Betsi Cadwaladr University Health Board pharmaceutical needs assessment

September 2026

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

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Executive summary

The health board has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. This is Betsi Cadwaladr University Health Board's second pharmaceutical needs assessment, and its development has been overseen by a steering group which included representation from the health board, Community Pharmacy Wales, North Wales Local Medical Committee and Llais.

The pharmaceutical needs assessment:

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

From 1 October 2026 the pharmaceutical needs assessment will be used by the health board when considering whether or not to grant applications to join its pharmaceutical list or dispensing doctor list under The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Decisions on such applications may be appealed to Welsh Ministers who will then also refer to the document when hearing any such appeal. It will also be used to inform decisions on applications for the relocation of existing pharmacy and dispensing doctor premises, applications to change pharmacy core opening hours, and in relation to the commissioning of new services from pharmacies.

The footprint of Betsi Cadwaladr University Health Board is coterminous with the footprint of the following local authority areas:

- Conwy County Borough Council,
- Denbighshire County Council,
- Flintshire County Council,
- Gwynedd Council,
- Isle of Anglesey County Council, and
- Wrexham County Borough Council.

The health board's area is bordered by the Irish Sea to the north and west, Ceredigion and Powys to the south, and England to the east. The region is defined by coastland, rural areas particularly in the west, and more urban areas in the east predominantly in and around Wrexham and Deeside. The majority of settlements are

along the coast, including resorts popular with tourists such as Rhyl, Llandudno, Pwllheli, Prestatyn and Tywyn. It is mountainous and contains Eryri National Park, and the mix of natural features is a strong draw for tourists and visitors.

There is a stronger sense of Welsh identity in the area, and it is home to more Welsh-language speakers than elsewhere in Wales.

The population of North Wales is increasing and ageing. It is anticipated that there will be a reduction in the proportion of people aged 64 and under during the lifetime of this pharmaceutical needs assessment (and until 2047) and an increase in the proportion of people aged 65 and over (34%), particularly for those aged 85 and over (98% increase).

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services provided by pharmacies and dispensing appliance contractors (referred to as essential, advanced and enhanced services) and the dispensing service provided by some GP practices to eligible patients. It also contains the views of 123 residents of the health board's area on their use of pharmacies and dispensing doctors which were gained from an online questionnaire. These show:

- Pharmacies are mainly used for the dispensing of prescriptions, to buy medicines or to get advice.
- Most people visit a pharmacy on a monthly basis.
- For those who have a preference as to the time at which they visit a pharmacy, 09.00 to 12.00 and 15.00 to 18.00 are the most popular times, followed by 18.00 to 21.00.
- With regard to the preferred day of the week on which to visit a pharmacy, 44.2% of responders didn't have a preference, 29.2% said weekdays in general and 13.3% said weekends in general.
- The most common influences on the choice of which pharmacy to use are proximity to home address or GP practice, a location that is easy to get to, there is a private area for conversations with the pharmacist, always having the pharmacy, and trust in the staff.
- 67.5% of respondents drive to a pharmacy and 24.2% walk.
- 95.0% of respondents can travel to a pharmacy within 20 minutes.

The health board has noted a high degree of commonality in responses to this questionnaire when compared to those received when the first pharmaceutical needs assessment was written.

This chapter also contains information provided by contractors which could not be nationally sourced. It should be noted that the response rate to the pharmacy contractor questionnaire was lower (58.7%) than for the previous pharmaceutical needs assessment (100%). This is due to the fact the questions in the previous questionnaire were incorporated into the All Wales Pharmacy Database validation exercise which all contractors are required to participate in.

- 96.4% of pharmacies are accessible by wheelchair,

- 79 of the 84 who responded have consultations areas that meet the required standards. Of the five whose consultation areas aren't compliant, two have alternative arrangements for confidential discussions,
- 88.4% of pharmacies said that they have sufficient capacity within their existing premises to meet an increase in demand, 8.1% said they do not but could make adjustments, and 2.3% said they do not and would have difficulty managing an increase in demand.
  26.7% said they have sufficient capacity within their staffing levels to manage an increase in demand, 67.4% said they don't but could make adjustments, and 5.8% didn't answer this question.

Following an overview of the demographic characteristics of the residents of the health board's area in chapter 2, chapter 3 focusses on their health needs.

In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services chapter 4 identifies the specific groups that are present in the health board's area and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in the health board's area and those providers who are located outside of the area but who provide services to those living within the health board's area. As of April 2026, there are 143 pharmacies included in the health board's pharmaceutical list (a reduction of nine since the previous pharmaceutical needs assessment), operated by 44 different contractors. There are no dispensing appliance contractors in the health board's area. Of the 96 GP practices, 34 dispense to their eligible patients (a reduction of three) from 42 sites. The pharmacies are generally located in areas of greater population density and deprivation, with the dispensing practices generally in areas of lower population density.

In order to assess whether there is currently a good geographical spread of pharmacies the health board adopted a travel time of 20 minutes by car to a pharmacy. This is in line with the previous pharmaceutical needs assessment and reflects the rural nature of much of North Wales. The health board has noted that the vast majority of its population is within a 20-minute drive of a pharmacy. Google Maps reveals that those areas that are not within a 20-minute drive generally have no resident population or only a few scattered houses, farms, camping and caravan sites.

The vast majority (84.3%) of items prescribed by the GP practices were dispensed by one of the 143 pharmacies in 2024/25, with a further 13.1% dispensed or personally administered by the dispensing practices and 0.9% personally administered by the non-dispensing practices. The remaining 1.7% was predominantly dispensed in England by pharmacies just over the border or by dispensing appliance contractors, although 0.3% was dispensed by 209 different pharmacies elsewhere in Wales and the dispensing appliance contractors in Cardiff. A very similar pattern of dispensing was seen for items prescribed by GP practices in the first nine months of 2025/26.

Services which affect the need for pharmaceutical services either by increasing or reducing the demand for a particular service or services are identified in chapter 6.

Such services include the hospitals, personal administration of items by GP practices, the GP out of hours service, Help Me Quit, substance misuse services, sexual health clinics and other community based services.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies, dispensing appliance contractors and the dispensing service provided by some GP practices.

The health board has divided its area into 14 localities for the purpose of this document, based upon the GP clusters. The clusters bring together local services involved in the provision of health and care, across a geographical area typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities. They are therefore a natural footprint for the localities within this pharmaceutical needs assessment.

Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether or not current provision meets the needs of those residents. Each chapter goes on to consider whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment. As with the previous pharmaceutical needs assessment, the health board has future-proofed this version so that it responds should a pharmacy close permanently or a GP practice ceases to provide the dispensing service. This is important because applications for new pharmacies may only be granted if they meet a current or future need identified in the pharmaceutical needs assessment in accordance with the regulations.

Chapter 22 sets out the current and future needs that have been identified by the health board. The health board has determined the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential and additional clinical services provided at all premises included in a pharmaceutical list, and
- The dispensing service provided by those GP practices included in a dispensing doctor list.

The pharmaceutical needs assessment has identified the current need for a pharmacy in Betws-y-Coed which is open six days a week, providing the following services.

- Essential services,
- Clinical community pharmacy service,
- Return of patient sharps,
- Smoking cessation level 2, and
- Help me quit @ pharmacy service.

No other current needs have been identified in relation to the provision of essential services, additional clinical services, or the GP dispensing service.

The health board has also looked at changes which are anticipated within the lifetime of the document for example the predicted population growth. In addition, it has taken account of 'Pharmacy; Delivering A healthier Wales' which sets outs the long-term goals for service transformation to ensure the most health gain from prescribed medicines. As a result, the pharmaceutical needs assessment has identified a number of future needs for additional clinical services in specific circumstances, although it is the health board's preference that the existing pharmacies provide the services required by the population.

An aspiration in 'Pharmacy: Delivering a Healthier Wales' is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029. From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme. Should these interim targets not be met within one or more localities there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

142 of the pharmacies provide the clinical community pharmacy service which includes the common ailments service, contraception, and emergency medicines supply. The pharmaceutical needs assessment has identified that if the remaining pharmacy has not started to provide this service by 1 April 2027 there will be a future need for the provision of this service in Bodelwyddan, seven days a week for:

- eight hours a day Monday to Friday,
- six hours on Saturdays to include 13.00 to 15.00, and
- three hours on Sundays after 12 noon.

The pharmaceutical needs assessment has identified that should there be a loss of supplementary opening hours in any locality on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The pharmaceutical needs assessment has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The pharmaceutical needs assess has also identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all of the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy service.

A 60-day consultation will be undertaken on the findings of a draft of the pharmaceutical needs assessment, as required by the regulations, and the document will be reviewed in light of the responses.

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a health board's area for a period of up to five years, linking closely to the health board's Health and Wellbeing Profile 2026. Whilst the profile focusses on the general health needs of the population of the health board's area, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by the health board.

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

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

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

1.2 Health board duties in respect of the pharmaceutical needs assessment

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

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

1.3 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

Each health board is responsible for preparing, maintaining, and publishing its lists. In Betsi Cadwaladr University Health Board there are 143 pharmacies and 34 dispensing practices (March 2026).

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

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, Betsi Cadwaladr University Health Board does not hold contracts with the pharmacy contractors in its area. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 5 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010.

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

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

- National community pharmacy and appliance contractor services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of these services, they must meet certain

requirements and must also be fully compliant with the essential services and clinical governance requirements.
    - Clinical community pharmacy service
    - Discharge medicines review service
    - Pharmacist independent prescribing service
    - Seasonal influenza vaccination service
    - Stoma appliance customisation
    - Lateral flow test supply service
    - Appliance use review

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

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

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

- A patient and public involvement programme
- A clinical audit programme
- Collaboration with other healthcare professionals through clusters in order to identify and improve the health and wellbeing of the population service by the pharmacy

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

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

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

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

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

They may also choose to provide national community pharmacy and appliance contractor services. If they do choose to provide them then they must meet certain

requirements and must also be fully compliant with their terms of service and the clinical governance requirements. The two national community pharmacy and appliance contractor services that they may provide are:

- Stoma appliance customisation
- Appliance use reviews

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

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

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

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

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

1.3.3 Pharmaceutical services provided by doctors

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

- Patients must live in a 'controlled locality' (an area which has been determined by the health board or a preceding organisation as rural in character, or on appeal by the Welsh Ministers), more than 1.6km (measured in a straight line) from a pharmacy, and

- Their practice must have premises approval and outline consent to dispense to that area.

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

1.4 Other NHS services

Other services which are commissioned or provided by Betsi Cadwaladr University Health Board which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment.

1.5 How the assessment was undertaken

1.5.1 Pharmaceutical needs assessment steering group

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

1.5.2 Pharmaceutical needs assessment localities

The localities that have been used for the pharmaceutical needs assessment match the boundaries of the GP clusters, namely:

- Anglesey
- Arfon
- Dwyfor and North Meirionnydd
- South Meirionnydd
- Conwy West
- Conwy East
- North Denbighshire
- Central and South Denbighshire
- North West Flintshire
- North East Flintshire
- South Flintshire
- North and West Wrexham
- Central Wrexham
- South Wrexham

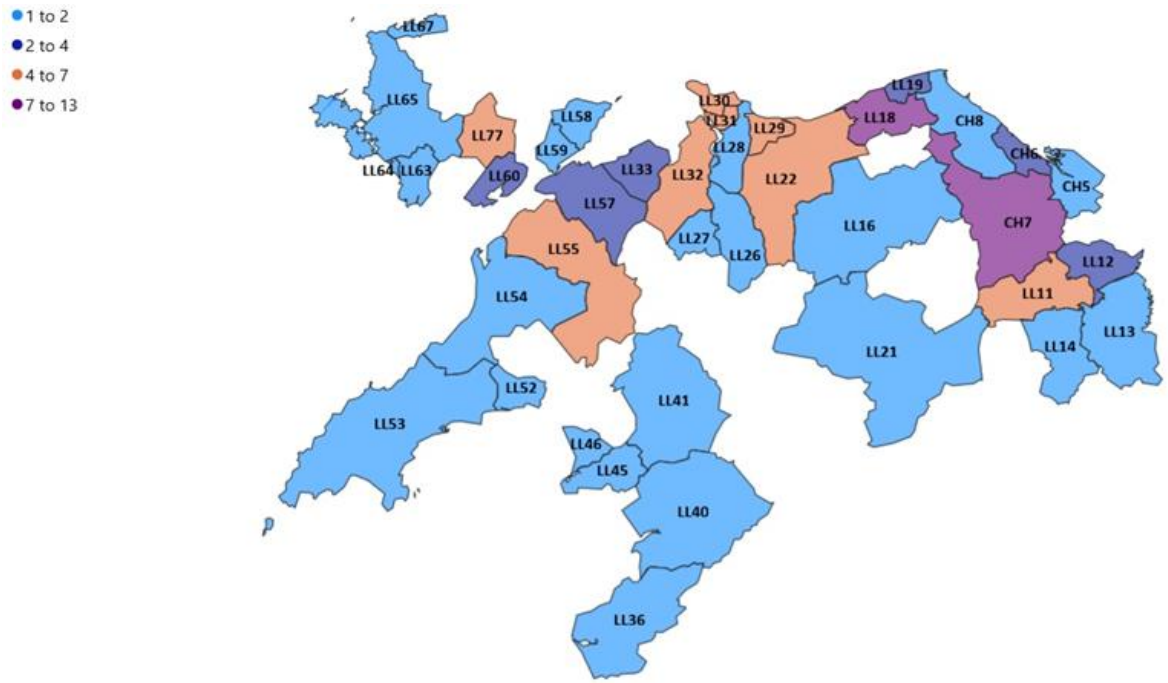
The clusters bring together local services involved in the provision of health and care, across a geographical area typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities. They are therefore a natural footprint for the localities within this pharmaceutical needs assessment.

1.5.3 Patient and public engagement

In order to gain the views of the public on pharmaceutical services, a questionnaire was developed and made available online from 26 March 2026 to 27 April 2026. The questionnaire was promoted on the health board's website and via social media platforms. It was made available in Welsh and English and a copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H.

A total of three people completed the questionnaire in Welsh and 123 in English. The heat map below shows the location of those who responded based upon the postcode district that they live in. It should be noted that the postcode districts do not fully map to the boundaries of the health board's area and responses were not received from all the postcode districts.

Map 1.1 - map showing the postcode districts of those responding to the patient and public questionnaire



When asked where they collect their medicines from:

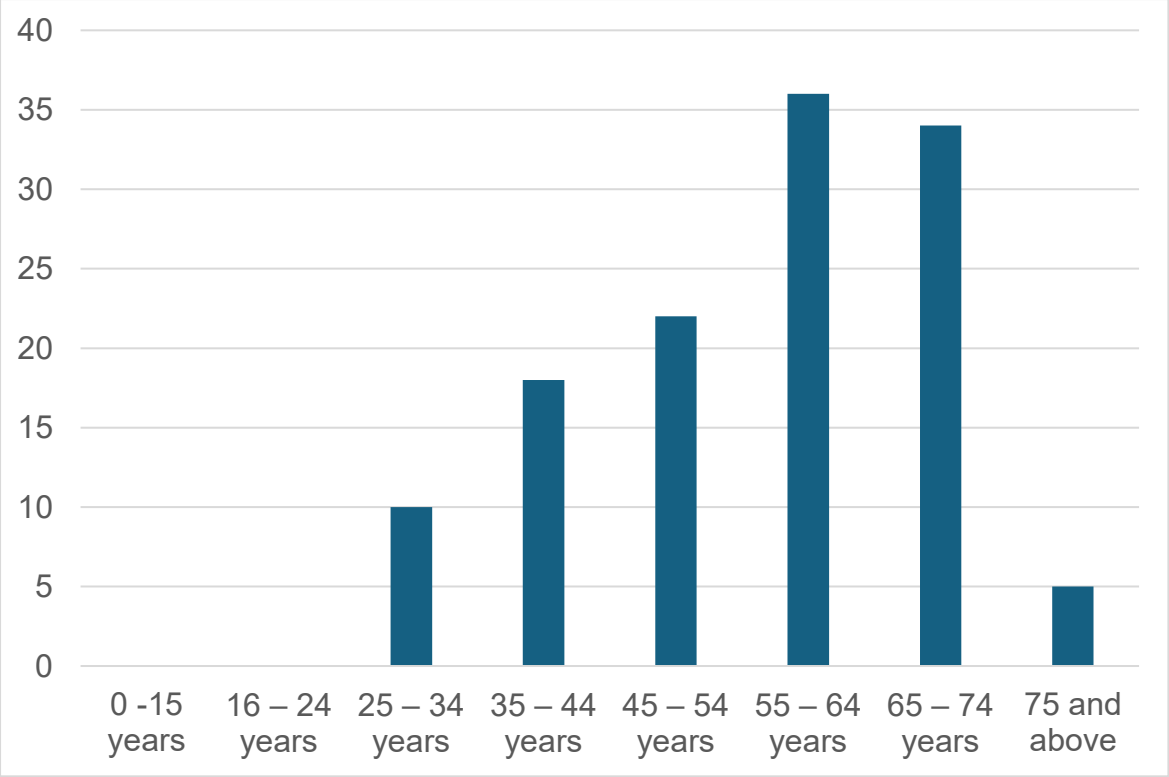
- 92.1% of people said from a pharmacy
- 7.9% said from their doctor's surgery.

In relation to their preferred language when accessing services at a pharmacy or GP practice:

- 87.2% of respondents said English,
- 12.0% said Welsh,
- 0.8% chose not to answer the question.

82.4% of respondents were female, 16.0% as male, 1.6% preferred not to say. The figure below shows the age breakdown of respondents.

Figure 1.1 – how old are you?



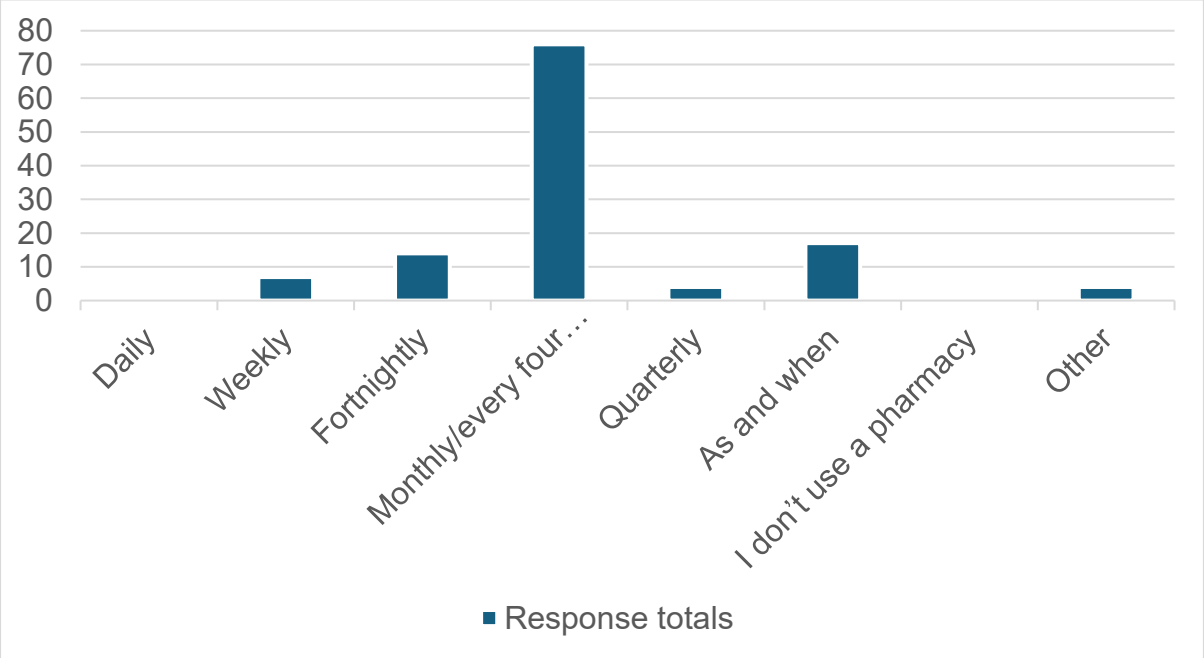
When asked why they usually visit a pharmacy the most common responses were as follows:

- To get a prescription for myself – 104 people
- To get a prescription for someone else – 55 people
- To buy medicines for myself – 46 people
- To get advice for myself – 39 people
- To buy medicines for someone else – 23 people
- To get advice for someone else – 12 people.

Multiple answers could be given to this question.

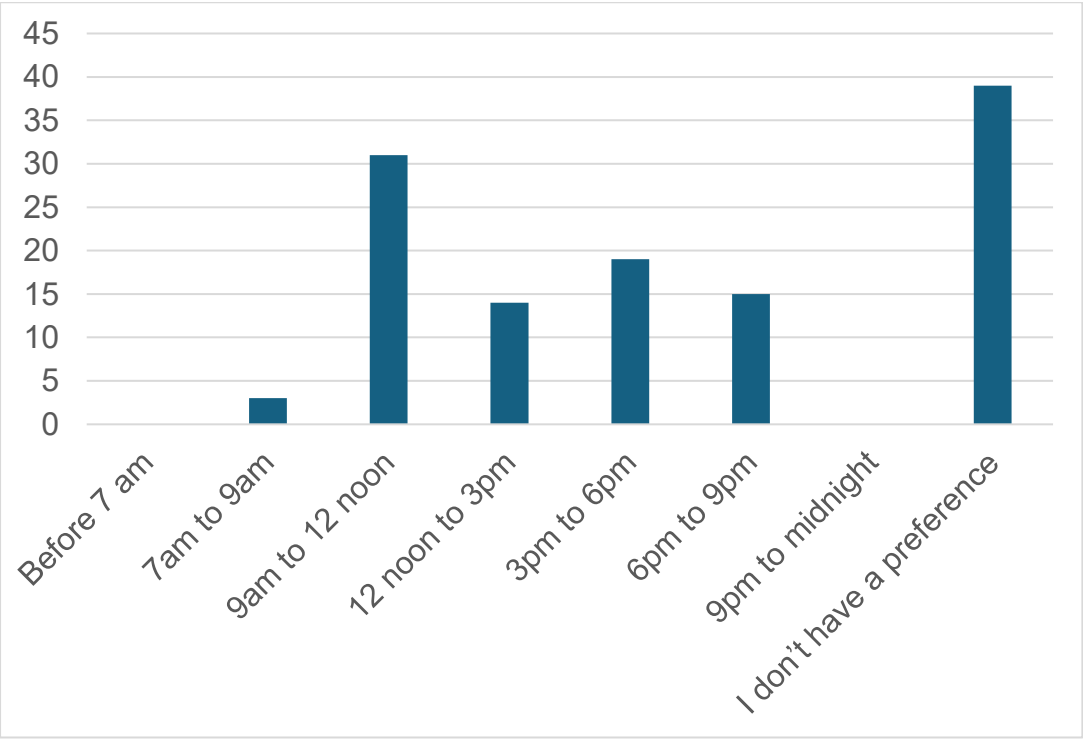
The figure below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.

Figure 1.2 – How often do you visit a pharmacy?



Whilst 32.2% of respondents didn't have a preference as to the most convenient time to use a pharmacy, for those that did the most convenient time was 09.00 to 12.00 (25.6% of responses), followed by 15.00 to 18.00 (15.7% of responses), then 18.00 to 21.00 (12.4%), and then 12.00 to 15.00 (11.6%).

Figure 1.3 - What time is the most convenient for you to use a pharmacy?



When asked which day is the most convenient to access a pharmacy:

- 45.1% said they didn't have a preference,
- 28.7% said weekdays in general,
- 13.1% said weekends in general,
- 6.4% said Saturdays, and
- The remaining 13.1% were evenly spread between specific weekdays and Saturday.

31 people said that there had been a time recently when they had not been able to use their normal pharmacy. When asked what they did instead:

- 20 people went to another pharmacy,
- 8 people waited until it was open,
- 3 people called NHS Direct Wales or NHS 111 Wales, two contacted their GP practice, one contacted the GP out of hours service, and
- one asked a friend.

The questionnaire asked people about their choice of pharmacy. 81.1% said that they always use the same pharmacy, 16.4% said they use different pharmacies but prefer to visit one most often, 1.6% said they always use different pharmacies, and 0.8% said they never use a pharmacy.

The table below shows the top 11 things that influence choice of pharmacy.

Table 1.1 – what influences your choice of pharmacy?

Reason	Number of respondents
Close to my home	85
Close to my doctor	51
The location of the pharmacy is easy to get to	41
There is a private area if I need to talk to the pharmacist	37
I've always used this pharmacy	35
It is easy to park at the pharmacy	30
The staff know me and look after me	29
The customer service	27
The pharmacy provides good advice & information	26
The pharmacy has good opening hours	25
They usually have what I need in stock	24

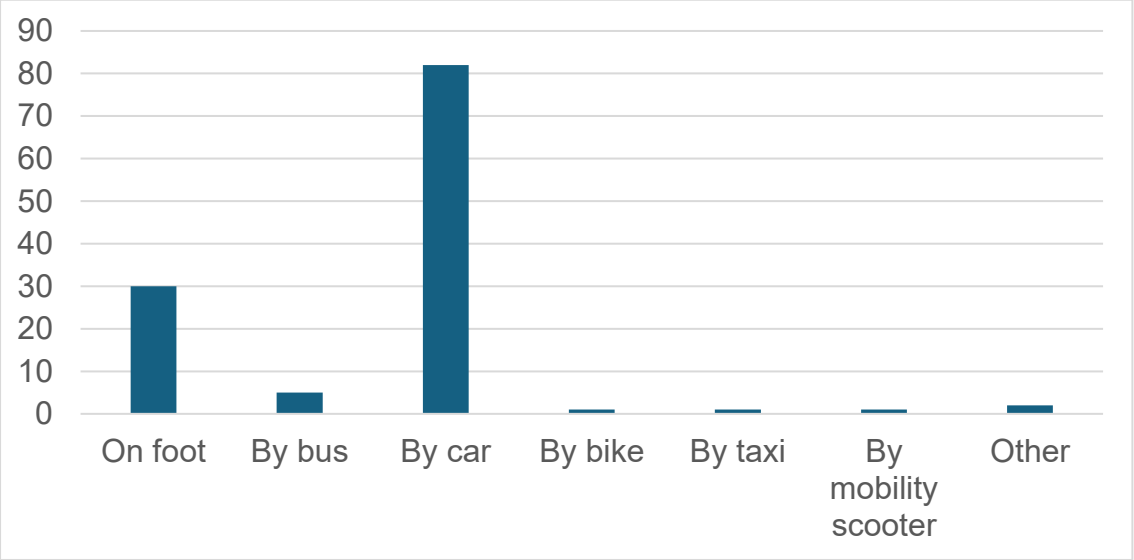
When asked if there is a more convenient and/or closer pharmacy that they don't use, 30 (24.6%) said yes and the following reasons were given.

Table 1.2 – reasons for not using a more convenient and/or closer pharmacy

Reason	Number of responses
The service is too slow	8
I have had a bad experience in the past	5
It is not easy to park at the pharmacy	3
There is not enough privacy	3
They don't have what I need in stock	3
Prescriptions are sent to another pharmacy	2
It's not open when I need it	1
The staff don't know me	1
It's not wheelchair/baby buggy friendly	1

The questionnaire then looked at how people travel to pharmacies.

Figure 1.4 - if you go to the pharmacy by yourself or with someone, how do you usually get there?

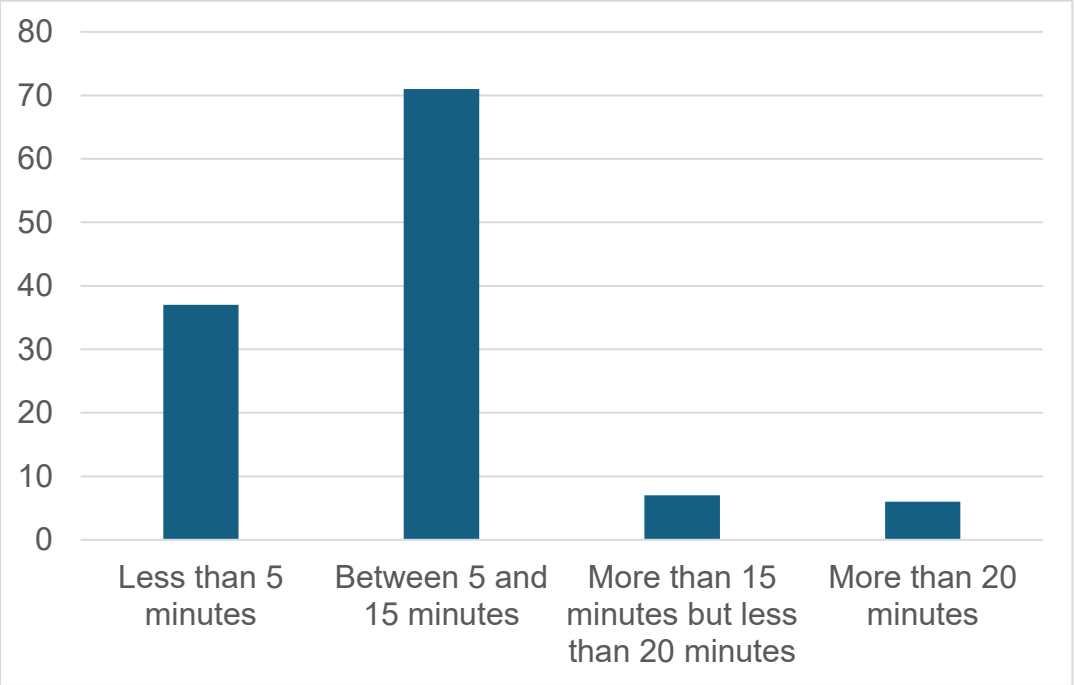


For those who chose "other":

- one person doesn't visit pharmacies,
- One person travels by car and on foot.

For the majority of the responders their journey time takes less than 15 minutes (89.3%), with 95% within 20 minutes of a pharmacy. For 5.0% of people it takes more than 20 minutes to travel to a pharmacy.

Figure 1.5 - how long does it usually take to get to the pharmacy?



For those whose journey takes more than 20 minutes:

- four people go by car,
- one travels on foot, and
- one travels by bus.

When asked if they would say that they have difficulty in getting to a pharmacy, 93.4% said no. For the seven respondents who said they have difficulty the following information was provided.

- One person is housebound,
- One person has physical disabilities,
- One person finds it difficult to park,
- One person has difficulty in getting to another pharmacy,
- One person has a long-term condition which means that they sometimes cannot drive and rely on their husband,
- One person doesn't drive, and
- One person has mobility issues.

Searching via the internet was the most popular way of finding information on a pharmacy for example opening hours and services offered (85 respondents) followed by phoning the pharmacy (37 respondents), popping in and asking (23 respondents), using social media (18 respondents), looking in the window (15 respondents), calling NHS 111 Wales or using its website (six people), and asking a friend (four respondents). Multiple options could be selected for this question.

When asked if they feel able to discuss something private with a pharmacist the majority either answered yes (56.6%) or they had never needed to (22.1%). 14.8% of respondents however said no.

Whilst most respondents use a pharmacy in order to have a prescription dispensed, pharmacies do provide a range of clinical services. The questionnaire listed a number of services that are provided by all or the majority of pharmacies in the health board's area and asked if respondents were aware of them. The table below shows their responses.

Table 1.3 – are you aware that you may be able to access the following services from pharmacies as part of the NHS?

Service	Number of people aware of the service
Flu vaccinations	101
Common ailments scheme	95
Help to stop smoking	48
Emergency hormonal contraception, also referred to as the 'morning after pill'	44
Discharge medicines review service	32
Appliance use review service	15

63 people had further comments to make on their experience of their local pharmacy. There were 24 positive comments, 35 negative, and four which were both positive and negative.

The positive comments focussed on the service provided and the friendly helpful staff who do their utmost to meet people's needs.

Examples of the positive comments include:

- "Wonderful, knowledgeable staff. Always helpful"
- "Prescribing service very helpful"
- "I have to say that the Pharmacy I use is great the staff are great and so helpful, They know me and we have good banter. If I have a problem they are very good and explain everything."
- "My pharmacy is a vital part of our community especially for the young and elderly and like myself those that don't drive or have any means of transport."
- "Friendly staff. Always ready to help. They go out of their way to help us every time"

With regard to the negative comments, the main themes were:

- Slow service and time spent queuing
- Pharmacies not being open at the weekends or later on weekday evenings

- Prescriptions cannot be found and so dispensing is delayed
- Length of time for prescriptions to be dispensed, in particular when they are sent to a dispensing hub
- Lack of stock or items not being included leading to repeat visits (it was not clear if this was an issue with the relevant pharmacies or whether this is due to the national shortages)
- Poor customer service
- Mistakes made

Examples of the negative comments include:

- “Always issue with stock. Waiting time for prescription to be dispensed. Lack of space.”
- “I have a repeat prescription for medication I will be on for the rest of my life. I put my prescription in at the doctors who then authorise it and send it across to the pharmacy. I cannot say how many times my prescription cannot be found at the pharmacy. Almost every time not all of the drugs I need are available which necessitates another walk down to the pharmacy. There is always a problem sometimes the prescription has vanished into a blackhole between the doctors and the pharmacy.”
- “I used to leave my repeat prescription at the pharmacy for the next month. They would send the prescription request to the Dr and then txt me when it was ready. On occasions I found it had been sent to the wrong GP. It came to a point when I was frequently without medication because of this now I keep my repeat prescription and take it to the doctors now myself. The time it takes to get the prescription to the chemist and the medication ready now takes more than 7 days.”
- “I've had to change my pharmacy to another one due to long waiting times. 50mins waiting time was the last time I had to stand and wait...no explanation, no communication, by time I received my prescription there was 7 others also waiting and 5 where elderly with not even a chair to sit on...”
- “Being notified prescription is ready even though they have contact number they don’t notify, prescription is never ready and often not available that day”

The questionnaire then asked if there are any barriers to accessing services at a pharmacy that have not already been mentioned. The main themes of the 18 responses received were:

- Opening hours (eight people) – closed at lunchtimes, evenings and at the weekend,
- Inconsistent/inconvenient service offer (three people),
- Lack of delivery service (two people).

