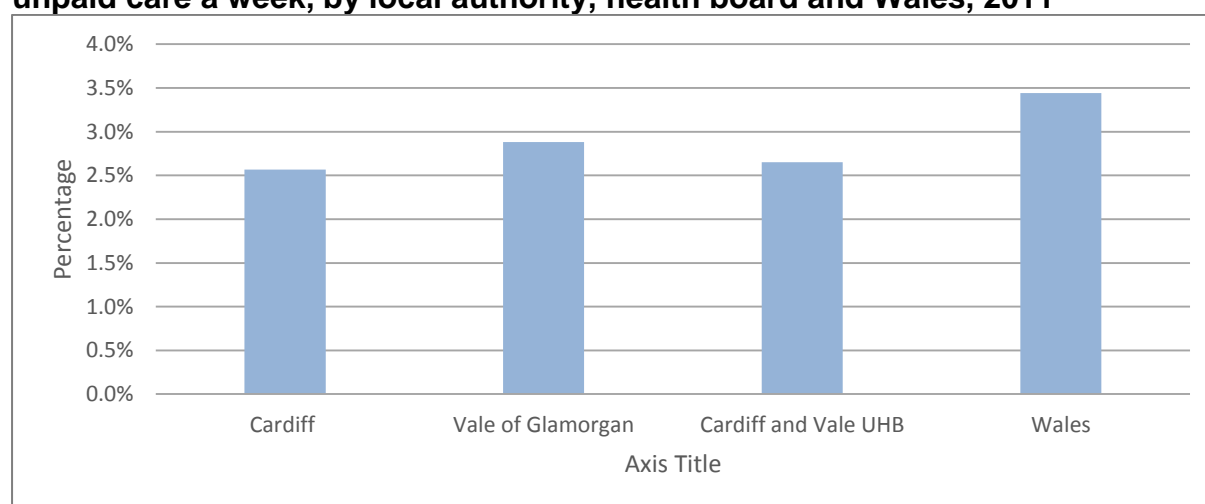
**Table 2.14: Sexual orientation by local authority, 2016-2018**

Area	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Do not know or refuse
Cardiff	93.8	3.3	1.9	0.3	0.7
Vale of Glamorgan	96.1	2.5	0.3	0.5	0.6

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

## 2.15 Carers<sup>5</sup>

At the 2011 Census, 50,580 adults self-reported as being an unpaid carer in Cardiff and the Vale of Glamorgan. This represented a 12% rise over the number in the previous Census 10 years earlier. 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 2.11: Percentage of the population providing 50 hours or more of unpaid care a week, by local authority, health board and Wales, 2011**

Source: Nomis – Census 2011

A survey of adult carers in Cardiff and the Vale was undertaken in 2011, with 292 respondents. Of the respondents, the majority were female (72%) and caring full time (72%). Most people cared for one person (87%) although over one in ten (13%) cared for two or more. Two thirds of carers (67%) had been caring for more than 5 years, including nearly half (46%) caring for over 10 years. Three quarters (77%) were aged 40 or over, including a quarter (24%) who were aged 75 or over.

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

<sup>5</sup> Cardiff and the Vale of Glamorgan. Population needs assessments for the social services and well-being (Wales) Act 2014. From: [Population-Needs-Assessment-1.pdf \(cvihs.co.uk\)](#)

sister. At the 2011 Census, 1,579 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.

## 2.16 Traveller and gypsy communities

In January 2020, there were 227 Gypsy and Traveller caravans and 13 sites (nine authorised and four sites unauthorised) reported in Cardiff and Vale University Health Board. Of the total number of caravans, 89% (203 caravans) were on authorised sites. Of these, 164 (81%) were on local authority sites and 39 (19%) were on private sites.

Cardiff had the highest number of caravans of all the 22 local authorities at a count of 202. All of the caravans in Cardiff were reported to be on the six available authorised sites.

The Vale of Glamorgan had 25 caravans with only one reported to be on the three available authorised sites. The remaining 24 caravans were reported to be on four unauthorised 'tolerated' sites, where removal of encampment had not been sought by the authority. This was the highest number of all the local authorities. 19 of these caravans were on lands not owned by Gypsies and Travellers.

**Table 2.15: Count of Gypsy and Traveller Caravans by local authority, health board and Wales, January 2020**

Area	Local Authority	Private	Authorised Sites	Unauthorised Sites	All Caravans
Cardiff	164	38	202	0	202
Vale of Glamorgan	0	1	1	24	25
Cardiff and Vale UHB	164	39	203	24	227
Wales	614	358	972	120	1092

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

Cardiff had the highest number of pitches provided by local authorities with 80 residential pitches. The Vale of Glamorgan had no pitches. Of the 80 residential pitches available in Cardiff, 78 (98%) were occupied. This is slightly less than 2019, where 100% were occupied.

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**Table 2.16: Number of pitches by residential status, occupied status and local authority, at January 2019 and January 2020**

Area	January 2019			January 2020		
	Residential occupied	Residential vacant	Total of all pitches	Residential occupied	Residential vacant	Total of all pitches
Cardiff	80	0	80	78	2	80
Vale of Glamorgan	0	0	0	0	0	0

StatsWales: Gypsy and traveller caravan count, Welsh Government

## 2.17 Offenders<sup>6</sup>

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 unconvicted 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 15 to 26 July 2019. 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 750 prisoners. About 20% of prisoners were serving short sentences and 70% had been at Cardiff for less than three months. The prison has a high turnover, releasing on average over 200 prisoners a 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:

- 65% of prisoners arriving at the prison reported having a mental health problem.
- 44% reported they had a disability.
- 33% said they had an alcohol problem before they came into prison. In the six months prior to the inspection more than 350 prisoners required alcohol detoxification.
- 51% said they had a drug problem before they came into prison. 20% said they had developed an illicit drug problem while in prison.
- 40% of the prison population had been accused or convicted of domestic violence.

<sup>6</sup> Report on an unannounced inspection of HMP Cardiff by HM Chief Inspector of Prisons, 15–26 July 2019 From: <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2019/11/Cardiff-Web-2019.pdf>

- The incidence of self-harm had tripled since the previous inspection in 2016, with a small number of prisoners repeatedly self-harming.
- Over the previous six months, 47% of prisoners had been released without having a home to go to.

## 2.18 Homeless and rough sleepers

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

The estimated count is based on data collected over a two week period, between 14th and 27th October 2019, with assistance from the voluntary sector, faith groups, local businesses/residents, health and substance misuse agencies, and the police. Over this period, Cardiff had the highest estimated number of rough sleepers (92) in Wales, which was a decrease of eight persons since 2018. The Vale of Glamorgan had one of the lowest estimated numbers of rough sleepers, with only one rough sleeper, the same as 2018.

The one night snapshot count was carried out between the hours of 10pm on Thursday 7th November and 5am on Friday 8th November 2019. Cardiff (57) had the highest total count of rough sleepers (57) of all the local authorities in Wales. It also had the highest number of emergency bed spaces (114), which were fully occupied on the night of the count. In comparison, the Vale of Glamorgan had one of the lowest total counts of rough sleepers (one) and as such has no emergency bed spaces.

The Coronavirus (COVID-19) pandemic has had an impact on the number of rough sleepers, with more people supported into accommodation and fewer rough sleepers during the pandemic.

**Table 2.17: Rough sleeper count by local authority, health board, Wales, 2019-2020.**

Area	Total count of rough sleepers	Total number of emergency bed spaces	Number available on the count night	Estimated number of rough sleepers
Cardiff	57	114	0	92
Vale of Glamorgan	1	0	0	1
Cardiff and Vales UHB	58	114	0	93
Wales	176	210	16	405

Source: StatsWales - National Rough Sleeper Count, Welsh Government

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### 3 General health needs of Cardiff and Vale University Health Board

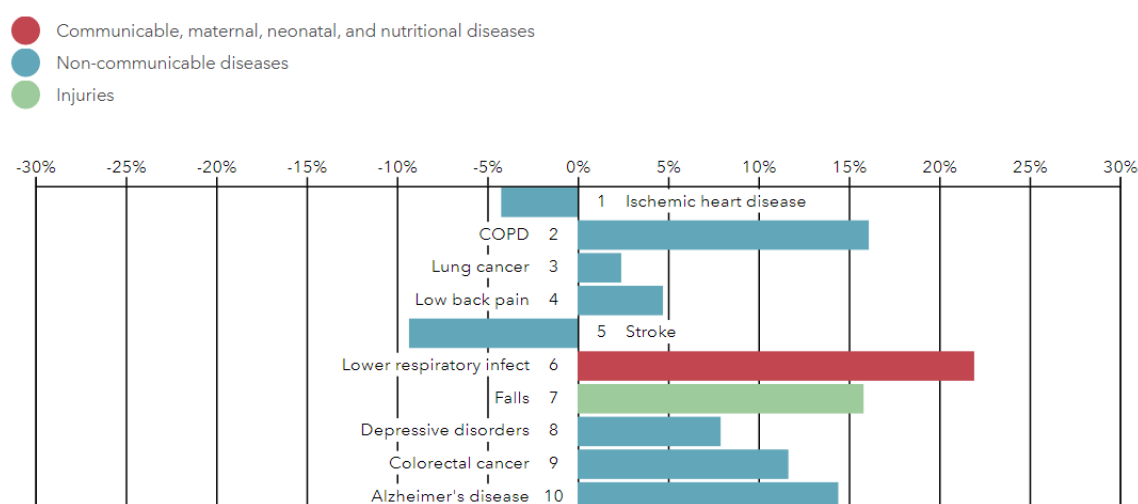
Throughout this chapter, rates have been age-standardised unless otherwise stated, to adjust for the effect of age between areas and allow for better comparison. Where age-standardised rates are presented, the rates are directly standardised to the European standard population 2013.

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

#### 3.1 Long-term conditions

DALY (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.<sup>7</sup> In Wales, ischaemic heart disease remains the leading cause of death and disability in Wales in 2019, though this has reduced since 2009. Since 2009, the greatest increase can be seen in lower respiratory infection, Chronic Obstructive Pulmonary Disease (COPD), falls and Alzheimer's disease.

**Figure 3.1: Top 10 causes of death and disability (DALYs) in Wales in 2019 and percent change 2009 to 2019, all ages combined**



Source: Institute for Health Metrics and Evaluation (IHME). Wales profile.

Chronic health conditions tend to become more common with age. Based on QOF 2019 reported GP practice data, Cardiff and Vale University Health Board has a lower estimated prevalence of chronic health conditions when compared to the average for

<sup>7</sup> Institute for Health Metrics and Evaluation (IHME). Wales profile. Seattle, WA: IHME, University of Washington, 2018. Available from <http://www.healthdata.org/WALES>. (Accessed Jan 2021)

Wales. At the local authority level, Cardiff also has a lower prevalence of chronic health conditions while the Vale of Glamorgan has a lower estimated prevalence of chronic conditions except for heart failure, and stroke and transient ischaemic attacks, which are the same as the average for Wales. Overall, the Vale of Glamorgan has a higher estimated prevalence of chronic health conditions than Cardiff, reflecting its older population.

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

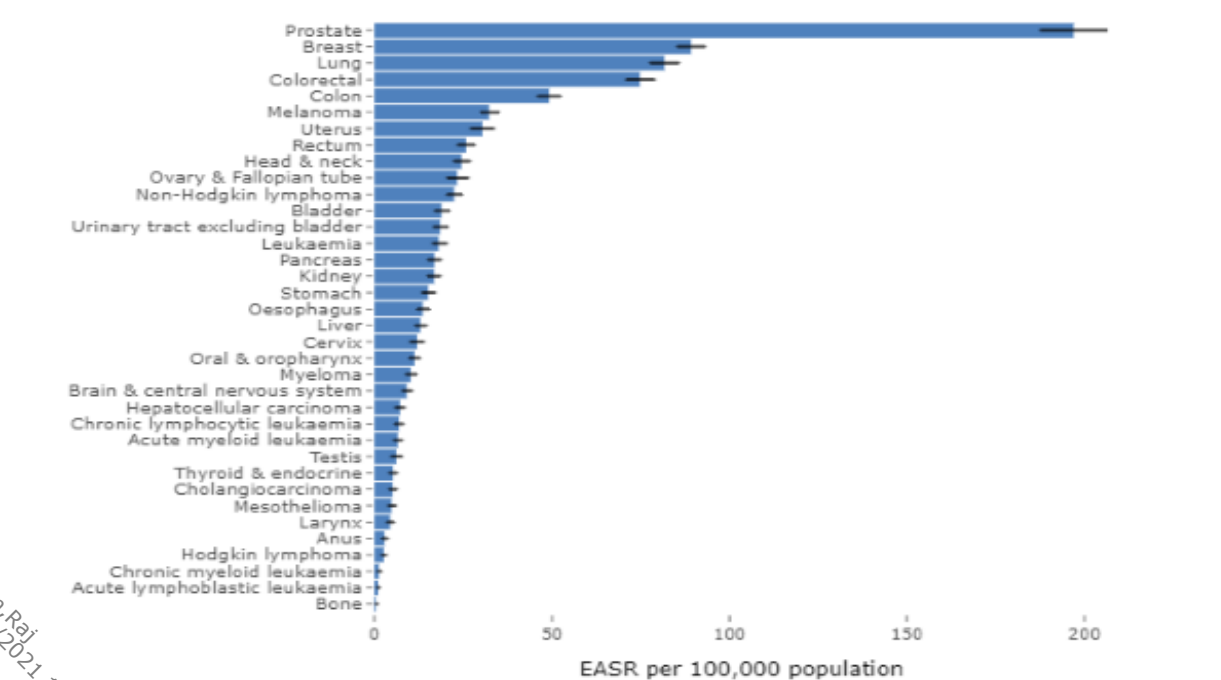
Area	Percentage					
	Asthma	Coronary Heart Disease	COPD	Diabetes	Heart Failure	Stroke and TIA
Cardiff	6.6	2.5	1.6	4.9	0.8	1.6
Vale of Glamorgan	6.8	3.3	1.9	5.5	1.1	2.1
Cardiff & Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

3.1.1 Cancer

The most common forms of cancer in Wales, Cardiff University Health Board and Cardiff are prostate, breast, lung, colorectal, and colon (2013 to 2017). In the Vale of Glamorgan, the incidence rate for colorectal cancer is higher than lung cancer.

**Figure 3.2: Cancer incidence European Age-standardised Rates (EASR) by cancer types in Cardiff and Vale University Health Board, 2013 to 2017**



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

In Wales, Cardiff and Vale University Health Board and Cardiff, the most common forms of cancer in women are breast, lung, colorectal, colon and uterus. In the Vale of Glamorgan, colorectal cancer is more common than lung cancer and melanoma is more common than cancer of the uterus. This is reflected in the fact that when compared to other local authorities:

- The Vale of Glamorgan (58.2 per 100,000 females) has the fourth lowest rate of lung cancer, significantly lower than the average for Wales (69.1 per 100,000 females).
- The Vale of Glamorgan (34.2 per 100,000 females) has the highest incidence of melanoma, significantly higher than the average for Wales (24.8 per 100,000 females).

The most common types of cancers for men in Wales and the Vale of Glamorgan are prostate, colorectal, lung, colon and rectum. This differed from Cardiff and Vale University Health Board and Cardiff where lung cancer is the second highest cancer followed by colorectal cancer, and head and neck cancer is more common than rectum cancer. When compared to other local authorities:

- The Vale of Glamorgan (208.2 per 100,000 males) has the fourth highest incidence rate of prostate cancer, which is significantly higher than the average for Wales (184.5 per 100,000 males).
- Both Cardiff (19.9 per 100,000 males) and Cardiff and Vale University Health Board (19.8 per 100,000 males) have the highest incidence of liver cancer in men out of all the local authorities and health boards. This is significantly higher than the average for Wales (14.3 per 100,000 males). The Vale of Glamorgan has the second highest rate (19.2 per 100,000 males).
- The Vale of Glamorgan (38.2 per 100,000 males) has the second highest incidence of melanoma of all the local authorities, significantly higher than the average for Wales (29.9 per 100,000 males). Cardiff and Vale University Health Board (35.9 per 100,000 males) has the highest rate of all health boards and is significantly higher than the average for Wales. Cardiff (34.8 per 100,000 males) has the third highest rate.
- Cardiff (101.7 per 100,000 males) has the fifth highest incidence of lung cancer in Wales and the Vale of Glamorgan (81.7 per 100,000 males) has the fourth lowest.
- The Vale of Glamorgan (100.8 per 100,000 males) has the fifth highest incidence of colorectal cancer in Wales.
- Cardiff and Vale University Health Board (725.3 per 100,000 males) has a significantly higher rate of all malignancies excluding nonmelanoma skin cancer than the average for Wales (699 per 100,000 males), second highest of all the health boards.

Between 2015 to 2017, the Vale of Glamorgan had a lower death rate for most types of cancers except colorectal cancer (31.1 per 100,000 population) when compared to the average for Wales. It had a significantly lower cancer death rate for trachea, bronchus and lung cancer (48.0 per 100,000 population) compared to the average for Wales (59.7 per 100,000 population).



Cardiff had a slightly higher cancer death rate than the average for Wales across most cancer types except prostate cancer (42.1 per 100,000 males) where it was lower than the average for Wales (45.5 per 100,000 males).

**Table 3.2: Cancer death rates (age-standardised per 100,000) for all cancers, colorectal cancer, female breast cancer, prostate cancer and trachea, bronchus and lung cancer by local authority, health board and Wales, 2015 to 2017**

Area	Death Rates (Age-standardised) per 100,000 population					
	All cancers	All cancers - under 75 years	Colorectal cancer	Female breast cancer	Prostate cancer	Trachea, bronchus and lung cancer
Cardiff	279.0	146.8	29.4	36.1	42.1	62.5
Vale of Glamorgan	270.8	132.8	31.1	29.3	43.2	48.0
Cardiff and Vale UHB	275.7	141.8	29.8	33.8	42.4	57.4
Wales	278.6	144.4	28.9	33.9	45.5	59.7

Source: Health Maps Wales

### 3.1.2 Mental health

In 2012, the Welsh Government published a ten year strategy called “Together for Mental Health – A Mental Health and Wellbeing Strategy for Wales”. Its overall aim was to improve the mental health of everyone across Wales and ensure that people can get the right support at the right time and in the right place.<sup>8</sup>

Based on QOF 2019 reported prevalence rates, the percentages of patients registered as having a mental health condition in Cardiff and Vale University Health Board is below the average for Wales.

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

Area	Percentage
Cardiff	0.90
Vale of Glamorgan	0.90
Cardiff and Vale UHB	0.90
Wales	1.00

Source: QOF 2019

Mental well-being is an important factor in an individual’s overall health. To measure mental well-being, the National Survey for Wales uses the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), which contains 14 self-assessed questions. Scores range from 14 to 70, where higher scores suggest higher mental well-being. Of all the health boards in Wales, Cardiff and Vale University Health Board reported the highest mean WEMWBS score of 52.5 out of 70, which was significantly higher than the average for Wales (51.4). Cardiff (53.2) had the third highest score of all the local authorities and was also significantly higher than the average for Wales. The

<sup>8</sup>Welsh government (2012). “Together for Mental Health – A Mental Health and Wellbeing Strategy for Wales”. From: [DRAFT v3 \(gov.wales\)](#)

Vale of Glamorgan had a lower mean WEMWBS score of 50.0 out of 70, which was a decrease from the previous year and the fourth lowest of all the local authorities. This suggests that people in Cardiff have a higher mental well-being than those in the Vale of Glamorgan.

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

Area	2016 to 2017	2018 to 2019
Cardiff	51.8	53.2
Vale of Glamorgan	51.0	50.0
Cardiff and Vale UHB	51.6	52.5
Wales	50.9	51.4

Source: StatsWales - National Survey for Wales, Welsh Government

The National Survey for Wales also measures levels of loneliness in Wales. In 2019 to 2020, 15% of people aged 16 years and over in Wales reported that they were lonely. Cardiff was slightly higher at 17% and the Vale of Glamorgan slightly lower at 14%. In addition, the survey results showed that 44% of those with a mental illness (including anxiety and depression) were lonely, while just 12% of those without such an illness were lonely, further supporting the link between mental health conditions and loneliness. Other significant factors for loneliness identified included poor general health and material deprivation. In turn, lonely people reported much lower satisfaction with life than those who were not lonely. Younger people reported being more likely to be lonely than older people.<sup>9</sup> This may explain the higher percentage of loneliness reported in Cardiff compared to the Vale of Glamorgan and Wales. The long-term impact of the Coronavirus (COVID-19) pandemic on levels of loneliness is not yet clear.

Raising awareness of and reducing suicide and self-harm has been a priority in Wales since the launch of the national action plan, 'Talk to Me' in 2009 followed by 'Talk to Me 2', five years later. Over the period 2014 to 2018, the age-standardised rate of suicide in Wales was 12 per 100,000 persons aged 10 years and over. Cardiff and Vale University Health Board had a similar age-standardised rate of 11.8 per 100,000 persons aged 10 years and over. At the local authority level, Cardiff (11.4 per 100,000) was slightly lower and the Vale of Glamorgan (13.7 per 100,000) was higher than the average for Wales.<sup>10</sup> All the rates had decreased since 2013 to 2017; however, caution should be used when interpreting suicide rates due to the small numbers involved.

The Five Ways to Wellbeing are a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. It encourages individuals to do five things each day to improve their personal well-being: connect; be active; take notice; keep learning; and give.

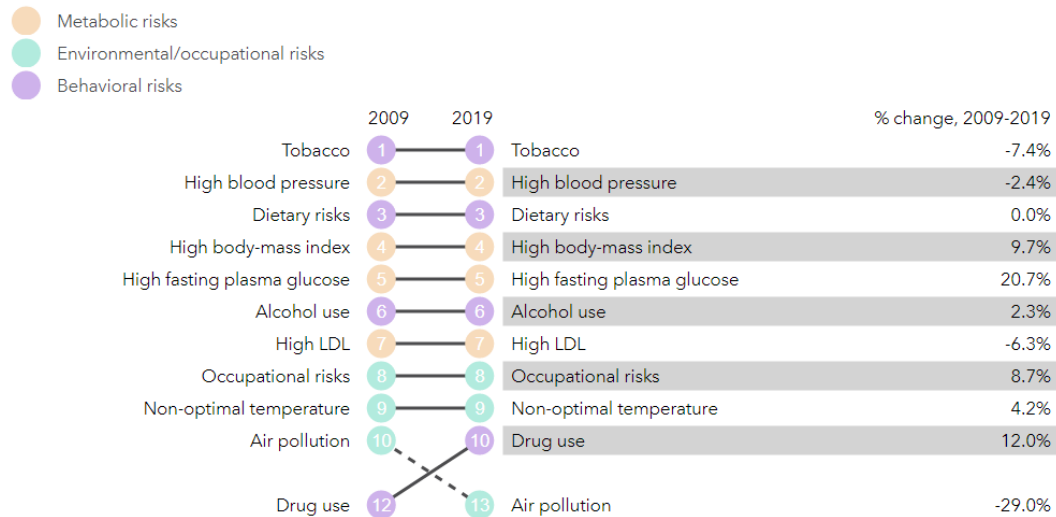
<sup>9</sup> Welsh Government (2020). Loneliness (National Survey for Wales): April 2019 to March 2020 From: [Loneliness \(National Survey for Wales\): April 2019 to March 2020 | GOV.WALES](https://gov.wales/loneliness-national-survey-for-wales)

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

### 3.2 Lifestyle behaviours

Tobacco use, high blood pressure, unhealthy diets, obesity and the harmful use of alcohol have been identified as the top risk factors for noncommunicable diseases in Wales in 2019.

**Figure 3.3: Top 10 risks contributing to total number of DALYs in 2019 and percent change 2009 to 2019, all ages combined<sup>11</sup>**



Source: Institute for Health Metrics and Evaluation (IHME). Wales profile

#### 3.2.1 Smoking

Cigarette smoking remains the biggest driver for combined deaths and disabilities in Wales in 2019. Both smoking and passive smoking are linked to a range of serious illnesses including cancers and heart disease. The Welsh Government has introduced several policies and legislations in its commitment to reduce this, including the smoking ban in 2007, the smoking in vehicles with children ban in 2015 and the Tobacco Control Delivery Plan for Wales 2017 to 2020. This has successfully contributed to lowering the burden of disease due to smoking between 2009 and 2019. From March 2021, new legislation extends the smoke free requirements to include hospital grounds, school grounds and public playgrounds, as well as outdoor day care and child-minding settings. Furthermore, from March 2022, smoking bedrooms in hotels, guest houses, self-contained holiday accommodation will be required to be smoke-free. In addition, Mental Health Units will be required to phase out any smoking rooms by 1 September 2022, and amendments will be made to who can use designated smoking rooms in adult care homes and adult hospices.<sup>12</sup>

<sup>11</sup> Institute for Health Metrics and Evaluation (IHME). Wales profile. Seattle, WA: IHME, University of Washington, 2018. From: <http://www.healthdata.org/Wales>. (Accessed 11/02/2021)

<sup>12</sup> Welsh Government (December 2020). Smoke-free law: guidance on the changes from March 2021, Welsh Government. <https://gov.wales/smoke-free-law-guidance-changes-march-2021-html>

Based on data collected between 2018 to 2019 and 2019 to 2020 as part of the National Survey for Wales, 14.4% of adults report that they smoke in Cardiff and Vale University Health Board. This was the lowest rate of all the health boards and was significantly lower than the average for Wales (17.4%). At the local authority level, 14.2% of people report that they smoke in Cardiff, the second lowest of all the local authorities. 16.2% of people said they smoke in the Vale of Glamorgan. The Vale of Glamorgan (11.2%) had the highest reported rate of e-cigarette users, which was significantly higher than the average for Wales (6.4%).

**Table 3.5: Adult smoking patterns by local authority, health board and Wales, 2018 to 2020**

Area	Percentage Smoker	Percentage Ex-smoker	Percentage Never smoked	Percentage E-cigarette user
Cardiff	14.2	31.1	54.7	6.2
Vale of Glamorgan	16.2	31.1	52.7	11.2
Cardiff and Vale UHB	14.4	31.3	54.3	7.1
Wales	17.4	29.4	53.2	6.4

Source: StatsWales – National Survey for Wales

Results taken from School Health Research Network (SHRN) health and wellbeing survey for the academic year 2017 to 2018, showed that both Cardiff (2.8%) and the Vale of Glamorgan (2.7%) had a significantly lower prevalence of adolescent smokers (aged 11 to 16 years) compared to the average for Wales (3.6%). The Cardiff and Vale University Health Board (2.8%) had the lowest prevalence of all the health boards and was also significantly lower than the average for Wales. For e-cigarettes, Cardiff (2.6%) had a significantly lower rate of use in adolescents than the average for Wales (3.3%). The use of e-cigarettes in adolescents was higher in the Vale of Glamorgan (3.5%).

**Table 3.6: Percentage of adolescent smokers and E-cigarette users by local authority, health board and Wales, 2017 to 2018**

Area	Percentage smoker Children aged 11 to 16 years	Percentage E cigarette user Children aged 11 to 16 years
Cardiff	2.8	2.6
Vale of Glamorgan	2.7	3.5
Cardiff and Vale UHB	2.8	3.0
Wales	3.6	3.3

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

Provider based data collected between 2017 to 2018, showed that Cardiff and Vale University Health Board (13.4%) had a significantly lower rate of smoking in pregnancy than the average for Wales (17.8%)<sup>13</sup>.

Although smoking rates are declining in Wales, there remains a considerable difference between socio-economic groups. The smoking rate in the most deprived fifth remains more than double the rate in the least deprived fifth.

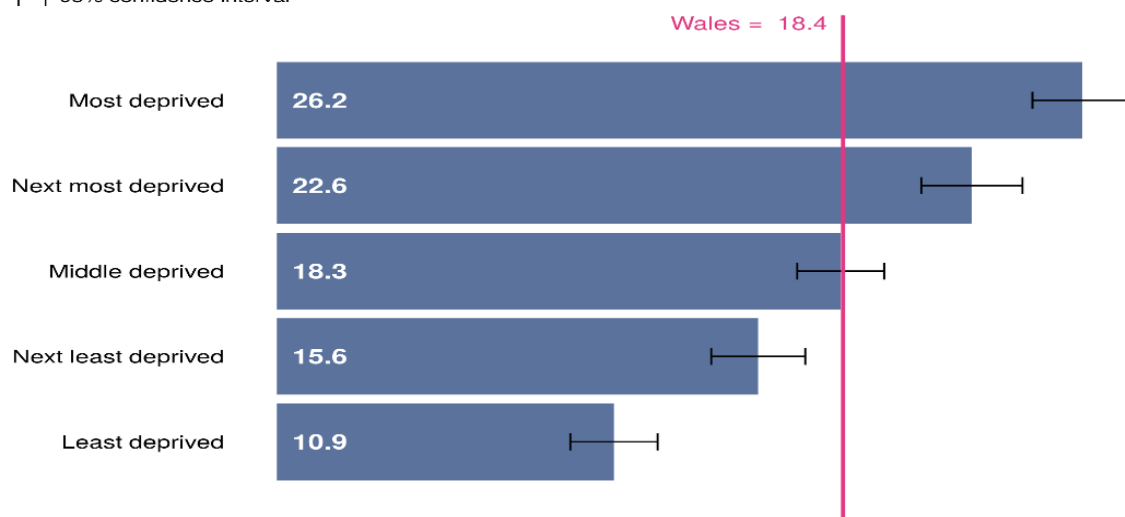
<sup>13</sup> Public Health Wales Observatory (2020). Smoking in Wales. Maternity indicators dataset, NHS Wales Informatics Service (NWIS)

**Figure 3.4: Adult smoking prevalence, age-standardised percentage, persons 16 years and over, by deprivation fifth, Wales, 2016 to 2017 and 2018 to 2019**

**Adult smoking prevalence, age-standardised percentage, persons aged 16+, Wales by deprivation fifth, 2016/17 to 2018/19**

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

— 95% confidence interval



As well as changes to legislation, smoking cessation services have contributed to the lowering of the burden of disease due to smoking between 2009 and 2019. The Welsh Level 3 pharmacy based smoking cessation service has the highest percentage of treated smokers (50.6%) and CO-validated quitters (46.2%).

**Table 3.7: Treated smokers and those achieving a 4 week CO-validated quit, count and percentage, persons aged 16+, Wales, 2018 to 2019**

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

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

### 3.2.2 Hypertension

In Wales, hypertension or high blood pressure is the second biggest risk factor for disability and disease in 2019. It is a major risk factor for heart disease, stroke, kidney disease, peripheral arterial disease and vascular dementia. Early detection and effective management can prevent progression to cardiovascular disease. Although hypertension is classed as more of a clinical risk factor, its prevention or reduction is affected by life-style choices such as excessive salt intake, poor diet and

obesity, excess alcohol consumption, lack of physical activity, mental well-being and stress. The burden of high blood pressure is greatest among individuals from low-income households and those living in deprived areas<sup>14</sup>.

Based on QOF 2019 reported prevalence rates, Cardiff and Vale University Health Board (12.6%) has a lower prevalence of hypertension than the average for Wales (15.8%). Cardiff (11.8%) has the lowest prevalence of hypertension within the health board area reflecting its younger population and the Vale of Glamorgan has the highest at 14.9%.

**Table 3.8: Estimated percentage prevalence of hypertension based on patients on GP practice registers by local authority, health board and Wales, 2019**

Area	Hypertension percentage prevalence
Cardiff	11.8
Vale of Glamorgan	14.9
Cardiff and Vale UHB	12.6
Wales	15.8

Source: QOF 2019

### 3.2.3 Diet, Physical Activity and Obesity

Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as some types of cancer. It can also impair a person's well-being, quality of life and ability to earn. Poor diet and a sedentary lifestyle are the main causes of overweight and obesity.<sup>15</sup>

Based on combined data for 2018 to 2019 and 2019 to 2020 collected from the National Survey for Wales, 41.7% of the adult population in Cardiff and Vale University Health Board self-reported that they are of a healthy weight, with a Body Mass Index between 18.5kg/m<sup>2</sup> and under 25kg/m<sup>2</sup>. Only 20.2% reported being obese, which was the second lowest of all the health boards and was significantly lower than the average for Wales (24.1%). At the local authority level, Cardiff has the second highest proportion of people reporting to be of a healthy weight (43.2%), which is significantly higher than the average for Wales. It also has the second lowest proportion of people reporting to be obese (18.4%), which was also significantly lower than the average for Wales. The Vale of Glamorgan has a higher proportion of its population self-reporting to be obese (25.6%) and a lower proportion reporting to have a healthy weight (36.5%) compared to the average for Wales.

<sup>14</sup> Public Health England (2017). Guidance Health matters: combating high blood pressure. From: <https://www.gov.uk/government/publications/health-matters-combating-high-blood-pressure/health-matters-combating-high-blood-pressure>

<sup>15</sup> Public Health Wales Observatory. Obesity. From: [Public Health Wales Observatory | Obesity in Wales \(2019\)](#)



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

Area	Fruit & vegetable		Physical activity		Body mass index (kg/m2)		
	None	At least 5 portions	Less than 30 minutes	At least 150 minutes	18.5 - under 25 (healthy weight)	25+ (overweight or obese)	30+ (obese)
Cardiff	4.3	33.9	29.4	56.9	43.2	55.3	18.4
Vale of Glamorgan	6.2	26.4	29.7	55.2	36.5	60.3	25.6
Cardiff and Vale UHB	4.8	32.1	29.4	56.8	41.7	56.3	20.2
Wales	7.9	24.3	33.0	53.2	38.2	59.9	24.1

Source: StatsWales – National Survey for Wales

Poor diet and nutrition are recognised as major contributory risk factors for ill health and premature death. Of all the health boards, Cardiff and Vale University Health Board has the highest reported rate for those who ate at least five portions of fruit and vegetables a day (32.1%), significantly higher than the average for Wales (24.3%). It also has the lowest population proportion reporting to have eaten no fruit and vegetables on the previous day (4.8%), significantly lower than the average for Wales (7.9%). Compared to Wales, Cardiff (33.9%) has a significantly higher proportion claiming to eat at least five portions of fruit and vegetables a day, highest of all the local authorities. It has a significantly lower proportion (4.3%) self-reporting to have eaten none on the previous day, the second lowest of all the local authorities. The Vale of Glamorgan has a lower proportion of its population self-reporting to eat at least five portions of fruit and vegetables a day (26.4%) and a higher proportion (6.2%) reporting to have eaten no fruit and vegetables on the previous day.

In general, the more time spent being physically active, the greater the health benefits. For adults, at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity are recommended each week. It is also recommended that adults should do activities to develop or maintain strength in the major muscle groups and should aim to minimise the amount of time spent being sedentary<sup>16</sup>.

The population of Cardiff and Vale University Health Board are generally more physically active than most in Wales. Cardiff (56.9%) and the Vale of Glamorgan (55.2%) had a higher percentage of its population self-reporting to be active at least 150 minutes a week compared to the average for Wales (53.2%). Cardiff (29.4%) and the Vale of Glamorgan (29.7%) also had a lower proportion of their population reporting to be active less than 30 minutes a week compared to the average for Wales (33.0%).

<sup>16</sup> Department of Health and Social Care (2020). UK Chief Medical Officers' Physical Activity Guidelines. Available at: [Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/physical-activity-guidelines)

### 3.2.4 Alcohol

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

In 2016, the UK Chief Medical Officer published new guidelines that advise drinking no more than 14 units of alcohol a week to keep health risks low<sup>17</sup>. Based on combined data for 2018 to 2019 and 2019 to 2020, collected from the National Survey for Wales, nearly one in five adults (18.6%) nationally drink more than the recommended weekly limit of 14 units of alcohol a week.

Of all the health boards, Cardiff and Vale University Health Board (21.6%) has the highest proportion of its population reporting to drink above the recommended weekly units. The Vale of Glamorgan (25.2%) has the highest proportion of all local authorities, significantly higher than the average for Wales. Cardiff has a lower proportion (20.2%), although still higher than the average for Wales.

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

Average weekly alcohol consumption - above 14 units (over the guidelines)	
Area	
Cardiff	20.2
Vale of Glamorgan	25.2
Cardiff and Vale UHB	21.6
Wales	18.6

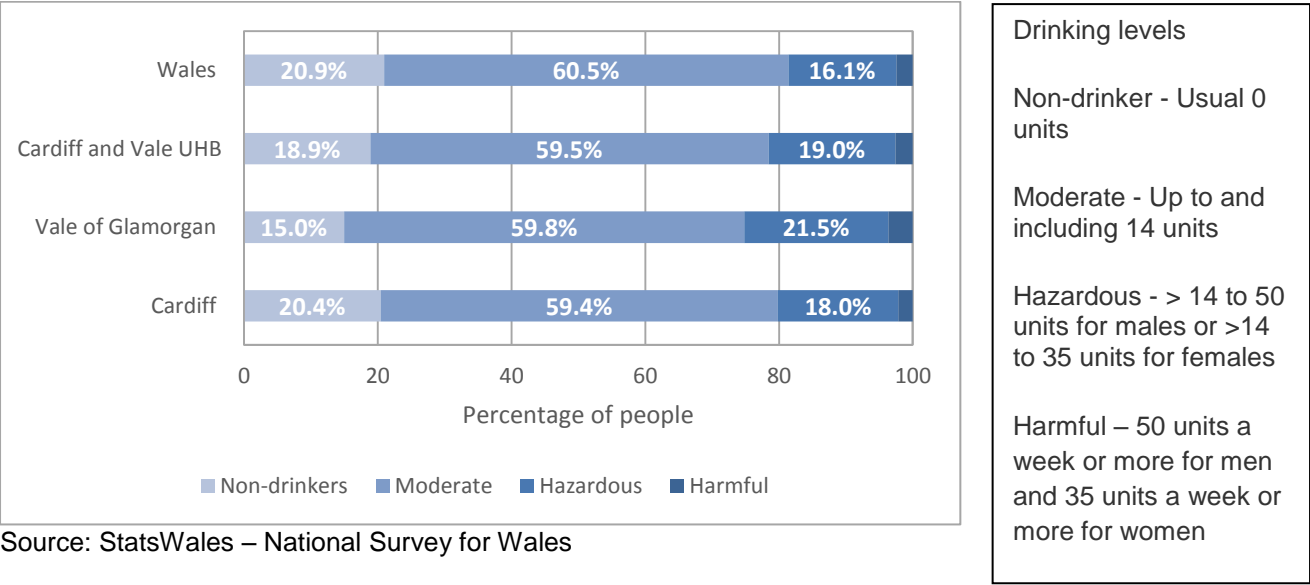
Source: StatsWales – National Survey for Wales

The chart below highlights the reported drinking patterns in the Cardiff and Vale University Health Board area compared to Wales.

Department of Health and Social Care (2016). Guidance: Alcohol consumption: advice on low risk drinking. Available at: [UK Chief Medical Officers' Low Risk Drinking Guidelines \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/uk-chief-medical-officers-low-risk-drinking-guidelines)



**Figure 3.5: Adult weekly drinking levels by local authority, health board and Wales**



The Vale of Glamorgan (15.0%) has a significantly lower percentage of non-drinkers compared to the average for Wales (20.9%). It also has a significantly higher proportion of its population (21.5%) reporting to drink at a hazardous level compared to the average of Wales (16.1%), the highest of all local authorities.

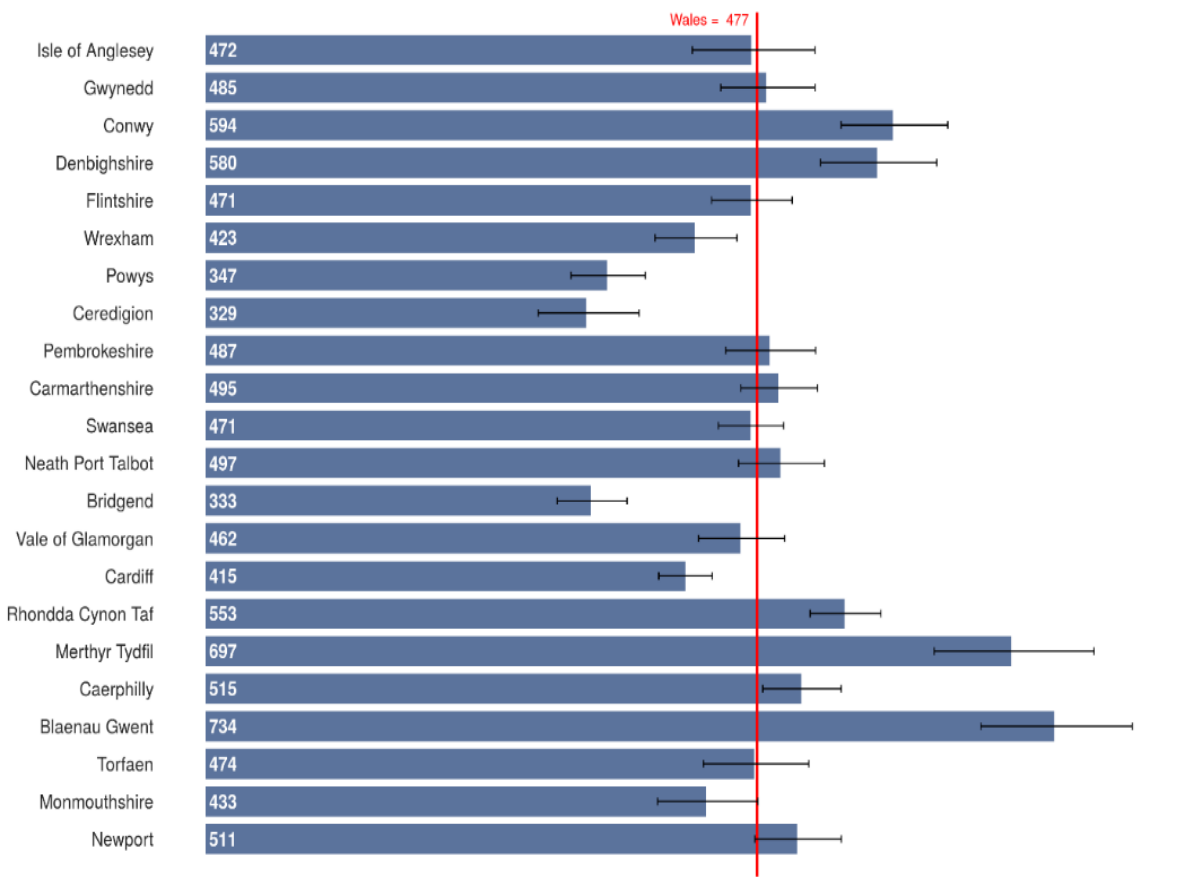
Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of the population. In 2017 to 2018, there was around 14,600 alcohol-specific hospital admissions (wholly attributable to alcohol) in Wales, with almost double the number of admissions being for men than women.

Cardiff and Vale University Hospital Board (428 per 100,000 persons) and Cardiff (415 per 100,000 persons) had significantly lower alcohol-specific admissions rates than the average for Wales (477 per 100,000 persons). The Vale of Glamorgan had an alcohol-specific admissions rate of 462 per 100,000 persons, lower than the average for Wales.

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**Figure 3.6: Alcohol-specific admissions (wholly attributable to alcohol - either as a primary or secondary diagnosis), European age-standardised rates per 100,000 persons by local authority, 2017 to 2018**

Alcohol-specific admissions, European age-standardised rates per 100,000, persons, Wales local authorities, 2017/18  
 Produced by Public Health Wales Observatory, using PEDW(NWIS) and MYE(ONS)  
 └─ 95% confidence interval



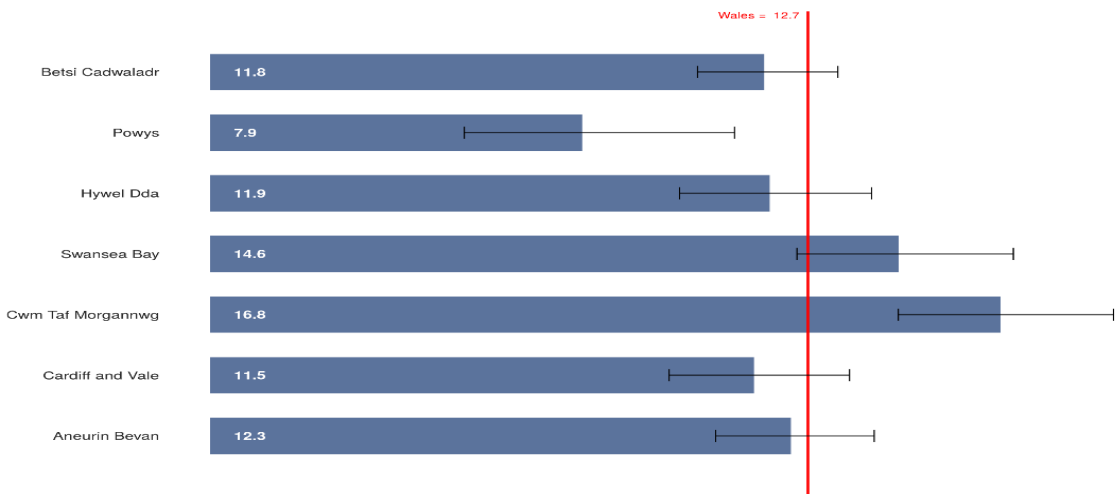
Alcohol-specific mortality represents deaths which are considered to be entirely caused by alcohol. The overwhelming majority of the 1,170 alcohol-specific deaths in Wales in 2015 to 2017 were caused by alcoholic liver disease - nearly nine in 10 males and over eight in 10 females. Other causes include mental and behavioural conditions and accidental poisoning by/and exposure to alcohol.<sup>18</sup>

In 2015 to 2017, Cardiff and Vale University Hospital Board had an alcohol-specific mortality rate of 11.5 per 100,000 persons, which was lower than the average for Wales (12.7 per 100,000 persons).

<sup>18</sup> Public Health Observatory Wales (2019). Alcohol in Wales. From: [Public Health Wales Observatory Alcohol in Wales \(2019\)](#)

**Figure 3.7: Alcohol-specific mortality European age-standardised rates per 100,000 persons by health board and Wales, 2015 to 2017.**

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



Alcohol-attributable mortality captures deaths which can be partially attributed to alcohol use, based on the underlying cause of death. Both Cardiff and the Vale of Glamorgan have the same alcohol-attributable mortality rate (50.50 per 100,000 persons), which is less than the average for Wales (52.6 per 100,000 persons).<sup>6</sup>

3.3 Healthy Ageing

3.3.1 Low birth weight

Low birth weight is influenced by maternal lifestyle issues such as smoking. Birth weight is inversely associated with infant mortality, life expectancy, and is predictive of the onset of chronic conditions in adult life.<sup>19</sup>

In 2018, Cardiff and Vale University Health Board (4.6%) had the lowest percentage of low birth weights of all the health boards. The Vale of Glamorgan (4.1%) had the second lowest percentage of low birth weights of all the local authorities and Cardiff had the third lowest rate of 4.7%. All were significantly lower than the average for Wales (5.6%).

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

Area	Percentage
Cardiff	4.7
Vale of Glamorgan	4.1
Cardiff and Vale UHB	4.6
Wales	5.6

Source: Public Health Wales Observatory

<sup>19</sup> Public Health Wales (2014). Low Birth Weight Review of risk factors and interventions Summary Report.  
From: [Low Birth Weight summary v1.pdf \(wales.nhs.uk\)](#)

### 3.3.2 Breast feeding

Breastfeeding provides the best nutritional start in life for a baby. The percentage of babies that were exclusively breast fed at 10 days following birth in Cardiff and Vale University Health Board (46.1%) was significantly higher than the average for Wales (35.2%). Additionally, both Cardiff (47.5%) and the Vale of Glamorgan (41.9%) had a significantly higher percentage of babies that were exclusively breast fed at 10 days following birth than the average for Wales.

**Table 3.12: Percentage breast feeding at 10 days by local authority, health board and Wales, 2018**

Area	Percentage
Cardiff	47.5
Vale of Glamorgan	41.9
Cardiff and Vale UHB	46.1
Wales	35.2

Source: Public Health Wales Observatory

### 3.3.3 Children living in poverty

In Cardiff and Vale University Health Board, 27% of people in Cardiff aged under 18 years live in poverty. This is higher than the average for Wales (24%) and fifth highest of all the local authorities. The Vale of Glamorgan has a lower proportion at 19%.

**Table 3.13: Percentage of persons aged 0 to 18 years living in poverty by local authority and Wales, 2017**

Area	Percentage
Cardiff	27
Vale of Glamorgan	19
Wales	24

Source: Public Health Wales Observatory

### 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. Oral health is an important aspect of a child's overall health status and of their school readiness. It is seen as a marker of wider health and social care issues including poor nutrition and obesity.<sup>20</sup>

In Cardiff and Vale University Health Board (1.0), the average number of decayed, missing or filled teeth in children aged five years was significantly lower than the average for Wales (1.2). The Vale of Glamorgan (0.5) was also significantly lower

<sup>20</sup> Public Health England. Health Matters: Child dental health. From: [Health Matters: Child dental health - Public health matters \(blog.gov.uk\)](https://publichealthmatters.blog.gov.uk/)

and had the lowest average number of decayed, missing or filled teeth in children aged five years of all local authorities.

**Table 3.14: The average number of decayed, missing or filled teeth in children aged five years, by local authority, health board and Wales, 2015 to 2016**

Area	Average number of decayed, missing or filled teeth in 5 year olds
Cardiff	1.1
Vale of Glamorgan	0.5
Cardiff and Vale UHB	1.0
Wales	1.2

Source: Public Health Observatory Wales

### 3.3.5 Sexual health

In 2018, the teenage pregnancy rate in Cardiff was 19.2 conceptions per 1,000 females under 18 years. This is higher than the teenage pregnancy rate for the Vale of Glamorgan (13.3 conceptions per 1,000 females under 18 years) and Wales (18.9 conceptions per 1,000 females under 18 years).

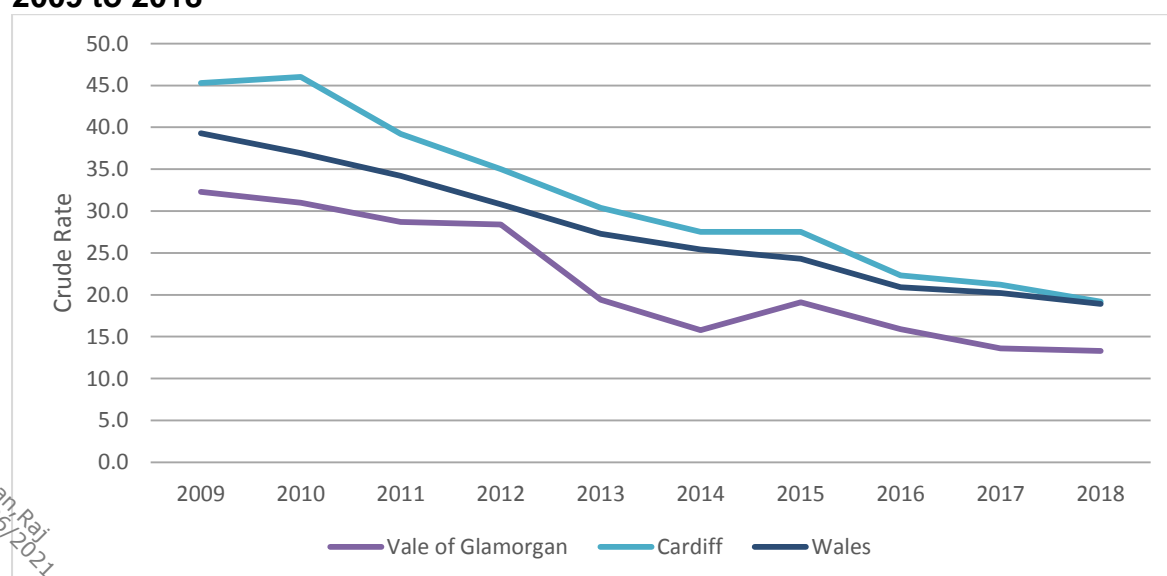
**Table 3.15: Teenage pregnancies, crude rate per 1,000 females aged 15 to 17 year by local authority, health board and Wales, 2018.**

Name	Conception rate per 1,000 females under aged 15 to 17
Cardiff	19.2
Vale of Glamorgan	13.3
Wales	18.9

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

Rates in the Cardiff and Vale University Health Board area have continued to decrease over the last 10 years.

**Figure 3.8: Conceptions per 1,000 females aged under 18 by local authority, 2009 to 2018**



Source: Office of National Statistics

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

Within Wales, there is geographical variation in the incidence of sexually transmitted infections, as well as in the rates of testing. In 2017, similarly to previous years, the rate of gonorrhoea was highest in Cardiff, and the rates of chlamydia were highest in Newport, followed by Torfaen and Cardiff. The percentage of gonorrhoea tests from sexual health clinics for which a positive diagnosis was reported was highest in those living in Cardiff and Conwy local authorities. For chlamydia, the percentage positivity was highest in those living in the Vale of Glamorgan, Wrexham, and Merthyr Tydfil.<sup>21</sup>

### 3.3.6 Frailty and Falls in older people<sup>22</sup>

In Wales, falls is the seven highest cause of disability and death in Wales in 2019. Older people are more likely to fall. They are also more likely to suffer significant consequences, such as a loss of independence and confidence, leading to physical and mental deterioration and frailty. Frailty itself can cause falls. Frailty can be either physical or psychological, or a combination of the two. It typically means a person is at a higher risk of a sudden deterioration in their physical and mental health. Identifying people who may be living with frailty is a key intervention in the prevention of falls.

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

Cardiff and Vale University Health Board and Cardiff have the same percentage of patients registered as having osteoporosis as Wales (0.3%). The Vale of Glamorgan is slightly lower at 0.2%.

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<sup>21</sup>Communicable Disease Surveillance Centre Public health Wales (Sept 2018). HIV and STI trends in Wales Surveillance Report [4th quarterly report 1994 \[WPI\] \(wales.nhs.uk\)](https://www.wales.nhs.uk/publications/4th-quarterly-report-1994)

<sup>22</sup>NICE (2018). NICE impact falls and fragility fractures. From: <https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuring-uptake/nice-impact-falls-and-fragility-fractures.pdf>

**Table 3.16: Percentage of patients registered as having osteoporosis by local authority, health board and Wales, 2019**

Area	Percentage of patients registered with osteoporosis
Cardiff	0.3
Vale of Glamorgan	0.2
Cardiff and Vale UHB	0.3
Wales	0.3

Source: QOF 2019

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

Cardiff and Vale University Health Board (569.6 per 100,000 population) has a lower hip fracture rate for persons aged 65 years and over than the average for Wales (579.0 per 100,000 population). The Vale of Glamorgan has the lowest rate (548.9 per 100,000 population) within the health board area and Cardiff has the highest (582.7 per 100,000 population), which is higher than the average for Wales.

**Table 3.17: Hip fractures, European age-standardised rate per 100,000 population, all persons aged 65 years and over by local authority, health board and Wales, 2018 to 2019**

Area	Rate
Cardiff	582.7
Vale of Glamorgan	548.9
Cardiff and Vale UHB	569.6
Wales	579.0

Source: Public Health Observatory Wales

### 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.

Alzheimer's disease is the tenth top cause of disabilities and death (burden of disease) in Wales in 2019.

Cardiff and Vale University Health Board and the Vale of Glamorgan have the same prevalence rate for dementia as Wales (0.7%). Cardiff is slightly lower at 0.6%.

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**Table 3.18: Percentage of patients registered as having dementia by local authority, health board and Wales, 2019**

Area	Percentage
Cardiff	0.6
Vale of Glamorgan	0.7
Cardiff and Vale UHB	0.7
Wales	0.7

Source: QOF 2019

### 3. 4 Health Protection

In 2019 to 2020, Cardiff and Vale University Health Board had the lowest percentage vaccine uptake of all the health boards for age one schedule vaccines. Cardiff had the lowest uptake in Wales, with the Vale of Glamorgan being only slightly higher, except for the '6 in 1' DTaP/IPV/Hib/HepB1 vaccine. Uptake of all three doses in children reaching their first birthday was 95.3% in the Vale of Glamorgan, higher than the national target of 95%. Cardiff and Vale University Health Board (94.2%) and Cardiff (93.9%) had the lowest uptake of all the health boards and local authorities, not meeting the national target. However, it is worth noting that percentage vaccine uptake rate is relatively narrow across the 22 local authorities, ranging from 93.9% in Cardiff to 98.3% in Anglesey.

Meningococcal serotype B vaccination (MenB) was introduced in September 2015 for those born 1<sup>st</sup> May 2015 onwards. Uptake of a complete course in children at two years of age was 93.8% for the average for Wales, with Cardiff and Vale University Health Board (90.4%) having the lowest percentage uptake of all the health boards. At the local authority level, Cardiff (89.3%) had the lowest percentage uptake and was the only local authority to be below 90%. The uptake range was gain relatively narrow, ranging from 89.3% in Cardiff to 96.7% in Caerphilly.

The percentage of resident children reaching their 4th birthday and who are up to date with all scheduled vaccines was 86.7% for Cardiff and Vale University Health Board. This was lower than the average for Wales (88%) as was Cardiff (85.6%). The Vale of Glamorgan was higher (89.8%). Of all the immunisations that are included in this composite measure, uptake of the second dose of MMR remains the lowest. The percentage of children who were up to date with their routine vaccinations by four years of age varied according to the national quintile of deprivation of the LSOA in which they resided. Nationally, the percentage of children up to date with their routine immunisations by four years of age ranged from 84.0% in the most deprived quintile of LSOAs to 91.7% in the least deprived quintile of LSOAs. The difference in uptake between the least deprived quintile and the most deprived quintile was 7.7%.<sup>23</sup>

MMR uptake of two doses in children at five years of age was 92.1% for the health board, the same as the average for Wales. MMR coverage of two doses in

<sup>23</sup> Cover Annual Report (2020). Vaccine Uptake in Children in Wales. From: [cover report Feb 95 \[WP\] \(wales.nhs.uk\)](https://www.wales.nhs.uk/cover-report-feb-95)



teenagers turning 16 years of age between 01/09/2019 and 31/08/2020 was 91.5% for the average for Wales and 88.3% for Cardiff and Vale University Health Board. Cardiff (87.8%) had the lowest uptake rate of all the local authorities. The Vale of Glamorgan (89.6%) was also lower than the average for Wales but had the highest rate within the health board area. The uptake range was gain relatively narrow, ranging from 87.8% in Cardiff to 95.9% in Blaenau Gwent.

**Table 3.19: Percentage vaccine uptake in children by local authority, health board and Wales, 2019 to 2020**

Area	'6 in 1' 1 years	Men B 2 years	Immunisation Update 4 years	MMR 2 5 years	MMR 2 16 years
Cardiff	93.9	89.3	85.6	91.7	87.8
Vale of Glamorgan	95.3	93.6	89.8	93.3	89.6
Cardiff and Vale USB	94.2	90.4	86.7	92.1	88.3
Wales	95.8	93.8	88.0	92.1	91.5

Source: COVER – Vaccine Uptake in Children in Wales. Annual report 2020

Uptake of influenza vaccine in those aged 65 years and older in Wales was 69.4%, an increase compared to 68.3% in the 2018 to 2019. Of all influenza immunisations given to those aged 65 years and over, 90% were delivered by the week ending 1st December 2019.<sup>24</sup> In Cardiff and Vale University Health Board, uptake was higher at 71.2%, an increase compared to 69.9% the previous year. The Vale of Glamorgan (71.7%) had a higher uptake than Cardiff (71%). The national target of 75% was not met by any health board or local authority in Wales.

In Wales, the uptake in those aged six months to 64 years in a clinical risk group was 44.1%, the same as 2018 to 2019. Of all immunisations given to those aged six months to 64 years in clinical risk groups, 90% were delivered by the week ending 5th January 2020<sup>21</sup>. In Cardiff and Vale University Health Board, uptake was lower at 43.8.%, a slight decrease compared to 44.0% the previous year. The Vale of Glamorgan (42.8%) had a lower uptake than Cardiff (44.2%). The national target of 55% was not met by any health board or local authority.

In Wales, 50.7% of children aged two and three years old (as of 31 August 2019), were immunised against influenza in general practice between 1st Sept 2019 and 31st March 2020. Cardiff and Vale University Health Board (46.2%) had the lowest percentage uptake of all the health boards.

<sup>24</sup> Public Health Wales (2020): Seasonal influenza in Wales 2019/20 Annual Report. From: [Table \(wales.nhs.uk\)](https://table.wales.nhs.uk)

**Table 3.20: Percentage uptake of influenza immunisation by age group, by local authority, health board and Wales, 2019 to 2020**

Area	Patients 65 years and older		Patients 6 months to 64 years at risk		Patients 2 and 3 years	
	Number	Percentage	Number	Percentage	Number	Percentage
Cardiff	39,116	71.0	22,108	44.2	3,981	45.8
Vale of Glamorgan	19,654	71.7	7,279	42.8	1,364	47.3
Cardiff and Vale UHB	58,770	71.2	29,387	43.8	5,345	46.2
Wales	469,497	69.4	197,481	44.1	34,504	50.7

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

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## 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 tourist attractions:
  - Major attractions e.g., Wales Millennium Centre.
  - Major sporting and cultural events e.g. Principality Stadium.
  - Areas of natural beauty e.g., Glamorgan Heritage Coast.
  - Heritage attractions e.g., Cardiff Castle.

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

### 4.1 Age<sup>25</sup>

Health issues tend to be greater amongst the very young and the very old. The demography of Cardiff and the Vale of Glamorgan differ considerably. In general, Cardiff has a younger population while the Vale has a larger older age population more in line with the Wales average. In both areas, however, there is projected to be a continued increase in the number of people aged over 65, and over 85.

For older people:

<sup>25</sup> Cardiff and Vale Population Needs Assessment (2017). For Social Services and Well-being (Wales) Act 2014. From: [Population-Needs-Assessment-1.pdf \(cvihs.co.uk\)](#)

- Age is the single biggest factor associated with having a long-term condition. The number of people with two or more chronic illnesses is increasing, and as people age, they are more likely to experience multiple conditions at the same time ('multi-morbidity').
- Unhealthy behaviours are common in older people too, just as with the rest of the population. Behaviours such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are major cause of long-term conditions. In particular, there is concern over significant numbers of older people who drink excessive alcohol.
- Falls prevention is a key issue in the improvement of health and wellbeing amongst older people. Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: fracture, head injury, or serious laceration.<sup>26</sup>
- Feeling lonely or unconnected to friends can have a very negative effect on well-being and health. It is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. Loneliness also has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide. The lockdown restrictions imposed during the Coronavirus (COVID-19) pandemic are likely to have exacerbated these issues across all age groups. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care. Looking at different ways of making sure that older people stay in touch with the things that matter to them and that there are opportunities for older people to stay active and connected are important.
- Information from the Census 2011 showed that in Cardiff and Vale University Health Board, around 22,493 people aged 65 years and over live alone, around 11.5% of the population. In the Vale of Glamorgan, the percentage is higher at 13.2%. Without the means to leave their homes, or with fewer visits from community workers and service providers, an increasing number of older people will feel lonely and isolated resulting in damaging effects to their mental health.
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression than men. At any one time, around 10% to 15% of the over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3 to 5% of older people.
- The risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65. A health needs assessment of people with dementia in Cardiff and Vale University Health Board highlighted that dementia has overtaken heart disease as the leading cause of death among women in England and Wales. There are estimated to be 5,000 people with dementia in Cardiff and the Vale of Glamorgan, nearly 6 in 10 (58%) of whom

<sup>26</sup> [Ageing Well: Falls Prevention \(ageingwellinwales.com\)](https://ageingwellinwales.com)

have a diagnosis. Due to a growing and ageing population this number is expected to increase to nearly 7,000 by 2025. One in five cases of dementia may be preventable with exercise, diet, diabetes prevention, and early treatment of depression.<sup>27</sup>

- The older you are, the greater your risk of sight loss. One in five people aged 75 and over are living with sight loss.

For young people:

- There is evidence that the first one thousand days of life (this includes before the child is born, up until they are two years old) have a significant effect on the rest of the child's life. As Cymru Well Wales has explained it; "these years have a long-lasting impact on individuals and families. They shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age."<sup>28</sup>
- 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.
- Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g., sexual or physical abuse) or affect the environment in which they live (e.g., growing up in a house with domestic violence). Nearly half (47%) of adults in Wales experienced at least one ACE during childhood, and 14% suffered 4 or more. Compared to people with no ACEs, people with 4 or more ACEs are 6 times more likely to smoke; 6 times more likely to have had underage sex; 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 ACEs, encouraging engagement and improved management of conditions.
- Teenage years are also important and there is strong evidence that teenage lifestyle behaviours impact on future longer-term health and social care

<sup>27</sup> Cardiff and Vale UHB (2017). Cardiff and Vale dementia health needs assessment. From: [http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Dementia%20Strategy%20C%20and%20V%202018-2028%20FINAL%20\(003\).pdf](http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Dementia%20Strategy%20C%20and%20V%202018-2028%20FINAL%20(003).pdf)

<sup>28</sup> Cymru Well Wales. First 1000 days

outcomes. Many children are developing unhealthy behaviours in terms of physical activity and diet. Over a quarter of children in Wales are overweight or obese, including 12.4% who are obese. 40% of adult smokers started smoking regularly before the age of 16.

- Untreated sexually transmitted infections can have a longer-term health impact including infertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies. Teenage pregnancies, while falling in Cardiff, remain above the Wales average. Teenage pregnancies in the Vale of Glamorgan are below the average.
- Furthermore, it is known that low birth weight can be linked to teenage pregnancy and mothers who smoke while pregnant. To reduce the risk of babies being born early, with a low birth weight, and the risk of disabilities that this brings, it is important that help is available to those who may be at risk.
- Around 50% of lifetime mental illness starts by the age of 14. Children and young people who are at greater risk of mental health problems include those going through family breakdown; those in the Looked After System and those showing behavioural problems; and children who have experienced trauma.
- The number of people aged 15 and under with a long-term illness is predicted to increase significantly over the next 20 years, with a period of particularly high growth starting in 2020. A similar increase is projected for rates of severe disability in Cardiff. The rates of both long-term illness and severe disability in the Vale of Glamorgan are projected to be stable.
- Influencing positive health behaviours in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.

## 4.2 Disability <sup>29,30</sup>

Between 2018 and 2020, 7.8% of adults in Cardiff and 7.1% in the Vale of Glamorgan self-reported being in 'bad or very bad' health. Around a third of people (33.4%) in the health board's area reported having an illness which limited their day-to-day activities.

Sensory impairment is reduced or loss of sight, hearing or both. A disability may be present from birth or occur during a person's lifetime. In 2020, there were an estimated 10,700 people (2.8% prevalence) living with some degree of sight loss in Cardiff, and 5,210 people (4% prevalence) in the Vale of Glamorgan. This is expected to increase over the next five years.

The most common sight threatening conditions include age-related macular degeneration (AMD), cataract, glaucoma and diabetic retinopathy. In 2020, the estimated number of people with these conditions were 13,500 in Cardiff and 6,850

<sup>29</sup> Cardiff and Vale Population Needs Assessment (2017). For Social Services and Well-being (Wales) Act 2014. From: [Population-Needs-Assessment-1.pdf \(cvihsc.co.uk\)](#)

<sup>30</sup> RNIB: Sight loss data tool. [Sight Loss Data Tool - RNIB - See differently](#)

in the Vale of Glamorgan. Both areas are predicted to see a 16% increase by 2030, higher than the average for Wales.

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 which can result in sight loss or visual dysfunction. Certain risk factors can also increase the chance of sight loss. For example, smoking can double the risk of AMD 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 and can be directly caused by sight loss. It is estimated 45 severe falls each year are directly attributable to sight loss in Cardiff, and 25 in the Vale of Glamorgan.

It is estimated (2020) that 33,000 people have a moderate or severe hearing impairment in Cardiff, and 16,500 in the Vale of Glamorgan and 2,080 people are living with dual sensory loss (i.e., sight and hearing) of any severity in Cardiff, and 990 in the Vale of Glamorgan.

In 2018 to 2019, there were 1,389 people registered with a learning disability in Cardiff and 496 people in the Vale of Glamorgan<sup>31</sup>. People with learning disabilities are more likely to develop both physical and mental health problems when compared with the general population. For example, there is a high prevalence of dementia in people with Down's syndrome. Research suggests people with learning disabilities are 58 times more likely to die before the age of 50. They are also more likely to have diabetes, sensory impairments, mental health problems or epilepsy and to have an increased mortality from conditions associated with their learning conditions. People with learning disabilities may also have poorer health resulting from lifestyle issues such as diet and exercise for which they have not received enough advice and support.<sup>32</sup>

People with learning disabilities are now living longer and a significant increase is projected in the number of older people with learning disability in both Cardiff and the Vale of Glamorgan. Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible.

Increases are also projected in the number of children and young people with learning difficulty or autism spectrum disorder.

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

<sup>31</sup> StatsWales – Register of those with learning difficulties (2019)

<sup>32</sup> NICE guideline (2018): Care and support of people growing older with learning disabilities. From: [www.nice.org.uk/guidance/ng96](http://www.nice.org.uk/guidance/ng96)



### 4.3 Pregnancy and maternity

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

- Urinating a lot
- Pelvic pain
- Piles (haemorrhoids)
- Skin and hair changes
- Sleeplessness
- Stretch marks
- Swollen ankles, feet 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.

The Ethnicity and Health in Wales<sup>33</sup> report provides a description of the ethnic make-up of Wales, together with information on the determinants of health and health outcomes they experience, using 2011 Census as the data source. It identifies that:

- The White British or Irish population account for almost 94% of the population.
- The age structure of the White British or Irish population is much older than the other groups. The younger age structures in other groups reflect patterns of immigration and, in some cases, higher birth rates.
- After accounting for age, the White British or Irish group has a higher percentage of its population reporting limiting illness than the other groups with the exception of the Mixed multiple ethnic group.

<sup>33</sup> Public Health Observatory Wales (2015). Ethnicity and Health in Wales. From: [www.publichealthwalesobservatory.wales.nhs.uk/ethnicity](http://www.publichealthwalesobservatory.wales.nhs.uk/ethnicity)



- The Mixed multiple ethnic group reported the highest levels of bad or very bad general health, but the differences between groups were not stark.
- The White British or Irish group were more likely to be providing unpaid care than those in other ethnic groups. This reflects the older age structure of this group.

Uptake of childhood immunisations is lower in some Black, Asian and minority ethnic (BAME) groups in Cardiff and the Vale and work is ongoing through primary care clusters serving BAME communities to increase engagement and uptake.

Most recently, the impacts of Coronavirus (COVID-19) have been seen at a greater level in BAME communities.

## 4.5 Religion and belief <sup>34</sup>

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

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

<sup>34</sup> Government UK: Culture, spirituality and religion: migrant health guide. Advice and guidance on the health needs of migrant patients for healthcare practitioners. From: [Culture, spirituality and religion: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/culture-spirituality-and-religion-migrant-health-guide)

## 4.6 Sex

- The average life expectancy at birth in Cardiff and Vale University Health Board is 83.1 years for females and 78.6 years for males, a difference of 4.5 years between genders.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care<sup>35</sup> into the use of pharmacies in 2009 showed men aged 16 to 55 tend to be 'avoiders' i.e., they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- Men are more likely to die from coronary heart disease prematurely and are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The percentage of adults reporting to be overweight or obese is higher in men than women for each age group.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- 19% of adults in Wales were drinking above the weekly guidelines in 2018 to 2019 and 2019 to 2020. Drinking above guidelines was more prevalent in males than females.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific.

## 4.7 Sexual orientation

The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections, problematic drug and alcohol use and smoking as the top public health issues facing the UK.

All of these disproportionately affect Lesbian Gay Bisexual Transgender (LGBT) populations:

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

<sup>35</sup> From: [Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009](#)

- 41% of trans people reported attempting suicide compared to 1.6% of the general population.

#### 4.8 Gender re-assignment <sup>36</sup>

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

#### 4.9 University students <sup>37</sup>

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

- Screening for, and treatment of, sexually transmitted diseases.
- Smoking cessation.
- Meningitis vaccination.
- Alcohol and substance use support.
- Contraception, including emergency hormonal contraception, provision.
- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase. This is likely to have been exacerbated by the Coronavirus (COVID-19) pandemic
- According to Unite Students Insight report 2019<sup>38</sup>, the percentage of students who consider that they have a mental health condition has risen, and now stands

<sup>36</sup> Gender Identity Research and Education Society. From: [Trans Health Factsheets](#)

<sup>38</sup> From: [Unite Students Insight Report 2019](#)

at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.

- The number of students dropping out of university with mental health problems has more than trebled in recent years.

#### **4.10 Offenders and children and young people in contact with the Youth Justice System**<sup>39</sup>

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
- Sexual health

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

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

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

#### **4.11 Homeless and rough sleepers**

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. Research by the homeless charity Crisis<sup>40</sup>, found that people who sleep rough are 17 times more likely to be victims of violence than the general public. More than one in three people sleeping rough have been deliberately hit or

<sup>39</sup> Youth Justice Board / Ministry of Justice (2019/2020). Assessing the needs of sentenced children in the Youth Justice System, England and Wales. From: [Microsoft Word - Assessing the needs of sentenced children in the Youth Justice System 2019-20.docx \(publishing.service.gov.uk\)](#)

<sup>40</sup> Crisis Sanders, B. & Albanese, F. (2016) "It's no life at all": Rough sleepers' experiences of violence and abuse on the streets of England and Wales. From: [crisis\\_its\\_no\\_life\\_at\\_all2016.pdf](#)

kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.

The mean age at death for someone who is homeless in England and Wales is 45 years for men and 43 for women compared to the mean age at death for the general population of England and Wales which is 76 years and 81 years respectively (2018). Two in five deaths of homeless people were related to drug poisoning (294 estimated deaths), and the number of deaths from this cause has increased by 55% since 2017. The majority of identified deaths were in urban areas (95%), consistent with data showing higher concentrations of rough sleeping in urban areas of England and Wales.<sup>41</sup>

In Wales, the national rough sleeper monitoring exercise is undertaken to provide a better understanding of rough sleeping. In 2019, it showed that Cardiff had the highest estimated number of rough sleepers (92) in Wales and the Vale of Glamorgan (1) had one of the lowest estimated numbers of rough sleepers.

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

#### 4.12 Traveller and gypsy communities <sup>43</sup>

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

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

- Transient nature of being in the area.
- Location of sites

<sup>41</sup> Office of National Statistics (2018). Deaths of homeless people in England and Wales. From: [Deaths of homeless people in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/deaths/homeless-people)

<sup>42</sup> [Toxic Mix: The health needs of homeless young people, Centrepoin 2014](#)

<sup>43</sup> Welsh Government (2015). Travelling to Better Health Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers. From: [travelling-to-better-health.pdf \(gov.wales\)](https://gov.wales/travelling-to-better-health.pdf)

- Transport – particularly related to women who often cannot drive.
- Low levels of health literacy of what services they are entitled to use or how to access them.

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

- Live shorter lives.
- Suffer from chronic ill health such as cardiovascular disease, cancers, diabetes asthma and other respiratory conditions. There are also higher rates of stroke.
- Have poorer mental health, from mild to moderate to severe and enduring conditions.
- Have poorer dental health.
- Have higher rates of stillbirths, perinatal mortality and post-natal depression.
- Have higher rates of hereditary conditions as a result of consanguineous marriages.
- Have lower levels of childhood vaccinations/immunisations.
- Smoke and drink more.
- Have poorer diets.
- Have higher rates of accidents; and
- Have higher rates of domestic violence.

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

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

#### 4.13 Asylum seekers, refugees and migrants <sup>44</sup>

An asylum seeker is a person who has come to the UK to exercise his or her right to claim asylum under the 1951 Convention relating to the Status of Refugees and is waiting for a decision about whether they will be granted refugee status. Examples of people claiming asylum are those who have left a country at war or where they are persecuted because of their place in society. A refugee is a person who has been recognised by the UK government as needing protection under the 1951 Convention and has been granted leave to remain in the UK, initially for a period of five years although this may be extended indefinitely. <sup>45</sup> There are many ways to interpret the term 'migrant' and there is no definition of a 'migrant' in law.

<sup>44</sup> Cardiff and Vale Population Needs Assessment (2017). For Social Services and Well-being (Wales) Act 2014. From: [Population-Needs-Assessment-1.pdf \(cvihsc.co.uk\)](#)

<sup>45</sup> [Asylum Seekers and Refugees | Public Health Network Cymru](#)

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.

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. The Syrian Resettlement Programme operates in Cardiff and the Vale of Glamorgan. In Cardiff, the Cardiff Health Access Practice (CHAP) provides healthcare advice and support to refugees and asylum seekers.

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.