For the ten people who are dispensed to by their GP practice:

- Seven do not have a preferred time to use the dispensary, two said 14.30 to 18.30, and one said 12.00 to 14.30.
- Four do not have a preferred day, two said Thursdays, two said weekdays in general, one said Wednesdays and 10.0% said Fridays.

- Two people said there was time recently when they were not able to use the dispensary. One went to a pharmacy and the other waited until the dispensary was open.
- All seven people drive to the dispensary.
- For two people their journey takes less than five minutes, for five it takes between five and 15 minutes, for one person it takes more than 15 minutes but less than 20 minutes, and for two people it takes more than 20 minutes. These two people drive to the dispensary.
- One person said they have difficulty in getting to the dispensary because they work full time so have to ask a family member to collect their repeat prescription.

When asked if there is anything else they would like to say about their experience of the dispensary at their GP practice, the themes of the comments are as follows.

- Excellent customer service
- Limited opening hours/use of facilities on the NHS app
- Incomplete prescriptions received
- Preference for a pharmacy to be involved in the dispensing service.

One person said the dispensary opening hours is a barrier as they work during the same hours.

Six people said they also use a pharmacy.

1.5.4 Contractor engagement

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

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

The questionnaire was open from 9 March to 7 April 2026 and the results are summarised below. 84 pharmacies in the health board's area responded.

81 pharmacies confirmed that the premises are accessible by wheelchair. 84 pharmacies confirmed that they have a consultation area, 77 of which are accessible by wheelchair with another one that is accessible being built for summer 2026.

Having a consultation area that meets four specific requirements is a pre-requisite for being able to provide the national pharmacy and dispensing appliance contractor services. The four requirements are as follows:

1. the consultation area is a closed room,
2. the consultation area is a designated area where both the patient and pharmacist can sit down together,
3. the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy, and
4. it is clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Based on the responses from the pharmacies:

- 83 consultation areas meet requirements one, two and four, and
- 79 meet requirement three.

One pharmacy whose consultation area does not meet all the requirements confirmed it has alternative arrangements in place for confidential discussions.

56 have Welsh speakers in their staff, and 32 pharmacies provided information on languages other than English that are spoken by staff.

- Polish – 12 pharmacies
- Urdu – seven pharmacies
- Hindi – five pharmacies
- Gujarati – three pharmacies
- Romanian – three pharmacies
- Arabic – two pharmacies
- French – two pharmacies
- Malay – two pharmacies
- Punjabi – two pharmacies
- Spanish – two pharmacies
- Asante Twi, Begali, Farsi, German, Ghanaian, Italian, Mandarin, Parsi, Portuguese and South Korean – one pharmacy each.

Whilst pharmacies are required to dispense all valid NHS prescriptions for drugs, they may choose which appliances they supply “in the normal course of business”. 82 pharmacies confirmed that they dispense all appliances, one only dispenses dressings, and one doesn’t dispense any appliances.

81 of the pharmacies collect prescriptions from GP practices as a private, free-of-charge service.

66 pharmacies deliver dispensed items to patients as a private, free-of-charge service and 13 provide it as a private, chargeable service.

58 pharmacies restrict the service to elderly and housebound patients.

Six pharmacies restrict the delivery service to specified areas.

One pharmacy has an automated collection point at the premises and another plans to install one in 2026/27.

In order to assist in the identification of any gaps in the current provision of additional clinical services pharmacies were asked to confirm whether or not there is a requirement for an existing additional service which is not currently provided in the area, and to provide the evidence to support this. Six pharmacies suggested services.

- Extension of the pharmacist independent prescriber service outside of normal working hours.
- Travel health vaccinations on the NHS (two pharmacies).
- Blood pressure checks (two pharmacies).
- Ear microsuction via the NHS.

Six pharmacies suggested there is a requirement for the following new services.

- Inclusion of more prescribing services.
- Blood pressure checks (two pharmacies).
- Monitored dosage systems.
- Mole checking and cryotherapy.
- Increased vaccinations eg shingles.

When asked if there is a requirement for a new service that is not currently available the following were suggested:

- Blood pressure checking service
- Inclusion of more prescribing services
- Monitored dosage systems
- Mole checking service
- Cryotherapy
- Increased range of vaccinations, eg shingles.

Recognising that the demand for pharmaceutical services is increasing for a number of reasons including the continued increase in the number of items being prescribed and a growing population, the pharmacies were asking whether they can meet this increase.

- 76 pharmacies said that they have sufficient capacity within their existing premises to meet an increase in demand, seven pharmacies said they didn't but could make adjustments in order to do so, and one pharmacy said it does not have capacity and would have difficulty in managing an increase in demand.
- 23 pharmacies said that they have sufficient capacity within their existing staffing levels to meet an increase in demand, 57 pharmacies said they didn't but could make adjustments in order to do so. Four pharmacies did not respond to this question.

A number of the pharmacies have plans to develop or expand their service provision.

- Nine plan to start providing the pharmacist independent prescriber service in 2026, seven plan to increase provision of the service, and three have pharmacists who are training to become an independent prescriber.
- Eight have plans to expand the premises or relocate to new premises in order to incorporate more consultation rooms.
- One is exploring the option to extend its opening hours.
- One plans to start providing a smoking cessation service.
- One is looking into automation.

- One has a second pharmacist starting who will quality as an independent prescriber in 2026. It also has two technicians who are providing services under patient group directions.
- One plans to increase the provision of private service eg travel vaccinations and weight loss if there is no increase in NHS services.

An online questionnaire for dispensing practices was also undertaken and was open 9 March to 7 April 2026. 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.

Of the 34 dispensing practices six responded.

The opening hours of the dispensaries vary from practice to practice but generally reflect the opening hours of the practice premises ie Monday to Friday between 08.30 and 18.00.

With regard to dispensing appliances, all six said they dispense all types of appliances from the premises.

In relation to delivery services, three practices said they provide a delivery service, two to specific areas and one to housebound patients only. One practice said it used to provide a delivery service but stopped it in 2024.

Five practices confirmed that they have Welsh speakers in their staff. Other than English, no other languages were reported as spoken.

Three of the practices have sufficient capacity within their existing premises to manage an increase in demand for the dispensary service, two said they do not but could make adjustments, and one said it does not and would have difficulty managing an increase in demand. Two of the practices have sufficient capacity within their existing staffing levels to manage an increase in demand for the dispensary service, two said they do not but could make adjustments, and one said it does not and would have difficulty managing an increase in demand.

The following dispensing related services are also provided by the practices:

- Three provide medicines administration record charts to residents of care homes, and one provides them in general.
- Three provide blister packs.
- Three accepted sharps from patients.
- One has an automated collection point.

1.5.5 Consultation

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

2 Overview of North Wales

2.1 Introduction

North Wales has a resident population of 697,115 persons, living across an area of approximately 2,500 square miles. It is bordered by the Irish Sea to the north and west, Ceredigion and Powys to the south, and England to the east. The region is defined by coastland, rural areas particularly in the west, and more urban areas in the east predominantly in and around Wrexham and Deeside. The majority of settlements are along the coast, including resorts popular with tourists such as Rhyl, Llandudno, Pwllheli, Prestatyn and Tywyn. It is mountainous and contains Eryri National Park, and the mix of natural features is a strong draw for tourists and visitors.

There is a stronger sense of Welsh identity in the area, and it is home to more Welsh-language speakers than elsewhere in Wales.

Many rural areas have experienced migration patterns that have resulted in ageing populations with increasing health and social care needs. The provision of services to dispersed, isolated populations presents particular challenges.

North Wales is served by six unitary authorities:

- Conwy County Borough Council,
- Denbighshire County Council,
- Flintshire County Council,
- Gwynedd Council,
- Isle of Anglesey County Council, and
- Wrexham County Borough Council.

The map below shows the area covered by each council.

Map 2.1 – map of the geographical area for each unitary authority in North Wales

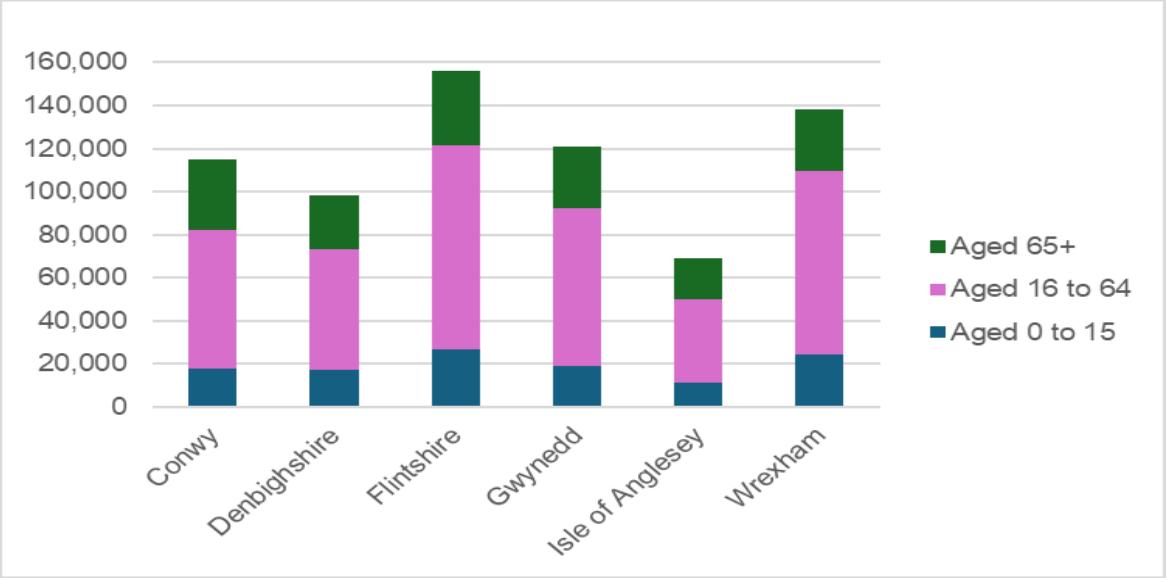


Betsi Cadwaladr University Health Board is the largest health organisation in Wales, and is responsible for providing primary, community, mental health and acute hospital services for the population of North Wales.

2.2 Population[1]

As can be seen from the figure below, Flintshire has the largest population (155,867) followed by Wrexham (138,245). Isle of Anglesey has the smallest population at 69,097.

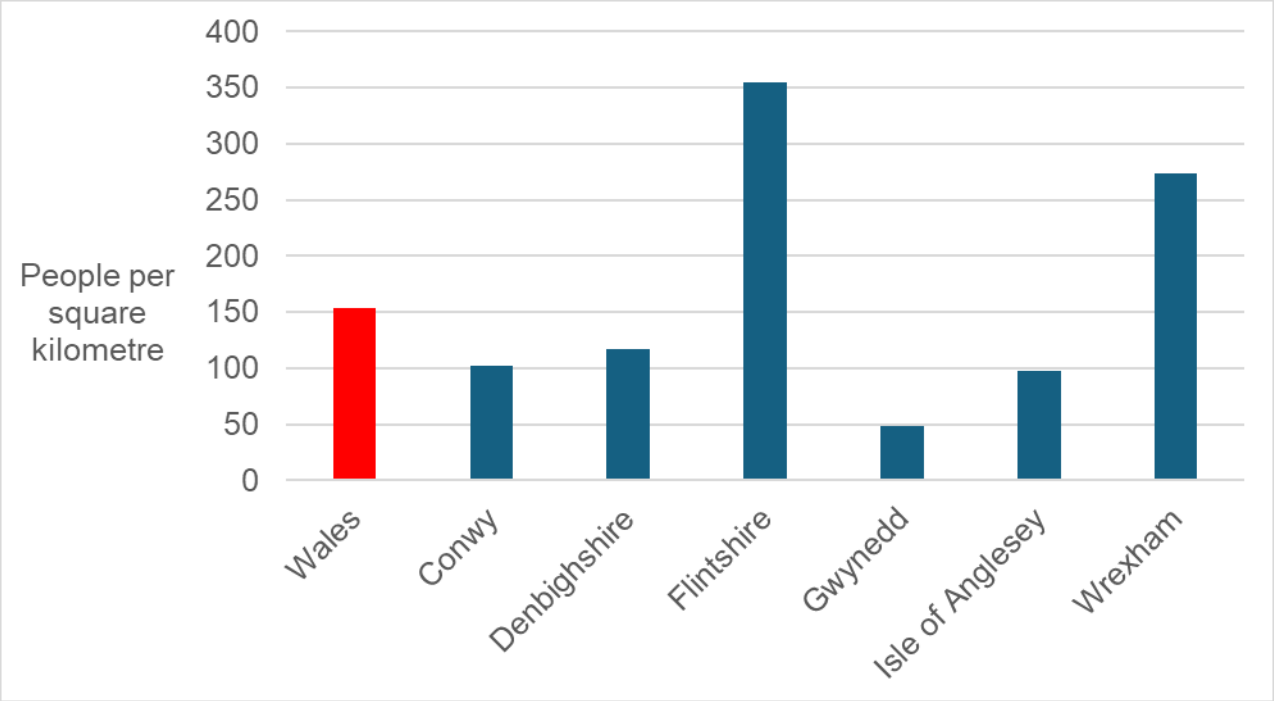
Figure 2.1 - population estimates, all persons, by age group, and unitary authority, 2024



The has been a general increase in population density across North Wales between 2020 and 2023. As shown in the figure below, population density is greatest in the east with both Flintshire and Wrexham having a greater density per square kilometre (354 and 274 respectively) than the average for Wales (154).

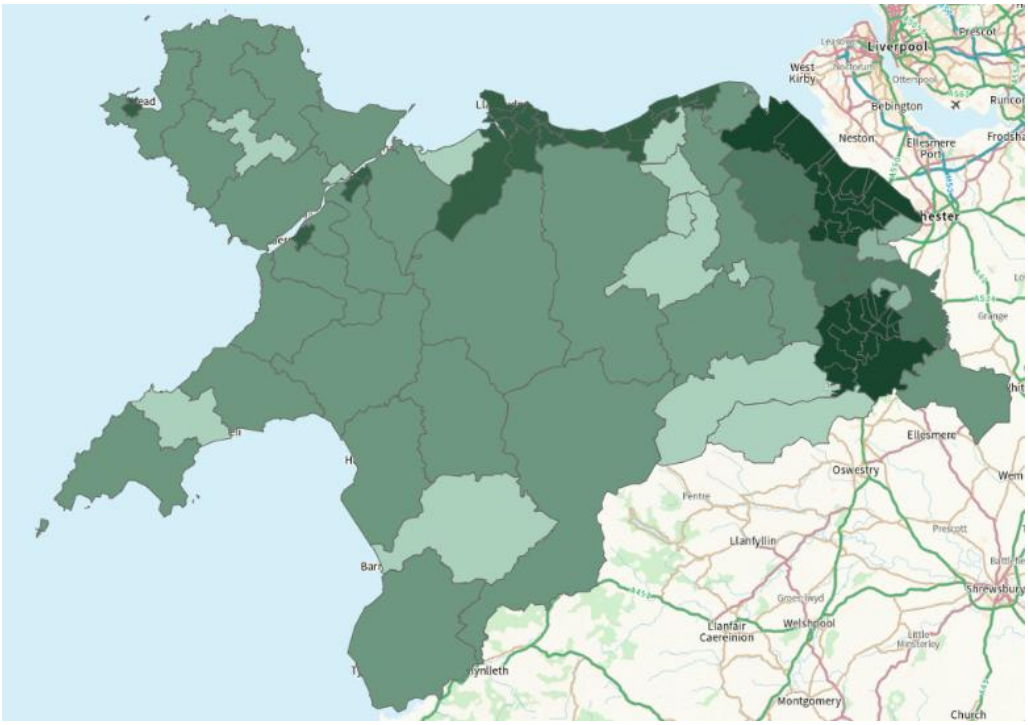
[1] StatsWales – Population estimates by local authority, year, sex and age mid-year 2024

Figure 2.2 – population density (persons per square kilometre) at local authority and Wales level, 2024



The map below reflects the generally rural nature of the western side of the health board's area compared to the more urban eastern side.

Map 2.2 – rural urban classification (2021) Betsi Cadwaladr University Health Board[2]



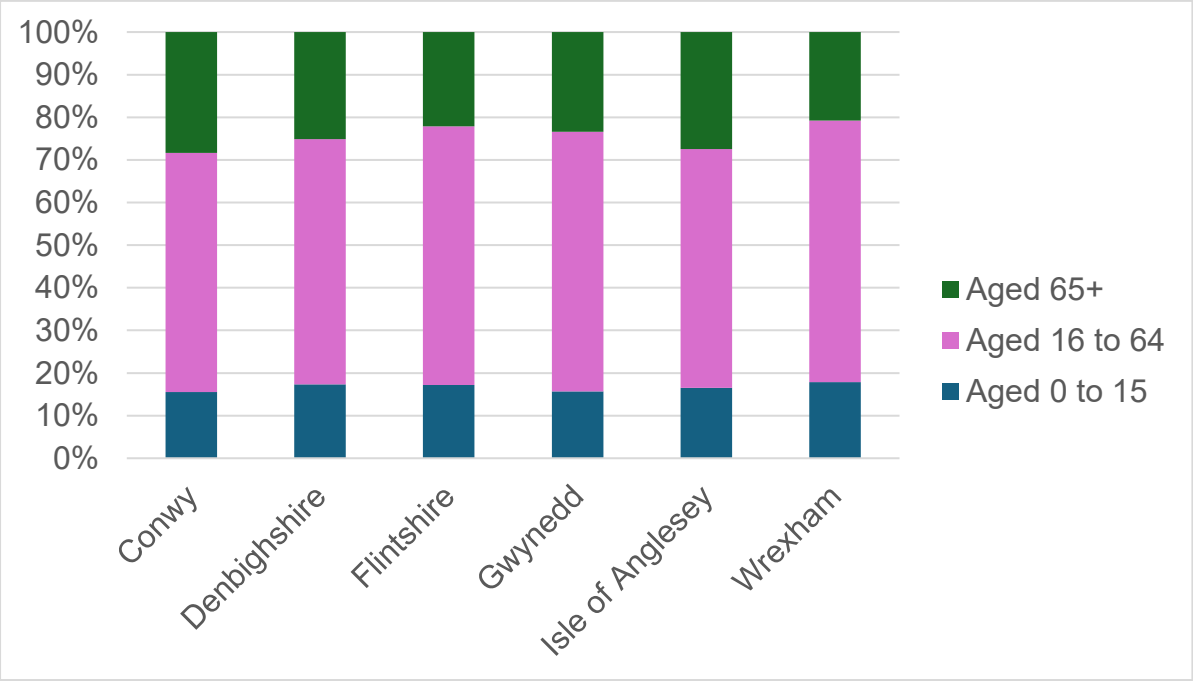
[2] Digital Health and Care Wales – Health Maps Wales

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Larger rural: further from a major town city
Larger rural: nearer to a major town or city
Smaller rural: further from a major town or city
Smaller rural: nearer to a major town or city
Urban: further from a major town or city
Urban: nearer to a major town or city

Flintshire, Denbighshire, and Wrexham have a younger population with 17% of the population aged 15 years and under, and Isle of Anglesey and Conwy have an older population with 28.3% and 27.4%respectively aged 65 and over. The picture is similar for residents aged 85 years and over, with Conwy (3.9%) and the Isle of Anglesey (3.6%) having the highest proportions; only Wrexham (2.6%) is below the average for Wales (2.7%)

Figure 2.3 - population percentages, all persons, by age group, and unitary authority, 2024



The population of North Wales is increasing and ageing.

The overall population is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At unitary authority level, the largest increases are expected in Gwynedd (10.8%) and Denbighshire (10.4%). The smallest increase is predicted to be in Wrexham (2.4%).

Overall, the numbers of children and young people in the population have been decreasing across North Wales in the past decade. Table 2.1 shows the numbers of children and young people (aged 0 to 17 years) in North Wales have declined by around 6,200 between 2013 and 2023. The largest decline (1,350) has been in Wrexham.

Table 2.1 – number of people aged 0 to 65 years, North Wales and unitary authorities, 2013 to 2023[3]

Area	2023 number	2023 percent	2013 number	2013 percent	Change 2013-23
Isle of Anglesey	13,050	18.9%	13,650	19.6%	- 600
Gwynedd	21,700	18.2%	23,350	18.8%	- 1,650
Conwy	20,450	17.9%	21,700	18.8%	- 1,250
Denbighshire	19,300	19.8%	19,400	20.5%	- 100
Flintshire	30,800	19.8%	32,050	21.0%	- 1,250
Wrexham	27,750	20.4%	29,150	21.4%	- 1,350
North Wales	133,050	19.2%	139,300	20.2%	- 6,200

Numbers have been rounded so may not sum to total. Percentage is to the total population of the area.

Conversely, between 2013 and 2023, the population aged 65 and over in North Wales increased by 17,800, rising from 21.4% of the total population to 23.9% as can be seen from the table below.

Table 2.2 – number of people aged 0 to 17 years, North Wales and unitary authorities, 2013 to 2023[3]

Area	2023 number	2023 percent	2013 number	2013 percent	Change 2013-23
Isle of Anglesey	18,800	27.1%	16,500	23.6%	2,300
Gwynedd	27,950	23.4%	26,400	21.9%	1,500
Conwy	32,000	28.0%	29,450	25.5%	2,550
Denbighshire	24,300	25.0%	21,200	22.5%	3,100
Flintshire	34,050	21.9%	29,300	19.2%	4,750
Wrexham	28,300	20.8%	24,700	18.2%	3,550
North Wales	165,350	23.9%	147,550	21.4%	17,800

Numbers have been rounded so may not sum to total. Percentage is to the total population of the area.

[3] Office for National Statistics - Mid-year population estimates. Produced by the North Wales Regional Innovation Coordination Hub

2.3 Temporary residents

2.3.1 Long-term caravan residents

There is a high concentration of caravan sites on the coastal strip of North Wales, predominantly around Kinmel Bay and Towyn.

There are likely to be substantial numbers of long-term caravan residents in North Wales who access local health services. However, research from Lincolnshire[4] has found that the Census, electoral register and council tax register all seriously under-record this population. The omissions from the Census are particularly important because Census data (and the mid-year population estimates built upon Census data) plays a central role in public sector funding formulas.

Key findings on demography of the surveyed caravan population in Lincolnshire include:

- nearly three-quarters are over 55, and more than 40 per cent over 65,
- over 60% describe themselves as 'retired', and
- fewer than a quarter have a job – and this low figure includes a number of site workers for whom the caravan came with the job.

The households surveyed spend a large proportion of the year living in a caravan:

- 85% live on site for at least three months of the year,
- over 40% live on site at least nine months of the year,
- 43% don't return to another home elsewhere for part of the year,
- 39% consider their caravan or chalet to be their main home, and
- 39% are permanently registered with a GP at the caravan's address.

These findings may also be applicable to North Wales.

2.3.2 Tourists

North Wales is a prime tourist destination, predominantly for visitors from the North West of England/Merseyside (Liverpool and Manchester), who stay in coastal resorts such as Llandudno, Rhyl and Prestatyn. This large increase in the number of visitors, especially in the summer months, will lead to increased pressure on health care resources.

According to the 2024 Domestic Great Britain tourism statistics annual report, in 2024 there were 2.48 million overnight trips to North Wales by Great Britain residents. The number of nights spent away from home on these trips was approximately 8.19 million and the value of spending on these trips was £680 million[5]. It is to be noted that spend and visits remained behind pre-Covid levels.

[4] Beatty, C., Fothergill, S., & Powell, R. (2012). Living in seaside caravans: new survey evidence and the implications for local authority funding. People, Place and Policy, 6(2), pp. 90-100
[5] Welsh Government – Domestic GB tourism statistics (overnight trips): annual report 2024

2.3.3 Second homes

The Council tax dwellings (CT1) data collection conducted by Welsh Government provides data on the number of dwellings eligible for council tax in each local authority[6]. Part of this return includes the number of chargeable second homes in each local authority area.

As can be seen from the figure below, in 2020/21 Gwynedd had the highest number of second homes (also the highest number in Wales), whereas Wrexham had the third lowest number of second homes in Wales after Blaenay Gwent (none) and Torfaen (sixteen).

Figure 2.4 – number of total chargeable second homes in North Wales, 2026/27

Local authority	Number of chargeable second homes
Conwy	1,508
Denbighshire	439
Flintshire	321
Gwynedd	5,004
Isle of Anglesey	2,297
Wrexham	63

2.4 Ethnicity

Most unitary authority areas across North Wales have a lower percentage of residents from ethnic minority backgrounds compared to the average for Wales (5.2%), with the exception of Denbighshire, also 5.2%.

Table 2.3 – ethnicity by ethnic group, Wales and North Wales unitary authorities, June 2023[7]

Area	All persons	White	Black, Asian and minority ethnic	Percentage of people who are Black, Asian and minority ethnic
Wales	3,149,100	2,982,400	165,200	5.2%
Betsi Cadwaladr University Health Board	703,300	676,300	26,600	3.8%
Conwy	115,500	113,300	2,200	1.9%
Denbighshire	95,900	90,900	5,000	5.2%
Flintshire	156,300	150,500	5,800	3.7%
Gwynedd	124,400	119,400	4,700	3.8%
Isle of Anglesey	70,100	67,600	2,400	3.5%
Wrexham	141,100	134,600	6,500	4.6%

[6] StatsWales, Council tax dwellings by authority and band
[7] Produced by Welsh Government using the Annual Population Survey

The proportion of people from ethnic minority backgrounds is higher for people aged under 65 at around 3.9%, so the number aged 65 and over may rise as these younger people age. However, around 19% of people from ethnic minority backgrounds aged 16 to 64 living in North Wales are full-time students (compared to 8% of white people). This is a highly mobile population who may move out of the area and be replaced by other students moving to the area rather than growing older in North Wales[8].

Table 2.4 – Population aged 65 years and over by broad ethnic group, North Wales and unitary authorities, 2021[9]

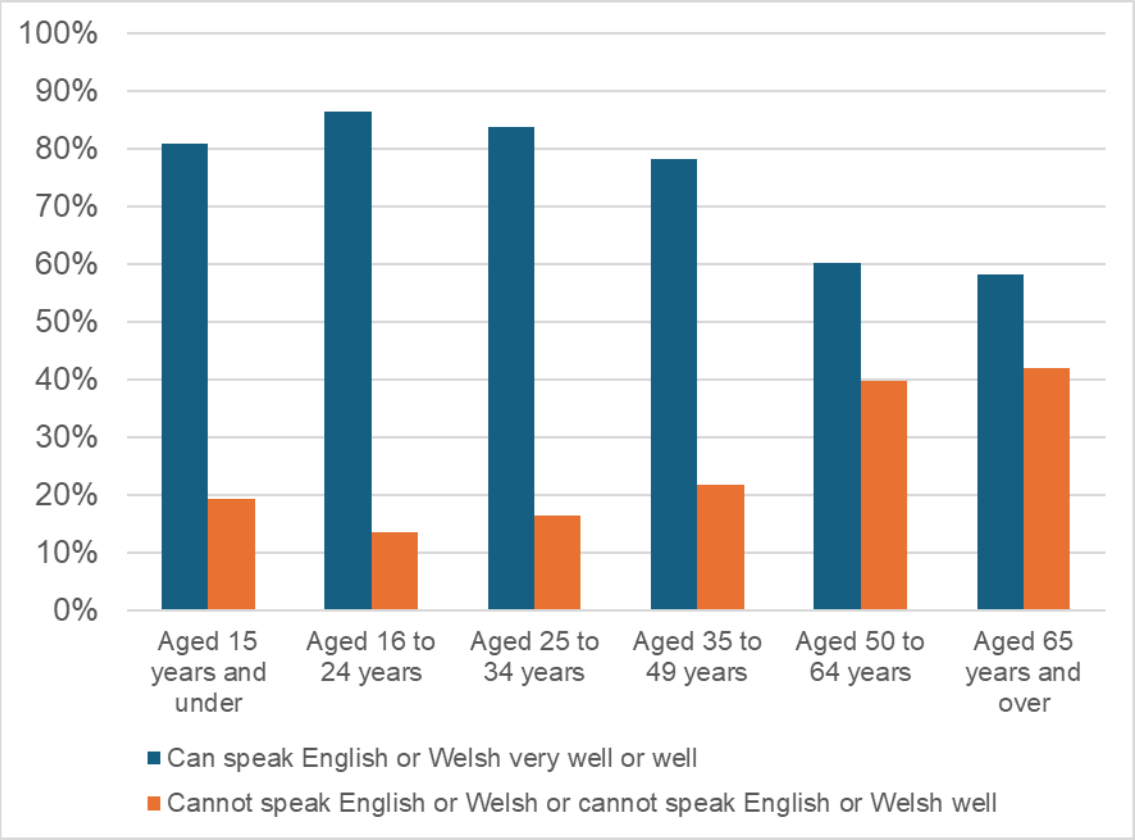
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Betsi Cadwaladr University Health Board	703,300	676,300	26,600	3.8%
Conwy	115,500	113,300	2,200	1.9%
Denbighshire	95,900	90,900	5,000	5.2%
Flintshire	156,300	150,500	5,800	3.7%
Gwynedd	124,400	119,400	4,700	3.8%
Isle of Anglesey	70,100	67,600	2,400	3.5%
Wrexham	141,100	134,600	6,500	4.6%

2.5 Household language

The number of residents in the health board for whom English or Welsh is not their main language was 19,354 at the 2021 Census, with4,456 or 23.0% not able to speak English or Welsh or not able to speak either well[10]. As can be seen from the figure below the ability to speak English or Welsh very well or well reduces with age for those for whom English or Welsh is not their main language.

[8] North Wales Regional Innovation Coordination Hub, 2025
[9] Produced by North Wales Regional Innovation Co-ordination Hub using Census 2021 data
[10] Nomis 2021 Census RM111 – Proficiency in English by age

Figure 2.5 – Proficiency in English or Welsh by age



According to the 2021 Census, English or Welsh was the main language of the health board's residents based on the combination of adults and children aged three years of age and older (96.7%)[11]. The next eight most commonly spoken languages were:

- Polish - 0.7%
- Arabic – 0.3%
- Romanian – 0.2%
- Portuguese, Bengali (with Sylheti and Chatgaya), 'All other Chinese', Spanish and Bulgarian – 0.1% each

There is some variation at local authority level with fewer people who have English or Welsh as their main language in Wrexham (94.9%) compared to the other local authority areas (higher than 96% in each).

2.6 Welsh language skills[12]

For many Welsh speakers, being able to access services in Welsh significantly affects their overall experience as health and care service users.

[11] Nomis 2021 Census – TS024 – Main language
[12] StatsWales - percentage of adults who speak Welsh (including the percentage that cannot speak Welsh and have some Welsh speaking ability) by local authority

The proportion of adults aged 16 years and over in North Wales who can speak Welsh ranges from 12.4% in Flintshire to 64.0% in Gwynedd. The average for the whole of Wales is 18.0%.

The proportion of Welsh speakers is higher again in some communities in North Wales – in some electoral divisions (wards) in and around Caernarfon over 85% of the population are able to speak Welsh. Higher concentrations are generally found in rural areas and to the west of the region[13].

Table 2.5 - percentage of population (aged 16 years and over) able to speak Welsh, Wales and unitary authorities, 2022-23

	Speak Welsh	Cannot speak Welsh	Some Welsh speaking ability
Wales	18.0	66.0	15.9
Conwy	27.6	57.5	14.9
Denbighshire	20.9	56.3	22.7
Flintshire	12.4	65.4	22.2
Gwynedd	64.0	24.9	11.1
Isle of Anglesey	48.0	39.7	12.3
Wrexham	16.7	64.7	18.6

The Annual Population Survey 2025 in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in North Wales reported being able to speak Welsh. As can be seen from the table below, this ranges across the region from 15.5% in Flintshire to 72.7% in Gwynedd.

Table 2.6 – ability to speak Welsh, persons aged 3 years and over, Wales, health board and unitary authorities, March 2025[14]

Area	Population aged 3 years and over	Yes, can speak Welsh	No, cannot speak Welsh	People who say they can speak Welsh (%)
Wales				26.9
Betsi Cadwaladr University Health Board	694,900	269,500	425,300	38.8
Conwy	114,500	46,200	68,300	40.4
Denbighshire	94,600	30,500	64,000	32.3
Flintshire	154,300	23,900	130,400	15.5
Gwynedd	122,500	89,000	33,500	40.4
Isle of Anglesey	69,800	43,600	26,200	62.5
Wrexham	139,200	36,300	102,900	26.1

[13] North Wales Regional Innovation Coordination Hub, 2025
[14] StatsWales – Annual Population Survey Welsh language

2.7 Religion

In 2021, 51.6% of the North Wales population was made up of residents who stated that they followed one of the main six religions and 41.7% stated that they followed no religion.

The table below shows the variation between unitary authorities and compares these to the averages for Wales.

Table 2.7 – religion at unitary authority and Wales level[15]

Area	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated
Conwy	50.8%	0.3%	0.2%	0.1%	0.7%	0.0%	0.5%	40.9%	6.4%
Denbighshire	49.3%	0.3%	0.2%	0.1%	0.8%	0.0%	0.5%	42.1%	6.7%
Flintshire	51.5%	0.3%	0.2%	0.0%	0.5%	0.0%	0.3%	40.7%	6.5%
Gwynedd	46.2%	0.4%	0.2%	0.1%	1.0%	0.0%	0.7%	44.2%	7.3%
Isle of Anglesey	51.5%	0.2%	0.1%	0.0%	0.5%	0.0%	0.4%	40.7%	6.5%
Wrexham	49.5%	0.3%	0.2%	0.0%	1.1%	0.1%	0.4%	41.8%	6.5%
Wales	43.6%	0.3%	0.4%	0.1%	2.2%	0.1%	0.5%	46.5%	6.3%

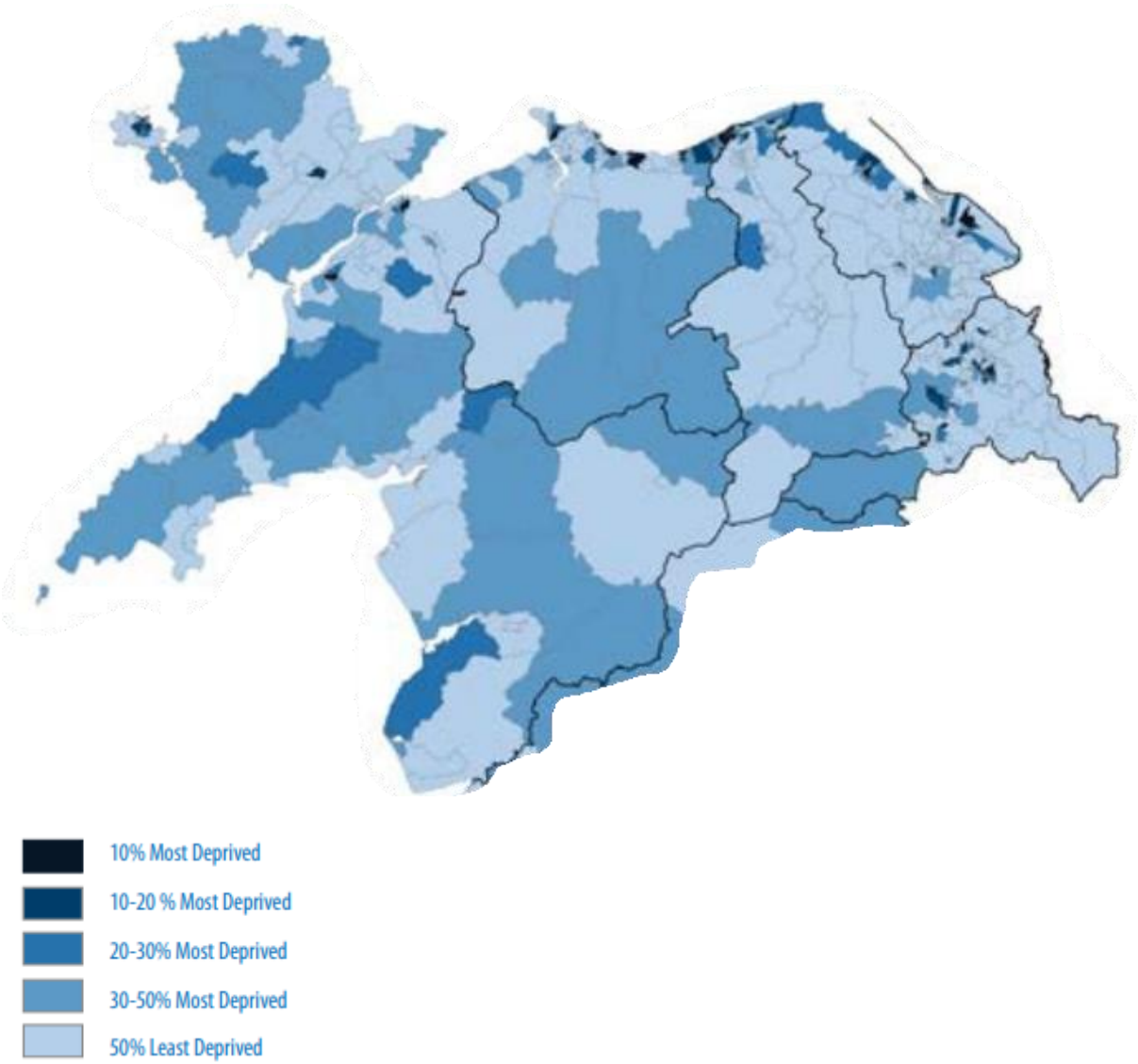
2.8 Welsh index of multiple deprivation[16]

The Welsh index of multiple deprivation is the official measure of deprivation for small areas in Wales. It is produced at lower super output area and is made up of eight domains: employment, income, education, health, community safety, access to services, housing, and physical environment. Each lower super output area is ranked from 1 (most deprived) to 1,917 (least deprived).

The map below shows the ranking of each lower super output area in North Wales.

[15] Nomis 2021 Census – TS030 - Religion
[16] Welsh Government - Welsh Index of Multiple Deprivation 2025

Map 2.3 – Welsh index of multiple deprivation, North Wales, lower super output areas, 2025



North Wales has some of the most deprived areas in Wales, particularly along the North Wales coastline. Rhyl West 2 is the most deprived lower super output area in Wales and Rhyl South West 2 is the fifth most deprived. The top ten most deprived lower super output areas in North Wales based on their overall ranking are shown in in the table below.

Table 2.8 – Welsh index of multiple deprivation ranks of ten most deprived lower super output areas in North Wales, 2025

Unitary authority	Lower super output area	Ranking
Denbighshire	Rhyl West 2	1
Denbighshire	Rhyl South West 2	5
Wrexham	Queensway 1	7
Denbighshire	Rhyl West 1	9
Denbighshire	Rhyl West 3	10
Denbighshire	Rhyl South West 1	21
Wrexham	Plas Madoc	22
Wrexham	Wynnstay	28
Conwy	Tudno 2	42
Wrexham	Queensway 2	54

The table below shows the percentage of living in the most deprived 20% lower super output areas by locality. Across the region, percentages range from 0% in Dwyfor and North Meirionnydd, and South Meirionnydd localities to 27.8% in North Denbighshire locality.

Table 2.9 – locality population in 20% most deprived lower super output areas, number and percentage, locality, 2025

Locality	Population	Percentage living in 20% most deprived areas	Locality deprivation quintile
Isle of Anglesey	65,980	14.8%	3
Arfon	67,340	11.3%	3
Dwyfor and North Meirionnydd	37,628	0.0%	5
South Meirionnydd	18,898	0.0%	5
Conwy East	52,247	21.3%	2
Conwy West	64,171	5.7%	4
North Denbighshire	61,847	27.8%	2
Central and South Denbighshire	42,795	3.5%	5
North East Flintshire	62,445	13.5%	3
North West Flintshire	40,671	18.9%	3
South Flintshire	52,774	2.8%	5
North and West Wrexham	36,303	8.4%	4
Central Wrexham	58.433	17.1%	3
South Wrexham	47,030	8.8%	4

2.9 Births

The total fertility rate is the average number of live children that a group of women would bear if they experienced the age-specific fertility rate in a particular year throughout their childbearing years. The rates in central and east areas of North Wales are slightly higher compared to Wales.

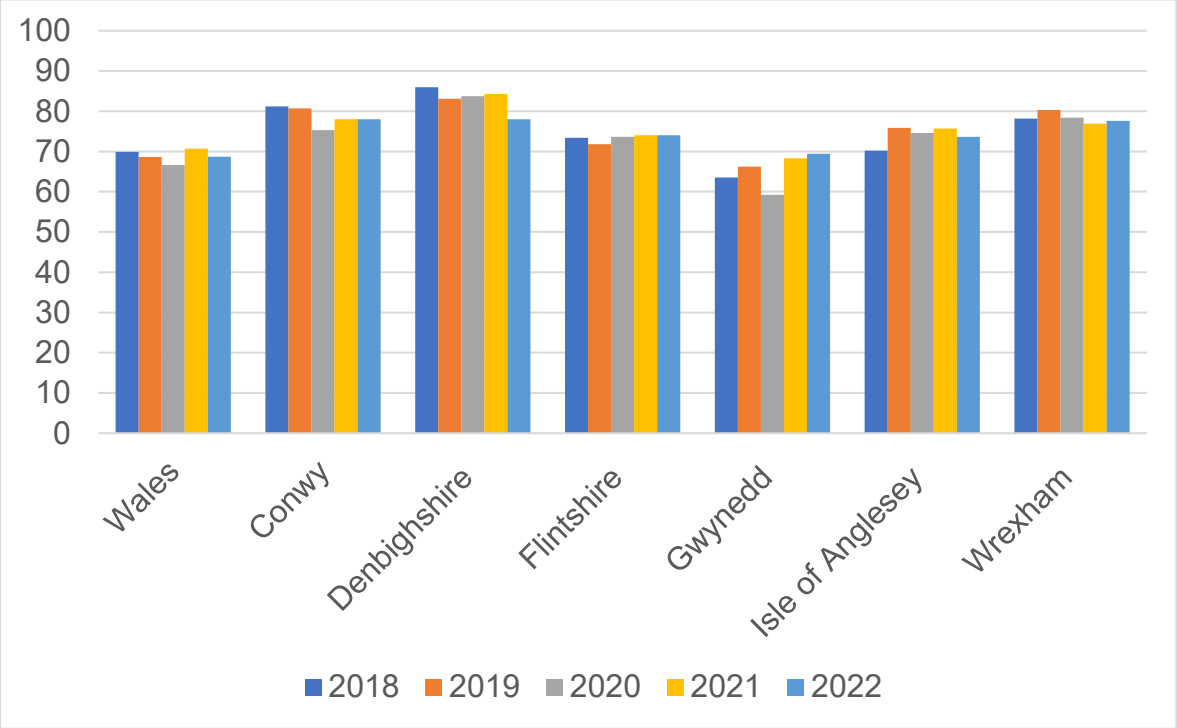
The general fertility rate is the total number of live births born to females aged between 15 and 44 years and provides a useful indicator when studying population growth and change. In 2024, the rates across North Wales were above the Wales average with the exception of Gwynedd.

Table 2.10 - live births and fertility rates, Wales and unitary authorities, 2024

Areas	Number of live births	Crude birth rate	General fertility rate	Total fertility rate
Wales	26,832	8.4	45.7	1.34
Conwy	503	7.3	48.6	1.5
Denbighshire	780	7.9	49.2	1.5
Flintshire	1,331	8.8	49.8	1.5
Gwynedd	945	7.8	42.7	1.3
Isle of Anglesey	503	7.3	48.6	1.5
Wrexham	1,222	8.8	49.8	1.5

Conception rates across North Wales are shown in the figure below. The data includes pregnancies that result in one or more live or still births and legal abortions; they do not include miscarriages or illegal abortions. In 2022, Conwy and Denbighshire had the highest rates at 78 per 1,000 females and Isle of Anglesey had the lowest, 73.6 per 1,000 females.

Figure 2.6 – conception rate per 1,000 females, Wales, and unitary authorities 2018 to 2022[17]



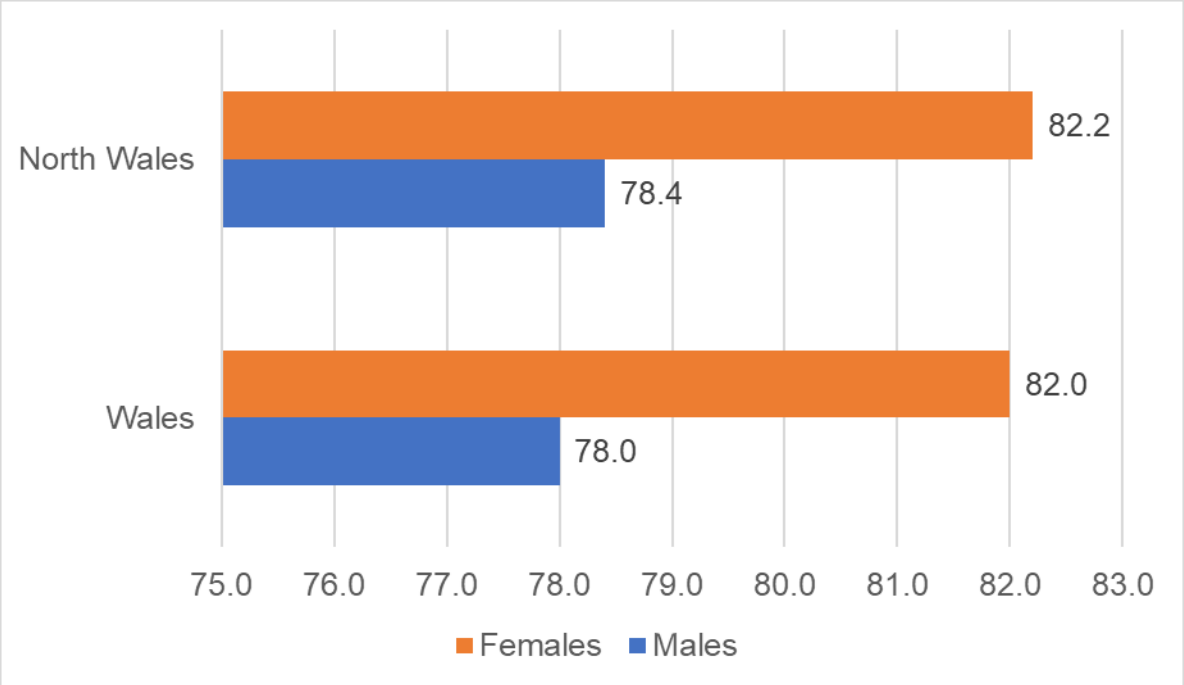
2.10 Life expectancy

Life expectancy at birth provides an estimate of the average number of years a new-born baby could expect to live, if the current mortality rates for the area are applied throughout their lives. As mortality rates are likely to change and people move areas, life expectancy provides a comparative population measure of mortality of those living in an area rather than an exact prediction of individual life expectancy for a new-born[18].

As can be seen from the figure below, the average life expectancy for males (78.4 years) and females (82.2 years) in North Wales is similar to Wales.

[17] Office for National Statistics
[18] Public Health Wales, 2020

Figure 2.7 – life expectancy at birth, years, males and females, Wales and North Wales, 2021-23[19]



At unitary authority level, life expectancy for females in Denbighshire is statistically significantly lower than Wales and in Gwynedd it is statistically significantly higher than Wales.

For males, life expectancy in Wrexham unitary authority is statistically significantly lower, whereas it is statistically significantly higher in Gwynedd compared to Wales.

There are inequalities in life expectancy between the most and least deprived members of the population. Males living in the most deprived communities across North Wales can expect to live around seven years less than males in the least deprived communities. The difference for females is around six years.

2.11 Mortality[20]

Indicators derived from mortality (death) rates provide a good picture of overall population health. However, small area mortality rates do not take into account unusual demography, such as high numbers of residents in nursing homes, which might alter the expected pattern of mortality.

2.11.1 Premature deaths from key non-communicable diseases

The North Wales rate for premature deaths from key non-communicable diseases is 311 per 100.000, similar to the Wales average of 310. The indicator includes the following diseases:

[19] Produced by Public Health Wales using data published by the Office for National Statistics
[20] Betsi Cadwaladr University Health Board – Health and wellbeing profile 2026

- Diseases of the circulatory system
- Malignant neoplasms (excluding other and unspecified malignant neoplasm of skin)
- Diabetes mellitus
- Diseases of the respiratory system except infections

Premature deaths from key non-communicable diseases in the most deprived communities in Wales are more than twice the rate in the least deprived communities. Wrexham has the highest rate at 337 per 100,000 persons aged 30 to 70 years, followed by Denbighshire at 335. Gwynedd has the lowest rate at 291.

2.11.2 Mortality by cause

All-cause mortality rates for all persons in North Wales are lower than the Wales average but not statistically significantly lower than Wales. At locality level, rates are statistically significantly higher than Wales in North Denbighshire and statistically significantly lower in Central and South Denbighshire, Conwy West, South Flintshire and South Meirionnydd.

The table below lists the mortality rates (by cause) that are statistically significantly different compared to Wales.

Table 2.11 – comparison of North Wales mortality rates with Wales averages, 2024

Cause of mortality	Localities where the mortality rate is statistically significantly higher	Localities where the mortality rate is statistically significantly lower
Diseases of the circulatory system	North Denbighshire	Central and South Denbighshire South Meirionnydd
Diseases of the respiratory system	(nil)	South Flintshire
Cancers	(nil)	(nil)
Mental and behavioural disorders	(nil)	Conwy West

2.11.3 Avoidable mortality

Avoidable mortality refers to deaths caused by certain conditions, for which effective medical and public health interventions are available, they should be rare and ideally should not occur. It can be split into preventable mortality and treatable mortality.

- Avoidable mortality – the total of preventable and treatable deaths.
- Preventable mortality – causes of death that can be mainly avoided through effective public health and primary interventions.

- Treatable mortality – causes of death than can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment.[21]

Around one in five deaths in 2023 were considered preventable or treatable in England (21.6%) and in Wales (22.7%). This is a similar proportion of avoidable deaths to the previous year and are still higher than pre-coronavirus (Covid-19) pandemic levels.

Avoidable mortality rates are higher in more deprived areas. In Wales, the most deprived quintile's avoidable mortality rate is 2.7 times higher than the least deprived quintile for both males and females.

The leading cause of avoidable mortality in Wales (and England) is cancer followed by diseases of the circulatory system. Avoidable mortality due to alcohol- and drug-related causes has been increasing since 2001 with the largest rises seen from 2019 onwards.

At unitary authority level, rates for avoidable and treatable mortality are statistically significantly higher in Wrexham compared to Wales.

At locality level, avoidable mortality rates in North Denbighshire are statistically significantly higher compared to Wales; in South Meirionnydd rates are statistically significantly lower compared to Wales. Rates in North Denbighshire are also statistically significantly higher compared to Wales for treatable mortality.

2.12 People with disabilities

2.12.1 People with learning disabilities

The main sources of routinely available data on the number of people with a learning disability are in primary care and local authorities. GP practices hold learning disability registers which are used as part of the Quality assurance and improvement framework reporting.

These registers can provide very rough estimates of the number of people with a learning disability; however, it should be noted that there are variations in the coding and recording of chronic conditions by practices.

In 2025, 3,946 patients were registered has having a learning disability by their GP. The highest numbers of people registered as having a learning disability are in North Denbighshire and Arfon.

Local authorities in Wales are required to record the number of placements for people with learning disabilities. Placements include:

- community, for example own home, family home and supported living,

[21] Public Health Wales - Public Health Outcomes Framework 2025

- health service accommodation,
- local authority accommodation, and
- private or voluntary accommodation.

Unitary authority registers, however, may underestimate the total number of people with learning disabilities as registration is voluntary. It is believed only one in four people with a learning disability in Wales are known to social services[22].

In 2021-22, there were almost 3,100 recorded placements for people with learning disabilities in North Wales. The highest number of placements were in Flintshire (around 1,000)[23].

2.12.2 People with physical disabilities

Data is also limited on the numbers of people with a physical disability. Local authority disability registers are also likely to underestimate the true numbers of people with a physical disability in North Wales.

Table 2.12 - numbers on unitary authority disability registers, 2021/22

Area	Total severely sight impaired	Total sight impaired	Total with hearing impairment	Physical disability only	Total without visual disability	Total disabled persons on register
Betsi Cadwaladr University Health Board	770	929	568	4,878	5,464	7,163
Conwy	61	36	38	1,579	1,617	1,714
Denbighshire	150	77	224	-	224	451
Flintshire	116	319	236	1,349	1,585	2,020
Isle of Anglesey	162	141	22	863	885	1,188
Wrexham	38	65	29	30	59	162

Across North Wales, 39 per 1,000 residents are living with sight loss compared to 35 per 1,000 across Wales. Conwy has the highest rate at 48 per 1,000.

The rate of residents who are registered blind in North Wales (429 per 100,000) is higher than the all-Wales rate (417 per 100,000). At unitary authority level, Conwy has the highest rate (586 per 100,000) and Denbighshire has the lowest (424 per 100,000). The number of people with sight loss in North Wales is predicted to increase by 17% from 2022 to 2032[24].

[22] Mencap – About learning disability
[23] StatsWales
[24] Royal National Institute of Blind People – sight loss data tool

Conwy also has the highest rates for moderate or severely hearing impaired and profoundly hearing impaired, as well as the estimated numbers and rates of people living with dual sensory loss.

2.13 Household composition[25]

With regard to the composition of the households in North Wales, as of the Census 2021:

- 32.2% were one person households (of which 49.1% are persons aged 66 and over),
- 63.4% were single families,
- 4.4% were other household types.

At unitary authority level, Gwynedd has the highest proportion of one-person households across North Wales at 34.6% with Flintshire having the lowest (29.1%). However, Conwy has the highest percentage of one person households occupied by someone aged 66 and over at 17.8%. Wrexham has the lowest proportion at 13.9%.

Table 2.13: Number and percentage of one person households, Wales and unitary authorities, 2021

Area	One-person households		One-person households: aged 66 years and over	
	Number	Percentage	Number	Percentage
Wales	429.559	31.9%	196,056	14.6%
Conwy	17,909	34.3%	9,318	17.8%
Denbighshire	14,107	33.3%	6,982	16.5%
Flintshire	19,471	29.1%	9,639	14.4%
Gwynedd	17,644	34.6%	8,472	16.6%
Isle of Anglesey	10,189	33.1%	5,223	16.9%
Wrexham	17,662	30.5%	8,042	13.9%

2.14 Car ownership[26]

According to the 2021 Census data:

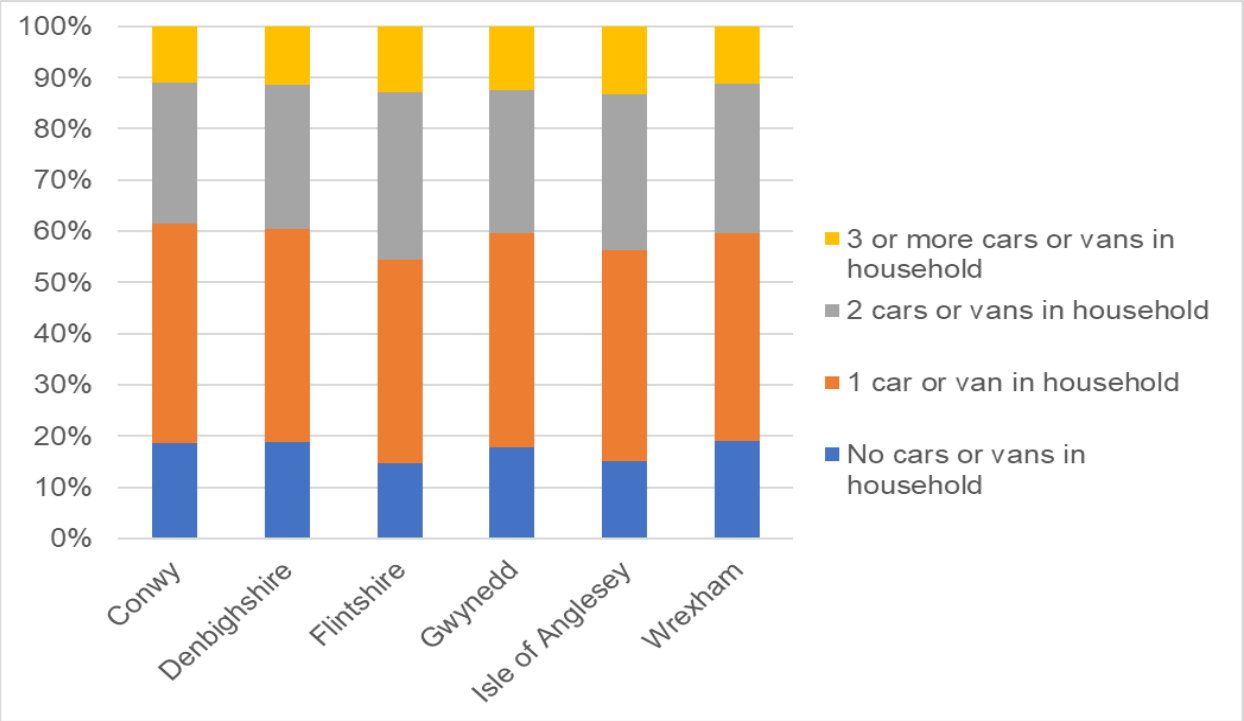
- 17.5% of the households in North Wales did not have a car or van,
- 41.3% had one car or van,
- 29.3% had two cars or vans, and
- 11.8% had three cars or vans.

The level of car ownership in North Wales has increased since the 2011 Census when 22.9% of households did not have a car or van.

[25] Nomis 2021 Census – TS003 – household composition
[26] Nomis 2021 Census – TS045 – car or van availability

The figure below shows the variation at local authority and Wales level. As can be seen, in general car ownership is higher in Flintshire than in the other unitary authority areas, with more households having two or more cars or vans (45.6%) compared to both the average for North Wales (41.4%) and Wales as a whole (38.8%). Wrexham has the highest proportion of households without a car or van (19.1%).

Figure 2.8 – car ownership at local authority level



2.15 Economic activity

According to the Census 2021[27], 54.9% of the population aged 16 years and over is economically active (excluding full-time students), 43.2% is economically inactive and 1.9% is economically active and a full-time student.

In relation to the population as a whole, rates of people who are:

- economically active are highest in Flintshire (58.9%) and lowest in Conwy (52.0%),
- economically active and a full-time student are highest in Gwynedd (2.7%) and lowest in Conwy and Isle of Anglesey (1.5% each),
- economically inactive are highest in Conwy (46.5%) and lowest in Flintshire (39.4%).

[27] Nomis 2021 Census – TS066 economic activity status

2.16 Sexual orientation

For the first time in its history, the Census 2021[28] included a voluntary question for those aged 16 and over and asked, “Which of the following best describes your sexual orientation?”.

Sexual orientation is an umbrella term covering sexual identity, attraction, and behaviour. For an individual respondent, these may not be the same. For example, someone in an opposite-sex relationship may also experience same-sex attraction, and vice versa. This means the statistics should be interpreted purely as showing how people responded to the question, rather than being about whom they are attracted to or their actual relationships.

- 89.4% stated that they are straight or heterosexual,
- 8.1% did not answer the question,
- 1.3% stated that they are gay or lesbian,
- 1.0% said bisexual,
- 0.1% said pansexual, and
- 0.1% said all other sexual orientations.

2.17 Unpaid carers

Over 66,600 residents of North Wales were identified as an ‘unpaid carer’ in the 2021 Census; this is 9.7% of the population, similar to the Wales average (Table 2.14).

Table 2.14 – number and percentage of residents providing unpaid care in Wales, health board and the unitary authorities, 2021[29]

Area	Number	Percentage
Wales	310,751	10.0%
Betsi Cadwaladr University Health Board	66,663	9.7%
Conwy	11,640	10.1%
Denbighshire	10,169	10.6%
Flintshire	15,262	9.8%
Gwynedd	9,988	8.5%
Isle of Anglesey	6,746	9.8%
Wrexham	12,858	9.5%

The 2021 Census also showed:

- The number of hours of care provided each week has increased since 2011,
- 59% of unpaid care is provided by women,
- unpaid carers are most likely to be aged 50 to 64 years,

[28] Nomis 2021 Census – TS079 – sexual orientation
[29] Nomis 2021 Census – TS039 – Provision of unpaid care

- unpaid carers are more likely to be economically inactive compared to non-carers, and
- unpaid carers are more likely to be in poor health themselves and to have a disability compared with the non-carer population.

At locality level, North Denbighshire has the highest proportion of unpaid carers (11.4%) and the highest numbers at just over 6,500 and Arfon has the lowest proportion at 8.1%.

2.18 Gypsy and Irish Traveller communities

The 2021 Census[30] showed the following numbers of people identified as White: Gypsy or Irish Traveller:

- Conwy - 75
- Denbighshire - 48
- Flintshire - 123
- Gwynedd – 100
- Isle of Anglesey - 54
- Wrexham – 109

These figures compare to a total of 3,370 across the whole of Wales or 15.1% of the total population.

However, it is likely that many households would not have completed the census – both because they were living on 'unauthorised sites' or encampments and as such did not appear on official records or because of a mistrust of the purpose of the census. In addition, potential lower than average literacy levels may have meant that some households would not have completed the Census, and where they were completed, some households would have chosen not to identify as Gypsy or Irish Travellers.

According to the Gypsy and Traveller caravan count in January 2025[31] there were 315 caravans in North Wales. The table below shows the number of caravans at unitary authority level. As can be seen, the highest number of caravans is in Flintshire and the lowest in Conwy and Denbighshire.

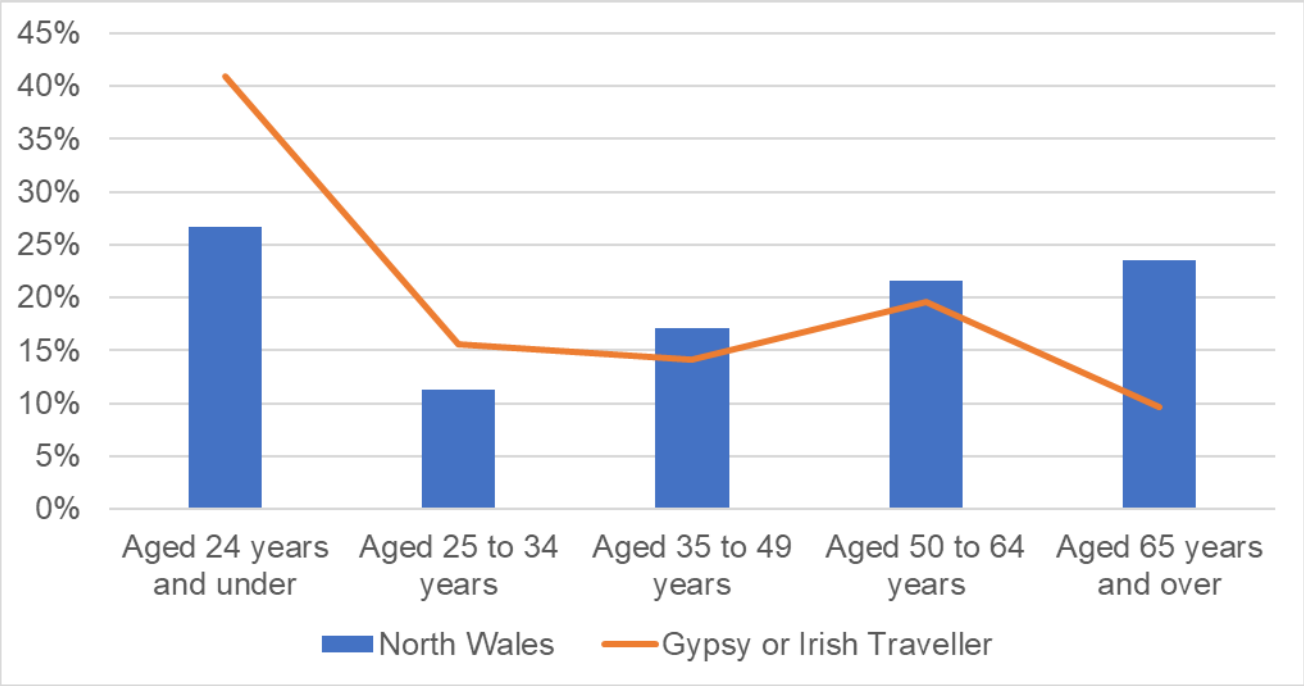
[30] Nomis 2021 Census – TS022 - ethnic group
[31] Welsh Government - Gypsy and traveller caravan count, January 2025

Table 2.15 - number of caravans by authorisation and local authority

Area	Number of caravans on authorised sites	Number of caravans on unauthorised sites	Total
Conwy	4	0	4
Denbighshire	4	0	4
Flintshire	167	64	231
Gwynedd	14	4	18
Isle of Anglesey	0	14	14
Wrexham	37	7	44

The age profile of the community in North Wales illustrates the extent of the life expectancy issue for travellers. In comparison to the general profile, the age structure is heavily concentrated at the lower age bands, generally running above proportional figures for North Wales until the age of 35, after which it drops below particularly from the age of 65 onwards. Whilst cultural factors play a considerable role in their poor health, part of this issue may also be engagement with services and the proximity of sites to healthcare services.

Figure 2.9 - Age profile for the health board's population and Gypsy or Irish Traveller community 2021[32]



2.19 Offenders

The population of those who are designated as offenders covers two specific groups.