#### Main needs

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

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05/06/2021 17:00:36



#### 4.14 Military veterans <sup>46</sup>

Veterans are defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserved) or Merchant Mariners or who have seen duty on legally defined military operations. There are around 5.61 veterans per 1000 residents in Cardiff and Vale, below the Wales average of 6.24 and the second lowest rate in Wales. However, this masks a very low rate in Cardiff (3.29) compared with the highest rate in Wales in the Vale of Glamorgan, at 11.96 per 1000 residents.

The Royal British Legion (RBL) carried out an extensive household survey in 2014 of the ex-service community.<sup>47</sup> The 'ex-Service community' includes both veterans (of whom 89% are men) and their dependants (of whom 96% are women). Overall, the survey estimates that around 1 in 10 (9.5-9.6%) of the total UK population are veterans. This notes that veterans especially from Iraq and Afghanistan have a higher prevalence of heavy drinking compared with the rest of the population. PTSD (post-traumatic stress disorder) rates are around 1 in 25 (4%) of veterans. The survey identifies that the majority of the ex-Service community are older people: nearly half are over 75 and two thirds (64%) are over 64. This corresponds to the finding that the average time since a veteran left service was 41 years. The total number of veterans is also declining in size and together with the changes currently occurring in the UK Armed Forces, this means a greater proportion of the veteran population will be made up of younger people in the near future. As such their health needs are likely to be different than those of the older veteran population.

Among the working age ex-Service community, the survey found that unemployment rates were higher than the rest of the population (8% compared with 5%) and more likely to be economically inactive (32% compared with 22%). Working-age ex-Service community are also more likely to report long-term limiting illness compared with the rest of the population (24% compared with 13%), including higher rates of depression, back problems, limb problems, heart problems, diabetes, hearing and sight problems. Working-age veterans are also twice as likely to report having unpaid caring responsibilities than the rest of the population (23% compared with 12%). Issues highlighted among over 75s include loneliness and isolation, mobility problems and self-care difficulties. Interestingly health problem among veterans in this age group are less common than in the rest of the population of a similar age - in contrast to the higher rates seen among working age veterans.

##### Main needs

- Mental health - diagnosis and care
- Social isolation
- Housing
- Financial advice
- Ensure adequate provision for conditions other than PTSD

<sup>46</sup> Cardiff and Vale Population Needs Assessment (2017). For Social Services and Well-being (Wales) Act 2014. From: [Population-Needs-Assessment-1.pdf \(cvihsc.co.uk\)](#)

<sup>47</sup> Royal British Legion (2014). A UK household survey of the ex-service community. From: <http://www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-a-household-survey/>



- Substance misuse and self-medication
- Early diagnosis & preventative treatment
- Transition support
- Improved access to services
- Safeguarding issues relating to domestic violence

#### **4.15 Visitors to tourist attractions**

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

- Treatment of an acute condition which requires the dispensing of a prescription.
- Services for alcohol intoxication e.g. at major sporting events (Alcohol Treatment Centre in Cardiff)
- The need for repeat medication
- Support for self-care, or
- Signposting to other health services such as a GP or dentist.

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## 5 Provision of pharmaceutical services

The maps used in this chapter combined with the full list of pharmacy contractors by cluster found in Appendix L and the GP dispensing site at 5.1.21 identify the premises at which pharmaceutical services and GP dispensing 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

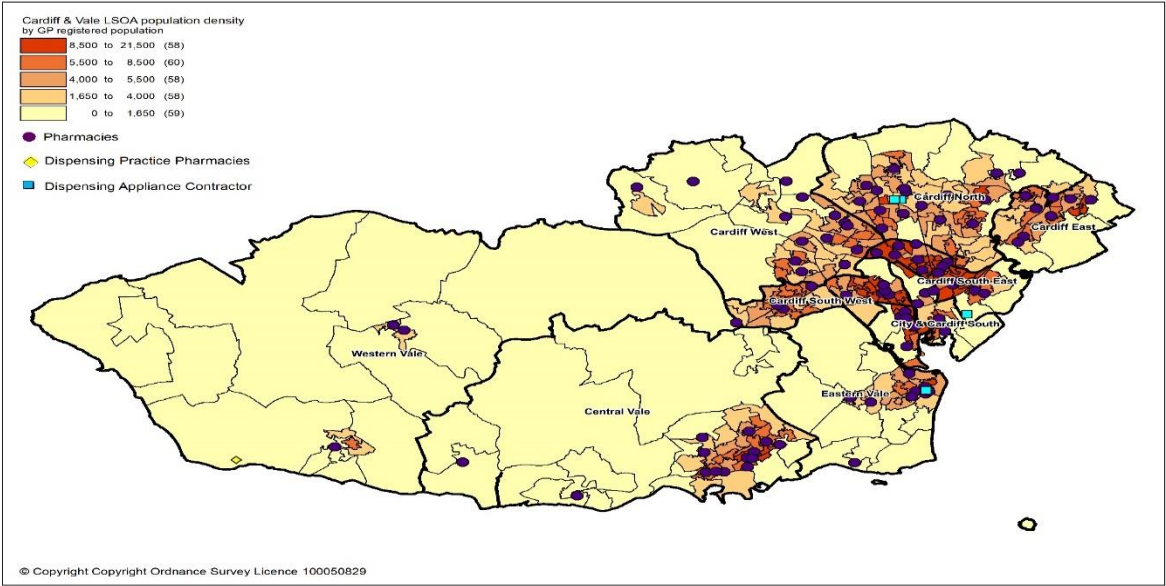
There are 106 pharmacies included in the pharmaceutical list for the area of the health board as of March 2021, operated by 42 different contractors. There are four dispensing appliance contractors located within the health board which provide services for Wales and England and are operated by four contractors.

Of the 60 GP practices in the health board area, one dispenses to eligible patients from one site within the health board's area. As of August 2020, the GP practice dispensed to 372 of their registered patients (5% of the total list size of the practice).

The map below shows the location of the pharmacy, dispensing appliance contractor and dispensing practice premises within the health board's area compared to population density. As can be seen from the map, the majority of pharmacies are located in or near areas of higher population density. The dispensing doctor practice, as can be expected, can be found in a more rural area with lower population density. Due to the size of the area covered by the health board many of the premises are not shown individually.

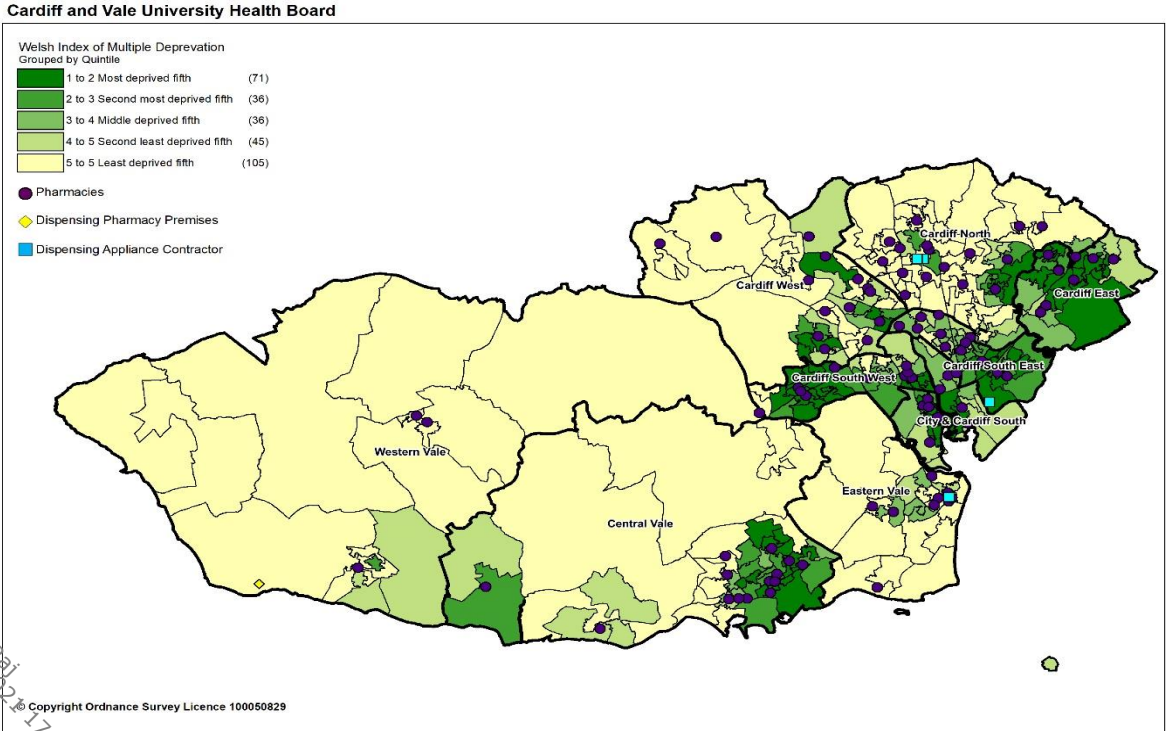
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**Map 5.1: Location of pharmacies, dispensing appliance contractors and dispensing practice premises compared to population density**



The map below shows the location of the pharmacy, dispensing appliance contractor and dispensing practice premises within the health board's area compared to levels of deprivation. As can be seen, the majority of pharmacy and appliance contractor premises can be found in or close to areas of higher deprivation. The dispensing doctor practice is found in one of the least deprived areas, however this area is rural in nature.

**Map 5.2: Location of pharmacies, dispensing appliance contractors and dispensing practice premises compared to levels of deprivation**

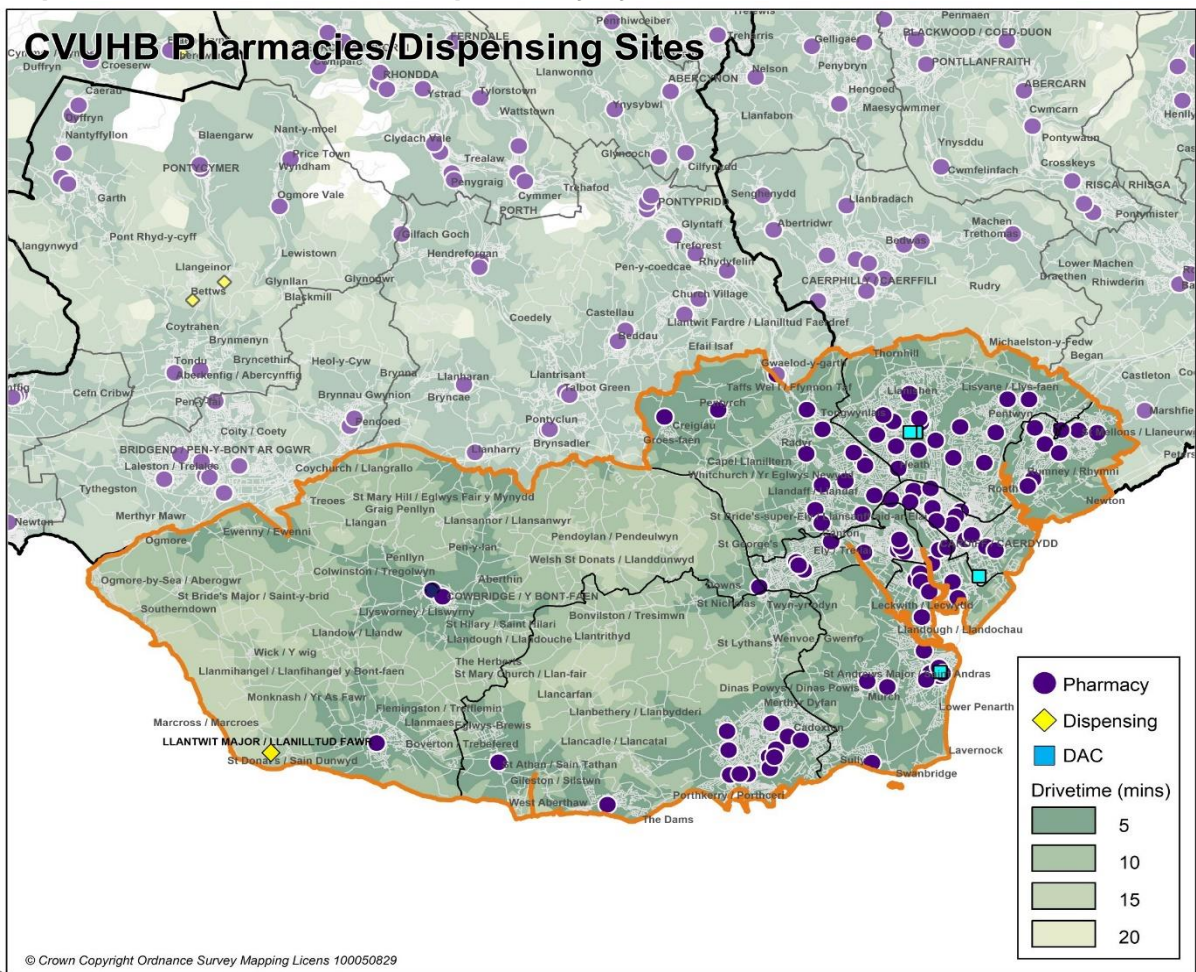


When considering all the prescription items that were prescribed by GPs in Cardiff and Vale University Health Board and dispensed in 2019 to 2020, 96.3% were dispensed by pharmacies within the health board's area. The one dispensing GP practice dispensed or personally administered less than 0.1% and the non-dispensing GP practices personally administered 1.9%.

5.1.1 Access to premises

A travel time of 20 minutes by car was used as a reasonable or standard time for residents to take to access a pharmacy<sup>48</sup>. In order to assess whether residents are able to access a pharmacy within the standard 20 minutes' drive time, maps were drawn up at the health board and cluster level. These were based on an analyses of drive time and distance using the RouteFinder plugin for MapInfo Professional and the Ordnance Survey Highways transport network, with a custom average road speed file estimated using a study by Ordnance Survey and South Central Ambulance Service. As can be seen from the map below, all residents in Cardiff and Vale University Health Board can access a pharmacy within 20 minutes by car.

Map 5.3: Time taken to access a pharmacy by car



<sup>48</sup>Department of Health (2008). Pharmacy in England: Building Strengths – delivering the future.

Further to this, the access to services domain in the Welsh Index of Multiple Deprivation captures deprivation as a result of a household's inability to access a range of services considered necessary for day-to-day living, including pharmacies. However, it uses an average return travel time to a pharmacy rather than a one way journey as shown in the map above. The average return travel (in minutes) is from the residential dwelling to the nearest pharmacy by public transport (bus, train, foot or coach) or private transport i.e., by car. In Cardiff and Vale University Health Board the average return travel time to a pharmacy by car is four minutes and by public transport is 26 minutes. 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.

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

Area	Average return travel time by public transport	Range of return travel time by public transport	Average return time by private transport	Range of return travel time by private transport
Cardiff	24 minutes	17 to 41 minutes	4 minutes	2 to 8 minutes
Vale of Glamorgan	33 minutes	16 to 136 minutes	6 minutes	1 to 25 minutes
Cardiff and Vale UHB	26 minutes		4 minutes	
Wales	38 minutes		7 minutes	

Source: StatsWales - WIMD 2019 Indicator Data Local Authority

Based on information from the 2011 Census, just over a quarter of households in Cardiff and Vale University Health Board (26.4%) do not have a car or van. The percentage is slightly higher in Cardiff (29%) than the Vale of Glamorgan (19.4%).

Responses to the public and patient questionnaire provide the following insights into accessing pharmacies:

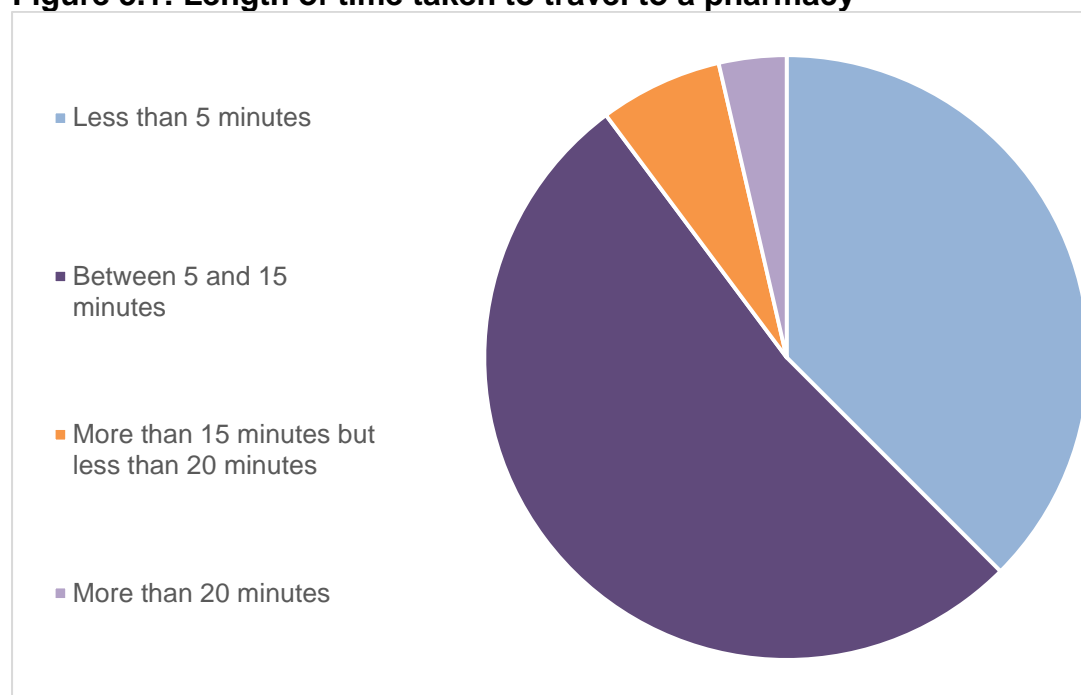
The most popular way of travelling to a pharmacy was by car (51%, 158 out of 308 people) and then on foot (44%). 1% (2 people) travelled by bus and the same by taxi. It is worth noting that these travel modes are likely to have been skewed by the Coronavirus (COVID-19) pandemic travel restrictions in place at the time of the survey. Of the five people who responded other, two comments were about also walking as well as using another method of traveling to the pharmacy.

Nearly all respondents (96%, 293 people out of a total of 304) could get to a pharmacy in less than 20 minutes. Only for 4% of respondents (11 people) did it take more than 20 minutes. 38% of respondents (114 people) could get to a pharmacy in less than 5 minutes. The most popular response was between 5 minutes and 15 minutes (52%, 159 people).

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



The majority of respondents (90%, 276 out of 308 people) said they didn't have difficulty getting to a pharmacy. Only 7% (23 people) replied that they did and 3% (9 people) said the question was not applicable. Comments received included:

Seven comments were related to poor health or mobility issues due to a disability, injury or a health condition, as the main reason which made getting to a pharmacy difficult:

- "I am disabled and it is now too far for me to walk. This is recent (in the last 5 years)."
- "Sometimes I am too ill to collect my prescription so my dad goes for me."

Six comments were about ease of getting to a pharmacy, including travel distance or pharmacy closure or both:

- "I often have late afternoon appointments with my gp in [name of location]. my usual pharmacy in [name of pharmacy] has now closed. other pharmacies in the area are not open by the time i go there, so i cant get my medication on the same day. if i am working the next day i often dont start my medication for a few days."
- "Too far away and not easy to get to."
- "I do not drive and have to walk to my surgery and to a pharmacy to collect my medication. I used to use the pharmacy on [name of location] but as that has now closed I struggle to get to a pharmacy near my gp. Because of this I have on occasions had to wait a day or two before I can get my medication which has resulted in my condition worsening. I suffer with chest infections and starting antibiotics and steroids is very important for me."

One comment mentioned the ongoing road works.

### 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 the Out of Hours and CAV 24/7 service, or to collect dispensed items on their way to or from work, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

The patient and public engagement questionnaire showed that most respondents do not have a preference about when is the best time or day to use a pharmacy. Of the remaining responses, 42% preferred to use a pharmacy between 9am and 6pm, with 2pm to 6pm being the most popular choice (21%), followed by 6pm to 9pm (17%). Where a day was indicated, the weekdays was the most convenient time for respondents to visit a pharmacy (19%), followed by the weekends in general (11%) rather than a specific day.

Pharmacies are required to open for not less than 40 hours per week (excluding bank and public holidays), and these are referred to as core opening hours. Many pharmacies choose to open for longer and these additional hours are referred to as supplementary opening hours. Appendix L provides information on the pharmacies and dispensing appliance contractor opening hours as of March 2021 and at that point in time there were:

- 15 pharmacies open seven days a week
- 18 pharmacies open Monday to Saturday
- 39 pharmacies open Monday to Friday, and part of Saturday
- 34 pharmacies that open Monday to Friday.

Dispensing appliance contractors are required to open not less than 30 hours per week and these are referred to as core opening hours. The opening times of the four appliance contractors, as of March 2021 are:

Respond – Greypoint, Cardiff Business Park, Cardiff, CF14 5WF

- Opening times: 8:00am to 5:00pm Monday to Friday.

Salts Healthcare Ltd – 3 Hickman Road, Penarth. CF64 2AJ.

- Opening times: 9.00am to 5.00pm Monday to Saturday

Great Bear Healthcare - 1 Lambourne Crescent, Cardiff Business Park, Cardiff, CF14 5GF

- Opening times: 8.30am to 5.00pm Monday to Friday

Fittleworth Medical Ltd – 9-11 Castle Street, Cardiff, CF10 1BS

- Opening times: Open 6 days a week (Except Bank Holidays).
- Monday to Friday 8.00am to 8.00pm. Saturday 9.00am to 1.00pm

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.

In addition, the Minor Injuries Unit (MIU) based at Barry Hospital, Colcot Road, Barry, South Glamorgan, CF62 8YH, is open 8.30am to 3.30pm Monday to Friday.

Cardiff & Vale University Health Board has developed a Strategic Clinical Services Plan setting out the vision for how healthcare services will be provided, including providing more treatment and care in the community in Wellbeing Hubs in each locality within Cardiff & Vale University Health Board. This may affect need for pharmaceutical services in those areas.

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

At the time of writing the following sections 5.1.3 to 5.1.19, there were 107 pharmacies in Cardiff and Vale University Health Board and the information contained in these sections reflects this. The maps used throughout these sections provide an indication of the location of relevant pharmaceutical contractors within the health board's area providing advanced and enhanced services. Due to the size of the area covered by the health board many of the premises are not shown individually.

### **5.1.3 Access to Medicines Use Review (MUR) Advanced Service**

The underlying purpose of the MUR service is to improve the patient's knowledge and use of medicines. In 2018 to 2019, a total of 30,049 MURs were provided by 101 of the 107 pharmacies. Up to 400 MURs can be provided at each pharmacy per year, giving a potential maximum number of 42,800 reviews per annum. However, with six pharmacies not providing the service, the actual number of MURs that could have been undertaken is 40,400 reviews per annum. Only 42 pharmacies claimed the maximum number of 400 MURs in 2018 to 2019.

In 2019 to 2020, a total of 27,060 eligible MURs were provided by 103 of the pharmacies. Up to 400 MURs can be provided at each pharmacy per year, giving a potential maximum number of 42,800 per annum. However, with four pharmacies not providing the service the actual number of MURs that could have been undertaken is 41,200. Only 21 pharmacies claimed for the maximum number of 400 MURs in 2019 to 2020.

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

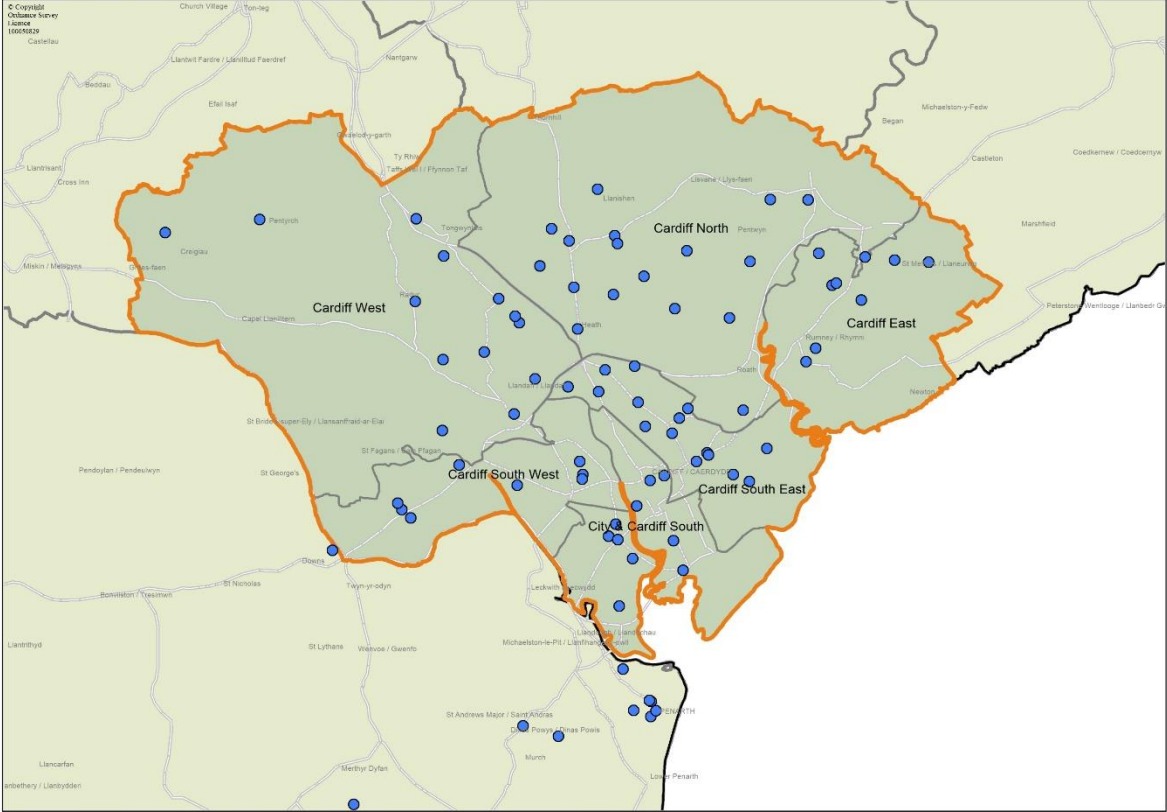
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

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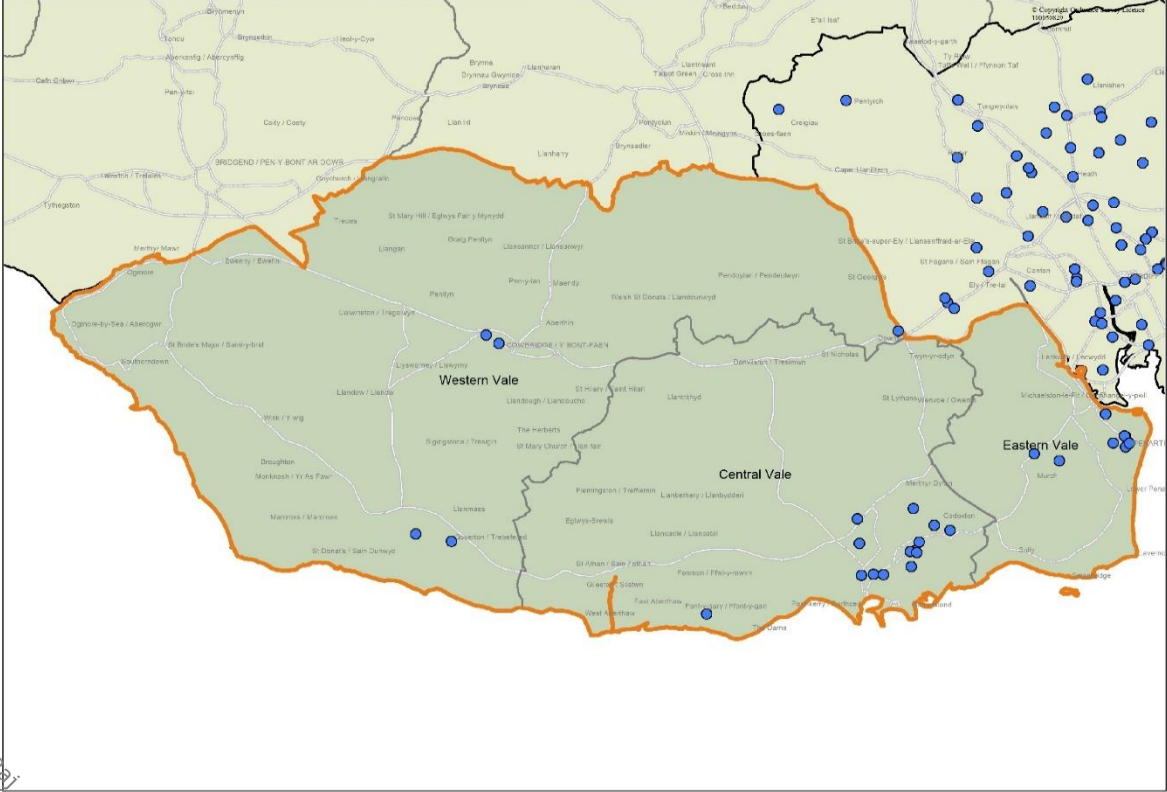


Map 5.4: Location of the pharmacies providing MURs in 2019 to 2020 by local authority

Cardiff& Vale UHB - Cardiff locality Medicines use reviews



Cardiff& Vale UHB - Vale of Glamorgan Locality Medicines use review



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

- In 2019 to 2020, four pharmacies did not provide the service.
- Of the 103 pharmacies that did provide the service, 82 pharmacies (80%) provided less than the maximum annual number of MURs of which 32 pharmacies (31%) provided less than 200 MURs.

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

#### **5.1.4 Access to the Discharge Medicines Review (DMR) Advanced Service**

The DMR service aims to provide support to patients recently discharged from hospital by ensuring that changes made to their medicines are enacted as intended in the community.

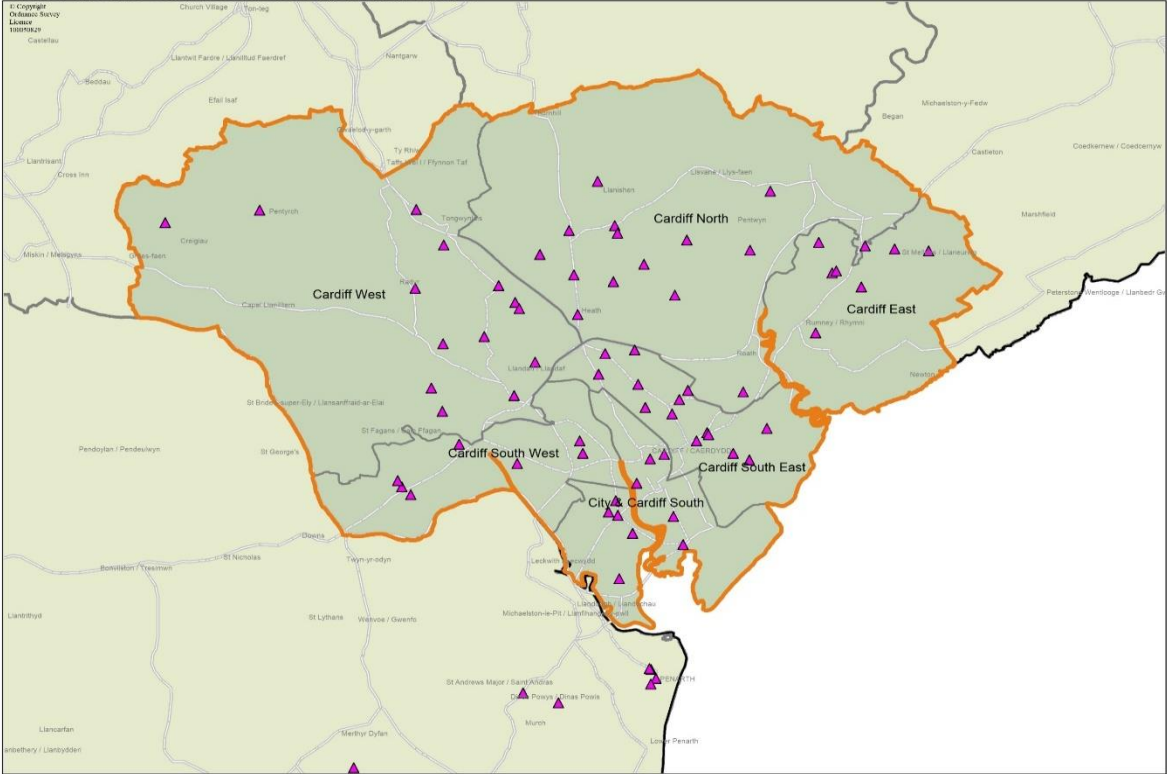
In 2018 to 2019, 85 of the 107 pharmacies provided this service, and a total of 2,195 full service interventions were claimed over the year. Up to 140 DMRs can be provided at each pharmacy per year, giving a potential maximum number of 14,980 per annum. However, with 22 pharmacies not providing the service the actual number of DMR interventions that could have been undertaken is 11,900. Only two pharmacies provided the maximum number of 140 DMR service interventions.

In 2019 to 2020, 91 pharmacies provided this service, and a total of 2,752 full service interventions were claimed over the year. Up to 140 DMRs can be provided at each pharmacy per year, giving a potential maximum number of 14,980 per annum. However, with 16 pharmacies not providing the service the actual number of DMRs interventions that could have been undertaken is 12,740. Only four pharmacies provided the maximum number of 140 DMR service interventions.

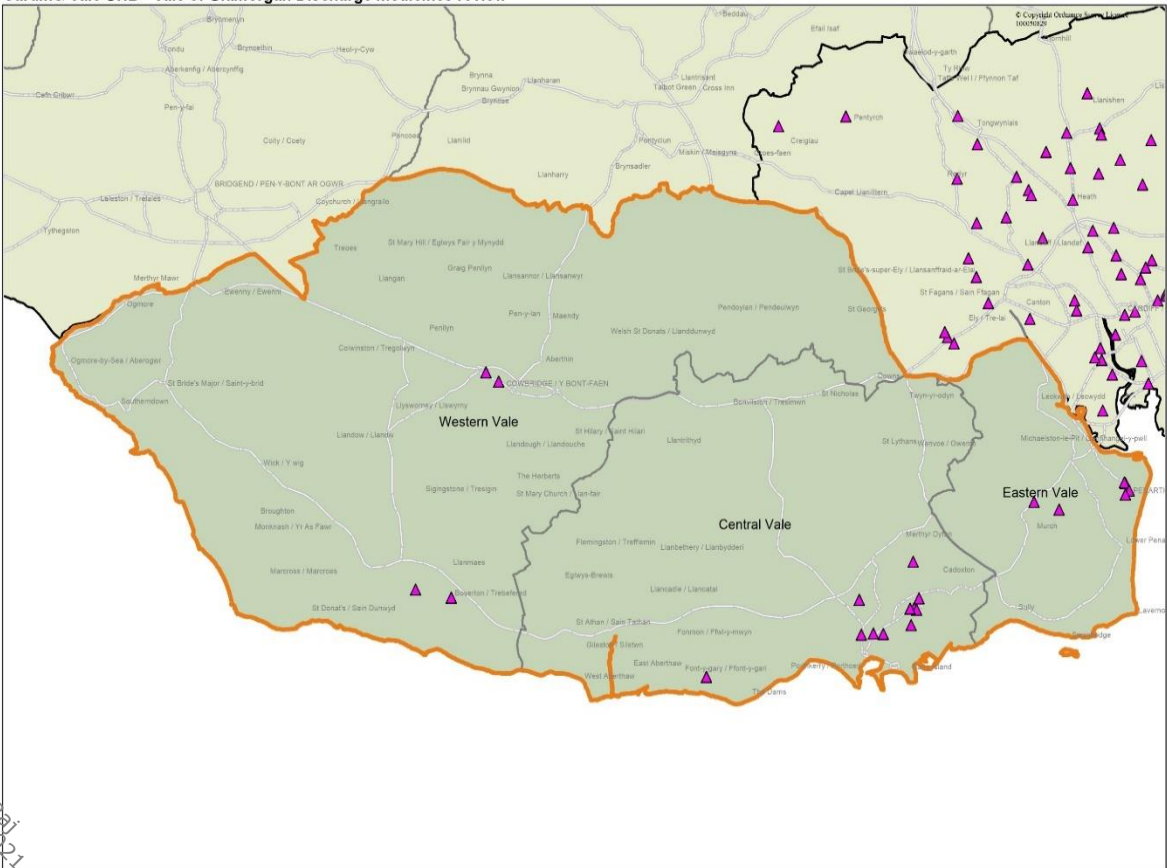
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Map 5.5: Location of the pharmacies providing DMRs in 2019 to 2020

Cardiff& Vale UHB - Cardiff locality Discharge medicines review



Cardiff& Vale UHB - Vale of Glamorgan Discharge medicines review



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Based upon the level of provision in 2018 to 2019 and 2019 to 2020, the health board is satisfied that there is sufficient capacity within existing contractors to provide more DMRs:

- In 2019 to 2020, 16 pharmacies did not provide the service.
- Of the 91 pharmacies that did, 87 pharmacies (96%) provided less than the maximum annual number of 140 DMRs of which 78 pharmacies (86%) provided less than 70 DMRs.

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

#### **5.1.5 Access to Appliance Use Review Advanced Service**

No pharmacies provided this service between 2018 to 2019 and the first five months of 2020 to 2021.

Of the four appliance contractors based in Cardiff and Vale University Health Board, only one offers the AUR service and provided a total of 2,526 AURs in 2018 to 2019, 1,578 AURs were provided in 2019 to 2020 and 326 AURs as of October 2020. However, due to the fact that the dispensing appliance contractor provides services across Wales and into England, not all of these will have been provided for residents of the health board's area. 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.

#### **5.1.6 Access to Stoma Appliance Customisation (SAC) Advanced Service**

No pharmacies provided this service in 2018 to 2019 to the first months of 2020 to 2021.

All four appliance contractors based in Cardiff and Vale University Health Board offer the SAC service. A total of 39,264 SACs were provided in 2018 to 2019, 39,111 SACs were provided in 2019 to 2020 and 21,078 SACs were provided as of October 2020. However due to the fact that dispensing appliance contractors provide services across Wales and into England, not all of these will have been provided for residents of the health board's area. 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.

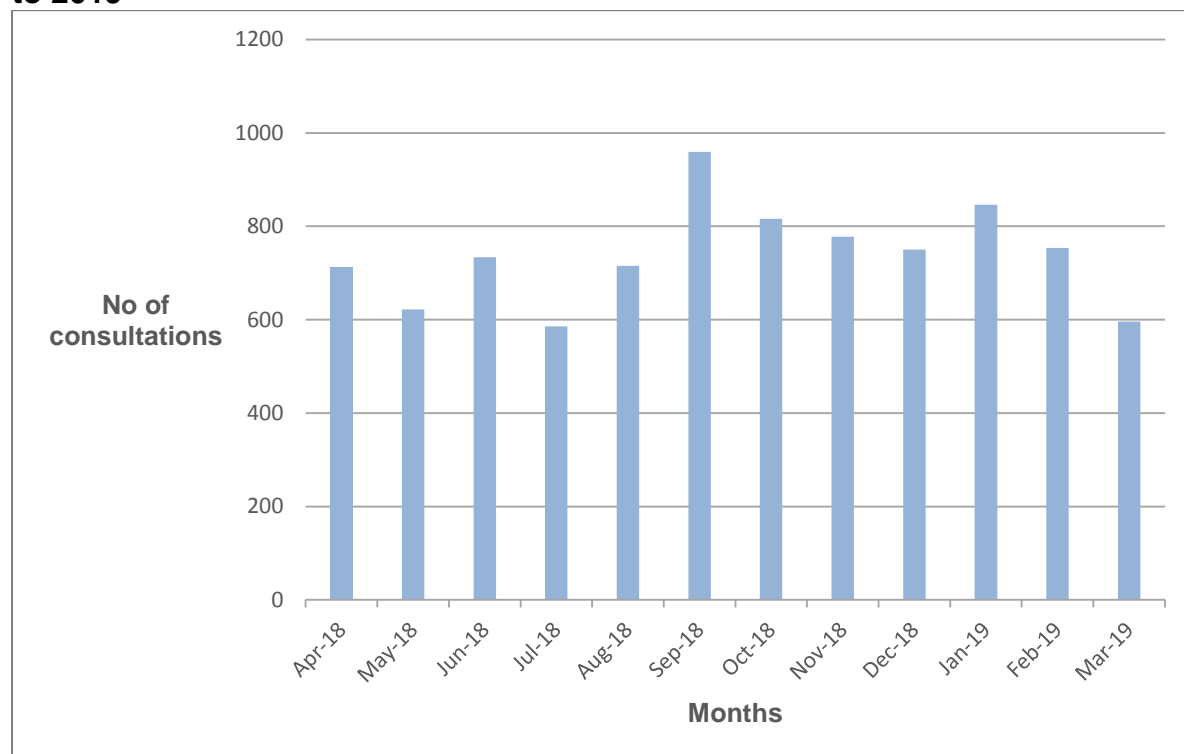
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### 5.1.7 Access to the Emergency Contraception Enhanced Service

In 2011, a national Emergency Contraception service was commissioned from community pharmacies. This allows levonorgestrel to be obtained by women and girls from the age of 13 years free of charge under a patient group direction (PGD). In April 2015, the service was extended to allow ulipristal acetate to be supplied between 72 and 120 hours after unprotected sexual intercourse (UPSI). As of April 2021, 75 pharmacies are commissioned by Cardiff and Vale University Health Board to provide the Emergency Contraception enhanced service.

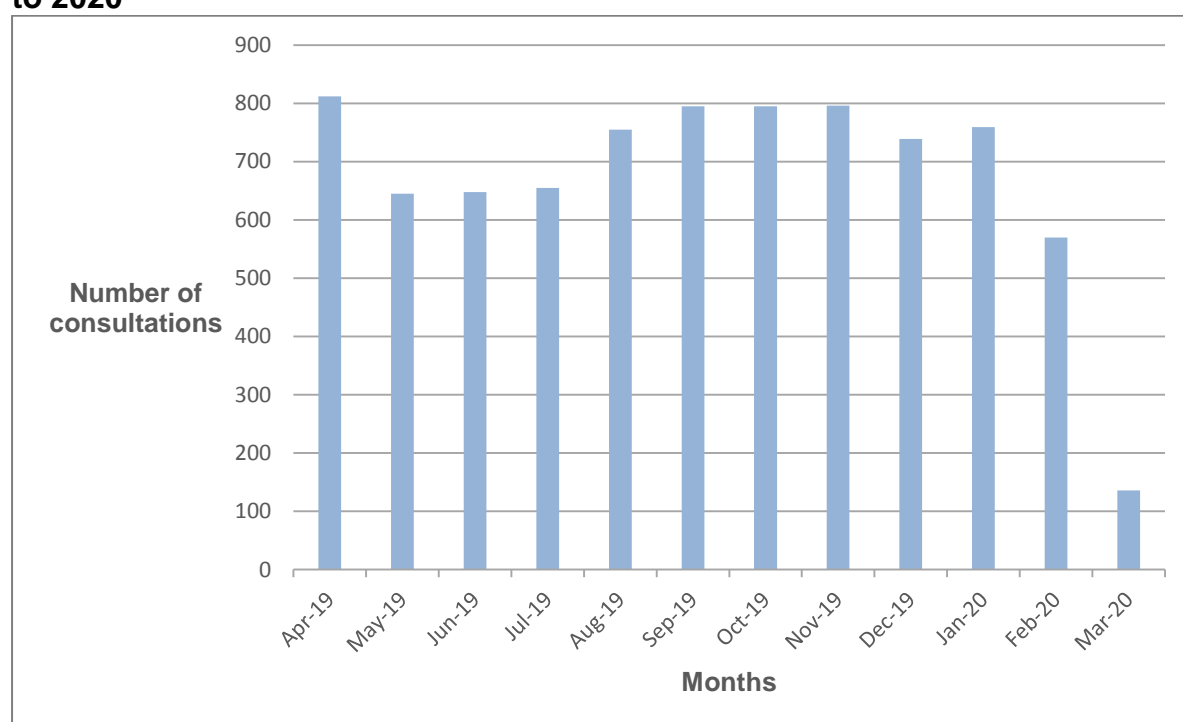
In 2018 to 2019, 66 pharmacies provided a total of 8,869 consultations under this service over the year. The figure below shows the total number of consultations provided under the service by pharmacies in the health board's area over this period.

**Figure 5.2: Number of emergency contraception consultations claimed in 2018 to 2019**



In 2019 to 2020, 68 pharmacies provided a total of 8,105 consultations under this service over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in 2019 to 2020.

**Figure 5.3: Number of emergency contraception consultations claimed in 2019 to 2020**



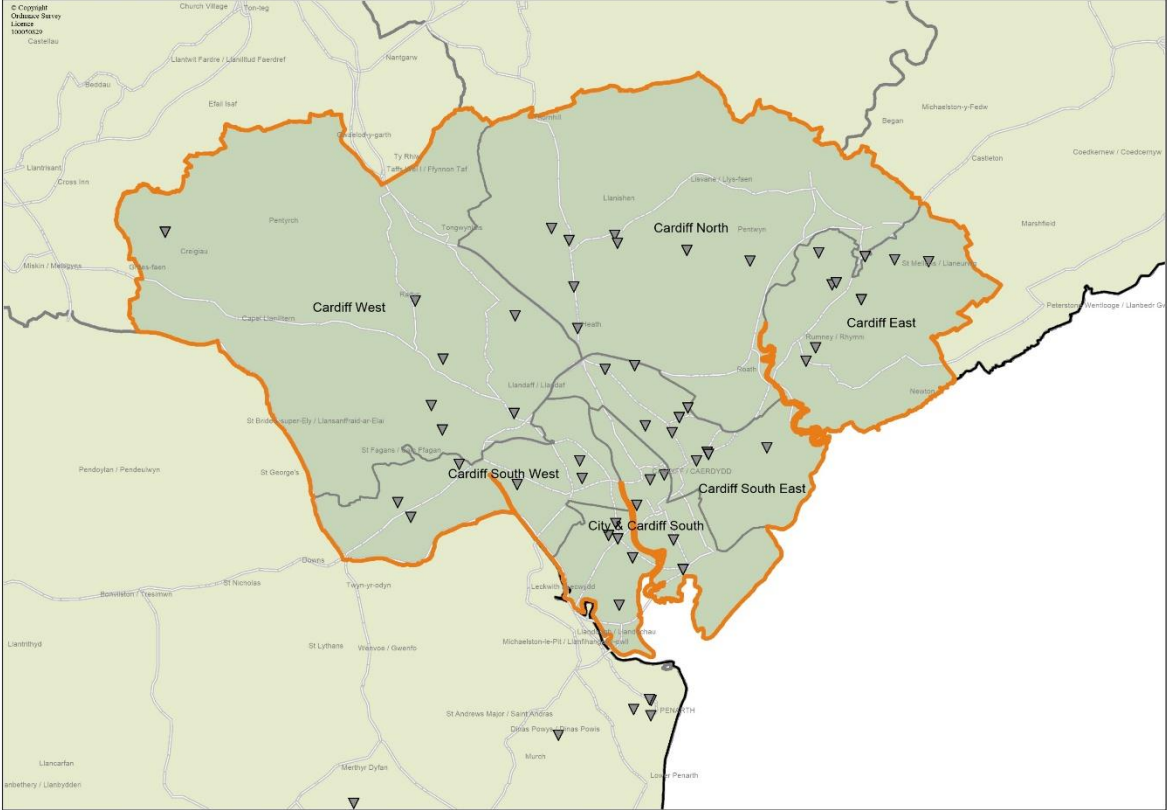
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

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Map 5.6: Location of pharmacies providing Emergency Contraception Enhanced Service in 2019 to 2020

Cardiff& Vale UHB - Cardiff locality Emergency hormonal contraception



Cardiff& Vale UHB - Vale of Glamorgan Emergency hormonal contraception

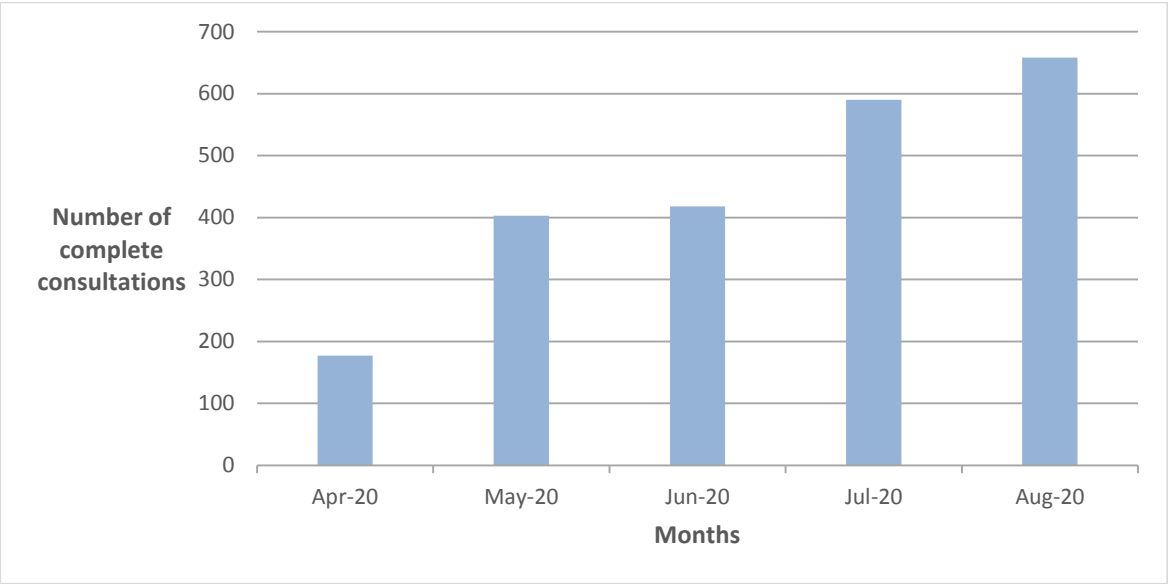


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In the first five months of 2020 to 2021, 63 pharmacies provided a total of 2,246 consultations under this service.

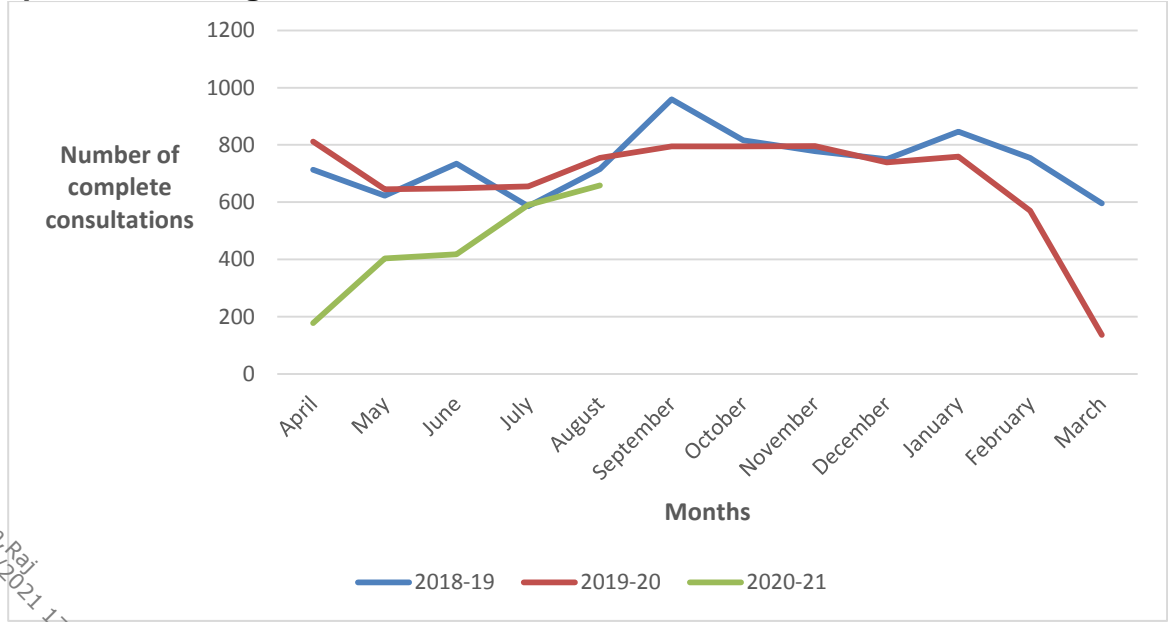
The figure below shows the total number of emergency contraception consultations claimed under the service by pharmacies in the health board's area in the first five months of 2020 to 2021.

**Figure 5.4: Number of emergency contraception consultations claimed in 2020 to 2021**



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

**Figure 5.5: Number of emergency contraception consultations by year from April 2018 to August 2021**



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

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

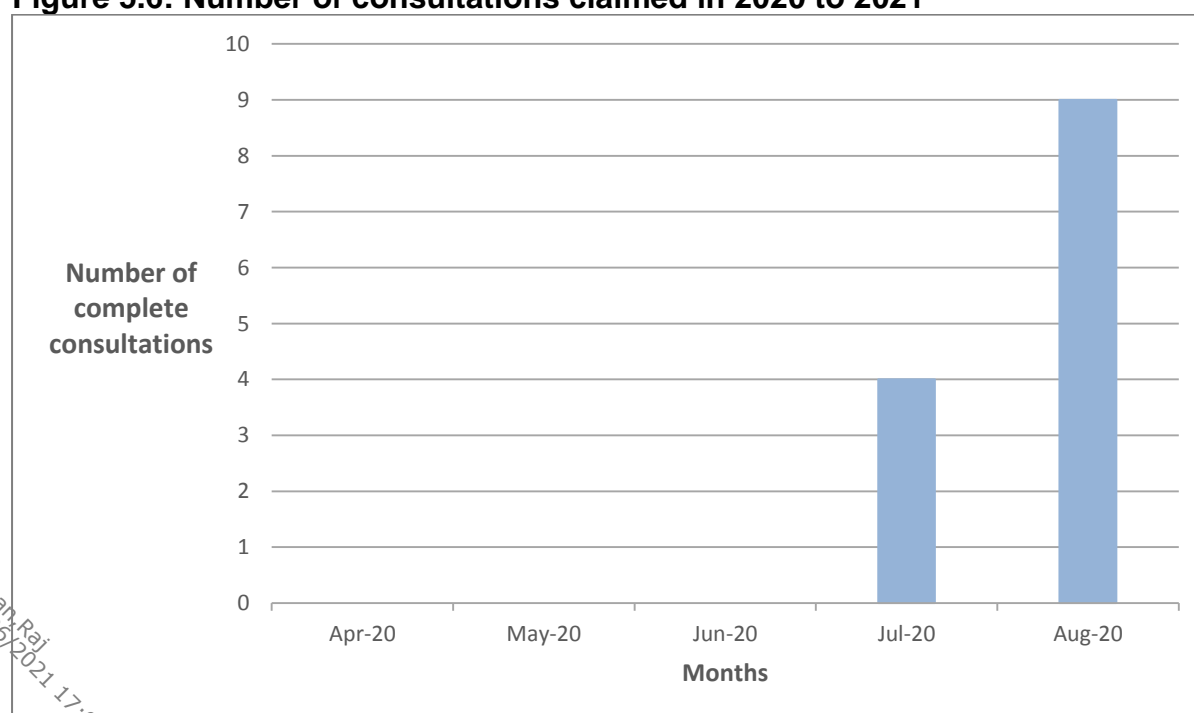
### 5.1.8 Access to the Smoking Cessation Level 2 Enhanced Service

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

The service commenced in May 2020, and there are 34 pharmacies commissioned to provide the Smoking Cessation Level 2 Enhanced Service.

As of August 2020, four pharmacies provided a total of 13 consultations. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in 2020 to 2021.

**Figure 5.6: Number of consultations claimed in 2020 to 2021**



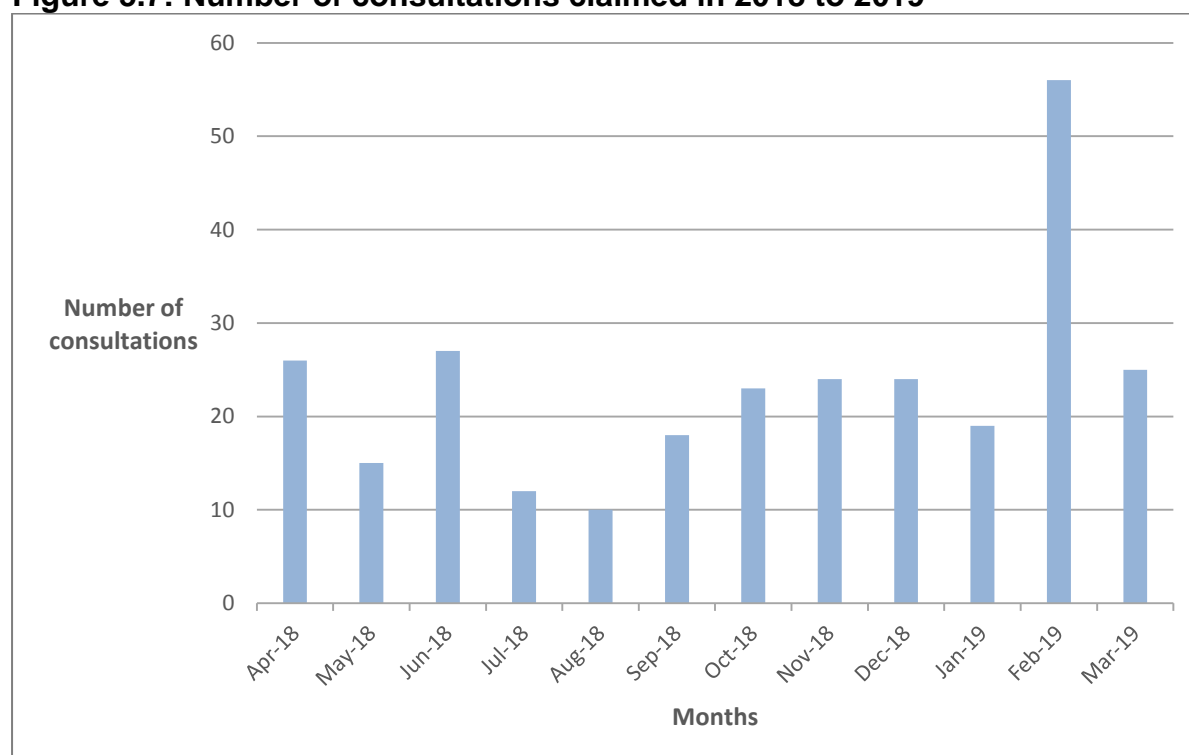
Based on the fact that the service only commenced in May 2020 and only four pharmacies were providing the service at that stage, Cardiff and Vale University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more Smoking Cessation Level 2 services.

### 5.1.9 Access to the Smoking Cessation Level 3 Enhanced Service

The Smoking Cessation Level 3 Enhanced Service was commissioned in 2015 and is designed to provide patients with a comprehensive support and treatment service to help them stop smoking over a 12 week programme, involving eight consultations with an accredited pharmacist. The service involves an initial assessment to determine the client's readiness to stop smoking; motivational interviewing techniques to assist clients in their attempt to stop smoking; supply and support in use of nicotine replacement therapy (NRT) products to maximise therapeutic benefits and Carbon monoxide monitoring to support a stop smoking attempt. As of April 2021, there are 39 pharmacies commissioned by Cardiff and Vale University Health Board to provide the smoking cessation level 3 enhanced service.

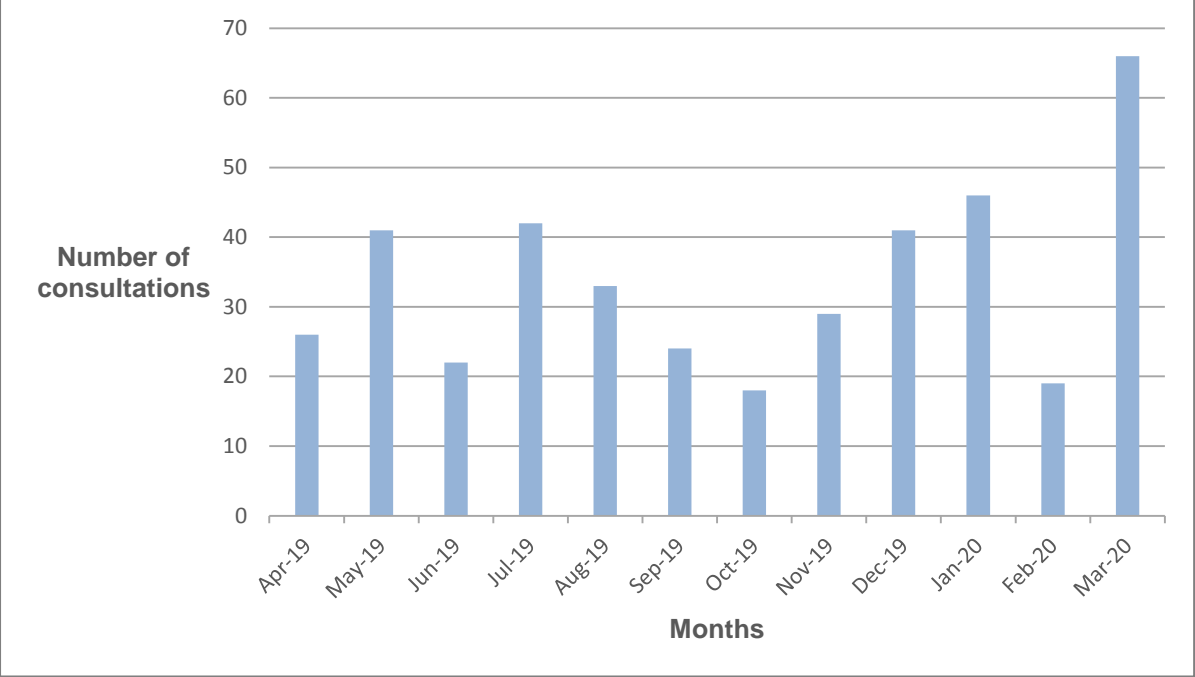
In 2018 to 2019, 20 pharmacies provided a total of 279 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in 2018 to 2019.

**Figure 5.7: Number of consultations claimed in 2018 to 2019**



In 2019 to 2020, 22 pharmacies provided a total of 407 consultations under this service over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in 2019 to 2020.

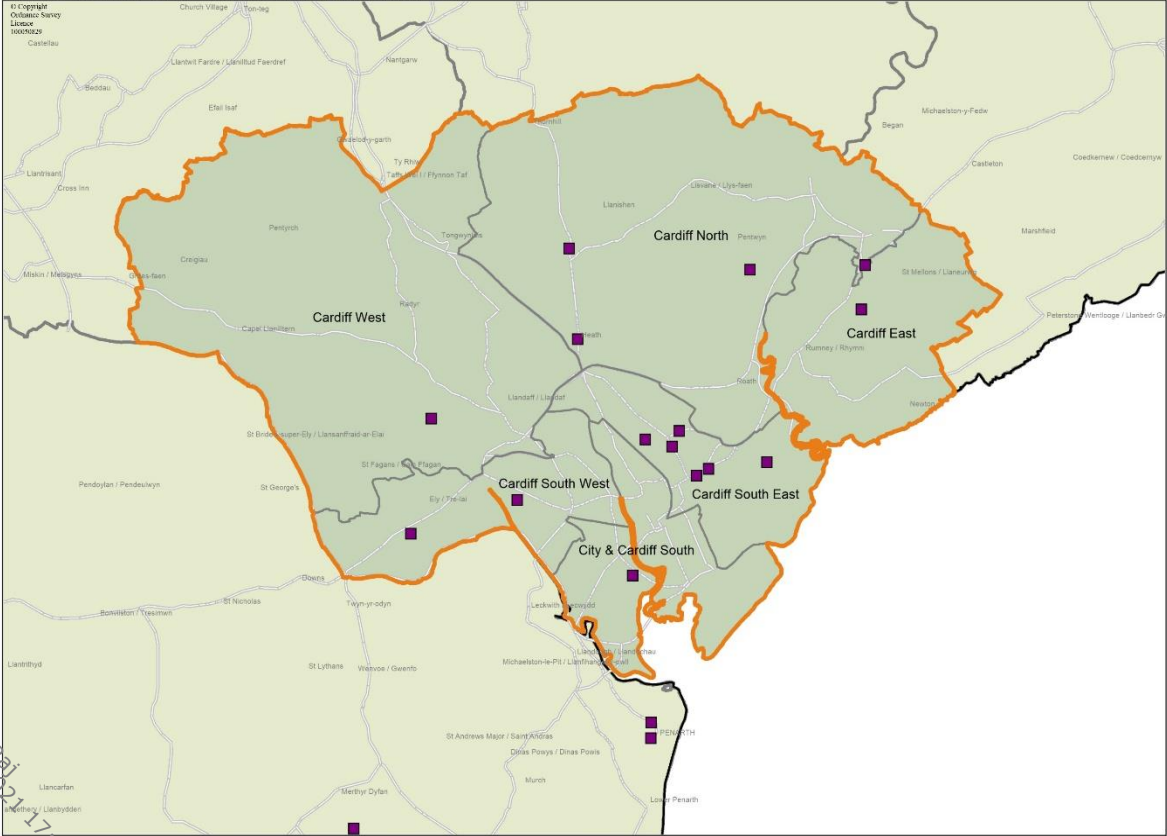
Figure 5.8: Number of consultations claimed in 2019 to 2020



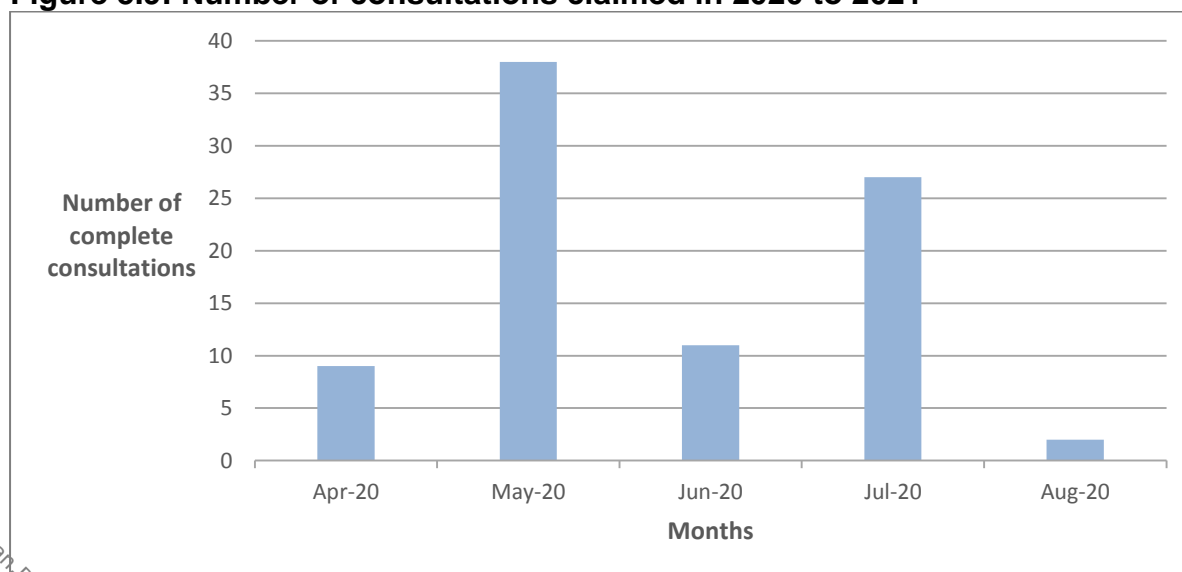
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.7: Location of pharmacies providing the Smoking Cessation Level 3 Enhanced Service in 2020 to 2021

Cardiff& Vale UHB - Cardiff locality Smoking cessation level 3

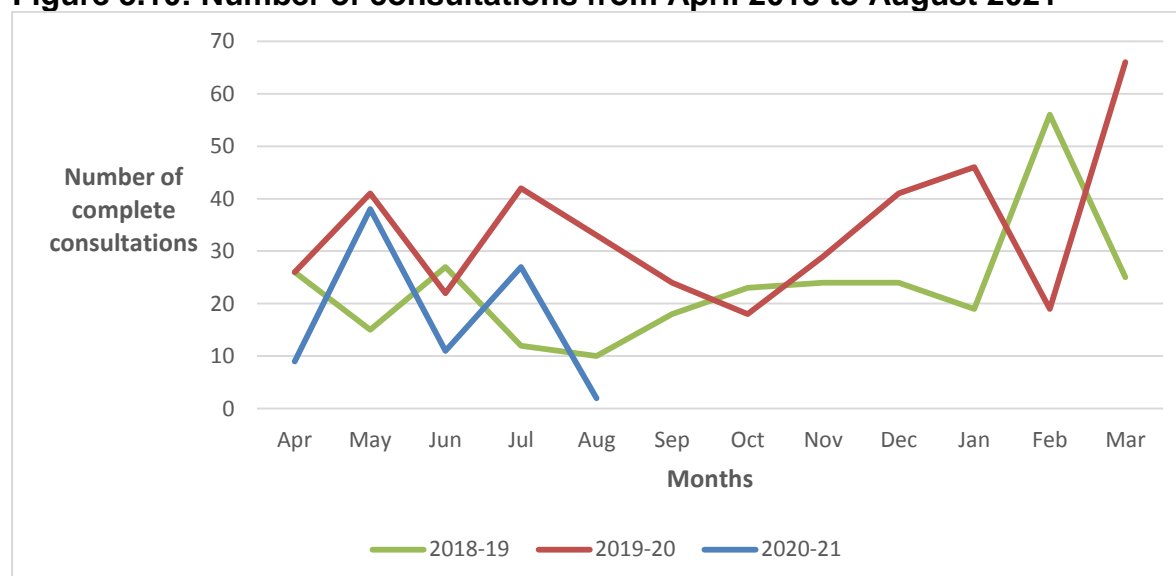


**Figure 5.9: Number of consultations claimed in 2020 to 2021**



113

**Figure 5.10: Number of consultations from April 2018 to August 2021**



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

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

### 5.1.10 Access to the Flu Vaccination Enhanced Service

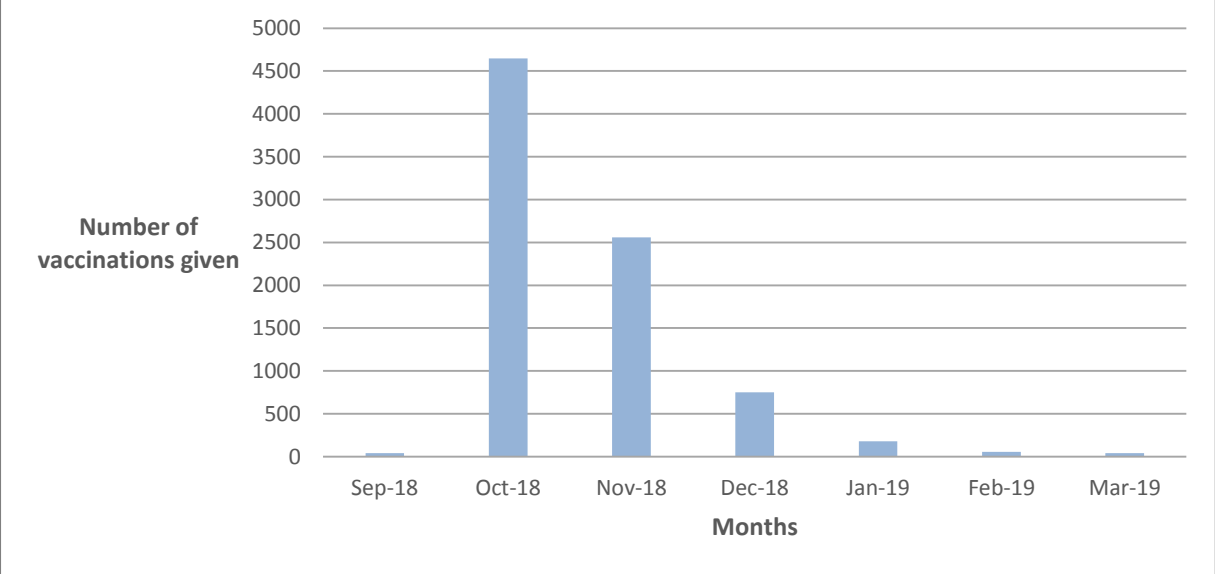
The Flu Vaccination Enhanced Service was commissioned in 2012. This service allows pharmacies to provide influenza immunisation for those patients in nationally and locally agreed at risk groups. It supports the wider provision of influenza immunisation and aims to increase the proportion of at risk individuals who receive immunisation thus helping to reduce morbidity and mortality.

In 2020 to 2021, 88 pharmacies were commissioned by Cardiff and Vale University Health Board to provide the flu vaccination enhanced service.

In 2018 to 2019, 88 pharmacies provided a total of 8,274 vaccinations over the flu season (September to March). The figure below shows the total number of vaccinations claimed under the service by pharmacies in the health board's area in 2018 to 2019.

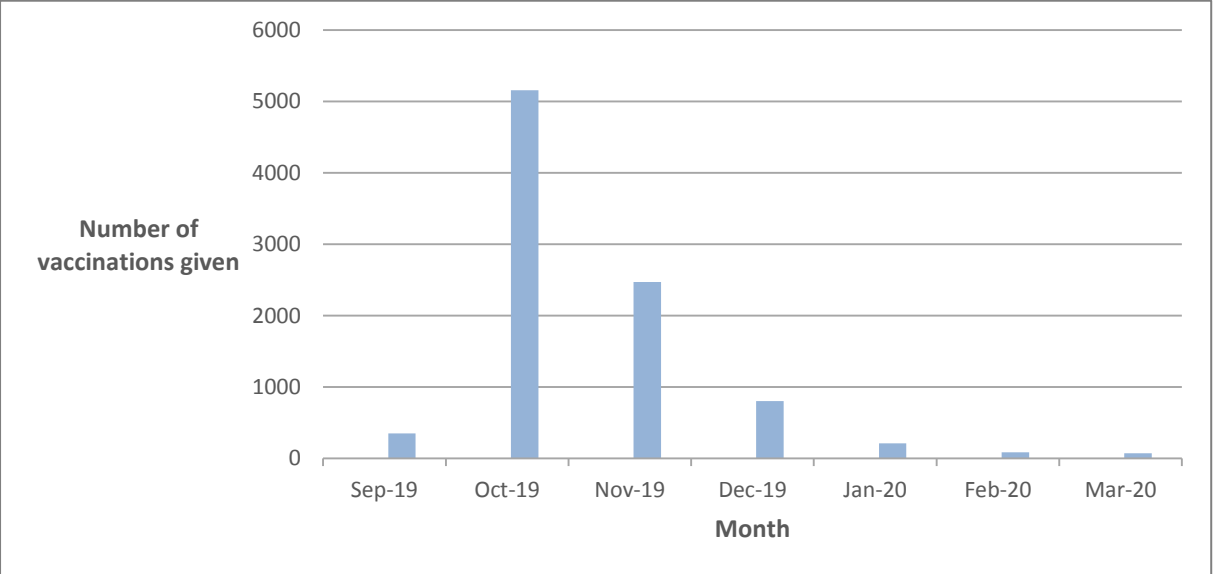
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**Figure 5.11: Number of flu vaccinations claimed in 2018 to 2019**



In 2019 to 2020, 86 of the pharmacies provided a total of 9,164 vaccinations during the flu season. The figure below shows the total number of vaccinations claimed under the service by pharmacies in the health board's area in 2019 to 2020.