[32] Nomis 2021 Census – TM032 - ethnic group by sex by age

The first is the population of HMP Berwyn the Category C (training prison) adult male prison in Wrexham, housing approximately 2,100 men

The second group of offenders are those no longer serving prison terms; this may include those serving suspended sentences, those on probation, and those living in secure accommodation.

“Approved premises” are hostel-type accommodation which has been approved for the temporary supervision and rehabilitation of offenders and for people on bail. There are two approved premises in North Wales for adult men – Plas Y Wem in Wrexham and Ty Newydd in Gwynedd. There are none for women.

Bail accommodation holds people on bail and on Home Detention Curfew – these are adults who need a suitable address, or some support, so that they can be released. There are two in North Wales, in Wrexham. One has three female places and the other has three male places.

There are no local secure provisions in North Wales for young people who are remanded into Youth Detention Accommodation or sentenced by the Courts to custodial sentences (Detention and Training Orders or Section 90-92 sentences from Crown Courts). This presents a significant issue, including around Welsh language, and it is not anticipated to change.

2.20 Homeless and rough sleepers

In 2024/25, across Wales, the main reasons for households being assessed as threatened with homelessness with 56 days were:

- “Loss of rented or tied accommodation” – 33% of cases,
- “Parent, or other relative or friends were no longer willing to accommodate” – 26%,
- “Breakdown of a relationship with a partner” – 13%, and
- “Rent or mortgage arrears” – around 9%[33].

The main reasons for a person becoming homeless in 2024/25 were:

- “Parent, or other relative or friends were no longer willing to accommodate” - 30%),
- “Breakdown of a relationship with a partner” - 20%,
- “Loss of rented accommodation” - 15%,
- “Prison leaver” – 12%, and
- “Other (including homeless in emergency, returned from abroad, sleeping rough or in hostel)” – 10%.

For those who were assessed as unintentionally homeless and in priority need the main reasons were:

- “Parents or other relatives or friends no longer willing to accommodate” - 29% of all cases,

[33] Welsh Government - Homelessness: April 2024 to March 2025

- “Breakdown of relationship with partner” - 20%,
- “Loss of rented or tied accommodation” - 18%,
- “Other (including homeless in emergency, returned from abroad, sleeping rough or in hostel)” - 10%, and
- “Prison Leaver” – 9%.

In 2024/25, 2,436 households in North Wales were assessed as eligible, homeless subject to duty to help to secure accommodation. Flintshire had the highest number of households at 633, followed by Conwy with 537. Isle of Anglesey had the lowest number of households at 240[34].

A count of rough sleepers is undertaken by unitary authorities and their partners to give a single night snapshot. The estimated count is based on data collected over a two-week period. For the purposes of the count a rough sleeper is defined as persons who are sleeping overnight in the open air (such as shop doorways, bus shelters or parks) or in buildings, vehicles or other places not designed for habitation (such as stairwells, barns, sheds, car parks, tents, cars/vans).

The figure below shows the number of rough sleepers on a one-night count on 28 February 2026.

Figure 2.10 – rough sleeper count, 2026[35]

Area	Total count of rough sleepers
Conwy	1
Denbighshire	1
Flintshire	8
Gwynedd	8
Isle of Anglesey	4
Wrexham	2

[34] StatsWales - Households found to be eligible, homeless subject to duty to help to secure during the year: Main reason for loss of last settled home by type of household (Section 73)
[35] Welsh Government - Rough sleepers by local authority

3 General health needs of North Wales

3.1 Cancer [36]

Cancer is a major cause of ill health and according to Cancer Research UK one in two people in the UK will get cancer in their lifetime. It is a group of 200 diseases which together impose a heavy burden of disease.

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

In North Wales[37], as in Wales as a whole, prostate, breast, colorectal, and lung cancers are the most common types of cancer for all persons (2022-2022). For men, the top four cancers are prostate, colorectal, lung, and melanoma of the skin, whilst for women it is breast, lung, colorectal, and uterine.

In 2015, over 7,000 new cancer cases (around four in ten) in Wales each year, were linked to risk factors that can be changed[38]. Lung, colorectal, melanoma of the skin, and breast cancer together accounted for over three fifths of potentially preventable cancer cases. A range of factors influence a person's risk of developing cancer during their lifetime and some of the most important risk factors for cancer can be modified.

- Smoking,
- Living with overweight or obesity,
- Getting too much ultraviolet radiation (from the sun or sunbeds),
- Being exposed to harmful substances at work (like asbestos),
- Certain infections (like human papillomavirus),
- Drinking alcohol,
- Eating too little fibre,
- Being exposed to ionising radiation, and
- Eating processed meat.

However, some of these factors cannot be modified as they relate to things like age, sex, and genetic make-up.

Different cancers have different risk factors; some of these are only a risk factor for certain cancer types, while others are a risk factor for many different types of cancer.

[36] NHS Wales Public Health Wales - Cancer in Wales – trends and projections (September 2025)
[37] NHS Wales Public Health Wales - Cancer reporting tool Wales (March 2026)
[38] Brown, K.F., Rumgay, H., Dunlop, C. *et al.* The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. Br J Cancer **118**, 1130–1141 (2018)

It has been estimated that approximately 40% of cancers are directly related to these modifiable lifestyle behaviours.

Across North Wales there is inequity in survival rates for certain cancers with those living in greater socioeconomic deprivation more likely to present with new cancers, but less likely to survive than those who are more affluent.

In relation to all malignancies (excluding non-melanoma skin cancers) for the period 2020 to 2022[39], Wrexham had the highest European age-standardised rate per 100,000 population for all persons (636.6) with Denbighshire the second highest (634.7). These figures compare to a Welsh average of 596.0. Gwynedd, at 587.8, had the lowest rate in North Wales.

3.2 Cardiovascular disease

Cardiovascular diseases affect the blood supply to the heart and other vital organs and include[40]:

- Congenital heart disease,
- Coronary heart disease,
- Cerebrovascular disease
- Deep vein thrombosis and pulmonary embolism
- Heart failure,
- Atrial fibrillation,
- Rheumatic heart disease,
- Stroke, and
- Peripheral vascular disease.

As with cancer, taking steps to modify lifestyle behaviours will help reduce the risk of cardiovascular disease. The main risk factors include:

- Alcohol,
- Diabetes,
- High blood pressure,
- High cholesterol levels,
- Physical inactivity,
- Unhealthy diet,
- Overweight and obesity, and
- Smoking.

Non-modifiable risk factors include age, male gender, ethnicity, and family history of premature cardiovascular disease.

[39] NHS Wales Public Health Wales - Cancer reporting tool Wales (March 2026)
[40] World Health Organization - Cardiovascular disease (31 July 2025)

3.3 Diabetes

There are two main types of diabetes, type 1 and type 2, with the latter being much more common. It can be preceded by a pre-diabetic state in which levels of sugar in the blood are raised but are not yet high enough to diagnose diabetes.

People with type 1 diabetes are at greater risk of developing other autoimmune conditions such as coeliac disease or thyroid disease. In addition, it can increase the risk of cancer of the liver, pancreas, kidney and stomach. However, there is some evidence that type 1 diabetes may reduce the risk of cancers of the prostrate or breast.

Those with type 2 diabetes have an increased risk of cancers of the bowel, liver, breast and pancreas, as well as thyroid disease.

Other complications of diabetes include kidney failure, eye disease and circulatory and neurological problems in the foot and leg. Diabetes is more common in socio-economically deprived communities and in Black and Asian people.

According to Diabetes UK[41], Wales has the highest prevalence of diabetes in the UK, with more than 207,000 people, or 8% of the population, living with diabetes. The numbers are rising each year, in part due to a growing rate of type 2 diabetes diagnoses. Estimates suggest that there are a further 65,000 people with type 2 who have not yet been diagnosed.

An updated cost-of-illness analysis estimated the direct cost of diabetes in the UK at £10.7 billion in 2021/22, with over 60% of this spending attributed to managing complications. Diabetes is now estimated to account for more than 6.0% of the UK health budget. Historic modelling had previously projected that diabetes would represent around 10% of total health expenditure, potentially rising to 17% by 2035 to 2036 if trends continued.

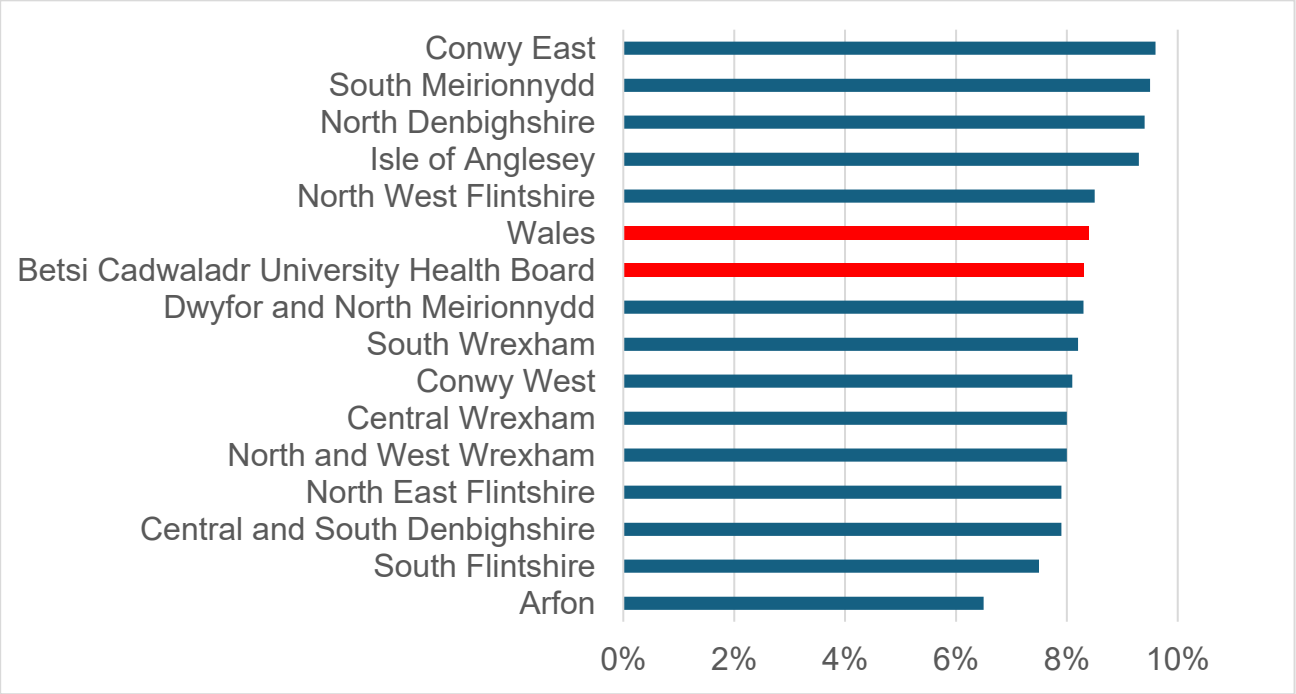
In Wales, projections indicate that an additional 48,000 people could be living with diabetes by 2035, bringing the total to around one in 11 adults. The financial burden is significant, with diabetes-related hospital admissions costing an average of £4,518 per spell in 2021/22 (excluding those involving amputations), and prescription costs for diabetes medications reaching £105 million in 2022 to 2023.

The modifiable risk factors include overweight and obesity, physical inactivity, unhealthy diet, high blood pressure[42].

Under the quality and outcomes framework, GP practices establish and maintain a register of all patients aged 17 or over with diabetes. Figures for 2025 show diabetes prevalence ranges from 6.5% (Arfon) to 9.6% (Conwy East) for the GP registered population in North Wales. The table below shows the variation in diabetes prevalence at locality level based on the registers maintained by the GP practices in that locality compared to the average for the health board and Wales.

[41] Diabetes UK, Diabetes in Wales
[42] NHS Wales Public Health Wales - Diabetes prevalence – trends, risk factors, and 10-year projection

Figure 3.1: Estimated percentage prevalence of diabetes based on patients on GP practice registers by locality, health board and Wales 2025[43]



As can be seen the highest prevalence rate is in Conwy East locality (9.6%) and the lowest in the Arfon locality (6.5%). Nine of the 14 localities are lower or equal to the health board and Wales rates (8.3% and 8.4% respectively) and five localities are higher.

3.4 Mental wellbeing

The key messages on the mental health of adults in North Wales in the North Wales population assessment 2022[44] are:

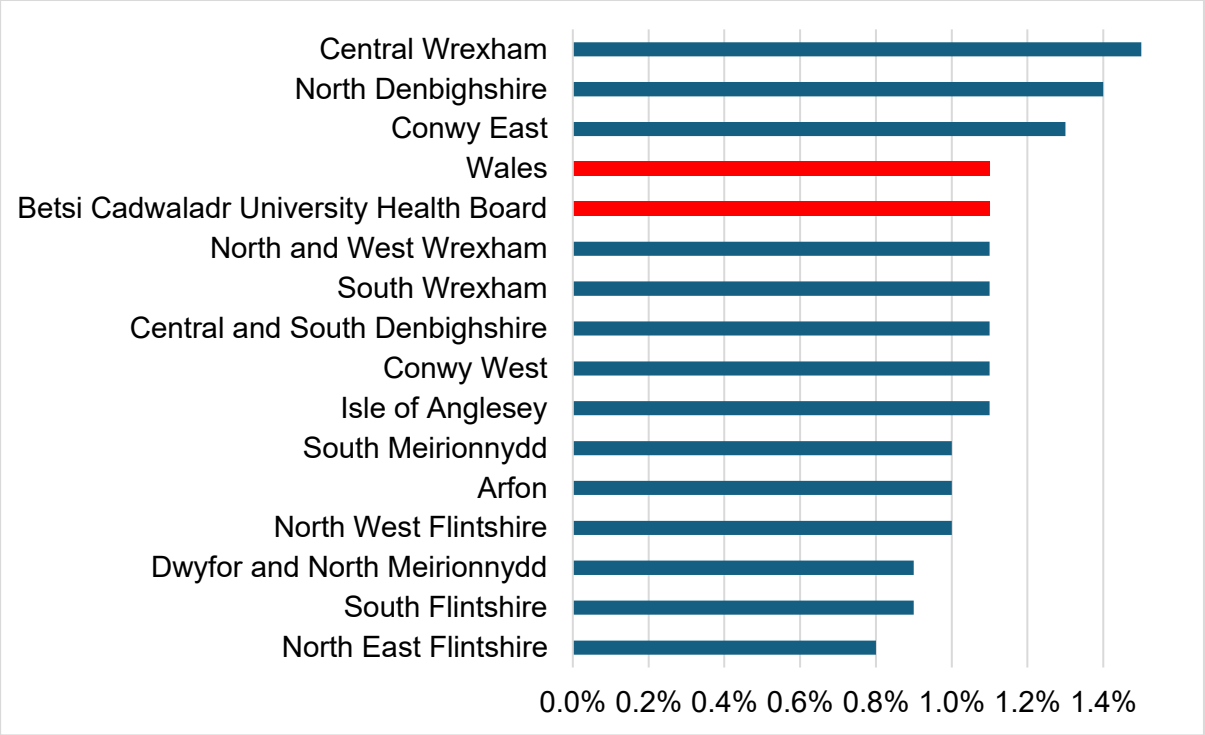
- People in North Wales reported slightly better mental health than in Wales as a whole.
- The number of people with mental health problems is likely to remain stable.
- The most common mental illnesses reported are anxiety and depression.
- Research suggests a high number of people with mental health problems are not seeking help.
- The number of admissions to mental health facilities is reducing.
- People with mental health problems are more likely to have poor physical health.

Under the GP quality and outcomes framework GP practices are required to maintain a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy. The figure below shows the

[43] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[44] North Wales Regional Partnership Board – North Wales Population Needs Assessment 2022

percentage of people registered with a GP practice in North Wales and included in the practice's mental health register. However, it should be noted that the figures are likely to underestimate the true prevalence because it relies on the patient presenting to a GP for treatment, receiving a diagnosis, and being entered onto the disease register. There will be many patients in the community with symptoms of a psychological disorder who do not have an encounter with their GP, therefore it is important to interpret these estimates with caution.

Figure 3.2: Estimated percentage prevalence of mental health based on patients on GP practice registers by locality, health board and Wales 2025[45]



As can be seen the highest prevalence rate is in Central Wrexham locality (1.5%) and the lowest in North East Flintshire locality (0.8%). 11 of the 14 localities are lower or equal to the health board and Wales rate (1.1%) and three localities are higher.

In 2025, almost 27% of patients were registered in primary care as having any mental health condition; this is higher than the average for Wales (23.9%). Across the region, figures range from 22.2% in Arfon locality to 32.5% in North Denbighshire locality.

The causes of suicide are complex. A summary of evidence on suicide prevention cited a number of factors associated with an increased risk of suicide including:

- gender (male),
- age (15- to 44-year-olds),
- socio-economic deprivation,

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

- psychiatric illness including major depression,
- bipolar disorder,
- anxiety disorders,
- physical illness such as cancer,
- a history of self-harm, and
- family history of suicide.

It is important that recognition is given to the fact that suicides are an uncommon occurrence. Small area analyses should be interpreted with caution, as rates can vary dramatically due to a small number of cases. Suicide data is also subject to a number of caveats.

The suicide rate in the health board's area (11.9 per 100,000) is just below Wales (12.5 per 100,000). At unitary authority level, Flintshire is statistically significantly lower compared to Wales.

There is a stark difference in suicide rates between the most and least deprived communities across Wales. People living in the most deprived areas are almost twice as likely to die by suicide compared to those living in the least deprived areas.

3.5 Dementia

Dementia is an important mental health condition of old age, as it is a significant cause of morbidity, mortality and health care use. As people live longer, the prevalence of dementia is likely to increase.

Alzheimer's in the most common form of dementia. It is caused by a build-up of proteins on the brain which affect how brain cells transmit messages. Vascular dementia is the second most common type of dementia and is caused by reduced blood flow to the brain. Vascular dementia is often the result of a stroke or transient ischaemic attacks.

Other forms of dementia include dementia with Lewy bodies which is thought to account for 10-15% of all those with dementia. Lewy body dementia includes two subtypes: dementia with Lewy bodies and Parkinson's dementia. Frontotemporal dementia is a term used for a group of dementias that can affect personality, behaviour and language.

Young onset dementia is caused mostly by the same diseases that case dementia in older people, such as Alzheimer's or vascular disease. Genetics are an important factor in young onset dementia, as well as factors such as severe damage to the brain caused by an early stroke, traumatic brain injury or heavy alcohol use.

Dementia is a complex condition with multiple causes and risk factors which are summarised below.

There are several known risk factors for dementia[46]:

[46] Alzheimer's Society – risk factors for dementia

- older age,
- genes (inherited risk)
- other long-term health conditions,
- lifestyle, for example, smoking and excessive alcohol use,
- sex and gender, and
- cognitive reserve, the brain's ability to keep working despite having disease.

Dementia prevalence increases with age. Only about one in 100 people aged 60 to 64 (0.9%) is expected to experience dementia, but by age of 95 and over this is predicted to increase to about 41 in 100 people (41.1%)[47].

Dementia is one of the chronic conditions recorded in primary care and reported via the GP quality assurance and improvement framework.

In North Wales, 6,147 patients are registered with GP practices as having a diagnosis of dementia. The highest numbers of patients are in North Denbighshire (1.2% of registered patients), Central Wrexham and Conwy East (1.1% of registered patients each). The lowest are in Arfon and North East Flintshire (0.6% each).

However, it is estimated that around half of people with dementia in North Wales are undiagnosed.

The number of people predicted to be living with dementia is expected to increase by 27.2% between 2024 and 2034 with the highest increase in Wrexham (31.7%) and the lowest in Gwynedd (23.8%)[47].

Table 3.1 – number of people projected to be living with dementia in North Wales, 2034 and 2044

Unitary authority	2024 latest estimate	2034 projection	Percentage increase
Conwy	2,400	3,050	27.1%
Denbighshire	1,800	2,250	25.0%
Flintshire	2,450	3,100	26.5%
Gwynedd	2,100	2,600	23.8%
Isle of Anglesey	1,350	1,750	29.6%
Wrexham	2,050	2,700	31.7%

3.6 Respiratory disease

Respiratory diseases are diseases of the airways and other structures of the lung. Among the most common are chronic obstructive pulmonary disease, asthma, occupational lung diseases such as coal miners' pneumoconiosis, pneumonia and pulmonary hypertension.

[47] North Wales Regional Innovation Coordination Hub – Estimates of the prevalence of dementia in North Wales December 2025

Over the last 10 years[48], chronic lower respiratory diseases and influenza and pneumonia were consistently two of the leading underlying causes of death in Wales. The numbers dying from chronic lower respiratory tract disease has been increasing each year since 2020, and in 2023 was the underlying cause for 2,132 deaths.

Deaths due to influenza and pneumonia have fluctuated and were the underlying cause for 1,534 deaths in 2023. Combined, these two respiratory disease groups accounted for 3,666 deaths, 10% of all deaths in Wales. This combined total was only slightly lower than the leading cause of death, 'dementia and Alzheimer's disease', which was the underlying cause for 3,796 deaths. These figures are based on the underlying cause of death, meaning the disease or injury that initiated the train of events leading directly to death.

Tobacco is the biggest cause of lung cancer in the UK, and people who smoke were first shown to be more likely to develop lung cancer relative to non-smokers in the 1950s. It also increases the risk for cancers elsewhere in the body for example the mouth, lips, nose and sinuses, oesophagus, stomach, liver, bladder and colon/rectum.

Although chronic obstructive pulmonary disease can be the result of exposure to occupational hazards and air pollution, it is predominantly caused by active and second-hand tobacco smoke exposure.

Pneumonia can be acquired in either the community of a hospital/healthcare environment and can affect people of any age. In the UK, pneumonia affects around 0.5 to 1% of adults each year and is more widespread in autumn and winter. Smoking and exposure to tobacco smoke are risk factors for community acquired pneumonia.

Asthma is the most common chronic disease of childhood and the leading cause of childhood morbidity from chronic disease as measured by school absences, emergency department visits and hospitalisation. It affects all ages, races and ethnicities. Exposure to cigarette smoke can trigger the development of the asthma and exacerbate symptoms.

Smoking cessation is one of the most effective ways to both prevent respiratory diseases and treat people with a respiratory disease.

3.7 Sexual health

Sexual health is the capacity and freedom to enjoy and express sexuality without exploitation, oppression or physical or emotional harm. Sexual health problems include:

- Sexually transmitted infections including human immunodeficiency virus infection,

[48] NHS Wales Public Health Wales - Respiratory disease prevalence – trends, risk factors, and 10-year projections (19 June 2025)

- Unintended pregnancy,
- Abortion,
- Fertility problems, and
- Sexual dysfunction.

The Royal College of Midwives published "Wales state of maternity service 2023[49]" and below are some of the findings.

- The demographic makeup of women using maternity service in Wales is changing, for example, the majority of women giving birth in Wales are now over 30 years. A significant shift over the past decade, where the proportion of births to women aged 30 or older has jumped from 42% (2011) to 53% (2021).
- There were just over 15,000 babies born to women agreed 30 years or older, with just over 13,500 births to younger women and girls.
- Nearly six in ten pregnant women in Wales in 2021 were overweight or obese. Higher body mass index during pregnancy is a significant risk factor, for both women and their babies, and can lead to conditions such as gestational diabetes.
- In 2021 the total number of "live" births in Wales was 28,879 of which 6,211 were in Betsi Cadwaladr University Health Board.
- In 2021, the most common age for mothers in Betsi Cadwaladr University Health Board was 30-34, followed by 25-29. The least common age was 19 years and under.

Teenage pregnancy is a possible cause and consequence of child poverty, which can increase the likelihood of health inequalities. Being a teenage mother or a child of a teenage mother increases the risk of health problems and other issues, for both mother and child. Higher teenage conception rates are associated with areas of higher deprivation and areas of higher unemployment.

As can be seen from the table below, Denbighshire has the highest rate of conception for women aged under 18 years (20.9), the second highest rate in Wales.[50].

Table 3.2 - Conception rates for women aged under 18 years, by local authority, Wales, 2022

Unitary Authority	Conception rate per 1,000 women in age group
Denbighshire	20.9
Flintshire	19.8
Wrexham	17.7
Isle of Anglesey	16.8
Conwy	15.1
Gwynedd	14.5

[49] Royal College of Midwives – Wales state of maternity services 2023
[50] Office of National Statistics - Conceptions in England and Wales

3.8 Alcohol[51, 52, 53]

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

Alcohol misuse is also a cause of falls, accidents, and injuries as well as social problems such as assaults and crimes. In Wales, 49% of all violent crime is alcohol related, as well as contributing to public order and anti-social behaviour in communities, child neglect, domestic and intimate partner violence and the abuse of vulnerable individuals[55].

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

Alcohol consumption does not have the same link with deprivation as other lifestyle behaviours. Drinking alcohol above recommended guidelines is higher among adults in the least deprived areas of Wales (21.3%) compared to the most deprived areas (14.6%).

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

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

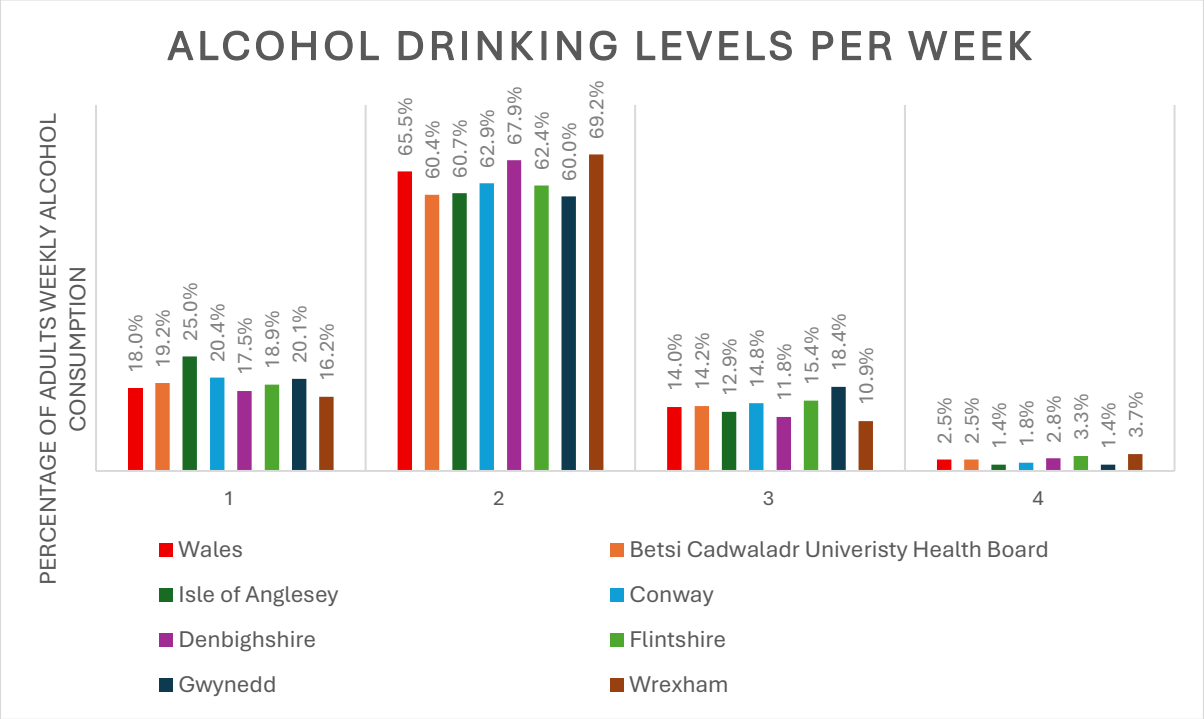
While overall alcohol-specific hospital admissions among those under 25 declined by 17.4% compared to the previous year, school exclusions related to drugs and alcohol reached a new record high of 939 cases in the 2022/23 academic year.

The figure below highlights the reported drinking patterns in Betsi Cadwaladr University Health Board, local authorities compared to the rate for Wales.

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[51] Public Health Wales Observatory, Alcohol in Wales
[52] NHS Wales Public Health Wales - Alcohol
[53] NHS Wales Public Health Wales - Record high alcohol related deaths in Wales highlight urgent public health concerns (March 2025)
[54] Department of Health and Social Care - UK Chief Medical Officers' Low Risk Drinking Guidelines (2016)
[55] Alcohol Change UK - Alcohol, crime and disorder

Figure 3.3: Adult weekly drinking levels by local authority, health board and Wales (2021-2023)[56]



Key

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

- The percentage of non-drinkers was highest in Isle of Anglesey (25.0%) and lowest in Wrexham (16.2%),
- The percentage of moderate drinkers was highest in Wrexham (69.2%) and lowest in Gwynedd (60.0%),
- The percentage of hazardous drinkers (was highest in Gwynedd (18.4%) and lowest in Wrexham (10.9%), and
- The percentage of harmful drinkers was highest in Wrexham (3.7%) and lowest in Isle of Anglesey and Gwynedd (1.5%).

3.9 Obesity

Obesity prevalence is rising in Wales, (as it is globally). Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as some types of

[56] Social Care Wales - National social care data portal for Wales - Drinking

cancer, kidney disease, obstructive sleep apnoea, gout, osteoarthritis, and liver disease, among others[57].

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

Having a high body mass index (ie being overweight or obese) and physical inactivity are the third and fourth leading causes of ill health in the UK. Taken together they are arguably the most important contributor to poor wellbeing in communities today. Childhood obesity leads to and exacerbates adult obesity which in turn causes or exacerbates our most prevalent limiting long term ill health conditions. It is well accepted that adult obesity results in less healthy life expectancy and shorter life expectancy.

Over 89,600 of the health board's population are registered by their GP as having obesity; this is almost 15% of the population. At locality level, the highest proportions are in North and West Wrexham (17.4%) and South Wrexham (16.8%).

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

Government advice is that everyone should have at least five portions of a variety of fruit and vegetables every day. An adult portion of fruit or vegetables is 80g. According to the results for North Wales from the National Survey for Wales between 2021 and 2023[58]:

- Between 63.0% (Flintshire lowest) and 83.0% (Isle of Anglesey highest) of people had eaten between one and four portions of fruit and vegetables the previous day and
- Between 16.0% (Isle of Anglesey lowest) and 29.0% (Flintshire highest) had eaten five portions of fruit and vegetables the previous day.

Physical activity guidelines for adults aged 19 to 64 include at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week. According to the National Survey for Wales, the percentage range at local authority level for those who self-reported being active for 150 minutes in the week was between 37.0% (Conwy lowest) to 56.0% (Denbighshire and Wrexham highest).

In Wales 62.0% of adults self-reported being overweight and 25.0% self-reported they were obese. According to the National Survey for Wales, the percentage range at local authority level for those who reported being overweight was between 54.0%

[57] NHS Wales Public Health Wales - Overweight and obesity
[58] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)

(Denbighshire lowest) to 63.0% (Conwy highest) and for those who reported being obese it was between 17.0% (Denbighshire lowest) to 30.0% (Gwynedd highest).

3.10 Smoking[59]

Smoking is extremely damaging to health. It is the cause of death for around half of all long-term smokers[60] and the World Health Organisation[61] estimates that tobacco kills more than eight million people each year worldwide.

Smoking remains a major cause of mortality and ill health in Wales and is a major cause of premature death and one in two long term smokers will die of smoking related diseases.

Over the period 2020 – 2022[62]:

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

Smoking prevalence is higher in adults living in the most deprived areas of Wales. The National Survey for Wales shows that in 2022-2023, 21.8% of adults in the most deprived areas of Wales reported smoking, which is almost three times higher than adults in the least deprived areas of (7.5%).

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

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

[59] StatsWales, Adult lifestyles by local authority and health board
[60] Doll, R., et al. (2004). Mortality in relation to smoking: 50 years' observations on male British doctors
[61] World Health Organization 2022 - Tabacco: Fact sheet (June 2025)
[62] NHS Wales Public Health Wales - Smoking attributable mortality and hospital admissions for Wales, 2020-22 (new analysis)

Table 3.3: Smoking attributable mortality, European age-standardised rate per 100,000, persons aged 35 years and over by health board and Wales, 2020-2022[63]

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

Smoking is also known to increase people's risk of developing a wide range of illnesses, which can be fatal or cause irreversible long-term damage to health[64]. These include cancers, respiratory diseases, and cardio-vascular diseases, including strokes, heart attacks and dementia.

Exposure to second-hand smoke has been shown to cause significant harm, increasing non-smokers risks of developing smoking related diseases including lung cancer and cardio-vascular disease[65]. Exposure to second-hand smoke is particularly harmful to children, leading to conditions including middle-ear disease, asthma and allergies[66].

Smoking in pregnancy is known to have a range of impacts on the pregnancy and child in later life, including increased risk of miscarriage, premature birth and sudden infant death syndrome[67].

The table below, shows the average percentage of current smokers (adults 18 years and over) across the five unitary authorities, 2020 to 2024. The averages presented are five-year averages, calculated using data from 2020 to 2024, where available. The rank column shows where each unitary authority sits when compared to the other 21 unitary authorities in Wales, where 1 is the lowest average percentage of smokers.

[63] NHS Wales Public Health Wales - Smoking attributable mortality and hospital admissions for Wales, 2020-22 (new analysis)
[64] NHS 2018 - What are the health risks of smoking?
[65] Department of Health Scientific Committee on Tobacco and Health (SCOTH) 2004. Secondhand Smoke: Review of the evidence since 1998
[66] Royal College of Physicians London - Passive smoking and children (March 2010)
[67] Royal College of Obstetricians and Gynaecologists - Smoking and pregnancy (2021)

Table 3.4: The average percentage of current smokers (adults 18 years and over) between 2020 to 2024[68]

Rank	Unitary authority	2020 to 2024 Current smoker percentage (average)
7	Flintshire	12.3
10	Isle of Anglesey	12.7
11	Conwy	12.7
13	Wrexham	13.4
14	Denbighshire	14
18	Gwynedd	14.4

The table below shows the percentage of adults aged 16 years and over, in the six unitary authorities who have self-reported engaging in smoking and e-cigarettes as recorded by the National Survey for Wales[69] between 2021 and 2023.

Table 3.5: Percentage of adults (aged 16 years and over) who self-reported engaging in smoking and e-cigarettes by local authority and Wales, 2021 to 2023

Unitary authority	Percentage of self-reported smokers	Percentage of self-reported e-cigarette users
Conwy	6.0%	4.0%
Denbighshire	14.0%	5.0%
Flintshire	11.0%	10.0%
Gwynedd	17.0%	6.0%
Isle of Anglesey	11.0%	1.0%
Wrexham	14.0%	10.0%

The numbers of young people vaping have risen substantially in Wales in recent years, even though it has been illegal to sell a vape to anyone under 18 years since 2015[70].

The evidence suggests that the availability of disposable devices and the ways in which vapes are marketed have strongly contributed to their appeal amongst young people.

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

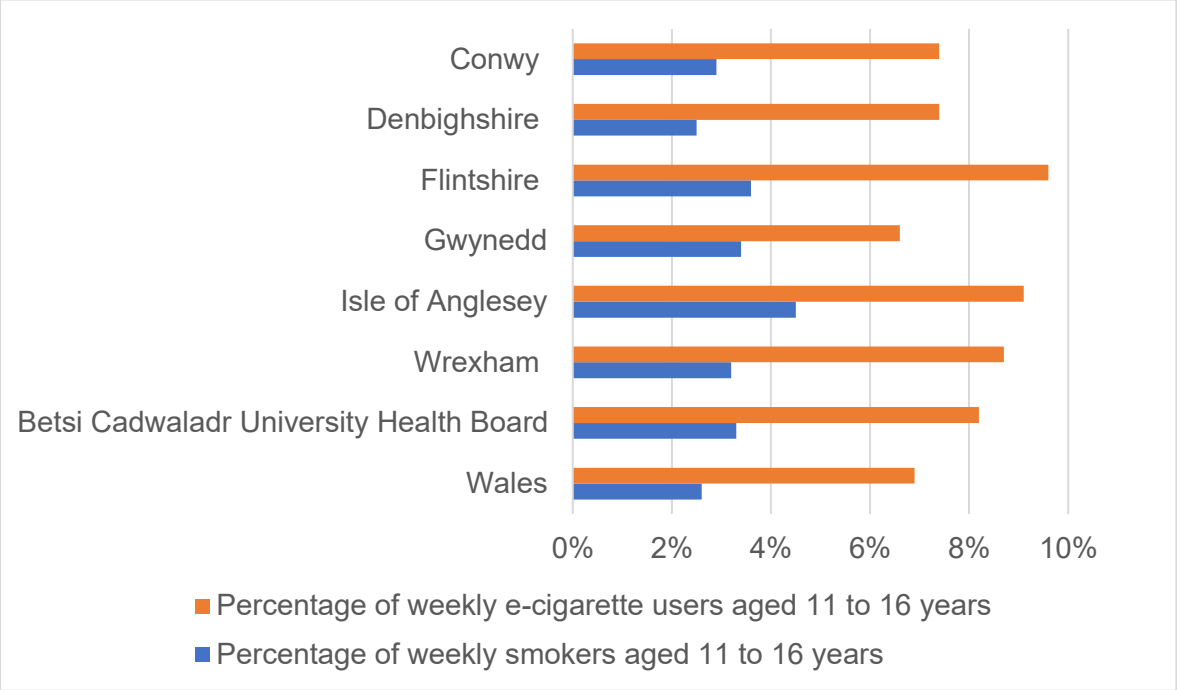
[68] Office of National Statistics - Adult smoking habits in the UK: 2024
[69] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[70] NHS Wales Public Health Wales and The School Health Research Network - Vaping and Smoking amongst Learners in Year seven to 11 in Wales - Analysis from The School Health Research Network Student Health and Well-being Survey in secondary schools, 2023

- The number of learners in year seven to 11 in Wales reporting vaping at least once a week is 7.0%, an increase from 5.4% (2021) and 2.7% (2019)
- Since 2021, vaping has increased amongst girls, year 11 learners and non-smokers, but weekly vaping increased between 2021 and 2023 in all year groups except year seven
- Girls (8.6%) are more likely to vape regularly than boys (5.1%). Those in year 11 (15.9%) are more likely to vape than those in younger year groups
- More than a quarter (25.7%) of all learners in year seven to 11 have tried a vape, an increase from 20.5% (2021). Amongst year 11 learners the figure was 45.4%
- Only 2.7% of learners in years seven to 11 now smoke regularly. The majority of these also vape
- The number of learners in year seven to 11 who only vape is 5.2%, higher than in 2021 (3.5%)
- The proportion of learners who only smoke and the proportion who smoke and vape regularly have both fallen since 2021
- Nicotine use by smoking or vaping at least weekly is currently 8.0% amongst learners in years seven to 11. This proportion has risen on every Survey since 2019 when it was 5.4%
- The data provides evidence that an increasing number of learners who have never and would never smoke regularly, are vaping regularly

The table below shows the percentage of 11 to 16 year-olds who were weekly smokers and e-cigarette users in 2023[71].

[71] NHS Wales Public Health Wales - Secondary School Children's Health and Well-being Dashboard: School Health Research Network Survey Data

Table 3.6: Percentage of adolescent weekly smokers and e-cigarette users by local authority, health board and Wales, 2023



4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting, North Wales:

- 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 those on probation
- Homeless and rough sleepers
- Gypsy and Traveller communities
- Refugees and asylum seekers
- Military veterans
- Visitors to sporting and leisure facilities and owners of second homes
- Socio-economic disadvantage
- Welsh speakers

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

4.1 Age

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

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

In addition, older people also provide a significant amount of their time and energy caring for others.

For older people:

- Cigarette smoking is implicated in eight of the top fourteen causes of death for people 65 years of age or older. Smoking causes disabling and fatal disease, including lung and other cancers, heart and circulatory diseases, and respiratory diseases such as emphysema. It also accelerates the rate of decline of bone density during ageing. At age 70, smokers have less dense bones and a higher risk of fractures than non-smokers. Female smokers are at greater risk for post-menopausal osteoporosis. Half of long-term smokers die of tobacco related illnesses, most prematurely, and many suffer from a variety of chronic conditions related to smoking.
- Even modest alcohol use in old age may be potentially harmful as a contributor to falls, compromised memory, medicine mismanagement, inadequate diet and limitations on independent living.
- Falls are a major public health concern, particularly for older adults, with over one-third of people aged 65 years and over falling each year. Over 700 older people in Wales are expected to die from a fall each year, with 7,750 requiring hospital-based treatment, and more than 132,000 experiencing repeated falls in their home. Falls generate significant psychological and physical impact, often leading to isolation, anxiety, and reduced independence.[72] Feeling lonely or unconnected to friends can have a very negative effect on wellbeing and health. It is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. The lockdown restrictions imposed during the Covid-19 pandemic in 2020, are likely to have exacerbated these issues across all age groups. Loneliness also has a much wider public health impact, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care. Looking at different ways of making sure that older people stay in touch with the things that matter to them and that there are opportunities for older people to stay active and connected are important.
- Depression is the most common mental health need for older people and prevalence rises with age. Age Cymru hosted an event in April 2024, which highlighted the gap between the current levels of investment in older people's mental health and the pressing needs across Wales. The event spotlighted some key statistics regarding poor mental health among older demographics in Wales including 22% of men and 28% of women over 65 suffering from depression, with 30% of older carers experiencing depression at some point. It also highlighted that older individuals experiencing bereavement are four times more likely to suffer from depression.[73]

[72] Age Cymru - Falls amongst older people can have a devastating impact but they are not an inevitable part of ageing
[73] Age Cymru - Welsh Government consults on mental health and wellbeing, and suicide prevention strategies (2024)

- People with mental health needs can seek advice and support from their GP. However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15 per cent, or one in seven, are diagnosed and receiving any kind of treatment. Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.
- Dementia is the leading cause of death in England and Wales. Welsh Government estimates there to be 42,000 people over the age of 65 living with dementia in Wales, but Alzheimer's Society Cymru[74] estimates suggest the total number could be as high as 51,000. This figure is set to rise by 37% to almost 70,000 people by 2040. Developing dementia supportive communities is crucial to the wellbeing of older people, especially the thousands of people living with dementia, regardless of official diagnosis, and the people around them that are also affected. The Welsh Government will be publishing a new Dementia Strategy (2026 – 2036) in 2026, replacing the Dementia Action Plan published in 2018[75], and subsequent Companion Document in 2021. The 2026 Dementia Strategy aims to improve dementia care and support across Wales. At the time of writing this pharmaceutical needs assessment the strategy was not published.
- Good physical health has a significant beneficial impact on health and wellbeing in older age; the ability to be physically active improves muscle strength and emotional health whilst reducing risk of falls and isolation.
- A Welsh study[76,77] funded by Health and Care Research Wales in collaboration with Cardiff University, explored how to improve lives of people living with vision impairment. In 2020, over 1,000 people in Wales were formally registered as sight impaired or severely sight impaired. Vision impairment is one of the most common disabling conditions in older people that affects every day lives, including relationships and social connections.
- Sight loss is a significant public health issue, particularly for older people, as it can affect physical and mental health and a person's independence, making people more likely to have a fall or become socially isolated. Age is the single biggest factor associated with having a long term condition and 60% of people aged 65 and over are affected, but lifestyle factors such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are estimated to cause approximately 50% of long term conditions.

For children and young people:

- There is evidence that the first one thousand days of life[78] (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

[74] Alzheimer's Society Cymru - A new dementia action plan for Wales (2025)
[75] Welsh Government - Dementia action plan 2018 - 2022
[76] Health and Care Research Wales - Research into pathway for older people with vision impairment to navigate support and services 18 September 2025
[77] Health and Care Research Wales - A preventative approach to ensuring access to a sustainable, whole system pathway for older people with vision impairment (ASSIST)
[78] Public Health Wales - The First 1000 Days programme October 2023

shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age".

- Children born into poverty are more likely to be adults with poor health than those born into affluence.
- The importance of breastfeeding is well evidenced to provide health benefits for both mother and baby to promote attachment. Breastfeeding rates in more deprived areas are significantly lower than in the least deprived areas. Young mothers are amongst the groups least likely to breastfeed.
- A baby born to a mother who is obese and smokes throughout pregnancy, is at greater risk of developing unhealthy lifestyles in the future which render them at greater risk of serious chronic conditions which will impact on their quality of life and their life expectancy.
- Some children go through physical, emotional or sexual abuse or live in families where there is parental separation, substance misuse, domestic violence, or mental illness; these are called adverse childhood experiences. Adverse childhood experiences are stressful experiences occurring during childhood that directly harm a child or affect the environment in which the child lives in and can continue to harm the health of children throughout their life.
- In 2016, Public Health Wales published the first Welsh adverse childhood experiences study[79]. It revealed that 47% of adults in Wales experienced at least one adverse childhood experience in their childhood, and 14% suffered four or more. Adverse childhood experiences cause long lasting health harms which continue into adulthood and older age.
- People who have experienced four or more adverse childhood experiences are:
    - four times more likely to be a high-risk drinker
    - six times more likely to smoke
    - six times more likely to have had underage sex
    - six times more likely to have had or caused unintended teenage pregnancy
    - 11 times more likely to have smoked cannabis
    - 14 times more likely to have been a victim of violence in the previous 12 months
    - 15 times more likely to have committed violence against another person in the previous year
    - 16 times more likely to have used heroin or crack cocaine, and
    - 20 times more likely to be incarcerated during their lifetime.
- In Wales, a quarter (23%) of adults were exposed to verbal abuse as a child; a fifth (20%) to parental separation; 17% to physical abuse; 16% to domestic violence; 14% to mental illness; 14% to alcohol abuse; 10% to sexual abuse; and 5% each to drug use or incarceration of a parent. 'Trauma-informed' services can provide a supportive environment for people who have experienced adverse childhood experiences, encouraging engagement and improved management of conditions.
- Making sure that children are supported to take control of their own lives and wellbeing, will help them to live their best possible lives. Providing clear and

[79] Public Health Wales - Adverse Childhood Experiences

easily accessible information about how young people and their families can find out more about what early help is available in their area is important.

- Teenage years are also important. There is strong evidence that lifestyle behaviours that impact on future longer-term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. With many children developing unhealthy behaviours in terms of physical activity and diet, influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.
- On average across Wales, one in four children is either overweight or obese (25.5%). As deprivation levels increase in Wales, so does the percentage of children at risk of becoming obese. For example, just over one in seven children living in the most deprived neighbourhoods are likely to be obese in the future (14.6%), compared to less than one in ten residing in areas of least deprivation (8.4%)[80]. Obesity Alliance Cymru in their 2025 response to the "Healthy Eating and drinking in maintained schools in Wales" advised studies shown that children and adolescents living with obesity are around five times more likely to live with obesity into adulthood, with 80% of adolescents living with obesity still measuring as having obesity in adulthood[81].
- Public Health Wales collected data across Wales during the 2026-2024 school year – the Child Measurement Programme 2022-2023.[82] The data for Betsi Cadwaladr University Health Board showed:
    - 0.7% of children aged 4 to 5 were underweight (highest in Flintshire at 1.0%)
    - 13.1% of children aged 4 to 5 were obese (highest in Anglesey at 13.6%)
    - 15.0% were overweight not obese (highest in Anglesey at 17.3%), and
    - 71.3% were a healthy weight (highest in Flintshire at 72.2%).
- 90% of people who smoke in the UK started before the age of 21[83]. Vaping has become the dominant nicotine behaviour among adolescents in Wales. 5% of children and young people aged 11–16 vape at least weekly (increasing from 3% in 2019).[84]
- Untreated sexually transmitted infections can have longer term health impact including infertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies. 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[85]. Children and young people who are at greater risk of mental health problems include those

[80] Chemisy4u - Obesity Statistics Report 2025
[81] Obesity Alliance Cymru Response - Healthy eating and drinking in maintained schools in Wales (2025)
[82] Public Health Wales - Child Measurement Programme 2023-24
[83] Cancer Research UK - Around 350 young adults start smoking every day in the UK - Cancer News
[84] Public Health Network Cymru - Smoking and vaping
[85] The Children's Society - Children's mental health statistics

going through family breakdown; those in the Looked After System and those showing behavioural problems; and children who have experienced trauma.
- The Wales Centre for Evidence Based Care at Cardiff University (2023) produced the most recent national forecast of long-term conditions across age groups in Wales[86]. The burden of long-term conditions is expected to rise over the next ten years, driven by increases in multimorbidity, obesity, poor nutrition, and persistent health inequalities.

4.2 Disability

There are many different types of disabilities, and a disability may be present from birth or occur during a person's lifetime.

According to the World Health Organization[87], an estimated 1.3 billion people experience significant disability, and this number is growing due to demographic and epidemiological changes in the population (such as ageing and the global increase in chronic health conditions), and health emergencies (such as disease outbreaks, natural disasters, and conflicts).

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

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

A 2010 study by the Improving Health and Lives Learning Disabilities Observatory noted that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. It also noted that health inequalities faced by people with a learning disability began in childhood and that they were often caused as a result of lack of access to timely, appropriate and effective healthcare.

The outcomes for adults with disabilities compared to the wider population are poorer in almost every manner. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general

[86] Wales Centre for Evidence Based Care - Forecasted prevalence and incidence of long-term conditions in Wales (2023)
[87] World Health Organization - Disability factsheet 2023

population. Research has shown that people with a learning disability on average die 19.5 years earlier than people without a learning disability[88].

However, people with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. According to the 2023 annual report by LeDeR on learning from lives and deaths of people with a learning disability and autistic people[89]:

- 54.7% of adults notified to LeDeR with a learning disability who died in 2023 were male
- 79.5% of autistic adults who died in 2021-2023 were male
- 7% of adults notified to LeDeR in 2023 were from an ethnic minority group
- In 2023, adults with a learning disability on average died 19.5 years younger than the general population.
- The median age at death of adults with a learning disability whose death was notified to LeDeR between 2018 and 2023 was 62.5.
- 38.6% of adults who died in 2023 lived in the most deprived areas (top three centiles).
- Nearly 60% of adults with a learning disability who had a LeDeR review died before the age of 65 years.
- Whilst avoidable deaths have declined since 2021, the rate for adults with a learning disability who died in 2023 is still nearly double the rate compared to the general population (data for 2022).
- In 2023, 15.1% of all deaths were preventable and 25.1% were treatable.
- The three most common causes of avoidable death were influenza and pneumonia (13.1%), ischaemic heart diseases (10.6%) and cerebrovascular diseases (7.5%).

The Joseph Rowntree Foundation Report Poverty in Wales 2020[90] found that 27.2% of disabled people in Wales are in poverty compared with 20% of non-disabled people.

In 2021, median pay for disabled employees living in Wales[91] was 11.6% less than non-disabled employees (although this was the narrowest gap of the four UK nations).

The disability employment gap (the difference between the percentage of disabled and non-disabled in employment) in in quarter 2 2025 was 29.7%[92]. For all disabled people, the disability employment gap is wider for males, older (aged 50 to 64) people, people with no qualifications, people living in social housing, people not living in a couple, and people living in Northern Ireland, Scotland, the North of

[88] University of Bristol Norah Fry Centre for Disability Studies (2019) - The Learning Disabilities Mortality Review (LeDeR) Programme: *Annual Report* 2018. London: Healthcare Improvement Quality Partnership.
[89] LeDeR Autism and Learning Disability partnership, Kings College London - Learning from Lives and Deaths - People with a learning disability and autistic people (LeDeR) report for 2023 (updated January 2026)
[90] The Joseph Rowntree Foundation - Poverty in Wales 2020
[91] Office for National Statistics - Disability pay gaps in the UK: 2021
[92] Department for Work & Pensions - The employment of disabled people 2025

England, West Midlands and Wales. Disabled people were more likely to be economically inactive than non-disabled people and for those that were the majority gave long-term sickness as their main reason for being inactive. They were also more likely to want a job and less likely to have had a job between 2023 and 2025, with one in five having not worked for over ten years.

In the health board's area, GP practices hold learning disability registers which are used as part of the quality assurance and improvement framework reporting. These provide very rough estimates of the number of people with a learning disability; however, it should be noted that there are variations in the coding and recording of chronic conditions by practices. 3,946 people were on the learning disability register in April 2025.

4.3 Pregnancy and maternity

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

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

4.3.1 Perinatal mental health[93,94]

Perinatal mental illnesses affect at least 10% of women and, if untreated, can have a devastating impact on them and their families. When mothers suffer from these illnesses it increases the likelihood that children will experience behavioural, social or learning difficulties and fail to fulfil their potential. If perinatal mental illnesses go untreated, they can have long term implications for the well-being of women, their babies and families (Jones et al., 2014).

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

During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder, obsessive compulsive disorder, posttraumatic stress disorder and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can reemerge or be exacerbated

[93] National Institute for Health and Care Excellence - Antenatal and postnatal mental health: clinical management and service guidance, 2020.
[94] Royal College of Midwives - Strengthening perinatal mental health, a roadmap to the right support at the right time

during pregnancy and the postnatal period. Postpartum psychosis affects between one and two in 1,000 women who have given birth. Women with bipolar I disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history.

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

In Wales[95]:

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

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

4.3.2 Smoking

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

In Wales[96]:

- 20% of women who were smokers at the initial assessment were not smokers at birth. This is a decrease of 6.5% since the previous year, and an increase of 2.0% since data was first collected in 2016. The large increase since 2021 may be affected by nearly all data being self-reported, rather than being carbon monoxide monitored and the higher-than-usual amount of missing data in the past two years
- 14% of pregnant women were recorded as smokers at their initial assessment in 2023 and 12% of women who birthed in 2023 were recorded as being smokers at the time they gave birth. Both rates are similar to the previous two years

[95] Welsh Government - Wales maternity and birth statistics 2023
[96] Welsh Government - Wales maternity and birth statistics 2023

- 28% of pregnant women aged under 20 were recorded as a smoker at initial assessment, compared to 21% aged 20 to 24, and 12% aged 35 or over.
- 27% of pregnant women aged under 20 were recorded as smokers at birth, compared to 19% aged 20 to 24 and 10% aged 35 or older
- Smoking rates were highest among younger mothers and mothers from White and Mixed ethnic backgrounds
- The percentage of pregnant women recorded as a smoker differs widely by ethnic group. At initial assessment in 2023, smoking rates varied from 2% of pregnant women from Asian ethnic groups to 16% of pregnant women from White ethnic groups
- At birth in 2023, smoking rates varied between 1% of pregnant women from Black ethnic groups and 2% of pregnant women from Asian ethnic groups to 14% of pregnant women from both White and Mixed ethnic groups
- Over the past 5 years the smoking rates have decreased in the White and Mixed ethnic groups, while rates have been broadly similar (but at a much lower level) for pregnant women of Other, Black and Asian ethnic groups
- Large decrease in smoking rate at initial assessment since 2020 coincide with nearly all data being self-reported, rather than being carbon monoxide monitored. Suspended since the Covid-19 pandemic in 2020. This change in data collection method may explain the sharp falls from this point onwards

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

4.3.3 Substance and alcohol use

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

A number of risks are associated with drinking alcohol during pregnancy[97], including:

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

Being drug-free in pregnancy reduces the risk of:

- early birth
- underweight birth

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

- feeding and breathing problems
- getting infections
- having problems with their development and growth
- miscarriage
- stillbirth
- sudden Unexplained Death in Infancy

4.3.4 Healthy weight and nutrition

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

In Wales[98]:

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

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

4.3.5 Breastfeeding[99]

Breastfeeding is important for the health and development of infants and their mothers and is linked to the prevention of major health inequalities. The provision of

[98] Welsh Government - Wales maternity and birth statistics 2023
[99] Welsh Government - Breastfeeding data: 2024 (Wales)

human milk is the most accessible and cost-effective activity available to public health which is known to prevent a range of infectious and non-communicable diseases (NCDs), specifically gastroenteritis, childhood obesity, diabetes type 2 and maternal breast cancer

Every child in Wales should receive the best start in life[100], and breastfeeding can enhance this start. However, breastfeeding may not be every woman's choice. Therefore, it is essential all families have access to sufficient evidence-based information to make an informed choice and subsequently supported in whatever choice they make.

Breastfeeding data for Wales for 2024[101] is based on a mother's intentions to breastfeed prior to birth, therefore data is based on mothers who delivered in 2024 rather than children born in 2024.

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

Mothers in the most deprived areas were less likely to breastfeed than those in the least deprived areas. 52% of mothers in the most deprived areas in 2024 breastfed at birth compared with 75% of mothers in the least deprived areas in 2024. Breastfeeding rates at birth within each quintile of deprivation have remained relatively stable since 2019. However there has been an increase of over 3% in breastfeeding rates at birth in the most deprived areas from 49% in 2019 to 52% in 2024. There was an increase of 0.7% over the same time period for those in the least deprived areas.

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

[100] Welsh Government - The Well-being of Future Generations
[101] Welsh Government - Breastfeeding data: 2024 (Wales)

4.3.6 General health needs

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

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

4.4 Race

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

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

4.5 Religion or belief

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

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.

There is a possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals

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

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

4.6 Sex

The NHS Wales Women's Health Plan 2025-2035[102] highlights:

- Women tend to live fewer years free from disability compared to men – the average age of women in Wales is 82 years, but the healthy life expectancy has dropped to 60.3 years, with women from black and minority ethnic groups, disabled women and from areas of greater deprivation, affected most.
- Women often wait longer for pain relief than men.
- Women's symptoms particularly for conditions such as cardiac disorders, asthma, incontinence, and mental health issues, can differ significantly from men's.
- One in five women in the UK (19%) experience a common mental disorder (such as anxiety or depression), compared with one in eight (12%) men.
- Data within Wales shows that women and girls between the ages of 10-24 years, are three times as likely to self-harm compared to males.
- Women have a greater risk of developing dementia during their lifetime than men, with women twice as likely to develop Alzheimer's, the most common cause of dementia. This is mainly due to women living longer than men and old age is the biggest risk factor for this disease.
- Alzheimer's is the leading cause of all deaths in women in Wales.
- Over 212,000 people live with diabetes in Wales, affecting more men than women across all age groups.
- However, women are more severely impacted by the consequences of diabetes compared to men.
    - Women with diabetes have a greater risk of heart disease.
    - Women are more likely to be on lower incomes and lack time and ability to focus on caring for themselves on top of caring for others, so leading to poorer outcomes.
    - Women are more likely to have retinopathy and neuropathy, and hormonal fluctuations may exacerbate this further, such as in pregnancy.
    - Diabetes control is more difficult for women due to hormonal fluctuations.

[102] NHS Wales - NHS Wales Women's Health Plan 2025-2035 December 2024

    - Elderly women with type 2 Diabetes Mellitus and end stage renal disease are more likely to die than men with similar problems.
- Ischemic heart disease is the second leading cause of death for women in Wales, killing twice as many women as breast cancer. A study by the University of Leeds found that women had a 50% higher chance of receiving a wrong initial diagnosis following a heart attack, with a 70% increased risk of death after 30 days compared with those who had received a correct diagnosis. Evidence also shows that women are less likely to be prescribed medications that prevent further heart attacks.
- Musculoskeletal conditions are the most common cause of long-term pain and physical disability globally. They are the leading cause of life-limiting conditions in Wales, and are strongly linked to deprivation, ethnicity, gender and age. Women consistently demonstrate more prevalent and severe clinical presentations of Musculoskeletal disorders, and this disparity increases in magnitude with age.
- One in three women will have a fragility fracture over the age of 50 years, compared to one in five men.
- Rheumatoid arthritis is the most common inflammatory condition, affecting 1% of the population. It has a two to three times higher prevalence in women than in men, suggesting female hormonal factors play a role in the development of the disease.
- The percentage of girls with low mental wellbeing scores increases as they get older, with around twice as many 16 year-old girls having a low mental wellbeing score, compared with 16 year-old boys.
- Fewer adolescent girls, when compared with boys, achieve the recommended physical activity target of at least 60 minutes per day across the week.
- More girls than boys aged 11-16 years will drink alcohol or smoke.
- While the majority of syphilis diagnoses are in men, there has been a 26% increase in case amongst females between 2021 and 2022, with an overall upward trend noted since 2013.

Other examples of the gender health gap include the following.

- 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.
- Women are more likely to report, consult for, and be diagnosed with depression and anxiety, although it is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- According to the Welsh Government's 2025 modelling update on alcohol consumption[103] 23% of adult drinkers in Wales drink above the UK low-risk weekly guidelines. This group consumes 70% of all alcohol sold in Wales, highlighting a concentration of consumption among heavier drinkers. Alcohol disorders are twice as common in men, although binge drinking is increasing

[103] Welsh Government - New modelling of alcohol pricing policies, alcohol consumption and harm in Wales

at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women.

4.7 Sexual orientation

A report published by the LGBT Foundation in 2023[104] highlighted key statistics which it believes most clearly evidence the sequential and significant impact of experiencing inequality over the life course.

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

[104] LGBT Foundation - Hidden Figures: LGBT Health Inequalities in the UK

- Nearly one in five (18.6%) lesbian, gay and bisexual young people (16–24) have attempted suicide.[105]

4.8 Gender re-assignment[106]

Gender reassignment refers to individuals, who either:

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

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

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Transgender people face 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 Marriage and civil partnership

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

4.10 University students

There are two universities in North Wales, Bangor University in Gwynedd (approximately 10,000 students) and Wrexham University in Wrexham (approximately 8,500 students).

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

[106] Gender Identity Research and Education Society - Trans Health Factsheets

Starting university is an exciting time. For many young people it will be their first time away from home so there is not only the pressure of becoming independent and self-reliant in a new environment. It is a time of transition, and the challenges of university life can impact on health care. Health needs[107] 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 support (stress, anxiety, and depression are common due to academic pressures and personal issues),
- social wellbeing support (feeling connected and supported within the university community. Loneliness and isolation can negatively impact both mental and physical health), and
- physical health concerns (poor nutrition, lack of exercise, and sleep disturbances).

A UK study undertaken by Transforming Access and Student Outcomes in Higher Education and The Policy Institute Kings College London examined British higher education in 2024[108],and found:

- Almost one fifth (18%) of students reported a mental health issue in 2024, triple the rate in 2017, when it was 6.0%.
- 17.9% of students report mental health challenges, indicating nearly one in five students, or around 300,000 UK students are now experiencing mental health difficulties.
- Anxiety and depression continue to be the primary mental health challenges among students, linked to:
    - cost of living pressures,
    - academic stress,
    - post pandemic effects, and
    - social isolation and loneliness.
- Mental health difficulties are higher amongst lesbian, gay, bisexual, queer and allies. In 2024 bisexual students had the highest rate (30%), followed by lesbian students (29%).
- More than half of non-binary students and queer-identifying students now experience mental health difficulties.
- Female students are twice as likely to report mental health difficulties (22%) compared to male students (11%), and the gap has increased compared to 2023. Death by suicide is more prevalent among young men than young women, suggesting a highly acute need for support among male students.
- Of 40,810 students asked if they had considered dropping out of university, 11,424 (27.9%) said they had with the most common reason stated as mental

[107] Education - Health and Wellbeing Services for Students in UK Universities 2024
[108] Transforming Access and Students outcomes in Higher Education - Report Student mental health in 2024: How the situation is changing for LGBTQ+ students

health difficulties. This reason was significantly greater than all other reasons, including financial difficulties.
- The 2024 data show the proportion of students who have considered dropping out has fallen after previous years of fairly consistent rates.

4.11 Offenders and those on probation

HMP Berwyn is a Category C (training prison) adult male prison in Wrexham, housing approximately 2,100 men and is the largest prison in the UK. There are no female prison facilities in Wales, and many women from North Wales serve their sentences in HMP Styal in Cheshire which is a closed category prison.

The health board commissioned an assessment of the health and social care needs of those in HMP Berwyn in 2021[109]. It identified the following characteristics of the population.

- The rate of men treated for asthma was higher than predicted and had increased since the needs assessment undertaken in 2015.
- The rate of identified and treated chronic obstructive pulmonary disease was below average among comparator prisons.
- The rate of identified and treated diabetes was below average among comparator prisons, although this may be explained by the fact white men are overrepresented in the prison.
- Whilst rates of epilepsy were higher than the predicted prevalence, it was lower than the average among comparators.
- The identification rate for hypertension was well below the expected prevalence based on the population age profile. It was also low among comparators, although identification at the comparators was also lower than predicted.
- Whilst identification for coronary heart disease was at the predicted rate, the rate was relatively low among comparators.
- Identification for cancer was similar to predicted rates.
- The rate of identified depression was likely lower than is typical, although the level of prescribing of antidepressant medications per year per 100 residents showed a 39% increase from 2019/20 to 2020/21. Whilst similar increases had been reported in other prisons in 2020/21, they were far lower in HMP Berwyn.
- The numbers of residents identified with anxiety and stress-related disorders are higher than expected.
- The rate of residents with severe and enduring mental health problems (including schizophrenia, bipolar affective disorder or other psychoses) was average compared to comparators but had decreased slightly since the 2015 assessment.
- The rate of residents with a recorded diagnosis of post-traumatic stress disorder was much higher than predicted.
- The rate of identified personality disorder was slightly below the average among comparators.

[109] Tamlyn Cairns Partnership - HMP Berwyn health and social care needs assessment, June 2021

- The identification rate of residents with a co-occurring mental health and/or substance misuse problems (dual diagnosis) had increased, mainly due to greater identification. Although the recorded prevalence of mental health problems overall (including substance misuse) is about average at HMP Berwyn compared to comparators, the profile of identified conditions seems to be more skewed towards dual diagnosis than most.
- The recorded identified rate of learning disability was well below the predicted rate based on literature. However, comparators also reported a lower proportion than predicted.
- The identified prevalence of autism spectrum disorders was similar to the UK average.
- Whilst the diagnosis rate for attention deficit hyperactivity disorder was low against predictions it was slightly higher than the average across comparators.
- The observed demand for drug treatment for substance misuse was lower than predicted.
- For alcohol treatment, the observed demand was also far lower than predicted (this is not unusual and attracting prisoners to alcohol treatment is notoriously challenging in any establishment).
- The substance use profile of those in treatment was more weighted towards non-opiate use compared to Category C prisons on average, with lower proportions of patients in treatment reporting alcohol use compared to an average Category C prison.
- A lower proportion of substance misuse treatment entrants currently injecting and a higher proportion of past injectors was reported compared to the national average for Category C prisons (though it was similar to the average for Welsh prisons).
- There was a high rate of sexually transmitted infection testing and the vast majority of positive results were for chlamydia.
- The number of patients recorded as receiving any of a wide range of vaccines had dropped dramatically during the Covid-19 pandemic.