**Figure 5:12 Number of flu vaccinations claimed in 2019 to 2020**

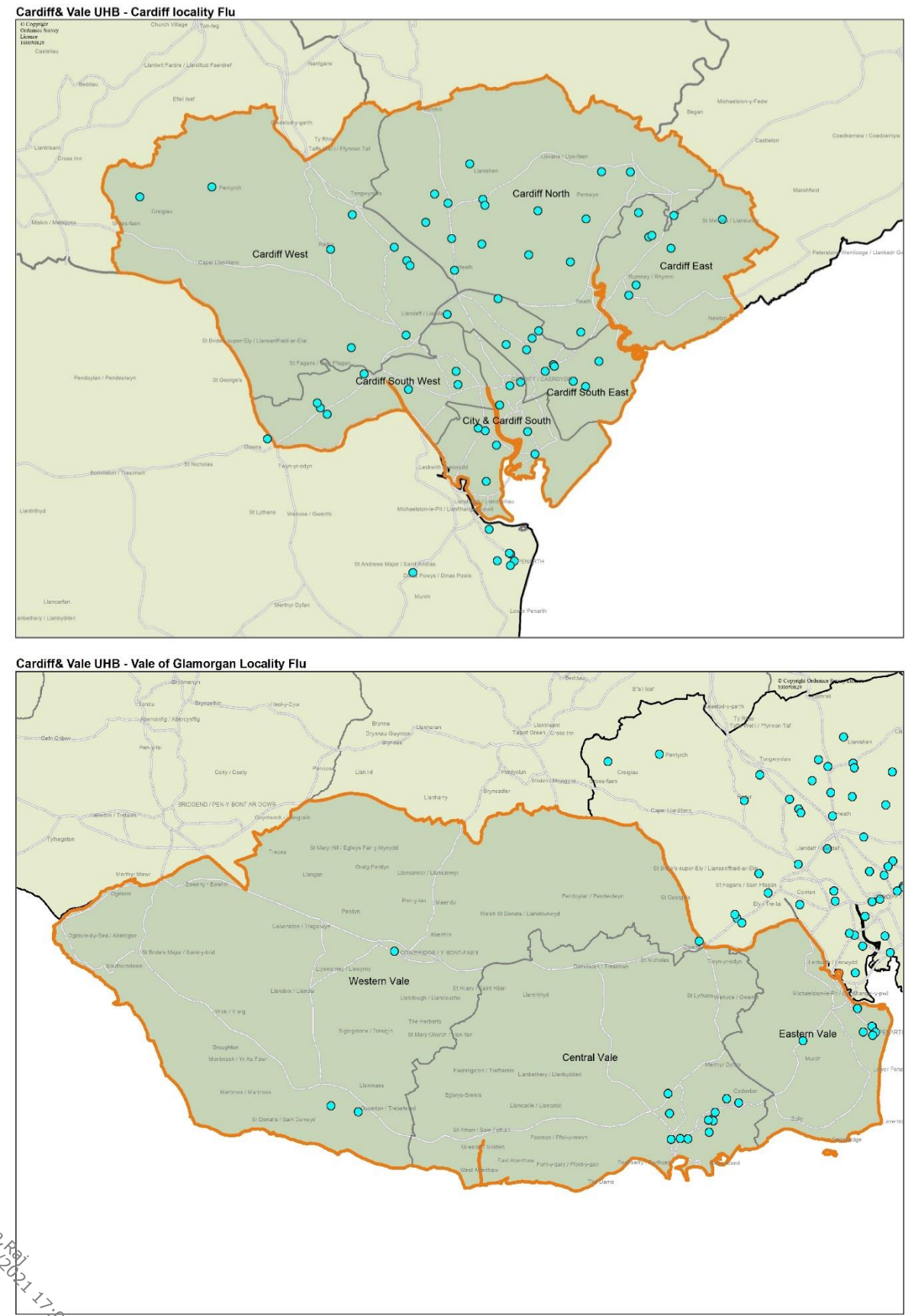


The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

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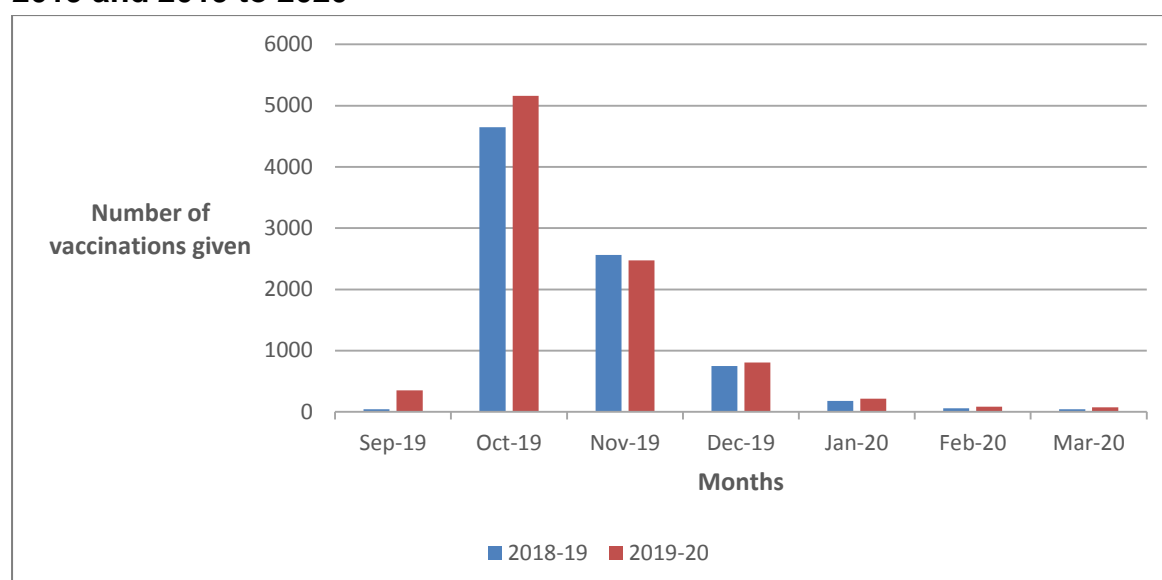
Map 5.8: Location of pharmacies providing the Flu Vaccination Enhanced Service in 2019 to 2020



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05/06/2021 17:00:36

The figure below compares provision of the service over two flu seasons.

**Figure 5.13: Number of vaccinations claimed each year for flu seasons 2018 to 2019 and 2019 to 2020**



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

However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need for this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

### 5.1.11 Access to the Common Ailment Service (CAS) Enhanced Service

The CAS service provides advice and treatment on a range of specified conditions such as acne, chickenpox, conjunctivitis, head lice, sore throat/tonsillitis and verrucae. Patients register with a pharmacy and receive a consultation with a pharmacist and advice on management and treatment where required, or referral if necessary, and is provided as an alternative to making a GP appointment.

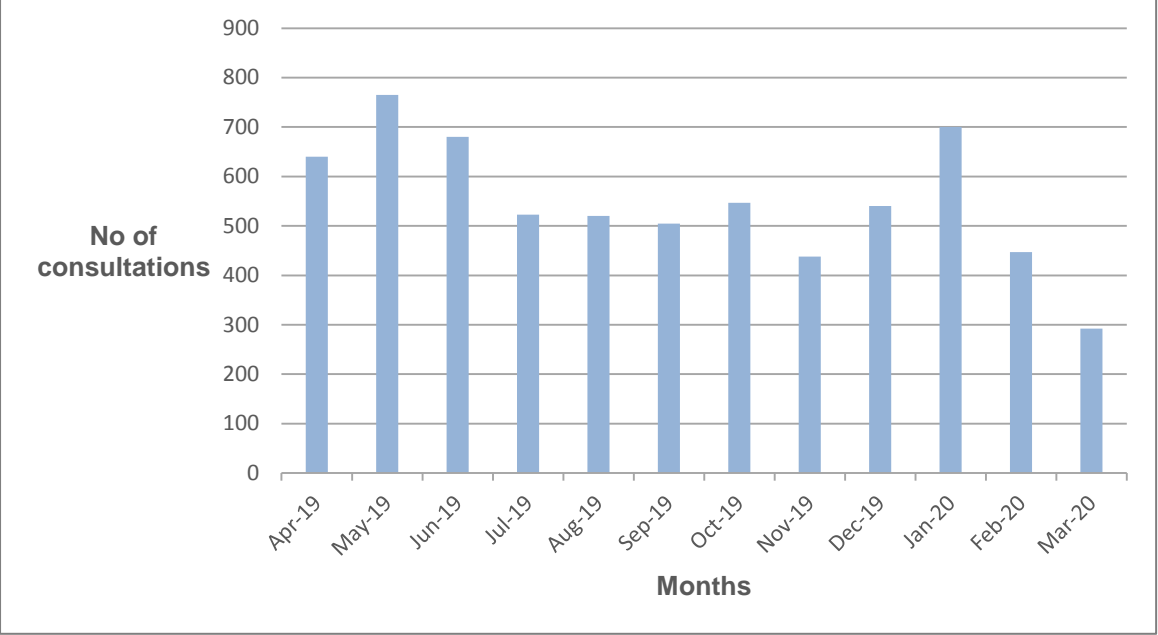
There are 102 pharmacies commissioned by Cardiff and Vale University Health Board to provide the common ailment service of which 24 were able to provide the additional Sore Throat Test and Treat (STTT) element of the service prior to the Coronavirus (COVID-19) pandemic.

In 2019 to 2020, 102 of the pharmacies provided a total of 6,597 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in 2019 to 2020.

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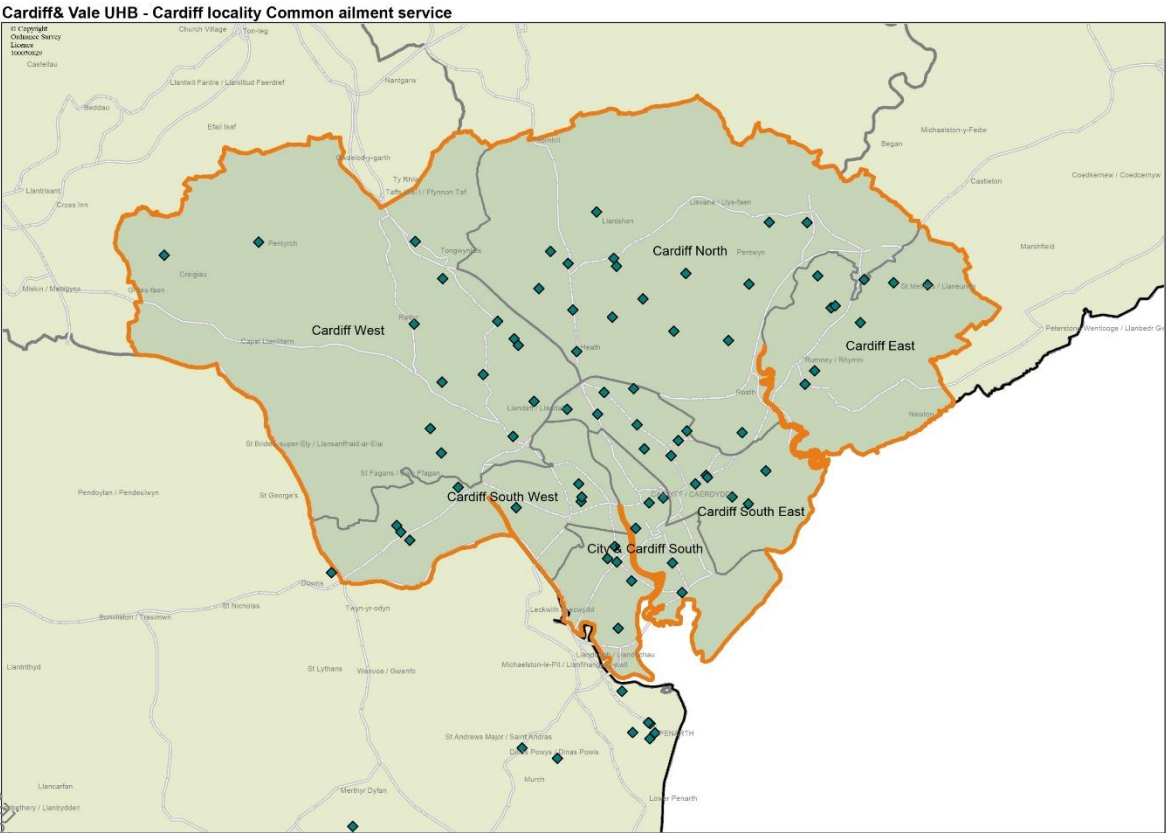


Figure 5.14: Number of consultations claimed in 2019 to 2020

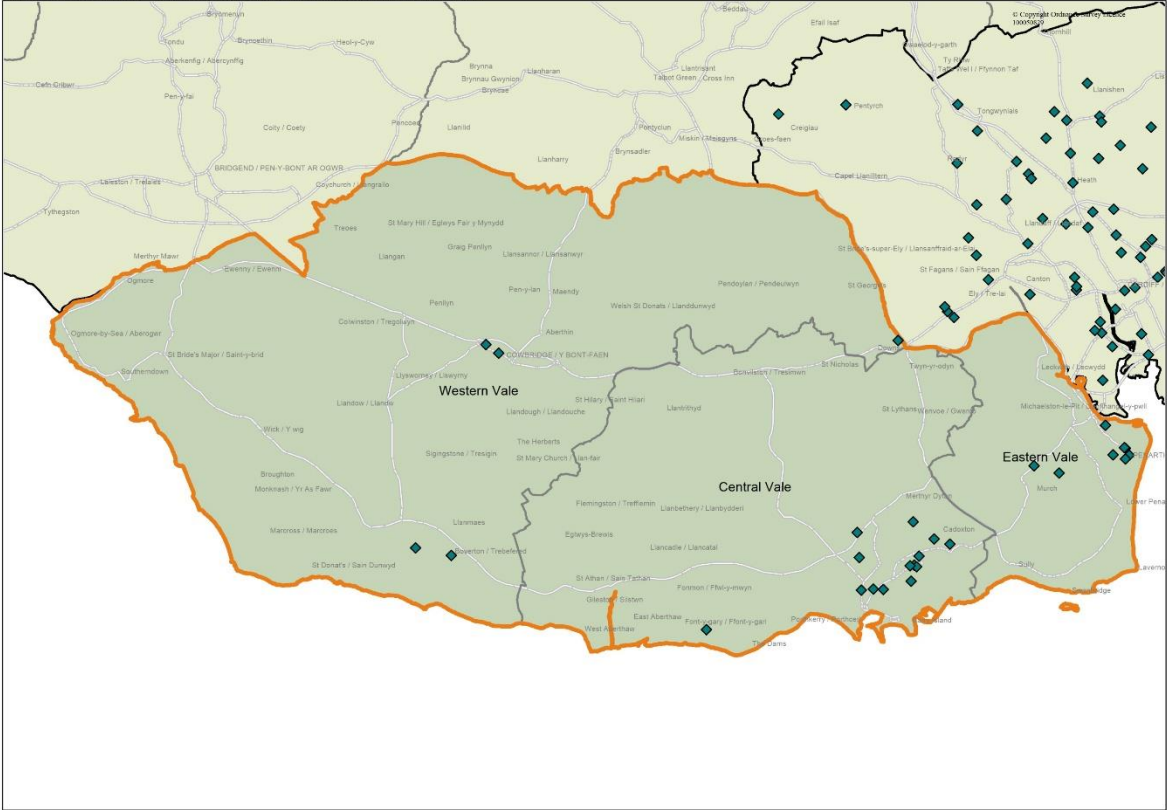


The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.9: Location of pharmacies providing the CAS Enhanced Service in 2019 to 2020

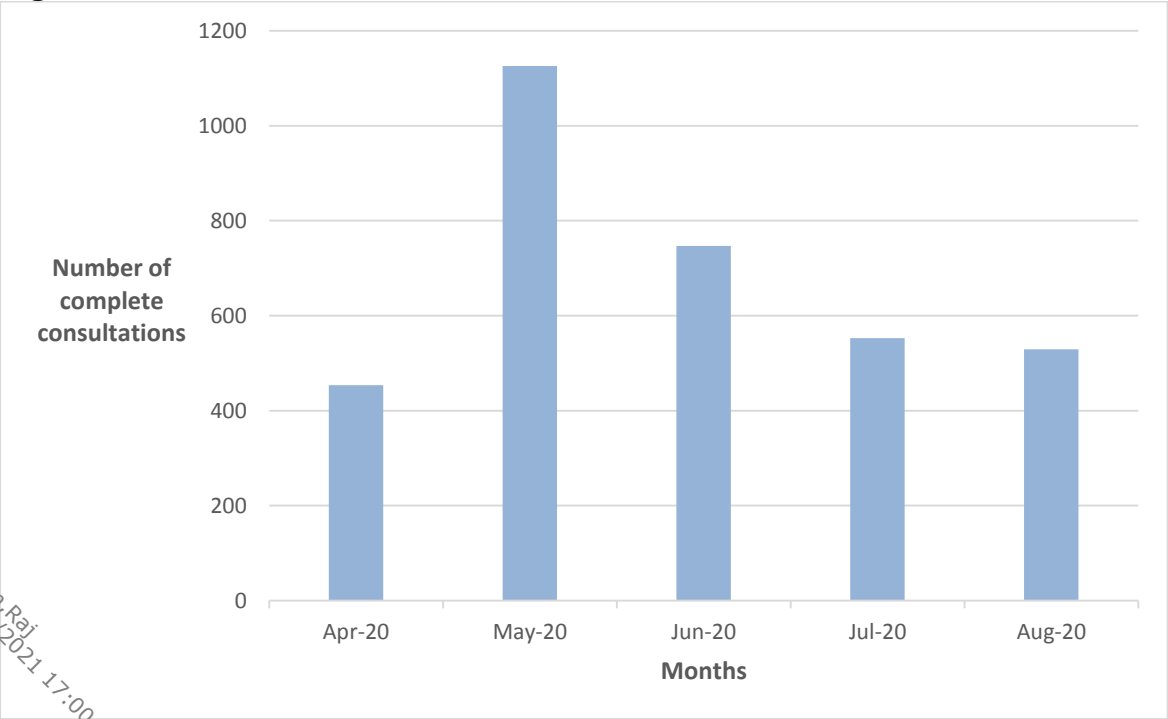


Cardiff & Vale UHB - Vale of Glamorgan Common ailment service



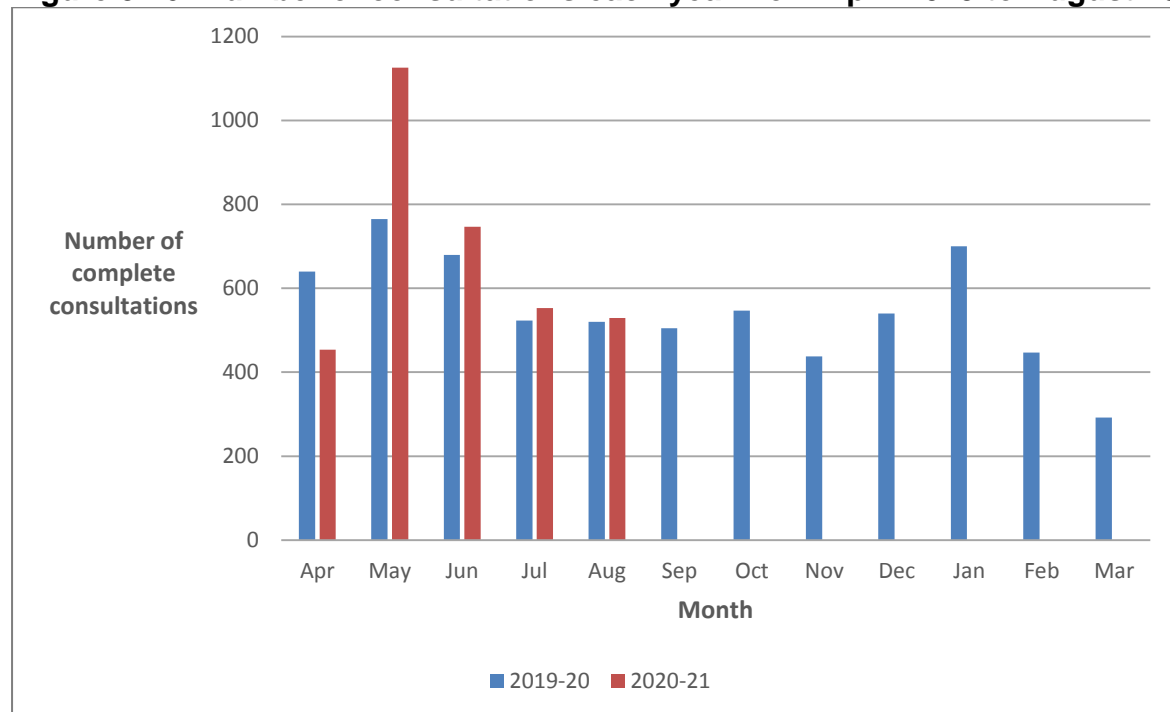
97 pharmacies provided a total of 3,409 consultations in the first five months of 2020 to 2021. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in the first five months of 2020 to 2021.

Figure 5.15: Number of consultations claimed in 2020 to 2021



The figure below compares provision of the service between April 2019 and August 2021.

**Figure 5.16: Number of consultations each year from April 2019 to August 2021**



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

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

### 5.1.12 Access to the Emergency Medicines Supply (EMS) Enhanced Service

The EMS enhanced service was initially commissioned in 2015 to enable patients to access emergency supplies of medication via community pharmacies with the cost of the supply being met by the NHS. The purpose of this service is to reduce the burden on Out of Hours and Emergency Care services in relation to managing patient requests for emergency supplies of medication outside of normal GP working hours.

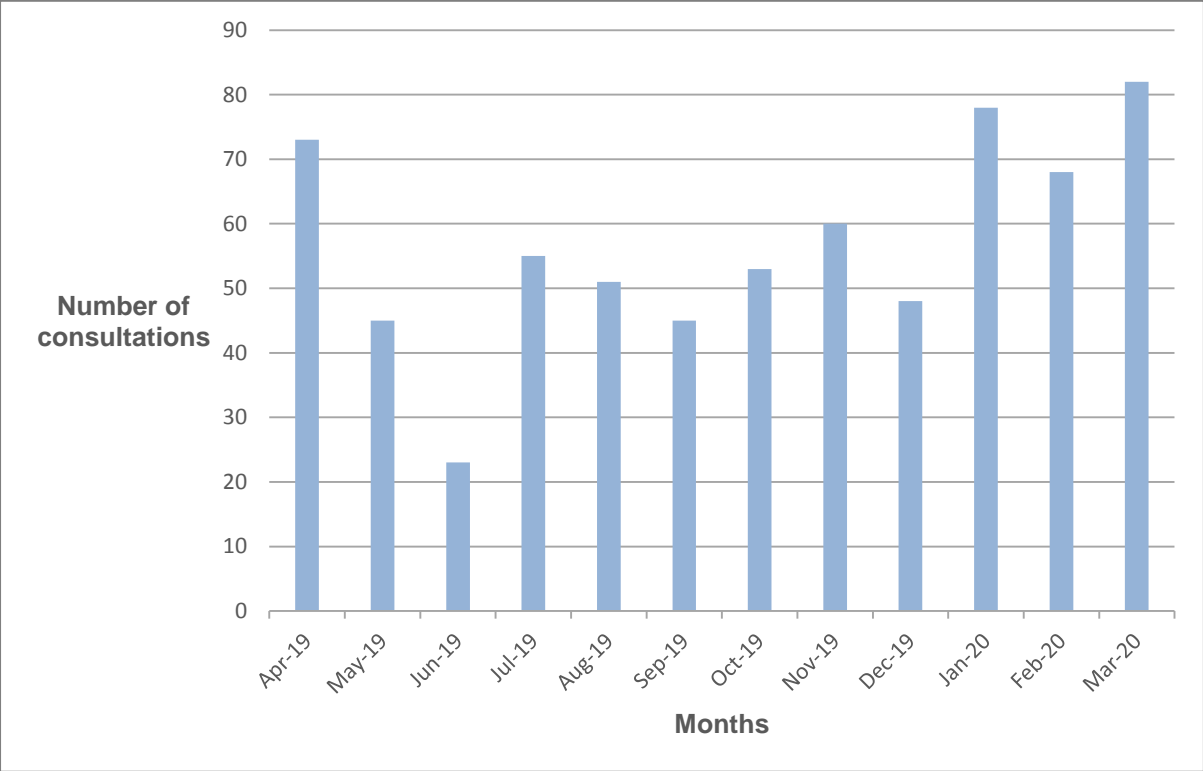
The Human Medicines Act 2012 remains the primary legislation governing the emergency supply of medication at the request of a patient and all supplies of medication made must be made in accordance with these regulations.

As of April 2021, there are 93 pharmacies commissioned by Cardiff and Vale University Health Board to provide the EMS service as part of the Coronavirus (COVID-19) response.

In 2019 to 2020, 33 pharmacies provided a total of 681 consultations over the year.

The figure below shows the total number of consultations claimed under the service by pharmacies in the health board’s area in 2019 to 2020.

**Figure 5.17: Number of consultations claimed in 2019 to 2020**

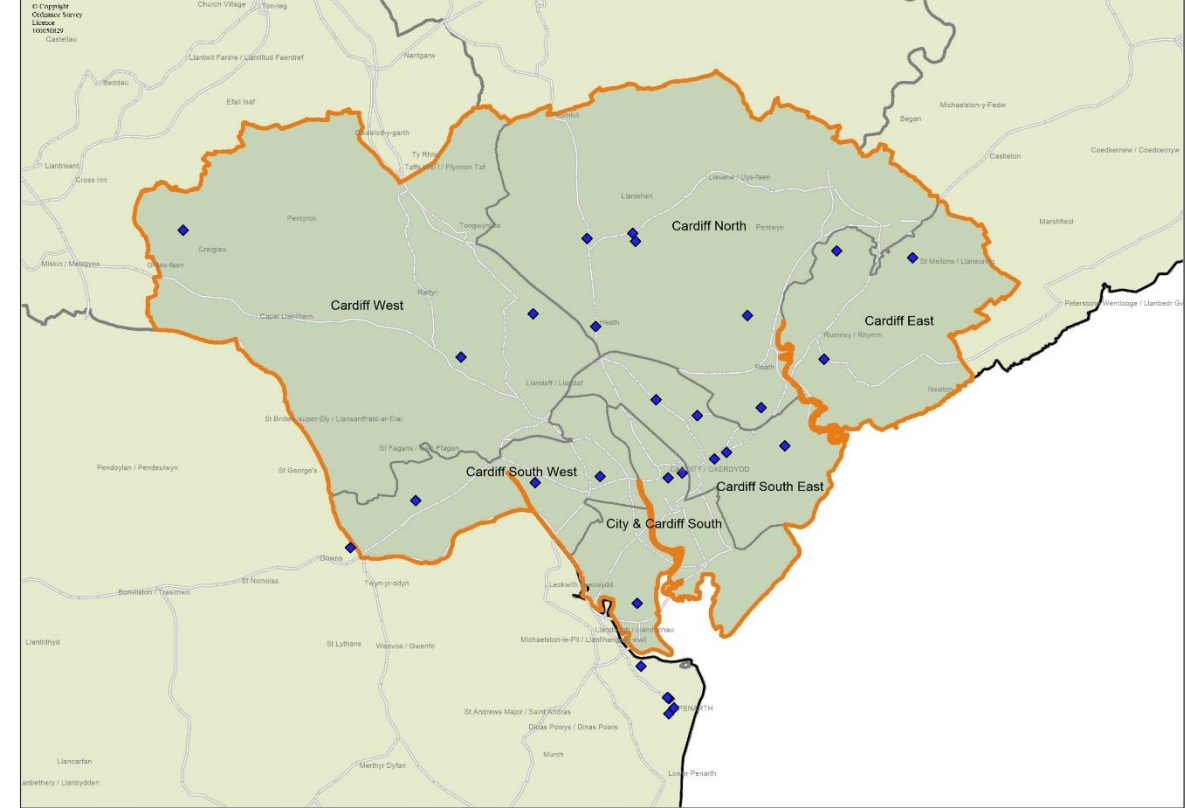


The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

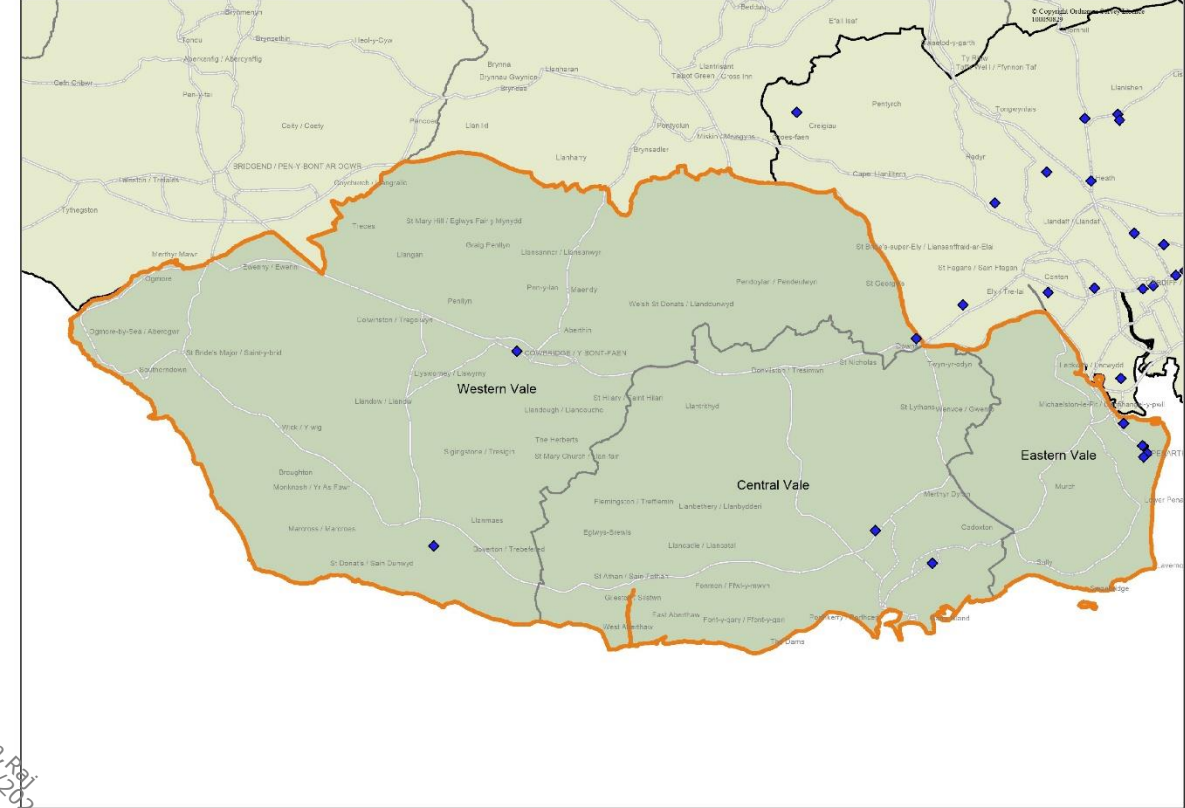
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Map 5.10: Location of the pharmacies providing EMS Enhanced Service in 2019 to 2020

Cardiff& Vale UHB - Cardiff locality Emergency medicines supply



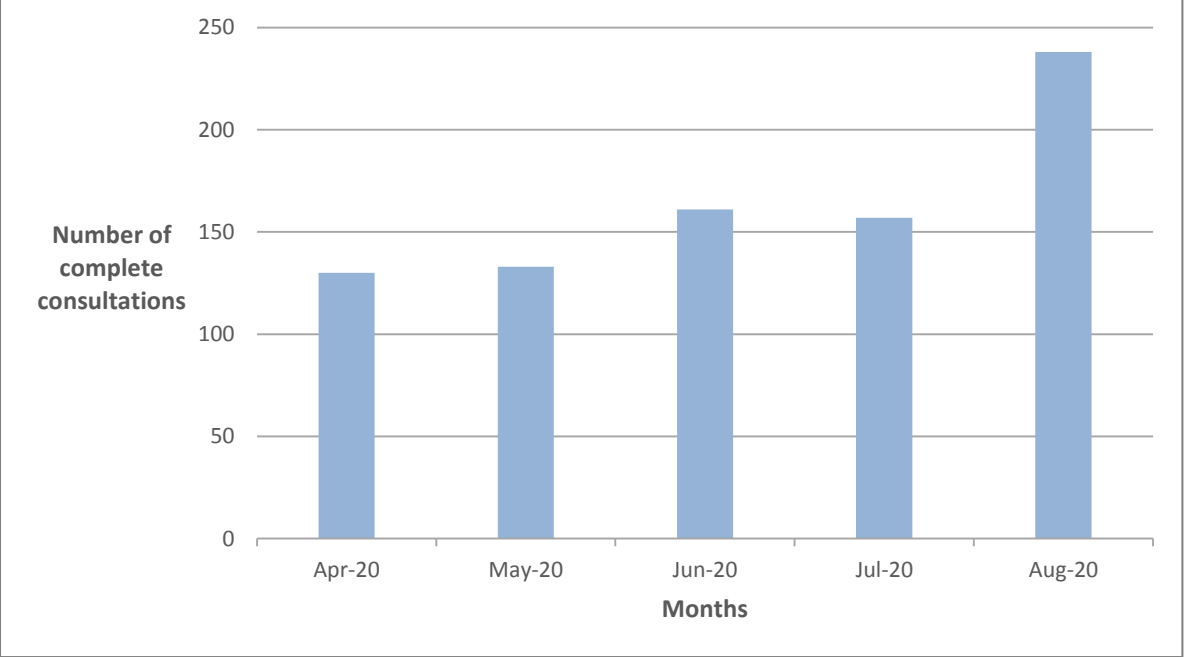
Cardiff& Vale UHB - Vale of Glamorgan Emergency medicines supply



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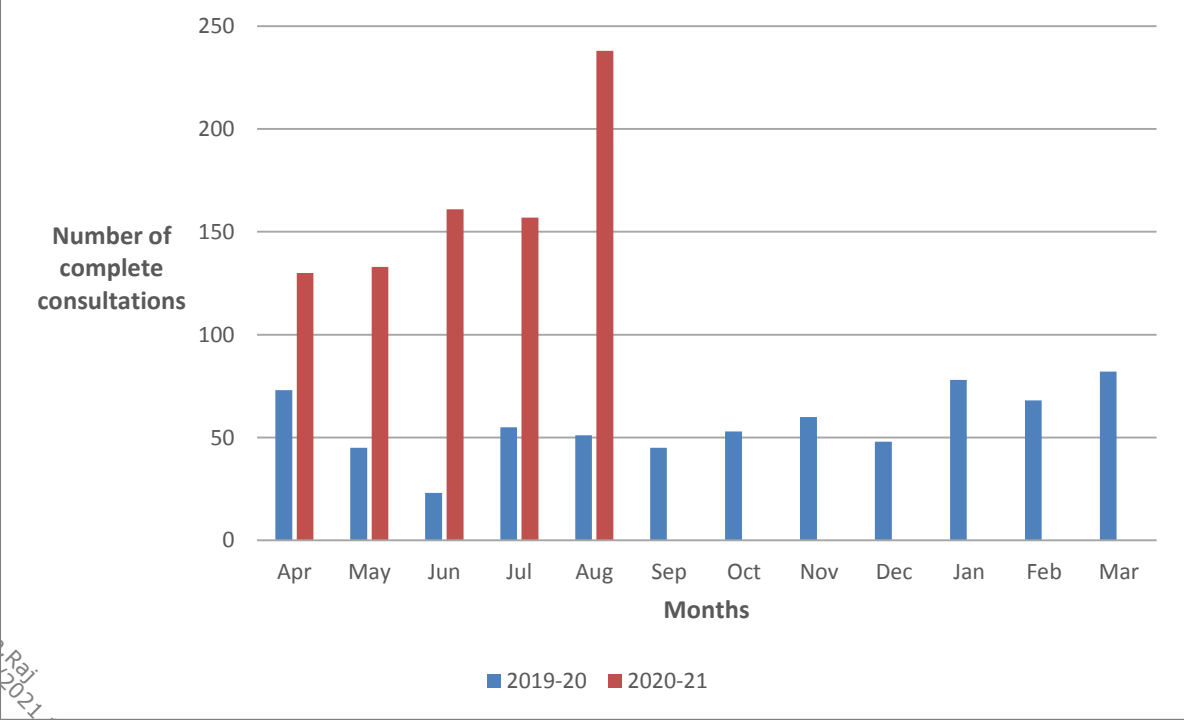
53 pharmacies provided a total of 819 consultations in the first five months of 2020 to 2021. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in the first five months of 2020 to 2021.

**Figure 5.18: Number of consultations claimed in 2020 to 2021**



The figure below compares provision of the service between April 2019 and August 2020.

**Figure 5.19: Number of consultations from April 2019 to August 2020**



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

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

#### **5.1.13 Access to Supervised Administration of Medicines Enhanced Service**

The aim of this enhanced service is to provide, in accordance with an appropriate prescription, supervised administration of medication such as methadone and Buprenorphine, contributing to a reduction in risks associated with inappropriate use or diversion of prescribed medicines

As of April 2021, there are 52 pharmacies commissioned to provide the Supervised Administration of Medicines service in Cardiff and Vale University Health Board.

In 2019 to 2020, 49 pharmacies provided this service and a total of 4,531 patients accessed this service. Based upon the level of provision Cardiff and Vale University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more supervised administrations of medication.

However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need for this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

#### **5.1.14 Access to Needle Syringe Provision Enhanced Service**

The Needle Syringe Provision Enhanced Service aims to reduce the spread of HIV, Hepatitis C and other blood borne diseases amongst injecting drug misusers by providing service users with convenient access to sterile injecting equipment and a facility for the safe disposal of used equipment. To be effective the scheme must operate on an exchange basis and participating pharmacies must make all efforts to encourage service users to return used equipment in exchange for new kits. In 2019 to 2020, 14 pharmacies were commissioned by the Area Planning Board in conjunction with Cardiff and Vale University Health Board to provide this service.

Whilst Needle and Syringe Provision is provided by pharmacies, it is also provided by specialist services, hostel and outreach services. Pharmacies provided Needle and Syringe provision to 39% of clients in Cardiff and Vale University Health Board over this period.

Khan, Raji  
05/06/2021 17:00:36

### **5.1.15 Access to Blood Borne Virus Enhanced Service**

The service supports the detection and early diagnosis of those at risk from blood borne viruses such as HIV, hepatitis B and C and ensures treatment is commenced at an early stage, preventing further virus transmission. The group of clients considered to be at risk of infection are regularly accessing services provided by pharmacies such as needle and syringe provision and supervised consumption. Cardiff and Vale University Health Board have a small scale local enhanced service pilot of Blood Borne Virus testing service in four pharmacies across the area. At the time of writing, this service is currently suspended due to Coronavirus (COVID-19) pandemic.

### **5.1.16 Access to Care Home Support Enhanced Service (Level One)**

The enhanced service supports the safe ordering, supply, storage and administration of medicines and appliances within care homes. It involves a systematic review of all medicine management processes in the care home and the development of medicines protocols and procedures to support effective use of medicines, reduction of risk and reductions of avoidable waste.

The level one care home support service was introduced in the health board area in 2018 to support 20 of the 129 care homes in Cardiff.

### **5.1.17 Palliative Care Enhanced Service**

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. This service ensures prompt and effective access to a range of palliative care medicines within normal working hours with minimal inconvenience to patients and professionals, by identifying key pharmacies that have agreed to hold a specific stock list of palliative care medicines.

There are 31 pharmacies commissioned to provide the palliative care service in Cardiff and Vale University Health Board and in 2019 to 2020, 29 pharmacies actively provided this service.

### **5.1.18 Independent Prescribing**

Pharmacist independent prescribers may prescribe any licensed medicine for any medical condition, within their therapeutic area of competence.

Community pharmacy and health boards across Wales were given the opportunity



by the Welsh Government to develop pathfinder sites and pilot new services that could utilise community pharmacists and independent pharmacist prescribers in community pharmacy.

In conjunction with the Department of Sexual Health (DOSH), Cardiff and Vale University Health Board developed a community pharmacy oral contraceptive service. In 2020, the health board launched an independent prescriber oral contraception service within four community pharmacies, with plans to extend to six sites by 2022.

Cardiff and Vale University Health Board also plan to launch an independent prescriber acute conditions service within an additional four community pharmacies in 2021. The acute conditions service will provide patients presenting in the community pharmacy with a relevant acute condition access to effective advice and treatment, provided by a community pharmacist independent prescriber. The service will support a 'community pharmacy first' model of care, to reduce the number of patients consulting their GP for acute conditions that can be appropriately managed in the community pharmacy setting.

#### **5.1.19 Access to pharmaceutical services on 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 choose to do so. Cardiff and Vale University Health Board has a bank holiday rota system in place to ensure that a certain number of pharmacies are open for a restricted time throughout the health board's area on public and bank holidays.

#### **5.1.20 Mass immunisation program Primary Care Contractor Immunisation Service (PCCIS) via community pharmacy**

Throughout 2020 and into 2021, pharmacies have played an integral part in supporting the health board's primary care response to the Coronavirus (COVID-19) pandemic through their ongoing Essential, Advanced and Enhanced pharmaceutical service provision. The development of the Primary Care Contractor Immunisation Service (PCCIS) by the Welsh Government has meant that pharmacies can be included as vaccination sites. Cardiff and Vale University Health Board has currently commissioned three pharmacies to provide this service with a further seven sites identified and with around 40 pharmacies being interested in providing this service. Pharmacies will continue to be a part of the mass immunisation program in primary care as we move through 2021 and beyond.

#### **5.1.21 Dispensing service provided by some GP practices**

Dispensing GP practices provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank

holidays. The service may also be provided during any extended opening hours provided by the practices.

The dispensing GP practice at Cowbridge & Vale Medical Practice, Cowbridge Health Centre, Vale of Glamorgan, CF71 7DA, had 372 people registered as a dispensing patient with their practice in August 2020. This was 5% of the total list size of the practice.

The dispensing GP practice has premises approval to provide a dispensing service from Atlantic College, St Donats Castle, Llantwit Major, Vale of Glamorgan CF71 1WF to the students living in Atlantic College. No appliances are dispensed from the premises. This is a residential college.

The practice has informed Cardiff and Vale University Health Board that it has sufficient capacity within its existing premises and staffing levels to manage an increase in demand in its area if required. However, this would dependent upon the terms set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

## **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 the previous section, the vast majority of items are. In 2019 to 2020, 1.8% of items were dispensed outside of the health board's area, of which 1.2% were dispensed elsewhere in Wales by 505 different pharmacy contractors (trading during this period). 0.6% were dispensed in England.

Of the 121,774 items dispensed elsewhere in Wales:

- 78,128 were dispensed by 129 contractors in Aneurin Bevan University Health Board's area,
- 605 were dispensed by 78 contractors in Betsi Cadwaladr University Health Board's area,
- 34,185 were dispensed by 108 contractors in Cwm Taf Morgannwg University Health Board's area,
- 2,488 were dispensed by 90 contractors in Hywel Dda University Health Board's area,
- 224 were dispensed 20 contractors in Powys Teaching Health Board's area, and
- 6,144 were dispensed by 80 contractors in Swansea Bay University Health Board's area.

Khan, Raj  
05/06/2021 17:00:36

The following types of pharmaceutical contractors dispensed the 64,576 items in England:

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

In general, there were three main reasons for a prescription to be dispensed outside of the health board's area:

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

### **5.2.2 Access to advanced services**

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

### **5.2.3 Access to enhanced services**

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

### **5.2.4 Dispensing service provided by some GP practices**

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

## **5.3 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 5.1 and 5.2, the residents of the health board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the health board's area, they have a choice of 106

pharmacies, operated by 39 different contractors and four dispensing appliance contractors operated by four different contractors. Outside of the health board's area residents chose to access a further 402 contractors, although many are not used on a regular basis.

When asked what influences their choice of pharmacy the most common responses in the patient and public questionnaire were close to home (14%) followed by close to my doctor (9%) and the location of the pharmacy is easy to get to (9%). Please note that more than one option could be provided to this question.

Of the 22 respondents who answered other, 10 comments were received about the repeat dispensing system, including ordering and collecting prescriptions:

- "They provide telephone updates when my prescription is ready to be collected."
- "Collect my prescription from GP and I pick up from the pharmacy once completed."

One comment received was about ease of parking and another comment was about previous negative experiences with pharmacies and finding the best one in their location.

Two comments were about the delivery service offered during the Coronavirus (COVID-19):

- "They've been great during lockdown and have delivered our prescriptions when my husband was shielding."
- "[Name of pharmacy] collects my prescription BUT WILL NOT DELIVER - even though I am shielding."

Two comments were about opening times.

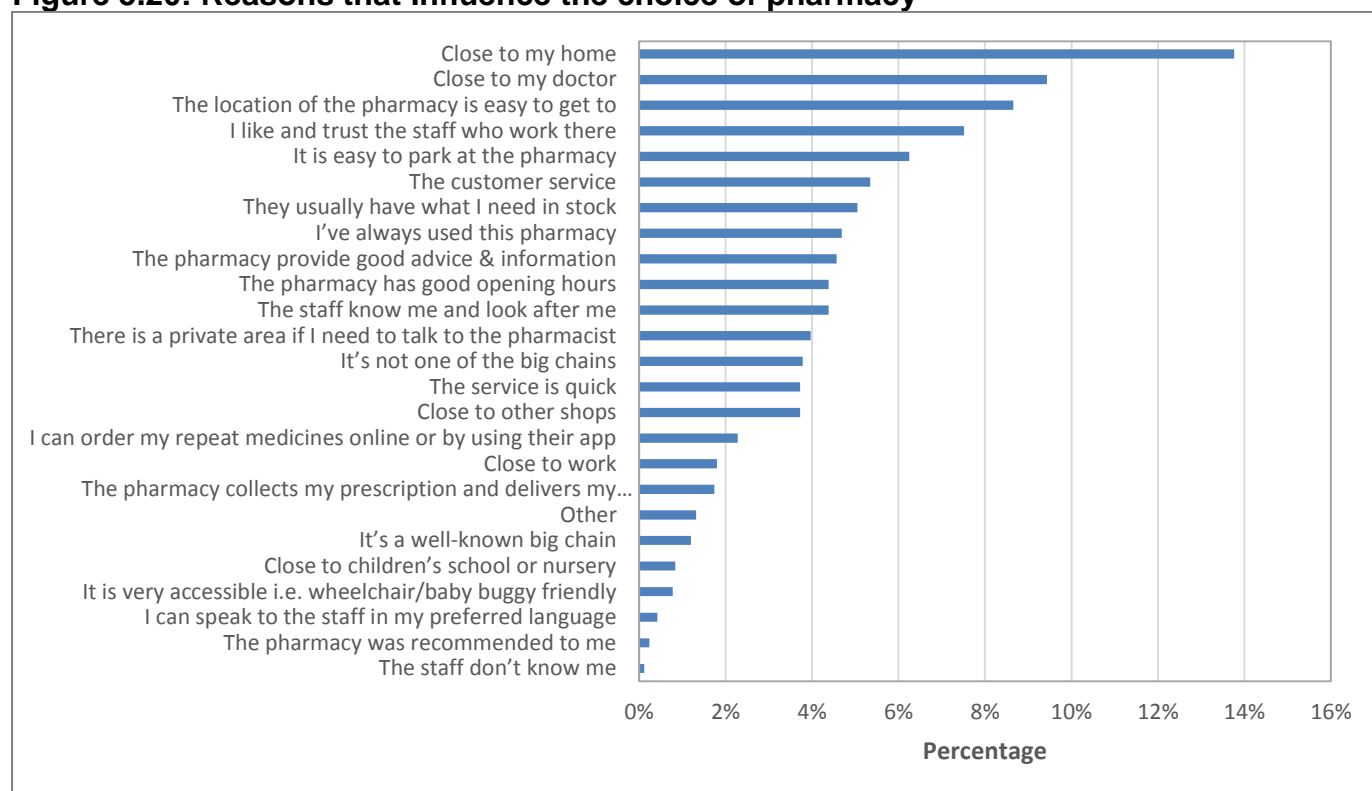
- "If only they would open at hours that people who work (in the NHS) could access them, I would go to the one that's 30 seconds walk from my house, instead of having to track to [name of pharmacy]."
- "Open on a Saturday."

Other comments include:

- "This is pharmacy that the drs told me I had to use this one."
- "I go to the pharmacy that is open but this has been harder lately since my local pharmacy has moved further away and I have to delay my treatment till the next day."

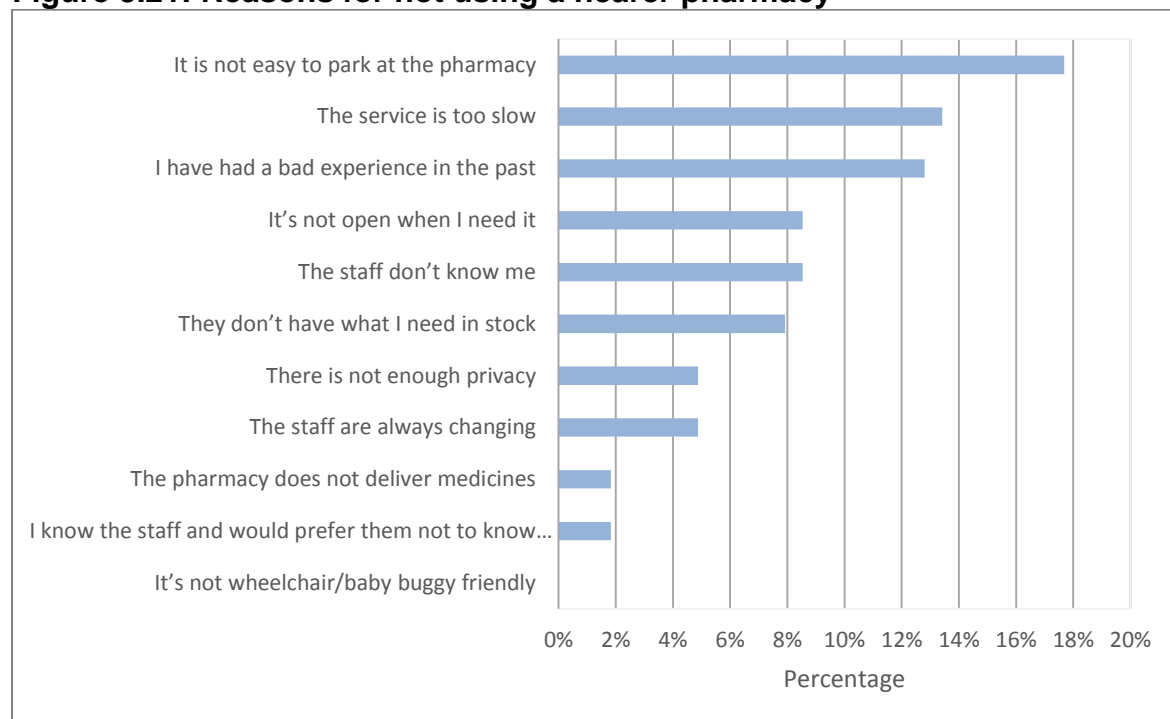
Khan, Raj  
05/06/2021 17:00:36

**Figure 5.20: Reasons that Influence the choice of pharmacy**



The majority of respondents (67%, 207 out of 307 people), use the pharmacy that is most convenient and / or closest for them to use. 11 respondents said they did not know. However, for 29% of respondents (89 people) there was a more convenient and / or closer pharmacy that they were choosing not to use. When asked why they did not use that pharmacy, 90 people answered the question (one more than previously responded) and a total of 164 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people chose more than one reason. The top three reasons provided were around ease of parking (18%, 29 responses), speed of service (13%, 22 responses) and having a bad experience in the past (13%, 21 responses).

**Figure 5.21: Reasons for not using a nearer pharmacy**



Of the 29 people who selected other, the following comments were received:

Five comments were about loyalty and / or being satisfied with the service received from the pharmacy they were using.

- "When I moved to the area the one I used was recommended so I have remained with them however the other was also very good on the occasions I have used it."
- "I moved house and am still within the catchment area for my GP and current pharmacy, so preferred not to change it as I like the staff and service, they know my medications (I take some unusual ones)."
- "I've always been happy with the one I use."

Five comments were related to proximity of pharmacy to GP practice:

- "The pharmacy I do use is attached to my GP surgery so my script is passed to the pharmacy for me so it's just easier to go there than the pharmacy nearest my home which is not attached to my GP."
- "It's further away from the doctor's."

Three comments were about where the GP sends the prescription:

- "My go [GP] sends my prescription there."
- "My doctors won't use it."

Two comments related to opening times.

"I only go elsewhere when its closed for lunch."

Eight comments mentioned the quality of service received such as the inefficiency of staff, mistakes made (one comment), prescriptions being ready on time, and the

pharmacy staff not being as approachable or as personable as the one they were choosing to use:

- “[Name of pharmacy] inefficient & need customer service training.”
- “Have made mistakes on more than one occasion. Dangerous as life threatening medicines.”
- “I need to request the repeat prescription from my doctor every time I need it - the pharmacy don’t do it for me.”
- Confined spaces in many pharmacies and the staff don’t always treat you with respect and dignity.”

One comment received was particularly related to lack of a stock item held at the pharmacy:

- “Altho within walking distance it means 2 visits as one of my monthly items is not held in stock. Other pharmacies carry this drug.”

Two comments were about pharmacies being busy:

- “Very busy, have to wait a long time.”

Two comments were about personal service:

- “Part if a chain with no sense of community.”
- “No personal service.”

Two comments related directly to the Coronavirus (COVID-19) pandemic situation and staff not wearing face masks:

- “Staff not wearing face masks behind the counter. Visors have been proven to offer little or no protection and users of a pharmacy should be safe in Knowledge that all PPE is being worn. Last time there were two people in no masks!”

Khan, Raj  
05/06/2021 17:00:36

## 6 Other NHS services

The following NHS services are deemed, by Cardiff and Vale University Health Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – similar to hospital pharmacies, this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- Urgent Primary Care - Out of Hours Service (CAV24/7) – whether a patient is given a full or part course of treatment after being seen by the Out of Hours Service or the Minor Injuries Unit at Barry Hospital, will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing. Furthermore, as patients are directed to the right services through the one call system, this also has the potential to increase the need for all pharmaceutical services.
- Prison pharmacies - reduce the demand for the dispensing of essential service as prescriptions written in HMP Cardiff prison are not dispensed by community pharmacies or dispensing appliance contractors.
- Independent prescribers – are likely to increase in number over the next five years, which may have a subsequent effect on the need for pharmaceutical services, in particular the essential service of dispensing, as more patients are treated.
- The Online Non Prescription Ordering Service (ONPOS) dressings system – this will reduce the need for dressings on prescriptions for many patients and therefore the demand for the dispensing essential service. However, non-formulary dressings will still need to be prescribed.

### 6.1 Hospital pharmacies

There are 8 hospitals in the health board area:

#### 6.1.1 University Hospital of Wales (UHW), Heath Park, Cardiff, CF14 4XW

University Hospital of Wales is a major 1,000-bed hospital in the Heath district of Cardiff, Wales. The hospital provides secondary care to the population of North and East Cardiff and tertiary level care in nephrology, neurosciences, haematology, paediatrics and neonatology, and critical care. The hospital provides the only emergency service (A&E) to the area. It has a pharmacy dispensary based on site.

#### 6.1.2 University Hospital Llandough (UHL), Penlan Road, Llandough, CF64 2XX



Located near Penarth in the Vale of Glamorgan, the University Hospital Llandough provides medical secondary care services to West Cardiff and the Vale of Glamorgan. It is home to the Cardiff and Vale Orthopaedic Centre (CAVOC), which provides elective orthopaedic services; tertiary respiratory services, including the cystic fibrosis service; and the Hafan y Coed, Adult Mental Health Unit. It also provides cardiothoracic services. The hospital has a pharmacy dispensary based on site.

#### **6.1.3 Noah's Ark Children's Hospital for Wales (CHfW), Heath Park, Cardiff, CF14 4XW**

The Noah's Ark Children's Hospital for Wales is based at the University Hospital of Wales at the Heath Park site and provides secondary care for the children of Cardiff and the Vale of Glamorgan and tertiary care for children across Mid, West and South Wales. There is a satellite pharmacy dispensary at the children's hospital serviced by University Hospital of Wales main pharmacy dispensary.

#### **6.1.4 Cardiff Royal Infirmary, Glossop Terrace, Cardiff, CF24 0SZ**

The hospital is currently under development. Clinics are still being held at the hospital such as Mental Health, Department of Sexual Health clinics, Podiatry and Radiology Department, Physiotherapy Department and the Drug and Alcohol Team. There is a satellite pharmacy dispensary at the hospital serviced by University Hospital of Wales main pharmacy dispensary for the Department of Sexual Health clinics only. Clifton City pharmacy is also based within the hospital.

#### **6.1.5 University Dental Hospital (UDH), Heath Park, Cardiff, CF14 4XW**

The Dental Hospital has several specialist departments, including Oral Maxillofacial Surgery, Oral Medicine, Restorative, Paediatrics and Orthodontics. Each specialty sees new patients for assessments which may lead on to treatment within the hospital. The Dental Hospital also runs an Examination and Emergency Department which offers pain relief and temporary treatment after referral from the Dental Helpline (029 20 444 500).

#### **6.1.6 Barry Hospital, Colcot Road, Barry, CF62 8YH**

Barry Community Hospital provides a Minor Injuries Unit, day hospitals, inpatient care, and outpatient clinics. Other services provided include radiology, phlebotomy, physiotherapy, occupational therapy, podiatry, speech and language therapy and a dietitian service.

#### **6.1.7 St David's Hospital, Cowbridge Road East, Cardiff, CF11 9XB**

The hospital is based in the Canton area of Cardiff. It provides general and specialist outpatient services, inpatient facilities for older people, community children's services and a variety of other specialist clinics. The West Cardiff Community Mental Health Team (CMHT) is based here.

### **6.1.8 Rookwood Hospital, 18-20 Fairwater Road, Llandaff, Cardiff, CF5 2YN**

This is a specialist hospital based in West Cardiff. It houses Cardiff's Parkinson's Disease service, the Welsh spinal injuries rehabilitation centre, regional neuro rehabilitation unit, Artificial Limb and Appliance Service, The Electronic Assistive Technology Service, Headway (brain injury charity), South Wales Mobility and Driving Assessment Service and several specialist neurology outpatient clinics (e.g., Multiple sclerosis, Motor neurone disease, Dementia, Parkinson's) as well as some outpatient gerontology services.

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 and Noah's Ark Children's Hospital for Wales, will have their medicines dispensed by their hospital pharmacy dispensary. On discharge, patients receive up to four weeks supply of their medicines. Patients attending the hospitals for outpatient appointments, will also receive a four week supply of medicines in general.

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 dispensary on site or when seeing patients outside of the hospital pharmacy department operating hours.

The number of hospital issue prescription (WP10HP) items dispensed by community pharmacies has increased each year from 616,598 in 2016 to 2017 to 715,242 in 2019 to 2020.

## **6.2 Personal administration of items by GPs**

Under their primary medical services contract with the health board there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

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

For these items, the practice will produce a prescription; however, the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Wales Shared Services Partnership at the end of the month.

It is not possible to quantify the total number of items that were personally administered by GP practices in Wales as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, as a minimum in 2019 to 2020, 187,850 of items were personally administered by practices that do not also dispense.

### **6.3 Urgent Primary Care - Out of Hours Service (CAV24/7)**

CAV24/7 is a phone first model that was set up for people living in the Cardiff and Vale University Health Board region in August 2020, in response to the Coronavirus (COVID-19) pandemic. It enables people to receive a consultation remotely and be guided to the most appropriate care. This may include visiting a community pharmacy.

The CAV 24/7 dedicated phone number is 0300 10 20 247 and is available 24 hours a day, 7 days a week. It provides a single point of access for unscheduled care services including the Out of Hours Service, the Emergency Unit at University Hospital of Wales, and the Minor Injuries Unit at Barry Hospital.

Calls are taken by trained call handlers based at the CAV 24/7 triage centre at Cardiff Royal Infirmary. Callers are asked a set of questions to determine the nature of the problem and to make an initial assessment. If it is a life-threatening emergency, the call is escalated to 999. If not, a clinician (a doctor, nurse, or paramedic) will then call-back within 20 minutes if the needs are urgent or 60 minutes if they are less urgent. The clinician may provide health advice, advice to visit an alternative service such as a community pharmacy or advice to contact their GP during normal working hours. An appointment may be required with an appropriate clinician within the Emergency Unit, Minor Injuries Unit, an Urgent Primary Care Centre, or another appropriate healthcare facility. If, after an assessment it is decided that any medication is required, a prescription will be issued for dispensing at a community 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 practices next opens. The service covers the whole of Cardiff and the Vale of Glamorgan and can be accessed through CAV 24/7 by calling on 0300 10 20 247. The Urgent Primary Care - Out of Hours Service operates from three Primary Care Centres:

- University Hospital Wales - Heath Park, Cardiff, CF14 4XW
- Cardiff Royal Infirmary - Glossop Terrace, Cardiff, CF24 0SZ
- Barry Hospital - Colcot Road, Barry, CF62 8YH

The service is available:

- Weekdays: 6:30pm to 8am
- Weekends: 6:30pm Friday to 8am Monday
- Bank Holidays: 24 hour cover

The Minor Injuries Unit (MIU) based at Barry Hospital, Colcot Road, Barry, South Glamorgan, CF62 8YH, can be accessed through CAV 24/7 by calling on 0300 10 20 247.

The following injuries can be treated at the unit:

- cuts and grazes
- sprains and strains
- broken bones of limbs (fractures)
- bites and stings (including human bites)
- infected wound
- minor head injuries
- eye problems such as scratches or something that is stuck in the eye.

The service is available:

- Monday to Friday 8.30am - 3.30pm.

The Unit is closed on Saturdays and Sundays.

## **6.4 Prisons**

HMP Cardiff is a category B prison holding male adult prisoners on remand or those sentenced to usually less than two years. It is situated in the heart of the city and serves the courts of the South East Wales region.

Cardiff and Vale University Health Board provides health services in the prison, including mental health and substance misuse services. HMP Cardiff has an inhouse pharmacy service commissioned and employed directly by Cardiff and Vale University Health Board. The pharmacy uses a wide range of patient group directions (PGD's) 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 community pharmacy.

## **6.5 Online Non Prescription Ordering Service (ONPOS) dressings system**

ONPOS is a wound dressing procurement system and has been introduced in Cardiff and Vale University Health Board 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 community pharmacies, without the need for a prescription. It allows for stocks of dressings to be kept at permitted bases, enabling patients to be treated more efficiently. It also prevents wastage as, unlike prescribed dressings, wound care products sourced through ONPOS can be used on any patient within a team's caseload. This prevents the need for part used boxes of dressings to be thrown away if they are not suitable for the patient, as is the current practice with prescribed dressings to comply with legal requirements.

It likely that the use of the ONPOS system with expand over the next five years.

## **6.6 Non-medical prescribers**

The Welsh Government's 'Our plan for a primary care service for Wales up to March 2018 (2014)', encouraged non-medical healthcare professionals working in primary care to train as independent prescribers. Further to this, the more recent Welsh Pharmaceutical Committee plan 'Pharmacy: Delivering a Healthier Wales (2019)', sets the goal that by 2030, there will be an independent prescriber in every community pharmacy and an increased focus on prevention and early detection of illness. The plan is aligned with and supports the long-term vision for health and social care set out in the Welsh Government's 'A Healthier Wales (2018)'.

In line with these national plans, the number of independent prescribers within Cardiff and Vale University Health Board is expected to increase over the next five years.

Khan, Raji  
05/06/2021 17:00:36

## 7 Health needs that can be met by pharmaceutical services

In Wales, over 11,000 advice consultations occur every day across the community pharmacy network.<sup>49</sup> These provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight, and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services.

### 7.1 Need for drugs and appliances

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

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

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

### 7.2 Substance misuse

The provision of a supervised consumption enhanced service by pharmacists can:

- Assist prescribing clinicians in the provision of community based prescribing;
- Ensure that the patient takes the correct doses of medication as prescribed;
- Prevent prescribed medication being diverted to the illegal market;
- Reduce the possibility of accidental poisoning, particularly of children; and
- Reduce incidents of accidental death through overdose.

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

<sup>49</sup> Community Pharmacy Wales (2020). Pharmacy advice audit, Richard Brown.

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

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. They are usually undertaken over a four-week period but some can be extended. The topics for these campaigns are selected by the health board and could include drug and alcohol abuse. Public health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters, and distributing leaflets, scratch cards and other relevant materials. It is worth noting that at the time of writing, the public health campaigns were suspended due to Coronavirus (COVID-19) pandemic.
- Where the pharmacy does not provide the enhanced services of needle and syringe exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Using the opportunity presented by Medicines Use Reviews, e.g. for anti-hypertensive medicines and medicines for the treatment of diabetes, to discuss the risks of alcohol consumption and in particular, during public health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse.
- Providing healthy living advice during Medicines Use Reviews consultations.

### 7.3 Cancer

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

- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include cancer awareness and/or screening.
- Providing appropriate advice to people who use the pharmacy and appear to smoke or are overweight with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their personal circumstances.
- Signposting people using the pharmacy to other providers of services or support.
- Smoking cessation services, including those provided by pharmacies, are part of prehabilitation prior to admission for cancer treatments.

The smoking cessation enhanced services also supports public health issues relating to cancer.

## 7.4 Long-term conditions

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

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Providing healthy living advice during Medicine Use Review consultations.

Provision of the Medicines Use Reviews, Appliance Use Reviews, stoma appliance customisation and Discharge Medicines Review advanced services, and the flu vaccination enhanced service will also assist people to manage their long-term conditions in order to maximise their quality of life.

## 7.5 Overweight and obesity

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

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include obesity.
- Signposting people using the pharmacy to other providers of services or support.
- Providing healthy living advice during Medicines Use Review consultations.

Khan, Raj  
05/06/2021 17:00:36



## 7.6 Sexual health

Alongside emergency contraception enhanced services, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include sexually transmitted infections and HIV.
- Signposting people using the pharmacy to other providers of sexual health services, including chlamydia testing and treatment services.
- Providing healthy living advice during Medicines Use Review consultations.

## 7.7 Teenage pregnancy

An emergency contraception enhanced service coupled with elements of essential service provision will help address this health need:

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

The independent pharmacy prescriber oral contraception service launched in 2020 in the health board area, further addresses this need.

## 7.8 Smoking

In addition to a smoking cessation enhanced service there are elements of essential service provision which will help address this health need:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include smoking.
- Where the pharmacy does not provide the smoking cessation enhanced service, signposting people using the pharmacy to other providers of the service.

- Routinely discussing stopping smoking when selling relevant over the counter medicines.
- Providing healthy living advice during Medicines Use Review consultations.

## 7.9 Support for self-care

Support for self-care is both an essential and enhanced service, with the latter referred to as the common ailment service. The common ailment service is a scheme whereby patients are encouraged to consult a participating pharmacy, rather than their GP, for a defined list of common ailments. The pharmacist will supply medication from an agreed formulary, give advice or refer the patient to the GP if necessary. Medicines are supplied free of charge thereby removing the payment barrier, which can prevent patients choosing to see a pharmacist instead of their GP.

Ailments covered by the enhanced service include:

- |                  |                          |
|------------------|--------------------------|
| • Acne           | • Indigestion and reflux |
| • Athletes foot  | • Intertrigo/ringworm    |
| • Back pain      | • Mouth ulcers           |
| • Colic          | • Nappy rash             |
| • Conjunctivitis | • Oral thrush            |
| • Constipation   | • Scabies                |
| • Diarrhoea      | • Sore throat            |
| • Dry eyes       | • Teething               |
| • Dry skin       | • Threadworms            |
| • Haemorrhoids   | • Vaginal thrush         |
| • Hay fever      | • Verrucae               |
| • Head lice      |                          |

The planned introduction of an independent prescriber acute conditions service in 2021, will further support this service.

The Community Pharmacy Sore Throat Test and Treat Service (STTT) is a service building on the existing Sore Throat service available within the NHS Wales Common Ailments Service. The service will enable eligible patients to have access to clinical assessment and the provision of advice and appropriate medication, at the expense of the NHS, when presenting with symptoms of acute sore throat. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours (OOH) provider or accident and emergency. It is worth noting that the service is currently suspended due to the Coronavirus (COVID-19) pandemic.

Khan, Raj  
05/06/2021 17:00:36

## **7.10 Blood Borne Virus**

The enhanced service supports the detection and early diagnosis of those at risk from blood borne viruses such as HIV, hepatitis B and C and ensures treatment is commenced at an early stage, preventing further virus transmission. The group of clients considered to be at risk of infection are regularly accessing services provided by pharmacies such as needle and syringe provision and supervised consumption.

## **7.11 Care home support**

The enhanced service supports the safe ordering, supply, storage and administration of medicines and appliances within care homes. It involves a systematic review of all medicine management processes in the care home and the development of medicines protocols and procedures to support effective use of medicines, reduction of risk and reductions of avoidable waste.

## **7.12 Independent Prescribing**

Pharmacist independent prescribers may prescribe any licensed medicine for any medical condition, within their therapeutic area of competence.

Community pharmacy and health boards across Wales were given the opportunity by the Welsh Government to develop pathfinder sites and pilot new services that could utilise community pharmacists and independent pharmacist prescribers in community pharmacy. In conjunction with the Department of Sexual Health (DOSH), Cardiff and Vale University Health Board developed a community pharmacy oral contraceptive service. In 2020, the health board launched an independent prescriber oral contraception service within four community pharmacies, with plans to extend to six sites by 2022.

Cardiff and Vale University Health Board also plan to launch an independent prescriber acute conditions service within an additional four community pharmacies in 2021. The acute conditions service will provide patients presenting in the community pharmacy with a relevant acute condition access to effective advice and treatment, provided by a community pharmacist independent prescriber. The service will support a 'community pharmacy first' model of care, to reduce the number of patients consulting their GP for acute conditions that can be appropriately managed in the community pharmacy setting.

## **7.13 Palliative Care Service**

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. This service ensures prompt and effective access to a range of palliative care medicines within

normal working hours with minimal inconvenience to patients and professionals, by identifying key pharmacies that have agreed to hold a specific stock list of palliative care medicines.

Khan, Raj  
05/06/2021 17:00:36

## 8 Cardiff East cluster

### 8.1 Key facts

#### 8.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of Cardiff is projected to increase by up to 3.2%, the sixth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 375,700 by 2028, making it the largest local authority in Wales. Unlike all other local authorities, the increase in population will mainly be driven by natural change i.e. more births than deaths and a smaller proportion of the increase will be due to net migration i.e. more people moving into the area than out. Cardiff has the highest level of projected international migration of all the local authorities. The population is expected to increase across all broad age groups, except the 0 to 15 years old where a decrease is predicted. The largest population increases will be in the over 65 age group followed by the working-age population aged 16 to 64 years. The population is projected to continue to age in the local authority.

#### 8.1.2 Life expectancy, healthy life expectancy and the 'inequality gap'

Life expectancy at birth in Cardiff is better than the average for Wales for both females and males. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap in life expectancy at birth between the most and least deprived fifth, for Cardiff is wider than the average for Wales for both males and females. The healthy life expectancy (the number of years a person can expect to live in good health) in Cardiff is lower than the average for Wales for both females and males.

**Table 8.1: Life expectancy, healthy life expectancy and the 'inequality gap' (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Cardiff	82.7	78.5	61.1	61.2	6.9	9.2
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

#### 8.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.

Overall, Cardiff East cluster has a higher percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff, except for the access to services domain in the most deprived 10% LSOAs.

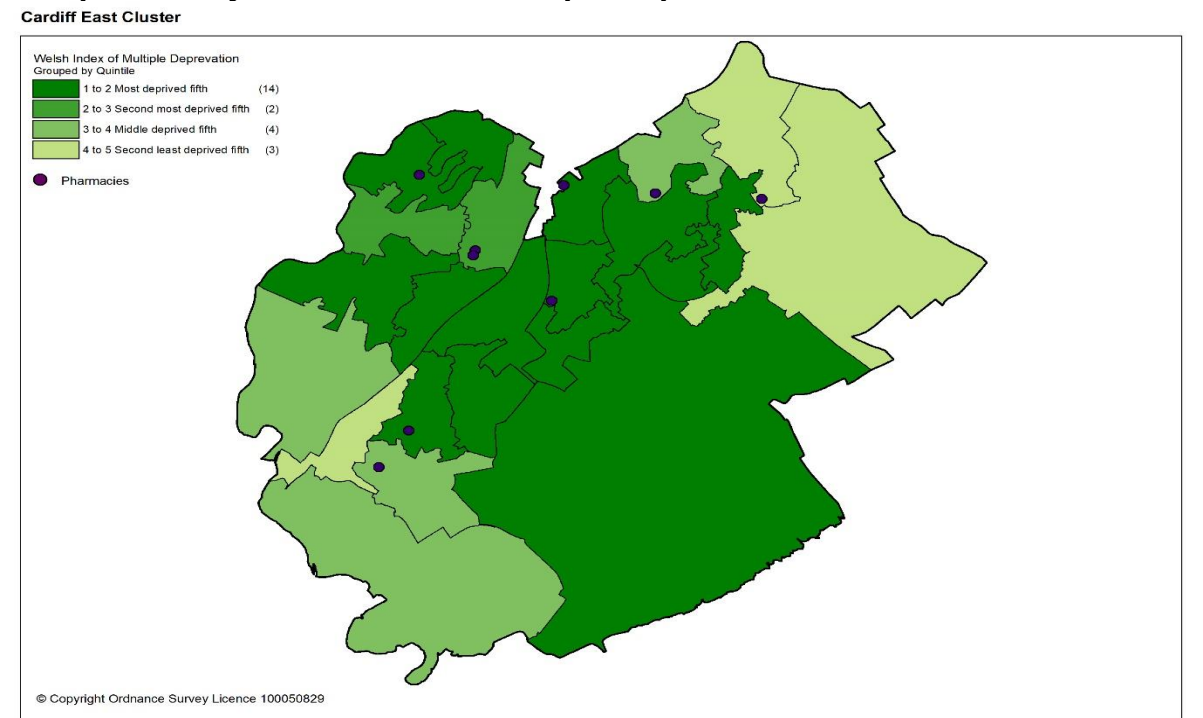
**Table 8.2: Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster and local authority for the domains of income, health, employment and access to services, Welsh Index of Multiple Deprivation 2014.**

Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales								
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Cardiff East	43.5	69.6	30.4	52.5	21.7	47.8	0.0	8.7
Cardiff	19.2	30.8	14.5	22.0	12.1	20.1	0.0	0.9

Source: Welsh Index of Multiple Deprivation 2014, Welsh Government

The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, all pharmacies are located within or near areas of higher deprivation.

**Map 8.1: Lower Super Output Areas (LSOAs) in Cardiff East cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**



#### 8.1.4 Health profile

Overall, the prevalence of chronic disease in Cardiff East cluster is lower than the average for Wales. When compared to Cardiff and Vale University Health Board, the estimated prevalence of chronic disease is in general higher, except for heart failure and stroke and transient ischaemic attacks. The estimated prevalence of chronic obstructive pulmonary disease (COPD) is the joint highest of all the clusters in the

health board's area, diabetes is the second highest and coronary heart disease is the third.

**Table 8.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.**

Area	Percentage					Stroke and transient ischaemic attacks
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	
Cardiff East	6.8	2.9	2.3	5.6	0.9	1.6
Cardiff	6.6	2.5	1.6	4.9	0.8	1.6
Cardiff and Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

Cardiff East cluster has a higher estimated prevalence of dementia than the average for Wales. It has the joint second highest prevalence of all the clusters in the health board. The estimated prevalence of mental health conditions is lower than the average for Wales and the health board.

**Table 8.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Cardiff South East	0.8	0.8
Cardiff	0.6	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

Cardiff East cluster has a lower estimated prevalence of atrial fibrillation than the average for Wales. Although the estimated prevalence of hypertension is lower than the average for Wales, it is higher than the average for the health board.

**Table 8.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Cardiff East	1.6	13.7
Cardiff	1.6	11.8
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 8.6 shows the percentage of adults self-reporting five behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as

more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Cardiff East cluster is lower than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines.

**Table 8.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	GP cluster population aged 16+	Count		Prevalence		
		Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Cardiff East	45,353	23.4	16.9	37.9	51.5	21.8
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

### 8.1.5 Cluster developments

There is a large strategic employment development planned within Cardiff East cluster to be completed by 2026 in line with the Cardiff Local Development Plan 2006 to 2026. The area South of St Mellons Business Park has been identified as an important employment site which contributes to the necessary range and choice of types of employment opportunities in the city. Its location is particularly well placed to provide accessible job opportunities to areas of known deprivation. Key proposed developments include:

- Provision of transport hub including new rail station served by relief line rail services connecting to the city centre and services to Cardiff Airport and London via Cardiff Central
- Provision of park and ride facility
- Integration of the site with key bus links and corridors
- Provision of walking and cycling links and facilities to maximise walking and cycling access to the site from neighbouring communities including Trowbridge and St Mellons
- Retaining the area of land for green space
- Strengthen flooding mitigation and enhancement measures

As at Autumn 2020 monitoring information, no formal planning applications have been submitted to Cardiff Council.



## 8.2 Current provision of pharmaceutical services within the cluster

There are 10 pharmacies in Cardiff East cluster (see table 8.7). It should be noted that one pharmacy, Hopwoods pharmacy, sits just outside of the Cardiff East cluster boundary in Cardiff North. Due to its close proximity to a branch surgery of a Cardiff East GP practice it has historically been considered as part of Cardiff East cluster.