An assessment of the health and social care needs of residents in approved premises in Wales was undertaken in 2023 by the health board with the HM Prison & Probation Service in Wales[110]. Whilst the health needs of the prison population are well documented, less is known about the needs of those who are under the supervision of the probation service.

“Approved premises” are hostel-type accommodation which has been approved for the temporary supervision and rehabilitation of offenders and for people on bail. They are staffed 24 hours a day and accommodate high-risk offenders, the majority of whom come straight from prison. Of the four approved premises in Wales, two are in North Wales – Bangor (Ty Newydd) and Wrexham (Plas Y Wern). They house men, 60% of whom have been convicted of sexual offences and the remainder violent or other offences. Female offenders from Wales who need the services of an approved premises are required to attend approved premises in England.

[110] Betsi Cadwaladr University Health Board - A Health and Social Care Needs Assessment for Residents in Approved Premises in Wales, September 2023

Stays in approved premises are generally between eight and 12 weeks but can be longer in some circumstances. Those staying in approved premises often have complex health and social care needs and their time in the approved premises affords an opportunity for each resident to be signposted to agencies that are able to offer support, for example GPs, substance misuse services, community mental health teams, and social workers.

The assessment found that mental health and neurodiverse conditions represent the biggest health need of approved premises residents, and also the largest mismatch between demand and provision of healthcare services. The gaps in service provision were identified as:

- the provision of medications on release from prison not being sufficient to cover the time until a prescription can be written and dispensed in the community. In addition, some GPs may not wish to re-prescribe some psychoactive medications necessitating referral to specialist services.
- those residents under the care of mental health services within prison feeling that they have to start again when back in the community.
- The waiting list for referral to mental health services is often longer than the whole duration of the stay within an approved premises.

Physical health conditions were found at a level equivalent to or lower than that seen in the general population. This may be a true finding or may be a reflection of the younger age of approved premises residents with relatively few being in the older age categories where most physical health conditions become more prevalent. The assessment did not conclude that access to primary and secondary medical care for physical health conditions was a problem for any condition apart from access to dental care.

The assessment found that there is an unmet need for dental treatment amongst approved premises residents. The majority will have moved area, and therefore have no relationship with local dental practices, thereby necessitating the need to join a waiting list to be able to register as a new patient.

The rates of smoking and vaping were found to be considerably higher than the general population. As smoking is not allowed in prisons, those residents who reported smoking had recently started or restarted the habit.

Residents were found to have relatively high historic levels of problematic alcohol use, gambling, and substance misuse. The survey undertaken to inform the needs assessment did not ask about current behaviours as licence conditions would preclude such activities.

4.12 Homeless and rough sleepers

Homelessness is a complex issue. Although it is commonly associated with people sleeping rough, a person can be classed as being homeless, or at risk of being homeless, in many different circumstances:

- Temporarily staying with friends or family (also known as sofa surfing).

- Staying in a hostel or bed and breakfast.
- Living in very overcrowded conditions.
- At risk of violence or abuse in their home.
- Living in poor conditions that affect your health, or your home is unfit to live in.
- Living somewhere that you have no legal right to stay in (squatting).
- Living somewhere that you cannot afford to pay for without depriving yourself of essentials.
- Forced to live apart from family, or from someone they would normally live with, because the accommodation isn't suitable or a relationship breakdown.

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. Research by the homeless charity Crisis[111], found that people who sleep rough are 17 times more likely to be victims of violence than the general public. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.

The average life expectancy for someone sleeping rough in Wales remains at 45 years for men and 43 years for women and has not improved since the 1990s. This is compared to the average life expectancy for the general population of 77.9 for males and 81.8 for females. The overall numbers of people who have died whilst homeless across the UK have increased by 9% with an average of four deaths every day of the year. 90 people died while homeless in Wales in 2024. The majority of homelessness deaths (55%) can now be classed as a 'death of despair' with more deaths by suicide being reported and evidence of a higher rate of drug related deaths. There are significant issues with psychoactive substances such as spice and synthetic opioids[112].

The monthly rough sleeper count is now published by Welsh Government[113]. In July 2025 there were:

- Five rough sleepers in Isle of Anglesey
- Nine in Gwynedd
- One in Conwy
- Three in Denbighshire
- One in Flintshire

Over the last three years, Gwynedd has consistently had the highest number of rough sleepers of the five local authorities, and Conwy the least.

The key findings of a report by Homeless Link in 2022[114] were as follows.

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[111] Crisis, Sanders, B. & Albanese, F. - "It's no life at all" - Rough sleepers' experiences of violence and abuse on the streets of England and Wales (2016)
[112] Museum of Homelessness – The Wallich homeless deaths (2025)
[113] StatsWales - Rough sleepers by local authority
[114] Homeless Link - The unhealthy state of homelessness 2024: Findings from the homeless health needs audit

- People experiencing homelessness suffer from worse physical and mental health than the general population.
- Between 2018 and 2021, 63% of respondents reported they had a long term illness, disability, or infirmity (22% in the general population).
- 80% of those with a physical health condition reported having at least one comorbidity, with 29% having between five and ten diagnoses.
- The most commonly reported condition was joint aches/problems with bones and muscles, followed by dental/teeth problems.
- The number of people with a mental health diagnosis has increased substantially from 45% in 2014 to 82% in the 2018 – 2021 cohort (12% of the general population).
- 81% of those with a mental health condition reported experiencing at least two mental health conditions, with 17% reporting five or more.
- 45% of respondents reported they are self-medicating with drugs or alcohol to help them cope with their mental health.
- Barriers in accessing needed support for physical and mental health means people experiencing homelessness are over reliant on emergency health care services, with 48% of respondents having used A&E services in the last year: three times more than the general population.
- Between 2018 and 2021 a total of 38% of respondents had been admitted to hospital in the 12 months before participating in a homeless health needs audit. The most common reason for hospital admission related to a physical health condition (37%), and 28% related to either a mental health condition or self-harm or attempted suicide.
- For those who had been admitted to hospital nearly a quarter (24%) had been discharged to the streets.
- 54% of respondents had used drugs in the 12 months prior to taking part in a homeless health needs assessment. 38% reported that they have, or are recovering from, a drug problem.
- 20% regularly exceeded the low risk drinking guidelines (24% in the general population). 29% reported they have, or are in recovery from, an alcohol problem.
- 76% of respondents reported that they smoke cigarettes, cigars, or a pipe (13.8% in the general population). Of these, 50% would like to give up.
- Nutrition presents as a big challenge with a third of respondents reporting that on average, they eat only one more meal a day. 66% ate one or fewer portions of fruit or vegetables per day, with just 4% eating the recommended five or more.

Groundswell's study Healthy Mouths[115] reveals that homeless people suffer extremely poor oral health compared to the general population.

- 90% have had issues with their mouth since becoming homeless. Particularly common were bleeding gums (56%), holes in teeth (46%) and dental abscesses (26%).

[115] Groundswell - Healthy Mouths

- Many participants had experienced considerable dental pain. 60% had experienced pain from their mouths since they had been homeless. 30% were currently experiencing dental pain.
- 70% reported having lost teeth since they had been homeless and 7% had no teeth at all 35% had teeth removed by a medical professional, 17% lost teeth following acts of violence and 15% of participants pulled out their own teeth.

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

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

According to report by Centrepoint[116], 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.

4.13 Gypsy and Traveller communities

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. In the 2021 Census 3,630 people identified as Gypsy or Irish Traveller in Wales, representing 5.1% of the total Gypsy/Irish Traveller population across England and Wales This is approximately 0.12% of the Welsh population and is an increase of 845 people from the 2011 Census[117].

[116] Centrepoint - Toxic Mix: The health needs of homeless young people 2014
[117] Census 2021 - Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics

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

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

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

A presentation to the Doncaster Health and Wellbeing Board in November 2023[118] highlighted the following facts:

- Gypsy and Traveller people will live between ten and 25 less years than the general population.
- The average health of 60-year-olds from Gypsy or Irish Traveller communities is similar to those of an average white British 80 year old.
- Gypsy, Roma and Traveller men are over 12 times more likely to suffer with more than two physical health conditions than white British men.
- Roma people had the highest risk of not being able to access health and social care services.
- Gypsy and Traveller mothers are 20 times more likely to experience the death of a child.
- 29% of Gypsy Roma and Traveller parents are likely to experience one or more miscarriages (compared to 16% non-traveller group surveyed).
- Roma mothers experience higher rates of poor infant outcomes, such as preterm births and low birth weight.
- Whilst the evidence on mental health and suicide is limited due to poor data collection it shows:
    - high levels of unmet need,
    - people in the Gypsy, Roma and Traveller community are three times more likely to be anxious and twice as likely to suffer from depression,
    - mental health is a taboo subject,
    - men are more likely to "reach for the rope" than talk, and
    - Irish Traveller men are seven times more likely to die by suicide, with women six times more likely.
- The challenges faced in accessing health and care include:
    - hate crime, marginalisation, discrimination,
    - cultural beliefs,
    - low or no literacy,

[118] Doncaster Health and Wellbeing Board meeting (Item 11) - Health inequalities – a focus on Gypsy Roma Traveller communities

    - English not the first language,
    - digital exclusion,
    - lack of education,
    - poverty,
    - transport, and
    - unconscious bias/staff attitude.
- The Evidence for Equality National Survey[119] in 2023 revealed that more than a third of people from ethnic and religious minority groups had experienced some form of racist assault. The survey had the largest number of Gypsy, Roma and Traveller participants in any national survey to date and revealed:
    - 62% of Gypsies and Travellers had experienced racial abuse, which was the highest out of all minority ethnic groups surveyed,
    - 47% of Roma people had been racially assaulted, and
    - 37% of Roma people have been physically attacked.
- The wide effects of discrimination include:
    - poor housing, limited access amenities,
    - Gypsy, Roma and Traveller people experience the highest levels of social and economic deprivation,
    - more than half of Gypsy, Roma and Traveller people having no educational qualifications,
    - 85% of Gypsy or Traveller men and 65% of Roma men were in precarious employment, compared with 19% of white British men, and
    - the Gypsy Roma Traveller community accounts for 6% of the prison population.
- In relation to Gypsy Roma Traveller children and young children:
    - they are statistically the most vulnerable of any group in UK,
    - 86% reported bullying as their biggest challenge at school,
    - leave school early,
    - approximately 50% are persistent non-attenders at school,
    - they have the lowest educational attainment of all ethnic groups, and
    - make up 15% secure training units.

4.14 Refugees and asylum seekers

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

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

A migrant is an umbrella term which does not have a legal definition under international law. It usually describes a person who has left their home, either within

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

their country or across borders. This can be temporary or permanent and be due to various reasons. For example, they may feel they have no choice but to leave their homes due to political unrest, poverty or other serious circumstances which may make returning unsafe. Others voluntarily leave for reasons such as education, seasonal work opportunities or to join their families.

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

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

Many asylum seekers will have complex health and social care needs. Pregnant women, unaccompanied children, those with significant mental health problems, and those who have experienced traumatic events such as rape or torture, are likely to be particularly vulnerable. Although, many of their health requirements are the same as those of the local community, asylum seekers may also have different health and health related problems[120]. These may include:

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

There is evidence that non-UK born individuals residing in the UK have poorer outcomes for physical and mental health than other residents, although this varies by migration history. Socioeconomic circumstances and immigration regulations affecting some migrant groups impact negatively on their access and use of health care. Rates of infectious diseases, including tuberculosis and human immunodeficiency virus, 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.

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

Particularly vulnerable groups are children, and women who have suffered sexual and physical abuse.

In January 2019, the Welsh Government launched Nation of Sanctuary Refugee and Asylum Seeker Plan[121], which seeks to address key issues of refugees and asylum seekers.

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

Good communication with migrants is essential. Determining the language and suitability of format (eg written, audio, face to face, telephone) and support available, such as advocacy and interpretation, are critical elements to ensure effective communication. In addition, other issues highlighted for both migrants and asylum seekers include the need for more advocacy and floating support for migrants, lack of a strategic approach to information and service provision for new migrants and lack of coordination between services for migrants, asylum seekers and refugees.

4.15 Military veterans

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

For the purposes of the Census 2021, a veteran is defined as "people who have previously served in the UK armed forces". It includes those who have served for at least one day in the armed forces (regular or reserve), or Merchant Mariners who have seen duty on legally defined military operations[122].

The table below shows the number of veterans living in the area of the five local authorities in North Wales based on the Census 2021.

[121] Welsh Government - Nation of Sanctuary – Refugee and Asylum Seeker Plan (2019)
[122] Office for National Statistics - TS071 previously served in the UK armed forces Census 2021

Table 4.1 – number of veterans living in each local authority 2021

Local authority	Previously served in both regular and reserve UK armed forces	Previously served in the UK regular armed forces	Previously served in UK reserve armed forces	Total
Flintshire	286	5,249	1,237	**6,772**
Conwy	242	4,453	954	**5,649**
Wrexham	205	3,923	938	**5,066**
Denbighshire	219	3,344	746	**4,309**
Gwynedd	167	3,214	796	**4,177**
Isle of Anglesey	121	2,619	481	**3,221**

In September 2024, Kings Centre for Miliary Health Research published a report[123]", covering data collected from serving and ex-serving UK Armed Forces Personal. 4,104 current and ex-serving personnel of the Armed Forces responded to a detailed questionnaire exploring symptoms of common mental disorders, portable post-traumatic stress disorder, complex post-traumatic stress disorder and alcohol misuse. This data showed that:

- 28% of respondents reported symptoms of common mental disorders, up from 22% in 2014/16 and 20% in 2004/06.
- 9% of respondents reported probable post-traumatic stress disorder, up from 6% in 2014/16 and 4% in 2004/06.
- Ex-serving Regular personnel reported higher probable post-traumatic stress disorder rates than serving Regulars at 11% versus 7% respectively.

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

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

Dr Marie-Louise Sharp, Senior Research Fellow at Kings Centre for Miliary Health Research and the report's lead author said, "post-traumatic stress disorder is a potentially life changing condition that can be difficult to treat. Providing effective treatment to individuals with complex post-traumatic stress disorder can be more complicated, as they can take more time to come forward and ask for help and are

[123] Office for Veterans' Affairs - Office for Veterans' Affairs Final Report. Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel: Phase 4

more likely to be managing a range of different mental illnesses. Services providing for ex-service personnel will need to assess how well they support and treat complex and comorbid health conditions.”.

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

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

The first national data published on veteran suicide in England and Wales[124] showed that in 2021, 253 UK Armed Forces veterans died by suicide of which 93.7% were male and 6.3% were female. 5.9% of the 253 UK Armed Forces veterans' suicides in 2021 were in Wales.

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

Suicide after leaving the UK Armed Forces 1996–2018: a cohort study[125,126] published in 2023 found UK Armed Forces veterans are at their highest risk of suicide in their first two years of leaving the Armed Forces. Factors associated with higher risk of suicide are:

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

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

The United Kingdom Armed Forces Veteran's Health and Gambling Study was published in 2021[127], and found that veterans are significantly more likely to struggle with gambling problems than non-veterans in the UK. Veterans who responded to the survey were more than ten times more likely than non-veteran respondents to experience gambling harm. They were also four times more likely to have gambled recently, and on more activities than non-veteran respondents. Veterans' gambling was seven times more likely to be motivated by a need to escape or avoid distress and were also found to be at a much greater risk of poor mental health outcomes including depression, anxiety, post-traumatic stress disorder, and to have an alcohol and/or nicotine dependence.

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[124] Census 2021- Suicides in UK armed forces veterans, England and Wales - Office for National Statistics
[125] National Confidential Inquiry into Suicide and Safety in Mental Health, The University of Manchester - Suicide after leaving the UK Armed Forces 1996–2018: A cohort study
[126] Samaritans - Armed Forces and Veteran Suicide
[127] Swansea University - The United Kingdom Armed Forces Veterans' Health and Gambling Study

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

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

4.16 Visitors to sporting and leisure facilities and owners of second homes

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of North Wales. As they may only be in the area for a short period, their health needs are likely to be:

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

A review conducted by the National Public Health Service for Wales on the impact of tourism on health[128] found the following:

- There is little research done on the health impacts of tourism in the UK.
- Holidaymakers have different patterns of consulting in primary care than the resident population, consulting more often for respiratory, gastrointestinal, minor infections and skin complaints.
- Workload for GPs in popular holiday resorts can increase in summer months.
- Holidaymakers are often ill-prepared for their trip, forgetting vital medications and travelling after major illnesses and surgery. Comprehensive pre-trip counselling by health professionals in the 'donor' areas, especially for those with chronic conditions, could reduce burden on health services in the 'host' areas.
- Tourists often have little local knowledge of conditions, putting them at increased risk of accidents, especially in relation to the natural environment.
- Comprehensive data collection on tourist health episodes and good communication and information sharing between health services, tourist industry and local government can aid planning for the health impacts of tourism.
- Risky behaviour in terms of alcohol use, drug use and sexual behaviour increase when people are on holiday.

[128] National Public Health Service for Wales, 2005. Health Impacts of Seasonal Demographic changes in areas with high levels of tourism in the UK – Key findings from the literature.

- The hedonistic, ‘carnivalised’, transient atmosphere of UK seaside resorts, together with easy access to alcohol can contribute to risk taking in the sexual behaviour of young people. Young people are often drawn into the leisure and entertainment industry geared towards adults which can leave them open to exploitation.

4.17 Socio-economic disadvantage

The socio-economic duty came into force in Wales on 31 March 2021 and requires the health board to address how its decisions might help reduce the inequalities associated with socio-economic disadvantage.

In October 2021, Welsh Government published a report[129] which summarised the key evidence relating to how socio-economic deprivation affects the people of Wales. Despite the importance of health and its links to deprivation being well recognised, health inequity is evidence in Wales with adults in the most deprived areas of the country, for example some North Wales coastal and border towns, having lower life expectancies, and adults and children in poorer areas having worse health outcomes than those in the least deprived areas.

The report highlighted the following key health inequalities of outcome due to socio-economic disadvantage.

- Poorer physical health and lower life expectancies in more deprived areas.
- More likely to suffer from non-communicable disease in more deprived areas.
- People in areas of higher deprivation more likely to have poorer mental health, increased risk of suicide, and are less likely to request help for mental health.
- Reduced access to adequate healthcare for certain communities of interest and in rural areas.
- People from Black, Asian and Ethnic Minority communities are more likely to suffer health inequalities and experience barriers to accessing healthcare and exercise/sport.
- Women more likely to be unpaid carers.
- LGBTQ+ people more likely to suffer from psychological distress.
- Disabled people face more unmet needs in healthcare.

4.18 Welsh language speakers

Whilst the health needs of Welsh language speakers are unlikely to differ to those who do not speak Welsh, the ability for a person to receive services in Welsh, at a time when they are at their most vulnerable, should be an integral part of person-centred care.

[129] Welsh Government - Implementing the Socio-economic Duty. A review of evidence on socio-economic disadvantage and inequalities of outcome October 2021

The “More than just words: Welsh language plan in health and social care”[130] was launched by the then minister for health and social services in August 2022. It stated that professional standards in health and social care services note that effective communication is a key requirement, highlighting the need to maintain dignity and respect. Adoption and delivery of “More than just words” should therefore help improve the quality of care for individuals living in a bilingual country. In the ministerial foreward the then Minister for Health and Social Services illustrated this by describing a scenario where an elderly woman who has lived in a close-knit Welsh language community all of her life, suffers increasingly with dementia and is admitted to a hospital or a care home where the predominant language is English. If she is unable to understand fully what is happening to her as her carers cannot speak her language – she is likely to become more frustrated which is likely to impact negatively on her wellbeing clinical outcomes.

A core element of “More than just words” is the “active offer” – providing a service in Welsh without someone having to ask for it.

[130] Welsh Government - More than just words: Welsh language plan in health and social care August 2022

5 Provision of pharmaceutical services

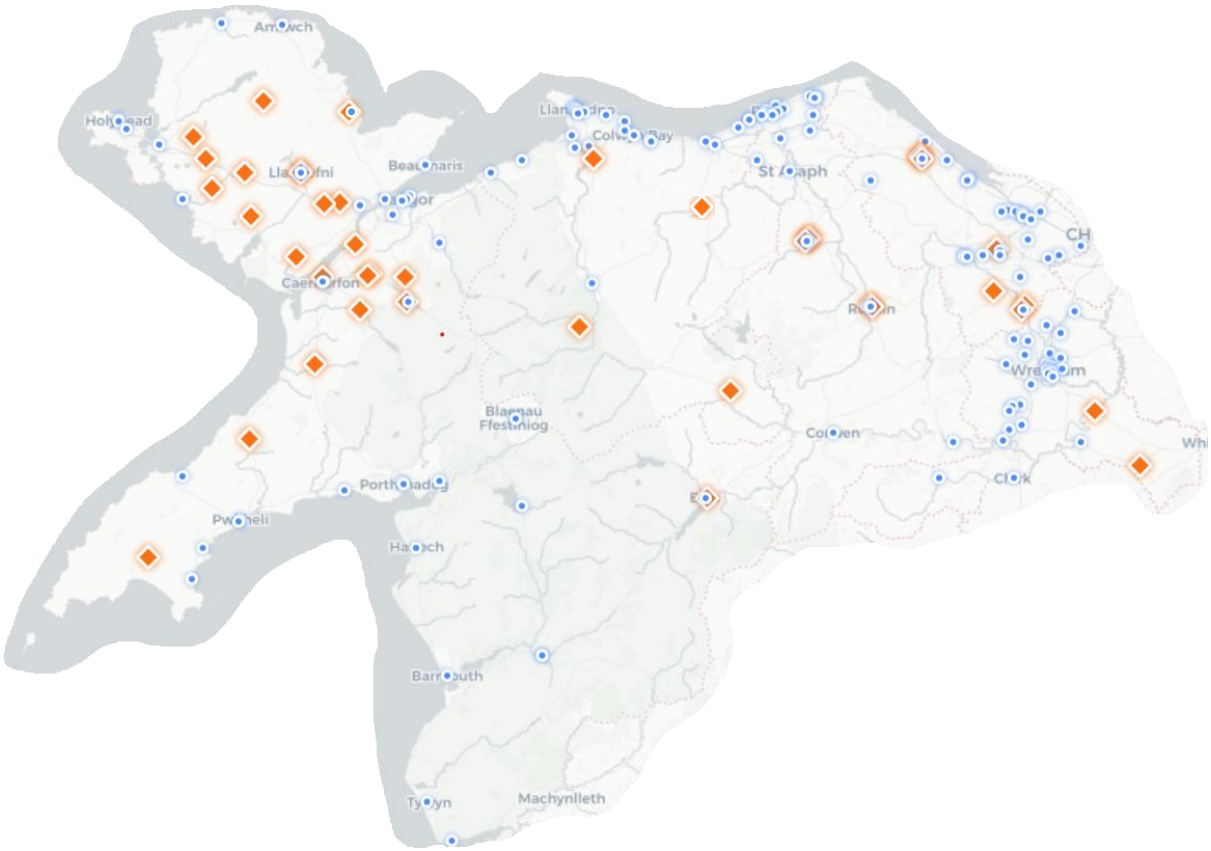
5.1 Current provision within Betsi Cadwaladr University Health Board area

There are 143 pharmacies included in the pharmaceutical list for the area of the health board as of March 2025, operated by 44 different contractors. This is a reduction from 152 pharmacies in the 2021 pharmaceutical needs assessment.

Six pharmacies operate under the ‘essential small pharmacies scheme’, one in each of Anglesey, Central and South Denbighshire, South Meirionydd, and South Wrexham, and two in Dwyfor and North Meirionydd. Being an ‘essential small pharmacy’ means that the pharmacy receives an additional payment to ensure it receives a minimum level of income for the provision of essential services and is therefore viable.

Of the 96 GP practices in the health board area, 34 dispense to eligible patients from 42 sites within the health board’s area. The map below shows the location of these premises.

Map 5.1 – location of pharmacies and dispensing practice premises



© OpenStreetMap © CARTO

Dispensing practice premises

Pharmacy

As can be seen there is a greater density of pharmacies along the north coast and in the east of the health board's area where population density will be greatest. Dispensing practice premises are more likely to be found in areas of lower population density.

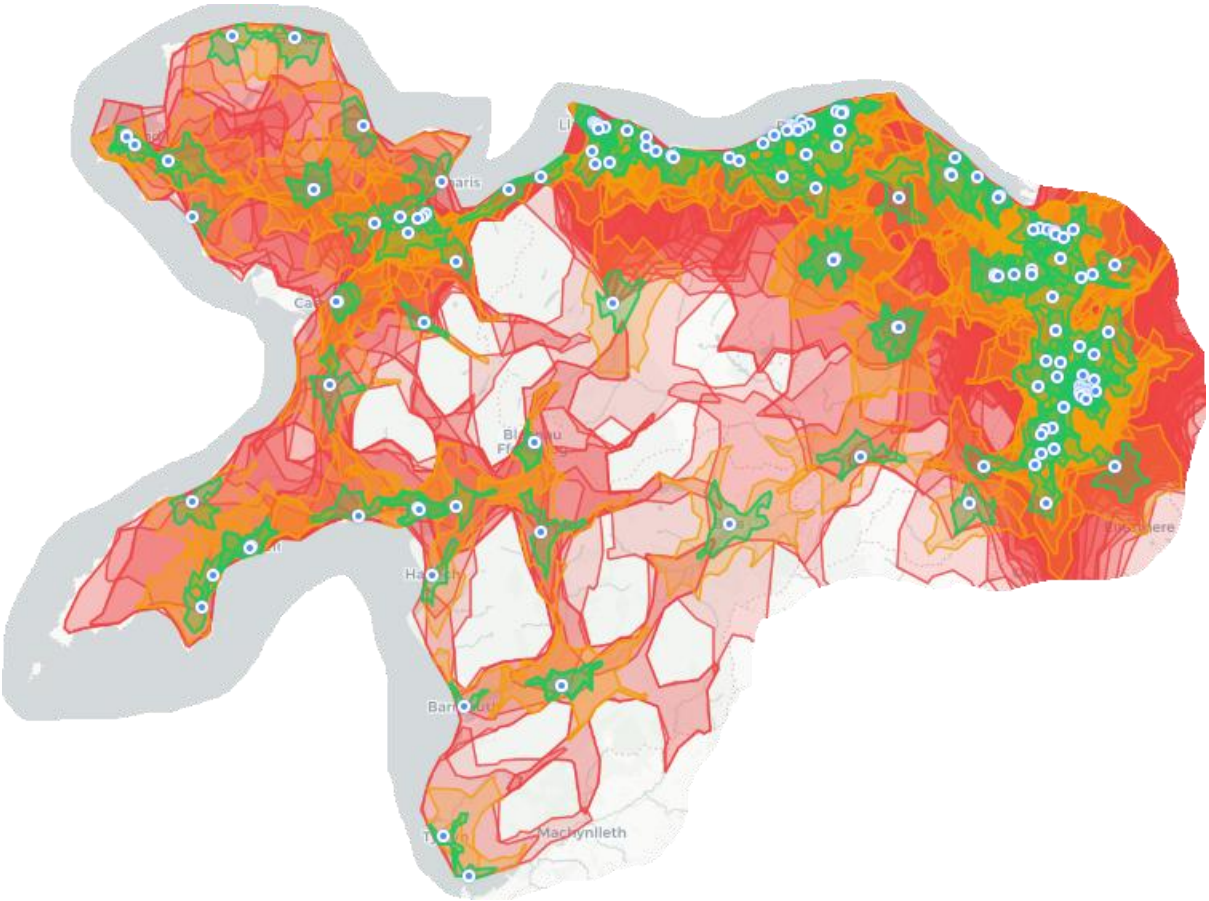
In 2024/25, 84.3% of items prescribed by GP practices in the health board's area were dispensed by pharmacies within the health board's area and 13.1% were dispensed or personally administered by the dispensing GP practices. In the first nine months of 2025/26, 84.8% were dispensed by pharmacies and 13.2% were dispensed or personally administered by the dispensing GP practices.

5.1.1 Access to premises

The health board has chosen a travel time of 20 minutes by car as an appropriate access standard. In order to assess whether residents are able to access a pharmacy in line with this standard travel times were analysed using Claude.ai.

Those areas bounded in green are within a five-minute drive of a pharmacy, the areas bounded in yellow are within a ten-minute drive of a pharmacy, and the areas bounded in red are within a 20- minute drive of a pharmacy. An analysis of the areas that are not within a 20-minute drive of a pharmacy can be found in the respective locality chapters.

Map 5.2 – Time taken to access a pharmacy by car



© OpenStreetMap © CARTO

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

- 67.2% of respondents drive to a pharmacy.
- 24.6% walk.
- 4.1% go by bus.
- For 95.0% of respondents their journey time is less than 20 minutes. For 89.3% their journey time is 15 minutes or less.

5.1.2 Access to essential services

Whilst the majority of people will visit a pharmacy during the 08.30 to 18.30 period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need, or choose, to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

Responses to the public engagement questionnaire showed that:

- 32.2% of respondents didn't have a preferred time to visit a pharmacy,
- 25.6% preferred 9.00 to 12 noon,
- 15.7% 15.00 to 18.00,
- 12.4% 18.00 to 21.00, and
- 11.6% 12 noon to 15.00.

In relation to the preferred day to access a pharmacy:

- 45.1% didn't have a preferred day,
- 28.7% said weekdays in general, and
- 13.1% said weekends in general.

Appendix L provides information on the pharmacies opening hours in January 2026 and at that point in time there were:

- 15 pharmacies open seven days a week
- 40 pharmacies open Monday to Saturday
- 60 pharmacies open Monday to Friday, and Saturday up to 14.00
- 28 pharmacies that open Monday to Friday.

A weekday evening service operates which provides for:

- Four pharmacies in Anglesey stay open for an additional 30 minutes, Mondays to Fridays between 17.30 and 18.00.

- One pharmacy in Arfon stays open for an additional hour Mondays to Wednesdays and Fridays, 17.30 to 18.30.
- Two pharmacies in Central and South Denbighshire stay open on alternate weeks on Mondays to Wednesdays and Fridays, one for an additional hour 17.30 to 18.30) and the other for an additional 30 minutes (17.30 to 18.00).
- One pharmacy in Conwy West stays open for an additional hour, 17.30 to 18.30 Mondays to Fridays.

Three pharmacies in Dwyfor and North Meirionnydd stay open for an additional 30 minutes, Mondays to Fridays (17.30 to 18.00), and two stay open for an additional hour (17.30 to 18.30) on alternate weeks, Mondays to Fridays.

GP practices are contracted to provide services between 08.00 and 18.30, Monday to Friday, excluding bank and public holidays. GP dispensaries will generally be open at the same time as the GP practice and dispense prescriptions issued as part of a consultation during this time as well as dispensing repeat prescriptions.

5.1.3 Access to the clinical community pharmacy service

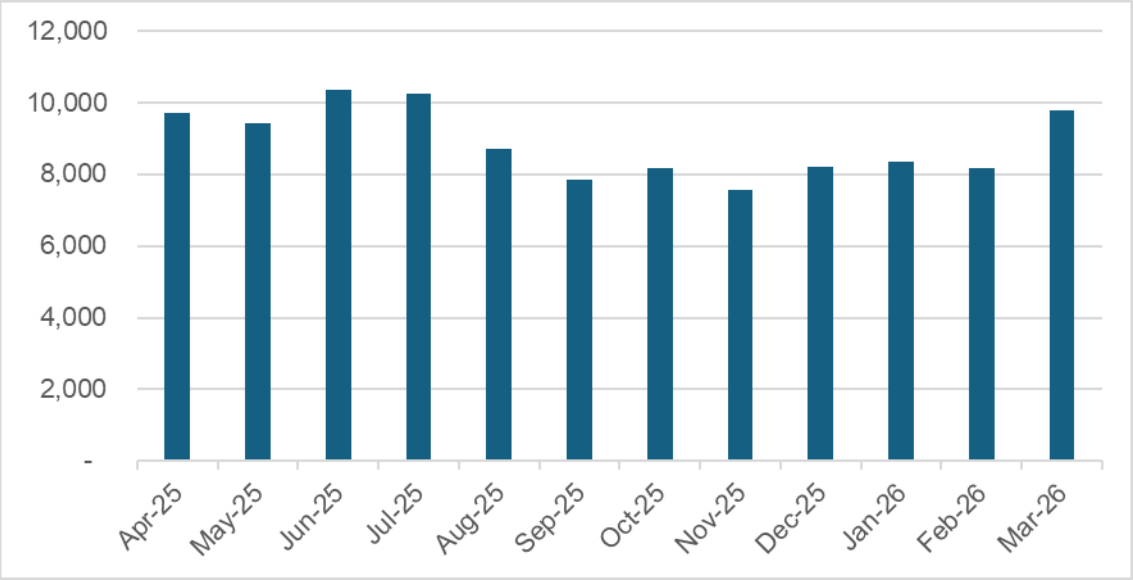
There are three components of this service:

- common ailments service,
- contraception service (emergency, Bridging and Quickstart contraception), and
- emergency medicines supply service.

All but one of the pharmacies was commissioned to provide this service in 2025/26.