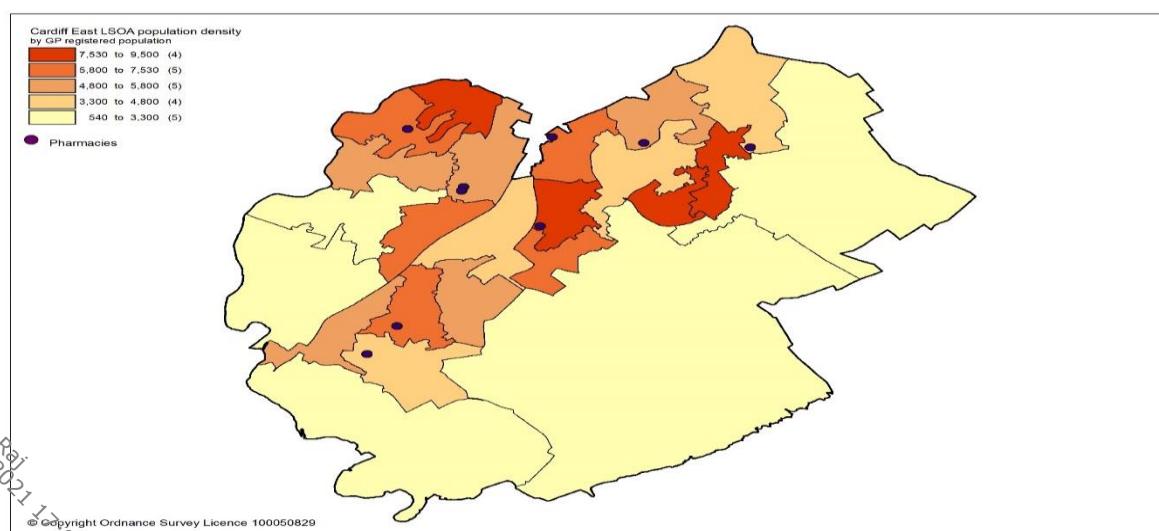
In 2019 to 2020, 79.7% of prescription items written by the four GP practices in Cardiff East cluster were dispensed by one of the pharmacies within the cluster and 1.8% were personally administered items.

**Table 8.7: Pharmacies in Cardiff East cluster**

Pharmacy	Address		
G S Bhogal T/A GS Bhogal Pharmacy	Rumney Primary Care Centre Barmouth Road	Rumney	CF3 3LA
Boots UK Limited	48 Countisbury Avenue	Llanrumney	CF3 5SL
Hopwoods Ltd	19 Maelfa Shopping Centre	Llanedeyrn	CF23 9PL
Lloyds Pharmacy Ltd T/A Lloydspharmacy	347-349 St Mellons District Shopping Centre	St Mellons	CF3 0EF
Lloyds Pharmacy Ltd T/A Lloydspharmacy	Llanrumney Medical Centre Ball Road	Llanrumney	CF3 5NP
Well	106 Wentloog Road	Rumney	CF3 3EA
Well	Unit 3, Trowbridge Local Centre Abergele Road	Trowbridge	CF3 1RR
Boots UK Limited T/A Your Local Boots Pharmacy	4 Strathy Road Willowbrook Drive	St Mellons	CF3 0SH
Well	60 Countisbury Avenue	Llanrumney	CF3 5SP
P C Bullen	St Mellons Pharmacy Seaview Stores Newport Road	St Mellons	CF3 5UA

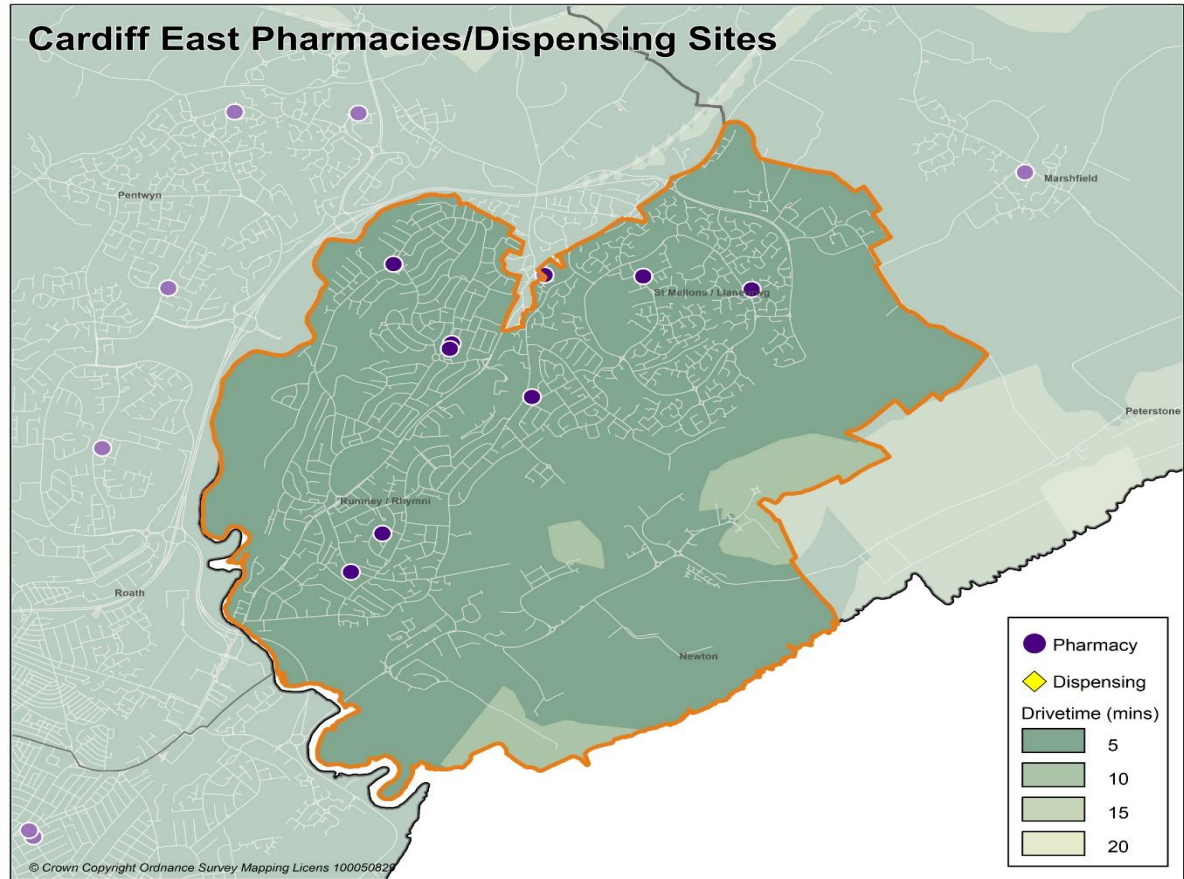
The pharmacies are located in areas of greater population density as shown by the darker shaded areas in the map below.

**Map 8.2: Location of pharmacy premises compared to population density**



All residents of the cluster can access one of the pharmacies by car within 10 minutes. The majority can access a pharmacy within 5 minutes, as shown in the map below. However, some households do not have access to a car and may have a longer journey.

Map 8.3: Access to pharmacies in the cluster



Looking at the opening hours for the pharmacies:

- One pharmacy is open seven days a week
- One pharmacy is open Monday to Saturday
- Seven pharmacies are open Monday to Friday and Saturday morning
- One pharmacy is open Monday to Friday

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days’ notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	08.00am to 09.00am	17.30pm to 19.30pm
Saturday	09.00am	12.00pm to 17.30pm
Sunday	10.00am	16.00pm

Full details of when the pharmacies are open can be found in Appendix L.

All 10 pharmacies responded to the contractor questionnaire, of which all 10 dispense all appliances listed in Part IX of the Drug Tariff.

In 2019 to 2020, all 10 pharmacies offered the MUR service and a total of 3,573 reviews were provided out of a possible 4,000 reviews. Two pharmacies provided the maximum number of reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, eight pharmacies offered the DMR service and a total of 254 reviews were provided out of a possible 1,120 reviews. One pharmacy provided the maximum number of 140 reviews. As part of the changes to the community pharmacy contractual framework for 2021, the cap of the number of paid DMRs has since been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Nine pharmacies provided a total of 288 emergency contraception consultations, with a range of three to 108 consultations.
- Two pharmacies provided a total of 27 smoking cessation level 3 consultations, with a range of three to 24 consultations.
- Nine pharmacies provided a total of 591 flu vaccinations, with a range of 17 to 138 vaccinations.
- 10 pharmacies provided a total of 637 CAS consultations, with a range of 12 to 162 consultations.
- Four pharmacies provided a total of 11 EMS consultations, with a range of one to seven consultations.

Other enhanced services included:

- Six pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- One pharmacy provided the Needle Syringe Provision Enhanced Service.
- Two pharmacies provided the Palliative Care Enhanced Service.

### **8.3 Current provision of pharmaceutical services outside the cluster**

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.
- Which are located near to where they work, shop or visit for leisure or other purposes.

Khan, Raj  
05/06/2021 17:00:36

Whilst the majority of prescriptions written by the cluster GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 18.5% were dispensed outside the cluster, most notably:

- 5.9% by pharmacies in Cardiff North cluster
- 4.4% by pharmacies in Cardiff South East cluster
- 3.9% by pharmacies in Cardiff City & South cluster
- 0.9% by pharmacies in Cardiff West cluster
- 0.1% by pharmacies in Cardiff South West cluster
- 2.4% in Aneurin Bevan University Health Board
- 0.2% in Cwm Taf Morgannwg University Health Board
- 0.1% in Swansea Bay University Health Board
- 0.6% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Cardiff East can access a pharmacy by car within 10 minutes and the majority can access a pharmacy by car within five minutes.

## **8.4 Other NHS services**

No other key NHS services were identified within this cluster.

## **8.5 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 8.2 and 8.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 388 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Cardiff East cluster, of which 281 were outside of the health board's area. 8,033 prescription items were dispensed in England.

## **8.6 Gaps in provision**

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that the population can access a pharmacy by car within 10 minutes, with the majority within five minutes. However, some households

do not have access to a car and may have a longer journey. 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 Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

All 10 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. All 10 pharmacies responded that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

The Cardiff and Vale University Health Board noted the developments planned for the cluster, with regard to the strategic employment site South of St Mellons Business Park. Furthermore, with regard to any housing that is due to be built during the lifetime of this document, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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.

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

Khan, Raj  
05/06/2021 17:00:36

## 9 Cardiff South East cluster

### 9.1 Key facts

#### 9.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of Cardiff is projected to increase by up to 3.2%, the sixth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 375,700 by 2028, making it the largest local authority in Wales. Unlike all other local authorities, the increase in population will mainly be driven by natural change i.e. more births than deaths and a smaller proportion of the increase will be due to net migration i.e. more people moving into the area than out. Cardiff has the highest level of projected international migration of all the local authorities. The population is expected to increase across all broad age groups, except the 0 to 15 years old where a decrease is predicted. The largest population increases will be in the over 65 age group followed by the working-age population aged 16 to 64 years. The population is projected to continue to age in the local authority.

#### 9.1.2 Life expectancy, healthy life expectancy and the 'inequality gap'

Life expectancy at birth in Cardiff is better than the average for Wales for both females and males. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap in life expectancy at birth between the most and least deprived fifth, for Cardiff is wider than the average for Wales for both males and females. The healthy life expectancy (the number of years a person can expect to live in good health) in Cardiff is lower than the average for Wales for both females and males.

**Table 9.1: Life expectancy, healthy life expectancy and the 'inequality gap' (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Cardiff	82.7	78.5	61.1	61.2	6.9	9.2
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

#### 9.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to

Overall, Cardiff South East cluster has a higher percentage of LSOAs in the most deprived 10% of LSOAs in Wales for the domains of income, health, and employment relative to Cardiff. It also has a higher percentage of LSOAs in the most deprived 20% of LSOAs in Wales for the domain of health.

Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales								
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Cardiff South East	19.4	30.6	19.4	30.6	13.9	19.4	0.0	0.0
Cardiff	19.2	30.8	14.5	22.0	12.1	20.1	0.0	0.9

The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, all pharmacies are located within or near areas of higher deprivation.

### Cardiff South East Cluster





### 9.1.4 Health profile

Cardiff South East cluster has the lowest estimated prevalence of chronic disease of all the clusters in Cardiff and Vale University Health Board, with the exception of heart failure (second lowest) and chronic obstructive pulmonary disease (COPD). The estimated prevalence of chronic disease in the cluster is lower than the average for Wales.

**Table 9.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.**

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff South East	5.2	1.8	1.5	4.2	0.6	1.1
Cardiff	6.6	2.5	1.6	4.9	0.8	1.6
Cardiff and Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The estimated prevalence of dementia in Cardiff South East cluster is lower than the average for Wales and the lowest of all the clusters in the health board. The estimated prevalence of mental health conditions is higher than the average for Wales and is the joint second highest of all the clusters in the health board.

**Table 9.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Cardiff South East	0.4	1.1
Cardiff	0.6	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The estimated prevalence of hypertension in Cardiff South East cluster is lower than the average for Wales and the lowest of all the clusters in the health board. The estimated prevalence of atrial fibrillation is the second lowest of all the clusters in the health board.

Khan, Raj  
05/06/2021 17:00:36



**Table 9.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Cardiff South East	1.0	8.1
Cardiff	1.6	11.8
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 9.6 shows the percentage of adults self-reporting five behaviours; where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Cardiff South East cluster is higher than Cardiff and Vale University Health Board and the average for Wales, except for smoking and eating the recommended five portions of fruit and vegetables a day.

**Table 9.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count	Prevalence				
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Cardiff South East	54,093	23.5	17.5	41.9	55.3	21.9
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG).

Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

## 9.2 Current provision of pharmaceutical services within the cluster

There are 16 pharmacies in Cardiff South East cluster. There is also one appliance contractor.

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05/06/2021 17:00:36

**Table 9.7: Pharmacies in Cardiff South East cluster**

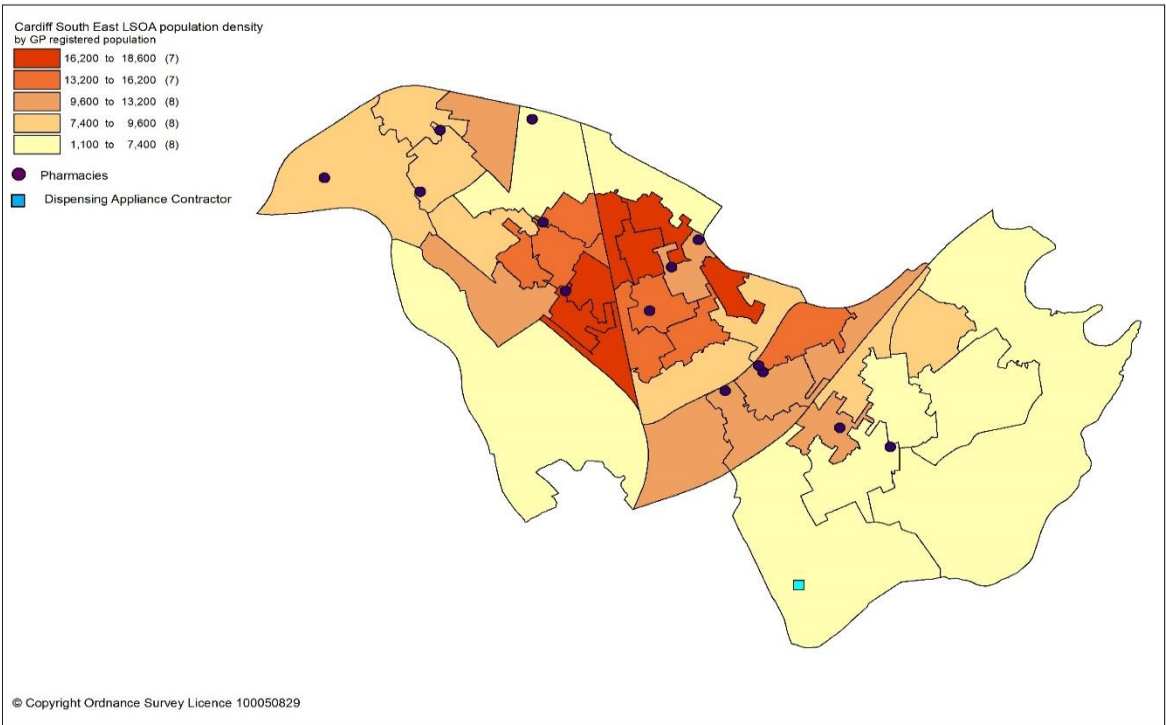
Pharmacy	Address		
Alkamoosi Ltd T/A Crwys Pharmacy	128 Crwys Road	Cathays	CF24 4NR
Boots UK Limited	77-79 Albany Road	Roath	CF24 3LN
Clifton Pharmacy Ltd T/A City Pharmacy	Cardiff Royal Infirmary, Newport Road	Roath	CF24 0SZ
Clifton Pharmacy Ltd	7-8 Clifton Street	Roath	CF24 1PW
WJ Powell Limited T/A WJ Powell Chemists	49 Gabalfa Avenue	Gabalfa Estate	CF14 2SH
Tesco Stores Limited	Tesco Instore Pharmacy	Western Avenue	CF14 3AT
Well	1,2 & 3 Upper Clifton Street	Roath	CF24 1PU
Well	219 - 221 City Road	Roath	CF24 3JF
Well	180 City Road	Roath	CF24 3JF
North Road Pharmacy Ltd	144 North Road	Gabalfa	CF14 3BH
Pearn's Pharmacies Ltd	21 South Park Road	Tremorfa	CF24 2QZ
Rhys Williams T/A Woodville Road Pharmacy	74 Woodville Road	Cathays	CF24 4EB
MW Phillips Chemists	52 Splott Road	Splott	CF24 2DA
MW Phillips Chemists	71 Whitchurch Road	Gabalfa	CF14 3JP
MW Phillips Chemists	7 South Park Road	Splott	CF24 2LU
Superdrug Ltd	81-83 Albany Road	Roath	CF24 3LN

In 2019 to 2020, 75.0% of items on prescriptions written by the eight GP practices in Cardiff South East cluster were dispensed by one of the pharmacies within the cluster and 1.7% were personally administered items.

The pharmacies, in general, are located in or near areas of greater population density as shown by the darker shaded areas in the map below.

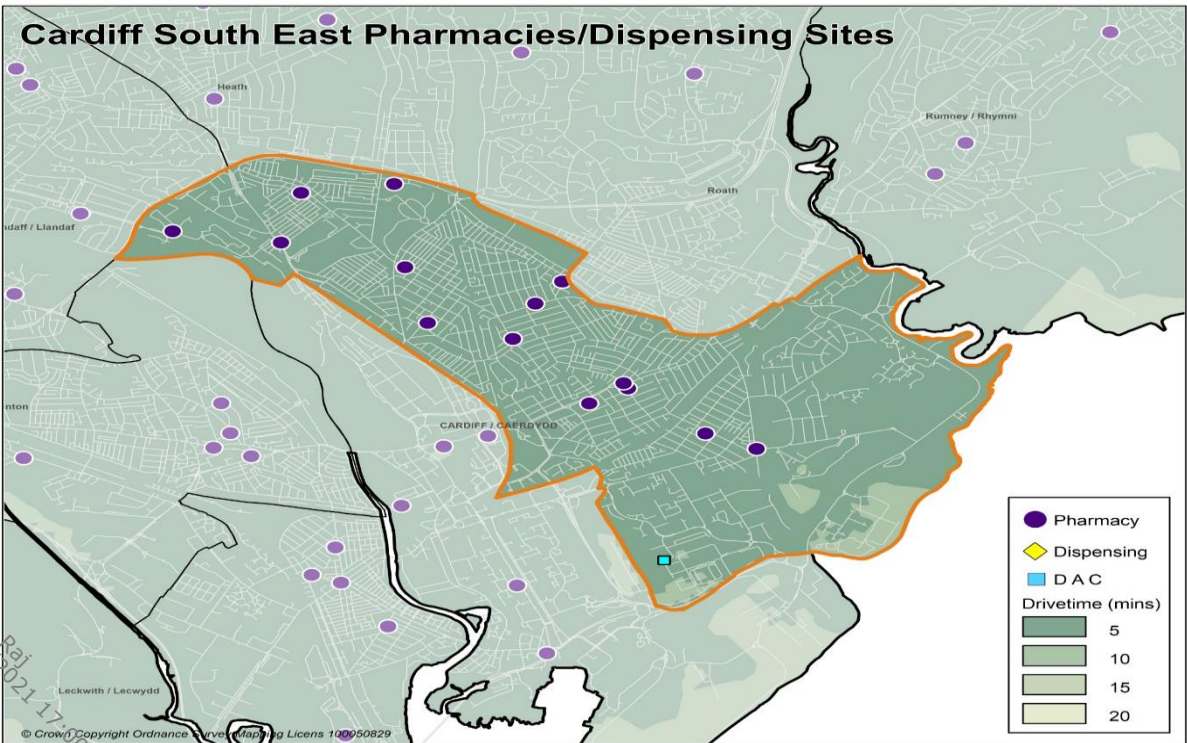
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05/06/2021 17:00:36

**Map 9.2: Location of pharmacy and appliance contractor premises compared to population density**



All residents of the cluster can access one of the pharmacies by car within 10 minutes. The majority can access a pharmacy within five minutes, as shown in the map below.

**Map 9.3: Access to pharmacies and appliance contractor in the cluster**



Looking at the opening hours for the pharmacies:

- Two pharmacies are open seven days a week
- Three pharmacies are open Monday to Saturday
- Five pharmacies are open Monday to Friday and Saturday morning
- Six pharmacies are open Monday to Friday

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	08.00am to 09.00am	17.30pm to 21.00pm*
Saturday	08.00am to 09.30am	11.30pm to 22.00pm
Sunday	10.00am to 10.30am	16.00pm to 16.30pm

\*Three pharmacies close earlier at 17.00 on Wednesday

Full details of when the pharmacies are open can be found in Appendix L.

All 16 pharmacies responded to the contractor questionnaire, of which 12 pharmacies dispense all appliances listed in Part IX of the Drug Tariff and three just dispense dressings. One pharmacy does not dispense any appliances.

In 2019 to 2020, all 16 pharmacies offered the MUR service and a total of 4,246 reviews were provided out of a possible 6,400 reviews. Four pharmacies provided the maximum number of 400 reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, 14 pharmacies offered the DMR service and a total of 417 reviews were provided out of a possible 1,960 reviews. Two pharmacies provided the maximum number of 140 reviews. As part of the changes to the community pharmacy contractual framework for 2021, the cap of the number of paid DMRs has since been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Nine pharmacies provided a total of 1366 emergency contraception consultations, with a range of 18 to 662 consultations.
- Six pharmacies provided a total of 89 smoking cessation level 3 consultations, with a range of four to 29 consultations.
- 11 pharmacies provided a total of 961 flu vaccinations, with a range of one to 299 vaccinations.
- 15 pharmacies provided a total of 961 CAS consultations, with a range of five to 177 consultations.

- Five pharmacies provided a total of 200 EMS consultations, with a range of one to 144 consultations.

Other enhanced services included:

- Eight pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Three pharmacies provided the Needle Syringe Provision Enhanced Service.
- Three pharmacies provided the Palliative Care Enhanced Service.

### 9.3 Current provision of pharmaceutical services outside the cluster

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors.
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 23.2% were dispensed outside the cluster, most notably:

- 8.5% by pharmacies in Cardiff North cluster
- 4.6% by pharmacies in Cardiff East cluster
- 7.3% by pharmacies in Cardiff City & South cluster
- 1.0% by pharmacies in Cardiff West cluster
- 0.2% by pharmacies in Cardiff South West cluster
- 0.8% in Aneurin Bevan University Health Board
- 0.1% in Cwm Taf Morgannwg University Health Board
- 0.6% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Cardiff South East can access a pharmacy by car within 10 minutes and the majority can access a pharmacy by car within five minutes.

### 9.4 Other NHS services

Cardiff Royal Infirmary is located within the cluster of Cardiff South East. However, the hospital serves a much wider population than that of the cluster.

## 9.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 372 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Cardiff South East cluster, of which 267 were outside of the health board's area. 6,521 prescription items were dispensed in England.

## 9.6 Gaps in provision

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that 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 Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board, one which is based within the cluster, who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

All 16 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the locality. Their responses were as follows:

- 15 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.

The Cardiff and Vale University Health Board noted that there were no large housing developments due to be built during the lifetime of this document within the cluster. With regard to any small units of housing that are due to be built during the lifetime of this document, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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.

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

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05/06/2021 17:00:36

## 10 Cardiff City and South cluster

### 10.1 Key facts

#### 10.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of Cardiff is projected to increase by up to 3.2%, the sixth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 375,700 by 2028, making it the largest local authority in Wales. Unlike all other local authorities, the increase in population will mainly be driven by natural change i.e. more births than deaths and a smaller proportion of the increase will be due to net migration i.e. more people moving into the area than out. Cardiff has the highest level of projected international migration of all the local authorities. The population is expected to increase across all broad age groups, except the 0 to 15 years old where a decrease is predicted. The largest population increases will be in the over 65 age group followed by the working-age population aged 16 to 64 years. The population is projected to continue to age in the local authority.

#### 10.1.2. Life expectancy, healthy life expectancy and the 'inequality gap'

Life expectancy at birth in Cardiff is better than the average for Wales for both females and males. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap in life expectancy at birth between the most and least deprived fifth, for Cardiff is wider than the average for Wales for both males and females. The healthy life expectancy (the number of years a person can expect to live in good health) in Cardiff is lower than the average for Wales for both females and males.

**Table 10.1: Life expectancy, healthy life expectancy and the 'inequality gap' (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Cardiff	82.7	78.5	61.1	61.2	6.9	9.2
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

#### 10.1.3. Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.



Overall, Cardiff City and South cluster has a lower percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff, except for the income domain in the most deprived 20% LSOAs, which is higher.

**Table 10.2: Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster and local authority for the domains of income, health, employment and access to services, Welsh Index of Multiple Deprivation 2014.**

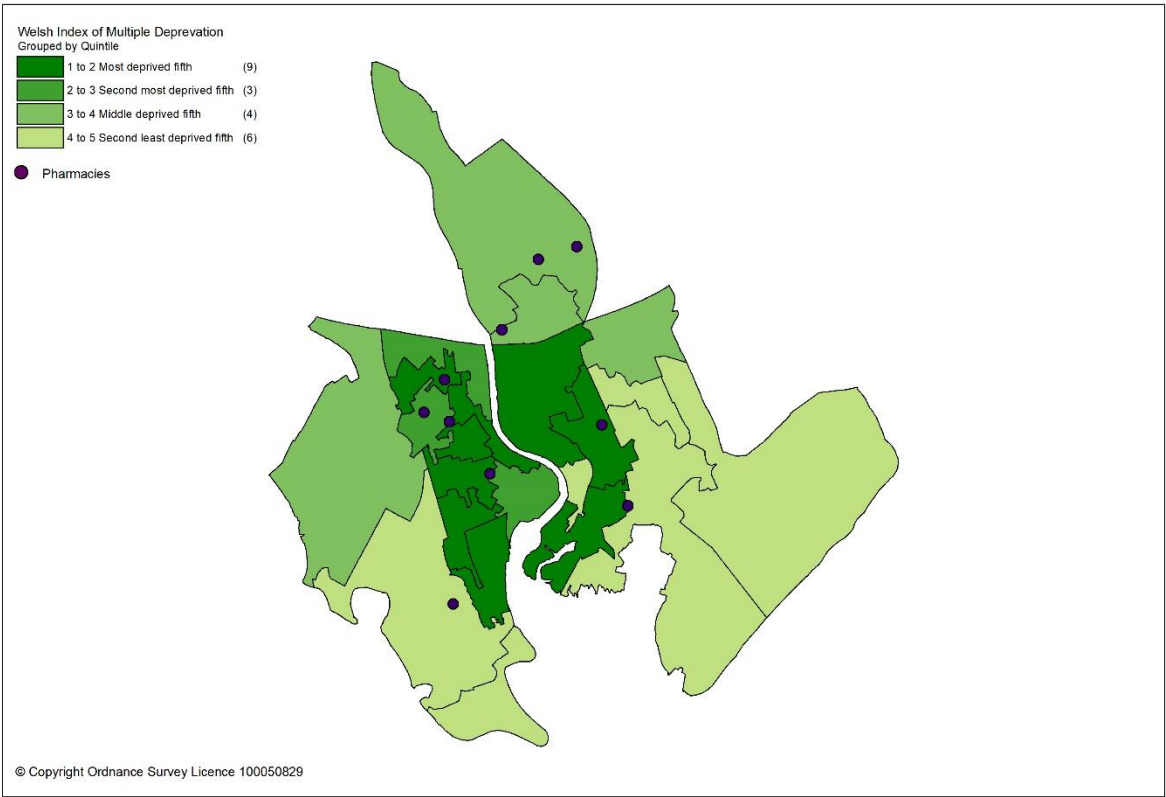
Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales								
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Cardiff City & South	13.0	43.5	13.0	17.4	4.3	8.7	0.0	0.0
Cardiff	19.2	30.8	14.5	22.0	12.1	20.1	0.0	0.9

Source: Welsh Index of Multiple Deprivation 2014, Welsh Government

The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, the majority of pharmacies are located within or near areas of higher deprivation.

**Map 10.1: Lower Super Output Areas (LSOAs) in Cardiff City and South cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**

City and Cardiff South Cluster



Cardiff City and South cluster has one of the lowest estimated prevalence of chronic disease of all the clusters in Cardiff and Vale University Health Board and is lower

than the average for Wales. It has the joint lowest estimated prevalence for chronic obstructive pulmonary disease (COPD) and stroke and transient ischaemic attacks, and the lowest for heart failure. It has the second lowest prevalence for coronary heart disease. However, it has the third highest estimated prevalence of diabetes of all the clusters in the health board, although this is lower than the average for Wales.

**Table 10.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.**

Area	Percentage					Stroke and transient ischaemic attacks
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	
Cardiff City and South	5.6	1.9	1.2	5.5	0.5	1.1
Cardiff	6.6	2.5	1.6	4.9	0.8	1.6
Cardiff and Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The estimated prevalence of dementia in Cardiff City and South cluster is lower than the average for Wales and the health board. The estimated prevalence of mental health conditions is higher than the average for Wales and is the highest of all the clusters in the health board.

**Table 10.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Cardiff City & South	0.6	1.2
Cardiff	0.6	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The estimated prevalence of atrial fibrillation in Cardiff City and South cluster is the lowest in the health board and is lower than the average for Wales. The estimated prevalence of hypertension in Cardiff City and South cluster is lower than the average for Wales and is the second lowest of all the clusters in the health board.

**Table 10.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Cardiff City & South	0.8	9.3
Cardiff	1.6	11.8
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 10.6 shows the percentage of adults self-reporting five behaviours; where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Cardiff City and South cluster is lower than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines. For meeting the physical activity guidelines, Cardiff City and South cluster is higher than the average for Wales but lower than the health board.

**Table 10.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count	Prevalence				
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Cardiff City & South	32,510	26.1	16.8	37.2	53.0	21.5
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

### 10.1.5 Cluster developments

There are two major developments planned within this Cardiff City & South cluster to be completed by 2026 in line with the Cardiff Local Development Plan 2006 to 2026. These are:

#### The Cardiff Central Enterprise Zone

This site is a major employment-led initiative including a Regional Transport Hub together with other mixed uses and approximately 2,150 homes. The development will provide major employment focused on financial and business services and maximise the advantages of its central location.

- Central, public transport hub providing access to and interchange between rail network, the rapid transit and strategic bus corridors, the city-wide bus network and the strategic cycle network.
- Improving existing bus routes and services.
- Enhance pedestrian and cycle.
- Provide a central cycle parking hub with associated facilities.

Khan, Raj  
05/06/2021 17:00:36

- Provide secure cycle parking and associated facilities in locations which encourage cycling to the city centre and integration with public transport services.
- Create continuous river walk on Taff East bank.
- One new Primary School and contribution to existing Secondary Schools
- Open Space including formal recreation, playground, teen facility, allotment site.

As at the 1<sup>st</sup> April 2019, there were 102 completions on this site.

### **The Former Gas Works, Ferry Road**

This site is a major housing based scheme of 500 homes and other associated community uses, with supporting infrastructure:

- Improving pedestrian access to public transport facilities in the vicinity of the site.
- Providing new and enhancing existing pedestrian/cycle links from the site to the Ely Trail, Grangemoor Park, Cardiff Bay Retail Park, and other community facilities within the area including Channel View Centre.
- Contribution to off-site community facility provision.
- Contribution to existing Primary and Secondary Schools.
- Open Space including one playground, one teen facility, plus contributions to formal open space, allotment provision and play provision.

As at autumn 2020 monitoring information stated no formal planning applications had been submitted to Cardiff Council.

## **10.2 Current provision of pharmaceutical services within the cluster**

There are 10 pharmacies in Cardiff City & South cluster.

**Table 10.7: Pharmacies in Cardiff City & South cluster**

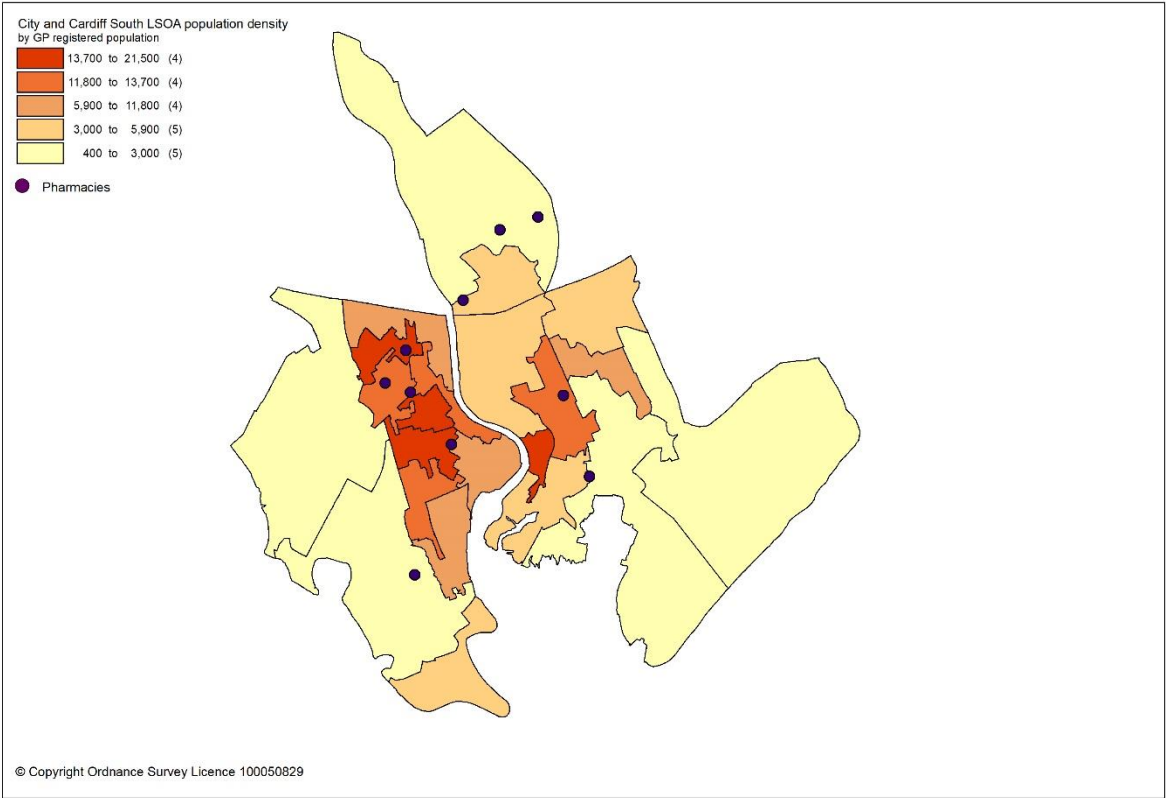
Pharmacy	Address			
National Co-Operative Chemists Ltd T/A The Co-operative Pharmacy	213 Bute Street	Butetown	CF10 5HR	
Boots UK Limited	Unit 17 The Capitol Centre	Queen Street	CF10 2HQ	
Boots UK Limited	36 Queen Street	Cardiff	CF10 2RG	
Boots UK Limited	Units1 & 2 Broadcasting House, Central Square	Cardiff	CF10 1FS	
Boots UK Limited	Unit D	Cardiff Bay Retail Park	CF11 0JR	
Lloyds Pharmacy Ltd T/A Lloydspharmacy Well	Grange Medical Centre Bishop Street	Grangetown	CF11 6PG	
National Co-Operative Chemists Ltd T/A The Co-operative Pharmacy	100 Holmesdale Street	Grangetown	CF11 7BW	
	178 Clare Road	Grangetown	CF11 6YG	

National Co-Operative Chemists Ltd T/A The Co-operative Pharmacy	Unit 2B Bute Place Quayside	Cardiff Bay	CF10 5AB
B S Virdee T/A The Pharmacy	54 Clare Road	Grangetown	CF11 6RT

In 2019 to 2020, 87.5% of items on prescriptions written by the seven GP practices in Cardiff City and South cluster were dispensed by one of the pharmacies within the cluster and 1.4% were personally administered items.

The majority of pharmacies are located in or near areas of greater population density as shown by the darker shaded areas in the map below.

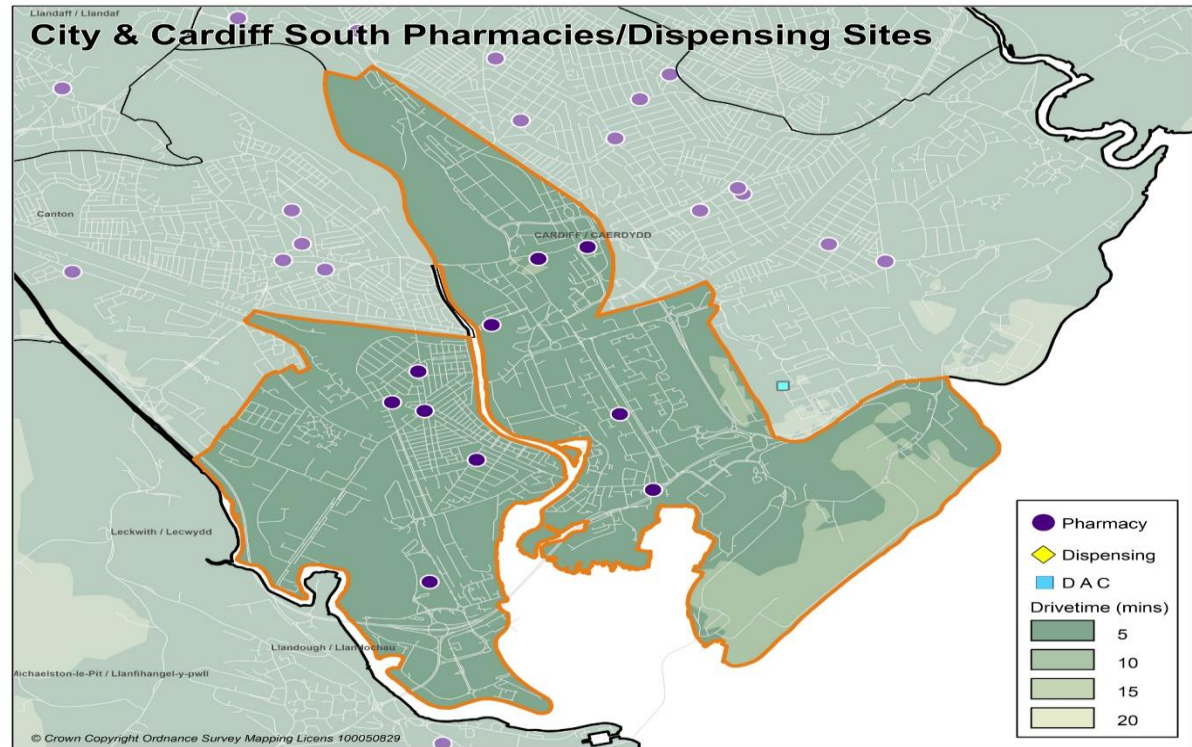
**Map 10.2: Location of pharmacy premises compared to population density**



All residents of the cluster can access one of the pharmacies by car within 10 minutes. The majority can access a pharmacy within five minutes, as shown in map 10.3.



Map 10.3: Access to pharmacies in cluster



Looking at the opening hours for the pharmacies:

- Three pharmacies are open seven days a week
- One pharmacy is open Monday to Saturday
- Three pharmacies are open Monday to Friday and Saturday morning
- Three pharmacies are open Monday to Friday

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	07.00am to 09.15am	17.30pm to 22.30pm
Saturday	08.00am to 09.00am	12.00pm to 22.30pm
Sunday	10.00am to 11.00am	16.00pm to 22.30pm

Full details of when the pharmacies are open can be found in Appendix L.

All 10 pharmacies responded to the contractor questionnaire, of which six dispense all appliances listed in Part IX of the Drug Tariff, one pharmacy dispenses everything excluding stoma and incontinence appliances and three just dispenses dressings.

In 2019 to 2020, all 10 pharmacies offered the MUR service and a total of 2,629 reviews were provided out of a possible 4,000 reviews. Two pharmacies provided the maximum number of 400 reviews. The Welsh Government formally suspended

the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, all 10 pharmacies offered the DMR service and a total of 278 reviews were provided out of a possible 1,400 reviews. No pharmacies provided the maximum number of 140 reviews. As part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- 10 pharmacies provided a total of 4223 emergency contraception consultations, with a range of seven to 2599 consultations.
- One pharmacy provided a total of 8 smoking cessation level 3 consultations.
- Nine pharmacies provided a total of 1480 flu vaccinations, with a range of one to 386 vaccinations.
- 10 pharmacies provided a total of 772 CAS consultations, with a range of four to 184 consultations.
- Three pharmacies provided a total of 67 EMS consultations, with a range of five to 56 consultations.

Other enhanced services included:

- Five pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Two pharmacies provided the Needle Syringe Provision Enhanced Service.
- Four pharmacies provided the Palliative Care Enhanced Service.

### **10.3 Current provision of pharmaceutical services outside the cluster**

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the cluster GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 11.1% were dispensed outside the cluster, most notably:

- 3.7% by pharmacies in Cardiff North cluster
- 1.7% by pharmacies in Cardiff South East cluster
- 0.8% by pharmacies in Cardiff West cluster
- 0.2% by pharmacies in Cardiff East cluster
- 2.7% by pharmacies in Cardiff South West cluster
- 0.8% by pharmacies in Eastern Vale cluster

- 0.1% by pharmacies in Central Vale cluster
- 0.1% in Aneurin Bevan University Health Board
- 0.8% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Cardiff City and South can access a pharmacy by car within 10 minutes and the majority can access a pharmacy by car within five minutes.

#### **10.4 Other NHS services**

No key other NHS services are located within this cluster.

#### **10.5 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 10.2 and 10.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 254 pharmacy contractors that were trading in Wales during 2019 to 2020 dispensed items written by one of the GP practices in the Cardiff City and South cluster, of which 148 were outside of the health board's area. 6,241 prescription items were dispensed in England.

#### **10.6 Gaps in provision**

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that 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 Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.



The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

All 10 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. Their responses were as follows:

- Nine pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.

The Cardiff and Vale University Health Board noted the employment led and large housing development planned for Cardiff Central Zone and the housing development at the former gas works Ferry Road and other smaller units of housing that are due to be built during the lifetime of this document. Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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.

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

Khan, Raj  
05/06/2021 17:00:36

# 11 Cardiff North cluster

## 11.1 Key facts

### 11.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of Cardiff is projected to increase by up to 3.2%, the sixth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 375,700 by 2028, making it the largest local authority in Wales. Unlike all other local authorities, the increase in population will mainly be driven by natural change i.e. more births than deaths and a smaller proportion of the increase will be due to net migration i.e. more people moving into the area than out. Cardiff has the highest level of projected international migration of all the local authorities. The population is expected to increase across all broad age groups, except the 0 to 15 years old where a decrease is predicted. The largest population increases will be in the over 65 age group followed by the working-age population aged 16 to 64 years. The population is projected to continue to age in the local authority.

### 11.1.2. Life expectancy, healthy life expectancy and the ‘inequality gap’

Life expectancy at birth in Cardiff is better than the average for Wales for both females and males. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap in life expectancy at birth between the most and least deprived fifth, for Cardiff is wider than the average for Wales for both males and females. The healthy life expectancy (the number of years a person can expect to live in good health) in Cardiff is lower than the average for Wales for both females and males.

**Table 11.1: Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Cardiff	82.7	78.5	61.1	61.2	6.9	9.2
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

### 11.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.

Overall, Cardiff North cluster has a much lower percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff.

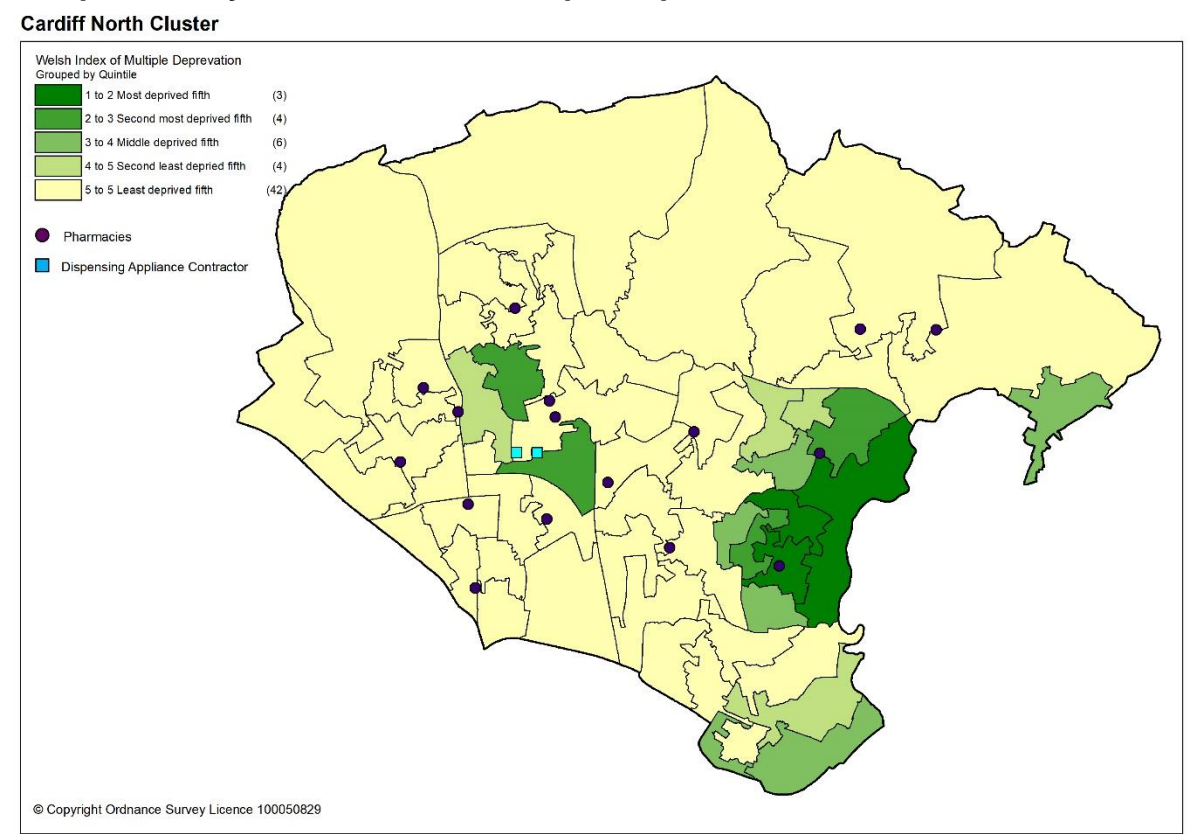
**Table 11.2: Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster and local authority for the domains of income, health, employment and access to services, Welsh Index of Multiple Deprivation 2014**

	Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales							
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Cardiff North	5.1	8.5	0.0	3.4	3.4	5.1	0.0	0.0
Cardiff	19.2	30.8	14.5	22.0	12.1	20.1	0.0	0.9

Source: Welsh Index of Multiple Deprivation 2014, Welsh Government

The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, Cardiff North cluster has relatively low levels of deprivation. Where there are pockets of deprivation, pharmacies in general are located within or near these areas.

**Map 11.1: Lower Super Output Areas (LSOAs) in Cardiff North cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**



### 11.1.4 Health profile

Overall, the prevalence of chronic disease in Cardiff North cluster is lower than the average for Wales. When compared to Cardiff and Vale University Health Board, the estimated prevalence of asthma is higher and is the third highest of all the clusters within the health board. The prevalence of heart failure is also higher than that of the health board. The prevalence of diabetes is the second lowest of all the clusters within the health board and the prevalence of chronic obstructive pulmonary disease (COPD) is the joint lowest of all the clusters within the health board.

**Table 11.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff North	7.0	2.6	1.2	4.3	1.0	1.7
Cardiff	6.6	2.5	1.6	4.9	0.8	1.6
Cardiff and Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

In Cardiff North cluster, the estimated prevalence of dementia is the same as the average for Wales and the health board. The estimated prevalence of mental health conditions is the joint lowest of all clusters within the health board and lower than the average for Wales.

**Table 11.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Cardiff North	0.7	0.7
Cardiff	0.6	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The estimated prevalence of atrial fibrillation in Cardiff North cluster is lower than the average for Wales but higher than the health board. The estimated prevalence of hypertension is lower than the average for Wales and the health board.

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05/06/2021 17:00:36

**Table 11.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Cardiff North	1.9	12.4
Cardiff	1.6	11.8
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 11.6 shows the percentage of adults self-reporting harmful behaviours; where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Cardiff North cluster is higher than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines.

**Table 11.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Cardiff North	84,059	14.7	20.6	45.2	59.0	26.5
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

### 11.1.5. Cluster developments

There are two large developments planned within Cardiff North cluster to be completed by 2026 in line with the Cardiff Local Development Plan 2006 to 2026.

#### North East Cardiff (West of Pontprennau)

The site relates to countryside located between Lisvane to the west, Pontprennau to the east and the M4 Motorway to the north. The development is for a mixed-use

comprehensive development of a minimum of 4,500 homes, employment and other associated community uses, together with supporting infrastructure:

- Provision of new bus-based Rapid Transit Corridors through the site providing links between the District/Local Centres including Bus Gates at access point to Cardiff Gate Business Park and St Mellons Road at the eastern edge of the site.
- Extension of bus networks and increase in the frequency and reliability of site service.
- Provision of safe, attractive, and convenient walking routes within the site, linking to key local services, facilities and destinations including existing local centres and Schools at Pontprennau, Pentwyn, Lisvane and Cardiff Gate Business Park.
- Provision of one centrally located District Centre and one Local Centre including Primary Care facility, multifunctional community leisure facility including library facility, and financial contribution to upgrading of Llanishen and Pontprennau Leisure Centres.
- Provision of one new Secondary School and three new Primary Schools.
- Provision of open space including formal recreation, playgrounds including destination play area, teen facility, and allotment sites.

By autumn 2019, 45 houses were under construction. 2020 site monitoring was put on hold due to Coronavirus (COVID-19) pandemic restrictions.

### **East of Pontprennau Link Road**

The site relates to Land East of countryside located between the Pontprennau Link Road to the West, River Rhymney valley to the east, the A48 to the south and the M4 Motorway to the north. The development is for a housing-based scheme of a minimum of 1,300 homes with associated community uses, together with supporting infrastructure:

- Provision of new bus-based Rapid Transit Corridors through the site including links to the Local Centre and provision of Bus Gates at St Mellons Road at the north western edge of the site and Bridge Road to the south east of the site.
- Extension of bus networks and increasing the frequency and reliability of site services.
- Provision of a network of high quality, safe, attractive, and convenient walking and cycling routes within the site, linking to key local services, facilities and destinations including employment in Pontprennau, Pentwyn and Cardiff Gate Business Park.
- One centrally located Local Centre linked to rapid transit infrastructure and school facilities including Primary Care facility (branch surgery), multifunctional community facility.
- One new Primary School located in or adjacent to the Local Centre.
- Open Space including formal recreation, playgrounds, a teen facility, and allotment site.

As of 1<sup>st</sup> April 2019, there were 337 completions on the housing site. 2020 site monitoring was put on hold due to Coronavirus (COVID-19) pandemic restrictions.

The Maelfa Wellbeing Hub is currently under development and will house community services as well as the GP practice and so may have some impact on services needed. As previously noted for the purposes of the PNA Hopwoods community pharmacy and GP practice at Maelfa are considered as part of Cardiff East cluster as that is where the main GP premises is situated; however, they will serve people in Cardiff North cluster also.

## 11.2 Current provision of pharmaceutical services within the cluster

There are 18 pharmacies in Cardiff North cluster.

**Table 11.7: Pharmacies in Cardiff North cluster**

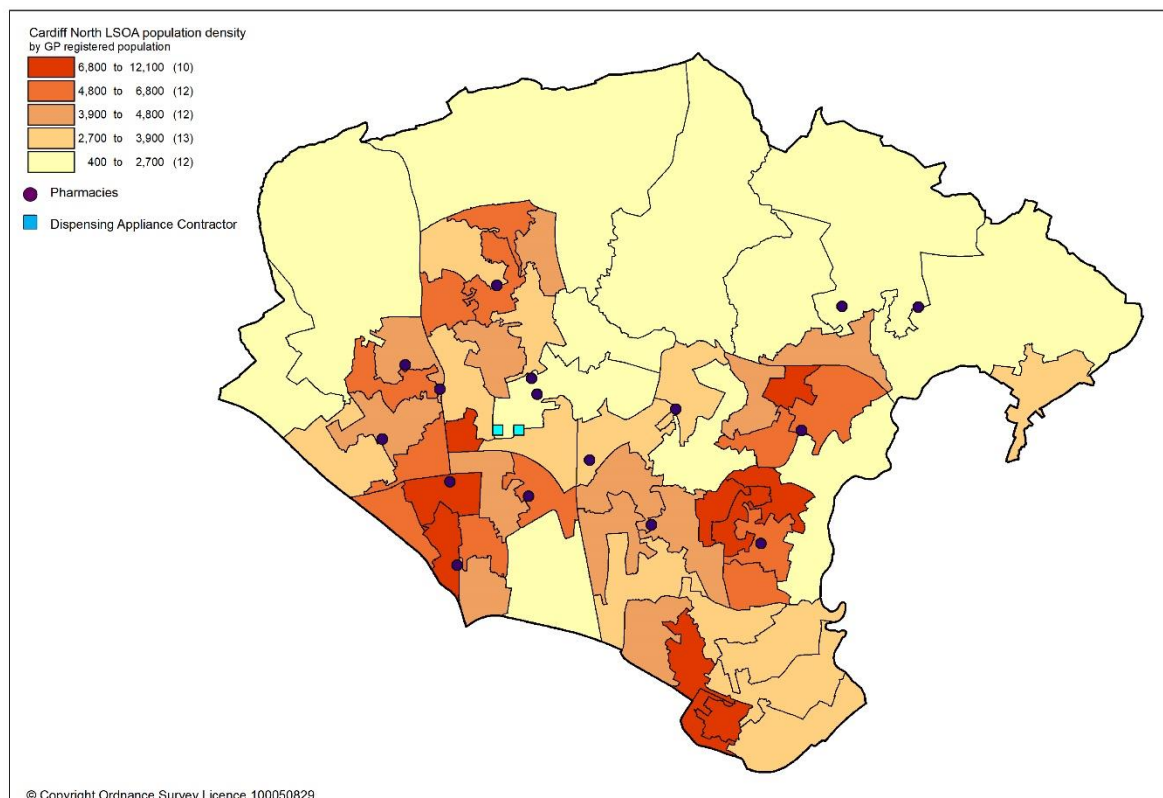
Pharmacy	Address			
Asda Stores Ltd T/A Asda Pharmacy	8 Derring Road	Pontprennau	CF23 8NL	
Boots UK Ltd T/A Boots	Unit 2 Ty Glas Retail Park	Llanishen	CF14 5DY	
Mr A Brookes T/A Brookes Pharmacy	3 Fidas Road	Llanishen	CF14 0LW	
R K Aggarwal Ltd T/A Central Pharmacy	63 Wellfield Road	Roath	CF24 3PA	
Thornes Pharmacy Ltd T/A Cyncoed Pharmacy	372 Cyncoed Road	Cyncoed	CF23 6SA	
Tandy Inc Ltd T/A AJ Hales Pharmacy	35 St Isan Road	Heath	CF14 4LU	
Insync Healthcare Pharmacy Ltd T/A Insync Healthcare Pharmacy	67 Thornhill Road	Cardiff	CF14 6PE	
Lloyds Pharmacy Ltd T/A Lloydspharmacy	45 Wellfield Road	Roath	CF24 3PA	
Lloyds Pharmacy Ltd T/A Lloydspharmacy	99 Caerphilly Road	Birchgrove	CF14 4AE	
Lloyds Pharmacy Ltd T/A Lloydspharmacy	4C Heol Y Deri	Rhiwbina	CF14 6HF	
Lloyds Pharmacy Ltd @ Sainsburys Thornhill	Sainsburys Store Excalibur Drive	Thornhill	CF14 9BB	
Rajja Ltd T/A M W Phillips	44 Station Road	Llanishen	CF14 5LT	
Well	St Davids Medical Centre Pentwyn Drive	Pentwyn	CF23 7EY	
Well	119 Heol Llanishen Fach	Rhiwbina	CF14 6RE	
Pearns Pharmacies Ltd	Wedal Road	Heath	CF14 3QX	
Thornes Pharmacy Ltd.	Pontprennau Pharmacy 32 Kenmare Mews	Pontprennau	CF23 8RJ	
National Co-Operative Chemists Ltd T/A The Co-operative Pharmacy	Birchgrove Medical Centre Caerphilly Road	Birchgrove	CF14 4QF	
Clifton Pharmacy T/A Lakeside Pharmacy	33 Clearwater Way	Lakeside	CF23 6DL	

In 2019 to 2020, 82.1% of items on prescriptions written by the 10 GP practices in Cardiff East cluster were dispensed by one of the pharmacies within the cluster and 2.1% were personally administered items.

There are also two appliance contractors based within the cluster area.

The pharmacies are located in or near areas of greater population density as shown by the darker shaded areas in the map below.

### Map 11.2: Location of pharmacy and appliance contractor premises compared to population density



All residents of the cluster can access one of the pharmacies by car within 10 minutes. The majority can access a pharmacy within five minutes, as shown in map 11.3.

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### Cardiff North Pharmacies/Dispensing Sites

This map displays the distribution of pharmacies and dispensing sites in Cardiff North, categorized by drivetime from the city center. The map area is outlined in orange. Drivetime zones are represented by shades of green: 5 minutes (darkest), 10 minutes, 15 minutes, and 20 minutes (lightest). Pharmacies are marked with purple dots, and dispensing sites are marked with yellow diamonds. Two specific sites are highlighted with blue squares, indicating they are D.A.C. (Designated Access Centre) sites. The map includes labels for various areas such as Thornhill, Llanishan, Llanvane / Llys-faan, Pentwyn, St Mellons / Llanur, Rumney / Rhymini, Roath, Llandaff / Llandaf, Whitechurch / Yr Eglwys Newydd, and Tongwynlais. A legend in the bottom right corner defines the symbols and drivetime zones. A copyright notice for Ordnance Survey Mapping License 100050829 is visible in the bottom left corner.

Legend:

- Pharmacy (Purple dot)
- Dispensing (Yellow diamond)
- DAC (Blue square)
- Drivetime (mins):
  - 5 (Darkest Green)
  - 10 (Medium Green)
  - 15 (Light Green)
  - 20 (Lightest Green)

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- Three pharmacies are open seven days a week
- Three pharmacies are open Monday to Saturday
- Three pharmacies are open Monday to Friday and Saturday morning
- Nine pharmacies are open Monday to Friday

<b>Days</b>	<b>Opening hours range</b>	<b>Closing hours range</b>
Monday to Friday	08.00am to 09.00am	17.30pm to 22.00pm*
Saturday	08.00am to 09.00am	12.00pm to 22.00pm
Sunday	10.00am to 10.30am	16.00pm to 16.30pm

Full details of when the pharmacies are open can be found in Appendix L.

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In 2019 to 2020, 19 pharmacies\* offered the MUR service and a total of 5,237 reviews were provided out of a possible 7,600 reviews. Five pharmacies provided the maximum number of 400 reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, 17 pharmacies offered the DMR service and a total of 685 reviews were provided out of a possible 2,380 reviews. One pharmacy provided the maximum number of 140 reviews. As part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- 11 pharmacies provided a total of 747 emergency contraception consultations, with a range of one to 399 consultations.
- Three pharmacies provided a total of 44 smoking cessation level 3 consultations, with a range of six to 28 consultations.
- 18 pharmacies provided a total of 2047 flu vaccinations, with a range of four to 251 vaccinations.
- 19 pharmacies\* provided a total of 1289 CAS consultations, with a range of nine to 300 consultations.
- Five pharmacies provided a total of 267 EMS consultations, with a range of one to 158 consultations.

Other enhanced services included:

- Four pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Five pharmacies provided the palliative care service.

\*In 2019 to 2020 there were 19 pharmacies operating within the cluster area. One pharmacy closed in September 2020 for business reasons and did offer the contract for sale.

### **11.3 Current provision of pharmaceutical services outside the cluster**

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 15.8% were dispensed outside the cluster, most notably:

- 10.0% by pharmacies in Cardiff South East cluster
- 2.7% by pharmacies in Cardiff City & South cluster
- 1.2% by pharmacies in Cardiff West clusters
- 0.7% by pharmacies in Cardiff East cluster
- 0.1% by pharmacies in Cardiff South West cluster
- 0.2% in Aneurin Bevan University Health Board
- 0.1% in Cwm Taf Morgannwg University Health Board
- 0.1% in Swansea Bay University Health Board
- 0.6% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Cardiff North can access a pharmacy by car within 10 minutes and the majority can access a pharmacy by car within five minutes.

#### **11.4 Other NHS services**

University Hospital of Wales is located within the cluster of Cardiff North. However, the hospital serves a much wider population than that of the cluster.

#### **11.5 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 11.2 and 11.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 423 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Cardiff North cluster, of which 318 were outside of the health board's area. 11677, prescription items were dispensed in England.

#### **11.6 Gaps in provision**

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that 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 Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cardiff and Vale University Health Board is also noted the closure of one pharmacy in the cluster in 2020.

All 18 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. Their responses were as follows:

- 15 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- Two pharmacies do not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.

The Cardiff and Vale University Health Board noted the developments planned for the cluster, with regards to the housing developments west and east of Pontprennau. At this time Cardiff and Vale University Health Board have no information or reason to conclude, during the lifetime of this PNA and development, that there would be an unmet need so as to require additional pharmaceutical services.

Furthermore, with regard to any smaller units of housing that are due to be built during the lifetime of this document, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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.

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

Khan, Raj  
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# 12 Cardiff South West cluster

## 12.1 Key facts

### 12.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of Cardiff is projected to increase by up to 3.2%, the sixth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 375,700 by 2028, making it the largest local authority in Wales. Unlike all other local authorities, the increase in population will mainly be driven by natural change i.e. more births than deaths and a smaller proportion of the increase will be due to net migration i.e. more people moving into the area than out. Cardiff has the highest level of projected international migration of all the local authorities. The population is expected to increase across all broad age groups, except the 0 to 15 years old where a decrease is predicted. The largest population increases will be in the over 65 age group followed by the working-age population aged 16 to 64 years. The population is projected to continue to age in the local authority.

### 12.1.2. Life expectancy, healthy life expectancy and the ‘inequality gap’

Life expectancy at birth in Cardiff is better than the average for Wales for both females and males. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap in life expectancy at birth between the most and least deprived fifth, for Cardiff is wider than the average for Wales for both males and females. The healthy life expectancy (the number of years a person can expect to live in good health) in Cardiff is lower than the average for Wales for both females and males.

**Table 12.1: Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Cardiff	82.7	78.5	61.1	61.2	6.9	9.2
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

### 12.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.

Overall, Cardiff South West cluster has a higher percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff, except for the access to services domain.

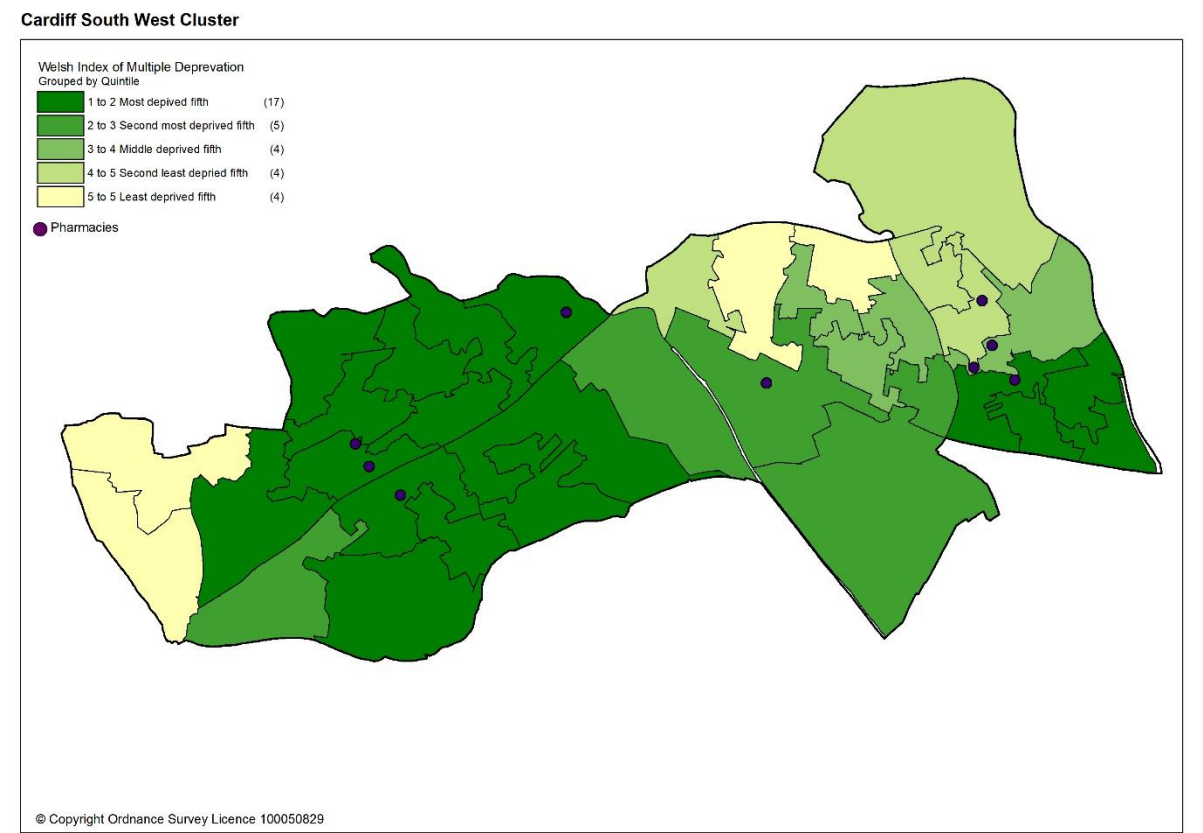
**Table 12.2: Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster and local authority for the domains of income, health, employment and access to services, Welsh Index of Multiple Deprivation 2014**

Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales								
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Cardiff South West	44.1	52.9	38.2	41.2	35.3	41.2	0.0	0.0
Cardiff	19.2	30.8	14.5	22	12.1	20.1	0.0	0.9

Source: Welsh Index of Multiple Deprivation 2014, Welsh Government

The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, all pharmacies are located within or near areas of higher deprivation.

**Map 12.1: Lower Super Output Areas (LSOAs) in Cardiff South West cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**



Overall, the estimated prevalence of chronic disease in Cardiff South West cluster is lower than the average for Wales, except for asthma, which is the joint highest of all

the clusters in the health board. The estimated prevalence of chronic obstructive pulmonary disease (COPD) is higher than the health board and the third highest of all the clusters within the health board. The estimated prevalence of diabetes is also higher than the health board.

**Table 12.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cardiff South West	7.3	2.6	2.1	5.4	0.8	1.6
Cardiff	6.6	2.5	1.6	4.9	0.8	1.6
Cardiff and Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The estimated prevalence of dementia in Cardiff South West cluster is lower than the average for Wales and the health board. The estimated prevalence of mental health conditions the same as the average for Wales and higher than the health board.

**Table 12.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Cardiff South West	0.6	1.0
Cardiff	0.6	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The estimated prevalence of atrial fibrillation is lower than the average for Wales and the health board. The estimated prevalence of hypertension is lower than the average for Wales but higher than health board.

**Table 12.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Cardiff South West	1.5	12.9
Cardiff	1.6	11.8
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019



Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 12.6 shows the percentage of adults self-reporting five behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Cardiff South West cluster is lower than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines.

**Table 12.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Cardiff South West	52,673	23.1	17.7	37.2	52.3	22.5
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

## 12.2 Current provision of pharmaceutical services within the cluster

There are 10 pharmacies in Cardiff South West cluster. For the purposes of the PNA the pharmacy at Tesco Culverhouse Cross is considered part of Cardiff South West as it sits within the borders of Cardiff Council.

**Table 12.7: Pharmacies in Cardiff South West cluster**

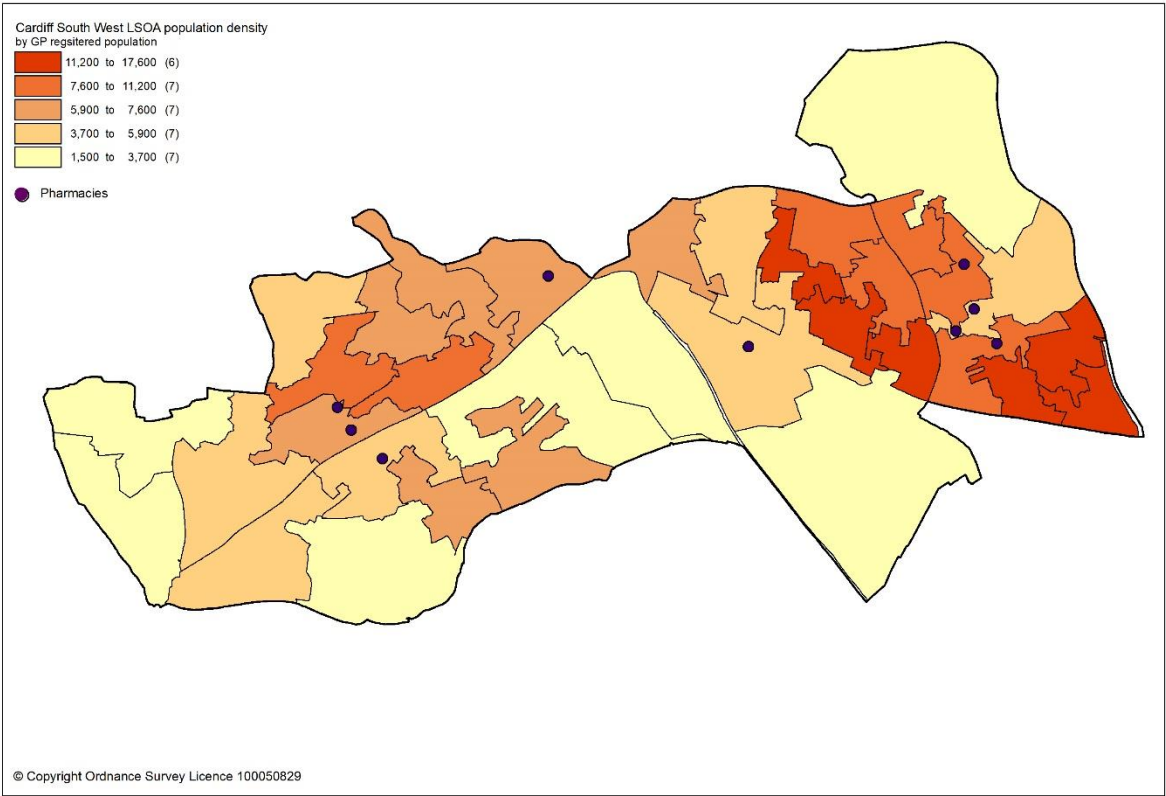
Pharmacy		Address	
Boots UK Limited	Health Centre Lansdowne Surgery Sanatorium Road	Canton	CF11 8DG
Boots UK Limited	213-215 Cowbridge Road East	Canton	CF11 9AL
Boots UK Limited	The Pharmacy	Riverside Health Centre	CF11 9SH
Pearns Pharmacies Ltd	40 Caerau Lane	Ely	CF5 5HQ
Tesco Stores Limited	Tesco Instore Pharmacy	Culverhouse Cross	CF5 6XQ
Lloyds Pharmacy Ltd T/A Lloydspharmacy	35 Wilson Road	Ely	CF5 4LL
Pearns Pharmacies Ltd	3 Wilson Road	Ely	CF5 4LJ
Pearns Pharmacies Ltd	23A Mill Road	Ely	CF5 4AE

Nik Pharma T/A Canna Pharmacy	27 Wyndham Crescent	Canton	CF11 9EE
Pontcanna Pharmacy	171 Kings Road	Pontcanna	CF11 9DE

In 2019 to 2020, 82.0% of items on prescriptions written by the 10 GP practices in Cardiff South West cluster were dispensed by one of the pharmacies within the cluster and 1.7% were personally administered items.

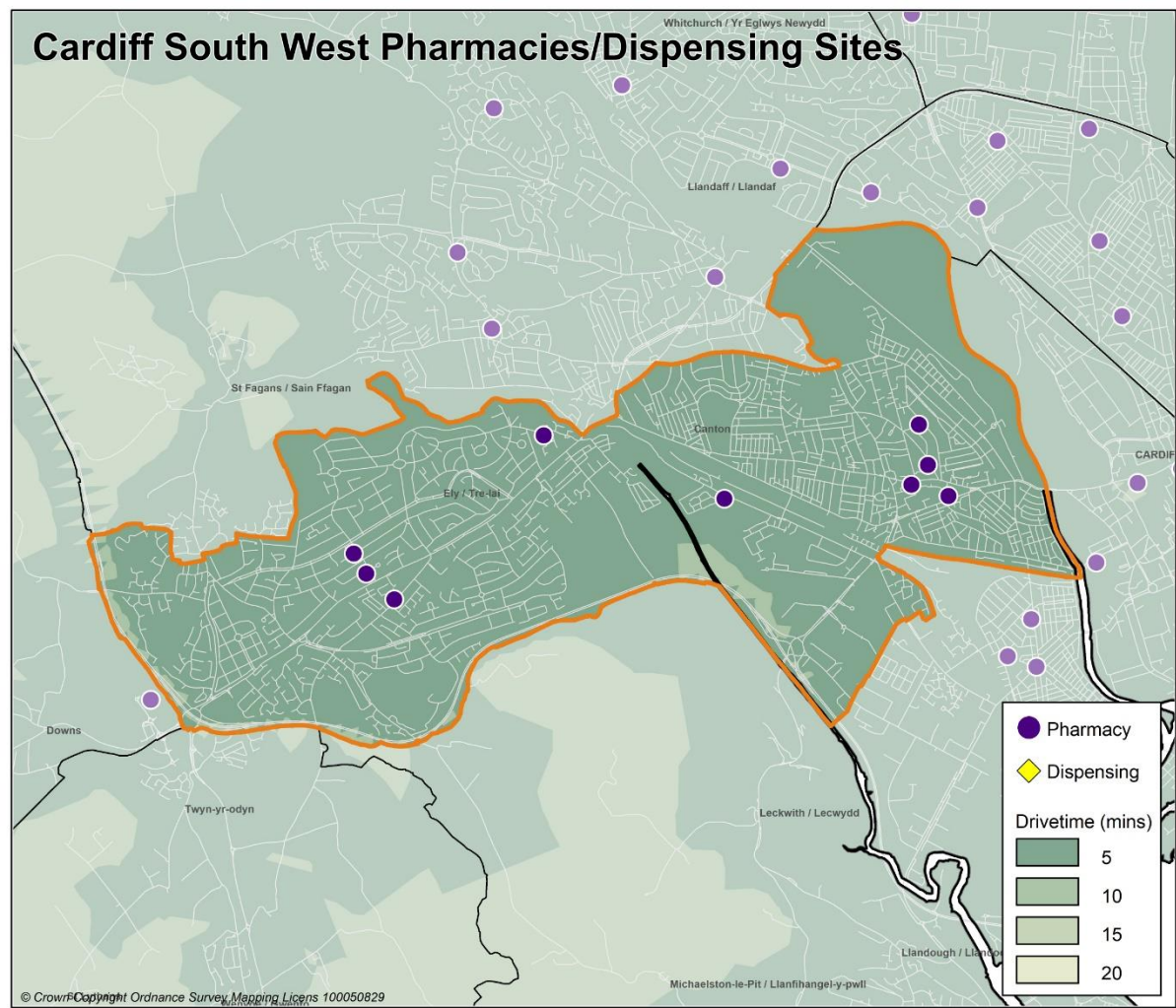
The pharmacies are located in areas of greater population density as shown by the darker shaded areas in the map below.

**Map 12.2: Location of pharmacy premises compared to population density**



All residents of the cluster can access one of the pharmacies by car within 10 minutes. The majority can access a pharmacy within five minutes, as shown in map 12.3.

Map 12.3: Access to pharmacies in the cluster



Looking at the opening hours for the pharmacies:

- One pharmacy is open seven days a week
- Two pharmacies are open Monday to Saturday
- Two pharmacies are open Monday to Friday and Saturday morning
- Five pharmacies are open Monday to Friday

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	08.00am to 09.00am	17.30pm to 20.00pm*
Saturday	08.00am to 09.00am	12.00pm to 20.00pm

Sunday	10.00am	16.00pm
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\*One pharmacy closes early on Wednesday at 14.30pm and another at 16:30pm. Full details of when the pharmacies are open can be found in Appendix L.

All 10 pharmacies responded to the contractor questionnaire, of which six pharmacies dispense all appliances listed in Part IX of the Drug Tariff and four pharmacies just dispense dressings.

In 2019 to 2020, all 10 pharmacies offered the MUR service and a total of 2,100 reviews were provided out of a possible 4,000 reviews. Two pharmacies provided the maximum number of 400 reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, eight pharmacies offered the DMR service and a total of 124 reviews were provided out of a possible 1,400 reviews. No pharmacies provided the maximum number of 140 reviews. As part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Six pharmacies provided a total of 477 emergency contraception consultations, with a range of 13 to 161 consultations.
- Two pharmacies provided a total of 42 smoking cessation level 3 consultations, with a range of three to 39 consultations.
- Eight pharmacies provided a total of 758 flu vaccinations, with a range of 15 to 219 vaccinations.
- 10 pharmacies provided a total of 663 CAS consultations, with a range of two to 179 consultations.
- Four pharmacies provided a total of 14 EMS consultations, with a range of one to six consultations.

Other enhanced services included:

- Five pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Two pharmacies provided the Needle Syringe Provision Enhanced Service.
- One pharmacy provided the Palliative Care Enhanced Service.

### 12.3 Current provision of pharmaceutical services outside the cluster

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.

- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 16.3% were dispensed outside the cluster, most notably:

- 0.5% by pharmacies in Cardiff North cluster
- 0.1% by pharmacies in Cardiff East cluster
- 1.8% by pharmacies in Cardiff South East cluster
- 7.5% by pharmacies in Cardiff City & South cluster
- 4.1% by pharmacies in Cardiff West cluster
- 0.1% by pharmacies in Central Vale cluster
- 0.2% by pharmacies in Eastern Vale cluster
- 1.0% in Aneurin Bevan University Health Board
- 0.3% in Cwm Taf Morgannwg University Health Board
- 0.1% in Swansea Bay University Health Board
- 0.5% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Cardiff South West can access a pharmacy by car within 10 minutes and the majority can access a pharmacy by car within five minutes.

## 12.4 Other NHS services

St David's Hospital is located within the cluster of Cardiff South West. However, the hospital serves a much wider population than that of the cluster.

## 12.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2 and 12.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 336 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Cardiff South West cluster, of which 228 were outside of the health board's area. 6,774 prescription items were dispensed in England.

## 12.6 Gaps in provision

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that 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 Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster

All 10 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. Their responses were as follows:

- Nine pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area

The Cardiff and Vale University Health Board noted that there were no large housing developments due to be built during the lifetime of this document within the cluster. With regard to any small units of housing that are due to be built during the lifetime of this document, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

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# 13 Cardiff West cluster

## 13.1 Key facts

### 13.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of Cardiff is projected to increase by up to 3.2%, the sixth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 375,700 by 2028, making it the largest local authority in Wales. Unlike all other local authorities, the increase in population will mainly be driven by natural change i.e. more births than deaths and a smaller proportion of the increase will be due to net migration i.e. more people moving into the area than out. Cardiff has the highest level of projected international migration of all the local authorities. The population is expected to increase across all broad age groups, except the 0 to 15 years old where a decrease is predicted. The largest population increases will be in the over 65 age group followed by the working-age population aged 16 to 64 years. The population is projected to continue to age in the local authority.

### 13.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’

Life expectancy at birth in Cardiff is better than the average for Wales for both females and males. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap in life expectancy at birth between the most and least deprived fifth, for Cardiff is wider than the average for Wales for both males and females. The healthy life expectancy (the number of years a person can expect to live in good health) in Cardiff is lower than the average for Wales for both females and males.

**Table 13.1: Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Cardiff	82.7	78.5	61.1	61.2	6.9	9.2
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

### 13.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.



Overall, Cardiff West cluster has a lower percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff.

**Table 13.2: Percentage of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster and local authority for the domains for income, health, employment and access to services, Welsh Index of Multiple Deprivation 2014**

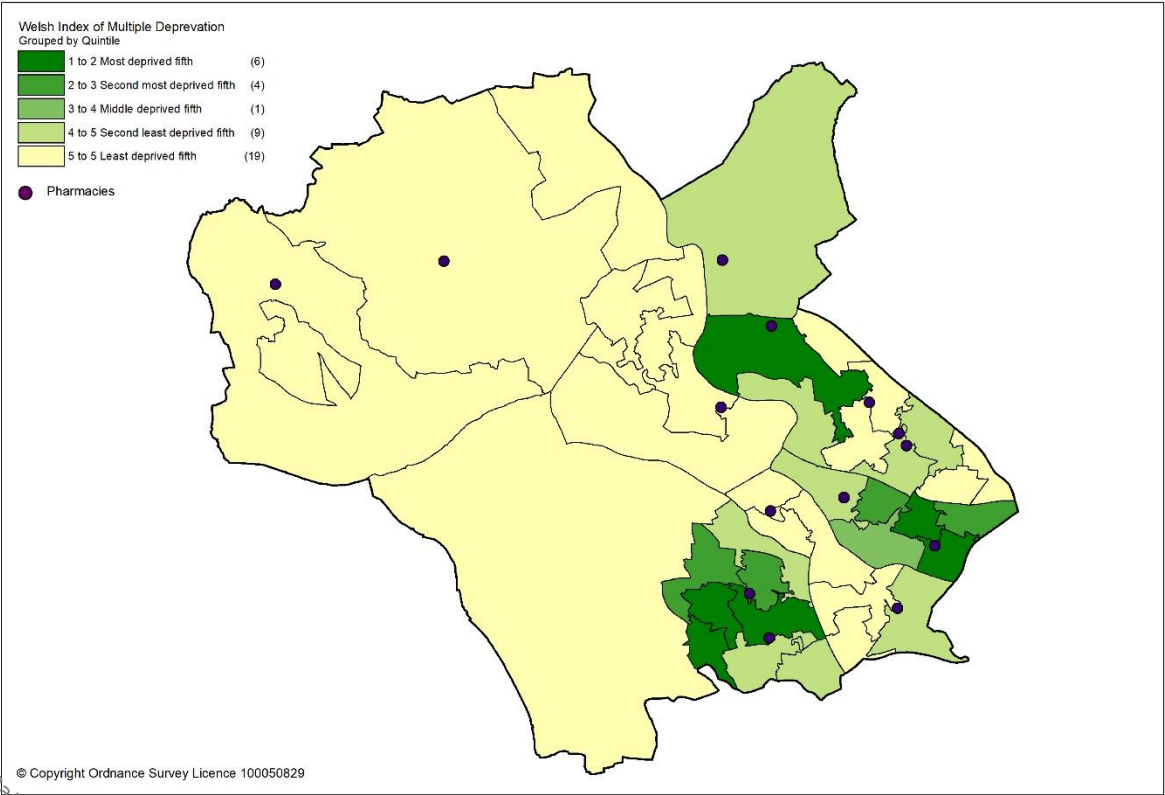
	Number of LSOAs within the 10% and 20% most deprived LSOAs in Wales							
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Central Vale	5	13	4	8	4	11	0	0
Eastern Vale	0	0	0	0	0	0	0	0
Western Vale	0	0	0	0	0	0	3	6
Vale of Glamorgan	5	13	4	8	4	11	3	6
Cardiff and Vale UHB	46	72	38	64	34	51	3	15

Source: Welsh Index of Multiple Deprivation 2014, Welsh Government

The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, the majority of pharmacies are located within or near areas of higher deprivation.

**Map 13.1: Lower Super Output Areas (LSOAs) in Cardiff West cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**

Cardiff West Cluster



Overall, the estimated prevalence of chronic disease in Cardiff West cluster is lower than the average for Wales, except for asthma, which is the joint highest of all the clusters in the health board. The estimated prevalence of coronary heart disease, heart failure and stroke and transient ischaemic attacks is higher than the health board.

**Table 13.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.**

Area	Percentage					Stroke and transient ischaemic attacks
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	
Cardiff West	7.3	3.1	1.6	4.7	1.0	2.0
Cardiff	6.6	2.5	1.6	4.9	0.8	1.6
Cardiff and Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The estimated prevalence of dementia in Cardiff West is the same as the average for Wales and Cardiff and Vale University Health Board. The estimated prevalence of mental health condition is higher than the average for Wales and the joint second highest of all the clusters in the health board.

**Table 13.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Cardiff West	0.7	1.1
Cardiff	0.6	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The estimated prevalence of atrial fibrillation in Cardiff West cluster is the same as the average for Wales but higher than the health board. The estimated prevalence of hypertension is lower than the average for Wales but higher than the health board.

**Table 13.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Cardiff West	2.3	13.5
Cardiff	1.6	11.8
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 13.6 shows the percentage of adults self-reporting harmful behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Cardiff West cluster is higher than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines.

**Table 13.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count	Smoking	Drinking the above guidelines	Prevalence	Meeting physical activity guidelines	Consuming 5 a day
	GP cluster population aged 16+			Working age adults of healthy weight		
Cardiff West	45,977	15.9	20.2	42.0	56.4	26.3
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

### 13.1.5 Cluster development

There are three large developments planned within Cardiff West cluster to be completed by 2026 in line with the Cardiff Local Development Plan 2006 to 2026. These are:

#### North West Cardiff

The site relates to countryside to the west of Radyr, Fairwater and Pentreban, and to the north of the village of St Fagans. The development is for a mixed-use comprehensive development including a minimum of 5,000 homes and local employment opportunities and supporting infrastructure:

- Provision of new bus-based Rapid Transit Corridors through the site providing links between the District/Local Centres and a new Transport Hub in the Easternmost District/Local Centre.
- Extension of bus networks and increasing the frequency and reliability of site services.
- Provision of a network of high quality, safe, attractive, and convenient walking and cycling routes, linking to key local services, facilities and destinations.
- Improving walking and cycling links to public transport destinations.

- Provision of one District Centre and 3 Local Centres (including provision of business and local employment uses), Primary Care facility, multifunctional community leisure facility including library facility.
- Provision of one new Secondary School, three to four new Primary Schools located in or adjacent to District/Local Centres,
- Open Space including formal recreation, playgrounds including destination play area, teen facilities, and allotment sites.

As of 1<sup>st</sup> April 2019, there were 128 completions on the site.

### **North of Junction 33 on M4 and South Creigiau**

The two sites relate to:

- North of Junction 33 on the M4. The development is for a mixed-use development of approximately 2,000 homes, employment, other associated community uses and a strategic park and ride site.
- South of Creigiau. The development is for a housing-based scheme of approximately 650 homes representing a southern extension to the village.

The sites are adjacent to one another and separated only by Llantrisant Road. The sites will help bring forward new homes, jobs and supporting infrastructure including a new strategic park and ride facility.

- Provision of new bus-based Rapid Transit Corridors through the site North of Junction 33 linking directly to the Western Bus Corridor.
- Extension of bus networks and increasing the frequency and reliability of site services.
- Strategic park and ride facility North of Junction 33 and park & ride facility and Local Centre to the south of the site.
- Improvement of key junctions and provide safe crossings.
- Provision of a network of high quality, safe, attractive, and convenient walking and cycling routes within the site, linking to key local services, facilities and destinations
- One Local Centre including Primary Care facility and multifunctional community leisure facility including library facility.
- One to two new Primary Schools with one located in or adjacent to Local Centre, and
- Open Space including formal recreation, playgrounds, teen facility, and allotment site; Improve community facilities in the existing neighbourhood centre in Creigiau to provide new facilities for existing and new residents.

As of 1<sup>st</sup> April 2019, there were no completions on these sites. Site monitoring was suspended in 2020 due to Coronavirus (COVID-19) pandemic restrictions.

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## 13.2 Current provision of pharmaceutical services within the cluster

There are 13 pharmacies in Cardiff West cluster.

**Table 13.7: Pharmacies in Cardiff West cluster**

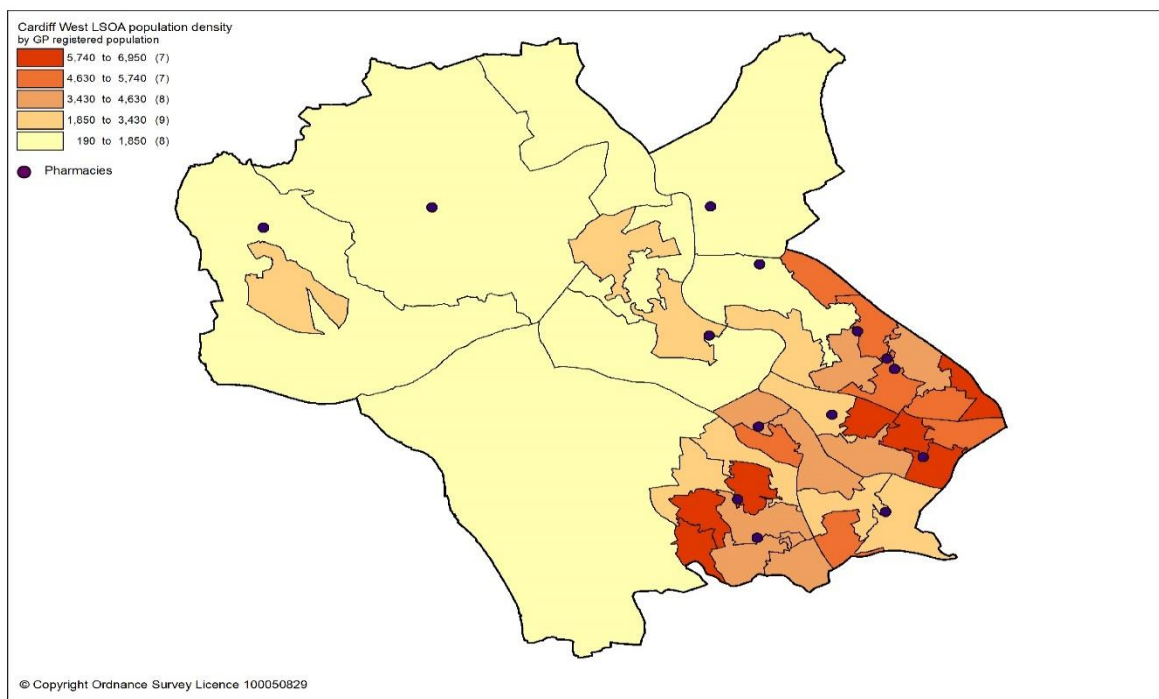
Pharmacy	Address		
Asda Stores Ltd T/A Asda Pharmacy	Asda Superstore Longwood Drive	Coryton	CF14 7EW
H Bainbridge Ltd T/A Bainbridge Pharmacy	68 Plasmawr Road	Fairwater	CF5 3JX
Boots UK Limited	15 Merthyr Road	Whitchurch	CF14 1DA
Parc Canol Ltd T/A Creigiau Pharmacy	69 Parc y Bryn	Creigiau	CF15 9SE
Pearn's Pharmacies Ltd T/A Danescourt Pharmacy	2 Rachel Close	Danescourt	CF5 2SH
The Handpost Ltd T/A Llandaff Pharmacy	18A High Street	Llandaff	CF5 2DZ
Seren Ltd. Health Plus Pharmacy	93 Station Road	Llandaff North	CF14 2FD
Lloyds Pharmacy Ltd T/A Lloydspharmacy	Ground Floor, Rear of 42a Merthyr Road	Whitchurch	CF14 1DJ
Lloyds Pharmacy Ltd T/A Lloydspharmacy	8 Park Road	Whitchurch	CF14 7BQ
Lloyds Pharmacy Ltd T/A Lloydspharmacy	1-2 Chestnut Road	Fairwater	CF5 3HR
Well	12 Station Road	Radyr	CF15 8AA
Pentyrch Pharmacy Limited	Unit 3 Temperance Court Bronllwyn Road	Pentyrch	CF15 9TN
Clifton Pharmacy T/A Tongwynlais Pharmacy	17 Merthyr Road	Tongwynlais	CF15 7LF

In 2019 to 2020, 82.1% of items on prescriptions written by the seven GP practices in Cardiff West cluster were dispensed by one of the pharmacies within the cluster and 2.3% were personally administered items.

In general, the pharmacies are located in or near areas of greater population density as shown by the darker shaded areas in the map below.

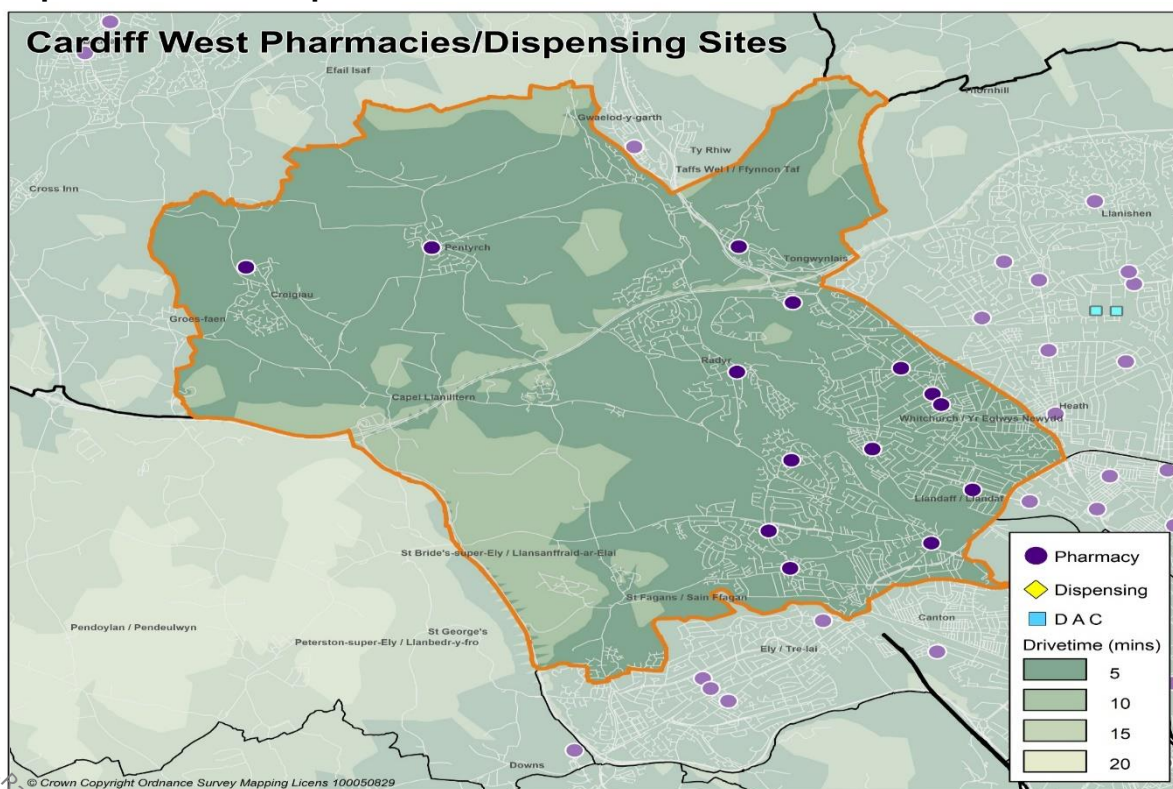
### Map 13.2: Location of pharmacy premises compared to population density

Khan, Raj  
05/06/2021 17:00:36



All residents of the cluster can access one of the pharmacies by car within 10 minutes. The majority can access a pharmacy within five minutes.

**Map 13.3: Access to pharmacies in the cluster**



Looking at the opening hours for the pharmacies:



- One pharmacy is open seven days a week
- Three pharmacies are open Monday to Saturday
- Six pharmacies are open Monday to Friday and Saturday morning
- Three pharmacies are open Monday to Friday

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

<b>Days</b>	<b>Opening hours range</b>	<b>Closing hours range</b>
Monday to Friday	08.00am to 09.00am	17.30pm to 22.00pm
Saturday	08.00am to 09.00am	12.00pm to 22.00pm
Sunday	10.00am	16.00pm

Full details of when the pharmacies are open can be found in Appendix L.

All 13 pharmacies responded to the contractor questionnaire, of which 10 dispense all appliances listed in Part IX of the Drug Tariff, two just dispense dressings and one does not dispense any appliances.

In 2019 to 2020, 12 pharmacies offered the MUR service and a total of 2,764 reviews were provided out of a possible 4,800 reviews. Two pharmacies provided the maximum number of 400 reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, all 13 pharmacies offered the DMR service and a total of 237 reviews were provided out of a possible 1,820 reviews. No pharmacies provided the maximum number of 140 reviews. As part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Seven pharmacies provided a total of 249 emergency contraception consultations, with a range of five to 95 consultations.
- One pharmacy provided a total of 28 smoking cessation level 3 consultations.
- Nine pharmacies provided a total of 750 flu vaccinations, with a range of eight to 185 vaccinations.
- 13 pharmacies provided a total of 466 CAS consultations, with a range of one to 187 consultations.
- Three pharmacies provided a total of 10 EMS consultations, with a range of one to seven consultations.

Other enhanced services included:

- Six pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Two pharmacies provided the Palliative Care Enhanced Service.

### **13.3 Current provision of pharmaceutical services outside the cluster**

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 15.6% were dispensed outside the cluster, most notably:

- 4.0% by pharmacies in Cardiff North cluster
- 3.2% by pharmacies in Cardiff South East cluster
- 3.3% by pharmacies in Cardiff City & South cluster
- 1.7% by pharmacies in Cardiff South West cluster
- 0.1% by pharmacies in Cardiff East cluster
- 1.2% in Aneurin Bevan University Health Board
- 1.2% in Cwm Taf Morgannwg University Health Board
- 0.2% in Swansea Bay University Health Board
- 0.7% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Cardiff West can access a pharmacy by car within 10 minutes and the majority can access a pharmacy by car within five minutes.

### **13.4 Other NHS services**

Rookwood Hospital is located within the cluster of Cardiff West. However, the hospital serves a much wider population than that of the cluster.

### **13.5 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 13.2 and 13.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that



look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 343 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Cardiff West cluster, of which 236 were outside of the health board's area. 6,923 prescription items were dispensed in England.

### 13.6 Gaps in provision

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that 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 Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster

All 13 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. Their responses were as follows:

- 11 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area
- One pharmacy does not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.

The Cardiff and Vale University Health Board noted the developments planned for the cluster, with regards to the large housing developments planned for north of junction 33 on M4 and South Creigiau, and North West Cardiff. At this time Cardiff and Vale University Health Board has no information or reason to conclude, during the lifetime of this PNA and development, that there would be an unmet need so as to require additional pharmaceutical service.

With regard to any smaller units of housing that are due to be built during the lifetime of this document, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

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## 14 Central Vale cluster

### 14.1 Key facts

#### 14.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of the Vale of Glamorgan is projected to increase by up to 6%, the second largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 140,000 by 2028, making it the tenth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e. more people moving into the area than out. The number of births is expected to increase over this period as is the number of deaths, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and in the working-age population aged 16 to 64 years old. The largest population increases will be in the over 65 age group, where the Vale of Glamorgan is expected to have the largest increase of all local authorities at up to 20.5%. This is followed by the 75 or over age group. The population is projected to continue to age in the local authority.

#### 14.1.2 Life expectancy, healthy life expectancy and the 'inequality gap'

Life expectancy at birth in the Vale of Glamorgan is higher than the average for Wales and the health board for both females and males, for 2015 to 2017. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap in life expectancy at birth between the most and least deprived fifth, for the Vale of Glamorgan is narrower than the average for Wales and the health board for both females and males. The healthy life expectancy (the number of years a person can expect to live in good health) in the Vale of Glamorgan is also higher than the average for Wales and the health board for both females and males.

**Table 14.1: Life expectancy, healthy life expectancy and the 'inequality gap' (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Vale of Glamorgan	83.4	78.9	64.2	63.1	6.0	7.0
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

### 14.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.

Overall, the Vale of Glamorgan (13%) has a lower percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff and Vale University Health Board (24%). When considering the domains for income, health and employment, all the LSOAs in the most deprived 10% and 20% of LSOAs in Wales for the Vale of Glamorgan can be found in and around Barry.

**Table 14.2: Number of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster, local authority, and health board for the domains of income, health, employment and access to services, Welsh Index of Multiple Deprivation 2019**

	Income		Health		Employment		Access to services	
			Number of LSOAs in most deprived					
	10%	20%	10%	20%	10%	20%	10%	20%
Central Vale	5	13	4	8	4	11	0	0
Eastern Vale	0	0	0	0	0	0	0	0
Western Vale	0	0	0	0	0	0	3	6
Vale of Glamorgan	5	13	4	8	4	11	3	6
Cardiff and Vale UHB	46	72	38	64	34	51	3	15

Source: Welsh Index of Multiple Deprivation 2019, Welsh Government

The map below provides an indication of the overall levels of deprivation within the cluster.

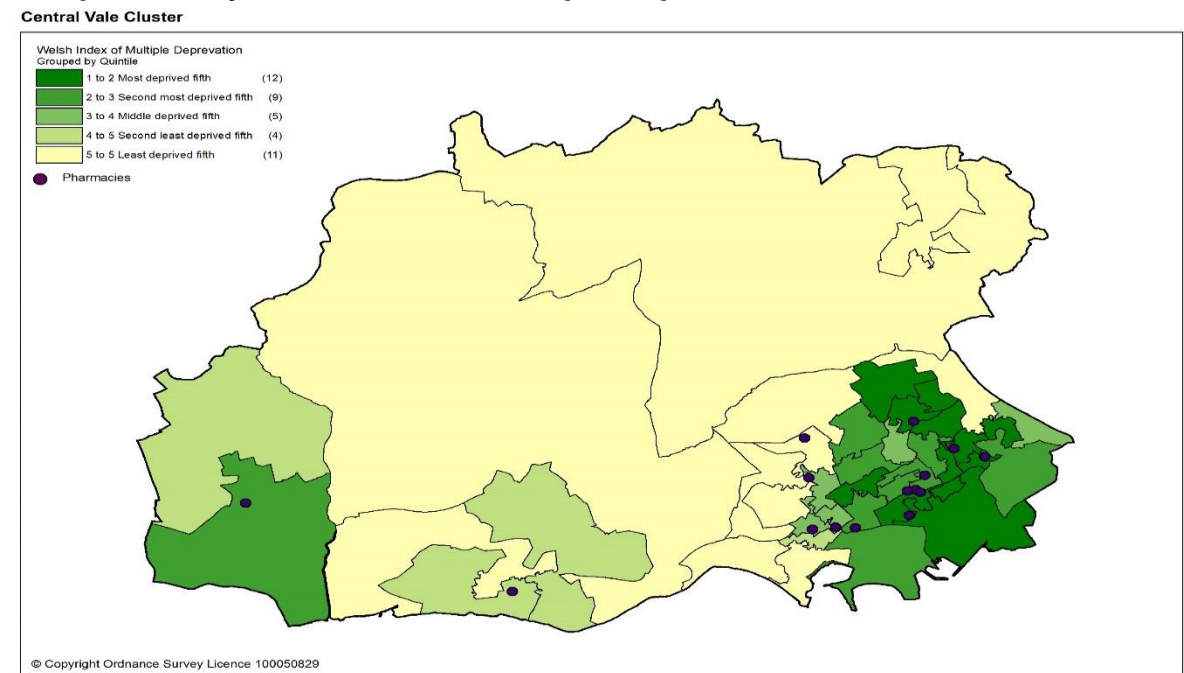
For the purposes of the PNA the pharmacies at Rhoose and St Athan will be considered in the Western Vale cluster chapter as historically this is how they have been allocated as all are rural in area and share GP practices.

For the purposes of cluster working Sully Surgery is considered part of Central Vale, therefore Sully Pharmacy will be considered under Central Vale for the purposes of the PNA.

The areas with the highest deprivation in Central Vale cluster can be found in and around Barry. As can be seen from the map, the majority of pharmacies are located within or near areas of higher deprivation.

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**Map 14.1: Lower Super Output Areas (LSOAs) in Central Vale cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**



**14.1.4 Health profile**

Overall, the estimated prevalence of chronic disease in Central Vale cluster is lower than the average for Wales. When compared to the health board, the estimated prevalence of chronic disease is higher. Central Vale cluster has the joint highest estimated prevalence for coronary heart disease and chronic obstructive pulmonary disease (COPD) and the highest estimated prevalence for diabetes out of all the clusters in the health board.

**Table 14.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Central Vale	6.9	3.3	2.3	5.8	1.0	2.0
Vale of Glamorgan	6.8	3.3	1.9	5.5	1.1	2.1
Cardiff & Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The prevalence of dementia in Central Vale cluster is lower than the average for Wales and the health board. The prevalence of mental health condition is the same as the average for Wales and the higher than the health board.

**Table 14.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Central Vale	0.6	1.0
Vale of Glamorgan	0.7	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The prevalence of atrial fibrillation in Central Vale cluster is lower than the average for Wales and higher than the health board. The prevalence of hypertension is lower than the average for Wales and the highest of all the clusters in the health board.

**Table 14.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Central Vale	2.1	15.4
Vale of Glamorgan	2.3	14.9
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 14.6 shows the percentage of adults self-reporting five behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Central Vale cluster is lower than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines.

**Table 14.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count	Prevalence				
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Central Vale	51,644	20.6	18.6	37.8	52.3	23.0
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

### 14.1.5. Cluster developments

There are several planned housing developments within Central Vale cluster to meet the housing needs of the predicted growth in population in the Vale of Glamorgan. The largest developments are the phase 2 Barry Waterfront development and land west of Swanbridge Road, Sully, which are expected to be completed by 2026 in line with the Vale of Glamorgan Local Development Plan 2006 to 2026. Other housing developments in the cluster are smaller and include:

#### Strategic housing sites

Housing site	Number	Complete at April 2020
Phase 2, Barry Waterfront	1,700	1,020
Total	1,700	1,020

#### Key settlement: Barry

Housing site	Number	Complete at April 2020
Barry Island Pleasure Park	25	0
White Farm	177	177
Land to the east of Pencoedtre Lane	67	67
Land to the west of Pencoedtre Lane	137	0
Ysgol Maes Dyfan	81	81
Barry Magistrates Court	52	52
Court Road Depot, Barry	50	0
15 Holm View	50	0
16 Hayes Wood, The Bendricks	55	0
Total	694	377

#### Key settlement: Sully

Housing site	Number	Complete at April 2020
Land West of Swanbridge Road, Sully	500	0
Total	500	0

## 14.2 Current provision of pharmaceutical services within the cluster

There are 14 pharmacies in Central Vale cluster.

In 2019 to 2020, 84.8% of items on prescriptions written by the seven GP practices in Central Vale cluster were dispensed by one of the pharmacies within the cluster and 2.1% were personally administered items.

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**Table 14.7: Pharmacies in Central Vale cluster**

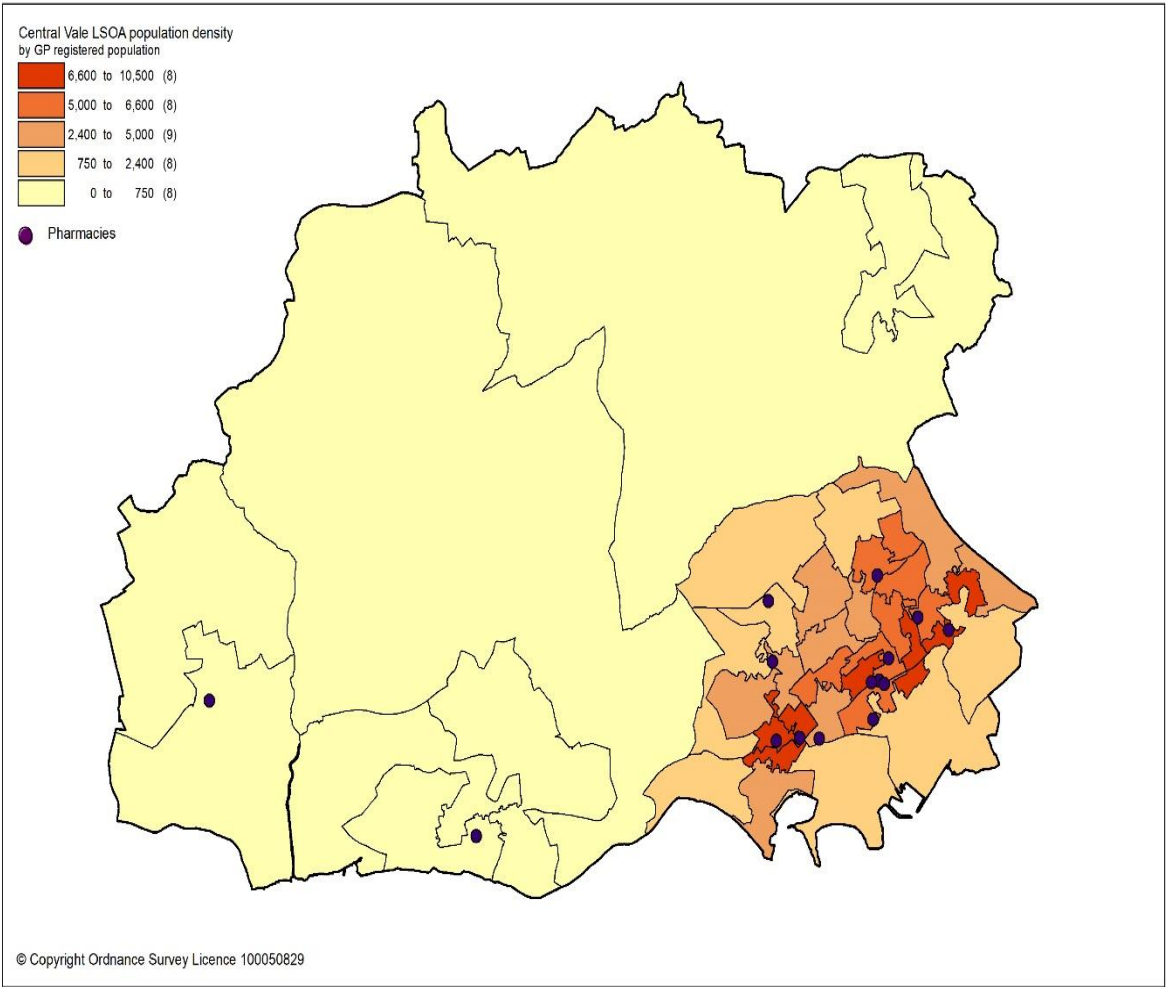
Pharmacy	Address		
Aneurin Evans Ltd	West Quay Medical Centre Hood Road	Barry	CF62 5QN
Boots UK Limited	121/125 Holton Road	Barry	CF63 4SW
Evans Pharmacy - Barry	8 Park Crescent	Barry	CF62 6HD
Mobec Pharmacy Limited T/A Brockway Pharmacy	Unit 3 Plas Cleddau Cwm Talwg	Barry	CF62 7FG
High Street Pharmacy Gwawr Davies Jones	88 High Street	Barry	CF62 7DX
Lloyds Pharmacy Limited T/A Lloydspharmacy	Court Road Surgery 29-31 Court Road	Barry	CF63 4YD
Lloyds Pharmacy Limited T/A Lloydspharmacy	Waterfront Medical Centre Heol Y Llongau	Barry	CF63 4AR
Lloyds Pharmacy Limited T/A Lloydspharmacy	Stirling Road Shopping Precinct Port Road	Barry	CF62 8NX
Lloyds Pharmacy Limited T/A Lloydspharmacy	99-101 Holton Road	Barry	CF63 4HG
National Co-Operative Chemists Ltd T/A The Co-operative Pharmacy	148 Holton Road	Barry	CF63 4HL
RAJJA Ltd T/A M W Phillips Chemist	9 Vere Street Cadoxton	Barry	CF63 2YE
RAJJA Ltd T/A M W Phillips Chemist	8 Barry Road Cadoxton	Barry	CF63 1BA
PharmaMed Limited T/A St Brides Pharmacy	1 St Anns Court Ramsey Road	Barry	CF62 9DN
Unicare Pharmacy Limited T/A Sully Pharmacy	106 South Road	Sully	CF64 5SN

In general, the pharmacies are located in or near areas of greater population density as shown by the darker shaded areas in the map below.

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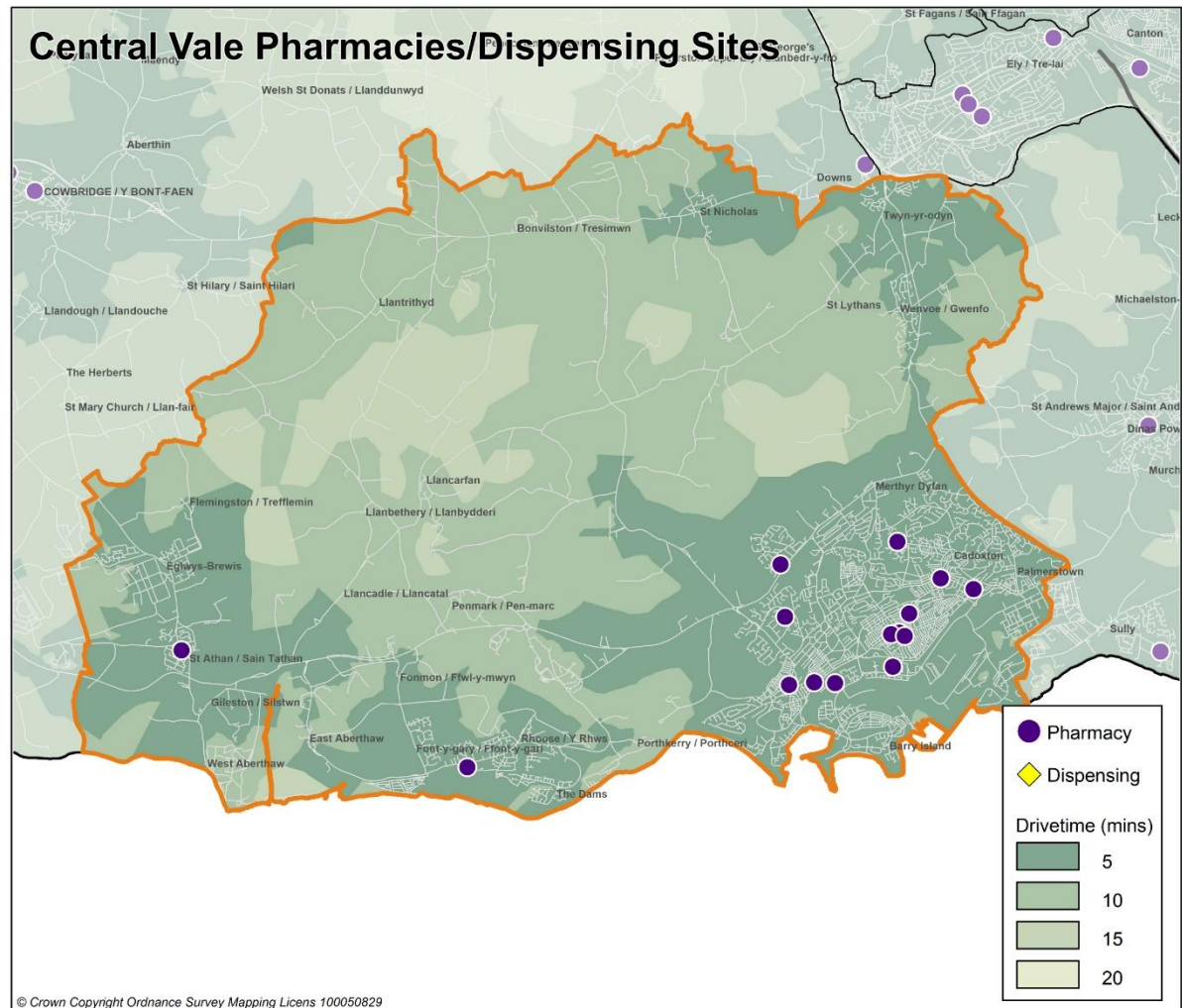


**Map 14.2: Location of pharmacy premises compared to population density**



All residents of the cluster can access one of the pharmacies by car within 15 minutes. The majority can access a pharmacy within 10 minutes, as shown in map 14.3.

Map 14.3: Access to pharmacies in the cluster



Looking at the opening hours for the pharmacies:

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

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	08.30am to 09.00am	17.00pm to 19.00pm*
Saturday	08.30am to 09.00am	12.00pm to 17.30pm
Sunday	10.00am	16.00pm

\*One pharmacy close at 16.30pm on Tuesday and one closes at 12.30pm on Wednesday

Full details of when the pharmacies are open can be found in Appendix L.

All 14 pharmacies responded to the contractor questionnaire, of which 12 pharmacies dispense all appliances listed in Part IX of the Drug Tariff, one pharmacy just dispenses dressings and one does not dispense any appliances.

In 2019 to 2020, 13 pharmacies offered the MUR service and a total of 3,518 reviews were provided out of a possible 5,200 reviews. Two pharmacies provided the maximum number of 400 reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, 10 pharmacies offered the DMR service and a total of 193 reviews were provided out of a possible 1,400 reviews. No pharmacies provided the maximum number of 140 reviews. As part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Eight pharmacies provided a total of 399 emergency contraception consultations, with a range of three to 183 consultations.
- Four pharmacies provided a total of 146 smoking cessation level 3 consultations, with a range of 21 to 54 consultations.
- 12 pharmacies provided a total of 892 flu vaccinations, with a range of one to 272 vaccinations.
- 13 pharmacies provided a total of 1194 CAS consultations, with a range of 24 to 325 consultations.
- Two pharmacies provided a total of 47 EMS consultations, with a range of 15 to 32 consultations.

Other enhanced services included:

- Eight pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Two pharmacies provided the Needle Syringe Provision Enhanced Service.
- Five pharmacies provided the Palliative Care Enhanced Service.

### **14.3 Current provision of pharmaceutical services outside the cluster**

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.

- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 13.1% were dispensed outside the cluster, most notably:

- 0.5% by pharmacies in Cardiff South West cluster
- 2.1% by pharmacies in Cardiff City and South cluster
- 5.6% by pharmacies in Western Vale cluster
- 3.3% by pharmacies in Eastern Vale cluster
- 0.5% in Aneurin Bevan University Health Board
- 0.3% in Cwm Taf Morgannwg University Health Board
- 0.7% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Central Vale can access a pharmacy by car within 15 minutes and the majority can access a pharmacy by car within 10 minutes.

#### **14.4 Other NHS services**

Barry Hospital and the Minor Injuries Unit are located within the cluster of Central Vale. However, the hospital serves a much wider population than that of the cluster.

#### **14.5 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 14.2 and 14.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 298 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Central Vale cluster, of which 195 were outside of the health board's area. 9,569 prescription items were dispensed in England.

#### **14.6 Gaps in provision**

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that the population can access a pharmacy by car within 15 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. However, in the more rural areas of Central Vale cluster, public transport services are limited. Although car ownership is likely to be high in these areas, those without a car and in particular the elderly, may find it difficult to access a pharmacy. The majority of pharmacies 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.

The Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster

All 14 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. Their responses were as follows:

- 11 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- Two pharmacies do not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area
- One pharmacy does not have sufficient premises and staffing capacity and would have difficulty in managing the increase in demand.

The Cardiff and Vale University Health Board noted the developments planned for the cluster, in particular the larger phase 2 Barry Waterfront development and other smaller units of housing that are due to be built during the lifetime of this document, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

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# 15 Eastern Vale cluster

## 15.1 Key facts

### 15.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of the Vale of Glamorgan is projected to increase by up to 6%, the second largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 140,000 by 2028, making it the tenth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e. more people moving into the area than out. The number of births is expected to increase over this period as is the number of deaths, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and in the working-age population aged 16 to 64 years old. The largest population increases will be in the over 65 age group, where the Vale of Glamorgan is expected to have the largest increase of all local authorities at up to 20.5%. This is followed by the 75 or over age group. The population is projected to continue to age in the local authority.

### 15.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’

Life expectancy at birth in the Vale of Glamorgan is higher than the average for Wales and the health board for both females and males, for 2015 to 2017. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap in life expectancy at birth between the most and least deprived fifth, for the Vale of Glamorgan is narrower than the average for Wales and the health board for both females and males. The healthy life expectancy (the number of years a person can expect to live in good health) in the Vale of Glamorgan is also higher than the average for Wales and the health board for both females and males.

**Table 15.1: Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Vale of Glamorgan	83.4	78.9	64.2	63.1	6.0	7.0
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

### 15.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the

ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.

Overall, the Vale of Glamorgan (13%) has a lower percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff and Vale University Health Board (24%). When considering the domains for income, health, employment and access to services at the cluster level, Eastern Vale cluster has none of its LSOAs in the most deprived 10% and 20% of LSOAs in Wales, making it one of the least deprived areas in the health board and Wales.

**Table 15.2: Number of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster, local authority and health board for the domains of income, health, employment, and access to services, Welsh Index of Multiple Deprivation 2019**

	Number of LSOAs within the 10% and 20% most deprived LSOAs in Wales							
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Central Vale	5	13	4	8	4	11	0	0
Eastern Vale	0	0	0	0	0	0	0	0
Western Vale	0	0	0	0	0	0	3	6
Vale of Glamorgan	5	13	4	8	4	11	3	6
Cardiff and Vale UHB	46	72	38	64	34	51	3	15

Source: Welsh Index of Multiple Deprivation 2019, Welsh Government

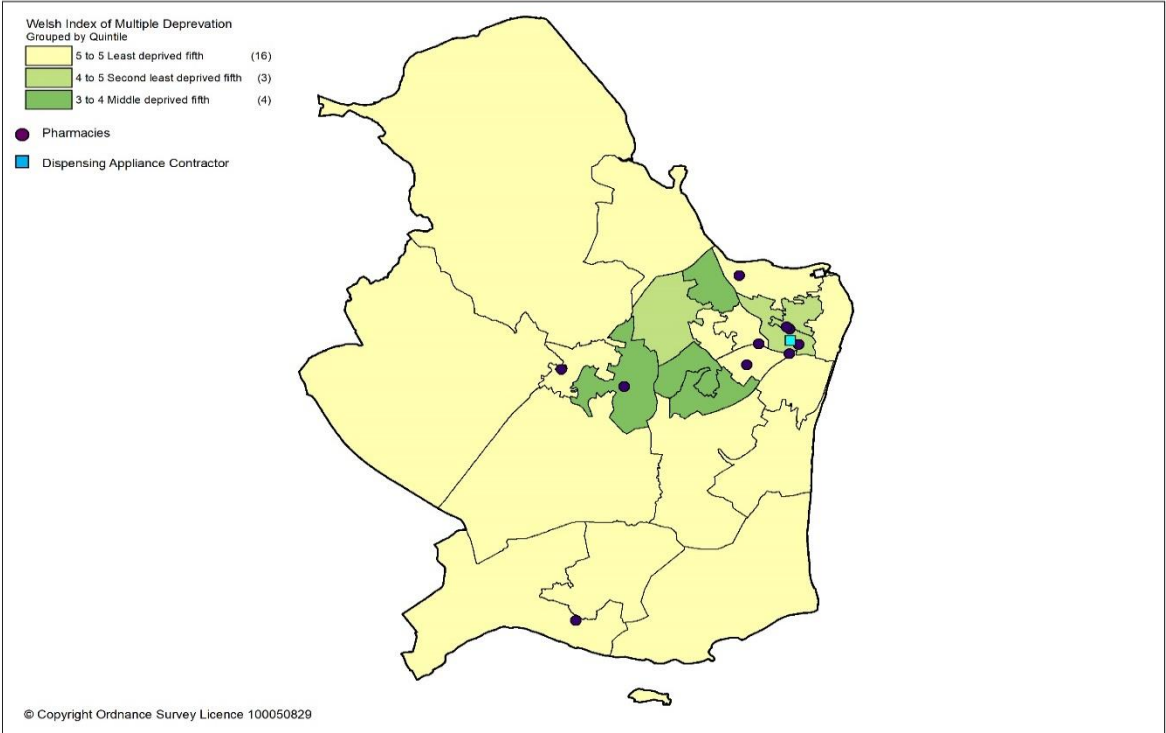
The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, Eastern Vale cluster has relatively low levels of deprivation. The majority of pharmacies are located within or near areas of higher deprivation.

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**Map 15.1: Lower Super Output Areas (LSOAs) in Eastern Vale cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**

Eastern Vale Cluster



**15.1.4 Health profile**

Overall, the estimated prevalence of chronic disease in Eastern Vale cluster is lower than the average for Wales, except for stroke and transient ischaemic attacks where it is the same. When compared to the health board, the estimated prevalence of chronic disease is in general higher, except for chronic obstructive pulmonary disease (COPD). Eastern Vale cluster has the joint highest estimated prevalence for coronary heart disease out of all the clusters in the health board and the second highest estimated prevalence of stroke and transient ischaemic attacks.

**Table 15.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Eastern Vale	6.8	3.3	1.5	5.2	1.0	2.1
Vale of Glamorgan	6.8	3.3	1.9	5.5	1.1	2.1
Cardiff & Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The estimated prevalence of dementia in Eastern Vale cluster is higher than the average for Wales and the highest of all the clusters in the health board. The estimated prevalence for mental health is lower than the average for Wales and the health board average.

**Table 15.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Eastern Vale	0.9	0.8
Vale of Glamorgan	0.7	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The estimated prevalence of atrial fibrillation in Eastern Vale cluster is higher than the average for Wales and the second highest of all the clusters in the health board. The estimated prevalence of hypertension is lower than the average for Wales and the second highest of all the clusters in the health board.

**Table 15.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Eastern Vale	2.4	14.7
Vale of Glamorgan	2.3	14.9
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 15.6 shows the percentage of adults self-reporting five behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial to health and well-being as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Eastern Vale cluster is higher than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines.

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**Table 15.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Eastern Vale	30,400	12.8	21.3	42.8	57.6	27.3
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG).

Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

### 15.1.5 Cluster developments

There are several housing developments planned within the cluster to meet the housing needs of the predicted growth in population in the Vale of Glamorgan. The biggest housing development is on land on the Upper Cosmeston Farm in Lavernock, which is expected to be completed within the lifetime of this PNA. Other housing developments in the cluster are smaller and include:

#### Key settlement: Penarth

Housing site	Number	Complete at April 2020
Land at Upper Cosmeston Farm, Lavernock	576	0
Land adjoining St. Josephs School, Sully Road	74	74
Headlands School, St. Augustine's Road	65	0
Land adjacent to Oak Court, Penarth	145	0
Total	860	74

#### Key settlement: Dinas Powys

Housing site	Number	Complete at April 2020
Land at and adjoining St. Cyres School, Murch Road	300	103
Land off Caerleon Road, Dinas Powys	70	64
Land at Ardwyn, Pen-y-Turnpike	18	18
Land at Cross Common Road	50	49
Total	438	234

#### Key settlement: Llandough (Penarth)

Housing site	Number	Complete at April 2020
Land south of Llandough Hill / Penarth Road	130	0
Land north of Leckwith Road	8	0
Llandough Landings	120	0
Total	258	258

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There are plans for a Wellbeing Hub in Cogan, which will house some other community services as well as current Penarth GP practice.

15.2 Current provision of pharmaceutical services within the cluster

There are nine pharmacies in Eastern Vale. There is also one appliance contractor.

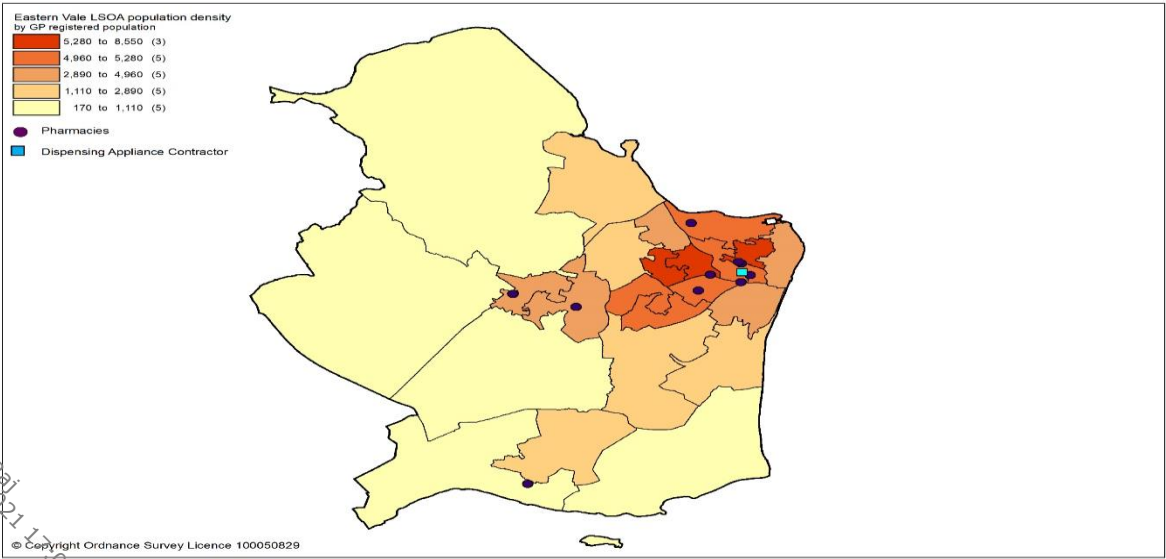
Table 15.7: Pharmacies in Eastern Vale cluster

Pharmacy		Address	
Boots UK Limited	24 Winsdor Road	Penarth	CF64 1YJ
Tesco Stores Limited	Tesco Instore Pharmacy Penarth Haven	Penarth	CF64 1SA
Pearns Pharmacies Ltd T/A Ivor Owen Pharmacy	5a Cornerswell Road	Penarth	CF64 2UW
Pearn's Pharmacies Ltd	36 Windsor Road	Penarth	CF64 1YD
Mayberry Pharmacy	Mayberry pharmacy 3 Royal Buildings Stanwell Road	Penarth	CF64 3EB
TH & L Jones	26 Cardiff Road	Dinas Powys	CF64 4JS
TH & L Jones	The Murch Pharmacy Dinas Powys Medical Ctre Murch Rd	Dinas Powys	CF64 4RE
Pearns Pharmacies T/A Varus Pharmacy	The Health Centre Stanwell Road	Penarth	CF64 3XE
Pearns Pharmacies T/A Washington Pharmacy	Stanwell Road	Penarth	CF64 2AD

In 2019 to 2020, 90.6% of items on prescriptions written by the four GP practices in Eastern Vale cluster were dispensed by one of the pharmacies within the cluster and 1.8% were personally administered items.

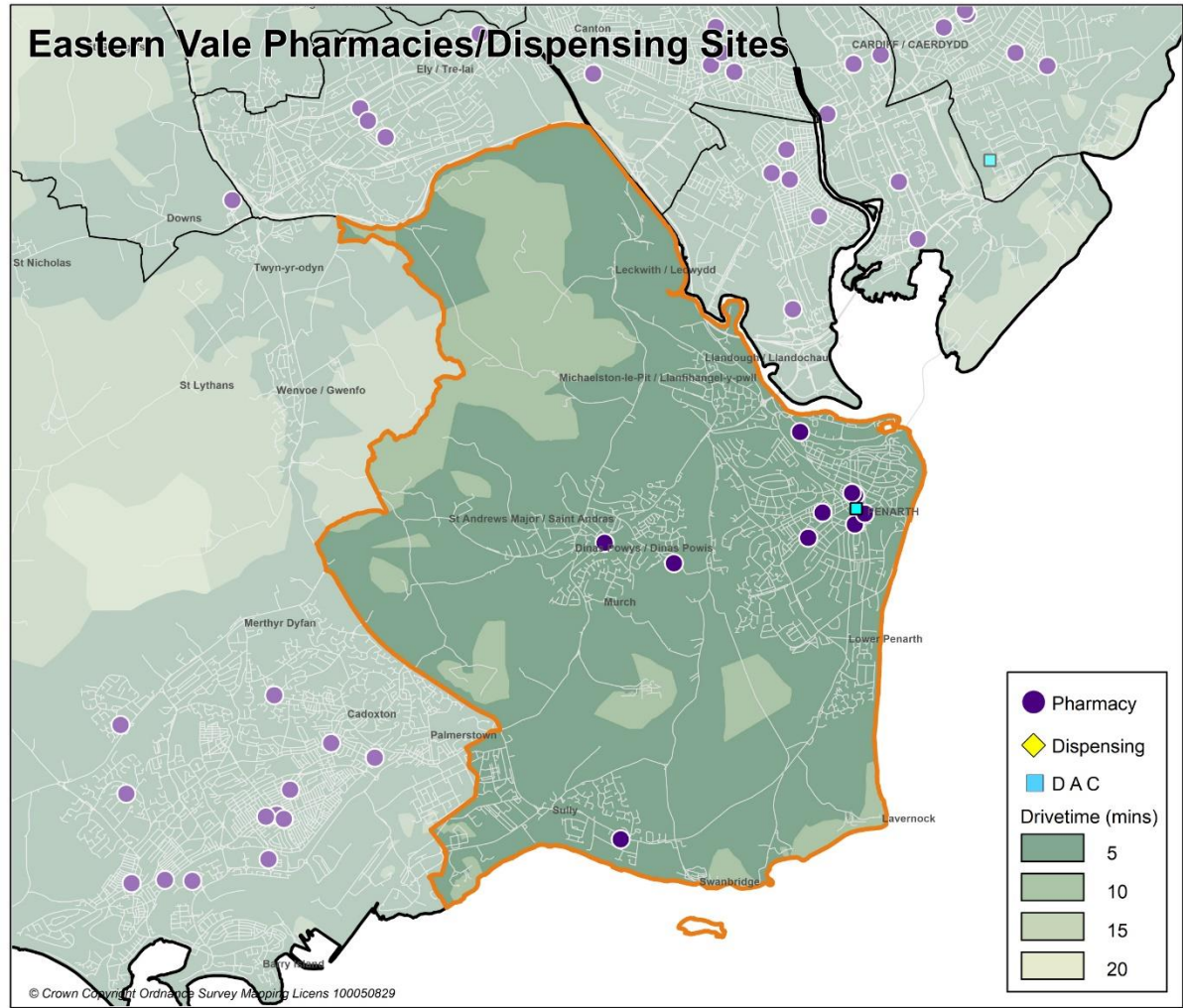
The pharmacies are located in areas of greater population density as shown by the darker shaded areas in the map below.

Map 15.2: Location of pharmacy and appliance contractor premises compared to population density



All residents of the cluster can access one of the pharmacies by car within 10 minutes. The majority can access a pharmacy within five minutes, as shown in map 15.3.

**Map 15.3: Access to pharmacies and appliance contractor in the cluster**



Looking at the opening hours for the pharmacies:

- Two pharmacies are open seven days a week
- Two pharmacies are open Monday to Saturday
- Three pharmacies are open Monday to Friday and Saturday morning
- Two pharmacies are open Monday to Friday

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	08.00am to 09.00am	17.30pm to 20.00pm
Saturday	08.00am to 09.00am	13.00pm to 20.00pm
Sunday	10.00am	16.00pm

Full details of when the pharmacies are open can be found in Appendix L.

All nine pharmacies responded to the contractor questionnaire, of which six dispense all appliances listed in Part IX of the Drug Tariff and three just dispense dressings.

In 2019 to 2020, eight pharmacies offered the MUR service and a total of 1,546 reviews were provided out of a possible 3,200 reviews. One pharmacy provided the maximum number of 400 reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, six pharmacies offered the DMR service and a total of 323 reviews were provided out of a possible 840 reviews. No pharmacies provided the maximum number of reviews. As part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Five pharmacies provided a total of 254 emergency contraception consultations, with a range of eight to 176 consultations.
- Two pharmacies provided a total of 22 smoking cessation level 3 consultations, with a range of seven to 15 consultations.
- Seven pharmacies provided a total of 1307 flu vaccinations, with a range of 23 to 596 vaccinations.
- Eight pharmacies provided a total of 259 CAS consultations, with a range of four to 77 consultations.
- Five pharmacies provided a total of 39 EMS consultations, with a range of two to 23 consultations

Other enhanced services included:

- Four pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Two pharmacies provided the Needle Syringe Provision Enhanced Service.
- Two pharmacies provided the Palliative Care Enhanced Service.

### 15.3 Current provision of pharmaceutical services outside the cluster

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.

- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 7.6% were dispensed outside the cluster, most notably:

- 4.5% by pharmacies in Cardiff City & South cluster
- 0.1% by pharmacies in Cardiff South West cluster
- 1.9% by pharmacies in Central Vale cluster
- 0.1% in Aneurin Bevan University Health Board
- 0.1% in Cwm Taf Morgannwg University Health Board
- 0.7% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Eastern Vale can access a pharmacy by car within 10 minutes and the majority can access a pharmacy by car within five minutes.

## 15.4 Other NHS services

Llandough Hospital is located within the cluster of Eastern Vale. However, the hospital serves a much wider population than that of the cluster.

## 15.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 15.2 and 15.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 212 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Eastern Vale cluster, of which 109 were outside of the health board's area. 5,416 prescription items were dispensed in England.

Khan, Raj  
05/06/2021 17:00:36



## 15.6 Gaps in provision

The Cardiff and Vale University Health Board has noted the locations of pharmacies across the cluster, and the fact that 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 Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board, one of which is based within the cluster, who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster

All nine pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. All nine pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

The Cardiff and Vale University Health Board noted the developments planned for the cluster, in particular the bigger housing developments on land on the Upper Cosmeston Farm in Lavernock, and other smaller units of housing that are due to be built during the lifetime of this document. Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.



The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

Khan, Raj  
05/06/2021 17:00:36

## 16 Western Vale locality

### 16.1 Key facts

#### 16.1.1 Population projections 2018 to 2028 (2018 based)

Between 2018 to 2028, the population of the Vale of Glamorgan is projected to increase by up to 6%, the second largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 140,000 by 2028, making it the tenth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e. more people moving into the area than out. The number of births is expected to increase over this period as is the number of deaths, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and in the working-age population aged 16 to 64 years old. The largest population increases will be in the over 65 age group, where the Vale of Glamorgan is expected to have the largest increase of all local authorities at up to 20.5%. This is followed by the 75 or over age group. The population is projected to continue to age in the local authority.

#### 16.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’

Life expectancy at birth in the Vale of Glamorgan is higher than the average for Wales and the health board for both females and males, for 2015 to 2017. The difference in life expectancy that exists across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap in life expectancy at birth between the most and least deprived fifth, for the Vale of Glamorgan is narrower than the average for Wales and the health board for both females and males. The healthy life expectancy (the number of years a person can expect to live in good health) in the Vale of Glamorgan is also higher than the average for Wales and the health board for both females and males.

**Table 16.1: Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)**

	Life expectancy at birth (years)		Healthy life expectancy (years)		Inequality gap (years)	
	Females	Males	Females	Males	Females	Males
Vale of Glamorgan	83.4	78.9	64.2	63.1	6.0	7.0
Cardiff and Vale UHB	83.0	78.7	62.0	61.9	6.6	8.6
Wales	82.3	78.3	62.0	61.4	6.1	7.4

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

### 16.1.3 Deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) allows for the ranking of small areas, called Lower layer Super Output Areas (LSOAs) in Wales to determine whether an area is more or less deprived compared to all other small areas in Wales.

Overall, the Vale of Glamorgan (13%) has a lower percentage of LSOAs in the most deprived 10% and 20% of LSOAs in Wales relative to Cardiff and Vale University Health Board (24%). When considering the domains for income, health and employment at the cluster level, Western Vale cluster has none of its LSOAs in the most deprived 10% and 20% of LSOAs in Wales. When considering the domain for access to services at the cluster level, all the LSOAs in the Vale of Glamorgan in the most deprived 10% and 20% of LSOAs in Wales are within Western Vale cluster and can be found around Cowbridge, Wales St Donats, Rhoose and Ogmore by Sea. Overall, Western Vale is one of the least deprived areas in the Vale of Glamorgan, health board and Wales.

**Table 16.2: Number of LSOAs within the 10% and 20% most deprived LSOAs in Wales by cluster, local authority and health board for the domains of income, health, employment and access to services, Welsh Index of Multiple Deprivation 2019**

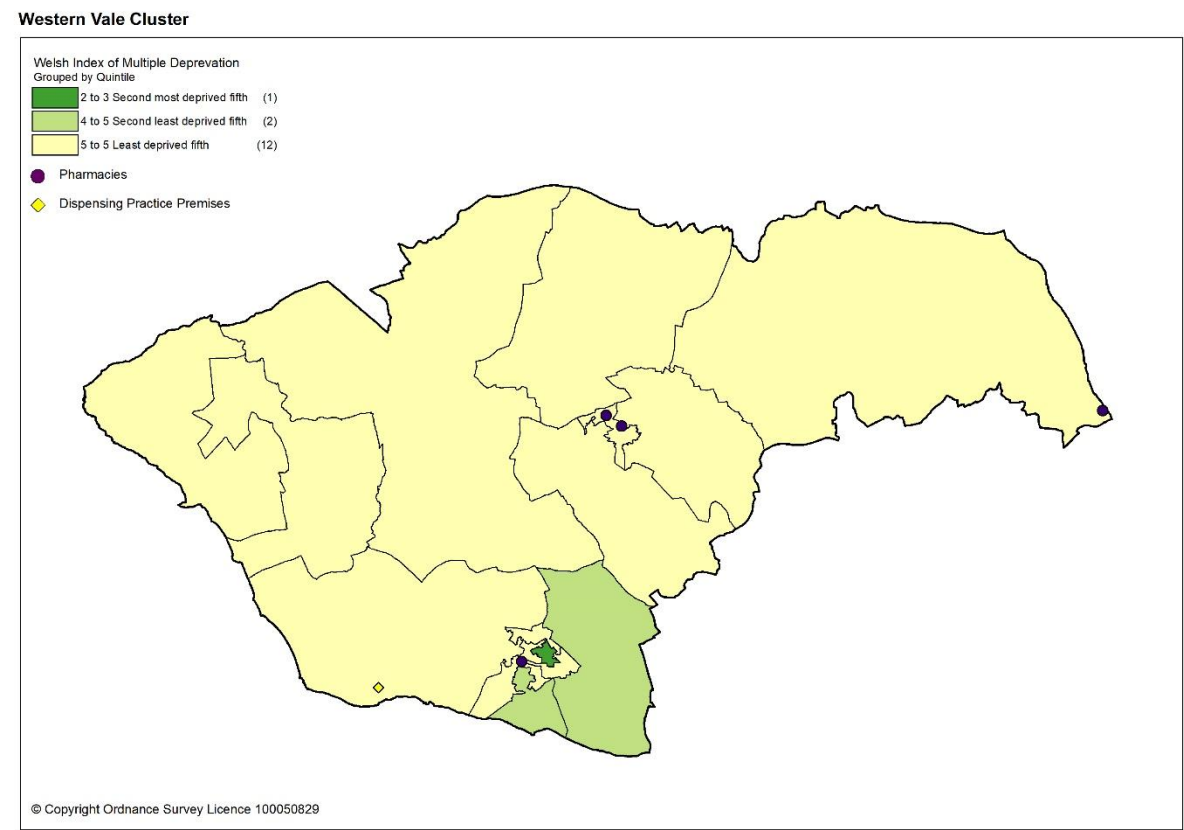
	Number of LSOAs within the 10% and 20% most deprived LSOAs in Wales							
	Income		Health		Employment		Access to services	
	10%	20%	10%	20%	10%	20%	10%	20%
Central Vale	5	13	4	8	4	11	0	0
Eastern Vale	0	0	0	0	0	0	0	0
Western Vale	0	0	0	0	0	0	3	6
Vale of Glamorgan	5	13	4	8	4	11	3	6
Cardiff and Vale UHB	46	72	38	64	34	51	3	15

Source: Welsh Index of Multiple Deprivation 2019, Welsh Government

The map below provides an indication of the overall levels of deprivation within the cluster. As can be seen from the map, Western Vale has relatively low levels of deprivation.

Khan, Raj  
05/06/2021 17:00:36

**Map 16.1: Lower Super Output Areas (LSOAs) in Western Vale cluster, grouped into quintiles by Welsh index of Multiple Deprivation 2019**



Overall, the estimated prevalence of chronic disease in Western Vale cluster is lower than the average for Wales, except for stroke and transient ischaemic attacks, and heart failure.

When compared to the health board, the estimated prevalence of chronic disease is in general higher, except for asthma and chronic obstructive pulmonary disease (COPD). The estimated prevalence of coronary heart disease is the joint highest, and the estimated prevalence of heart failure and stroke and transient ischaemic attacks is the highest, of all the clusters in the health board.

**Table 16.3: Estimated percentage prevalence of chronic conditions based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Western Vale	6.3	3.3	1.4	5.2	1.4	2.5
Vale of Glamorgan	6.8	3.3	1.9	5.5	1.1	2.1
Cardiff & Vale UHB	6.7	2.7	1.7	5.0	0.9	1.7
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The estimated prevalence of dementia in Western Vale cluster is higher than the average for Wales and the joint second highest of all the clusters in the health board. The estimated prevalence for mental health is lower than the average for Wales and the joint lowest within the health board.

**Table 16.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019**

	Dementia (percentage)	Mental Health (percentage)
Western Vale	0.8	0.7
Vale of Glamorgan	0.7	0.9
Cardiff & Vale UHB	0.7	0.9
Wales	0.7	1.0

Source: QOF 2019

The estimated prevalence of atrial fibrillation in Western Vale cluster is higher than the average for Wales and the highest of all the clusters in the health board. The estimated prevalence of hypertension is lower than the average for Wales and is the third highest in the health board.

**Table 16.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019**

	Atrial Fibrillation (percentage)	Hypertension (percentage)
Western Vale	2.8	14.3
Vale of Glamorgan	2.3	14.9
Cardiff & Vale UHB	1.8	12.6
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. Table 16.6 shows the percentage of adults self-reporting five behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming five a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Western Vale cluster is higher than Cardiff and Vale University Health Board and the average for Wales, except for drinking above the guidelines.

Khan, Raji  
05/06/2021 17:00:36

**Table 16.6: Percentage of adults (aged 16 years and over) reporting behaviours by cluster, health board and Wales, 2016 to 2018**

GP Cluster Name	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Western Vale	23,410	13.2	21.4	43.3	57.3	27.3
Cardiff and Vale UHB	420,119	19.3	18.9	40.8	55.1	24.2
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

### 16.1.5 Cluster developments

The biggest housing developments in the Western Vale cluster are on land to the north and west of Darren Close, Cowbridge and land north of the Railway Line, Rhoose. As of 1<sup>st</sup> April 2020, work had started on both sites with the remainder expected to be completed within the lifetime of this PNA. Other housing developments in the cluster include:

#### Strategic housing sites

Housing site	Number	Complete at April 2020
Land at Higher End, St. Athan	220	100
Land at Church Farm, St. Athan	250	0
Former Stadium Site / Land adjacent to Burley Place, St. Athan	65	0
Land to the east of Eglwys Brewis, St Athan	255	0
Land adjacent to Froglands Farm, Llantwit Major	90	0
Land between new Northern Access Road and Eglwys Brewis Road, Llantwit Major	375	0
Total	1,255	100

#### Key settlement: Cowbridge

Housing site	Number	Complete at April 2020
Cowbridge Comprehensive Lower School	21	21
Cowbridge Comprehensive 6th Form Block, Aberthin Road	20	0
Land adjoining St. Athan Road, Cowbridge	130	0
Land to the north and west of Darren Close, Cowbridge	475	43
Total	646	63

Khan, Raj  
05/06/2021 17:00:36

**Key settlement: Llantwit Major**

Housing site	Number	Complete at April 2020
Llantwit Major 21 Plasnewydd Farm, Llantwit Major	149	136
Land adjacent to Llantwit Major Bypass	89	63
Former Eagleswell Primary School	72	0
Total	310	199

**Key settlement: Rhoose**

Housing site	Number	Complete at April 2020
Land north of the Railway Line, Rhoose	700	223
Land south of the Railway Line, Rhoose	87	97
Total	787	320

**16.2 Current provision of pharmaceutical services within the cluster**

For the purposes of the PNA the pharmacies at Rhoose and St Athan will be considered in the Western Vale cluster chapter as historically this is how they have been allocated as all are rural in area and share GP practices.

There are six pharmacies in Western Vale cluster. There is also one dispensing doctor practice in the cluster.

**Table 16.7: Pharmacies in Western Vale cluster**

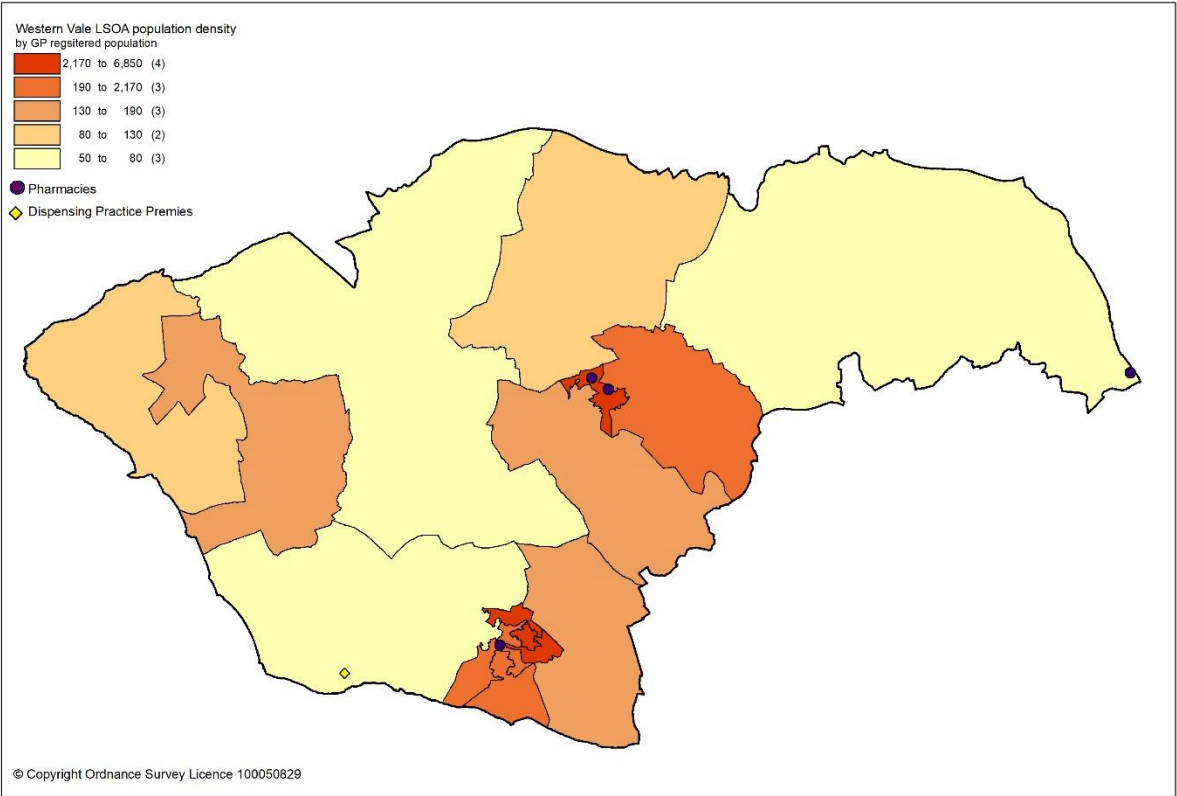
Pharmacy	Address		
Byrom (South Wales) Ltd T/A Rhoose Pharmacy	53 Fontygary Road	Rhoose	CF62 3DT
Lloyds Pharmacy Limited T/A Lloydspharmacy	The Broad Shoard	Cowbridge	CF71 7DA
National Co-Operative Chemists Ltd T/A The Co-operative Pharmacy	5 Boverton Road	Llantwit Major	CF61 1TX
Boots UK Limited T/A Your Local Boots Pharmacy	7 Boverton Road	Llantwit Major	CF61 1XZ
DJ & RA Griffiths Ltd., T/A St Athan Pharmacy	The Square	St Athan	CF62 4PF
Sylvia Williams	34 High Street	Cowbridge	CF71 7AG

In 2019 to 2020, 95.4% of items on prescriptions written by the three GP practices in Western Vale cluster were dispensed by one of the pharmacies within the cluster. The one dispensing doctor practice in the cluster dispensed and personally administered 0.5% and the non-dispensing practices personally administered 1.7% of items.