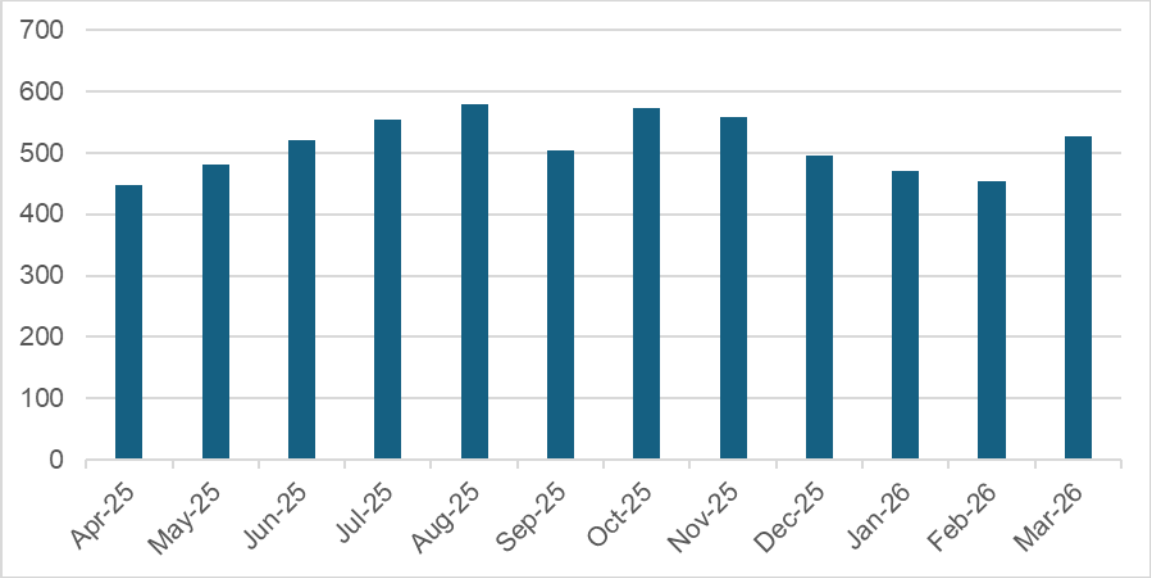
In 2025/26, a total of 106,498 common ailments service consultations were provided and the figure below shows the number provided each month.

Figure 5.1 – number of common ailments service consultations in 2025/26



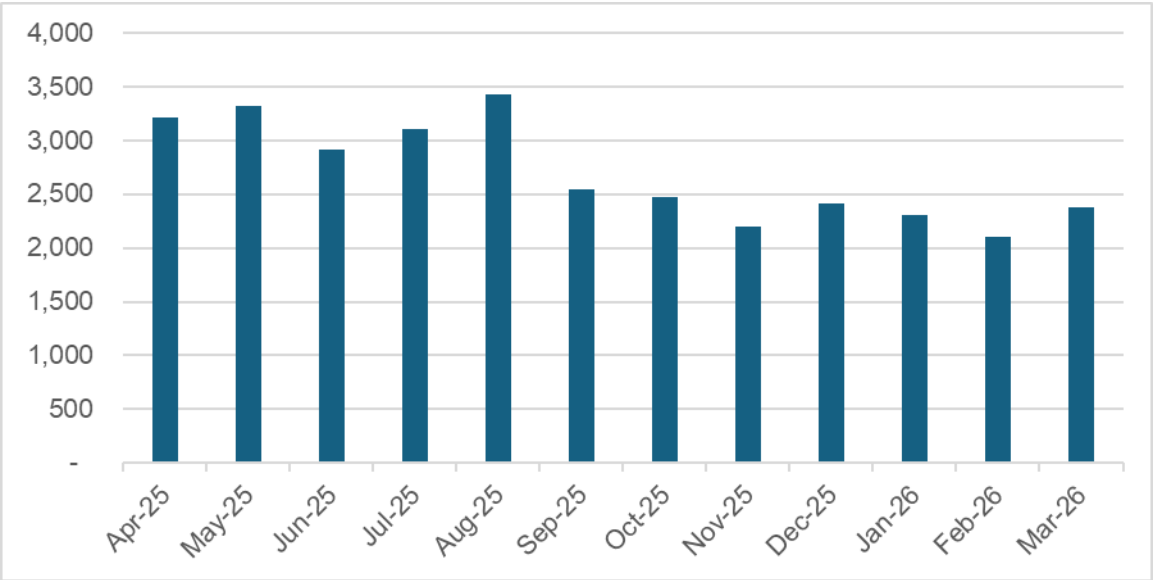
In 2025/26, a total of 6,161 contraception service consultations were provided and the figure below shows the number provided each month.

Figure 5.2 – number of contraception service consultations in 2025/26



In 2025/26, a total of 32,374 emergency medicines supply service consultations were provided and the figure below shows the number provided each month.

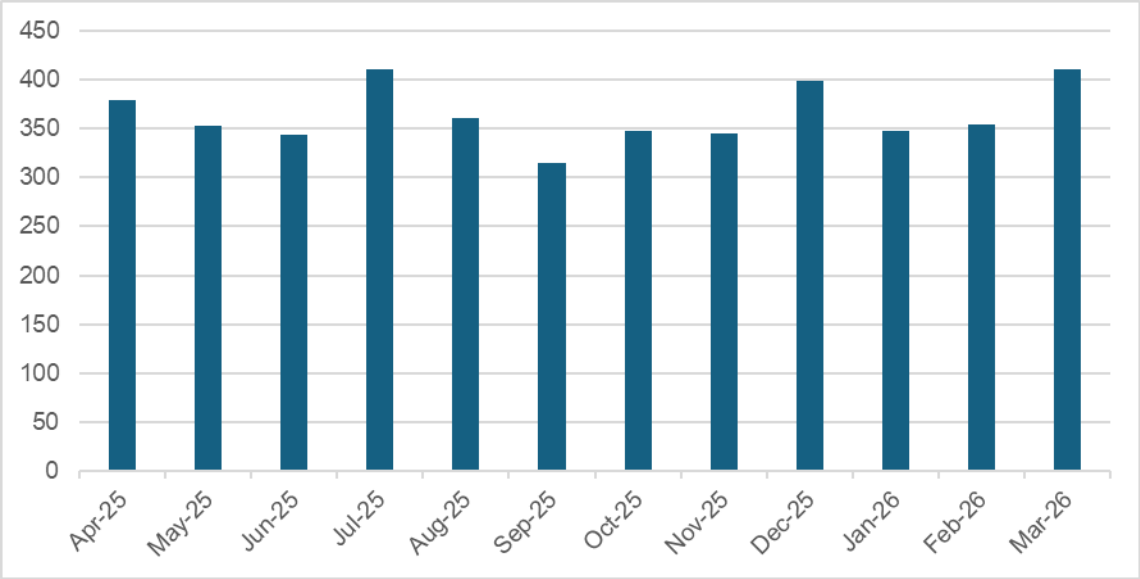
Figure 5.3 – number of emergency medicines supply service consultations in 2025/26



5.1.4 Access to the discharge medicines review service

In 2025/26, 122 pharmacies provided the service and claimed a total of 4,365 reviews. The figure below shows the number of reviews claimed each month.

Figure 5.4 – number of discharge medicines reviews claimed in 2025/26

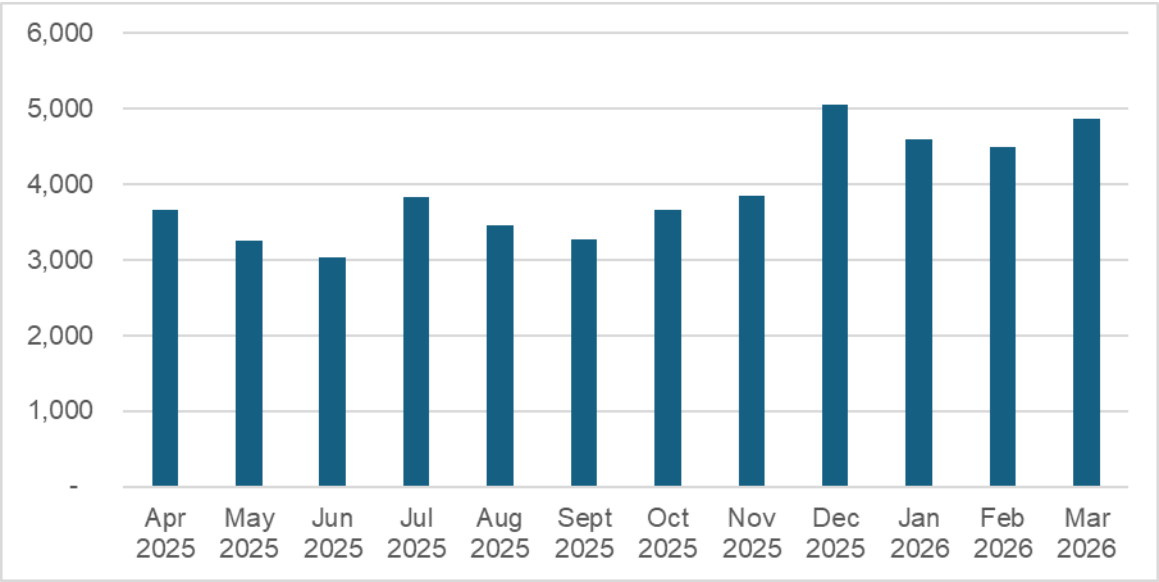


5.1.5 Access to the pharmacist independent prescribing service

62 pharmacies were commissioned to provide this service in 2025/26.

In 2025/26, a total of 96,954 consultations were provided and the figure below shows the number provided each month.

Figure 5.5 – number of consultations provided by pharmacist independent prescribers in 2025/26



5.1.6 Access to the seasonal influenza vaccination service

140 pharmacies were commissioned to provide this service in 2025/26 and provided a total of 23,216 vaccinations predominantly in October and November.

5.1.7 Access to stoma appliance customisations

No pharmacies provided this service in 2025/26 despite at least 82 pharmacies dispensing prescriptions for all types of appliances.

5.1.8 Access to appliance use reviews

No pharmacies provided this service in 2025/26 despite at least 82 pharmacies dispensing prescriptions for all types of appliances.

5.1.9 Access to lateral flow test supply service

127 pharmacies were commissioned to provide this service in 2025/26.

5.1.10 Access to the blood borne virus testing service

This service aims to improve access to blood borne virus screening and associated treatment and health advice thereby reducing the personal and public health risks associated with infection by Hepatitis B, Hepatitis C, and human immunodeficiency virus.

20 pharmacies were commissioned to provide this service in 2025/26.

5.1.11 Access to the Covid-19 vaccination service

Under this service, pharmacies provide Covid-19 vaccinations to eligible patients under a nationally agreed patient group direction.

Thirteen pharmacies were commissioned to provide Covid-19 vaccinations to eligible people under this service in 2025/26.

5.1.12 Access to the Help me quit @ pharmacy service

This service is designed to provide patients with a comprehensive support and treatment service to help them stop smoking over a 12-week programme, involving eight consultations. It will also include the provision of Varenicline under a patient group direction.

119 pharmacies were commissioned to provide this service in 2025/26.

5.1.13 Access to the Naloxone supply service

Under this service, pharmacies can provide Naloxone to those who are at risk of opioid overdose, and those who might witness an opioid overdose.

Ten pharmacies were commissioned to provide this service in 2025/26.

5.1.14 Access to the national care home support service

Under this service pharmacies support care homes to ensure the overall safer use of medicines by:

- reviewing systems and policies,
- providing education on administration, storage, and disposal of medication,
- reviewing ordering procedures to reduce waste, and
- reviewing the care home's processes for dealing with medication related errors.

42 pharmacies were commissioned to provide this service in 2025/26.

5.1.15 Access to the return of patients sharps boxes service

People who self-administer injections at home, such as people with diabetes or rheumatoid arthritis, have sharps waste which needs to be safely disposed of.

In 2025/26, 139 pharmacies were commissioned to provide the sharps service, providing convenient access to this important health protection service.

5.1.16 Access to the smoking cessation level 2 service

The smoking cessation level 2 service links pharmacies with the intensive behavioural support service provided by Help me quit. 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. The Help me quit service provides a six-week programme of support, during which a referral letter will be issued for each pharmacy supply of nicotine replacement therapy. Following successful completion of the 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.

140 contractors were commissioned to provide this service in 2025/26.

5.1.17 Access to the supervised administration service

Under this service, in addition to supplying the medicine, the pharmacist observes the client consuming the medicine to ensure that they take the full dose, reducing the risk of diversion and, through the daily/frequent contact with a healthcare professional, improving retention in the service. Pharmacies supplying oral substitution therapy and, particularly those undertaking supervision, have the most frequent contact with people who are receiving treatment for their opioid addiction, and this provides an opportunity to improve the wider health of the service user

In 2025/26, 128 pharmacies were commissioned to provide the service.

5.1.18 Access to the needle and syringe programmes

Needle and syringe programmes provide people who inject drugs with clean, sterile, injecting equipment, appropriate to the drugs they use, and accept used equipment for safe disposal. This is an important harm reduction service that reduces sharing of injecting equipment, which is associated with the spread of human immunodeficiency virus and hepatitis, as well as minimise the risk of injection associated injury through use of old or inappropriate equipment. These risks are present across all groups of people who inject drugs, including opioids, stimulants and performance and image enhancing drugs such as androgenic anabolic steroid

In 2025/26, 56 pharmacies were commissioned to provide the service.

5.1.19 Access to the urgent medicines service

The urgent medicines supply service supports the timely “in-hours” access to medicines which might otherwise not routinely be immediately available, in sufficient quantities, at a pharmacy. Pharmacies are commissioned to hold minimum levels of stock of medicines specified on an agreed list and to make emergency supplies in accordance with the Human Medicines Regulations 2012 where, in the opinion of the pharmacist, there is an immediate need, and it is not practical to obtain a prescription without undue delay.

In 2025/26, ten pharmacies were commissioned to provide this service.

5.1.20 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00 to 18.30 from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices. Of the 96 practices in the health board’s area 34 dispense to their eligible patients from 42 premises.

Normally when a patient requires medication their GP will give them a prescription which is then dispensed by a pharmacy or dispensing appliance contractor. However, in certain circumstances practices can instead dispense the medication at the practice premises. The regulations around the provision of this service are complicated but in summary a GP may dispense medication to a patient where:

- the patient lives in an area that has been determined to be a “controlled locality” ie an area that is rural in character,
- the patient lives more than 1.6km (measured in a straight line) from a pharmacy,
- the practice has been given consent to dispense to the area in which the patient lives, and
- the practice has “premises approval” for the premises at which the dispensing is undertaken.

As of November 2025, the GP practices dispensed to 90,372 of their registered patients (41.8% of the total list size for all the dispensing practices). The percentage of dispensing patients at practice level varied between 7.0 to 96.0% of registered patients.

For those who responded to the public engagement questionnaire and are dispensed to by their GP practice:

- 70% do not have a preferred time to use the dispensary, 20% said 14.30 to 18.30 and 10% said 12.00 to 14.30.
- 40% do not have a preferred day to use the dispensary, 20% said weekdays in general, 20% said Thursday, and 10% said Wednesday.
- All said they drive to their GP practice.
- 20% said it takes them less than five minutes to drive to their GP practice, 50% said between five and 15 minutes, 10% more than 15 minutes but less than 20 minutes, and 20% said it takes them more than 20 minutes.

5.1.21 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. In advance of these days the health board asks the pharmacies to confirm if and when they will be open. The information is then collated and if there are any gaps in coverage pharmacies are commissioned to open.

5.2 Current provision outside Betsi Cadwaladr University Health Board's 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 GP practice, their home, 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 2024/25, 1.7% of items prescribed by the GP practices were dispensed outside of the health board's area in England (1.4%) and Cardiff and Vale University Health Board's area (0.9%, 99.4% of which were dispensed by the four dispensing appliance contractors).

In the first nine months of 2025/26, 1.6% of prescriptions were dispensed outside of the health board's area again predominantly in England (1.4%) and Cardiff and Vale University Health Board's area (0.2%, of which 99.6% were dispensed by the four dispensing appliance contractors).

5.2.2 Access to national community pharmacy and appliance contractor services

Information on the type of national community pharmacy and appliance contractor services provided by pharmacies outside the health board's area to its residents is not available. When claiming for these services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However, even with this service just the total number of relevant appliance items is noted for payment purposes.

It can be assumed however that residents of the health board's area will access these services from contractors outside of the area.

5.2.3 Access to additional clinical services

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

5.2.4 Dispensing service provided by some GP practices

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

5.3 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the health board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the health board's area, they have a choice of 143 pharmacies, operated by 44 different contractors. Outside of the health board's area residents chose to access a further 209 pharmacies elsewhere in Wales in 2024/25, although many are not used on a regular basis. In the first nine months of 2025/26, residents chose to access 193 pharmacies elsewhere in Wales. In addition, contractors in England dispensed prescriptions written by GP practices in both years.

When asked what influences their choice of pharmacy the four most common responses in the public engagement questionnaire were:

- Close to home,
- Close to GP practice,
- The location is easy to get to, and
- There is a private area if there is a need to speak to the pharmacist.

6 Other NHS services

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

6.1 Hospital pharmacies or departments

The following hospitals in North Wales have dispensaries which dispenses in-patient medication:

- Ysbyty Gwynedd, Bangor,
- Glan Clwyd Hospital, Bodelwyddan,
- Wrexham Maelor Hospital, and
- Llandudno General Hospital.

Prescriptions issued to out-patients are either dispensed by the hospital or under pharmaceutical services by pharmacies.

There are also 16 community hospitals and prescriptions written in them are dispensed under pharmaceutical services by pharmacies.

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

6.2 Provision of drugs, medicines and appliances for immediate treatment or personal administration 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:

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

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

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

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

Separately, a GP practice may provide a drug, medicine or appliance for the immediate treatment of a patient because the patient is unable to access the item from a pharmacy within the required timescale. The health board has developed a policy that underpins this provision within the primary medical services contracts and monitors compliance with it.

It is not possible to quantify the total number of items that were personally administered or provided for immediate treatment by GP practices in Wales as the published figures include items which have been either personally administered, provided for immediate treatment or dispensed by dispensing practices. However, as a minimum in 2024/25 170,665 items were personally administered or provided for immediate treatment by practices that do not also dispense. In the first nine months of 2025/26 at least 43,654 items were personally administered.

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

6.3 GP out of hours service

The North Wales GP Out of Hours service provides health care for urgent medical problems outside normal surgery hours (ie between 18.30 and 08.00 Monday to Friday and 18.30 Friday to 08.00 Monday, and on public and bank holidays). The national 111 service handles all calls to the service. Those needing further clinical assessment are sent to the service with a 111 clinical prioritisation. Callers will get a call back from a nurse practitioner, doctor or pharmacist during the out of hours period.

The service operates from bases at:

- Deeside Community Hospital,
- Wrexham Maelor Hospital,
- Glan Clwyd Hospital,
- Ysbyty Gwynedd, and
- Ysbyty Alltwen.

46,424 items were prescribed by the service in 2024/25, of which 99.2% were dispensed by pharmacies in North Wales, 0.7% by contractors in England and the remaining 0.1% elsewhere in Wales, predominantly by pharmacies in Hywel Dda University Health Board. 28,441 items were prescribed in the first nine months of 2025/26 of which 99.3% were dispensed by pharmacies in North Wales, 0.6% in England, with the remainder dispensed elsewhere in Wales.

This service increases the need for pharmaceutical services, in particular the essential service of dispensing.

6.4 Minor injury units

Minor injury units are staffed by experienced emergency practitioners who are supported by health care assistants; there are no doctors in the units. Patients that attend one of the units will be assessed and treated as quickly as possible. If their condition cannot be dealt with at the minor injury unit, then the patient will be referred to their GP, the nearest emergency department or to another appropriate service.

Injuries treated include:

- Minor injuries in adults
- Minor injuries in children
- Human/animal bites
- Minor burns
- Minor head injuries/scalp laceration
- Ear/nose foreign bodies
- Limb injuries
- Minor eye injuries, and
- Insect stings.

There are nine minor injury units across North Wales:

- Ysbyty Penrhos Stanley, Holyhead
- Ysbyty Dolgellau
- Bryn Beryl Hospital, Pwllheli
- Ysbyty Alltwen, Tremadog
- Tywyn Hospital
- Llandudno Hospital
- Denbigh Hospital
- Holywell Hospital, and
- Mold Community Hospital.

The minor injury units do not issue prescriptions but may reduce the need for the support for self-care essential service and the common ailments service element of the clinical community pharmacy service.

6.5 Urgent primary care centres

Patients may be referred to an urgent primary care centre by their GP practice. Urgent primary care centres treat patients with urgent primary care needs on the same day, creating capacity to support GP surgeries and reducing unnecessary emergency department attendances.

A team including advanced nurse practitioners, GPs and physiotherapists work together to provide care to people who have sought care from their GP or the one of the emergency departments.

Patients referred to the service will receive a telephone consultation with a centre clinician. If appropriate patients may be invited to attend a face to face appointment at one of the centre locations.

Conditions seen at the urgent primary care centres include:

- abdominal pain*
- acute sinusitis
- constipation
- ear pain/foreign body in ear
- emergency contraception*
- insect bites/ stings
- new acute limb/joint pain/back pain*
- post operation wound infection
- rashes/skin infections/cellulitis*
- respiratory tract infections
- shingles
- soft tissue injury*
- tonsillitis/sore throats
- urinary tract infections*

* Some exceptions excluded.

There are five urgent primary care centres in North Wales.

- Ysbyty Gwynedd, LL57 2PW
- Ysbyty Penrhos Stanley, LL65 2QA
- Ysbyty Alltwen, LL49 9AQ
- Mold Community Hospital Minor Injuries Unit, CH7 1XG
- Wrexham Maelor Hospital Outpatient Department, LL13 7TD

In 2024/25 the urgent primary care centres issued prescriptions for 649 items, of which 94.5% were dispensed by a pharmacy in North Wales and the remainder were dispensed by contractors in England.

466 items were prescribed in the first nine months of 2025/26 or which 77.3% were dispensed by a pharmacy in North Wales and the remainder by contractors in England.

These centres therefore increase the demand for the dispensing essential service and may reduce the demand for the clinical community pharmacy service.

6.6 Prescribing by dentists and optometrists

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

In 2024/25, a total of 28,647 items were dispensed by the pharmacies and 20,394 items were dispensed in the first nine months of 2025/26.

The position is the same for prescriptions written by optometrists. In 2024/25, a total of 3,293 items were dispensed by the pharmacies and in the first nine months of 2025/26 3,636 items were dispensed.

For both services the highest level of dispensing was in Wrexham, and the lowest in Conwy.

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

6.7 HMP Berwyn

The onsite pharmacy dispenses medicines required by those at the prison. This service therefore reduces the need for pharmaceutical services as it means that no prescriptions are dispensed by pharmacies in primary care.

6.8 Substance misuse service

The substance misuse service provides confidential, non-judgemental, professional and accessible support which aims to reduce the harm caused by drugs and alcohol to individuals, families and the local community. Six community clinics operate across North Wales, one in each unitary authority area.

In 2024/25, 9,974 items were prescribed by the service, 99.5% of which were dispensed by pharmacies in North Wales with 0.2% dispensed by contractors in England, and 0.1% in each of Hywel Dda University Health Board and Powys Teaching Health Board. 8,056 items were prescribed in the first nine months of 2025/26, with 995% dispensed by pharmacies North Wales, 0.2% by pharmacies in Powys Teaching Health Board and 0.1% by contractors in England or pharmacies in Hywel Dda University Health Board.

A ‘click and deliver’ service provides access to naloxone to anyone living in North Wales who uses opioids such as heroin, methadone or buprenorphine or opioid analgesic such as tramadol, oxycodone, codeine etc outside of prescription. It is also available for friends or family members of those who use opioids or opioid analgesics.

This service increases the demand for the dispensing essential service as prescriptions written under the service are dispensed by pharmacies and the supervised administration service. However, it reduces the demand for the naloxone supply additional clinical service as it provides a ‘click and deliver’ service.

6.9 Help Me Quit

Help Me Quit is the national NHS stop smoking brand for Wales, providing free, evidence-based support to help individuals quit smoking for good. Support may be provided via telephone support, one-to-one support, group sessions and/or stop smoking medication.

Services are provided at a number of locations across North Wales, including GP practices, community hospitals, district general hospitals, and other locations such as libraries and family centres, in addition to pharmacies.

This service provided in locations other than pharmacies will increase the need for the smoking cessation level 2 service.

6.10 Services provided by GPs under their General medical services contract

The GP practices in North Wales provide the following services which reduce the need for pharmaceutical services:

- Provision of advice and issuing prescriptions in relation to emergency hormonal contraception
- Influenza and Covid-19 vaccinations
- Advice and treatment for common ailments
- Disposal of sharps, just in case packs, and rescue packs
- Inhaler reviews.

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

6.11 Alternative treatment scheme

This service provides primary medical services to patients who have been removed from their GP practice's patient list.

The service increases the demand for the dispensing essential service as prescriptions written under this service are dispensed under pharmaceutical services.

6.12 Hospices

There are four hospices in North Wales, one of which issues prescriptions which are then dispensed by pharmacies.

In 2024/25, 195 items were prescribed by the service and dispensed as follows:

- 57.9% by pharmacies in Central Wrexham,
- 13.3% in North and West Wrexham,
- 10.3% by pharmacies in Swansea Bay University Health Board,
- 7.2% in South Wrexham,
- 6.2% in North East Flintshire,
- 4.1% in South Flintshire,

- 0.5% in each of Central and South Denbighshire and North and West Wrexham.

72 items were prescribed in the first nine months of 2025/26 and dispensed as follows:

- 81.9% by pharmacies in Central Wrexham,
- 5.6% in each of North and West Wrexham and South Wrexham,
- 4.2% in South Flintshire, and
- 1.4% in each of North East Flintshire and England.

This service increases the demand for the dispensing essential service as prescriptions written under this service are dispensed under pharmaceutical services.

6.13 Sexual health services

Sexual health clinics operate from a range of hospital and community locations across North Wales and offer a range of free and confidential services including:

- testing for sexually transmitted infections,
- Human immunodeficiency virus testing,
- contraception including emergency contraception,
- free condoms,
- pregnancy tests,
- screening for blood borne viruses (hepatitis B and C),
- vaccination for hepatitis B and human papillomavirus,
- pre and post exposure prophylaxis, and sexual health promotion, and
- sexual health promotion.

They reduce demand for the contraception element of the clinical community pharmacy service provided by the pharmacies.

Under this service pharmacies provide Chlamydia and Gonorrhoea ‘test at home’ kits. This service is not provided as part of pharmaceutical services, and it reduces the need for the blood borne virus screening additional clinical service.

6.14 Other services provided within a community setting

There is a range of other community services that issue prescriptions which are then dispensed by pharmacies. These include community nurses and community dentistry.

7 Health needs that can be met by pharmaceutical services

Each health related visit to a pharmacy provides 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. In Wales, over 11,000 advice consultations occur every day across the pharmacy network[131].

7.1 Need for drugs and appliances

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

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both the health board and pharmacies have a duty to ensure that people living at home or in a residential care home (ie an establishment that exists wholly or mainly for the provision of residential accommodation together with board and personal care, but no nursing care) can return unwanted or out of date dispensed drugs for their safe disposal.

It should be noted that collection and delivery services are not contractual services and are therefore provided privately by pharmacies at their discretion. The only exception to that is where delivery is commissioned under a national community pharmacy and appliance contractor service, or an additional clinical service.

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

A medication administration record provision service can support domiciliary care providers, carers, friends and families to manage and safely administer medicines to those they care for, thereby ensuring the maximum benefit from prescribed medicines.

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

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

In addition, an additional clinical service could be commissioned to ensure the timely “in-hours” access to medicines which might otherwise not routinely be immediately available, in sufficient quantities, at a pharmacy. Pharmacies could then make emergency supplies in accordance with the Human Medicines Regulations 2012 where, in the opinion of the pharmacist, there is an immediate need, and it is not practical to obtain a prescription without undue delay.

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

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

Access to specialist palliative care medicines is critical to support end of life care provided in a person’s home, however due to the specialist nature of the medicines they may not always be stocked by a pharmacy. An additional clinical service can ensure participating pharmacies stock an agreed range of specialist medicines and make a commitment to ensure users have prompt access to those medicines during core and supplementary opening hours.

Provision of nicotine replacement therapy to people who are receiving behavioural support through a smoking cessation service will help improve access to this therapy for those who wish to stop smoking, and also contribute to improving success rates.

There may be occasion when someone runs out of their regular medicines, and they are unable to access a prescription for a further supply or are not able to access a prescription before they need to take their medicines. As an alternative to the person phoning the GP out of hours service or going without their medicines, a service could be commissioned that would allow pharmacies to provide an emergency supply of a person’s regular prescribed medication under the NHS, rather than on a private basis under the Human Medicines Regulations 2012.

Treatment of certain conditions will require people to self-inject and as a result they will have sharps that require safe disposal. An additional clinical service whereby people can return sharps boxes to a pharmacy will ensure such safe disposal and reduce the risk of them being disposed of via household refuse collection services.

Concerns have been identified around the handling of medicines in care homes. A care home additional clinical service can link pharmacies and care homes in order to assess their procedures around the ordering, storing and administration of medicines, with a view to identifying areas of improvement. Reviews of the

medicines being taken by care home residents can also lead to improvements in prescribing.

7.2 Substance use

The provision of a supervised consumption additional clinical service by pharmacists can:

- assist prescribing clinicians in the provision of community based prescribing,
- ensure that the patient takes the correct doses of medication as prescribed,
- prevent prescribed medication being diverted to the illegal market,
- reduce the possibility of accidental poisoning, particularly of children, and
- reduce incidents of accidental death through overdose.

A needle and syringe exchange additional clinical service will assist in the reduction of the sharing of needles (and equipment) which can consequently result in blood-borne viruses and other infections (such as human immunodeficiency virus, 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.

An additional clinical service to provide “take-home” Naloxone from pharmacies could help to temporarily reverse the effects of opioids such as Heroin, Methadone or Buprenorphine and thereby avoiding opioid overdose and saving lives.

Access to a blood borne virus testing service can help to improve access to screening and associated treatment and health advice thereby reducing the personal and public health risks associated with infection by Hepatitis B, Hepatitis C, and human immunodeficiency virus.

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

- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include drug and alcohol abuse. Public health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.
- Where the pharmacy does not provide the additional clinical services of needle and syringe exchange and the supervised administration 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.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.3 Cancer

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

- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include cancer awareness and/or screening.
- 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.

Support for people who wish to stop smoking, whether that is under the level 2 or level 3 services, will also help reduce the incidence of some cancers.

7.4 Long-term conditions

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

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

Provision of the appliance use reviews, stoma appliance customisation, discharge medicines reviews, influenza and Covid vaccination, return and supply of sharps bins, provision of lateral flow tests to those who are eligible due to a health condition,

and the urgent supply of medicines services will also assist people to manage their long-term conditions in order to maximise their quality of life.

Support for people who wish to stop smoking, whether that is under the level 2 or level 3 services, will also help reduce the incidence of circulatory diseases and cardiovascular diseases.

Regulations allow pharmacists to prescribe independently for any condition within their clinical competence. They therefore allow pharmacists to assist in the provision of unscheduled and urgent care, thereby helping reduce the demand on other services. Independent prescriber services most often cover respiratory disorders (for example chronic obstructive pulmonary disease and asthma exacerbation), bacterial and fungal infections of the skin, and suspected urinary tract infections.

7.5 Obesity

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

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

7.6 Sexual health

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

- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include sexually transmitted infections and human immunodeficiency virus.
- Where it appears to pharmacy staff that a person would benefit from advice to help them manage a medical condition, the provision of advice including advice on treatment options and changes to their lifestyle. This could include providing advice to a carer to help them manage another person's medical condition.
- Signposting people using the pharmacy to providers of sexually transmitted infections screening services.

- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Independent prescribers would be able to provide a full contraception service to further expand the service provided by GP practices and sexual health clinics.

7.7 Teenage pregnancy

The clinical community pharmacy service which includes the provision of a contraception service coupled with elements of essential service provision will help address this health need.

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

7.8 Smoking

In addition to the smoking cessation additional clinical services there are elements of essential service provision which will help address this health need.

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

7.9 Support for self-care

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

7.10 Common ailments

After the need for medicines, support for the treatment of common ailments is probably the second most common reason for visiting a pharmacy.

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

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

7.11 Vaccinations

Pharmacies have provided flu vaccinations for a number of years, enhancing the service provided by GP practices by increasing the number of locations at, and the times and days on, which vaccines can be given. They could be commissioned to provide other vaccinations for example Covid-19 vaccinations which, due to their often longer opening hours, would improve access for patients.