The pharmacies and dispensing doctor practice are located in areas of greater population density as shown by the darker shaded areas in the map below.

Khan, Raj  
05/06/2021 17:00:36

**Map 16.2: Location of pharmacy and dispensing doctor premises in the cluster compared to population density**

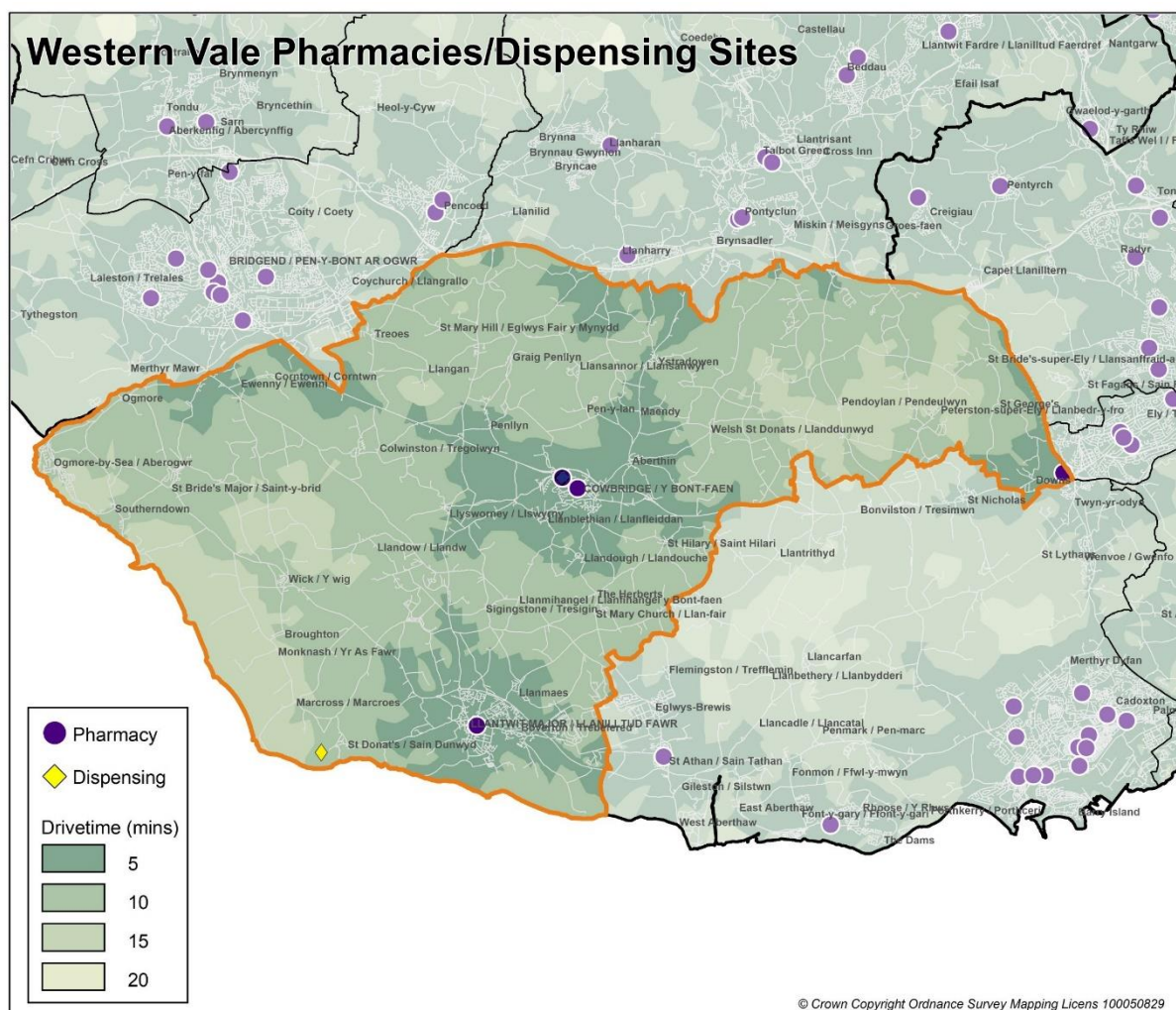


All residents of the cluster can access one of the pharmacies and the dispensing doctor practice by car within 20 minutes. The majority can access a pharmacy within 10 minutes, as shown in map 16.3.

**Map 16.3: Access to pharmacies in the cluster**

Khan, Raj  
05/06/2021 17:00:36





Looking at the opening hours for the pharmacies:

- No pharmacies are open seven days a week
- Two pharmacies are open Monday to Saturday
- Four pharmacies are open Monday to Friday and Saturday morning

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	08.30am to 09.00am	17.00pm to 18.30pm
Saturday	08.30am to 09.00am	12.00pm to 17.30pm
Sunday	Closed	Closed

Full details of when the pharmacies are open can be found in Appendix L.

Residents of Western Vale cluster can access pharmacy services that are open seven days a week in neighbouring areas such as Barry in Central Vale cluster and Bridgend in Cwm Taf Morgannwg University Health Board.

The dispensing GP practice's opening hours are limited to Monday and Thursday only. They dispense for residents of Atlantic College only.

All six pharmacies responded to the contractor questionnaire, of which all six dispense all appliances listed in Part IX of the Drug Tariff and one just dispenses dressings.

In 2019 to 2020, five pharmacies offered the MUR service and a total of 1,447 reviews were provided out of a possible 2,000 reviews. One pharmacy provided the maximum number of 400 reviews. The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known if the service will re-commence.

In 2019 to 2020, five pharmacies offered the DMR service and a total of 241 reviews were provided out of a possible 700 reviews. No pharmacies provided the maximum number of reviews. As part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Three pharmacies provided a total of 132 emergency contraception consultations, with a range of 23 to 65 consultations.
- One pharmacy provided a total of one smoking cessation level 3 consultations.
- Three pharmacies provided a total of 378 flu vaccinations, with a range of 51 to 237 vaccinations.
- Five pharmacies provided a total of 356 CAS consultations, with a range of 18 to 227 consultations.
- Two pharmacies provided a total of 26 EMS consultations, with a range of one to 25 consultations.

Other enhanced services included:

- Three pharmacies provided the Supervised Administration of Medicines Enhanced Service.
- Two pharmacies provided the Needle Syringe Provision Enhanced Service.
- Five pharmacies provided the Palliative Care Enhanced Service.

### **16.3 Current provision of pharmaceutical services outside the locality's area**

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

- Offered by dispensing appliance contractors.

- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 2.4% were dispensed outside the cluster, most notably:

- 0.1% by pharmacies in Cardiff North cluster
- 0.2% by pharmacies in Cardiff South West cluster
- 0.2% by pharmacies in Cardiff City & South cluster
- 0.2% by pharmacies in Central Vale cluster
- 1.1% in Cwm Taf Morgannwg University Health Board
- 0.5% by contractors in England

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the cluster and the health board's area; however, it is not possible to quantify this activity from the recorded data.

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Western Vale can access a pharmacy by car within 20 minutes and the majority can access a pharmacy by car within 10 minutes.

## 16.4 Other NHS services

No key other NHS services are located within this cluster.

## 16.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 16.2 and 16.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 198 pharmacy contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Western Vale cluster, of which 115 were outside of the health board's area. 3,503 prescription items were dispensed in England.

## 16.6 Gaps in provision

The Cardiff and Vale University Health Board has noted the locations of the pharmacies across the cluster and the dispensing doctor practice, and the fact that the population can access a pharmacy by car within 20 minutes, with the majority

within 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot. However, in the very rural areas of Western Vale cluster, public transport services are limited. Although car ownership is likely to be high in these areas, those without a car and in particular the elderly, may find it difficult to access a pharmacy. The majority of pharmacies 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.

The Cardiff and Vale University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cardiff and Vale University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cardiff and Vale University Health Board is also satisfied that there are no current needs in relation to the provision of advanced services. Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that there are four appliance contractors based in Cardiff and Vale University Health Board who offer these services. One of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor elsewhere in the health board or to England, which provide these services. Patients will therefore be able to access these two services via those contractors. The Cardiff and Vale University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster

All six pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. Their responses were as follows:

- Five pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.

The Cardiff and Vale University Health Board noted the housing developments planned for the cluster, in particular on land to the north and west of Darren Close, Cowbridge and land north of the Railway Line, Rhoose, and other smaller units of housing that are due to be built during the lifetime of this document, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The 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.

The Cardiff and Vale University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cardiff and Vale University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

Khan, Raj  
05/06/2021 17:00:36

## **17 Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020**

The PNA has considered the current provision of pharmaceutical services across the health board and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Cardiff and Vale University Health Board and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

### **17.1 Current provision**

Cardiff and Vale University Health Board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential, advanced and enhanced services provided at all premises included in the pharmaceutical lists
- The dispensing service provided by those GP practices included in the dispensing doctor list.

Preceding sections of this document have set out the provision of these services in each locality.

It has also identified the provision of the above services by contractors outside of its area, whether that is in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

### **17.2 Other NHS services**

In undertaking this PNA the Cardiff and Vale University Health Board considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – similar to hospital pharmacies, this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- Urgent Primary Care - Out of Hours Service (CAV24/7) – whether a patient is given a full or part course of treatment after being seen by the Out of Hours Service or the Minor Injuries Unit at Barry Hospital, will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing. Furthermore, as patients are directed to the right services through the one call system, this also has the potential to increase the need for all pharmaceutical services.

- Prison pharmacies - reduce the demand for the dispensing of essential service as prescriptions written in HMP Cardiff prison are not dispensed by community pharmacies or dispensing appliance contractors.
- Independent prescribers – are likely to increase in number over the next five years, which may have a subsequent effect on the need for pharmaceutical services, in particular the essential service of dispensing, as more patients are treated.
- The Online Non Prescription Ordering Service (ONPOS) dressings system – this will reduce the need for dressings on prescriptions for many patients and therefore the demand for the dispensing essential service. However, non-formulary dressings will still need to be prescribed.

## 17.3 Current gaps in provision

### 17.3.1 Current access to essential services

In order to assess the provision of essential services against the needs of the population, Cardiff and Vale University Health Board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

#### 17.3.1.1 Access to essential services during normal working hours

Cardiff and Vale University Health Board has identified that the overwhelming majority of the population is able to access a pharmacy during normal working hours within 20 minutes. 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. However, in the very rural areas of Western Vale cluster and Central Vale cluster, public transport services are limited. Although car ownership is likely to be high, those without a car and in particular the elderly, may find it difficult to access a pharmacy. 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.

With regards to opening hours, all pharmacies must open for a minimum of 40 hours to meet their contractual obligation. In general, these core hours fall within normal working hours.

**Based on the information available at the time of developing this PNA no current gaps in the provision of essential services during normal working hours have been identified in any of the nine clusters (PNA localities).**

#### 17.3.1.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours through the provision of extended evening and weekend opening hours offered by pharmacies:

- 15 pharmacies open seven days a week.
- 18 pharmacies open Monday to Saturday.
- 39 pharmacies open Monday to Friday, and part of Saturday.
- 34 pharmacies that open Monday to Friday.

At the cluster level, all have at least one pharmacy that is open for a full day on Saturday and at least two open part Saturday.

Cluster	Open 7 days	Open Mon-Sat	Open Mon-Fri, part Sat	Open Mon-Fri
Cardiff North	3	3	3	9
Cardiff East	1	1	7	1
Cardiff West	1	3	6	3
Cardiff South West	1	2	2	5
Cardiff South East	2	3	5	6
Cardiff City and South	3	1	3	3
Central Vale	2	1	6	5
Eastern vale	2	2	3	2
Western Vale	0	2	4	0

Outside normal working hours the Out of Hours and CAV 24/7 service will provide courses of treatment where appropriate.

The patient and public engagement questionnaire showed that most respondents do not have a preference about when is the best time (37%) or day (52%) to use a pharmacy. Of the remaining responses, 42% preferred to use a pharmacy between 9am and 6pm, with 2pm to 6pm being the most popular choice (21%), followed by 6pm to 9pm (17%). Where a day was indicated, the weekdays was the most convenient time for respondents to visit a pharmacy (19%), followed by the weekends in general (11%) rather than a specific day. Other respondents preferred a specific day of the week, with Saturday being the most popular choice (6%).

Based on the information available at the time of developing this pharmaceutical needs assessment, no current gaps in the provision of essential services outside normal working hours have been identified in any of the nine clusters (PNA localities).



### 17.3.2 Current access to advanced services

Cardiff and Vale University Health Board deemed the following advanced services to be necessary:

- Medicines Use Reviews
- Discharge Medicines Review service

Cardiff and Vale University Health Board noted that at the time of drafting the pharmaceutical needs assessment, the MUR service had been suspended by the Welsh Government due to Coronavirus (COVID-19) pandemic and it was still unclear if the service would re-commence. Although the DMR service had not been suspended, Cardiff and Vale University Health Board noted that service provision and need for this advanced service would have been affected by the Coronavirus (COVID-19) pandemic.

Demand for the Appliance Use Review advanced service and Stoma Appliance Customisation advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services. Further to this, these services are generally being provided by appliance contractors based in Cardiff and Vale University Health Board or England.

Based on the data available, the Cardiff and Vale University Health Board Health is satisfied that there is sufficient capacity to meet the demand for advanced services

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the Medicines Use Review and Discharge Medicines Review advanced services have been identified in any of the nine clusters (PNA localities).

### 17.3.3 Current access to enhanced services

The Cardiff and Vale University Health Board noted that at the time of drafting the pharmaceutical needs assessment, the provision of many enhanced services had been suspended due to Coronavirus (COVID-19) pandemic. Based on the data available, Cardiff and Vale University Health Board Health is satisfied that there is sufficient capacity to meet the demand for enhanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of enhanced services have been identified in any of the nine clusters (PNA localities).

### 17.3.4 Current access to the GP dispensing service

The Cardiff and Vale Health Board noted that NHS (Pharmaceutical Services) (Wales) Regulations 2020 allow doctors to dispense to eligible patients in certain circumstances:

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

It noted that the one dispensing doctor practice dispensed to 372 of their registered patients (5% of the total list size of the practice) and provided a specific dispensing service to students living in Atlantic College, St. Donats. The practice confirmed that it has sufficient capacity within its existing premises and staffing levels to manage an increase in demand in its area if required. However, this would be dependent upon the terms set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of GP dispensing services have been identified.

## **17.4 Future gaps in provision**

Cardiff and Vale University Health Board has taken into account the following known future developments:

- Forecasted population growth
- Cluster developments such as housing

### **17.4.1 Future access to essential services**

#### **17.4.1.1 Access to essential services during normal working hours**

The Cardiff and Vale University Health Board noted the strategic employment and housing developments planned within the health board's clusters and respective monitoring information. Cardiff and Vale University Health Board is satisfied that at this time there is no information or reason to conclude, during the lifetime of this PNA and developments, that there would be an unmet need so as to require additional pharmaceutical services. Further to this, Cardiff and Vale University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this may 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 within the health board.

Based on the information available at the time of developing this PNA no future gaps in the provision of essential services during normal working hours have been identified in any of the nine clusters (PNA localities).

#### 17.4.1.2 Access to essential services outside normal working hours

Cardiff and Vale University Health Board considered the current provision as set out in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services

With regards to opening times, the Health Board retains the right to invite and/or direct existing pharmaceutical contractors to adjust their opening hours to meet any future access requirements.

**Based on the information available at the time of developing this PNA no future gaps in the provision of essential services outside of normal working hours have been identified in any of the nine clusters (PNA localities).**

#### 17.4.2 Future access to advanced services

From the data available not all pharmacies are providing all the advanced services. Furthermore, of those currently providing the advanced services, not all pharmacies are completing the maximum amount that they may do each year. In addition, as part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has been removed allowing for more DMRs to be undertaken each year.

Demand for the Appliance Use Review advanced service and Stoma Appliance Customisation advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services. Further to this, these services are generally being provided by appliance contractors based in Cardiff and Vale University Health Board or England.

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the Medicines Use Reviews and Discharge Medicines Review service advanced services have been identified in any of the nine clusters (PNA localities).**

#### 17.4.3 Future access to enhanced services

Cardiff and Vale University Health Board has not identified any enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services.

**Based on the information available at the time of developing this pharmaceutical needs assessment, no gaps in respect of securing improvements, or better access, to enhanced services in specified future circumstances have been identified in any of**

the nine clusters (PNA localities).

#### **17.4.4 Future access to the GP dispensing service**

Cardiff and Vale University Health Board considered the current provision as set out in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this pharmaceutical needs assessment, no gaps in respect to future access of the GP dispensing service have been identified in any of the nine clusters (PNA localities).

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## Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in health boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on health boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to health boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 October 2021 had to be satisfied before a health board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services submitted an application to the health board in accordance with the 2013 Regulations. The health board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the health board's decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It is they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located or direct which services must be provided from those locations.

### Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (e.g. doctors) and to make recommendations for changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation "Proposals to reform and modernise the National Health Service

(Pharmaceutical Services) Regulations 1992” sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However, it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce PNAs.

The Public Health (Wales) Act 2017 (the 2017 Act) inserted section 82A into the 2006 Act which makes provision for a new duty for health boards in Wales to prepare and publish an assessment of need for pharmaceutical services. Section 82A gave the Welsh Ministers powers to make regulations setting out the requirements for PNAs in Wales.

### **Intended effect and beneficial outcomes**

The intended effect of introducing PNAs is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This will require health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (e.g., pharmacies and dispensing doctors). Health boards will use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change will provide contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they do currently. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve and provide services effectively to address identified pharmaceutical needs.

### **Policy, legislative framework and regulation**

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are essentially dispensing services. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. ‘Additional pharmaceutical services’ are defined as services of a kind that do not fall within section 80 i.e., advanced and enhanced services. Section 81 gives Welsh Ministers the power to give directions to a health board:

- (i) requiring it to arrange for the provision of additional pharmaceutical services, or
- (ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers’ regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the ‘control of entry test’).

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A in to the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of PNAs. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers have now made subordinate legislation setting out requirements for PNAs in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 imposes the legal requirements on health boards to complete PNAs.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1st October 2020 and health boards have until 1 October 2021 to publish their first PNA.

In summary the NHS (Pharmaceutical Services) (Wales) Regulations 2020 set out the:

- Services that are to be covered by the PNA
- Information that must be included in the PNA (it should be noted that health boards are free to include any other information that they feel is relevant)
- Date by which health boards must publish their first PNA
- Requirement on health boards to publish further PNAs on a five yearly basis
- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the PNA, for at least 60 days; and
- Matters the health board is to have regard to when producing its PNA.

Once a health board has published its first PNA it is required to produce a revised PNA within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised PNA would be a disproportionate response to those changes.

In addition, a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its PNA is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

### **Developing the detailed requirements**

A working group was established in November 2015 to develop the detailed requirements for conducting a PNA and to review and amend the tests and procedures as they apply to the provision of NHS pharmaceutical services. The group, which met on a number of occasions,

consisted health board pharmacy leads with knowledge of the previous control of entry system and expertise in community pharmacy, NHS Shared Services Partnership primary care (pharmacy) leads, who have expertise in the process of determining control of entry applications, and Welsh Government staff. The group has made a significant contribution to the development of Welsh Government's policy on PNAs, including the resultant proposals contained within the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

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## Appendix B – essential services

### 1. Dispensing of prescriptions

#### Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

#### Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

### 2. Dispensing of repeatable prescriptions

#### Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

#### Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

### 3. Disposal of unwanted drugs

#### Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

#### Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

### 4. Promotion of healthy lifestyles

#### Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

#### Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

### 5. Signposting

#### Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

### **Aims and intended outcomes**

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

## **6. Support for self-care**

### **Service description**

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

### **Aims and intended outcomes**

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

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## **Appendix C – advanced services**

### **1. Medicines use review and prescription intervention service**

#### **Service description**

This service includes MURs undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A MUR is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

#### **Aims and intended outcomes**

To improve patient knowledge and use of medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines;
- Identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- Identifying side effects and drug interactions that may affect patient compliance;
- Improving the clinical and cost effectiveness of prescribed medicines thereby reducing medicine wastage.

As of November 2020 this service is currently suspended until further notice.

### **2. Discharge medicines review service**

#### **Service description**

The DMR service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g., during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. The service, which builds on the existing MUR service, will provide an opportunity to support patients to improve their knowledge and use of drugs.

#### **Aims and intended outcomes**

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,
- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed thereby reducing wastage of medicines.

Pharmacy contractors may claim a maximum of 140 discharge medicines reviews per pharmacy for the period commencing 1 April and ending 31 March of any financial year.

### **3. Stoma appliance customisation**

#### **Service description**

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

#### **Aims and intended outcomes**

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

### **4. Appliance use review**

#### **Service description**

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

#### **Aims and intended outcomes**

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

The total number of appliance use reviews that an appliance or pharmacy contractor may claim fees for is limited to one for every 35 Part IXA (qualifying items), Part IXB and Part IXC prescription items dispensed for the period commencing on 1 April and ending on 31 March in any one year.

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## Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
  - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
  - The clinical and cost effective use of drugs
  - The proper and effective administration of drugs and appliances in the care home
  - The safe and appropriate storage and handling of drugs and appliances, and
  - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
4. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
5. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver drugs and appliances (other than 'specified appliances') to patients at their home.
6. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
  - Drugs which they are using
  - Their health, and
  - General health matters relevant to them,and where appropriate referral to another health care professional.
7. A medication review service, the underlying purpose of which is for the pharmacy contractor to —
  - Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
  - Advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
  - Where appropriate, to refer the patient to another health care professional.
8. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —

- Assess the knowledge of compliance with and use of, drugs by vulnerable patients and patients with special needs, and
  - Offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving their knowledge of compliance with and use of, such drugs.
9. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
10. A needle and syringe exchange service, the underlying purpose of which is for the pharmacy contractor to —
- Provide sterile needles, syringes and associated materials to drug misusers
  - Receive from drug misusers used needles, syringes and associated materials, and
  - Offer advice to drug misusers and where appropriate referral to another health care professional or a specialist drug treatment centre.
11. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
12. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
13. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply a prescription only medicine to a patient under a patient group direction.
14. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
- The clinical and cost effective use of drugs
  - Prescribing policies and guidelines, and
  - Repeat prescribing.
15. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
- The clinical and cost effective use of drugs in the school
  - The proper and effective administration and use of drugs and appliances in the school
  - The safe and appropriate storage and handling of drugs and appliances, and
  - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
16. A screening service, the underlying purpose of which is for the pharmacy contractor to —
- Identify patients at risk of developing a specified disease or condition
  - Offer advice regarding testing for a specified disease or condition

- Carry out such a test with the patient's consent, and
  - Offer advice following a test and refer to another health care professional as appropriate.
17. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to —
- Advise and support patients wishing to give up smoking, and
  - Where appropriate, to supply appropriate drugs and aids.
18. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.
19. A supplementary prescribing service, the underlying purpose of which is for the pharmacy contractor to prescribe medicines in circumstances specified by the relevant local health board.
20. An anti-viral collection service, the underlying purpose of which is for the chemist to supply anti-viral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in event of or in anticipation of Pandemic disease), to patients for treatment or prophylaxis.
21. An emergency supply service, the underlying purpose of which is to ensure that in cases of urgency, patients, at their request have prompt access to drugs or appliances –
- which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and
  - where in the case of prescription only medicines the requirements of regulation 225(1) of the Human Medicines Regulations 2012 (emergency sale etc by Pharmacist: at patient's request), are satisfied.

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## **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.

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### **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.

Khan, Raji  
05/06/2021 17:00:36

## Appendix F – PNA steering group membership

Name	Role	Organisation
Lisa Dunsford	Director of Primary Care	Cardiff & Vale UHB
Darrell Baker	Director of Pharmacy & Medicines Management	Cardiff & Vale UHB
Jenna Llewellyn	Senior Communication & Engagement Officer	Cardiff & Vale UHB
Tom Porter	Consultant in Public Health	Cardiff & Vale UHB
Steve Watkins	Finance representative	Cardiff & Vale UHB
Jonathan Watts	Assistant Director of Planning	Cardiff & Vale UHB
Karen May	Head of Medicines Management Primary Care	Cardiff & Vale UHB
Louise Allen	Community Pharmacy Advisor	Cardiff & Vale UHB
Jayne Howard	Community Pharmacy Wales representative	Community Pharmacy Wales
Kevin Thomas	Bro Taf LMC representative	Local Medical Committee (LMC)
Stephen Allen	South Glamorgan CHC representative	Community Health Council (CHC)
Elaine Lewis	Project Support	Cardiff & Vale UHB

Fiona McGonigle Associate PCC and Paul Burns Adviser PCC - Primary Care  
Commissioning Community Interest Company - provided support and advice to the Steering Group and PNA project overall.

Khan, Raj  
05/06/2021 17:00:36

## Appendix G – patient and public engagement survey

### Patient and public survey for Cardiff and Vale University Health Board pharmaceutical needs assessment (PNA)

We are inviting you to tell us about pharmacy services in your area. This is to help us plan for services for our patients now and in the future to make sure they meet your needs, using a process called a 'pharmaceutical needs assessment'.

Your answers will help us identify if there are any service gaps, for example whether a pharmacy (also called a 'chemist') is needed in a particular area, or whether more pharmacies need to provide a particular service.

Looking to the future, we will look at what may change over the next five years and whether there will be enough pharmacies in the right places, providing the services that people need as, for example, more houses are built.

Your views are important to us so please spare a few minutes to complete this questionnaire. We estimate it will take you about 10 to 15 minutes to complete.

The questionnaire is anonymous and any information you give will not be linked to you.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please contact [Cav.Justintime@wales.nhs.uk](mailto:Cav.Justintime@wales.nhs.uk) with "PNA questionnaire" in the subject header.

If you would like to complete this questionnaire in Welsh please [click here](#)

Khan, Raji  
05/06/2021 17:00:36

## 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 (go to question 22)
- I don't visit a pharmacy as I use a dispensing doctor (go to question 22)
- I don't visit a pharmacy as I use an appliance contractor (go to question 22)
- I don't visit a pharmacy as my medicines are delivered to me
- I don't go to a pharmacy; someone goes on my behalf
- Other [text box]

**3. How often do you use a pharmacy? Please tick one.**

- Daily
- Weekly
- Fortnightly
- Monthly
- Quarterly
- I don't use a pharmacy
- Other [text box]

**4. What time is the most convenient for you to use a pharmacy? Please tick one.**

- 7am to 9am
- 9am to 12 noon
- 12 noon to 2pm
- 2pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

**5. What day is the most convenient for you to use a pharmacy? 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 (go to question 8)
- Not applicable (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
- Contacted the GP Out of Hours (OOH) service
- Called NHS 111 Wales
- Called CAV 24/7

Khan, Raj  
05/06/2021 17:00:36

- 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.

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- I can speak to the staff in my preferred language
- I like and trust the staff who work there
- The staff know me and look after me
- The staff don't know me
- I've always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provide good advice & information
- The customer service
- It is very accessible i.e. wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- There is a private area if I need to talk to the pharmacist
- I can order my repeat medicines online or by using their app
- Other [text box]

### 10. Is there a more convenient and/or closer pharmacy that you don't use? Please tick one.

- Yes
- No (go to question 12)
- Don't know (go to question 12)

Khan, Raji  
05/06/2021 17:00:36



**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
- Other [text box]
- Not applicable (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 call CAV 24/7
- 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)
- Medicines use review service – this is an opportunity for you to sit down with the pharmacist and discuss all the medicines you are taking to help you get the maximum benefit from them.
- Discharge medicines review service – this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.
- Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.
- Emergency contraception, also referred to as the 'morning after pill'
- Help to stop smoking
- Common ailments scheme – pharmacists can provide you with advice and free treatment for common minor illnesses and ailments so that you do not need to see a GP.
- Needle and syringe exchange – this is a substance misuse harm reduction service where pharmacists can supply sterile injecting equipment packs and dispose of used equipment
- Supervised administration of medicines - – this service is to support people receiving treatment for substance misuse
- Emergency medicines supply – this service enables people to access emergency supplies of their medication through their pharmacy
- No (go to question 20)

**19. Have you used any of the services listed in question 18? Please tick all that apply.**

- Flu vaccinations (for those who are in one of the at risk groups)
- Medicines use review service
- Discharge medicines review service
- Appliance use review service
- Emergency contraception, also referred to as the 'morning after pill'
- Help to stop smoking
- Common ailments scheme
- Needle and syringe exchange
- Supervised administration of medicines
- Emergency medicines supply
- No

**20. Is there anything else you would like to tell us about your experience of your local pharmacy?**

[Text box]

**21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?**

[Text box]

Khan, Raji  
05/06/2021 17:00:36

## Cardiff and Vale University Health Board Equality Questions

We are committed to ensuring all our service users and staff are treated fairly and with dignity and respect. We can only achieve this if we know more about the people who work for us and/or use the services we provide. We 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	<input type="checkbox"/>	45-54	<input type="checkbox"/>
16-24	<input type="checkbox"/>	55-64	<input type="checkbox"/>
25-34	<input type="checkbox"/>	65+	<input type="checkbox"/>
35-44	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

2. Which term best describes your gender? Please tick one box			
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Other (specify if you wish)	<input type="checkbox"/>	_____	

3. Do you identify as Trans? Please tick one box			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

4. Do you identify as a disabled person? Please tick one box			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

5. Please tick any of the following that apply to you					
Deaf/Deafened/ Hard of hearing	<input type="checkbox"/>	Mental health difficulties	<input type="checkbox"/>	Learning impairment/difficulties	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>	Mobility impairment	<input type="checkbox"/>
Long-standing illness or health condition (e.g. cancer, diabetes or asthma)	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Other	<input type="checkbox"/>

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	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>7. Do you regard yourself as belonging to any particular religion? Please tick one box</b>					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Prefer not to answer		<input type="checkbox"/>			
<b>If 'Yes', please specify</b>					
Buddhist	<input type="checkbox"/>	Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)			<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Other	<input type="checkbox"/>		
<b>If 'Other' please specify:</b>					

<b>8. How would you describe your sexual orientation? Please tick one box</b>					
Bisexual	<input type="checkbox"/>	Gay woman/ Lesbian	<input type="checkbox"/>	Gay man	<input type="checkbox"/>
Heterosexual/ Straight	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
<b>If 'Other' please specify:</b>					

<b>9. Do you consider yourself to be Welsh? Please tick one box</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>10. What is your ethnic group? Please tick one box</b>					
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	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	White - Gypsy or Irish Traveller	<input type="checkbox"/>
White - Any other white background (please specify below)	<input type="checkbox"/>	Mixed/Multiple Ethnic Groups - White & Asian	<input type="checkbox"/>	Mixed/Multiple Ethnic Groups - White and Black Caribbean	<input type="checkbox"/>
Mixed/Multiple Ethnic Groups - White and Black African	<input type="checkbox"/>	Mixed/Multiple Ethnic Groups - Any other (please specify below)	<input type="checkbox"/>	Asian/Asian Welsh/British - Chinese	<input type="checkbox"/>
Asian/Asian Welsh/British - Pakistani	<input type="checkbox"/>	Asian/Asian Welsh/British - Bangladeshi	<input type="checkbox"/>	Asian/Asian Welsh/British - Indian	<input type="checkbox"/>
Asian/Asian Welsh/British - Any other (please specify below)	<input type="checkbox"/>	Black/African/Caribbean/Black Welsh/British - African	<input type="checkbox"/>	Black/African/Caribbean/Black Welsh/British - Caribbean	<input type="checkbox"/>
Black/African/Caribbean/Black Welsh/British - Any other (please specify below)	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any other ethnic group (please specify below)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Any other ethnic group (please specify below)	<input type="checkbox"/>		
<b>If 'Other' please specify:</b>					

## Appendix H – full results of the patient and public questionnaire

1. Please could you tell us your preferred language when you access services at a pharmacy? Please tick one.

		Response	
		Percent	Total
1	Welsh	3.57%	11
2	English	96.10%	296
3	Other (please specify):	0.32%	1
		<b>Total</b>	100.00%
		<b>Skipped</b>	3

Total of one comment was received:

- “Either.”

2. Why do you usually visit a pharmacy? Please tick any or all that apply.

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	To get or collect a prescription for myself	31.53%	280
2	To buy medicines for myself	17.68%	157
3	To get advice for myself	12.05%	107
4	For other services such as flu vaccination	4.39%	39
5	To get or collect a prescription for someone else	19.37%	172
6	To buy medicines for someone else	9.01%	80
7	To get advice for someone else	3.83%	34
8	I don't visit a pharmacy as I use an online/internet pharmacy	0.34%	3
9	I don't visit a pharmacy as I use a dispensing doctor	0.00%	0
10	I don't visit a pharmacy as I use an appliance contractor	0.00%	0
11	I don't visit a pharmacy as my medicines are delivered to me	1.01%	9
12	I don't go to a pharmacy; someone goes on my behalf	0.23%	2
13	Other	0.56%	5
		<b>Total</b>	100.00%
		<b>Skipped</b>	2

Total of five comment were received:

- “Shielding so someone collects my prescription. Cannot understand why my internet deliveries from an English GP cannot be used now I've moved to Wales.”
- “To buy other items like cosmetics, shampoo, etc.”
- “Currently husband collects medication to allow me to shield.”
- “To get general toiletries.”
- “Collect myself until shielding was in place.”

Khairi, Raji  
05/06/2021 17:00:36

### 3. How often do you use a pharmacy? Please tick one.

		Response	
		Percent	Total
1	Daily	0.32%	1
2	Weekly	7.14%	22
3	Fortnightly	12.34%	38
4	Monthly	62.99%	194
5	Quarterly	9.74%	30
6	I don't use a pharmacy	0.00%	0
7	Other	7.47%	23
		<b>Total</b>	100.00%
		<b>Skipped</b>	3

#### Total of twenty three comments were received:

- "Every two months."
- "Every two months."
- "Rarely."
- "Bimonthly."
- "If needed."
- "Every 2nd month."
- "Shielding so someone collects my prescription monthly."
- "Annually for flu jab & as when needed."
- "Usually monthly but as often a seven times recently (last quarter) due to prescription items not being Avalon time."
- "Bi monthly."
- "When needed."
- "When I need to."
- "6 weeks."
- "At least every 2 months."
- "Every 8 weeks."
- "As and when - once a year."
- "Occasionally."
- "About once a year."
- "Occasionally."
- "Bi-monthly."
- "Every 2months."
- "Varies depending on circumstances."
- "When necessary, depending on levels of illness. I'm healthy therefore I don't attend regularly."

Khan, Raj  
05/06/2021 17:00:36

**4. What time is the most convenient for you to use a pharmacy? Please tick one.**

Response			
		Percent	Total
1	7am to 9am	3.58%	11
2	9am to 12 noon	13.03%	40
3	12 noon to 2pm	5.54%	17
4	2pm to 6pm	23.78%	73
5	6pm to 9pm	17.26%	53
6	9pm to midnight	0.00%	0
7	I don't have a preference	36.81%	113
		<b>Total</b>	100.00%
		<b>Skipped</b>	4

**5. What day is the most convenient for you to use a pharmacy? Please tick one.**

Response			
		Percent	Total
1	Monday	2.92%	9
2	Tuesday	0.65%	2
3	Wednesday	2.27%	7
4	Thursday	1.30%	4
5	Friday	3.57%	11
6	Saturday	6.49%	20
7	Sunday	0.32%	1
8	Weekdays in general	19.16%	59
9	Weekends in general	11.36%	35
10	I don't have a preference	51.95%	160
		<b>Total</b>	100.00%
		<b>Skipped</b>	3

**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.**

Response			
		Percent	Total
1	Yes	24.76%	76
2	No	72.64%	223
3	Not applicable	2.61%	8
		<b>Total</b>	100.00%
		<b>Skipped</b>	4

Khan, Raj  
05/06/2021 17:00:36



**7. If you answered yes to question 6 can you tell us what you / they did? Please tick all statements that apply.**

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	Went to another pharmacy	56.63%	47
2	Waited until the pharmacy was open	31.33%	26
3	Went to my GP	3.61%	3
4	Went to the A&E / casualty	0.00%	0
5	Went to a minor injury unit	0.00%	0
6	Contacted the GP Out of Hours (OOH) service	1.20%	1
7	Called NHS 111 Wales	0.00%	0
8	Called CAV 24/7	0.00%	0
9	Other	7.23%	6
		<b>Total</b>	100.00%
		<b>Skipped</b>	76
			235

**A total of six comments were received:**

- “Used the delivery service.”
- “Went to on call pharmacy.”
- “The pharmacy is not open at weekends. Also another local pharmacy was shut during covid.”
- “I don't have a 'usual' pharmacy. The two closest are about a mile away and there is another one I sometimes use if we are out in the car anyway.
- Went home.”
- “The person who usually picks up my prescriptions because I am housebound was unable to get them due to illness himself. I had to phone to ask them to deliver and was told they don't usually deliver - but they would do it this once. I was shocked by this attitude.”

**8. Please could you tell us whether you (please tick one):**

		Response	
		Percent	Total
1	Always use the same pharmacy?	63.96%	197
2	Use different pharmacies but I prefer to visit one most often?	32.79%	101
3	Always use different pharmacies?	0.97%	3
4	Rarely use a pharmacy?	2.27%	7
5	Never use a pharmacy?	0.00%	0
		<b>Total</b>	100.00%
		<b>Skipped</b>	308
			3

**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.**

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	Close to my home	13.76%	229
2	Close to work	1.80%	30
3	Close to my doctor	9.44%	157
4	Close to children's school or nursery	0.84%	14
5	Close to other shops	3.73%	62
6	The location of the pharmacy is easy to get to	8.65%	144
7	It is easy to park at the pharmacy	6.25%	104
8	I can speak to the staff in my preferred language	0.42%	7
9	I like and trust the staff who work there	7.51%	125
10	The staff know me and look after me	4.39%	73
11	The staff don't know me	0.12%	2
12	I've always used this pharmacy	4.69%	78
13	The service is quick	3.73%	62
14	They usually have what I need in stock	5.05%	84
15	The pharmacy has good opening hours	4.39%	73
16	The pharmacy collects my prescription and delivers my medicines	1.74%	29
17	The pharmacy was recommended to me	0.24%	4
18	The pharmacy provide good advice & information	4.57%	76
19	The customer service	5.35%	89
20	It is very accessible i.e. wheelchair/baby buggy friendly	0.78%	13
21	It's a well-known big chain	1.20%	20
22	It's not one of the big chains	3.79%	63
23	There is a private area if I need to talk to the pharmacist	3.97%	66
24	I can order my repeat medicines online or by using their app	2.28%	38
25	Other	1.32%	22
		<b>Total</b>	100.00% 308
		<b>Skipped</b>	3

**A total of twenty two comments were received:**

- "They collect my prescription."
- "Prescriptions can be automatically sent to our pharmacy."
- "I order on My Health Online but collect at the pharmacy."
- "I can park nearby."
- "This is pharmacy that the drs told me I had to use this one."
- "After negative experiences with other pharmacies, this one is the best in [name of location]."
- "Repeat prescription - easy to telephone and order."
- "They've been great during lockdown and have delivered our prescriptions when my husband was shielding."
- "I go to the pharmacy that is open but this has been harder lately since my local pharmacy has moved further away and I have to delay my treatment till the next day."
- "They get preferred brands."

279

Khan, Raj  
05/06/2021 17:00:36

- “Pharmacy orders and collects repeat prescription which I then collect.”
- “My wife works there.”
- “It would be nice to have kore pharmacy staff speak Welsh and other languages and promote it.”
- “Collect my prescriptions from GP and I pick up from pharmacy once completed”.
- “I receive texts when my repeat prescription is ready.”
- “The other local pharmacy is closed but service is appalling.”
- “They collect my prescriptions from the doctor.”
- “They provide telephone updates when my prescription is ready to be collected.”
- “I can order my repeat prescriptions in the pharmacy or by phone.”
- “Open on a Saturday.”
- “[Name of pharmacy] collects my prescription BUT WILL NOT DELIVER - even though I am shielding.”
- “If only they would open at hours that people who work (in the NHS) could access them, I would go to the one that’s 30 seconds walk from my house, instead of having to track to [name of pharmacy].”

**10. Is there a more convenient and/or closer pharmacy that you don’t use? Please tick one.**

		Response	
		Percent	Total
1	Yes	28.99%	89
2	No	67.43%	207
3	Don’t know	3.58%	11
		<b>Total</b>	100.00% 307
		<b>Skipped</b>	4

**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.**

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	It is not easy to park at the pharmacy	17.68%	29
2	I have had a bad experience in the past	12.80%	21
3	The service is too slow	13.41%	22
4	The staff are always changing	4.88%	8
5	The staff don’t know me	8.54%	14
6	I know the staff and would prefer them not to know what medicines I am taking	1.83%	3
7	They don’t have what I need in stock	7.93%	13
8	The pharmacy does not deliver medicines	1.83%	3
9	There is not enough privacy	4.88%	8
10	It’s not open when I need it	8.54%	14
11	It’s not wheelchair/baby buggy friendly	0.00%	0
12	Other	17.68%	29

	<b>Total</b>	100.00%	90
	<b>Skipped</b>		221

**A total of twenty nine comments were received:**

- "One I use is next to my gp."
- "Staff not wearing face masks behind the counter. Visors have been proven to offer little or no protection and users of a pharmacy should be safe in Knowledge that all PPE is being worn. Last time there were two people in no masks!"
- "It opened relatively recently and I've got used to my usual pharmacy."
- "Inefficient staff."
- "It's further away from the doctor's."
- "Too busy."
- "[Name of pharmacy] inefficient & need customer service training."
- "The pharmacy I do use is attached to my GP surgery so my script is passed to the pharmacy for me so it's just easier to go there than the pharmacy nearest my home which is not attached to my GP."
- "Part if a chain with no sense of community."
- "When I moved to the area the one I used was recommended so I have remained with them however the other was also very good on the occasions I have used it."
- "It's not attached to my GP practice."
- "My go sends my prescription there."
- "No personal service."
- "I moved house and am still within the catchment area for my GP and current pharmacy, so preferred not to change it as I like the staff and service, they know my medications (I take some unusual ones)."
- "Other one is closer to doctors."
- "Very busy, have to wait a long time."
- "I've always been happy with the one I use."
- "One pharmacy has been closed and the other is in a supermarket."
- "I prefer the pharmacy that I currently use."
- "Altho within walking distance it means 2 visits as one of my monthly items is not held in stock. Other pharmacies carry this drug."
- "I only go elsewhere when its closed for lunch."
- "Only just got the surgery to send prescriptions there."
- "Too many people not wearing face masks. Prescription is never ready on time. They never answer the phone."
- "Have made mistakes on more than one occasion. Dangerous as life threatening medicines."
- "I need to request the repeat prescription from my doctor every time I need it - the pharmacy don't do it for me."
- "Always having trouble finding my prescription that been left."
- "Inconvenient times and unfriendly staff."
- "My doctors won't use it."
- "Confined spaces in many pharmacies and the staff don't always treat you with respect and dignity."

Khan, Raj  
05/06/2021 17:00:36

12. If you go to the pharmacy by yourself or with someone, how do you usually get there? Please tick one.

		Response	
		Percent	Total
1	On foot	44.48%	137
2	By bus	0.65%	2
3	By car	51.30%	158
4	By bike	0.32%	1
5	By taxi	0.65%	2
6	Not applicable	0.97%	3
7	Other	1.62%	5
		<b>Total</b>	100.00%
		<b>Skipped</b>	3

A total of five comments were received:

- “Shielding so prescription collected normally by car.”
- “Loo.”
- “My husband picks up meds on way back from work.”
- “When the weather is good. I will walk.”
- “Or walk.”

13. ...and how long does it usually take to get there? Please tick one.

		Response	
		Percent	Total
1	Less than 5 minutes	37.50%	114
2	Between 5 and 15 minutes	52.30%	159
3	More than 15 minutes but less than 20 minutes	6.58%	20
4	More than 20 minutes	3.62%	11
		<b>Total</b>	100.00%
		<b>Skipped</b>	7

14. Would you say that you usually have difficulty in getting to a pharmacy? Please tick one.

		Response	
		Percent	Total
1	Yes	7.47%	23
2	No	89.61%	276
3	Not applicable	2.92%	9
		<b>Total</b>	100.00%
		<b>Skipped</b>	3

Khan Raj  
05/06/2021 17:00:36

**15. If you have difficulty getting to a pharmacy please tell us why.**

**A total of twenty five comments were received:**

- "Sometimes I am too ill to collect my prescription so my dad goes for me."
- "They no longer open on Saturday."
- "I don't have a car."
- "My work hours and family commitments and their opening hours give small windows of opportunity to get there."
- "I am disabled and it is now too far for me to walk. This is recent (in the last 5 years)."
- "The hours are limited due to COVID restrictions."
- "Difficult to park so have to go back at a different time. Not open on a weekend or overnight."
- "I'm a wheelchair user and my local area is hilly with poor pavements. Additionally, the pharmacy is not accessible."
- "There is a closer site... [Name of location], but it isn't a registered pharmacy yet."
- "My GP is in [name of location], Cardiff. The closest pharmacy was over a mile away and has recently moved further away. If I am offered an appointment late in the afternoon I can not get to this pharmacy by foot in time and have to wait till the next day."
- "I often have late afternoon appointments with my gp in [name of location]. my usual pharmacy in [name of pharmacy] has now closed. other pharmacies in the area are not open by the time i go there, so i cant get my medication on the same day. if i am working the next day i often dont start my medication for a few days."
- "Too far away and not easy to get to."
- "I do not drive and have to walk to my surgery and to a pharmacy to collect my medication. I used to use the pharmacy on [name of location] but as that has now closed I struggle to get to a pharmacy near my gp. Because of this I have on occasions had to wait a day or two before I can get my medication which has resulted in my condition worsening. I suffer with chest infections and starting antibiotics and steroids is very important for me."
- "Currently isolating as much as possible. My pharmacy recommend calling to make sure script is filled, they then ensure its in the to collect box so he picks it up very easily."
- "Opening hours not suited to my work hours."
- "Severe anxiety."
- "I have 2 slipped discs and depending how bad my back is I either use crutches or a wheelchair."
- "Sometimes, due to illness - when this occurs, the pharmacist delivers my medication to my house."
- "Working hours."
- "Opening times around childcare/work."
- "Due to queue of people."
- "Roadworks and barriers in [name of location] - been ongoing for months."
- "There is always a queue and I am unable to stand for long. Also the queue outside is very close to a busy bus stop."
- "I suffer from severe agoraphobia and I am also shielding due to a compromised immune system."
- "I work full time."

**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.**

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	I would call them	18.68%	105
2	I would call NHS 111 Wales or use their website	1.42%	8
3	I would call CAV 24/7	0.00%	0
4	I would search the Cardiff and Vale University Health Board website	3.91%	22
5	I would search the internet or use a smartphone app e.g. Google Maps or Facebook	39.32%	221
6	I would use social media	10.85%	61
7	I would ask a friend	3.02%	17
8	I would just pop in and ask them	9.96%	56
9	Look in the window	10.68%	60
10	I would find out from reading the local newspaper or magazine	0.36%	2
11	Not applicable	0.53%	3
12	Other	1.25%	7
		<b>Total</b>	100.00%
		<b>Skipped</b>	308
			3

**A total of seven comments were received:**

- “Look at the pharmacy website at opening hrs.”
- “It is advertised however during the pandemic they post their varied times on social media.”
- “I would search the internet for a specific pharmacies web site.”
- “Can't remember, always used the pharmacy.”
- “Look on a search engine.”
- “Ask my wife.”
- “Check their website.”

**17. Do you feel able to discuss something private with your pharmacist? Please tick one.**

		Response	
		Percent	Total
1	Yes	55.52%	171
2	No	9.74%	30
3	Never needed to	31.49%	97
4	Don't know	3.25%	10
		<b>Total</b>	100.00%
		<b>Skipped</b>	308
			3

Khan.Raj  
05/06/2021 17:00:36

**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.**

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	Flu vaccinations	21.28%	269
2	Medicines use review service	12.03%	152
3	Discharge medicines review service	4.91%	62
4	Appliance use review service	2.85%	36
5	Emergency contraception, also referred to as the 'morning after pill'	12.10%	153
6	Help to stop smoking	10.13%	128
7	Common ailments scheme	17.48%	221
8	Needle and syringe exchange	5.38%	68
9	Supervised administration of medicines	5.46%	69
10	Emergency medicines supply	7.28%	92
11	No	1.11%	14
		<b>Total</b>	100.00%
		<b>Skipped</b>	305
			6

**19. Have you used any of the services listed in question 18? Please tick all that apply.**

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	Flu vaccinations	20.28%	57
2	Medicines use review service	21.35%	60
3	Discharge medicines review service	1.78%	5
4	Appliance use review service	0.36%	1
5	Emergency contraception	7.83%	22
6	Help to stop smoking	2.14%	6
7	Common ailments scheme	31.32%	88
8	Needle and syringe exchange	0.71%	2
9	Supervised administration of medicines	0.00%	0
10	Emergency medicines supply	9.25%	26
11	No	39.15%	110
		<b>Total</b>	100.00%
		<b>Skipped</b>	281
			30

**20. Is there anything else you would like to tell us about your experience of your local pharmacy?**

**A total of 131 comments were received:**

285



- "There isn't really a space suitable for a more confidential or private conversation, which would be really helpful. I would like the pharmacy to be open at some point over weekends."
- "Always find the staff very helpful."
- "Always find the staff very helpful."
- "My local pharmacy is friendly and efficient."
- "Community pharmacy has provided a consistently high-quality service during COVID-19 pandemic, with open access when other services have been closed or had very restricted accessibility. Responded very positively as a profession to help manage chronic illness and deal with minor ailments, thus reducing the burden elsewhere in NHS."
- "They are EXCELLANT!! Fab customer service and advise."
- "Always very helpful."
- "Their storage of prescriptions that they have made up from the automatic supply by the doctors is somewhat chaotic and cluttered. It takes them quite a while to look through several drawers even though they are alphabetically grouped."
- "Very friendly staff. My tablets are already ready for collection. No problems, I've been using this pharmacy for over 20 years."
- "It would be useful if pharmacy opening hours could reflect the opening hours of Gp surgeries."
- "It would be good to be able to order prescriptions by email directly to the pharmacy."
- "Computer system link to gp not always good when ordering many medications via pharmacy on more than one occasion medication missing."
- "Clearwater Way, lakeside pharmacy is wonderful!"
- "The nearest pharmacy to my house in [name of location] is on the high street so parking is difficult. They have recently started charging extra for delivery and no longer let me order repeat medicines through them. They say I have to call the doctors but the surgery say they can't take repeat requests by phone. It hopeless! I would like there to be more choices of pharmacy in the rural areas of [name of location]."
- "The wait for phone ordered repeat medication has increased from a 48 hour turnaround to 96 which has been hard to organise as I take insulin. Was not informed until I spoke to them but luckily I had enough supply. Queues outside are sometimes 15 people deep and as I am a frontline nurse this can be hard to waiting when your busy."
- "I've been getting a flu vaccine since 2017 when my mum and brother both developed cancer as I didn't want to put them at greater risk. I pay for my flu jab."
- "No."
- "Wish the pharmacy was open on a Saturday morning."
- "Closed for lunch which is pretty bizzare these days."
- "It's frustrating having to collect a prescription from the doctors and take it to the pharmacy and then wait for the medicine to be dispensed. They are next door to one another so I have no idea why the doctor can't pass the prescriptions to the pharmacy as soon as the doctor has written the prescription so the medicine is ready for collection. Makes much more sense with covid to only have to go to the pharmacy rather than both the surgery and the pharmacy and then have to wait around at the pharmacy. There needs to be a more streamlined process particularly for repeat prescriptions."
- "No."
- Would be useful if my own gp had pharmacy attached to it. [Name of surgery]

Kharaj  
05/06/2021 17:00:36

- [Name of pharmacy] so efficient compared to [name of pharmacy] - internet service for repeat medication ie text message is great
- "The pharmacist is a valuable and essential clinician in the community. The pharmacists are so knowledgeable and friendly. Staff easy to talk to. The turnaround of repeats is too slow. They should offer more services to take pressure off GPs. Pharmacies should do a card scheme, contraception, etc. They need more respect."
- "Stop closing at lunchtime, sometimes it's the only time I can go."
- "Quick, efficient, friendly."
- "It's too small and too busy. A new housing estate with several thousand new residents hasn't been planned for. There is higher staff turnover and supplies if needed prescription medicines aren't always available on time. This can be stressful if supplies of a medicine runs low. Missing items mean repeat visits to the pharmacy, often multiple visits and this is an increasingly frequent issue."
- "They shouldn't close for lunch."
- "The staff are excellent, always helpful and pleasant."
- "Very poor service, often told to return after lunch and find items still not ready. Told on a phone items are ready to collect and on arrival told not in stock yet. Often long queues."
- "An item for someone else that's a slow release formulation was not available at the usual." pharmacy [name of pharmacy] and no help offered other than trying elsewhere but when as part of checking round other pharmacies in the area I got great advice from [name of pharmacy] Bridgend that if the doctor changed the description to be generic rather than a brand name there were alternatives available which they could supply. The patient contacted doctor again, the doctor had by now given her an alternative non slow release version, and it got sorted with delivery by [name of pharmacy] that evening. It seems to me [name of pharmacy] and the doctor could have sorted that out earlier. I know for some drugs it's important to stick to one but where not then why make life difficult."
- "Would prefer they opened weekends - even if shorter hours. My prescription becomes available on a Friday. There have been a couple of times when it's been delayed and had to wait until Monday."
- "No."
- "They make it as awkward as possible to collect medication. Opening hours are difficult. They only collect prescriptions from the GP once per day. If a prescription is handed in you are asked to wait outside in the rain even if it is empty."
- "During the pandemic, the pharmacy should set up an area by the door to dispense repeat prescriptions rather than having to walk through the whole shop and queue - social distancing is present however many are keen to reduce time spent indoors."
- "They have made some errors, 4, recently which has made me worry about getting the correct medication. I can't access the pharmacy and I'd like to change but I'm not confident to do so that at the moment as I don't know if others will deliver."
- "We are thinking of moving to another pharmacy, errors and unhappy staff don't help."
- "The pharmacy we go to as it is near our GP is generally short staffed and feels a bit chaotic as they have too much to do and are constantly firefighting. Not very comfortable for those using the service."
- "Our local Pharmacy staff are always helpful and friendly".
- "No local pharmacy accessible to me in [name of location] [name of pharmacy] isn't registered yet."
- "I feel that I can get advice from them quicker than with a GP, more approachable."

Khairat, Raji  
05/06/2021 17:00:36

- “Always helpful and happy to offer advice. Will source things quickly if not immediately available.”
- “The locations of the nearest pharmacies to my GP are not convenient and I find it difficult when walking.”
- “Generally good and could do more.”
- “Recently my experience has not been good. One pharmacy didn't have my medication in stock. They did not inform me. When I arrived after waiting 20 minutes to be served then I found out and they seemed to think that ordering it in by the next week was good enough. At another occasion at a different pharmacy they had outsourced the packaging of my medication [name of location]! Again I wasn't informed until I arrived (both times after waiting 48hours after sending in my prescription) and I had to wait 2 more days for the medication. In general I do not understand why it takes pharmacies so long to bag up my medication once I take in the prescription.”
- “No.”
- “The pharmacy I use is brilliant. The people are great and really helpful.”
- “My pharmacy is always busy, but always friendly and helpful.”
- “Great and friendly staff, always happy to help.”
- “No.”
- “It's a very long wait and they are very disorganised.”
- “No”
- “Lying about Dr's request for example my Step Father needed urgent medication, which Dr made house call & marked as urgent. The front of house staff count have careless saying nope not ready, come back tomorrow. When investigated yes the dr had written urgent on there, dr enquired as he was concerned by this. We had an apology but was so upsetting my Mum refused to go there. I guess my frustration was the pharmacy knew my Step Dad was seriously ill, he took this medication but the dose was increased but they refused to deal with it urgently. They even showed the paper at a distance to my Mum who by now reduced to tears. Which is conflicting when say dont bother GP go see the pharmacist!”
- “Fantastic SAFE and efficient service [name of pharmacy].”
- “No I'm happy with pharmacy.”
- “Very helpful nice staff the pharmacy is always clean.”
- “The staff at the pharmacy are very helpful and always chat to and the pharmacy is always clean.”
- “Amazing efficient staff, always friendly and never have any problems 10/10.”
- “[Name of pharmacy] is an amazing pharmacy. Always a brilliant service from friendly, experienced staff.”
- “I've only used the pharmacy I do now for the last 3 years approximately and yes sometimes there's queues or have to wait to see someone whether it's to collect a prescription or put one in but I feel more comfortable there and [name of pharmacist] has always made me feel welcome, and shows that he genuinely cares for his customers and people in general.”
- “They have been very helpful since my mum has fallen ill. We have recently had to move my mum drs/pharmacy and they helped with her repeat prescription.”
- “Good.”
- “No I always had great help and advice.”
- “[Name of pharmacy team] have worked tirelessly during the pandemic, and are always helpful. It maybe worth looking into getting some sort of shelter or cover to be put up

during the pandemic, waiting outside in all sorts of elements for young and old are uncomfortable.”

- “Friendly helpful staff.”
- “N/a”
- “Very helpful and efficient.”
- “Friendly staff and always helpful with advice.”
- “Always been good service.”
- “No.”
- “Excellent pharmacy. 10/10.”
- “Helpful and knowledgeable friendly never made to feel you’re a nuisance.”
- “Its great. [Name of pharmacy] has been in our area for as long as I can remember. [Name of pharmacist] the pharmacist there, is always very helpful, and he now works with [name of company], which has been most helpful to me.”
- “They need to organise a way for people to just hand in/collect prescriptions without waiting outside in a queue for half an hour while someone else is having one made up (due to 2 customer limit with covid restrictions). My previous chain pharmacy made loads of mistakes but closed 6 months ago just as I moved to the independent one that I'm answering about. The good thing about them was their opening hours, until 8pm weekdays and on sat and sun. Now I have to rush from work at 5 to get there before 6 and get told off for leaving it to the last minute like everyone else in the queue!!”
- “My local pharmacy which I have previously always used is an in-store pharmacy, so there is no privacy whatsoever. In the current circumstances with Covid I am also not comfortable going there because of the number of people in store, so have had to use a pharmacy much further away from home. I would prefer a local stand-alone pharmacy.”
- “Website suddenly became unavailable, have had issues with repeat prescriptions.”
- “Very professional, and friendly.”
- “Personal service known to chemist and they know our needs.”
- “They are always helpful.”
- “My pharmacy can’t do enough to help, the staff are excellent and work extremely hard.”
- “Slow service, queues outside. Doesn’t seem fair to only have 1 person on the counter to deal with collecting and queries. During this time, I think a quicker collection service would be better.”
- “My local pharmacy is brilliant but in the midst of a pandemic I can’t understand why they close for lunch every day - I understand the staff are busy and deserve a break but the last time I was collecting a prescription the entire team were having a tea/ coffee break (which meant a massive queue outside) plus they have recently closed on a Saturday morning. It feels as if they don’t care. Do they need to take breaks at the same time? There were more staff on duty than I have ever seen so they could stagger the breaks.”
- “Find it difficult to have confidential conversations, and difficult to access the pharmacist. I don't think the consultations rooms are well used or offered a lot. Wish I could order my medicine online, its very time consuming to use the paper slips or phone up. Ive moved from England where things were much more efficient in terms of ordering and getting my repeat.”
- “Staff aren't very friendly and a lot of the time, the medicines aren't in stock, so you have to go back for a second time to collect medicines.”
- “In the past [name of pharmacy] had advised me twice to go to the EU for conjunctivitis because I wear contact lenses. I don't find her very approachable or helpful - or even visible.”

- "If product not available they will order it in for me usually same day!"
- "All the staff in my local [name of pharmacy] are great, all very nice people and easy to speak today."
- "They don't contact me when repeat prescription in, so food on prescription was out of date & not given too me -what a waste of public money!! I assume the pharmacy would be paid for administering an incorrect prescription!!"
- "The staff are so friendly and very helpful."
- "My local and usual chemist offers good customer service and all the staff are very helpful, courteous and informative."
- "It used to be an excellent service but it is now very hit and miss. Constantly different staff who are not aware of what is needed."
- "Very heavy doors which make it difficult with small children and pram."
- "Small space, limited privacy even though there is a separate room, risk of being overheard."
- "Would prefer to use my local pharmacy in the first instance, before trying to obtain a doctor's appointment."
- "All of the staff are very welcoming and friendly, good knowledge and will always try and help in any way they can."
- "There are a lot of new houses being built in this area and it is unlikely there will be additional pharmacies so this will be a problem in the near future."
- "Disorganised. Deal with one customer at a time in spite of several staff behind counter."
- "My mother has her regular medication delivered by the pharmacy next door to her GP Practice, however, quite often, medication is not delivered or pumps left in the fridge in the pharmacy. My 85 year old mother has been in hospital for the past 4 weeks with Covid and is due to come home on Monday 15th February, once a care package has been put in place. We have been asked by the Social Worker to arrange for mum's medication to be put into 'Blister Packs' so that the care workers can help her with her medication, but, despite phoning every chemist in [name of location], none of them are able to help us and mum's usual pharmacy doesn't even offer this service."
- "Gp doesn't always send prescription to pharmacy in time .. but they chase it."
- "Feel that the medicine review was forced on me. Was of no use at all and had the impression it was a money making box ticking opportunity for the pharmacy and of more benefit to them than me."
- "They should not close every lunchtime. Need to offer more services. They could take a lot of pressure off GPs. They could monitor iron. I've got chronic anaemia could be monitored by pharmacist. Also my thyroid function could be monitored by pharmacist. Most contraception services. Services for young people as they are more accessible and approachable. C card schemes. The list is endless they should not be dispensing machines."
- "I order my prescription once a month via MyHealthOnline, it takes approx 5 days. The Pharmacy sends me a text to let me know when my medication is available to collect. I find this system works really well."
- "Our local pharmacy was very helpful when I had a swollen leg. I couldn't get a GP appointment until the next day, so went to the pharmacy and they advised me to get it looked at immediately. As I couldn't get a GP appointment, despite going into the surgery and explaining that my leg was swelling up, I then went to A & E and was diagnosed with cellulitis. If it hadn't been for the pharmacist, and in the absence of a GP consultation, I would have probably gone home and left it until the next day, therefore delaying use of antibiotics. I was on them for 3 weeks and off work for 2 weeks. At the GPs, there was a

large notice suggesting that some medical ailments could be dealt with by the pharmacist. At A & E there was a large notice telling people to go to their GPs rather than A & E. I think this is a good example of how a pharmacist can help, but also an example which shows why people may well end up in A & E, despite their best intentions of going to the right place.”

- “Always helpful, friendly, knowledgeable.”
- “Living in a village, with a large elderly population, it is the only pharmacy accessible by foot, there is a very limited bus service but none going directly past another pharmacy. Not having this local pharmacy will greatly, and adversely, affect those in the village who do not have their own transport.”
- “They discard items safely on my behalf when applicable.”
- “Although it is just a [number of pharmacists] pharmacy in [name of area] the service is as good as any and the pharmacist is efficient, professional and friendly.”
- “1)HOME DELIVERY OF MEDCINES WILL VERY USEFUL IF PROVIDED THROUGH SOME CENTRAL CARDIFF WIDE DELIVERY SERVICE RATHER LEAVING IT AS AN OPTION AVAILABLE WITH SOME PHARMACIES ONLY.
  - 2) ONLINE CUSTOMER SATISFACTION SURVEY BY THE HEALTH BOARD FOR EACH PHARMACY, PUBLICLY DISPLAY IN FRONT OF EVERY PHARMACY SHOULD BE STARTED. JUST SIMILAR TO HYGEINE RATING FOR RESTAURANTS.
  - 3) We should be able to comment, provide feed back in the case of poor service or good service to the Health Board or Cardiff Council. Otherwise behave with little accountability as a supply dominant service with no quality control. they may.”
- “[Name of pharmacy]. Poor experience with the pharmacy. Poor customer service (lack of compassion) and long wait times (appears to be understaffed/ poor systems in place)”
- “I like to use the [name of pharmacy] in [name of location] - it's less than 10 minutes' walk from my home. However, it is not a dispensing pharmacy and although they will dispense from their in the pharmacy from [name of location] and deliver to [name of location], this takes time and sometimes I want the prescription quickly.”
- “They seem to be not the best in terms of organisation and their always seems to be items missing or wrong when picking up my family meds.”
- “Don't always have what I need and aren't always helpful in finding it elsewhere. A staff issue.”
- “It's got far worse. [Name of pharmacy] seem to wait ages for them to get your prescription ready but friends of staff who visit seem to get theirs a lot quicker while you are still waiting. [Name of pharmacy] never answer the phone when you are chasing to see if your prescription is actually ready and order medication that you have said you do not need next time as seasonal but ones you do need regularly they don't order in time and is never ready.”
- “Based in [name of pharmacy] - not high street chain.”
- “It would be very useful to be able to pick up prescriptions from consultants in clinic in the local pharmacy rather than have to wait a long time in the hospital pharmacy (sometimes well over an hour) to pick up new medications.”
- “Never usually a problem. Have never been told whether I can get prescription medication delivered to my address or if it's mandatory to collect in person.”
- “One medication review ever. I didn't know what it was. It was of no use whatsoever. Advice is to ask at the hospital. Basically I make it up as I go or ask on twitter. “
- “Run down not fit for purpose for a growing area.”

- “Service from gp to pharmacy appalling. During pandemic, new prescriptions are sent direct to pharmacy are not made up in good timescale. I often pop in about 4 days to a week later and not made up which results in me waiting for it to be processed (10 mins to 30 mins wait) defeats the purpose of covid19 safety.”
- “It’s important to have a local pharmacy.”
- “Only open 9-6 Monday - Friday. Evening and weekend opening needed.”
- “My pharmacy – [name of pharmacy] - are great they pick up my prescriptions and are helpful if I ring and make inquiries BUT the fact they do not deliver especially with the lock down rules is APPALLING.”
- “I think generally counselling service when issuing meds could be better.”
- “The pharmacists themselves are usually very busy and often out of sight of the main counter. It’s therefore more likely that if I need advice I would initially have to discuss this with a member of sales staff who would then refer a question on to the pharmacist. This seems reasonable but I don’t always feel that I’m getting ‘expert’ advice in the same way, despite the fact that I’m sure sales staff have a degree of training. There is no direct access to the pharmacist, either by phone or in person. One pharmacy I use nearby doesn’t even answer the phone, no doubt due to the number of calls they would need to take if they did.”
- “[Name of pharmacy] need to modernise access and stock. Seems they fully rely on daytime clientele from the GP surgery across the road, but are not themselves serving the local community. For example working people can only access them Saturday morning, and they usually don’t have what you need (v limited stock), so if they order it, that’s another week gone. I’m fit and well so I just bike to [name of pharmacy], but I think it’s very poor community service.”
- “I have been having my medicines delivered since COVID and am not currently working, but previously not having a Saturday service as the pharmacy was closed/had limited hours was a problem.”
- “n/a.”
- “Very helpful and approachable.”
- “We collect out prescriptions from the same Chemist but every month they never have our medicines ready and although it is bagged ready they only give some. I really need to check I have everything whilst I am there as I always have to go back and they always say they forgot to hand everything over. Very frustrating.”
- “Local pharmacies are very confined. It’s not easy to have a private conversation nor time because they’re busy. I feel that requesting advice is an annoyance for pharmacists.”
- “They are always busy, often disorganised. I always ring ahead to make sure they have my prescription as before now they have mislaid it.”

## 21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?

A total of 90 people answered this question. Of those that answered, 47 people replied with either a response of no, not applicable, as above or none.

**A total of 43 other comments were received.**

- “It does not open on weekends [name of location].”
- “If I want to call in at lunch time it can be difficult as they close.”

- “Yes. Lack of masks being used by several members of staff. [Name of pharmacy and location].”
- “They should be open more in the evenings and weekends.”
- “My old pharmacy are now only open 9-12 and 2-4 so there are really long queues down the high street for people to get their medicines. As the doctor is open their normal hours I think the chemist should be too. I was given a prescription for my sick child at 6pm and ended up driving to a supermarket in another county to get it made up as nowhere in the [name of location] was open.”
- “Long long queues then because the staff are so busy they lost my prescription and I had to come back the next day and queue again and even then there were things missing which I will have to wait another 4 days!!”
- “Doesn’t cause me a problem but weekend opening would be good at one local pharmacy.”
- “Closing at lunchtimes.”
- “Closed Saturday and lunch times between 1 and 2 which can be inconvenient for people.”
- “Personal preference.”
- “Due to a mental health issue I struggle to enter the shop when there are a few people in there. I generally wait outside and observe for the right opportunity to enter.”
- “Currently with restrictions there's sometimes a queue outdoors and while that's not a big problem for me it's not good for the frail, elderly or ill. Maybe they need one of those ticketing systems where says how long to wait and or a shelter outside.”
- “You have to phone the pharmacy before picking up the medication but the phone is constantly busy or they just don’t pick up. Or if you go around there your repeat is never available or partly missing.”
- “Historically Cardiff had rota of pharmacies that were on call 24 hours a day, I believe this should happen again. I work for a 24 hour service and pts can't access medication overnight and often end up in A&E as a large city having 24 hour access to pharmacies is vital.”
- “They have a ramp but it's very rickety and I don't feel confident using it.”
- “Apart from the travelling time by car. We have to travel for the doctors surgery as well.”
- “Not sure it is as confidential as a doctor with other customers in their shop!”
- “Some of my medicines are available to pick up on a monthly basis but others are not. This means that I have to ring my Doctor every month to ask for a repeat prescription. I am unsure why some medicines are issued automatically whilst others are not”.
- “nearest pharmacy is miles away from me in [name of location].”
- “Travel distance and access via bus.”
- “As I do not own a car I tend to walk most places. On occasion I use public transport, I cannot afford taxis. Cardiff Bus have reduced bus services so I cannot rely on public transport to get to a pharmacy”.
- “There are pharmacies closer to me but they are small, cramped, no privacy, difficult to park and one of them is really dirty.”
- “I don’t want to queue in the cold.”
- “They can be very slow at serving so the que outside gets long very quickly.”
- “The hours local pharmacies are open are the same as the hospital pharmacy I work in so difficult to get prescriptions for myself without missing work.”

Khan, Raj  
05/06/2021 17:00:36



- “Opening hours as in previous question, lots of things wouldn't be done during the time approaching closing.”
- “As above confidentially, and not fully aware what the Pharmacist knows about so dont want to divulge private information for them to just send me to GP or nurse.”
- “Heavy door - this is difficult in a wheelchair.”
- The pharmacist is not interested in engaging with the public
- “Is it not always easy to make a GP appointment to obtain prescriptions.”
- “Times it's open.”
- “Queues outside, especially in winter months.”
- “I wouldn't feel comfortable discussing private matters due to lack of privacy.”
- “They should be given opportunity to do more. Clusters should engage with them more. WG provide funding & opportunities. Consulting rooms etc.”
- “Communication with staff and them retaining message and acting on it.  
Unfortunately this is not a systemic /process issue. We feel trapped in to a pharmacy due to its convenient location for eg in [name of pharmacy], [name of location]. It is convenient but does not look like providing good service. There is no other Pharmacy nearby. There is no quality control or feedback requested for improvement.”
- “Would be much easier if there was electronic prescribing from surgery to pharmacy.”
- “Some staff are rude.
- “Covid changing opening times.”
- “Yes, as a result of covid, my medications are now random and I've had problems for months. Due to staff problems before Christmas, they were 3 weeks late with medication and rude/stressed to me on the phone. I was promised meds on Christmas Eve but that didn't happen. Consequently I ran out of one particular medication over Christmas until pharmacy was open. I continue to experience ongoing issues ie this month I was told I can't pick up a one off prescription until it's time for my regular medication at the end of the month. I'm worried about phoning because I'm clearly in the way. I understand it's pandemic related, but I don't know what to do”.
- “Asking for address or postcode in front of other people/reading address in front of others(DV survivor and hate crime victim dont want my address public knowledge) Not accepting ID as an alternative to saying said address. Requirement to talk (I use BSL to communicate).”
- “Mask wearing - I am deaf. No email options to check of prescriptions are ready. Staff very stressed and not very welcoming, if prescriptions are mislaid an excuse is often given.”
- “They have a very old fashioned air about them. I can't imagine young people feeling encouraged to go in there and ask for contraception for example.”
- “It's a service that has great potential to help people live well. Many pharmacies are local and they're all very important shops in the community. But they haven't been set out in a way that makes advisory work easy.”

Khan, Raj  
05/06/2021 17:00:36

**22. What was your age on your last birthday? Please tick one**

Response			
		Percent	Total
1	Under 16	0.00%	0
2	16-24	2.59%	8
3	25-34	6.80%	21
4	35-44	15.86%	49
5	45-54	28.80%	89
6	55-64	26.54%	82
7	65+	18.77%	58
8	Prefer not to say	0.65%	2
		<b>Total</b>	100.00%
		<b>Skipped</b>	309
			2

**23. Which term best describes your gender? Please tick one.**

Response			
		Percent	Total
1	Female	80.19%	247
2	Male	17.86%	55
3	Non-binary	0.65%	2
4	Prefer not to say	0.65%	2
5	Other	0.65%	2
		<b>Total</b>	100.00%
		<b>Skipped</b>	308
			3

A total of two comments were received:

- There are only 2 genders
- Gender is a social construct. Biology matters for medicine, ask the right question.

**24. Do you identify as Trans? Please tick one.**

Response			
		Percent	Total
1	Yes	0.33%	1
2	No	98.68%	300
3	Prefer not to say	0.99%	3
		<b>Total</b>	100.00%
		<b>Skipped</b>	304
			7

**25. Do you identify as a disabled person? Please tick one.**

Response			
		Percent	Total
1	Yes	12.17%	37

2	No	85.53%	260
3	Prefer not to say	2.30%	7
		<b>Total</b>	100.00%
		<b>Skipped</b>	7

**26. Please tick any of the following that apply to you.**

(Multiple answers could be given to this question)

Response			
		Percent	Total
1	Deaf/Deafened/ Hard of hearing	10.38%	22
2	Visual impairment	1.42%	3
3	Long-standing illness or health condition (e.g. cancer, diabetes or asthma)	49.06%	104
4	Mental health difficulties	17.92%	38
5	Wheelchair user	1.89%	4
6	Learning impairment/difficulties	0.47%	1
7	Mobility impairment	10.38%	22
8	Prefer not to say	5.19%	11
9	Other	3.30%	7
		<b>Total</b>	100.00%
		<b>Skipped</b>	150

**A total of seven comments were received:**

- Longstanding high blood pressure
- Regular warfarin
- Coeliac
- ASD
- Hypertension
- Autistic
- Skin condition and digestive problem for which I have long term medication

**27. 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.**

Response			
		Percent	Total
1	Yes	19.41%	59
2	No	79.28%	241
3	Prefer not to say	1.32%	4
		<b>Total</b>	100.00%
		<b>Skipped</b>	7

**28. Do you regard yourself as belonging to any particular religion? Please tick one**

		Response	
		Percent	Total
1	Buddhist	0.74%	1
2	Christian (including Church in Wales, Catholic, Protestant and all other Christian denominations)	94.12%	128
3	Hindu	2.21%	3
4	Jewish	0.74%	1
5	Muslim	0.74%	1
6	Sikh	0.00%	0
7	Other (please specify):	1.47%	2
		<b>Total</b>	100.00%
		<b>Skipped</b>	136

**A total of two responses were received:**

- Wiccan
- Salvation Army

**29. How would you describe your sexual orientation? Please tick one**

		Response	
		Percent	Total
1	Bisexual	2.96%	9
2	Gay woman/ Lesbian	1.64%	5
3	Gay man	1.97%	6
4	Heterosexual/ Straight	87.83%	267
5	Prefer not to say	5.59%	17
6	Other (please specify):	0.00%	0
		<b>Total</b>	100.00%
		<b>Skipped</b>	304

**30. Do you consider yourself to be Welsh? Please tick one**

		Response	
		Percent	Total
1	Yes	75.82%	232
2	No	22.55%	69
3	Prefer not to say	1.63%	5
		<b>Total</b>	100.00%
		<b>Skipped</b>	306

KhanRaj  
05/06/2021 17:00:36

**31. What is your ethnic group? Please tick one. 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.**

		Response	
		Percent	Total
1	White - Welsh/English/ Scottish/Northern Irish/British	91.88%	283
2	White - Irish	0.65%	2
3	White - Gypsy or Irish Traveller	0.32%	1
4	White - Any other white background (please specify below)	1.30%	4
5	Mixed/Multiple Ethnic Groups - White & Asian	0.65%	2
6	Mixed/Multiple Ethnic Groups - White and Black Caribbean	0.32%	1
7	Mixed/Multiple Ethnic Groups - White and Black African	0.32%	1
8	Mixed/Multiple Ethnic Groups - Any other (please specify below)	0.00%	0
9	Asian/Asian Welsh/British - Chinese	0.97%	3
10	Asian/Asian Welsh/British – Pakistani	0.00%	0
11	Asian/Asian Welsh/British - Bangladeshi	0.32%	1
12	Asian/Asian Welsh/British - Indian	1.30%	4
13	Asian/Asian Welsh/British - Any other (please specify below)	0.00%	0
14	Black/African/Caribbean/Black Welsh/British - African	0.00%	0
15	Black/African/Caribbean/Black Welsh/British – Caribbean	0.00%	0
16	Black/African/Caribbean/Black Welsh/British - Any other (please specify below)	0.00%	0
17	Arab	0.00%	0
18	Prefer not to say	1.95%	6
19	Any other ethnic group (please specify below)	0.00%	0
		<b>Total</b>	100.00%
		<b>Skipped</b>	3

**A total of five comments were received:**

- Welsh white
- Cornish
- Mixed race
- Greek
- Dutch

Khan, Raj  
05/06/2021 17:00:36

## Appendix I – pharmacy contractor questionnaire

### Premises details

Contractor code (ODS code)	
Name of contractor (i.e., name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of pharmacy	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the health board store the above information and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Consultation facilities

Are the premises accessible by wheelchair? Yes/No

There is a consultation area (tick as appropriate)

No, or	<input type="checkbox"/>
Available (including wheelchair access), or	<input type="checkbox"/>
Available (without wheelchair access), or	<input type="checkbox"/>
Planned within the next 12 months, or	<input type="checkbox"/>
Other (specify)	
Where there is a consultation area;	
Is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a designated area where both the patient and pharmacist can sit down together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is no consultation area are there alternative arrangements for confidential discussions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Languages spoken (in addition to English)	

### Services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

### Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

In your opinion is there a requirement for an existing enhanced service which is not currently provided in your area? If so, what is the particular requirement and why.	
In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.	

### Capacity

The demand for pharmaceutical services in general is increasing. Thinking of your pharmacy do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

### Business development

Do you have any plans to develop or expand your premises or service provision?

Yes/No

If yes, please can you provide details?

**Details of the person completing this form:**

Contact name of person completing questionnaire, if questions arise	Contact telephone number

Khan, Raj  
05/06/2021 17:00:36



## Appendix J – dispensing practice questionnaire

### Pharmaceutical needs assessment for Cardiff and Vale University Health Board

Cardiff and Vale University Health Board is preparing its first pharmaceutical needs assessment or PNA which is due to be published by 1 October 2021 and we need your help to gather some information to support its development.

In developing the questionnaire we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until [insert date] we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email [email address] with a subject title of 'CVUHB PNA dispensing practice survey'.

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approve to dispense from:

**1 Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.**

	Address -	Address –	Address -
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			

<b>Sunday</b>			
---------------	--	--	--

## 2 Are appliances dispensed from the premises?

Range of appliances: one answer 'yes' only	YES
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
None	

## 3 Delivery of dispensed items

Does the dispensary provide any of the following?

Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

## 4 Which languages are available to patients from staff at the premises every day – please list the main languages spoken

<b>List of languages spoken:</b>

## 5 Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only, do you:

	<b>YES</b>
--	------------

Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

## 6 Other dispensing related services

Please can you provide details of any other activities that you provide related to your dispensing service, for example MARs charts, 'just in case packs' and patient sharps.

## 7 Provision of services post Covid-19

We recognise that you will have made a number of changes to how your dispensing service is provided as a result of Covid-19. Please can you give us information on those changes that you will be taking into the 'new normal'?

## 8 Please provide us with your contact details.

**Name:**

**Job title:**

**Email:**

**Telephone number:**

## Appendix K – Consultation report

Khan, Raj  
05/06/2021 17:00:36

## Appendix L – opening hours

ODS Code	Cluster	Pharmacy/dispensing appliance contractor name	Standard Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
602030A	Cardiff East	G S Bhogal Pharmacy	40.00	Core	09:00 - 13:00 14.00 - 18.00	09:00 - 13:00 14.00 - 18.00	09:00 - 13:00 14.00 - 18.00	09:00 - 13:00 14.00 - 18.00	09:00 - 13:00 14.00 - 18.00	-	-
				Total	08:00 - 18.30	08:00 - 18.30	08:00 - 18.30	08:00 - 18.30	08:00 - 18.30	09:00 - 13:00	-
602816K	Cardiff East	Boots Llanrumney	40.00	Core	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 15.30	-
				Total	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	-
602265A	Cardiff East	Hopwoods Pharmacy	40.00	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	-	-
				Total	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 12:00	
602807D	Cardiff East	Lloyds Pharmacy St Mellons	40.00	Core	08:45 - 11:45 16:00 - 19:00	08:45 - 11:45 16:00 - 19:00	08:45 - 11:45 16:00 - 19:00	08:45 - 11:45 16:00 - 19:00	08:45 - 11:45 16:00 - 19:00	09:00 - 12:00 14:30 - 17:30	10:00 - 12:00 14:00 - 16:00
				Total	08:30 - 19.30	08:30 - 19.30	08:30 - 19.30	08:30 - 19.30	08:30 - 19.30	09:00 - 17:30	10:00 - 16:00
602807J	Cardiff East	Lloyds Pharmacy Llanrumney	40.00	Core	09:00 - 13:00 15:00 - 18:00	09:00 - 13:00 15:00 - 18:00	09:00 - 13:00 15:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 12:00	-
				Total	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	-
602856N	Cardiff East	Well Pharmacy Rumney	40.00	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		-
				Total	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	-
602856M	Cardiff East	Well Pharmacy Trowbridge	40.00	Core	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30		-
				Total	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	-
602819C	Cardiff East	Boots St Mellons	40.00	Core	09:00 - 13.00 14.00 - 18.00	09:00 - 13.00 14.00 - 18.00	09:00 - 13.00 14.00 - 18.00	09:00 - 13.00 14.00 - 18.00	09:00 - 13.00 14.00 - 18.00	-	-
				Total	09:00 - 13.00 14.00 - 18:00	09:00 - 13.00 14.00 - 18:00	09:00 - 13.00 14.00 - 18:00	09:00 - 13.00 14.00 - 18:00	09:00 - 13.00 14.00 - 18:00	09:00 - 13:00	-

602853G	Cardiff East	Well Pharmacy Llanrumney	40.00	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-
				Total	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	-
602051A	Cardiff East	Wellness Pharmacy	42.50	Core	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	-	-
				Total	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	-	-
602806A	Cardiff North	Asda Pharmacy Pontprennau	40.00	Core	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 16.00	
				Total	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	10.00 - 12.30 14.30 - 16.00
6028190	Cardiff North	Boots Llanishen	40.00	Core	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	
				Total	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 19:00	10:30 - 16:30
602043A	Cardiff North	Brookes Pharmacy	40.00	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		-
				Total	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00	09:00 - 17:30	09:00 - 17:30		
602004B	Cardiff North	Central Pharmacy	40.00	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	-	-
				Total	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	-
602679B	Cardiff North	Cyncoed Pharmacy	40.00	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-
				Total	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00		-
602663A	Cardiff North	AJ Hales Pharmacy	40.00	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	-	-
				Total	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		
602287A	Cardiff North	Insync Pharmacy	42.50	Core	08:30 - 13:00 13:30 - 17:30	08:30 - 13:00 13:30 - 17:30	08:30 - 13:00 13:30 - 17:30	08:30 - 13:00 13:30 - 17:30	08:30 - 13:00 13:30 - 17:30		-

				<b>Total</b>	08:30 - 13:00 13:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	09:00 - 12:00	
602807L	Cardiff North	Lloyds Pharmacy Wellfield Road	40.00	<b>Core</b>	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 15:30 - 17:30	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	-
602807A	Cardiff North	Lloyds Pharmacy Birchgrove	40.00	<b>Core</b>	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00		
				<b>Total</b>	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
602807B	Cardiff North	Lloyds Pharmacy Rhiwbina	40.00	<b>Core</b>	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 11:30 15:00 - 17:30	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	-
602868D	Cardiff North	Lloyds Pharmacy @ Sainsbury's Thornhill	40.00	<b>Core</b>	08:30 - 11:30 15:30 - 19:00	08:30 - 11:30 15:30 - 19:00	08:30 - 11:30 15:30 - 19:00	08:30 - 11:30 15:30 - 19:00	08:30 - 11:30 15:30 - 19:00	09:00 - 11:30 15:30 - 17:30	10:00 - 12:00 15:00 - 16:00
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6025450	Cardiff North	M W Phillips Chemist Llanishen	40.00	<b>Core</b>	09:00 - 12:00 14.30 - 18.30	09:00 - 12:00 14.30 - 18.30	09:00 - 12:00 14.30 - 18.30	09:00 - 12:00 14.30 - 18.30	09:00 - 12:00 14.30 - 18.30	09:00 - 14:00	-
				<b>Total</b>	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 14:00	-
602853E	Cardiff North	Well Pharmacy Pentwyn	40.00	<b>Core</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	09:00 - 18:00	09:00 - 18:00	-	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	-	-
602853H	Cardiff North	Well Pharmacy Rhiwbina	40.00	<b>Core</b>	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-
				<b>Total</b>	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	-
602512B	Cardiff North	Pearn's Pharmacy Wedal Road	40.00	<b>Core</b>	09:00 - 12:30 13.30 - 18.00	09:00 - 12:30 13.30 - 18.00	09:00 - 13:00 13.30 - 17.30	09:00 - 12:30 13.30 - 18.00	09:00 - 12:30 13.30 - 18.00	-	-
				<b>Total</b>	08:45 - 12.30 13.30 - 18.15	08:45 - 12.30 13.30 - 18.15	08:45 - 13:00 13.30 - 17.30	08:45 - 12.30 13.30 - 18.15	08:45 - 12.30 13.30 - 18.15		-
602679C	Cardiff North	Pontprennau Pharmacy	40.00	<b>Core</b>	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-

				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	-	-
602856O	Cardiff North	Well Pharmacy Birchgrove	<b>40.00</b>	<b>Core</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	-	-
				<b>Total</b>	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00		
602222A	Cardiff North	Lakeside Pharmacy	<b>40.00</b>	<b>Core</b>	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00		-
				<b>Total</b>	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00		-
602003A	Cardiff South East	Crwys Pharmacy	<b>40.00</b>	<b>Core</b>	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		-
				<b>Total</b>	08:45 - 18:15	08:45 - 18:15	08:45 - 18:15	08:45 - 18:15	08:45 - 18:15	09:15 - 17:15	-
602816H	Cardiff South East	Boots Albany Road	<b>40.00</b>	<b>Core</b>	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 15:30	-
				<b>Total</b>	08:30 - 13:00 14:00 - 18:00	08:30 - 13:00 14:00 - 18:00	08:30 - 13:00 14:00 - 18:00	08:30 - 13:00 14:00 - 18:00	08:30 - 13:00 14:00 - 18:00	08:30 - 13:00 14:00 - 18:00	10:30 - 16:30
602139A	Cardiff South East	City Pharmacy @ CRI	<b>40.00</b>	<b>Core</b>	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	-	-
				<b>Total</b>	08:30 - 12:30 13:30 - 18:30	08:30 - 12:30 13:30 - 18:30	08:30 - 12:30 13:30 - 18:30	08:30 - 12:30 13:30 - 18:30	08:30 - 12:30 13:30 - 18:30	-	-
602139B	Cardiff South East	Clifton Pharmacy	<b>47.00</b>	<b>Core</b>	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 13:00 14:00 - 17:00	-
				<b>Total</b>	08:30 - 12:30 13:30 - 18:00	08:30 - 12:30 13:30 - 18:00	08:30 - 12:30 13:30 - 18:00	08:30 - 12:30 13:30 - 18:00	08:30 - 12:30 13:30 - 18:00	09:00 - 17:00	-
602526C	Cardiff South East	WJ Powell Chemists	<b>41.50</b>	<b>Core</b>	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00	-
				<b>Total</b>	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00	-
602870M	Cardiff South East	Tesco Pharmacy Western Avenue	<b>40.00</b>	<b>Core</b>	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 16:30	09:00 - 13:00 14:00 - 16:30	09:00 - 13:00 14:00 - 16:30	09:00 - 13:00 14:00 - 16:30	-
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602856L	Cardiff South East	Well Pharmacy Clifton Street	<b>40.00</b>	<b>Core</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:30 14:00 - 17:30	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		-



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602852E	Cardiff South East	Well Pharmacy 219-221 City Road	40.00	<b>Core</b>	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-
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602852H	Cardiff South East	Well Pharmacy 180 City Road	40.00	<b>Core</b>	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	09:00 - 12:30 13:30 - 18:00	-	-
				<b>Total</b>	09:00 - 13:00 13:30 - 18:00	09:00 - 13:00 13:30 - 18:00	09:00 - 13:00 13:30 - 18:00	09:00 - 13:00 13:30 - 18:00	09:00 - 13:00 13:30 - 18:00	-	-
602597A	Cardiff South East	North Road Pharmacy	40.00	<b>Core</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	-	-
				<b>Total</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	-	-
602514J	Cardiff South East	Pearn's Pharmacy Tremorfa	40.00	<b>Core</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		-
				<b>Total</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:30 - 11:30	-
602735A	Cardiff South East	Woodville Road Pharmacy	40.00	<b>Core</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00		-
602545L	Cardiff South East	MW Phillips Chemist Splott Road	40.00	<b>Core</b>	09:00 - 13:00 13:30 - 18:00	09:00 - 13:00 13:30 - 18:00	09:00 - 13:00 13:30 - 15:30	09:00 - 13:00 13:30 - 18:00	09:00 - 13:00 13:30 - 18:00	-	-
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602545F	Cardiff South East	MW Phillips Chemist Whitchurch Road	40.00	<b>Core</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	09:00 - 18:00	09:00 - 18:00	-	-
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602545K	Cardiff South East	MW Phillips Chemist South Park Road	44.00	<b>Core</b>	08:30 - 13:30 14:00 - 18:00	08:30 - 13:30 14:00 - 18:00	08:30 - 13:30 14:00 - 17:00	08:30 - 13:30 14:00 - 18:00	08:30 - 13:30 14:00 - 18:00	-	-
				<b>Total</b>	08:30 - 13:30 14:00 - 18:00	08:30 - 13:30 14:00 - 18:00	08:30 - 13:30 14:00 - 17:00	08:30 - 13:30 14:00 - 18:00	08:30 - 13:30 14:00 - 18:00	-	-
602648D	Cardiff South East	Superdrug Ltd	40.00	<b>Core</b>	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:30 14:30 - 17:30	-

				<b>Total</b>	08:30 - 13:30 14:00 - 17:30	08:30 - 13:30 14:00 - 17:30	08:30 - 13:30 14:00 - 17:30	08:30 - 13:30 14:00 - 17:30	08:30 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	-
602818I	Cardiff South West	Boots Sanatorium Road	40.00	<b>Core</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	-	-
				<b>Total</b>	08:45 - 13:00 14:00 - 18:00	08:45 - 13:00 14:00 - 18:00	08:45 - 13:00 14:00 - 18:00	08:45 - 13:00 14:00 - 18:00	08:45 - 13:00 14:00 - 18:00	-	-
602816J	Cardiff South West	Boots Cowbridge Road East	40.00	<b>Core</b>	09:30 - 12:00 13:00 - 17:30	09:30 - 12:00 13:00 - 17:30	09:30 - 12:00 13:00 - 17:30	09:30 - 12:00 13:00 - 17:30	09:30 - 12:00 13:00 - 17:30	09:30 - 12:00 13:00 - 15:30	-
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602818J	Cardiff South West	Boots Riverside Health Centre	40.00	<b>Core</b>	08:00 - 13:00 14:00 - 18:00	08:00 - 13:00 14:00 - 18:00	08:00 - 12:00	08:00 - 13:00 14:00 - 18:00	08:00 - 13:00 14:00 - 18:00	-	-
				<b>Total</b>	08:00 - 13:00 14:00 - 18:00	08:00 - 13:00 14:00 - 18:00	08:00 - 13:00 14:00 - 16:30	08:00 - 13:00 14:00 - 18:00	08:00 - 13:00 14:00 - 18:00	-	-
602514D	Cardiff South West	Caerau Lane Pharmacy	42.00	<b>Core</b>	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00	09:00 - 17:30	09:00 - 17:30	-	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	-
602870D	Cardiff South West	Tesco Pharmacy Culverhouse Cross	42.00	<b>Core</b>	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	-
				<b>Total</b>	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	10:00 - 16:00
602807H	Cardiff South West	Lloyds Pharmacy Wilson Road	40.00	<b>Core</b>	09:00 - 12:30 15:00 - 18:00	09:00 - 12:30 15:00 - 18:00	09:00 - 12:30 15:00 - 18:00	09:00 - 12:30 15:00 - 18:00	09:00 - 12:30 15:00 - 18:00	09:00 - 12:00 13:00 - 17:30	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	-
602514K	Cardiff South West	Pearn's Pharmacy Wilson Road	40.00	<b>Core</b>	08:45 - 12:45 13:30 - 17:30	08:45 - 12:45 13:30 - 17:30	08:45 - 12:45 13:30 - 17:30	08:45 - 12:45 13:30 - 17:30	08:45 - 12:45 13:30 - 17:30	-	-
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602514L	Cardiff South West	Pearn's Pharmacy Mill Road	40.75	<b>Core</b>	08:45 - 13:00 14:00 - 18:00	08:45 - 13:00 14:00 - 18:00	08:45 - 13:00 14:00 - 17:30	08:45 - 13:00 14:00 - 18:00	08:45 - 13:00 14:00 - 18:00	-	-
				<b>Total</b>	08:30 - 13:00 14:00 - 18:15	08:30 - 13:00 14:00 - 18:15	08:30 - 13:00 14:00 - 18:15	08:30 - 13:00 14:00 - 18:15	08:30 - 13:00 14:00 - 18:15	-	-
602568A	Cardiff South West	Canna Pharmacy	40.00	<b>Core</b>	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-

				<b>Total</b>	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30		-
602016K	Cardiff South West	Pontcanna Pharmacy	40.00	<b>Core</b>	08:30 - 13:00 13:30 - 17:30	08:30 - 13:00 13:30 - 17:30	08:30 - 14:30	08:30 - 13:00 13:30 - 17:30	08:30 - 13:00 13:30 - 17:30	-	-
				<b>Total</b>	08:30 - 13:00 13:00 - 17:30	08:30 - 13:00 13:00 - 17:30	08:30 - 14:30	08:30 - 13:00 13:00 - 17:30	08:30 - 13:00 13:00 - 17:30		-
602806F	Cardiff West	Asda Pharmacy Coryton	40.00	<b>Core</b>	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 18.00	09:00 - 12.30 14.30 - 16.00	
				<b>Total</b>	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	08:00 - 12.30 14.30 - 22.00	10.00 - 12.30 14.30 - 16.00
602019A	Cardiff West	Bainbridge Pharmacy	40.50	<b>Core</b>	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 13.00 14.00 - 17.30	09:00 - 12:00	-
				<b>Total</b>	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	-
602816N	Cardiff West	Boots Whitchurch	40.00	<b>Core</b>	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 17.30	09:30 - 13.00 14.00 - 15.30	-
				<b>Total</b>	08:00 - 13.00 14.00 - 18.30	08:00 - 13.00 14.00 - 18.30	08:00 - 13.00 14.00 - 18.30	08:00 - 13.00 14.00 - 18.30	08:00 - 13.00 14.00 - 18.30	09:00 - 13:00 14.00 - 17.30	-
602489A	Cardiff West	Creigiau Pharmacy	40.00	<b>Core</b>	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	-	-
				<b>Total</b>	09:00 - 13.00 13.30 - 18.00	09:00 - 13.00 13.30 - 18.00	09:00 - 13.00 13.30 - 18.00	09:00 - 13.00 13.30 - 18.00	09:00 - 13.00 13.30 - 18.00		
602512A	Cardiff West	Danescourt Pharmacy	40.00	<b>Core</b>	08:45 - 12.45 14.00 - 18.00	08:45 - 12.45 14.00 - 18.00	08:45 - 12.45 14.00 - 18.00	08:45 - 12.45 14.00 - 18.00	08:45 - 12.45 14.00 - 18.00	-	-
				<b>Total</b>	08:30 - 12.45 14.00 - 18.15	08:30 - 12.45 14.00 - 18.15	08:30 - 12.45 14.00 - 18.15	08:30 - 12.45 14.00 - 18.15	08:30 - 12.45 14.00 - 18.15	-	-
602223A	Cardiff West	Llandaff Pharmacy	40.00	<b>Core</b>	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	09:00 - 13.00 13.30 - 17.30	-	-
				<b>Total</b>	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	
602623A	Cardiff West	Health Plus Pharmacy	50.50	<b>Core</b>	08:30 - 18:00	08:30 - 18:00	09:00 - 17:30	08:30 - 18:00	08:30 - 18:00	09:00 - 13:00	-
				<b>Total</b>	08:30 - 18:00	08:30 - 18:00	09:00 - 17:30	08:30 - 18:00	08:30 - 18:00	09:00 - 13:00	
602807K	Cardiff West		40.00	<b>Core</b>	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 13:00 - 18:00	09:00 - 13:00	-

		Lloyds Pharmacy Merthyr Road Whitchurch		<b>Total</b>	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	09:00 - 13:00	-
602807C	Cardiff West	Lloyds Pharmacy Park Road Whitchurch	40.00	<b>Core</b>	09:00 - 13:30 15:30 - 18:00	09:00 - 13:30 15:30 - 18:00	09:00 - 13:30 15:30 - 18:00	09:00 - 13:30 15:30 - 18:00	09:00 - 13:30 15:30 - 18:00	09:00 - 12:00 15:30 - 17:30	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	-
602808E	Cardiff West	Lloyds Pharmacy Fairwater	40.00	<b>Core</b>	09:00 - 12:00 14:30 - 18:00	09:00 - 12:00 14:30 - 18:00	09:00 - 12:00 14:30 - 18:00	09:00 - 12:00 14:30 - 18:00	09:00 - 12:00 14:30 - 18:00	09:00 - 13:00 14:00 - 17:30	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	
602852I	Cardiff West	Well Pharmacy Radyr	40.00	<b>Core</b>	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	-
602516B	Cardiff West	Pentyrch Pharmacy	43.00	<b>Core</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 12:00	-
				<b>Total</b>	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 12:00	
602568B	Cardiff West	Tongwynlais Pharmacy	40.00	<b>Core</b>	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	-	-
				<b>Total</b>	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	-	-
602175A	Central Vale	Evans Pharmacy West Quay	44.00	<b>Core</b>	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00	09.00-13.00	
				<b>Total</b>	08.30-18.00	08.30-18.00	08.30-18.00	08.30-18.00	08.30-18.00	09.00 - 13.00	
602816I	Central Vale	Boots Holton Road	40.00	<b>Core</b>	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 15.30	-
				<b>Total</b>	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	08.30 - 17.30	10.00 - 16.00
602517D	Central Vale	Evans Pharmacy Park Crescent	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.00	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 12.00	
				<b>Total</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 17.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 12.00	
602435B	Central Vale	Brockway Pharmacy	40.25	<b>Core</b>	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00	

				<b>Total</b>	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00	
602180A	Central Vale	High Street Pharmacy	46.50	<b>Core</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	
				<b>Total</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	
602808G	Central Vale	Lloyds Pharmacy Court Road	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00		
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00		
602808H	Central Vale	Lloyds Pharmacy Waterfront	40.00	<b>Core</b>	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00		
				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00		
602807E	Central Vale	Lloyds Pharmacy Stirling Road Shopping Precinct	40.00	<b>Core</b>	09.00 - 12.00 15.30 - 19.00	09.00 - 12.00 15.30 - 19.00	09.00 - 12.00 15.30 - 19.00	09.00 - 12.00 15.30 - 19.00	09.00 - 12.00 15.30 - 19.00	09.00 - 11.00 16.00 - 17.30	10.00 - 12.00 14.00 - 16.00
				<b>Total</b>	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 19.00	09.00 - 17.30	10.00 - 16.00
602805E	Central Vale	Lloyds Pharmacy Holton Road	40.00	<b>Core</b>	09.00 - 12.00 14.00 - 17.30	09.00 - 12.00 14.00 - 17.30	09.00 - 12.00 14.00 - 17.30	09.00 - 12.00 14.00 - 17.30	09.00 - 12.00 14.00 - 17.30	09.00 - 12.00 13.00 - 17.30	
				<b>Total</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	
602852A	Central Vale	Well Pharmacy Holton Road	40.00	<b>Core</b>	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00		
				<b>Total</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	
602545I	Central Vale	M W Phillips Chemist Vere Street	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	-	-
				<b>Total</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00	-
602545J	Central Vale	M W Phillips Chemist Barry Road	40.00	<b>Core</b>	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	-	-
				<b>Total</b>	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	09.00 - 13.00 13.30 - 17.30	-	-
602521A	Central Vale	St Brides Pharmacy	40.00	<b>Core</b>	08.30 - 17.30	08.30 - 17.30	08.30 - 12.30	08.30 - 17.30	08.30 - 17.30		

				<b>Total</b>	08.30 - 17.30	08.30 - 17.30	08.30 - 12.30	08.30 - 17.30	08.30 - 17.30		
602703A	Central Vale	Sully Pharmacy	40.00	<b>Core</b>	09.00 - 17.00	09.00 - 16.30	09.00 - 17.00	09.00 - 17.30	09.00 - 17.00		
				<b>Total</b>	09.00 - 17.00	09.00 - 16.30	09.00 - 17.00	09.00 - 17.30	09.00 - 17.00		
602855M	City and Cardiff South	Well Pharmacy Bute Street	39.50	<b>Core</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	-	-
				<b>Total</b>	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	09.00 - 13.00	-
602816P	City and Cardiff South	Boots Capitol Centre	40.00	<b>Core</b>	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 15.30	-
				<b>Total</b>	08.00 - 18.00	08.00 - 18.00	08.00 - 18.00	08.00 - 18.00	08.00 - 18.00	08.30 - 18.00	-
602816M	City and Cardiff South	Boots Queen Street	40.00	<b>Core</b>	09.30 - 17.30	09.30 - 17.30	09.30 - 17.30	09.30 - 17.30	09.30 - 17.30		-
				<b>Total</b>	08.00 - 20.00	08.00 - 20.00	08.00 - 20.00	08.00 - 20.00	08.00 - 20.00	08.00 - 19.00	11.00 - 17.00
602816O	City and Cardiff South	Boots Broadcasting Square	40.00	<b>Core</b>	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 15.30	-
				<b>Total</b>	07.00 - 19.00	07.00 - 19.00	07.00 - 19.00	07.00 - 19.00	07.00 - 19.00	08.00 - 19.00	10.00 - 16.00
602818G	City and Cardiff South	Boots Cardiff Bay	54.00	<b>Core</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	11.00- 17.00
				<b>Total</b>	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	08.00 - 22.30	11.00 - 22.30
602808C	City and Cardiff South	Lloyds Pharmacy Grangetown	40.00	<b>Core</b>	09.00 - 12.00 14.00 - 18.30	09.00 - 12.00 14.00 - 18.30	09.00 - 12.30 14.00 - 18.30	09.00 - 13.00 14.00 - 18.30	09.00 - 13.00 14.00 - 18.30		-
				<b>Total</b>	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30		-
602853F	City and Cardiff South	Well Pharmacy Holmesdale Street	40.00	<b>Core</b>	09.00 - 18.00	09.00 - 18.00	09.00 - 13.00	09.00 - 18.00	09.00 - 18.00	-	-
				<b>Total</b>	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 12.00	-
602856C	City and Cardiff South	Well Pharmacy Clare Road	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00		-

				<b>Total</b>	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 15:00	-
602852C	City and Cardiff South	Well Pharmacy Quayside	40.00	<b>Core</b>	09:00 -17:00	09:00 -17:00	09:00 -17:00	09:00 -17:00	09:00 -17:00	-	-
				<b>Total</b>	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	-	-
602698A	City and Cardiff South	Virdee Pharmacy	40.00	<b>Core</b>	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	-	-
				<b>Total</b>	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	09:15 - 13.00 14.00 - 18:15	-	-
602816L	Eastern Vale	Boots Penarth	40.00	<b>Core</b>	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 17.30	09.30 - 13.00 14.00 - 15.30	-
				<b>Total</b>	09.00 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	10.00 - 16.00
602870E	Eastern Vale	Tesco Pharmacy Penarth	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 16.40	09.00 - 13.00 14.00 - 16.40	09.00 - 13.00 14.00 - 16.40	09.00 - 13.00 14.00 - 16.40	09.00 - 13.00 14.00 - 16.40	09.00 - 13.00 14.00 - 16.40	
				<b>Total</b>	08.00 - 20.00	08.00 - 20.00	08.00 - 20.00	08.00 - 20.00	08.00 - 20.00	08.00 - 20.00	10.00 - 16.00
602694B	Eastern Vale	Ivor Owen Pharmacy	40.25	<b>Core</b>	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00 14.15 - 17.30	09.00 - 13.00	
				<b>Total</b>	08.30 - 13.00 14.00 - 17.30	08.30 - 13.00 14.00 - 17.30	08.30 - 13.00 14.00 - 17.30	08.30 - 13.00 14.00 - 17.30	08.30 - 13.00 14.00 - 17.30	09.00 - 13.00	
602514C	Eastern Vale	Pearn's Pharmacy Penarth	42.50	<b>Core</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30		
				<b>Total</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	
602422C	Eastern Vale	Mayberry Pharmacy	46.50	<b>Core</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	
				<b>Total</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 13.00	
602381A	Eastern Vale	TH & L Jones Cardiff Road	40.00	<b>Core</b>	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00		
				<b>Total</b>	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.30	09.00 - 13.00	
602381B	Eastern Vale	The Murch Pharmacy	40.00	<b>Core</b>	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00	09.00-17.00		

				<b>Total</b>	08.30-18.30	08.30-18.30	08.30-18.30	08.30-18.30	08.30-18.30		
602694A	Eastern Vale	Varus Pharmacy	40.00	<b>Core</b>	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30		
				<b>Total</b>	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30	08:30 - 13:00 14:00 - 17:30		
602123A	Eastern Vale	Washington Pharmacy	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.30 - 12.00	
				<b>Total</b>	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 18.00	09.00 - 17.30	
602572A	Western Vale	Rhoose Pharmacy	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 16.00	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 12.30	
				<b>Total</b>	09.00 - 17.30	09.00 - 18.00	09.00 - 17.30	09.00 - 17.30	09.00 - 17.30	09.00 - 12.30	
602807F	Western Vale	Lloyds Pharmacy Cowbridge	40.00	<b>Core</b>	09.00 - 12.30 14.30 - 18.00	09.00 - 12.30 14.30 - 18.00	09.00 - 12.30 14.30 - 18.00	09.00 - 12.30 13.30 - 18.00	09.00 - 12.30 13.30 - 18.00	09.00 - 12.00	
				<b>Total</b>	08.30 - 18.30	08.30 - 18.30	08.30 - 18.30	08.30 - 18.30	08.30 - 18.30	09.00 - 12.00	
602853B	Western Vale	Well Pharmacy Llantwit Major	40.00	<b>Core</b>	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00	09.00 - 13.00 14.00 - 18.00		
				<b>Total</b>	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	09.00 - 17.30	
602819B	Western Vale	Boots Llantwit Major	41.50	<b>Core</b>	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	09.00 - 13.00 14.00 - 17.30	
				<b>Total</b>	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 18.00	08.30 - 13.00 14.00 - 17.30	
602060A	Western Vale	St Athan Pharmacy	40.00	<b>Core</b>	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00		
				<b>Total</b>	09.00 - 17.30	09.00 - 17.30	09.00 - 18.00	09.00 - 17.30	09.00 - 17.30	09.00 - 12.30	
602755B	Western Vale	Sylvia Williams Chemist	40.00	<b>Core</b>	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00		
				<b>Total</b>	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 17.00	09.00 - 12.00	



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**Equality & Health Impact Assessment for**  
**Pharmaceutical Needs Assessment (PNA)**

**April 2021**

<b>1.</b>	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Pharmaceutical Needs Assessment (PNA) (this document is to assess and set out provision of pharmaceutical services)
<b>2.</b>	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Primary Care Karen May, Head of Medicines Management Primary Care <a href="mailto:Karen.May2@wales.nhs.uk">Karen.May2@wales.nhs.uk</a> Lisa Dunsford, Director of Operations, PCIC Clinical Board <a href="mailto:Lisa.Dunsford@wales.nhs.uk">Lisa.Dunsford@wales.nhs.uk</a>
<b>3.</b>	Objectives of strategy/ policy/ plan/ procedure/ service document	<p>Welsh Government has changed the way in which applications from pharmacies, dispensing appliance contractors and dispensing doctors to open new or additional premises - are considered. The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1<sup>st</sup> October 2020 and place a statutory duty Health Board to publish its first PNA by 1<sup>st</sup> October 2021.</p> <p>From 1<sup>st</sup> October 2021, Health Boards will need to use the published PNA when determining applications from pharmacies, dispensing appliance contractors and dispensing doctors to provide pharmaceutical services under these regulations.</p> <p>The PNA will:</p> <ul style="list-style-type: none"> <li>Look at the health needs of Cardiff &amp; Vale UHB's resident population and those who may be temporarily in its area, both now and in the five year</li> </ul>

Khan Raj  
05/06/2021 17:00:36

		<p>lifespan of the PNA;</p> <ul style="list-style-type: none"> <li>• Look at how the provision of pharmaceutical services can meet those health needs;</li> <li>• Map the provision of pharmaceutical services within the Health Board's area;</li> <li>• Identify the provision of pharmaceutical services outside C&amp;V's area for example elsewhere in Wales and also in England;</li> <li>• Identify any gaps in the provision of pharmaceutical services now and in the lifespan of the PNA; and</li> <li>• Turn those gaps into current and future needs for pharmaceutical services.</li> </ul> <p><b>What will the PNA be used for?</b> Once the PNA is published it will be used by Cardiff &amp; Vale UHB to determine applications from pharmacies and dispensing appliance contractors who wish to open new premises or relocate existing premises. It will also be used to determine outline consent and premises approval applications from dispensing doctors.</p> <p><b>What pharmaceutical services are included in the PNA?</b> The following services fall within the legal definition of pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• Essential, advanced and enhanced services provided by pharmacies and dispensing appliance contractors, and</li> <li>• The dispensing service provided by some GP practices.</li> </ul>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> </ul>	<p>The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a health board's area for a period of up to five years, linking closely to the 'Cardiff and Vale Population Needs Assessment For Social Services and Well-being (Wales) Act 2014' and the Public Services Board Well-being Assessment (2017) for Cardiff and for the Vale of Glamorgan. Whilst these respectively focus on the care and support needs of the population, and on improving the well-being of communities, the PNA looks at how the population health needs can be met by pharmaceutical services commissioned</p>

	<ul style="list-style-type: none"> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<p>by the health board.</p> <p>In developing the PNA, several sources of information were used to gain an overview of the demographic characteristics and the health profile of Cardiff &amp; Vale University Health Board residents to determine their pharmaceutical needs.</p> <p>This information was analysed by the 9 clusters within C&amp;VUHB. These nine clusters work closely with the two Borough Councils or local authorities and mapping information reflects this.</p> <p>The views of residents on their use of pharmacies and one dispensing doctor practice, and information provided by contractors was obtained through the use of surveys. The information gained was used, in conjunction with other data sources, to inform the PNA.</p> <p>Pharmacies across Cardiff and the Vale of Glamorgan all aim to provide services which are accessible to all residents. For example, many pharmacies have staff who speak the languages of local residents and have facilities which are accessible for people who have a disability.</p> <p>The draft PNA states based on the information available at the time of developing this PNA no current gaps in the provision of essential services during normal working have been identified in any of the nine clusters (PNA localities).</p> <p>The Steering Group has sign off of this document and final agreement is via Strategy &amp; Delivery Committee.</p>
5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The PNA will look at the health needs to the Health Board's population and the provision of pharmaceutical services within the area. The PNA will identify any gaps in provision of pharmaceutical services now and in the lifespan of the PNA.

<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

		<p>Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework and they are essential, advance and enhanced services. These are mapped as part of the PNA indicating availability of services to the population.</p> <p>All residents of Cardiff and Vale are able to access community pharmacies.</p> <p>Local and national campaigns promote local pharmaceutical services and their benefits to the population.</p>
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Khan Raj  
05/06/2021 17:00:36

## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>under 18;</li> <li>between 18 and 65; and</li> <li>over 65</li> </ul>	<ul style="list-style-type: none"> <li>The PNA covers the location of pharmaceutical services and identifies the provision in clusters</li> <li>The younger and older population are more likely to use public transport and the document identifies the travel time and distance to each pharmacy</li> <li>A total of 311 respondents to the patient/public questionnaire were received and 309 responses were over 16 years old. Three quarters of respondents were aged 45 years and over (74%), with the largest number of responses (29%) in the 45 to 54 age group</li> </ul>	None envisaged at this time	Refer to PNA

Khan Raj  
05/06/2021 17:00:36

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b></p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<ul style="list-style-type: none"> <li>The PNA lists provision of pharmaceutical services and range of services provided</li> <li>96% of pharmacies said that their premises accessible by wheelchair and 5 (out of 106) said they were not</li> </ul>	<p>Plan to contact 5 Pharmacies for clarity on facilities provided and look at plan moving forward</p>	<p>Refer to PNA</p>
<p><b>6.3 People of different genders:</b></p> <p>Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<ul style="list-style-type: none"> <li>80% of respondents to the questionnaire were female, 18% male, 1% non-binary and 1% did not respond</li> <li>There is no apparent negative impact envisaged at this time and the PNA indicates provision of Pharmaceutical services by cluster and area, linked to GP surgeries, also identifying opening hours over 7 days for services if required</li> </ul>	<p>All patient are to be treated equally in line with professional guidance and standards</p> <p>There is no information available on sexual orientation and specific needs from pharmacy services. However, it may be possible for pharmacies to consider displaying a 'LGBT friendly' symbol on the door to indicate that people of all sexual orientations and gender identities are welcome</p>	<p>Refer to PNA</p> <p>Transgender awareness training</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> <li>It is not known whether patients within this group may experience difficulties in seeking health advice and medication from their local pharmacy</li> </ul>		
<b>6.4 People who are married or who have a civil partner.</b>	<ul style="list-style-type: none"> <li>No impact was identified on individuals in this particular group.</li> <li>However, it should be noted that the Equality Act 2010 only protects you from discrimination at work (rather than in service provision) because you are married or in a civil partnership</li> </ul>		
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave	<ul style="list-style-type: none"> <li>Local pharmaceutical services mapped to identify travelling times therefore able to access local services</li> </ul>	.	Refer to PNA



How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p> <p>Khan Raj 05/06/2021 17:00:36</p>	<ul style="list-style-type: none"> <li>• There is no negative impact envisaged at this time but language barriers could result in a potential risk in delay of healthcare advice where patients have difficulty in communicating</li> <li>• As part of the contractor survey the following information was gathered - nine languages, in addition to English, are spoken across 18 pharmacies in the area. These are: <ul style="list-style-type: none"> <li>➤ Arabic (two pharmacies)</li> <li>➤ Czech</li> <li>➤ French</li> <li>➤ Gujarati (two pharmacies)</li> <li>➤ Hindi (two pharmacies)</li> <li>➤ Polish</li> <li>➤ Punjabi (two pharmacies)</li> <li>➤ Tamil</li> <li>➤ Welsh (11 pharmacies, including one pharmacy where Welsh is only spoken one day a week)</li> </ul> </li> </ul>	<p>Could review and consider language barriers when appointing new staff</p> <p>All Pharmacies have access to interpreter service</p>	<p>Refer to PNA</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	<ul style="list-style-type: none"> <li>There is no apparent negative impact envisaged at this time</li> <li>The PNA indicates services that are open 7 days per week in clusters therefore information re opening hours on certain days is available.</li> </ul>	Review policies and practices to identify any concerns - eg any religious or cultural barriers to groups accessing the service	Refer to PNA
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>the opposite sex (heterosexual);</li> <li>the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>	<ul style="list-style-type: none"> <li>There is no apparent negative impact envisaged at this time</li> <li>Patients may wish to speak to pharmacist of the same sex and this may result in a delay if not available</li> </ul>	Pharmacies should aim to ensure appropriate male/female staff are available to assist with gender specific services eg sexual health related services  There is no information available on sexual orientation and specific needs from pharmacy services. However, it may be possible for pharmacies to consider displaying a 'LGBT friendly' symbol on the door to indicate	

Khan Raj  
05/06/2021 17:00:36

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		that people of all sexual orientations and gender identities are welcome.	
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language	<ul style="list-style-type: none"> <li>Indicate Community Pharmacies that are open and clarify if a Welsh speaking Pharmacist is available</li> <li>The results of the patient/public survey showed 96% preferred language was English when accessing services at a Pharmacy</li> </ul>	Encourage Community Pharmacies to recruit staff who are able to speak other languages  Pharmacies to promote availability of welsh speakers eg on website	Refer to PNA
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	<ul style="list-style-type: none"> <li>There is no negative impact envisaged at this time</li> <li>Within the PNA it indicates location of Pharmacies in terms of deprivation</li> </ul>		Refer to PNA
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable	<ul style="list-style-type: none"> <li>Within the patient/public questionnaire 90% said they did not have difficulty getting to a pharmacy</li> </ul>		Refer to PNA

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
to access services and facilities	<ul style="list-style-type: none"> <li>Nearly all respondents could get to a pharmacy in less than 20 minutes and 38% could travel to a pharmacy in less than 5 minutes</li> </ul>		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	<ul style="list-style-type: none"> <li>Patients can attend any Community Pharmacy as they are not registered to an area</li> </ul>	<p>Pharmacies could review their policies and practices using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider</p> <p>Community Pharmacies undertake an annual patient survey and action improvements</p>	

Khan Raj  
05/06/2021 17:00:36

## 7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	Ensuring services are available within the local area and at appropriate times. This may have been an issue during COVID-19 and there was Welsh Government approval for relaxation of opening hours. Some Community Pharmacies made arrangements for medicine delivery in most geographical areas  103 out of 106 Community Pharmacies provide the facility of a private consultation area for patients to discuss issues	PNA will cover current services and influence future provision	
<b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy	PNA scopes services available in Cardiff & Vale UHB area  The document states that the	Understand the availability of services in the UHB area	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>following are essential services</p> <ul style="list-style-type: none"> <li>• Promotion of healthy lifestyles</li> <li>• Signposting, and</li> <li>• Support for self-care</li> </ul> <p>Further enhanced services are available in some Pharmacies i.e. smoking cessation. Historically enhanced services commissioned on the basis of area of greater need</p>		
<p><b>7.3 People in terms of their income and employment status:</b></p> <p>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Local services ensuring travel costs are minimised</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>The PNA identifies travel times to Pharmaceutical services across Cardiff &amp; Vale UHB</p>		
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer</p>	<p>Document scopes available services in the Community</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Local Community Pharmaceutical services identified to reduce travel time</p>		

Khan Raj  
05/06/2021 17:00:36



Please answer question 8.1 following the completion of the EHIA and complete the action plan

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	<p>The PNA is reviewing available pharmaceutical services including enhanced service provision provided and will use this when considering need for new Pharmacies within the UHB area.</p>
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### Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<p>Draft PNA is sent to agreed bodies, as set in legislation, for review – 60 days consultation and final document to be signed off by the Steering Group and the Strategy &amp; Delivery Committee</p>		<p>June/July</p>	

Khan Raj  
05/06/2021 17:00:36

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>The draft PNA has highlighted that no gaps provision in nine clusters</p>			

Khan Raj  
05/06/2021 17:00:36

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.4 What are the next steps?</b>  Some suggestions:- <ul style="list-style-type: none"> <li>Decide whether the strategy, policy, plan, procedure and/or service proposal:               <ul style="list-style-type: none"> <li>continues unchanged as there are no significant negative impacts</li> <li>adjusts to account for the negative impacts</li> <li>continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>stops.</li> </ul> </li> <li>Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>Publish your report of this impact assessment</li> <li>Monitor and review</li> </ul>	The PNA is a statutory requirement and will be used to ensure future plans for Community Pharmacies are appropriate for area developments i.e. housing developments etc.			

Khan Raj  
05/06/2021 17:00:36

## Appendix 1

### Equality & Health Impact Assessment

#### Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

##### Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)<sup>3</sup>

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

<sup>3</sup> <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)<sup>4</sup>
- Equality Act 2010<sup>5</sup>
- Well-being of Future Generations (Wales) Act 2015<sup>6</sup>
- Social Services and Well-being (Wales) Act 2015<sup>7</sup>
- Health Impact Assessment (non statutory but good practice)<sup>8</sup>
- The Human Rights Act 1998<sup>9</sup>
- United Nations Convention on the Rights of the Child 1989<sup>10</sup>
- United Nations Convention on Rights of Persons with Disabilities 2009<sup>11</sup>
- United Nations Principles for Older Persons 1991<sup>12</sup>
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance<sup>13</sup>
- Welsh Government Health & Care Standards 2015<sup>14</sup>
- Welsh Language (Wales) Measure 2011<sup>15</sup>

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

**EQIAs** assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

<sup>4</sup> <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

<sup>5</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

<sup>6</sup> <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

<sup>7</sup> <http://gov.wales/topics/health/socialcare/act/?lang=en>

<sup>8</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

<sup>9</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

<sup>10</sup> <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

<sup>11</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>12</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

<sup>13</sup> <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

<sup>14</sup> <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

<sup>15</sup> <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

**HIAs** assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

**Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.**

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist ([susan.toner@wales.nh.uk](mailto:susan.toner@wales.nh.uk)) or Keithley Wilkinson, Equality Manager ([Keithley.wilkinson@wales.nhs.uk](mailto:Keithley.wilkinson@wales.nhs.uk))

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates<sup>16</sup>
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide<sup>17</sup>

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<sup>16</sup> <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

<sup>17</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

## Appendix 2 – The Human Rights Act 1998<sup>18</sup>

The Act sets out our human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’:

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

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<sup>18</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>



## Appendix 3

### Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Khan, Raj  
05/06/2021 17:00:36

<b>Report Title:</b>	<b>Strategic Equality Objectives - Delivery Plan Framework 2020-2022</b>							
<b>Meeting:</b>	<b>Strategy &amp; Delivery Committee</b>					<b>Meeting Date:</b>	<b>11.05.2021</b>	
<b>Status:</b>	<b>For Discussion</b>	<b>x</b>	<b>For Assurance</b>	<b>x</b>	<b>For Approval</b>	<b>x</b>	<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	<b>Interim Executive Director of Workforce and OD</b>							
<b>Report Author (Title):</b>	<b>Equality Manager</b>							

#### **Background and current situation:**

At the 15 September 2020 meeting the Committee noted and endorsed the revised Strategic Equality Plan - Caring about Inclusion 2020-2024. It was agreed that a delivery framework action plan would be developed which would include monitoring and timelines.

The four year Strategic Equality Plan - Caring about Inclusion 2020-24 (SEP) is now in its first year. This paper identifies the priority interventions for the coming year. This plan places a special emphasis on improving attention to a more inclusive approach, the continuation of some pieces of work and identifies other new pieces of work, as outlined in **Appendix 1**.

#### **Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:**

Since the last report to the Committee the Equality Strategy & Welsh Language Standards Group (ESWLSG) has been established and has met on three occasions. The purpose of the ESWLSG is to advise, embed and assure the Strategy and Delivery Committee on the development and implementation of the UHB's Strategy Equality Plan - Caring about Inclusion 2020-2024 (SEP) and compliance with the Welsh Language Standards, and key enabling plans. This will include all aspects of service access/delivery, employment practice, patient and public involvement, commissioning services and partnership arrangements. It will include any risks that may hinder our achievement of the objectives set out in the SEP and the Welsh Language Standards, including mitigating actions against these, as outlined in **Appendix 1**.

#### **Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

This first year action plan has been developed to ensure the delivery of the SEP in the new healthcare landscape as a result of the COVID-19 pandemic and the disproportionate impact on those with protected characteristics and those who come from socio-economically deprived communities. The objectives have been reviewed and we have reaffirmed our commitment that equality and human rights must take centre stage to the thinking and planning of the health board and inform our response to COVID-19.

This forthcoming year will be about sustainability and enhancement with its continuation of some actions as well as the identification of new actions as we move into a more inclusive and partnership approach for our SEP which initially began in April 2020 and will be ending in March 2024.

Although the embedding of equality with due regard through use of the Equality and Health Impact Assessment (EHIA) is being undertaken, we will need to review how we meet our public

Khan, Raj  
05/06/2021 17:00:36

sector equality duties around assessment and obligations in relation to the Socio-Economic Duty.

While the UHB continues to make progress in integrating equality during the past few years, there are still challenges to meet, if we are to become the inclusive organisation that we aspire to be. The actions are both the start and continuation of our steady progress

**ASSURANCE** is provided by:

- The actions stated within the delivery plan will helps the UHB meet its obligations set out in the Strategic Equality Plan - Caring about Inclusion 2020-2024 (SEP). Our SEP has been noted by the Equality & Human Rights Commission.

Recommendation

The Strategy and Delivery Committee is asked to:

- NOTE** the Strategic Equality Objectives - Delivery Plan Framework 2020-2022 report,
- APPROVE** the first year Strategic Equality Plan (SEP) delivery framework Plan.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant, click <a href="#">here</a> for more information									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Not applicable as there is an EHIA for the overall SEP.			
	<div>Caredig a gofio</div> <div>Dangos parch</div> <div>Ymddiriedaeth ac uniondeb</div>	<div>Personal responsibility</div> <div>Cyfrifoldeb personol</div>		

SEP Delivery Plan 2020-2022: Caring about Inclusion

Outcome 1 People are and feel respected

Objective 1.1		To support and promote the Health Board as a great place to work for all								
Performance Measures	Data Source	Frequency of data								
Ranking in Stonewall Employers' Index	Stonewall	Annual								
Number of staff who identify as coming from protected characteristics	Staff records	Annual								
Number of staff who identify as disabled	Staff records	Annual								
Number of staff who identify as LGBT	Staff records	Annual								
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating			
Continued participation in Stonewall's WEI- whilst linking the Index to other protected characteristics	Executive Director of Workforce and OD	Equality Manager; Rainbow LGBT+ FFlag Network	Sep-21	1.Complete WEI submission 2 .Participate in Pride 2021 3. Raise awareness of Trans related issues .	1.Submission produced. 2. Staff attend stall 3. Trans Terminology sessions delivered. 4. Equal Ability Network to be launched. 5. Work on becoming a more inclusive organisation to begin in April 2019.	Annual submission will take place in September 2021 with results known in January 2022. Work on planning for the submission has already begun. The UHB hosts the Welsh Gender Service. Trans awareness sessions have taken place during 2021 and will continue throughout the year.				
Continued support for the Rainbow LGBT FFlag Network	Executive Director of Workforce and OD	Equality Manager; Rainbow LGBT FFlag Network	Sep-21	1. Develop and Implement a Stonewall action plan. 2.	1. Action plan implemented.	Meetings in place to discuss action plan				
Achievement of Disability Confident Leader Status Level 3, partnership working with DFN Project Search, Kickstart, the signing of the Working Forward Pledge and continuation our successful adherence to current Mindful Employer charter.	Executive Director of Workforce and OD	Senior HWOD for Education and Inclusion/Equality Manager	Sep-21	1. Map and identify gaps between 2nd and 3rd level 2. Work with agencies to implement appropriate placements for young people with learning disabilities, young people aged 16-24. 3. Develop work to be able to sign charter	1. Accreditation achieved for Disability Confident Leader status and Working Forward Pledge signed. 2. Young people offered work placements across the UHB	Work has already begun through work with Elite Supported Employment agency to achieve accreditation. Work has begun on work with Kickstart and DFN Project search with placements through Kickstart looking to begin in March 2021				
Identify and shape opportunities to engage with staff to understand their experience and respond to feedback to ensure all staff feel valued and involved, and ensure equality of opportunity is UHB wide, starting with race and the development of an anti-racist strategy and a Black, Asian & Minority Ethnic staff network.	Executive Director of Workforce and OD/Senior HWOD for Education and Inclusion	LED Manager;Workforce Governance Manager; Head of Communications; Equality Manager;	Jul-21	1. Develop Staff Stakeholder Groups/Meetings 2. Develop and identify themes to focus on. 3. Develop a Black, Asian & Minority Ethnic staff network.	1.Staff Survey Stakeholder Groups/ Meetings held. 2. Themes identified to focus future work. 3. A Black, Asian & Minority Ethnic staff network established.	Work has begun with CEO listening and learning activity. The work will continue with engagement feedback from staff sessions and organisational 'roundtable' approach				
Objective 1.2		To undertake engagement activities to communicate with stakeholders and obtain views on service delivery for all								
Performance Measures	Data Source	Frequency of data								
Number of equality issues raised and resolved	Concerns Team	Annually								
Number of stakeholders attending events or activity										
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	Rag Rating			
Gain feedback from stakeholders (and disseminate) through involvement in and 'attendance' at partnership equality or related events and activities; Annual Carers' Events; Annual Pride; Stakeholders Reference Group; Annual third sector engagement; and a number of equality engagement events per year to assess progress against the SEP	Assistant Director of Patient Experience/Assistant Director of OD/Assistant Director of Planning/	Equality Manager/ Head of Partnerships/Assistant Director of Patient Experience	Oct-21	1. Attend at least 2 stakeholder events during 2020/2021 2. Respond to issues raised 3.	1.Refreshed SEP Delivery Plan, taking account of feedback 2. Issues raised are responded to.	Work with Engagement Lead for Perfect Locality continues in regard to events and support provided through development of an EHIA . Stakeholder planning revised as part of the SEP delivery. Equality Manager is part of the Seldon Heard Communities work led by the Assistant Director of Patient Experience and with the Health Inclusion Clinical Work Group.				
Objective 1.3		To ensure that people are respected and free from abuse, harassment, bullying and violence								
Performance Measures	Data Source	Frequency of data								
Number of hate crime issues reported and resolved	Head of Health and Safety	Annually								
Number of staff attending Violence and Aggression training	Head of Health and Safety	Annually								
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating			

Disseminate hate crime, abuse and harassment materials whilst making sure that reporting links are clear and well communicated	Executive Director of Workforce and OD/Head of Health and Safety	Head of Health and Safety	Oct-21	1. Review the current Violence and Aggression (V&A) training package 2. Achievement of 85% staff receiving V&A training 3. Produce relevant and up to date briefings which are accessible/communicated across the UHB	1. V & A training which includes information on hate crime, abuse and harassment 2. Achievement of 85% across the UHB 3. Relevant, up to date information is accessible/communicated across the UHB	V&A awareness includes information on hate crime, abuse and harassment. Target of 85% not yet achieved. Awareness raising is communicated via briefings/newsletters/intranet.	
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Objective 1.4							
To review all equality related training,support and development with a view to creating a more inclusive workplace and more inclusive services							
Performance Measures	Data Source	Frequency of data					
% of staff who receive training publicised in Annual Equality Report	LED Manager	Annually					
Number of Equality Champions in the organisation	Equality Manager						
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Redesign, develop and roll out a programme of race related training Trans related training for all staff	Executive Director of Workforce and OD/Senior HWOD for Education and Inclusion/Equality Manager/Head of LED	Senior HWOD for Education and Inclusion/Equality Manager/Head of LED	Oct-21	1. Use feedback from equality training to monitor requirements 2. Work with staff and partnership organisations to review Treat Me Fairly training	1. Refreshed Treat Me Fairly training produced, taking a more 'lived experience' approach.	Work with other health boards/partners has begun, taking account of patient experiences	
Provide additional materials and briefings for all managers and supervisors	Equality Manager	Equality Manager	Mar-21	1.Gather and produce briefings on all Protected Characteristics	Comprehensive coverage of equality issues in briefings	Work on briefings has been completed.	

Objective 1.5							
To explore the use of positive action employment initiatives with regards to protected characteristics							
Performance Measures	Data Source	Frequency of data					
Number of placements from 0 to 50	Equality Manager	Half yearly					
Completion of review							
Action	Action owner	Action delivery by	Target date	Tasks		Progress	RAG rating
Partnership development with Project Search providing internships for young people with learning disabilities to gain/increase job skills. Working with Elite to increase workforce representation of people with learning disabilities and/or autism. Apprenticeship opportunities are provided to 16+ year olds post education with no upper age limit or restriction on any other protected characteristic such as race. Work placements are offered to 16-24 year olds.	Senior HWOD for Education and Inclusion/Equality Manager/Head of LED/Apprenticeship & Widening Access Co-ordinator	Senior HWOD for Education and Inclusion/Equality Manager/Head of LED/Apprenticeship & Widening Access Co-ordinator	Mar-22	1. Meet with appropriate external organisations 2. Meet with CB/Corporate leads 3. Develop new placements withing CB's & Corporate	Rise in number of placements achieved	Meetings/Arrangements/Agreements with external organisations have begun. Discussions with internal staff has also begun as regard to placements/employment opportunities.	
Increase workforce representation in relation to all protected characteristics at all levels of organisation, including BAME, Disability, LGBT+, Age, through education and awareness. Support pregnant women and new parents at work	Executive Director of Workforce and OD Heads of Workforce/ Shared Services /Senior Medical Workforce Manager/ Bank Manager/ All Appointing Managers/	Deputy Director of Workforce/ Heads of Workforce/ Shared Services /Senior Medical Workforce Manager/ Bank Manager/ All Appointing Managers/		1. Establish data baseline 2. Work with internalstaff and external agencies to promote the inclusivity of the UHB	Workforce demographic changes	Work with internal staff external organisations has begun.	

01/03/2022

Objective 1.6							
To promote person-centred services that respect people's human rights and communication, spiritual and cultural needs							
Performance Measures	Data Source	Frequency of data					
Number assessed by Red, Amber and Green rating (Health and Care Standards)		Annually					

Khan,Raj  
05/06/2021 11:00

% patient satisfaction

% whose communication needs are assessed

% whose spiritual needs are assessed

% whose cultural needs are assessed

Annual Health and

Care Standards Audit

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress
Support Clinical Boards to understand and implement Health and Care Standard 6.2 People's Rights including identifying targeted interventions to ensure patients' communication, cultural and spiritual needs are assessed; and by Assess the Health Board's use and the effectiveness of the Wales Interpretation & Translation service	Executive Nurse Director/Assistant Director of Patient Experience/Clinical Board Directors of Operations	Patient Experience Team/Equality Manager	May-21	1. To work alongside the Patient Experience Team on issues of human rights and communication, spiritual and cultural needs	1. To provide training/advice/materials as required.	The Equality Manager works closely with the Assistant Director of Patient Experience and Clinical Boards.

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05/06/2021 17:00:36

SEP Delivery Plan 2020-2021: Caring about Inclusion

Outcome 2: People are communicated with in ways that meet their needs (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)

Objective 2.1	To meet the All Wales Standard for Accessible Communication and Information for people with sensory loss					Progress
Performance Measures	Data Source	Frequency of data				
Improvement reported in Community Health Council environmental audit and by Third sector	Sensory Loss Standards Working Group	Annually				

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
To work to meet the All Wales Standards for Accessible Information and Communication for People with Sensory Loss	Sensory Loss Standards Working Group chaired by Chief Operating Officer/Inclusion Manager	Sensory Loss Standards Working Group and Champions	Oct-21	1. Develop and implement a Health Board wide action plan to meet the All Wales Standards for Accessible Information and Communication for People with Sensory Loss	1. Action plan developed and implemented 2. All Wales Standard is achieved 3. CB's through their action plans and Sensory Loss Leads/Champions are aware of baseline situation in their areas.	Work on reviving action plan will begin shortly now that the Inclusion Manager is in post. Clinical Boards will report back to the Sensory Loss Standards Working Group and are working towards achieving the Standards.	

Objective 2.2 Implement the Welsh Language Standards Framework, through the establishment and work of the ESWLSG.			Progress
Performance Measures	Data Source	Frequency of data	
% of frequently used information both leaflets and letters which are available in Welsh	Clinical Board Directors of Operations	Annually	
% of identified staff who receive training	LED Manager	Annually	

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Implement the Welsh Language Standards Framework throughout the UHB including through the work of the Equality Standards & Welsh Language Standards Group	Executive Director of Workforce and OD	Senior HWOOD for Education and Inclusion/Welsh Language Officer/ Welsh Language Standards Group/ Clinical Board/Corporate	Oct-21	1. Respond to the Standards. 2. A 'Think Welsh' Campaign to be instigated 3. Actions are designed to meet compliance.	1. Action plan has begun to implemented 2. 'Think Welsh' campaign is developed. 3. Planned actions are designed to meet compliance.	The Welsh Language Standards for the UHB arrived in November 2019. The Board have been actively involved in working to meet the 120 Standards. The UHB has so far met 70 Standards. Work on the remaining 50 standards continue.	
Employee two Welsh Language translators to assist compliance with the Welsh Language Standards	Assistant Director of Organisational Director/Equality Manager	Assistant Director of Organisational Director/Equality Manager	Dec-20	Employee two Welsh Language translators to assist compliance with the Welsh Language Standards	Two Welsh Language translators are employed to assist compliance with the Welsh Language Standards	The two Welsh Language translators are now employed to assist compliance with the Welsh Language Standards	

Objective 2.3 To create environments accessible to people with sensory loss, stroke and dementia and which consider lighting, colour, contrast, signage, background noise etc				Progress	
Performance Measures	Data Source	Frequency of data			

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Building and Engineering Services Standards and Equality Impact Assessment checklist to be used to help with comments around accessibility within different buildings to improve access to services. This includes accessible toilets, gender neutral toilets, wide and automatic doors, large lifts, ramps that are both wide enough and not too steep etc. as well as comfort, signage, ease of navigation	Clinical Boards Heads of Delivery/Assistant Director of Planning/Equality Manager	Clinical Boards Heads of Delivery/Assistant Director of Planning/Equality Manager/ Welsh Language Officer	Mar-21	Building and Engineering Services Standards and Equality Impact Assessment checklist to be utilised in any service design.	1. Building and Engineering Services Standards and Equality Impact Assessment checklist is promoted.	The Building and Engineering Services Standards and Equality Impact Assessment checklist is being utilised	

SEP Delivery Plan 2020-2021: Caring about Inclusion

Outcome 3 More people receive care and access services that meet their needs (including those from socio-economic communities)

Objective 3.1	To support the implementation of the Integrated Medium Term Plan, including support for people with learning disabilities and for asylum seekers and refugees				
Performance Measures	Data Source	Frequency of data	Progress		
Number and quality of Equality and Health Impact Assessments (EHIA)					

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Engage with service users to ensure they are involved in service redesign, for example, people from Black, Asian and Minority Ethnic communities, trans people, people with mental health issues, people with learning disabilities, Gypsies, Roma and Traveller communities, the homeless and asylum seekers and refugees	Clinical Boards	CB Directors of Operations/Director of Communications, Arts, Health Charity and Engagement/Equality Manager	Mar-22	1. To develop engagement plan for service redesign that includes a diversity of methods 2. To implement plan in conjunction with communities identified 3. To develop a communication plan - internally and externally- for diverse communities including roadshows and community letters. 4. To implement the communication plan 5. Undertake an EHIA	1. Engagement Plan developed. 2. Engagement Plan implemented with community support 3. Communication Plan developed. 4. Communication Plan implemented 5. EHIA completed.	Communication and Engagement plans underway for:- Safeguarding Our Future Clinical Services, Vascular Engagement programme and engagement has begun on the development of our new genomics facility.	

Objective 3.2	To ensure that we have the necessary mechanisms in place to capture and monitor the protected characteristics data				
Performance Measures	Data Source	Frequency of data	Progress		

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Regularly review and monitor the data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide.	Chief Operating Officer/ Executive Director of WOD	Executive Director of WOD/ Chief Oj	Mar-21	1. To work with Elsevier, a leading information and analytics organisation in global research and health ecosystems. 2. To review and monitor any equality data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide	1. To update on the work with Elsevier 2.To produce regular updates to the appropriate Board Committee.	1. Initial meeting discussions have taken place. 2. This work has begun. Information on the patient experience is sent to the Equality Manager in relation to equality related issues for monitoring purposes.	

Objective 3.3	To establish a combined/separate Welsh Language and Equality and Health Impact Assessment (EHIA) process				
Performance Measures	Data Source	Frequency of data	Progress		
Number of EHIAs completed and published	Corporate Governance	Annually			

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Establish a Equality & Health Impact Assessments.	Equality Manager/ Governance Manager/Senior Health Promotion Specialist	Senior Health Promotion Specialist/Equality Manager/Head of Corporate Governance	Mar-22	1. Develop an all-encompassing EHIA. 2. Review the EHIA training package	1. All encompassing EHIA is developed, communicated and available for use across the UHB.	Work on development has begun with other NHS organisations and Welsh Government	

Objective 3.4	To build equality considerations into the organisation's procurement and commissioning processes				
Performance Measures	Data Source	Frequency of data	Progress		

Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating
Engage the equality issues in the processes early on in the procurement and commissioning process, which are relevant to the subject or performance of the contract.	Deputy Head of Procurement/	Deputy Head of Procurement/ Equality Manager	Mar-22	1. Identify gaps in the procurement and commissioning process and revise documentation	1. Decide whether work can be taken forward and revise documentation	Equality statement in our pre-qualification questionnaire revised to include: "Cardiff and Vale Health Board has achieved Disability Confident recognition. As a supplier / partner we would like to encourage you to become Disability Confident. To find out more visit <a href="https://www.gov.uk/guidance/disability-confident-how-to-sign-up-to-the-employer-scheme">https://www.gov.uk/guidance/disability-confident-how-to-sign-up-to-the-employer-scheme</a> ."	



## SEP Delivery Plan 2020-2021: Caring about Inclusion

### Outcome 4 Gender and any other protected characteristic pay gap is reduced

Objective 4.1		To reduce any other protected characteristic pay gap to promote equality and good practice						
Performance Measures	Data Source	Frequency of data						
Meet the legislative requirements of the gender pay gap information regulations	ESR							
Action	Action owner	Action delivery by	Target date	Tasks	Deliverables	Progress	RAG rating	
Identify any trends and to formulate an action plan to address any unfair differentials that may emerge	Deputy Director of Workforce	Workforce Governance Manager/Equality Manager	Jun-21	1. Data set established to identify and organise fields of search 2. Action Plan formulated to address an gaps or issues that arise	1. Established data set 2. Implemented action plan	Data set established. Gender pay report to be published in June Annual Equality Statement and Report 2021/22.		

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05/06/2021 17:00:36

<b>Report Title:</b>	<b>Employment Policies Report</b>					
<b>Meeting:</b>	<b>Strategy and Delivery Committee</b>				<b>Meeting Date:</b>	<b>11.05.2021</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b> x	<b>For Information</b>
<b>Lead Executive:</b>	<b>Interim Executive Director of Workforce and OD</b>					
<b>Report Author (Title):</b>	<b>Workforce Governance Manager</b>					

### **Background and current situation:**

This paper summarises for the Strategy and Delivery Committee details of three All-Wales Policies / Protocols which have been reviewed recently and should now be adopted by the UHB. These are: a new Respect and Resolution Policy which will replace the current Dignity at Work Process and Grievance Policy; the Special Leave Policy; and the Recruitment and Retention Payment (RRP) Protocol.

### **Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:**

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum (WPF) and must be adopted, without amendment, by all Health Boards in Wales.

### **Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

#### **a) Respect and Resolution Policy**

This policy has been developed as part of a very different approach to our traditional all Wales policies and procedures. Through working on a replacement to the Grievance Policy and Dignity at Work Process it was felt that there was a real opportunity for employers and trade union colleagues to work together to re-focus our traditional way of doing things and move to establishing ways of working which focus on early intervention and the prevention of problems through building healthier working relationships and workplaces. This aligns with the broader work being undertaken across NHS Wales by organisations on values and behaviours, the approaches set out in the Workforce Strategy for Health and Social Care such as compassionate leadership, and Just Culture. There are also links with the UHBs Freedom to Speak Up process for raising concerns.

Key elements of the Respect and Resolution Policy include:

- Ensuring that all employees have access to a policy to help deal with any requests for resolution relating to their employment fairly, constructively and without unreasonable delay,
- Aiming to encourage fairness and positive relationships within the workplace, preventing bullying, harassment and any form of unacceptable behaviour,
- Recognising that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence,

Khan, Raji  
05/06/2021 17:00:36

- Recognising that conflict and disagreements in the workplace happen but should not always be viewed negatively. When conflict is managed well it leads to healthy, resilient and positive working relationships,
- A commitment to resolve issues at the earliest opportunity without resorting to a formal policy. As a last resort it may be necessary to use the formal part of this policy to resolve disputes or issues.

This new approach will be launched on 1 June 2021 and existing policies will be in place until that date. The policy is presented at **Appendix 1** for information.

## **b) Special Leave Policy**

The UHB attaches considerable importance to assisting employees in balancing the responsibilities of their work with their domestic and family responsibilities. It is recognised that in the majority of instances these commitments can be planned and are therefore outside of the remit of this policy. However, the Special Leave Policy ensures that support is provided at times of urgent and unforeseen need, by providing additional leave according to circumstance.

The situations that this policy is intended to deal with are emergency carers and dependant leave, unexpected crisis leave and bereavement leave. The policy also deals with time off for public duties and time off for fertility treatment.

The Special Leave Policy has been reviewed recently and a number of changes introduced which now need to be implemented at the earliest opportunity.

Changes to the Policy include:

- The introduction of an underlying principle that managers should 'know their staff' and be familiar with any issues or particular needs they may have. The manager, in knowing their staff, has the ability to apply discretion to the application of the policy,
- Individual, social, cultural, religious and geographical circumstances should be considered when granting special leave for bereavement purposes,
- A section on staff experiencing domestic abuse has been added – managers should be flexible and treat each instance sensitively and individually,
- Definitions, including that of a dependant and a carer, have been updated,
- The section on Public Duties has been strengthened to make it clear that individuals who have been allowed paid time off for public duties must refrain from claiming or accepting a fee or allowance for undertaking that duty,
- The section on time off and pay during jury service has been widened to include attending court as a witness,
- Support and reasonable time off will be provided to an employee who is the partner of someone receiving fertility treatment,
- The provisions in respect of the death of a child, which previously applied to staff employed on AFC terms and conditions only, has now been widened to include medical and dental staff.

The policy is presented at **Appendix 2** for information.

### c) Recruitment and Retention Payment (RRP) Protocol

The NHS pay system is predicated on the basis that employees will receive equal pay for work of equal value. However, it is accepted that market forces will apply to some jobs and some geographical areas. These market forces can be addressed by the payment of a local Recruitment & Retention Payment (RRP). The aim of the protocol is to provide information, advice and guidance on the process for determining an RRP and the process for consulting on the proposed RRP prior to implementation.

This has been reviewed by the Welsh Partnership Forum (WPF) recently and a small number of amendments were made as follows:

- Further information is provided on what makes the payment robust enough to resist an equal pay challenge,
- If an extension is sought the review process needs to be initiated 12 months before the expiry date of the RRP,
- Reference is included to the public sector equality duty.

The policy is presented at **Appendix 3** for information.

Welsh language versions of the policies are also available and will be published on the UHB internet site.

### **Recommendation:**

The Strategy and Delivery Committee is asked to:

- **APPROVE** the Respect and Resolution Policy for adoption by the CVUHB with effect from 1 June 2021,
- **APPROVE** that the Dignity at Work Process and NHS Wales Grievance Policy be rescinded with effect from 1 June 2021,
- **APPROVE** the revised Special Leave Policy for adoption by the CVUHB,
- **APPROVE** the revised Recruitment and Retention Payment (RRP) Protocol for adoption by the CVUHB.

### **Shaping our Future Wellbeing Strategic Objectives**

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
<b>Five Ways of Working (Sustainable Development Principles) considered</b> Please tick as relevant, click <a href="#">here</a> for more information			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	National NHS Wales policies will have been subject to an Equality Impact assessment at the time of creation by the national group.		



A light green map of the United Kingdom, including Great Britain and Northern Ireland, is centered on a teal background. The map shows internal regional or local authority boundaries in white. The title 'RESPECT AND RESOLUTION POLICY' is overlaid on the left side of the map.

# **RESPECT AND RESOLUTION POLICY**

Keep Ref:  
25105/2021-17100-26

# Sections

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**01**

**About this policy**

**02**

**Using this policy**

**03**

**Informal  
Resolution**

**04**

**Formal Request  
for Resolution**

**05**

**Formal Resolution  
Meetings**

**06**

**Appeals**

**07**

**Right to be  
accompanied**

**08**

**Collective Request  
for Resolution**

**09**

**Overlapping  
Requests for  
Resolution and  
Disciplinary  
Processes**

**10**

**Learning From  
Events**

**11**

**Flowchart**

Open Page  
05/06/2021 17:00:36



<b>CONTENTS</b>	<b>PAGE</b>
<b>1. About this policy</b>	<b>5</b>
<b>2. Using this policy</b>	<b>7</b>
<b>3. Informal Resolution</b>	<b>9</b>
<b>4. Formal Request for Resolution</b>	<b>11</b>
<b>5. Formal Resolution Meetings</b>	<b>13</b>
<b>6. Appeals</b>	<b>15</b>
<b>7. Right to be accompanied</b>	<b>17</b>
<b>8. Collective Request for Resolution</b>	<b>19</b>
<b>9. Overlapping Requests for Resolution and Disciplinary Processes</b>	<b>21</b>
<b>10. Learning From Events</b>	<b>23</b>
<b>11. Flowchart</b>	<b>25</b>

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05/06/2021 17:00:36



# RESPECT AND RESOLUTION POLICY

**Approved by: Welsh Partnership Forum**

**Issue Date: April 2021**

Keep Ref:  
25706/2021-17100-36



# 01

## About this policy

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05/06/2021 17:00:36



# 01 About this policy

## 1. About this policy

**1.1** We seek to ensure that all employees have access to a policy to help deal with any requests for resolution relating to their employment fairly, constructively and without unreasonable delay.

**1.2** We aim to encourage fairness and positive relationships within the workplace. We aim to prevent bullying, harassment and any form of unacceptable behaviour.

**1.3** We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence. Focusing on resolution is good for our organisation, it is good for you and it is good for our patients and service users.

**1.4** We recognise conflict and disagreements in the workplace happens but should not always be viewed negatively. When conflict is managed well it leads to healthy, resilient and positive working relationships. We strive for a workplace where everyone can engage with each other constructively and use the toolkit available to seek their own resolution as far as possible.

**1.5** If this happens, we will support employees and managers to work together to resolve any issues and conflict constructively and quickly.

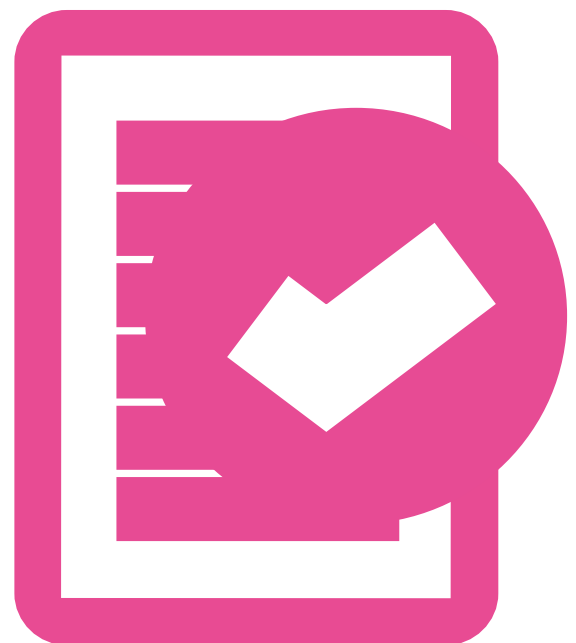
**1.6** We commit to resolving issues at the earliest opportunity without resorting to a formal policy. As a last resort it may be necessary to use the formal part of this policy to resolve disputes or issues. This policy sets out our commitment to helping you seek a resolution.

**1.7** This policy applies to all employees.

**1.8** This policy has been agreed by the Wales Partnership Forum.

**1.9** This policy constitutes the formal grievance policy.

**1.10** The [Core Principles of NHS Wales](#) are central to this policy and apply throughout.



# 02

## Using this policy

Khan, Raj  
05/06/2021 17:00:36



# 2 Using this policy

## 2. Using this policy

**2.1** This Resolution Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts and complaints. Issues that could cause disagreements, conflicts or complaints may include but are not limited to:

- (a) terms and conditions of employment
- (b) health and safety
- (c) work relations
- (d) bullying and harassment
- (e) new working practices
- (f) working environment
- (g) organisational change; and
- (h) discrimination.

**2.2** The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

**2.3** Everyone should ensure that issues are dealt with in a fair and consistent way and dealt with quickly and supportively.

**2.4** Every workplace in the NHS in Wales should be free from bullying and harassment. We are committed to ensure all staff are treated, and treat others, with dignity and respect.

This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events or online. It covers bullying and harassment by staff (which may include contractors and agency workers) and also by third parties such as patients and visitors to our premises.



Khan, Raj  
05/06/2021 17:00:36

# 03

## Informal Resolution

Khan Raj  
05/06/2021 17:00:36



# 3 Informal Resolution

## 3. Informal Resolution

**3.1** It is our aim that we each take ownership of our relationships so that they are as healthy as possible.

To help this, a [toolkit](#) has been developed which includes these useful approaches:

- (a) Using our shared expectations/promises
- (b) Reflecting Tips on how we can have healthy relationships
- (c) Having a Cuppa Conversation
- (d) Discussing with an appropriate leader/manager
- (e) Gaining support (and challenge) from a Resolution Network colleague
- (f) Taking part in an independently Facilitated Conversation
- (g) Accessing accredited Mediation.

**3.2** It is expected that the variety of tools and resources available are used to help resolve the issue(s) prior to raising a formal request for resolution. This can be done with the support of your line manager though this may not always be necessary.

**3.3** Most disagreements can be resolved quickly and informally through discussion with your colleagues or line manager. If you feel unable to speak to your manager, for example, because the issue involves them, then you should speak informally to a more senior manager, your Trade Union Representative or a member of Human Resources. If this does not resolve the issue, you should follow the formal part of the policy below.



Khan, Raj  
05/06/2021 17:00:36

# 04

## Formal Request for Resolution

Keep Ref  
05/06/2024 17:00:36





# 4 Formal Request for Resolution

## 4. Formal Request for Resolution

**4.1** This step of the policy constitutes a formal grievance.

**4.2** If your issues cannot be resolved informally by using the resources outlined in the toolkit, you should put your request for resolution in writing and submit it to your line manager (or a more senior manager if the issue involves your line manager) or a member of Human Resources.

Human Resources will appoint someone impartial, of sufficient seniority to consider the request. This appointment usually takes place within seven days of receiving the request. This person will be known as the Chair and will decide on the outcome of your request.

**4.3** Your written request for resolution should contain a description of the nature of your issue, including any relevant facts, dates, names of individuals involved and the desired resolution you hope to achieve. In some situations, we may ask you to provide more information.

An employee may make a complaint or raise an issue in Welsh and may also respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided below.



Khan, Raj  
05/06/2021 17:00:36

# 05

## Formal Resolution Meetings

Khan, Raj  
05/06/2021 17:00:36



## 5. Formal Resolution Meetings

**5.1** The Chair will meet with you to discuss your request for resolution. This should happen within 14 days of the chair being appointed. The purpose of this meeting is to allow you to explain your issue, explain how you think it should be resolved, enabling a decision to be reached based on the available evidence and representations you have made. The focus of this meeting will be seeking a resolution.

**5.2** Depending on the detail included within your request for resolution the Chair will either explore the issues with you at this meeting and decide on an outcome or will initiate an investigation to enable your request to be considered further.

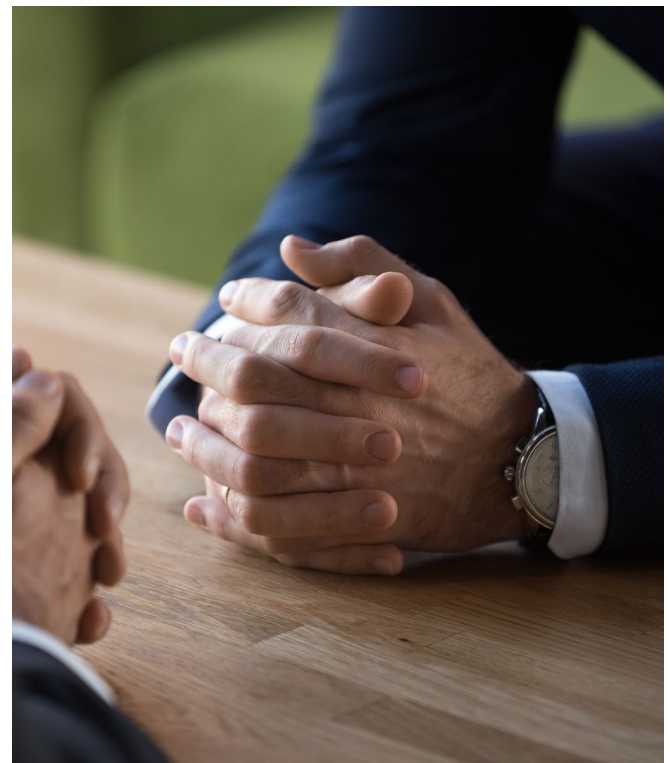
**5.3** If a detailed investigation is necessary, the Chair will appoint an investigator. This will normally be an employee of the organisation who is impartial. At this stage, the terms of reference and the timescales will be agreed.

**5.4** The level of any investigation required will depend on the nature of the issues involved and will vary from case to case. It may involve interviewing and taking statements from you and any witnesses, and/or reviewing relevant documents.

**5.5** The Chair will make a decision based on the information gathered at the formal resolution meeting(s) and with reference to any investigation, if appropriate.

If it is possible the Chair will provide you with a verbal decision at the end of the meeting. In any event, we will write to you, usually within seven days of the formal resolution meeting, to inform you of the outcome and any further action that is intended to resolve the issues. We will also remind you of your right of appeal.

**5.6** An accurate record of the meeting will be made and will be available upon request.



# 06

## Appeals

Khan Raj  
05/06/2021 17:00:36



# 6 Appeals

## 6. Appeals

**6.1** If your issue has not been resolved to your satisfaction you may appeal in writing within 14 days of the date on which the decision was communicated to you in writing.

**6.2** We will hold an appeal meeting, normally within one month of receiving your written appeal. This will be dealt with impartially by a more senior person than the Chair who has not previously been involved in the case (although they may ask anyone previously involved to be present where relevant for points of clarification).

This person will be known as the Appeal Chair. The Appeal Chair will be appointed by Human Resources and will usually be appointed within seven days of the appeal being received. The focus of this meeting, again, will be on seeking a resolution.

**6.3** We will confirm our final decision in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal.



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05/06/2021 17:00:36

# 07

## Right to be accompanied

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05/06/2021 17:00:36



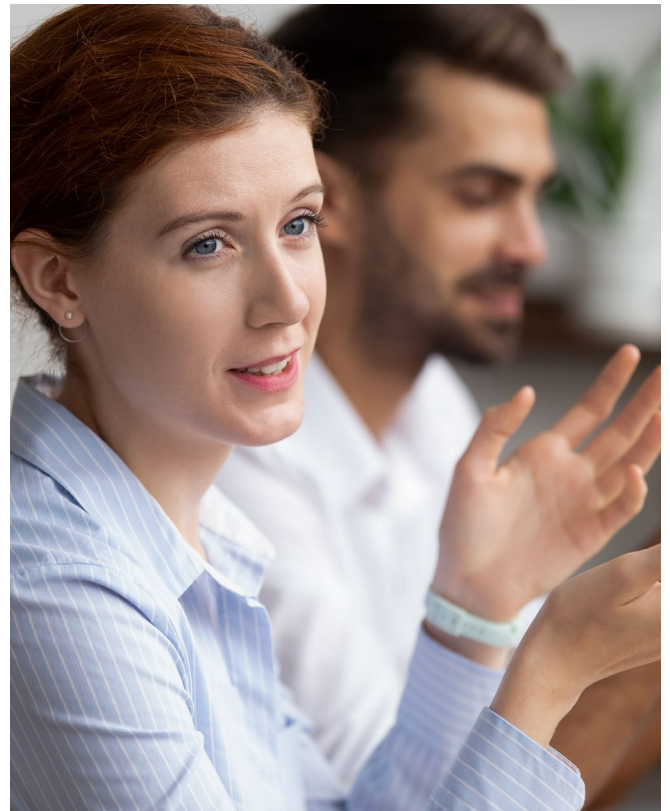
# 7 Right to be accompanied

## 7. Right to be accompanied

**7.1** You may bring a companion to any investigatory meeting, resolution meeting or appeal meeting to help and support you. The companion may be either a Trade Union Representative or a work colleague.

**7.2** At the resolution and appeal meetings your companion may address the meeting to put and sum up your case, respond on your behalf to any views expressed, ask questions and confer with you during the meeting. Your companion should not answer questions on your behalf. You may adjourn and talk privately with them at any time during the meeting.

**7.3** All witnesses will also have the right to be accompanied.



Khan, Raj  
05/06/2021 17:00:36

# 08

## Collective Request for Resolution

Khan, Raj  
05/06/2021 17:00:36





## 8. Collective Request for Resolution

**8.1** This part of the policy applies where more than one employee wishes to invoke the policy on the same issue. This would constitute a formal collective grievance.

**8.2** If resolution is required for a collective issue the stages of this policy will be followed in accordance with sections 3 to 7 above. All employees who are in support of the collective request for resolution will need to be identified on the submission.

**8.3** The number of employees attending the formal meeting to represent the collective group will be agreed at the outset (but should not normally exceed three employees plus their companion).

**8.4** Where this policy fails to reach a resolution to the collective issue, either side may refer the matter to the Advisory Conciliation & Arbitration Service (ACAS) for advice or conciliation.



Khan, Raj  
05/06/2021 17:00:36

# 09

## Overlapping Requests for Resolution and Disciplinary Processes

Khan Raj  
05/06/2021 17:00:36



# 9 Overlapping Requests for Resolution and Disciplinary Processes

## 9. Collective Request for Resolution

**9.1** Where you raise a request for resolution during a disciplinary process, the manager will discuss with you and your representative before a decision is made on whether the disciplinary policy should be temporarily suspended in order to deal with the request for resolution. Where the request for resolution and disciplinary cases are related it may be appropriate to deal with both issues concurrently.

**9.2** There may be occasions when disagreements or conflict have been resolved using the toolkit however the organisation may feel that a disciplinary process is required where core values or standards have been breached.

**9.3** In some circumstances, such as in cases of harassment or discrimination, it may be decided by the Chair that it is more appropriate to suspend the resolution process and progress the matter under the appropriate disciplinary policy.



Khan, Raj  
05/06/2021 17:00:36

# 10

## Overlapping Requests for Resolution and Disciplinary Processes

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05/06/2021 17:00:36



# 10 Overlapping Requests for Resolution and Disciplinary Processes

## 10. Overlapping Requests for Resolution and Disciplinary Processes

**10.1** Where appropriate we will reflect and learn from the resolution process. This stage is not a requirement but is encouraged and may be useful in helping develop healthier working environments and relationships.

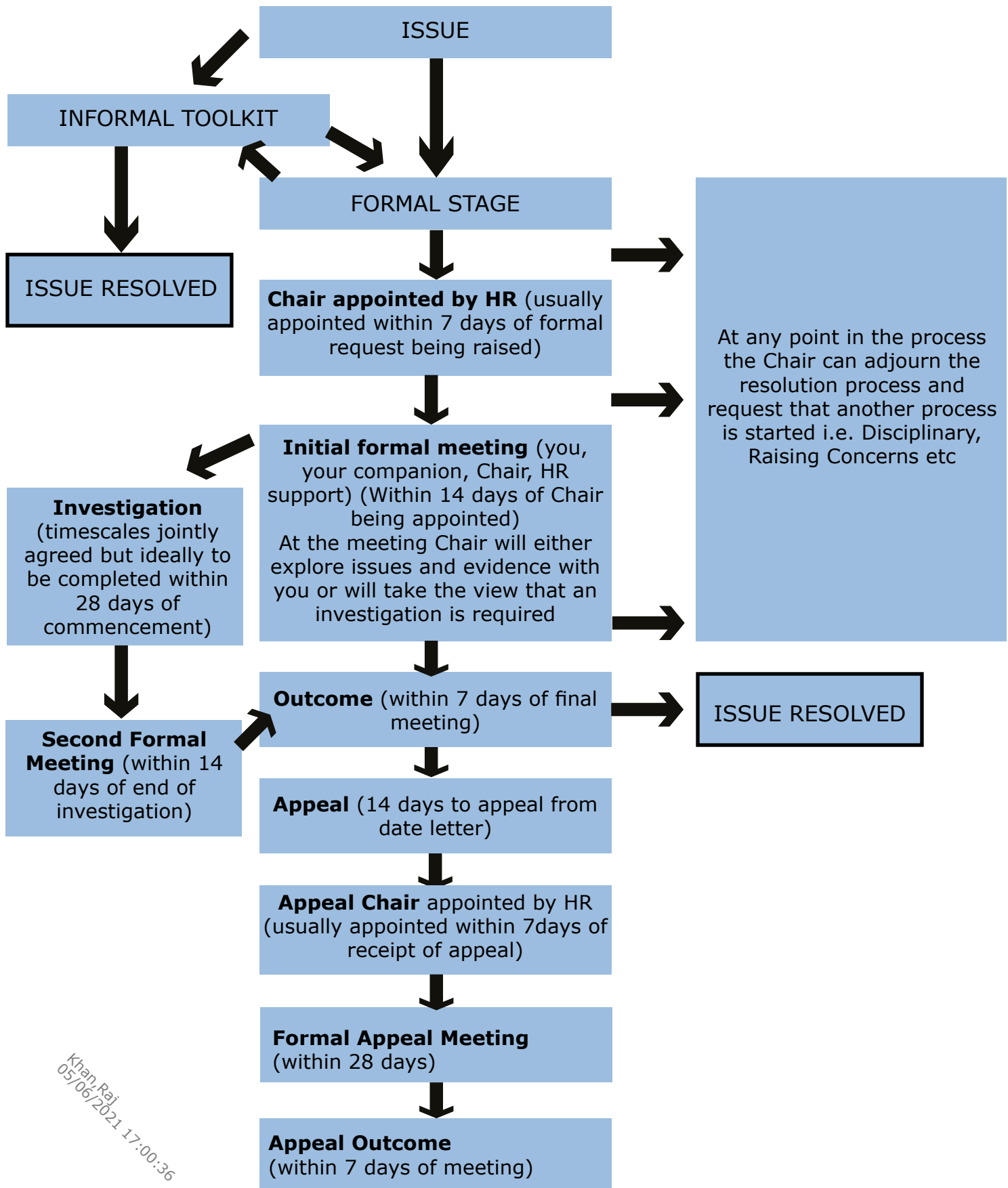
**10.2** This review should be conducted in partnership where appropriate, with a view to developing and supporting a healthy working culture. These discussions should be focused on positive outcomes and change (see [toolkit](#)).



Khan, Raj  
05/06/2021 17:00:36

# 11

## Flowchart



Khan, Raj  
05/06/2021 17:00:36

A light green map of Wales is centered on a teal background. The map shows the outline of Wales and its internal county boundaries. The text 'All Wales' is positioned to the left of the map, and 'Special Leave Policy' is overlaid on the lower-left portion of the map.

**All Wales**

**Special Leave Policy**

Keep Ref:  
25105/2021-17-00-36

# Sections

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01

Special Leave Policy

02

Appendix A:  
Application for  
Special Leave

Khan, Raj  
05/06/2021 17:00:36





# 01

## Special Leave Policy

**Approved by: Welsh Partnership Forum**

**Issue Date: December 2020**

Khan, Raj  
05/06/2021 17:00:36



<b>CONTENTS</b>	<b>PAGE</b>
<b>1. Policy Statement</b>	<b>5</b>
<b>2. Introduction</b>	<b>6</b>
<b>3. Scope of policy</b>	<b>7</b>
<b>4. Principles</b>	<b>7</b>
<b>5. Responsibilities under the policy</b>	<b>8</b>
<b>6. Types of Leave</b>	<b>8</b>
<b>7. Different types of Special Leave</b>	<b>9</b>
<b>8. Appeals</b>	<b>12</b>
<b>9. Training and awareness</b>	<b>12</b>
<b>10. Equality</b>	<b>12</b>
<b>11. Personal Data</b>	<b>12</b>
<b>12. Freedom of Information Act 2000</b>	<b>12</b>
<b>13. Records Management</b>	<b>13</b>
<b>14. Monitoring</b>	<b>13</b>
<b>15. Review</b>	<b>13</b>
<b>Appendix A – Application for Special Leave</b>	<b>14</b>

Khan Raj  
05/06/2021 17:00:36



# 01 Special Leave Policy

## 1. Policy Statement

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to

resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.

- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued

dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

## **2. Introduction**

This policy sets out the approach of the to special leave and the procedure for dealing with applications for special leave.

This policy is intended to ensure that the

complies with section 57A of the Employment Rights Act 1996, as amended by the Employment Relations Act 1999, and the Civil Partnership Act 2004. This legislation provides a right for employees to request a reasonable amount of time off work to deal with unexpected or sudden emergencies and to make any necessary long-term arrangements; section 50 of the Employment Rights Act 1996, ensures that employees are allowed reasonable time off work to perform certain public duties.

In line with the Equality Act 2010, the is committed to implementing the policy in a way which promotes the fair and equal treatment of all employees and eliminates discrimination on the grounds of race, disability, gender,

gender reassignment, marriage and civil partnership, age, sexual orientation, religion or belief, language and human rights. It is the responsibility of managers and employees to ensure that they implement this policy/procedure in a manner that recognises and respects the diversity of the workforce and the different needs of all employees.

recognises the right of all employees subject to this policy to be treated fairly and with dignity and respect.

also recognises it has a legal duty to make any reasonable adjustments to the workplace, or to the way work is done, to ensure that a disabled employee is not substantially disadvantaged.

attaches considerable importance to assisting employees in balancing the responsibilities of their work with their domestic and family responsibilities. It is recognised that in the majority of instances these commitments can be planned and are therefore outside of the remit of this policy.

supports its employees, at times of urgent and unforeseen need, by consideration of the provision of additional leave according to circumstance.

The situations that this policy is intended to deal with are:

- Emergency carers and dependant leave
- Unexpected crisis leave
- Bereavement leave

**Leave granted under this policy is not intended for long term or foreseeable domestic and family situations, which may be provided for in other ways, e.g. annual leave, unpaid leave, reduced working hours etc.**

The policy will also consider the awarding of reasonable time off to staff to enable them to undertake civil and public duties requiring them to be away from the



workplace in the following circumstances:

- Time off for public duties
- Jury service
- Reserve and cadet forces
- Attending job interviews

(This list is not exhaustive)

Special Leave is not an entitlement; however, requests for special leave will be considered sympathetically in the light of individual circumstances and may be granted at the discretion of the line manager. It is important for employees to consider the needs of the

and to make every effort to make alternative arrangements wherever possible.

### **3. Scope of Policy**

This policy applies equally to all employees and aims to give clear guidelines to employees and managers when dealing with requests for paid and/or unpaid special leave.

There is no minimum service requirement to make a request for special leave.

This policy recognises that there are 2 types of special leave; unforeseen/unplanned need for personal reasons; and time off to perform public duties. Section 7 of the policy looks at the differential between the two distinct types of leave in detail.

### **4. Principles**

Managers should interpret the policy in a flexible and caring way. Managers will wherever possible and appropriate seek to grant requests for special leave, within the scope of the policy, bearing in mind workplace demands in the case

of planned leave (see section 7.2). An underlying principle of the approach of the policy is that managers should “know their employees” and be familiar with any issues that the employee may have and be aware of needs of their employees. The manager in “knowing their employee”, has the ability to apply discretion in the application of the policy.

Treating all employees in a trusting and respectful manner, at such times, is good management practice, which can bring positive long-term benefits to the employment relationship, between the manager and the employee.

Employees will need to openly discuss with their manager the reasons and circumstances that have led to their special leave request. There should be an acknowledgment by the employee that special leave may only be granted by the agreement of their manager, in consultation with their Workforce & OD department, if appropriate.

This policy includes the provision for staff to be granted a period of paid or unpaid leave, dependent upon the circumstances. It is also important to stress that it is not necessary for employees to use up their annual leave entitlement before they can apply for special leave.

All special leave must be applied for and granted consistently throughout the

### **5. Responsibilities under the policy**

#### **5.1 Line Managers**

Line managers are responsible for:

- ensuring that employees are aware of the policy;
- all requests for paid and unpaid special leave are made on the relevant application form (appendix A);

- decisions about special leave requests are made on the basis of the employee's individual circumstances and are consistent with the policy;
- considering flexible working, in consultation with the employee, if there is pattern emerging of utilising leave, sickness and special leave to cover short-term issues
- monitor the usage of special leave and where refused identify what alternatives have been offered;
- retaining relevant documentation within the employee's personal file;
- ensuring notification of any period of paid or unpaid special leave to payroll, including completion of the Electronic Staff Record (ESR) on Self Service where available;
- maintaining regular contact where appropriate with individual staff members;
- offering/signposting counselling as appropriate.

## 5.2 Employees

Employees are responsible for:

- ensuring they are familiar with this policy;
- ensuring they have relevant and appropriate arrangements, including contingency arrangements to allow them to fulfil their contractual obligations;
- ensuring that they tell their employer as soon as possible the reason for their absence and how long they expect to be absent;
- ensuring all requests for paid and unpaid special leave are made using the relevant special leave application form (appendix A), having been discussed with their line manager.

## 6. Types of Leave

### 6.1 Definition of paid leave

The pay that an individual would normally have expected to receive for the shift(s)

had they been in work.

### 6.2 Unpaid leave

Leave taken when an employee's time off from work is not covered by existing benefits such as sick leave, annual leave and is not remunerated.

### 6.3 Time off in lieu

Time that an employee who has worked additional hours (unpaid not overtime) over and above their contracted hours may take off from work with the agreement of their employer.

### 6.4 Annual leave

Annual leave is paid time off from work granted by employers to employees to be used for whatever reason the employee wishes (see NHS Terms and Conditions of Service – Section 13 and Terms and Conditions of Service – Specialty Doctor (Wales), Terms and Conditions – Associate Specialist (Wales) and National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service as amended).

### 6.5 Flexitime leave

Leave to be taken from time built up as part of a formal or informal flexitime arrangement.

### 6.6 Parental leave

Leave for eligible employees for the purpose of caring for their child (see NHS Terms and Conditions of Service Section 33 and Terms and Conditions of Service – Specialty Doctor (Wales), Terms and Conditions – Associate Specialist (Wales)



Conditions - Associate Specialist (Wales) and National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service as amended).

## **7. Different types of Special Leave**

### **7.1 Unplanned/Times of unforeseen need**

#### **7.1.1 Emergency carers and dependant leave**

An employee has a right to take a reasonable amount of time off work when it is necessary to:

- (a) provide assistance when a dependant falls ill, gives birth, is injured or assaulted;
- (b) make longer-term care arrangements for a dependant who is ill or injured;
- (c) take action required in consequence of the death of a dependant;
- (d) deal with the unexpected disruption, termination or breakdown of arrangements for the care of a dependant (such as a child-minder falling ill); and/or
- (e) deal with an unexpected incident involving their child while a school or another educational establishment is responsible for them.

A **dependant** is:

- (a) the employee's spouse, civil partner, parent or child;
  - (b) a person who lives in the same household as the employee, but who is not their tenant, lodger, boarder or employee; or
  - (c) anyone else who reasonably relies on the employee to provide assistance, make arrangements or take action of the kind referred to above
- (see NHS Terms and Conditions of Service Section 33).

A **carer** is:

someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse.

It should be noted that this does not include any situations, which are pre-planned or where the employee has prior knowledge of the arrangements. In these instances, special leave will not apply, and the expectations will be for the employee to make alternative arrangements such as requesting annual leave.

Usually no more than 3 days may be granted per episode, or no more than 6 days paid leave pro rata in any rolling 12-month period, as other types of leave may be taken to extend the period of absence. As an alternative or in addition to the above, "home working" may be an option in some circumstances.

#### **7.1.2 Unexpected crisis leave**

There may be times when employees may need to deal with situations not mentioned in the policy but are nevertheless considered important enough to affect the ability of the employee to attend work and which may be resolved by limited time off. An example of such a situation may be the need to deal with urgent unexpected house repairs or following a burglary or flood. Usually no more than 1 day will be granted to deal with the initial crisis. This type of leave is not meant for example to await delivery of a household item or awaiting a pre-arranged engineer to call as these would not be regarded as emergencies.

#### **7.1.3 Bereavement**

An employee will be allowed to take a reasonable amount of time off, for



bereavement, as follows:-

- For bereavement purposes, individual, social, cultural, religious and geographical circumstances should be considered when granting special leave. Depending on these circumstances managers are able to grant either:
  - Special leave for the period up to and including the day after the funeral (if there are specific religious and/or cultural requirements for example in some religions/cultures individuals may be buried within 24 hours, discretion should be used when considering the amount of time required);
  - Special leave for the day of the funeral and/or the day of/after bereavement;
  - Annual leave, flexi-leave or unpaid leave for the day of the funeral.

It is recognised that grieving can go on for much longer than the initial bereavement and therefore the use of the managing attendance at work policy, annual leave, flexible working and unpaid leave should be considered.

- Death of a child, in respect of which the employee is the child's parent or for which an employee has had primary caring responsibility. Section 23 of the NHS Terms and Conditions of Service Handbook provides for two weeks paid leave. In line with the bullet point above, a significant period of time off in excess of two weeks may be required and appropriate conversations will need to be held on an ongoing basis between the employee and manager in a sensitive manner about the amount of ongoing special leave required and flexibility and support for the employee on their return to work. Section 23 also provides further detail regarding the wider provisions of support for employees in such difficult circumstances.

#### **7.1.4 Staff Experiencing Domestic Abuse**

The effect of domestic abuse is wide ranging. Members of staff may need time off work to access legal or financial advice, to arrange child care or alternative accommodation and to seek medical advice. Managers should be flexible when supporting a member of staff who is experiencing domestic abuse and treat each instance sensitively and individually. Members of staff should not be expected to provide proof of their circumstances. Generally, up to 3 days may be granted for each required leave period with up to 10 days paid leave pro rata in any rolling 12-month period. Other types of leave may be taken to extend the period of absence

#### **7.1.5 Medical Appointment**

Reasonable time off for medical and dental appointments is covered in the All Wales Managing Attendance at Work Policy.

### **7.2 Planned Time Off**

#### **7.2.1 Time off for public duties**

Individuals have the right to reasonable paid time off work to carry out certain public duties and services. These rights will vary depending on the type of work, and what the duty or service is. When contemplating undertaking such roles, staff should discuss this with their line manager and together they should consider the likely impact this will have on their work attendance and the needs of the service.

Individuals are allowed reasonable time off work for public duties (up to 18 days pro rata) if they are one of the following:

- a magistrate, sometimes known as a justice of the peace
- an elected local councillor





- a member of a police authority
- a member of any statutory tribunal (e.g. an Employment Tribunal, Fitness to practice hearings)
- a member of the managing or governing body of an educational establishment
- a member of the General Teaching Council for Wales
- a member of the Natural Resources Wales
- a member of the prison independent monitoring boards
- a member of any other applicable organisation referred to in section 50(2) of the Employment Rights Act 1996

Individuals requesting time off for public duties need to discuss these arrangements with their line manager in a timely manner, confirming the nature of the duties and the amount of time to be taken.

Any individual who has been allowed paid time off for public duties must refrain from then claiming or accepting any fee or allowance for undertaking that public duty. For the avoidance of doubt, in this context, 'fee or allowance' is not intended to cover any subsistence payment or reimbursement of expenses incurred in the performance of the public duties.

## 7.2.2 Job Interviews

Requests for leave to attend job interviews within the NHS or Welsh Government's Health and Social Care Department will not be unreasonably refused. However, NHS organisations may insist that annual leave is taken to attend interviews outside of the NHS rather than special leave granted.

## 7.2.3 Jury Service/Court Witnesses

Individuals will initially continue to be paid by the NHS organisation for an initial period of jury service or court attendance as a witness that they are required to

undertake. The individual should discuss with their line manager whether or not they will continue to be paid as normal during the entire period of jury service or court attendance as a witness, and consequently, whether they will need to make a loss of earnings claim to the Court or elsewhere.

Individuals should provide documentary evidence of the request for jury service/ court attendance as a witness and discuss with their line manager in a timely manner.

Employees must be aware that if the court advises that they are not required for court service on any given day or if the court finishes early the employee must contact work and agree working arrangements for the period.

Alternative arrangements to cover this e.g. home working / annual leave may be agreed through discussion with their line manager.

## 7.2.4 Reserve and Cadet Forces

Refer to Reserve Forces – Training and Mobilisation Policy.

## 7.2.5 Fertility Treatments

It is recognised that infertility can cause considerable distress and

is supportive of employees who may decide to undertake fertility treatment.

will provide limited paid leave for this purpose, where the request is supported by documentary evidence, from the employee's GP or consultant/specialist.

As fertility treatment can be a lengthy process, managers should discuss with the employee concerned, the likely duration of their treatment, together with the number of occasions and where possible dates, when they are likely to need time off work, to attend hospital for

their fertility treatment appointments.

It should be noted that following implantation, in law the employee will be considered to be pregnant and as such should be treated as pregnant and the normal pregnancy provisions applied.

will provide an employee who is to receive fertility treatment, with normally up to three days paid leave and a period of agreed unpaid special leave, in any rolling 12-month period. Each case should be treated on its own merits and alternative arrangements may also be considered, e.g. annual leave.

Where an employee experiences side effects or ill health as a result of their fertility treatment, which renders them unfit for work, such absences must be reported, certified and recorded in accordance with the sickness absence policy.

will provide an employee who is the partner of someone receiving fertility treatment with support and reasonable time off.

#### **7.2.6 Wales for Africa**

Requests for leave to attend initiatives as part of the "Wales for Africa" programme will be given fair consideration where not covered in local policies.

### **8. Appeals**

An individual who considers the

has failed to comply with the provisions described previously in this policy should refer to the appeal process within the

Grievance Policy and Procedure.

### **9. Training and awareness**

All staff will be made aware of this policy upon commencement of employment with the NHS Organisation. Copies can also be viewed on the NHS Organisation's Intranet or obtained via the Workforce and OD department and/or line manager.

### **10. Equality**

recognises and values the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and equally and with dignity and respect.

recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights.

### **11. Personal Data**

Whenever

processes personal data about employees in connection with this policy, we will process it in accordance with our Data Protection Policy. We will only process employee personal data if we have a lawful basis for doing so. We will notify you of the purpose or purposes for which we use it.

### **12. Freedom of Information Act 2000**

All NHS Organisations' records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act



2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the NHS organisation may be found in the publications scheme.

### **13. Records Management**

All documents generated under this policy are official records of the

and will be managed and stored and utilised in accordance with the

Records Management Policy.

### **14. Monitoring**

An accurate record of all special leave requests should be maintained on the Electronic Staff Record (ESR), to enable the organisation to consider whether there any issues that may be contributing to unintended discrimination. This information must be capable of being disaggregated by each of the protected characteristics and routinely collected, analysed and reported on to ensure that the process is fair and equitable for all individuals and groups, and to demonstrate that the

is meeting its employment equality monitoring duties.

### **15. Review**

This policy will be reviewed in two years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

**Signed on behalf of the Staff Side:**

**Signed:**

**Name:**

**Title:**

**Date:**

**Signed on behalf of the Management Side:**

**Signed:**

**Name:**

**Title:**

**Date:**

# 02

## Appendix A: Application for Special Leave

Khan, Raj  
05/06/2021 17:00:36



Please note that if your organisation is using ESR self-service then special leave should be recorded through this mechanism

## Application for special leave

### Personal Details

Full name:

Employee number:

Position:

Organisation (Department):

Work base:

Contact telephone number:

### Circumstances of leave

Emergency carers & dependant leave – Section 7.1.1 of policy (please give details)

Unexpected crisis leave – Section 7.1.2 of policy (please give details)

Bereavement – Section 7.1.3 of policy (please give details)

Time off for public duties – Section 7.2.1 of policy (please give details)

Job Interviews – Section 7.2.2 of policy (please give details)

Sanjay Raj  
05/06/2021 17:00:36

Jury service/Attendance at court as a witness – Section 7.2.3 of policy (please give details)

Fertility Treatments – Section 7.2.5 of policy (please give details)

Wales for Africa – Section 7.2.6 of policy (please give details)

Other reason (please specify)

**Number of days requested**

Total number of days requested:

From (date):

To (date):

**Signed:**

**Date:**

**To be completed by Line Manager**

Special leave granted (this episode):

Is the special leave paid or unpaid?:

Number of days granted:

Number of days granted (in last 12-month period)

From (date):

To (date):

If not granted, please give reason:

**Signed:**

**Date:**

**Name:**

**Position:**

**Copy to be placed on employee's personal file. This form can be completed retrospectively as long as permission for the special leave has been granted verbally.**



Khan, Raj  
05/06/2021 17:00:36



***“NHS Organisation”***

# **Recruitment & Retention Payment Protocol**

**Approved by:** Welsh Partnership Forum

**Issue Date:** December 2020

**Review Date:** December 2023

Khan, Raji  
05/06/2021 17:00:36



## **C O N T E N T S**

1. Introduction
2. Purpose of this Protocol
3. Scope
4. Definitions / Glossary
5. Standards and Practice
6. Monitoring

Appendix A – Outline Business Case for a Recruitment & Retention  
Payment (RRP)

Khan, Raji  
05/06/2021 17:00:36

## 1. Introduction

- 1.1** The NHS pay system is predicated on the basis that employees will receive equal pay for work of equal value. However, it is accepted that market forces will apply to some jobs and some geographical areas. These market forces can be addressed by the payment of a local Recruitment & Retention Payment (RRP).
- 1.2** The principles and rules in respect of the payment of a RRP are laid down in section 5 and annex 10 of the NHS Terms & Conditions of Service Handbook.
- 1.3** Where organisations wish to introduce an RRP, the implementation of this protocol must be undertaken in partnership.

## 2. Purpose of this Protocol

The aim of the protocol is to provide information, advice and guidance on the process for determining an RRP and the process for consulting on the proposed RRP prior to implementation.

## 3. Scope

The policy is applicable to NHS Terms and Conditions of Service (AfC) posts where market pressures would otherwise prevent the Organisation from being able to recruit and retain staff in sufficient numbers (for the posts concerned) at the normal salary for the job.

## 4. Definitions / Glossary

**Recruitment and Retention Payment (RRP)** – are additions to the pay of a post or group of similar posts where market pressures would otherwise prevent the employer from being able to recruit or retain staff in sufficient numbers at the normal salary for jobs of that weight.

**Short-term RRP** – will apply where the labour market conditions giving rise to recruitment and retention problems are expected to be short-term and where the need for the premium is expected to disappear or reduce in the foreseeable future.

**Long-term RRP** – will apply where the relevant labour market conditions are more deep rooted and the need for the premium is not expected to vary significantly in the foreseeable future.

## 5. Standards and Practice

### 5.1 Types of recruitment and Retention Payment

There are two types of Recruitment and Retention Payment (RRP) currently available for consideration. They include locally agreed long-term RRP and locally agreed short-term RRP. Employers should decide in partnership with local staff representatives whether the problem is likely to be resolved in the foreseeable future (in which case any premiums should be short term) or

Khan, Raji  
05/06/2021 17:00:36

whether it is likely to continue indefinitely (in which case any premium should be long term).

All National RRP's ceased on 1 April 2013.

## 5.2 Determining the need for Local RRP

**5.2.1** The case for payment of an RRP must be robust enough to resist the challenge of an Equal Pay / Equal Value claim, i.e. that the payment is made as a consequence of a material factor which, if applicable, can be objectively justified. Thus as a general principle, NHS Organisations should demonstrate that they have exhausted all practical non-pay measures to resolve a recruitment and/or retention problem before considering payment of an RRP **and** that the payment of a RRP is likely to resolve the issue.

**5.2.2** The main factors that will indicate a *prima-facie* case for consideration of a RRP are a consistent failure to recruit to a specific post(s) and/or a high level of staff turnover in a specific post(s). Thus in determining whether an RRP is appropriate, the following evidence should be gathered at departmental level in consultation with other appropriate departments e.g. finance, planning for inclusion in the outline business case (and in line with Annex 10 of the NHS Terms and Conditions of Service Handbook):

- evidence that all the new vacancies have been advertised in relevant local, regional, national and/or professional media
- evidence that recent adverts have produced insufficient suitable applications to fill all vacancies
- where recent adverts have produced insufficient suitable applications, the following information should be ascertained:
  - the media used
  - number of application packs requested
  - number of applications returned
  - reasons why those who applied were not suitable
  - the quality of recruitment documentation (advert, job description, person specification etc) should be scrutinised
  - consideration should be given to surveying people who requested application packages but did not submit for applications
  - where an applicant(s) was offered a position but rejected the offer, the reasons for not accepting the position
  - relevant national vacancy data
  - local labour market information
  - any expected increase in the supply of staff suitable for the post (e.g. new trainees).
- length of vacancy
- the turnover rates for the staff group concerned (has turnover risen sharply recently after a long period of stability? Is it only recently appointed staff who leave etc?)
- where possible, local turnover rates should be compared with national rates

- leaver questionnaires should be analysed and ideally exit interviews should be held to assess how far pay is a factor in an employee's decision to leave the organisation
- the position of neighbouring Organisations in relation to recruitment and/or retention of the staff group concerned (where neighbouring organisations employ the staff group concerned only)
- external non NHS rates of pay

NOTE: Some evidence should be provided against all the key bullet points above or, if it is not possible to provide evidence, an explanation as to why the evidence cannot be provided should be documented (e.g. it is not possible to detail turnover rates because it is a newly developed post or role etc.).

**5.2.3** The department seeking payment of an RRP will complete Sections 1 – 6 of the attached Outline Business Case for a Recruitment and Retention Payment pro-forma (appendix A), which outlines the case and evidence base for the RRP. The pro-forma will be submitted to the Director of Workforce & OD.

**5.2.4** The organisation's Workforce & OD Department will establish a panel comprising a balance of Management (Senior Manager(s) together with a representative from Workforce & OD) and TU Representatives (from trades union not involved in the application). It is recommended that the minimum panel should consist of two management and two trade union representatives who should be sourced from within the organisation but who have no connection with the managerial area or trade union representing the staff group submitting the application.

**5.2.5** The panel should meet to review the evidence gathered and, if it deems it appropriate, may ask representatives from the management area/staff group concerned to attend a meeting with the panel so that clarification regarding the detail of the application can be sought.

**5.2.6** The panel will need to determine whether an RRP is appropriate and if so the type of RRP needed (short or long term) together with the level of any such RRP (refer to section 5 of the AFC Terms and Conditions of Service Handbook). The first test will always be, from the evidence gathered, can the recruitment and/or retention problem be resolved by the application of non-pay measures? It may be necessary for potential non-pay solutions to be applied and the impact of these analysed before making a final determination on the application of an RRP.

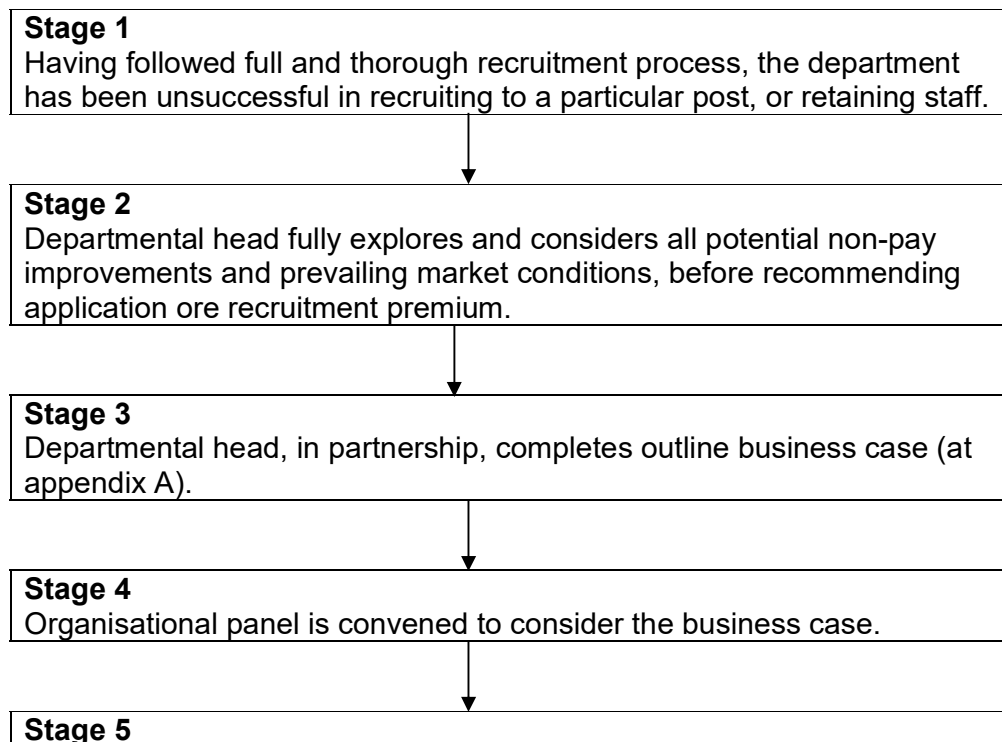
### **5.3 Consultation Process**

**5.3.1** Once an NHS Organisation has decided that a recruitment and/or retention problem can best be resolved through payment of an RRP, there is a requirement to consult with neighbouring employers, staff side organisations, and other stakeholders before implementing any premium. This section aims to provide a consistent method and timescale for conducting this consultation.

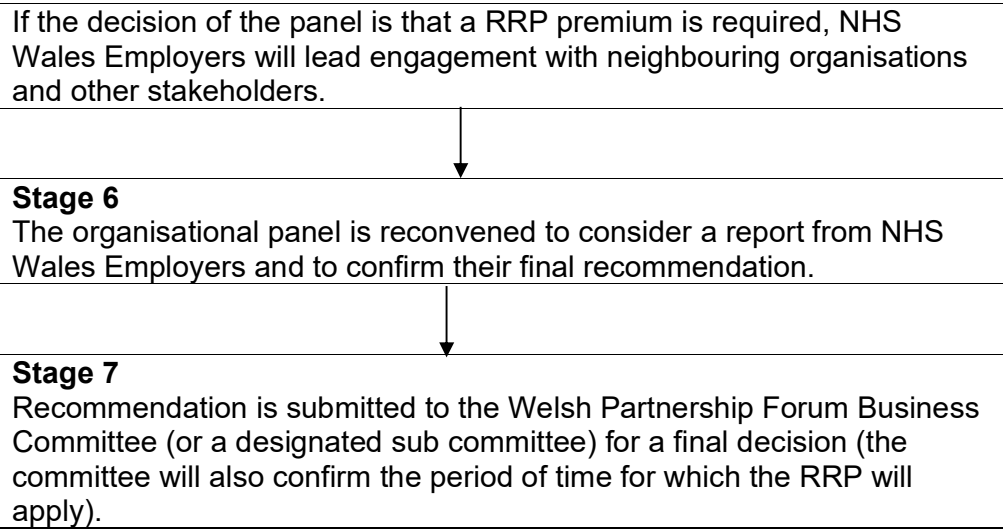
Khan, Raji  
05/06/2021 17:00:36

- 5.3.2** The NHS Organisation seeking payment of an RRP will amend and complete the Outline Business Case Pro-forma, with the exception of Section 7, and in particular should ensure that other stakeholders are clearly identified in Section 6.
- 5.3.3** NHS organisations will submit the completed pro-forma to NHS Wales Employers (NWE). NWE will then simultaneously circulate the completed pro-forma to the Joint Chairs the Local Partnership Fora of the neighbouring organisations, and any other stakeholders identified in Section 6 of the outline business case.
- 5.3.4** Once circulated the organisations/individuals will have 21 days in which to respond with comments to NHS Wales Employers.
- 5.3.5** At the end of the consultation period, the panel constituted by the NHS Organisation to consider the RRP will be re-convened to review the RRP in light of the comments received. A written report will be presented by NWE in order that Section 7 of the pro forma can be completed. If any changes are made to the proposed RRP as a result of these comments, NWE will inform those involved in the consultation process of the final recommendation.
- 5.3.6** NHS Wales Employers will receive the final recommendation (with supporting evidence) and submit this to Welsh Partnership Forum Business Committee (or a designated sub committee) for a final decision (the committee will also confirm the period of time for which the RRP will apply).

The above activities are summarised in the process pathway below:



Khan, Raji  
05/06/2021 17:00:36



**5.3.7** Any extensions to the length of time for which a RRP will apply will also need to be agreed by the Welsh Partnership Forum Business Committee (or a designated subcommittee). A review process will be initiated 12 months before the expiry date of the RRP. The RRP will cease once expired unless re-submitted to the committee for an extension.

## 6. Monitoring

The NHS Organisation should monitor the awarding of any new RRP's to ensure compliance with the Equality Act 2010 by avoiding direct or indirect discrimination in respect of a protected characteristic as specified in that Act, in particular gender, and by meeting the public sector equality duty'.

Khan, Raji  
05/06/2021 17:00:36

## Appendix A – Proposal for a Recruitment and Retention Payment (RRP)

### NHS Wales Outline business case for a recruitment and retention payment (RRP)

Ref: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Section 1</b>
NHS organisation _____
Department _____
Contact _____
RRP Application being considered for the following staff group:
Post(s) affected: _____
Pay Band: _____
Number of posts: _____
<b>Section 2</b>
<b>RRP Proposed:</b> tick as appropriate
<input type="checkbox"/> New RRP
<input type="checkbox"/> Review of existing RRP
<input type="checkbox"/> Short Term RRP – Length of time: _____
<input type="checkbox"/> Long Term RRP – Length of time: _____
Proposed value: _____
Is this due to:
<input type="checkbox"/> Difficulties in recruiting staff
<input type="checkbox"/> Difficulties in retaining staff
<input type="checkbox"/> Both

Khan, Raji  
05/06/2021 17:00:36

**Section 3 (Please provide documented evidence)**

Statement of need and evidence – factors to include: results of exit interviews, response to adverts, information on market rates, turnover, external non NHS rates of pay, etc.

**Section 4 (Please provide documented evidence)**

Summary of other measures (and outcomes) already considered/carried out – e.g. flexible working, training, and recruitment initiatives.

Khan, Raji  
05/06/2021 17:00:36



**Section 5 (Please provide documented evidence)**

Expected measurable benefits

**Section 6 (Please provide documented evidence)**

Health economy implications – who else could be affected by this application and what stakeholders should be consulted over this application?

Khan, Raji  
05/06/2021 17:00:36

**Section 7**

Comments from the wider health economy (to be completed following engagement)

**Section 8 (Please provide documented evidence)**

Suggested value or RRP (per full time post)

£

Number of employees

Total cost

£

**Section 9**

Expected Review Date: \_\_\_\_\_

Name of proposing manager: \_\_\_\_\_

Post: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Workforce & OD Director signature: \_\_\_\_\_

Date: \_\_\_\_\_

Finance Director signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Side signature: _____
Date: _____

**For Office Use Only:-**

Date Business Case Received: \_\_\_\_\_

Date Circulated and List of Recipients: \_\_\_\_\_

\_\_\_\_\_

Comments received by: \_\_\_\_\_

\_\_\_\_\_

Date recommendation submitted to WPF Business Committee: \_\_\_\_\_

Khan, Raji  
05/06/2021 17:00:36

<b>Report Title:</b>	<b>No Smoking and Smoke Free Environment Policy</b>						
<b>Meeting:</b>	<b>Strategy and Delivery Committee</b>				<b>Meeting Date:</b>	<b>11.05.2021</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	x	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of Public Health</b>						
<b>Report Author (Title):</b>	<b>Principal Public Health Specialist</b>						

### Background and current situation:

On 1 March 2021, as part of the Smoke-Free (Wales) Regulations, Welsh Government implemented changes to smoke-free requirements. This new legislation means that hospital grounds, schools grounds and public playgrounds, as well as outdoor day care and child-minding settings will be required to be smoke-free by law with enforcement of Fixed Penalty Notices (FPNs) of £100.00. Some changes within this legislation have also extended the 2007 Smoke-free Premises (Wales) Regulations. An update on these new Regulations was presented to the Management Executive on 23 March 2021 and to the Board on 25 March 2021.

The existing policy is based on a 'voluntary' ban on smoking across all grounds of health board property and reflected a comprehensive consultation and engagement process, supported by an extensive implementation plan.

These changes to legislation have resulted in the necessity to revise Cardiff and Vale University Health Board's (CVUHB's) No Smoking and Smoke Free Environment Policy.

Additionally, as the policy was last updated in 2016, amendments are required (such as name changes of service providers, data updates and new evidence guidance). A paper with a revised No Smoking and Smoke- Free Environment Policy (to include a revised Equality Impact Assessment) was presented to the Management Executives meeting on the 26 April 2021.

### Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The No Smoking and Smoke Free Environment Policy needs to reflect new legislation introduced by the Welsh Government on 1 March 2021.

The following amendments have been included in the revised Version 4 of the Policy:

- Legislative requirements relating to the Smoke-Free (Wales) Regulations 2021,
- The use of e-cigarettes inside specific, risk assessed areas for in-patients with mental health conditions,
- Smoking Cessation Service provider name changes and updated information (including the implementation of the Level 2 Enhanced Smoking Cessation Service for Community Pharmacies, introduced June 2020),
- Data updates where available,
- Evidence updates where available.

Khan, Raj  
05/06/2021 17:00:36

## Compliance with Regulations

The 2021 Regulations state that the Health Board must take 'reasonable steps' to manage and monitor smoking and published guidance to support the implementation in January 2021. The Health Board is fully compliant with the 'reasonable steps' and details are included within the revised Policy.

## Enforcement

As a Health Board we have previously acknowledged and fully supported the importance of enforcement when promoting compliance of a 'voluntary' ban. Since 2014, dedicated 'No Smoking Officers' have supported the implementation of the policy with over 16,000 smokers challenged across University Hospital Wales (UHW) and University Hospital Llandough (UHL). In 2019, through the use of a SLA with Cardiff Council, a dedicated enforcement officer was employed to challenge smokers and issue Fixed Penalty Notices for littering.

Welsh Government expects the public to be widely compliant with the new legislation. As such, local arrangements for enforcement will depend on adherence by both the public, patients and staff.

Local Authorities are expected to monitor compliance with this legislation and to enforce where necessary – both with individuals who do not comply, or for example 'persons in control of hospital grounds.' With regard to the former, agreements with both Cardiff and Vale of Glamorgan Councils are in place to provide 'ad hoc' patrols as part of normal enforcement duties (subject to current COVID-19 restrictions) and where needed, in response to specific situations – such as identification of hot spot areas or 'frequent offenders', additional attendance at hospital sites. However, this is unlikely to be the same day and may require further action if smoking incidence levels increase. It is possible therefore that as footfall on our hospital sites increases, so does evidence of non-compliance with the smoking ban.

Effective enforcement is a key tool, alongside a range of support measures helping people to give up smoking, to enable the Health Board to fulfill its duties. We are currently working through options to find ways to strengthen our enforcement approach even further in support of the smoke free regulations and our revised smoking policy.

## Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Consultation took place for previous policy amendments in 2013 and 2016 to ensure that the policy/procedure meets the needs of our stakeholders and the UHB. The changes detailed in V4 reflect legislation changes which are laid out in law and a full consultation implemented by Welsh Government which the UHB participated in.

The consultation for previous editions of the Policy included:

- The document was shared with the Local Partnership Forum (LPF), Health & Safety Committee, UHB Board and Cardiff and Vale of Glamorgan Councils;
- Comments were invited via individual e-mails from staff, visitors and contractors and a staff survey undertaken in 2013 and again in 2016. Wider public engagement took place via radio and social media.

There are legal and reputational implications if we do not take all reasonable steps to ensure our sites are smoke free in line with the law.

Non-compliance actions related to the Smoke Free (Wales) Regulations 2021 are listed in the Welsh Government Guidance. Fines of up to £1,000 can be issued for failure to display correct signage and this will need on-going monitoring and maintenance as listed in the Policy.

Compliance will be monitored by the Health & Safety Committee.

The primary source for dissemination of this document within the UHB will be via the intranet and clinical portal. It will also be made available to the wider community and our partners via the UHB internet site.

### Recommendation:

The Committee is asked to:

- **APPROVE** the No Smoking and Smoke Free Environment Policy and,
- **APPROVE** the full publication of the No Smoking and Smoke Free Environment Policy in accordance with the UHB Publication Scheme.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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**Equality and Health Impact Assessment Completed:**

Yes (Amended Version, 18.04.2021)

<b>Report Title:</b>	<b>Shaping Our Future Wellbeing Strategy (SOFW) Update : B) Deep Dive – (Rehabilitation Model Implementation)</b>				
<b>Meeting:</b>	<b>Strategy &amp; Delivery Committee</b>			<b>Meeting Date:</b>	<b>11.05.2021</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>x For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director Therapies and Health Science</b>				
<b>Report Author (Title):</b>	<b>Assistant Director Therapies And Health Science/ Head Of Physiotherapy</b>				

### Background and current situation:

The UHB rehabilitation strategy was published in early 2020 following a series of co-production events with patients, carers, health and social care professionals and third sector providers.

Rehabilitation is has been selected as one of the key themes of delivering our SOFW strategy.

### Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

A presentation will be given outlining the strategy and implementation plan for rehabilitation.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The risks of not rehabilitating in an effective and efficient way are significant on the impact to peoples lives, their ability to live meaningfully and the consumption of health and scocial care resources.

The UHB strategy for rehabiliaition is intended to minimise these risks, and enhance population health and the UHB reputation. It will also ensure effcent use of resources and improve patient safety.

### Recommendation:

The committee is asked to

- **NOTE** the content of the presentation which will outline the rehabilitation strategy as one of the themes of the overall SOFW delivery plan

Khan, Raj  
05/06/2021 17:00:36

## Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

## Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term	✓	Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	<p>Yes / No / Not Applicable</p> <p><i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>								

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Kind and caring  
Caredig a gofudgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board



<b>Report Title:</b>	<b>KEY OPERATIONAL PERFORMANCE INDICATORS</b>						
<b>Meeting:</b>	<b>Strategy &amp; Delivery Committee</b>				<b>Meeting Date:</b>	<b>11.05.2021</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓	<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	<b>Chief Operating Officer</b>						
<b>Report Authors (Title):</b>	<b>Operations Team Service Manager</b>						

### Background and current situation:

The Health Board continues to focus upon managing COVID-19 and maintaining essential services, in line with national guidance. As reported at the last Committee meeting, comprehensive quarterly plans have been developed and received by the Board.

Whilst national performance and waiting list information has been re-instated since mid-November, Welsh Government have confirmed that this published information is being used for management information and to provide assurance against the delivery of the Health Board's quarterly plan.

The components of the Health Board's operating model continue to guide operations in the second wave of the pandemic. The impact of COVID-19, however, continues to be seen across the range of key operational performance indicators detailed in this report.

### Key Issues to bring to the attention of the Board/ Committee:

- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical stratification rather than time-based targets.
- Urgent and emergency essential services have been maintained in all areas.
- There continues to be pressure on the unscheduled care pathway, driven by a re-emergence of non-covid unscheduled care demand and admissions.
- Bed losses due to covid related nosocomial infections have reduced
- Pressure on Mental Health services has continued to grow, with an increase in demand, acuity of presentations and staff absence.

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## Assessment and Risk Implications

Appendices 1 and 2 provide the year to date position against key organisational performance indicators but these should be viewed in the context of the current operating framework principles.

### Planned Care overview (Appendix 1)

Demand and activity for planned care has grown since second elective care cessation in December and the Christmas/New Year period. Referrals from Primary Care are currently 82% of prior year levels, and have remained above 70% since mid-August. Outpatient activity, just under a third of which is undertaken virtually, is now at 76% of prior year levels for new outpatients. Elective Inpatient & Daycase treatments are running at close to 70% of prior year levels.

The overall **Referral to Treatment (RTT)** waiting list increased in March to 92,286 and is 5% higher in total in March 2020. The March data showed there were 32,938 patients waiting **over 36 weeks**.

Patients waiting greater than 8 weeks for a **diagnostic** test reduced in March for the second successive month, to 4,547, and are now at the lowest level since March 2020. 14 week **Therapy** breaches were 562 in March.

For **Cancer** services, from 1<sup>st</sup> December 2020, only the Single Cancer Pathways is reportable (with no suspensions on any pathways). 154 patients started first definitive treatment in February. 53.9% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a **follow-up outpatient** appointment was 170,453. 98.1% of patients on a follow up waiting list have a target date, we are consistently above the national target of 95%. The number of follow up patients waiting 100% over their target date was 49,862 at the end of March, which is a small decrease on the previous month, at its lowest point since May 2020 and remains lower than the end of year target set for the Health Board by Welsh Government.

96% of patients waiting for **eye care** had an allocated health risk factor in March. 60% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) have fallen slightly from the exceptionally high levels experienced in November 2020 (approx. 1200 referrals), but remain high at over 1000 referrals per month in December, January and February. Part 1a: The percentage of Mental Health assessments undertaken within 28 days has fallen to 11% overall and 11% for CAMHs in February 2021. Part 1b: 94% of therapeutic started within 28 days following assessment at the end of February, the highest level since September 2020.

### Unscheduled Care overview (Appendix 2)

Following a decrease in unscheduled care activity during December 2020, attendances at our Emergency Unit have increased and are approaching pre-covid levels.

**4 hour** performance in our Emergency Unit was 81.1% in March 2021 from 75.5% in February. This compares with March 2020 – 84.8%.

There were 39 x **12 hour delays** in EU in March, a significant reduction in the number experienced in previous months (93% lower than December 2020).

Over 1 hour **Ambulance Handover** delays reduced for the third consecutive month in March to 116, the lowest level since August 2020.

**Recommendation:**

The Strategy and Delivery Committee is asked to:

- **Note** the year to date position against key organisational performance indicators for 2020-21 but in the context of current operating framework principles.

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## Shaping our Future Wellbeing Strategic Objectives

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1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	√
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3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	√
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	√	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

## Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term	√	Integration	√	Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	<p>Yes / No / Not Applicable</p> <p><i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>								

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## Appendix 1

### Performance against key operational performance indicators 2020/21: Planned Care

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Planned Care</b>														
RTT - 36 weeks (Target = 0)	20/21 Actual	3,515	7,330	11,814	16,622	22,129	27,508	30,919	35,978	39,555	37,434	35,112	33,775	32,938
RTT - 26 weeks (Target = 95%)	20/21 Actual	81.7%	74.1%	66.3%	60.9%	54.4%	46.5%	44.2%	48.4%	51.7%	53.4%	53.8%	54.0%	55.0%
Total Waiting list	20/21 Actual	87,579	85,287	85,611	85,269	86,806	89,553	92,295	91,379	91,224	91,408	90,205	90,137	92,286
Diagnostics > 8 weeks (Target = 0)	20/21 Actual	782	6,105	10,476	9,653	9,557	9,804	9,268	9,023	8,611	8,885	9,130	6,816	4,547
Therapies > 14 weeks (Target = 0)	20/21 Actual	106	379	1,628	2,352	1,893	1,260	347	363	350	366	455	546	562
<b>Cancer</b>														
SCP - with no suspensions	20/21 Actual	79.0%	76.8%	79.0%	74.8%	81.2%	71.6%	68.1%	68.7%	64.2%	64.3%	57.7%	53.9%	
<b>Outpatient Follow Up</b>														
OPFU - > 100% delayed (Target 53,391 by 31/3/21)	20/21 Actual	44,519	47,422	49,636	50,227	51,255	51,796	51,015	49,966	50,475	50,887	50,880	50,651	49,862
OPFU - Target date (Target 95% compliance by 31/12/19)	20/21 Actual	98.2%	98.1%	98.0%	98.2%	98.1%	98.0%	98.0%	98.0%	97.8%	97.8%	97.8%	97.9%	98.1%
Total OPFU waiting list (Target 150,317 by 31/3/21)	20/21 Actual	183,412	178,235	175,161	173,566	172,700	171,649	170,686	169,718	170,306	168,642	168,532	169,341	170,453
<b>Eye Care</b>														
% R1 ophthalmology patients waiting within target date or within 25% beyond target date for OP appointment	20/21 Actual	65.6%	58.9%	53.6%	52.9%	52.2%	50.4%	54.0%	54.4%	57.0%	57.9%	59.0%	59.9%	60.4%
98% of patients to have an allocated HRF	20/21 Actual	98.0%	98.0%	98.0%	98.0%	97.0%	97.0%	96.3%	96.2%	96.2%	96.9%	96.7%	96.4%	96.4%
<b>Mental Health</b>														
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	20/21 Actual	63%	66%	95%	96%	94%	84%	43%	50%	30%	16%	12%	11%	
Part 1a: CAMHs only	20/21 Actual	77%	73%	89%	92%	81%	85%	84%	93%	53%	56%	11%	11%	
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	20/21 Actual	84%	77%	79%	81%	86%	99%	98%	93%	86%	92%	87%	94%	

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## Appendix 2

### Performance against key operational performance indicators 2020/21: Unscheduled Care

2020/21		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Unscheduled Care</b>														
EU waits - 4 hours (95% target)	20/21 Actual - Monthly	84.8%	91.3%	91.4%	91.2%	80.6%	79.9%	82.1%	80.3%	76.6%	70.4%	78.1%	75.5%	81.1%
EU waits - > 12 hours (0 target)	20/21 Actual - Monthly	70	13	14	7	9	31	33	74	176	559	213	288	39
Ambulance handover > 1 hour (number)	20/21 Actual	255	97	45	51	131	116	147	176	302	369	202	197	116
Ambulance - 8 mins red call (65% target)	20/21 Actual	67%	75%	81%	79%	75%	75%	73%	76%	70%	69%	72%	72%	68%
<b>Stroke</b>														
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	20/21 Actual	62.1%	45.2%	51.1%	48.4%	40.4%	25.0%	29.6%	31.5%	18.0%	20.0%	4.0%	6.8%	4.5%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	20/21 Actual	90.0%	67.6%	75.0%	85.1%	82.0%	76.0%	75.4%	77.2%	67.3%	74.1%	80.0%	70.4%	75.0%

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05/06/2021 17:00:36

<b>Report Title:</b>	Workforce & OD Key Performance Indicators Dashboard					
<b>Meeting:</b>	<b>Strategy &amp; Delivery Committee</b>				<b>Meeting Date:</b>	<b>11.05.2021</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	x	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Interim Executive Director of Workforce &amp; OD</b>					
<b>Report Author (Title):</b>	<b>Deputy Director of Workforce &amp; OD/Workforce Information Manager</b>					

### Background and current situation:

The Workforce & OD Director provides regular Key performance Indicator (KPI) updates to the Committee and periodically provides an overview report against the broader Workforce & OD Delivery Plan. This also constitutes areas reported in more depth through deep dive themes.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Workforce & OD Key Performance indicators dashboard is presented at **Appendix 1** for information.

The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce indicators.

Operational performance and the associated details are discussed and reviewed at the Health System Management Board (HSMB), the Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Health and Care Standards framework process.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

A brief summary of CVUHB's performance is provided as follows:

#### Whole Time Equivalent (WTE) Headcount and Pay bill

- A trend increase on permanent and fixed term staff which is in line with expectation as we have recruited more fixed term staff as a result of COVID-19, specifically to support Track & Trace and to deliver the Mass Vaccination programme. Permanent recruitment is being maintained despite COVID-19,
- Overall the Nurse Bank usage remains fairly static,
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 55 WTE per month,
- Total pay-bill peaked as expected during March 2021, due to year-end accruals,
- Variable pay trend is upward but overall this still remains within a tolerance of 9-10% UHB wide.

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05/06/2021 17:00:36

### Other key performance indicators:

- The Voluntary resignation trend is rising although remains below 7.5% UHB wide,
- In month Sickness absence peaked significantly in April 2020 to 8.37% as expected but is now following normal season fluctuations. Sickness was 5.14% in March 2021. (these figures are for sickness only and do not include COVID-19 self-isolation without symptoms or those staff who may continue to shield due to individual circumstances),
- ER caseload trend is increasing slightly due to backlog of investigations, but overall remains within reasonable tolerance levels,
- Statutory and Mandatory training compliance is falling and is now 14% below the overall target,
- Compliance with Fire safety training has now fallen to 54%,
- A new e-job planning system is in the process of being implemented. Recording of job plans in the system will begin to be reported after April 2021,
- The Performance and Development Review (PADR) (now Values Based Appraisal) continues to fall and is significantly off target (35.05% in March).

### In summary, what actions are we taking?

- Performance reviews with Clinical Board's (CB's) are being undertaken to retain control measures for the pay-bill, establishment control and the capture increase associated with COVID-19 (the UHB was previously underspent prior to COVID-19),
- A deep dive is being undertaken into Voluntary Resignation trends at CB level and a report will be provided for the next committee meeting,
- Sickness reviews have resumed and are now being undertaken as normal. The maximising attendance group is being reviewed. Staff who were previously shielding are now returning to work (at home or location),
- There is an extensive range of Employee Well-being strategies and support processes in place,
- The delivery of Fire Safety Training falls within the remit of the Capital, Estates and Facilities (CEF) department. The new Head of Health and Safety (HHS) is linking in with the CEF department to seek improvement. A health and safety review is currently underway which will provide useful information and feedback into these areas. The HHS has developed a new H&S Dashboard which is being sent to Clinical Boards monthly to help support them in improving compliance across a range of indicators, including Fire Safety Training. A communications strategy is being put in place to raise awareness of the importance of continuing to undertake the annual Fire E-learning,
- The Allocate E-Job Planning system is currently being implemented,

Values Based Appraisal (VBA) Training has continued to be delivered and take up rates have been excellent. Plans are in place to re-launch the VBA to reinforce importance.



## Recommendation:

The Committee is asked to:

- **NOTE** and **DISCUSS** the Workforce & OD Key Performance Indicators Dashboard report.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	x
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4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
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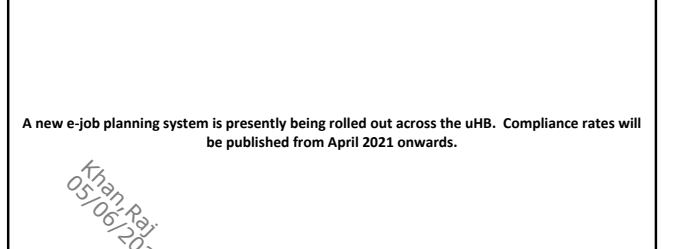
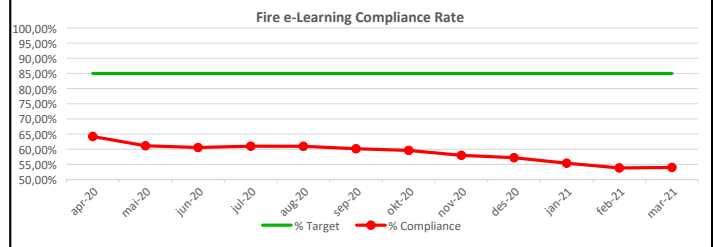
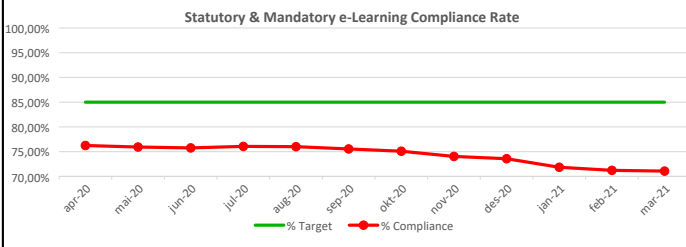
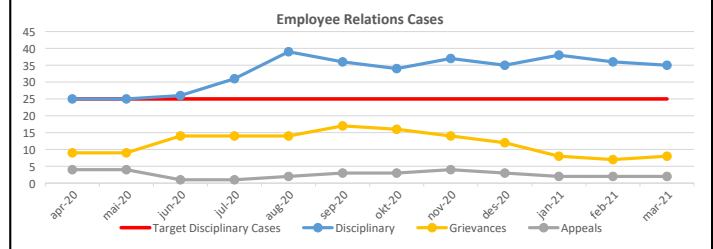
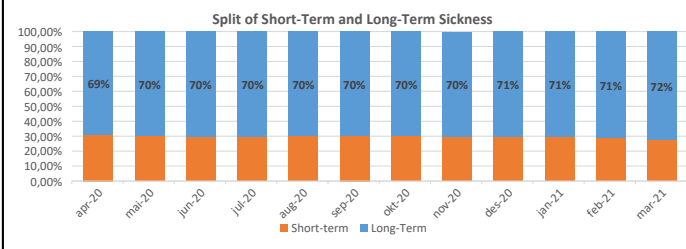
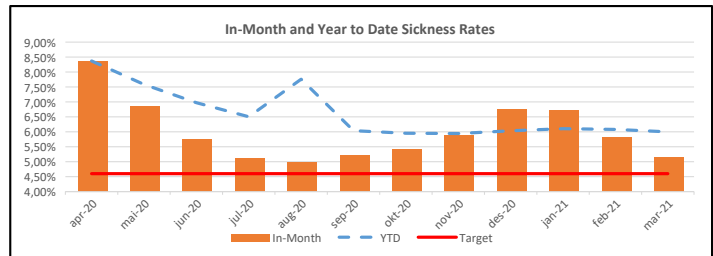
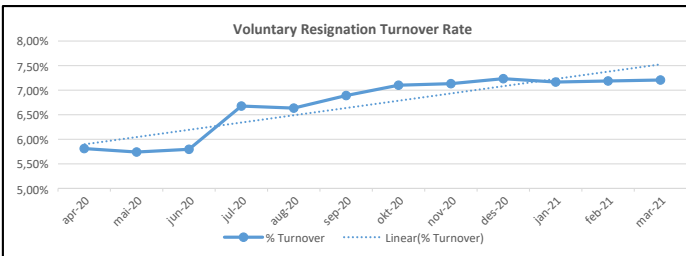
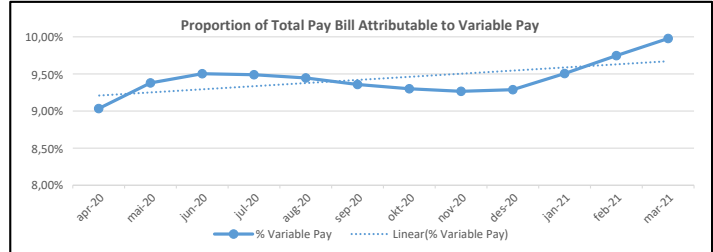
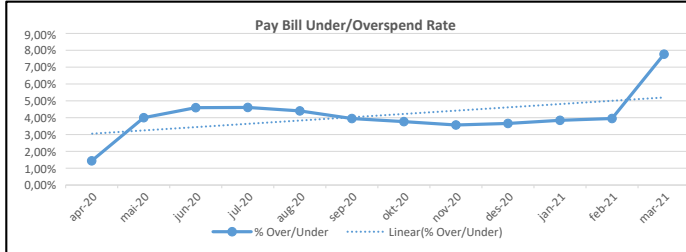
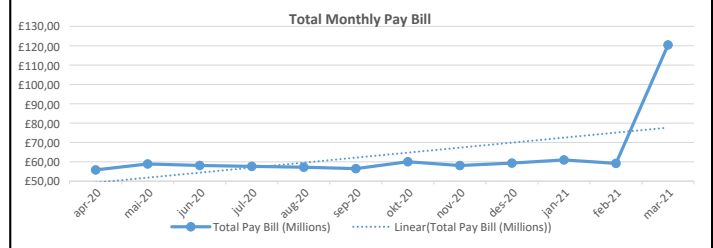
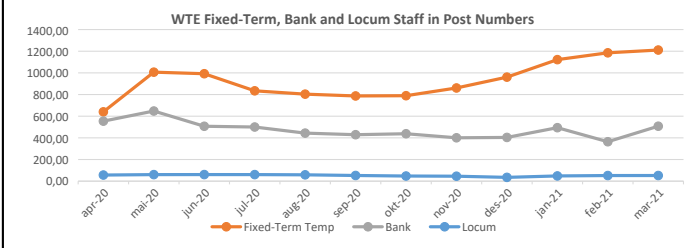
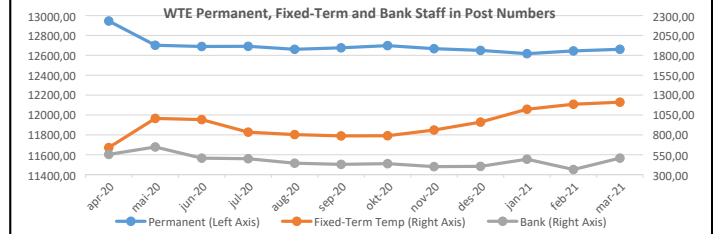
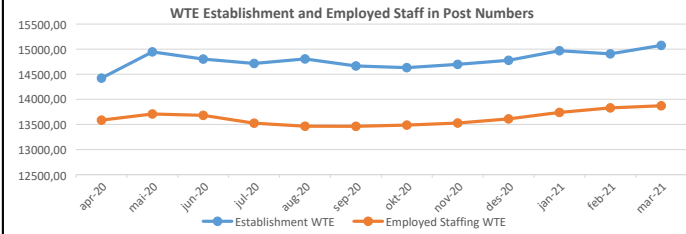
### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term	x	Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>		Not Applicable							



## Workforce Key Performance Indicators Trends March 2021



A new e-job planning system is presently being rolled out across the uHB. Compliance rates will be published from April 2021 onwards.

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<b>Report Title:</b>	<b>Board Assurance Framework – Strategy and Delivery Risks</b>						
<b>Meeting:</b>	Strategy and Delivery Committee				<b>Meeting Date:</b>	11.05.2021	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	X	<b>For Approval</b>		<b>For Information</b> X
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>						
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>						

### Background and current situation:

The Board Assurance Framework (BAF) is presented to the Board in its entirety and then each Committee of the Board reviews the risk(s) relevant to their Committee. The purpose of this is to provide further assurance to the Board that the risk(s) are being actively managed and/or mitigated.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

During the last financial year the following risks have been reviewed at the Strategy and Delivery Committee:

- July 2020 – Workforce
- September 2020 – Sustainable Primary Care
- November 2020 – Sustainable Culture
- January 2021 – There was no review due to COVID 19 and the Committee working to a reduced/focused agenda.
- March 2021 – Capital Assets

Each year the Management Executive Team agree which significant risks will impact upon the delivery of the Cardiff and Vale UHBs (CVUHB'S) Strategic Objectives. This discussion took place at the Management Executives meeting on the 19 April 2021 and it was agreed the following risks would added to the Board Assurance Framework for the financial year 2021/2022:

1. Workforce – Strategy and Delivery Committee
2. Financial sustainability – Finance Committee
3. Sustainable Primary and Community Care – Strategy and Delivery Committee
4. Patient Safety – Quality and Safety Committee
5. Sustainable Culture Change – Strategy and Delivery Committee
6. Capital Assets – Finance Committee
7. Inadequate Planned Care Capacity – Strategy and Delivery Committee
8. Delivery of Annual Plan – Strategy and Delivery Committee
9. Staff Wellbeing – Strategy and Delivery Committee

Each of the above risks are currently being discussed with the Executive Director Lead and developed to enable the full BAF to be presented to the Board on the 27 May 2021.

It should be noted that the risks and focus of them will now be around recovery which will require some changes in the narrative associated with each risk.

Once the BAF has been presented to the Board in full the individual risks will then, once again, be reported to the respective Committees of the Board. For the Strategy and Delivery Committee there will be six risks which require further review. Therefore, going forward it will be necessary for the Committee to review 2 risks at each of its meetings to ensure all are reviewed during the financial year 2021/2022.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Once the Board has approved the full BAF at its meeting on 27 May the following risks will be reported to the Strategy and Delivery Committee during 2021/2022:

13 July 2021

1. Workforce – Strategy and Delivery Committee
2. Sustainable Primary and Community Care – Strategy and Delivery Committee

14 September 2021

3. Sustainable Culture Change – Strategy and Delivery Committee
4. Inadequate Planned Care Capacity – Strategy and Delivery Committee

16 November 2021

5. Delivery of Annual Plan – Strategy and Delivery Committee
6. Staff Wellbeing – Strategy and Delivery Committee

### Recommendation:

The Strategy and Delivery Committee is asked to:

- **NOTE** the risks which will be presented to the Committee after the full BAF has been agreed by the Board on 27 May 2021.

### Shaping our Future Wellbeing Strategic Objectives

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5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time			10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives						
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>									
Prevention	x	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable							