8 Anglesey locality

8.1 Key facts[132]

- Smallest population of the six unitary authorities at 66,021.
- The population density is 0.9 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[133].
- 27.4% of the population is aged 65 or over which is the second highest across the health board area and is higher than the Wales average of 21.7%.
- 3.6% of the locality's population is aged 85+ years, higher than the health board's average of 3.1% and higher than the Wales average of 2.7%. The resident population aged 85 years and over in the health board is expected to increase by almost 98%. Across the region, the largest percentage increases are expected in Wrexham (114.6%) and on the Isle of Anglesey (109.4%).
- 98.3% of the population is White.
- 15.0% of households have no car or van (second lowest percentage across North Wales).
- 14.8% of the population live in the most deprived 20% of the Welsh Index of Multiple Deprivation[134].
- Life expectancy in Anglesey is 78.6 for males and 82.4 for females[135]
- Healthy life expectancy in Anglesey is 63.1 years for males and 63.0 years for females and the inequality gap for healthy life expectancy in Anglesey is 8.4 years for males and 7.4 years for females
- 31.9% of four and five year olds have overweight and obesity. Healthy lifestyles and behaviour data for adults in Anglesey show:

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Anglesey	18.3%	44.3%	4.5%	9.1%	36.6%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- 48% of adults (aged 16 year and over) reported being able to speak Welsh with a further 12.3% having some Welsh speaking ability. The proportion of adults aged 16 years and over in the health board's area who can speak Welsh ranges from 12.4% in Flintshire to 64.0% in Gwynedd. The average for the whole of Wales is 18.0%.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

[132] Public Health Profiles - North West Collaborative profiles 2025
[133] North Wales Regional Partnership Board - Anglesey primary care cluster statistical profile 2025
[134] Public Health Wales - Primary care clusters dashboard
[135] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Disease register	Anglesey	Betsi Cadwaladr University Health Board	Wales
Asthma	8.7%	7.6%	7.1%
Atrial fibrillation	3.1%	2.8%	2.7%
Cancer	4.8%	4.3%	3.7%
Chronic obstructive pulmonary disease	3.1%	2.7%	2.3%
Diabetes	9.3%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	1.3%	1.4%	1.4%
Hypertension	18.8%	17.9%	16.3%
Stroke transient ischaemic attack	2.7%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.8%	3.6%	3.4%

The Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026[136] identifies that 761 additional housing units will be built in:

- Amlwch – 373 units
- Holyhead – 147 units
- Llangefni – 241 units

Isle of Anglesey County Council is monitoring 38 large scale housing developments in its area. Information provided by the council in May 2026 confirms 758 units are still to be built.

The seventh annual monitoring report[137] on the local development plan for the period 1 April 2024 to 31 March 2025 notes that the number of units completed between 2011/12 and 2024/25 was 2,697 units, lower than the predicted figure of 3,231 units. 249 units were completed in 2024/25 which exceeded the indicative average annual requirement of 232 units. A new local development plan for Anglesey is being developed.

Development of a new permanent Gypsy and Traveller site for ten spaces at Star Crossroads, Star was approved in October 2018. In December 2025 the council's planning and orders committee approved an application for a lawful development certificate and variation of two conditions on the original application.

A nuclear power station is due to be built at Wylfa, with small modular nuclear reactors anticipated to be on stream in the 2030s[138].

[136] Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026
[137] Isle of Anglesey County Council, Anglesey and Gwynedd Joint Local Development Plan 2011-2026 7th Annual Monitoring Report 2024/25
[138] Welsh Parliament research article – New nuclear at Wylfa: what happens next? December 2025

Further development is expected in the north of the locality as a result of the development of Anglesey Freeport. It will consist of sites at Prosperity Park and Parc Prosperity Park and Parc Cybi in Holyhead, M-Sparc near Gaerwen and two brownfield sites on Llangefni Industrial Estate.

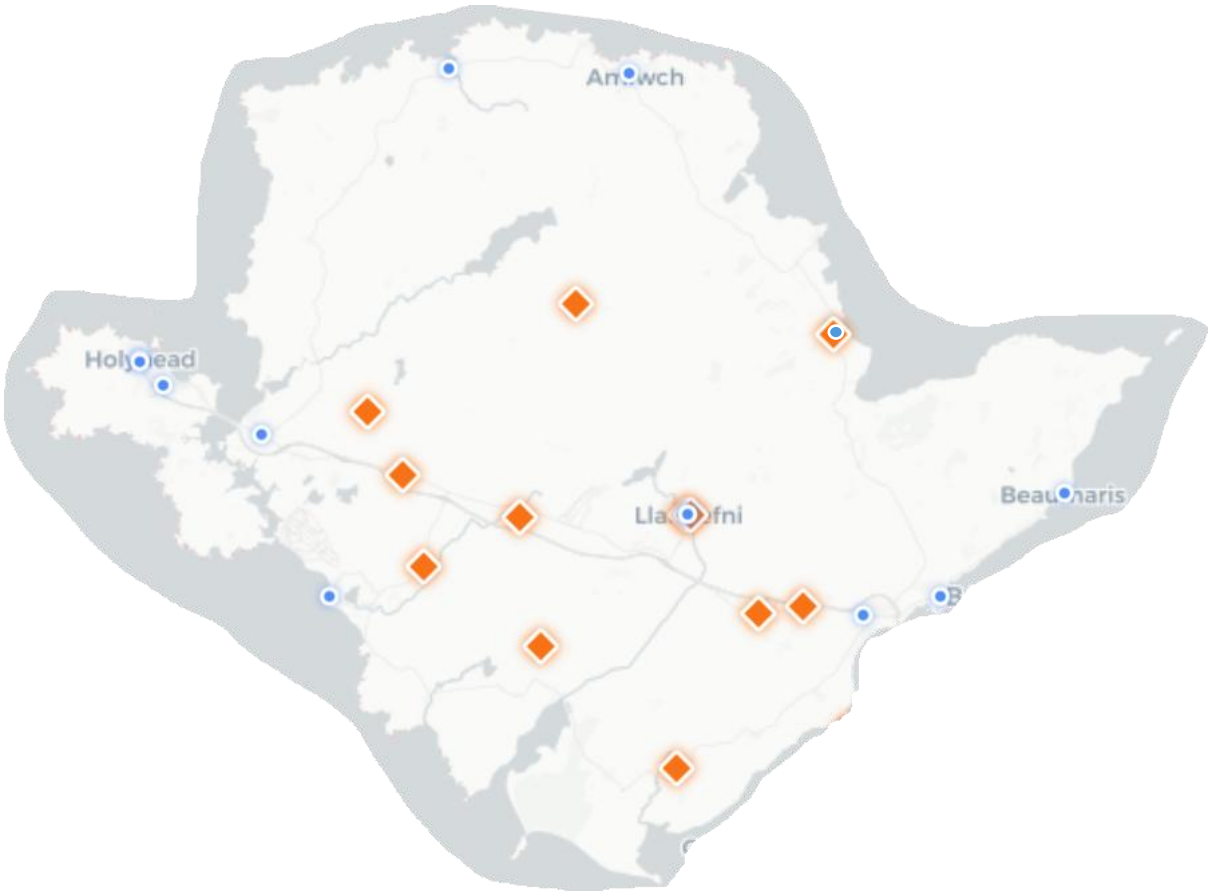
The Freeport aims to attract £6.5 billion in investment and create around 17,000 jobs.

8.2 Current provision of pharmaceutical services within the locality's area

There are 13 pharmacies in the locality operated by five different contractors. One pharmacy is covered by the essential small pharmacy scheme. Of the 10 GP practices, seven dispense from a total of 12 premises. The level of dispensing ranges from 20.1% to 83.5% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 8.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2024/25, 70.4% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 27.4 of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 71.5% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 27.4% of the prescribed items.

The map in chapter 5 indicates that some areas along the coastline are not within a 20-minute drive of a pharmacy. Further analysis reveals they contain:

- North Wales Wildlife Trust Reserve in the north of the island,
- The Range Nature Reserve, and
- Newborough National Nature Reserve and Forest.

Google maps reveals that there is little or no resident population in these areas.

With regard to when the pharmacies are open:

- two open Monday to Friday,
- three open Monday to Friday, and part of Saturday, and
- eight open Monday to Saturday.

There are no pharmacies open on a Sunday on Anglesey.

With regard to the times at which these pharmacies are open between Monday and Friday:

- All 13 pharmacies open at 09.00
- Closing times vary between 17.30 and 18.00 with one pharmacy in Holyhead open until 19.00. One pharmacy closes at 13.00 on Wednesday and another at 14.00 on Thursday.

Four pharmacies were commissioned to open for an additional 30 minutes (17.30 to 18.00) during the week in 2025/26.

12 pharmacies close for lunch at varying times between 12.30 and 14.00. The remaining pharmacy is open all day.

On Saturday, the 11 pharmacies that open do so at 09.00. Of the eight pharmacies that open all day, three don't close for lunch, and the remaining five close for lunch at varying times between 12.30 and 14.00. 11 pharmacies have core opening hours on Saturday.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board

establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Ten pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

These ten pharmacies are accessible by wheelchair and nine have a consultation area that is accessible by wheelchair. Ten consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

However, only nine area areas where the patient and pharmacists can talk at normal volumes without being overheard.

The ten pharmacies confirmed they have Welsh speakers. Three pharmacies reported other languages spoken by staff.:

- Polish
- French
- German, Hindi, Punjabi and sign language.

All ten pharmacies dispense prescriptions for all types of appliances.

All ten pharmacies collect prescriptions from GP practices and offer a private delivery service. Eight limit the service to elderly and vulnerable housebound patients. One pharmacy provides a free, private delivery service which is limited to selected patient groups,

None of the pharmacies stated that there is a requirement for an existing additional clinical service that is not currently provided, and none were of the opinion that there is a requirement for a new service that is not currently available.

All pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Two said they have sufficient staffing capacity to manage an increase in demand, and the other eight said they don’t but could make adjustments to manage an increase in demand.

Four pharmacies have plans to develop or expand their service provision.

- Three intend to start providing the pharmacist independent prescribing service, with two starting in May 2026.
- One intends to start providing a smoking cessation service. As it currently provides the level 2 smoking cessation service it is assumed this is reference to the help me quit @ pharmacy service.

None of the dispensing practices responded to the dispensing doctor questionnaire.

8.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 10,396 consultations for common ailments
- 469 consultations for contraception
- 2,274 emergency medicines supplies

8.2.2 Discharge medicines review

In 2025/26, all the pharmacies provided this service and completed 251 reviews.

8.2.3 Pharmacist independent prescribing service

Four pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,395 consultations over the year.

8.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,584 vaccinations.

8.2.5 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

8.2.6 Appliance use reviews

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

8.2.7 Lateral flow test supply service

All the pharmacies were commissioned to provide this service in 2025/26.

8.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

8.2.9 Covid-19 vaccination service

Two pharmacies were commissioned to provide this service in 2025/26.

8.2.10 Help me quit @ pharmacy

11 pharmacies were commissioned to provide this service in 2025/26.

8.2.11 Inhaler review service

11 pharmacies were commissioned to provide this service in 2025/26.

8.2.12 Naloxone supply service

One pharmacy was commissioned to provide this service in 2025/26.

8.2.13 National care home support service

Five pharmacies were commissioned to provide this service in 2025/.

8.2.14 Return of patients sharps boxes

12 pharmacies were commissioned to provide this service in 2025/26.

8.2.15 Smoking cessation service level 2 service

All the pharmacies were commissioned to provide this service in 2025/26.

8.2.16 Supervised administration service

12 pharmacies were commissioned to provide this service in 2025/26.

8.2.17 Needle and syringe programmes

Seven pharmacies were commissioned to provide this service in 2025/26

8.2.18 Urgent medicines service

One pharmacy was commissioned to provide this service in 2025/26.

8.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the pharmacies in the locality or the dispensing practices, 1.6% was dispensed outside the locality.

- 0.6% by pharmacies in Arfon
- 0.5% by contractors in England, and
- 0.4% elsewhere in Wales.

In the first nine months of 2025/26, 1.6% was dispensed outside the locality.

- 0.7% by pharmacies in Arfon
- 0.5% by contractors in England, and
- 0.3% elsewhere in Wales.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

8.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

8.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.2 and 8.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25, over 114 contractors dispensed items written by one of the GP practices in this locality, of which:

- 13 were located within the locality,
- 77 were located elsewhere within the health board's area,
- 24 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

In the first nine months of 2025/26, 107 contractors dispensed items written by one of the GP practices in this locality, of which:

- 13 were located within this locality,
- 76 were located elsewhere within the health board's area,
- 18 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

8.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that ten pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Two said they have sufficient staffing capacity to manage an increase in demand, and eight said they don't but could make adjustments to manage an increase in demand.

8.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are located in areas of greater population density and higher deprivation. The dispensing practices are generally located in areas of lower population density.
- Some parts of the locality are not within a 20-minute drive time of a pharmacy however there is either no resident population or a few scattered properties in those areas.
- The large scale housing developments and allocations in the local development plan.
- The population of the locality increases during the holiday season due to an influx of visitors and tourists.
- There are no pharmacies open on Sundays.

The health board has not identified any current needs in relation to the provision of essential services in this locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and

- the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

8.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

8.6.3 Discharge medicines review

The health board has noted all the pharmacies provided this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

8.6.4 Pharmacist independent prescribing service

The health board has noted:

- Four pharmacies were commissioned to provide this service in 2025/26.
- Three pharmacies plan to commence providing this service in 2026/27.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

8.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

8.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.8 Lateral flow tests supply service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

8.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.10 Covid-19 vaccination service

The health board has noted two pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.11 Help me quit @ pharmacy

The health board has noted:

- 11 pharmacies were commissioned to provide this service in 2025/26.
- One pharmacy intends to commence providing the service.
- Demand for the service is dictated by people wishing to stop smoking.

- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.12 Inhaler review service

The health board has noted:

- 11 pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.13 Naloxone supply service

The health board has noted:

- One pharmacy was commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.14 National care home support service

The health board has noted:

- Five pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.15 Return of patients sharps boxes

The health board has noted that 12 pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

8.6.16 Smoking cessation level 2

The health board has noted:

- All the pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.

Based on the above, the health board has therefore not identified any current or future needs for this service within the locality.

8.6.17 Supervised administration service

The health board has noted 12 pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

8.6.18 Needle and syringe programmes

The health board has noted:

- Seven pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.19 Urgent medicines service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

8.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

9 Arfon locality

9.1 Key facts[139]

- Gwynedd has a population of 120,813, which is the second highest population of the six unitary authorities in North Wales.
- The population density is 1.7 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[140].
- 23.4% of the population is aged 65 or over. This is higher than the Wales average of 21.7% but slightly lower than the health board's average of 24.0%.
- 15.3% of the locality's population are aged between 66-84 years, lower than the Wales average of 17.7% and the health board's average of 19.6%.
- 2.2% of the locality's population is aged 85+ years, lower than the health board's average of 3.1% and lower than the Wales average of 2.7%.
- 22.5% of the locality's population is aged between 16-29, higher than the Wales average of 16.7% and the health board's average of 14.7%. This is probably due to the Bangor student population.
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At unitary authority level, the largest increases are expected in Gwynedd (10.8%) and Denbighshire (10.4%). The smallest increase is predicted to be in Wrexham (2.4%).
- Gwynedd has the highest percentage of adults who can speak Welsh at 64.0% This is compared to Flintshire at 12.4% and the Wales average of 18.0%.
- Gwynedd has the highest proportion of one-person households across the health board's area (34.6%) although the figure for Arfon is lower at 32.8%. 14.2% of one-person households in Arfon are occupied by a single occupant aged 66 years and over.
- 19.5% of households have no car or van.
- For the cluster population of Arfon 11.3% of the population live in the most deprived 20% of the Welsh Index of Multiple deprivation[141]
- Life expectancy in Gwynedd is 79.2 for males and 83.1 for females[142]
- Healthy life expectancy in Gwynedd is 64.9 years for males and 65.0 years for females and the inequality gap for healthy life expectancy in Gwynedd is 3.0 years for males and 2.8 years for females.
- 31.1% of four and five year olds in Arfon have overweight or obesity.
- Almost 37% of 11 to 16-year-olds report drinking alcohol in North Wales compared to 35.6% across Wales. The highest reported levels of alcohol drinking across the region are in Flintshire (39.3%) and Gwynedd (38.2%)
- Healthy lifestyles and behaviour data for adults in Gwynedd are shown below.

[139] Public Health Profiles - North West Collaborative profiles 2025
[140] North Wales Regional Partnership Board - Arfon primary care cluster statistical profile 2025
[141] Public Health Wales - Primary care clusters dashboard
[142] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Gwynedd	18.3%	50.2%	3.4%	6.6%	38.2%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	Arfon	Betsi Cadwaladr University Health Board	Wales
Asthma	6.6%	7.6%	7.1%
Atrial fibrillation	2.0%	2.8%	2.7%
Cancer	3.6%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.5%	2.7%	2.3%
Diabetes	6.5%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	0.8%	1.4%	1.4%
Hypertension	14.0%	17.9%	16.3%
Stroke transient ischaemic attack	1.7%	2.3%	2.2%
Secondary prevention of coronary heart disease	2.5%	3.6%	3.4%

- Arfon has the lowest rate of diabetes prevalence compared to the rest of North Wales.

The Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026[143] identifies that 393 additional housing units will be built in Bangor. It is noted that the seventh annual monitoring report on the local development plan for the period 1 April 2024 to 31 March 2025 confirmed the number of units completed in 2024/25 was 212, lower than the average annual requirement of 479 units. The report also confirmed that 2,687 units have been completed between 2011/12 and 2024/25, whilst the trajectory anticipated a figure of 3,487 units.

[143] Gwynedd Council, Gwynedd Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026

9.2 Current provision of pharmaceutical services within the locality's area

There are nine pharmacies in the locality operated by six different contractors. Of the eight GP practices, five dispense from a total of eight premises. The level of dispensing ranges from 19.9% to 84.8% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 9.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2024/25, 58.1% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 33.4% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered

items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 58.5% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 33.2% of the prescribed items.

The map in chapter 5 indicates some parts of the locality are not within a 20-minute drive of a pharmacy. Further analysis reveals they contain:

- Caernarfon airport and RAF Llandwrog,
- Yr Wyddfa, and
- Parts of Eryri National Park.

Google maps reveals that there is little or no resident population in these areas.

With regard to when the pharmacies are open:

- one opens Monday to Friday,
- two open Monday to Friday, and part of Saturday,
- four open Monday to Saturday, and
- two open Monday to Sunday in Bangor.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.45 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.30 (although one closes at 16.30 on Thursdays) with one pharmacy in Bangor open until 20.00.

One pharmacy in Penygroes is commissioned to open for 30 minutes on Mondays, Tuesdays, Wednesdays and Fridays (17.30 to 18.00) in 2025/26.

Six pharmacies close for lunch at varying times between 12.30 and 14.00. The remaining pharmacies open all day.

On Saturday, one pharmacy opens at 09:30, with the remainder opening at 09:00. Seven pharmacies have core opening hours on Saturday.

Of the four pharmacies that open all day, two close for lunch between 12:30 and 14:00. They close between 16:00 and 18:00.

The two pharmacies that open on Sunday are in Bangor and between them cover the hours 10.00 to 16.30. These are supplementary opening hours.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Five pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

These five pharmacies are accessible by wheelchair, and all have a consultation area that is accessible by wheelchair. The five consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

All five pharmacies confirmed they have Welsh speakers. One pharmacy confirmed that Ghanaian, Arabic, and are also spoken by staff, and another confirmed that Malay and Romanian are spoken.

The five pharmacies dispense prescriptions for all types of appliances.

All five pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items, three pharmacies provide a delivery service to selected patient groups.

There was one suggestion for an existing service that is not currently provided in the area, namely the sore throat test and treat service.

None of the pharmacies were of the opinion that there is a requirement for a new additional clinical service which is not currently available, or that there is a requirement for a new service that is not currently available.

Four pharmacies said their premises have sufficient capacity to manage an increase in demand with the fifth saying it didn't but could make adjustments to manage increased demand. One pharmacy said it has sufficient in its staffing levels to manage increased demand, with the other four saying they don't but make adjustments to do so.

None of the pharmacies have plans to develop or expand their service provision.

One of the five dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services from one premises.

- The dispensary opens 09.00-13.00 and 15.00-17.30 Monday to Friday.
- All types of appliances are dispensed.
- The practice does not provide a private delivery service.
- The practice has Welsh speakers in its staff. No other languages, other than English, are spoken.
- The practice doesn't have sufficient capacity in its premises and staffing levels to make an increase in demand for the dispensing service and would have difficulty managing such an increase.

- The practice provides medication administration records to patients in care homes.

9.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 11,002 consultations for common ailments
- 830 consultations for contraception
- 2,219 emergency medicines supplies

9.2.2 Discharge medicines review

In 2025/26 all the pharmacies provided this service and completed 378 reviews.

9.2.3 Pharmacist independent prescribing service

Six pharmacies were commissioned to provide this service in 2025/26 and provided a total of 7,459 consultations over the year.

9.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,509 vaccinations.

9.2.5 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

9.2.6 Appliance use reviews

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

9.2.7 Lateral flow test supply service

All the pharmacies were commissioned to provide this service in 2025/26.

9.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

9.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

9.2.10 Help me quit @ pharmacy

All the pharmacies were commissioned to provide this service in 2025/26.

9.2.11 Inhaler review service

Four pharmacies were commissioned to provide this service in 2025/26.

9.2.12 Naloxone supply service

No pharmacies were commissioned to provide this service in 2025/26.

9.2.13 National care home support service

Two pharmacies were commissioned to provide this service in 2025/26.

9.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

9.2.15 Smoking cessation service level 2 service

All the pharmacies were commissioned to provide this service in 2025/26.

9.2.16 Supervised administration service

All the pharmacies were commissioned to provide this service in 2025/26.

9.2.17 Needle and syringe programmes

Four pharmacies were commissioned to provide this service in 2025/26.

8.2.18 Urgent medicines service

One pharmacy was commissioned to provide this service in 2025/26.

9.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the nine pharmacies in the locality or the five dispensing practices, 8.0%% were dispensed outside the locality:

- 6.7% by pharmacies in Anglesey,
- 0.7% by contractors in England,

- 0.4% by pharmacies in other health boards in Wales, and
- 0.1% by pharmacies in Conwy West.

In the first nine months of 2025/26,8.1% were dispensed outside the locality:

- 6.7% by pharmacies in Anglesey,
- 0.5% by contractors in England,
- 0.3% by pharmacies in Dwyfor and North Meirionnydd,
- 0.3% by pharmacies in other health boards in Wales, and
- 0.1% by pharmacies in Conwy West.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

9.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

9.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25, over 124 contractors dispensed items written by one of the GP practices in this locality, of which:

- Nine were located within the locality,
- 69 were located elsewhere within the health board's area,
- 42 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

In the first nine months of 2025/26, over 115 contractors dispensed items written by one of the GP practices in this locality, of which:

- Nine were located within the locality,
- 66 were located elsewhere within the health board's area,
- 40 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

9.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services

the health board has noted that four pharmacies said their premises have sufficient capacity to manage an increase in demand with the fifth saying it didn't but could make adjustments to manage increased demand. One pharmacy said it has sufficient in its staffing levels to manage increased demand, with the other four saying they don't but make adjustments to do so.

9.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are located in areas of greater population density and higher deprivation. The dispensing practices are generally located in areas of lower population density.
- Some parts of the locality are not within a 20-minute drive time of a pharmacy however there is no resident population in those areas.
- The expected number of new houses for the locality.
- The opening hours of the pharmacies.

The health board has not identified any current needs in relation to the provision of essential services in this locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and

- the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

9.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/25. It has therefore not identified any current or future needs for this service within the locality.

9.6.3 Discharge medicines review

The health board has noted all the pharmacies provided this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

9.6.4 Pharmacist independent prescribing service

The health board has noted:

- six pharmacies were commissioned to provide this service in 2025/25,
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

9.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

9.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.8 Lateral flow tests supply service

The health board has noted seven pharmacies were commissioned to provide this service in 2025/25. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the locality.

9.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/25. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.10 Covid-19 vaccination service

The health board has noted no pharmacies were commissioned to provide this service in 2025/25. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.11 Help me quit @ pharmacy

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

9.6.12 Inhaler review service

The health board has noted:

- Four pharmacies were commissioned to provide this service in 2025/25.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.13 Naloxone supply service

The health board has noted no pharmacies were commissioned to provide this service in 2025/25. There are, however, other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.14 National care home support service

The health board has noted:

- two pharmacies were commissioned to provide this service in 2025/25.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

9.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

9.6.17 Supervised administration service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

9.6.18 Needle and syringe programme

The health board has noted:

- Four pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.19 Urgent medicines service

The health board has noted one pharmacy was commissioned to provide this service in 2025/25. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

9.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

10 Dwyfor and North Meirionnydd locality

10.1 Key facts

- Gwynedd has a population of 120,813, which is the second highest population of the six unitary authorities in North Wales.
- The population density is 0.4 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[144].
- 23.4% of the population of Gwynedd is aged 65 or over. This is higher than the Wales average of 21.7% but slightly lower than the health board's average of 24.0%.
- 15.2% of the locality's population is aged 0-15 years, lower than the average for Wales at 17.1% and lower than the health board's average of 16.7%.
- 22.2% of the locality's population are aged 66-84 years, higher than the average for Wales at 17.7%, and higher than the health board's average of 19.6%.
- 4.2% of the locality's population is aged 85+ years, higher than the health board's average of 3.1% and higher than the Wales average of 2.7%.
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At unitary authority level, the largest increases are expected in Gwynedd (10.8%) and Denbighshire (10.4%).
- Gwynedd has the highest percentage of adults who can speak Welsh at 64.0%. The average for the whole of Wales is 18.0%.
- Gwynedd has the highest proportion of one-person households across the health board (34.6%), although the figure is higher in the locality at 35.9%; 18.6% of one-person households in the locality are occupied by a single occupant aged 66 years and over.
- 17.7% of households have no car or van.
- None of the locality's population lives in the most deprived 20% of the Welsh Index of Multiple Deprivation[145].
- Life expectancy in Gwynedd is 79.2 for males and 83.1 for females[146].
- Healthy life expectancy in Gwynedd is 64.9 years for males and 65.0 years for females and the inequality gap for healthy life expectancy in Gwynedd is 3.0 years for males and 2.8 years for females.
- 31.2% of four and five year olds in Dwyfor and North Meirionnydd have overweight or obesity.
- Almost 37% of 11 to 16-year-olds report drinking alcohol in North Wales compared to 35.6% across Wales. The highest reported levels of alcohol drinking across the region are in Flintshire (39.3%) and Gwynedd (38.2%).
- Healthy lifestyles and behaviour data for adults in Gwynedd are shown below.

[144] North Wales Regional Partnership Board – Dwyfor and North Meirionnydd primary care cluster statistical profile 2025
[145] Public Health Wales - Primary care clusters dashboard
[146] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Gwynedd	18.3%	50.2%	3.4%	6.6%	38.2%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	Dwyfor and North Meirionnydd	Betsi Cadwaladr University Health Board	Wales
Asthma	7.6%	7.6%	7.1%
Atrial fibrillation	3.0%	2.8%	2.7%
Cancer	5.0%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.8%	2.7%	2.3%
Diabetes	8.3%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	1.3%	1.4%	1.4%
Hypertension	20.0%	17.9%	16.3%
Stroke transient ischaemic attack	2.4%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.4%	3.6%	3.4%

- The locality has the highest rate of hypertension compared to the rest of North Wales.

The Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026[147] identifies that 393 additional housing units will be built in Bangor. It is noted that the seventh annual monitoring report on the local development plan for the period 1 April 2024 to 31 March 2025 confirms the number of units completed in 2024/25 was 212 lower than the average annual requirement of 479 units. The report also confirmed that 2,687 units have been completed between 2011/12 and 2024/25, whilst the trajectory anticipated a figure of 3,487 units.

[147] Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026

10.2 Current provision of pharmaceutical services within the locality's area

There are 13 pharmacies in the locality operated by four different contractors. Two the pharmacies are covered by the essential small pharmacy scheme. Of the six GP practices, two dispense from two premises. The level of dispensing is 57.4% of one practice's registered population and 66.2% of the other practice's registered population.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 10.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2025/26, 82.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 13.2% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 84.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 13.7% of the prescribed items.

The map in chapter 5 indicates that some parts of the locality that are not within a 20-minute drive of a pharmacy. The area in the south west of the locality contains scattered houses, farms, and caravan and camping sites along the coastline.

The area to the west of Blaenau Ffestiniog is in Eryri National Park and contains no resident population. The areas around Harlech are either nature reserves, moors, or mountainous areas with little or no resident population.

With regard to when the pharmacies are open:

- One open Monday to Thursday (Trawsfynydd)
- Two open Monday to Friday,
- Four open Monday to Friday, and part of Saturday, and
- Five open Monday to Saturday and
- One opens Monday to Friday, plus part of Sunday

With regard to the times at which these pharmacies are open between Monday and Friday:

- All the pharmacies open at 09.00,
- Closing times vary between 17.30 and 18.30.

Five pharmacies were commissioned to stay open for an extra 30 minutes on Mondays to Fridays (17.30 to 18.00) in 2025/26.

Ten pharmacies close for lunch at varying times between 12:30 and 14.00. The remaining pharmacies open all day.

On Saturday, the nine pharmacies open at 09.00. Of the five pharmacies that open all day, three close for lunch between 12:30 and 13.40. They close between 16.00 and 17.30. Eight pharmacies have core opening hours on Saturdays.

One pharmacy in Penrhyndeudraeth opens between 10:30 and 14:30 on a Sunday. These are core opening hours.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Seven pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Six pharmacies are accessible by wheelchair, but all seven consultation areas are accessible by wheelchair. All nine consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

All seven pharmacies confirmed they have Welsh speakers. One pharmacy also reported that Urdu is spoken.

All seven pharmacies dispense prescriptions for all types of appliances.

All seven pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items, six pharmacies offer a delivery service to specific patient groups (housebound patients, and elderly and vulnerable housebound patients) and one is considering introducing a change for its service.

Two pharmacies stated that there is a requirement for an existing additional clinical service that is not currently provided in the locality:

- travel health vaccinations on the NHS – trained staff are currently offering travel health services privately,
- ear microsuction.

One pharmacy was of the opinion that there is a requirement for a new additional service which is not currently available:

- mole checking, and
- cryotherapy.

All seven pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. One has sufficient staffing capacity and six don't but could make adjustments to manage increased demand.

One pharmacy is looking to add an extension in the next 12 to 18 months, if it can apply for and receive a grant. This would allow a second consultation room to be added, increase the size of the dispensary and provide better staff facilities. Another is looking into providing more private services.

None of the dispensing practices responded to the dispensing doctor questionnaire.

10.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 10,092 consultations for common ailments
- 362 consultations for contraception
- 3,010 emergency medicines supplies

10.2.2 Discharge medicines review

In 2025/26 all the pharmacies provided this service and completed 534 reviews.

10.2.3 Pharmacist independent prescribing service

Seven pharmacies were commissioned to provide this service in 2025/26 and provided a total of 6,200 consultations over the year.

10.2.4 Seasonal influenza vaccination

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 2,804 vaccinations.

10.2.5 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

10.2.6 Appliance use reviews

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

10.2.7 Lateral flow test supply service

12 pharmacies were commissioned to provide this service in 2025/26.

10.2.8 Blood borne virus testing service

Two pharmacies were commissioned to provide this service in 2025/26.

10.2.9 Covid-19 vaccination service

Six pharmacies were commissioned to provide this service in 2025/26.

10.2.10 Help me quit @ pharmacy

All the pharmacies were commissioned to provide this service in 2025/26.

10.2.11 Inhaler review service

11 pharmacies were commissioned to provide this service in 2025/26.

10.2.12 Naloxone supply service

One pharmacy was commissioned to provide this service in 2025/26.

10.2.13 National care home support service

Five pharmacies were commissioned to provide this service in 2025/26.

10.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

10.2.15 Smoking cessation service level 2

All the pharmacies were commissioned to provide this service in 2025/26.

10.2.16 Supervised administration service

All the pharmacies were commissioned to provide this service in 2025/26.

10.2.17 Needle and syringe programmes

Five pharmacies were commissioned to provide this service in 2025/26.

10.2.18 Urgent medicines service

One pharmacy was commissioned to provide this service in 2025/26.

10.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2025/26were dispensed by either the pharmacies in the locality or the dispensing practices, 2.8% were dispensed outside the locality:

- 2.2% by contractors in England,
- 0.4% elsewhere in Wales.
- 0.1% by pharmacies in Arfon, and
- 0.1% by pharmacies in South Meirionnydd.

In the first nine months of 2025/26, 1.9% of items were dispensed outside of the locality:

- 1.4% by contractors in England
- 0.4% elsewhere in Wales, and
- 0.1% by pharmacies in South Meirionnydd.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

10.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

10.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 107 contractors dispensed items written by one of the GP practices in this locality, of which:

- 15 were located within the locality,
- 60 were located elsewhere within the health board's area,
- 32 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

In the first nine months of 2025/26, over 72 contractors dispensed items written by one of the GP practices in this locality, of which:

- 13 were located within the locality,
- 40 were located elsewhere within the health board's area,
- 19 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

10.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that seven pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. One has sufficient staffing capacity and six don't but could make adjustments to manage increased demand.

10.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are located in areas of greater population density. The dispensing practices are located in areas of lower deprivation.
- Some parts of the locality are not within a 20-minute drive time of a pharmacy however there is little or no resident population in those areas.
- The opening hours of the pharmacies.

The health board has not identified any current needs in relation to the provision of essential services in this locality.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services in a town/village there will be a future need for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

10.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/25. It has therefore not identified any current or future needs for this service within the locality.

10.6.3 Discharge medicines review

The health board has noted all the pharmacies provided this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

10.6.4 Pharmacist independent prescribing service

The health board has noted:

- seven pharmacies were commissioned to provide this service in 2025/25.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

10.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/25. It has therefore not identified any current or future needs for this service within the locality.

10.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.8 Lateral flow tests supply service

The health board has noted seven pharmacies were commissioned to provide this service in 2025/25. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the locality.

10.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/25. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.10 Covid-19 vaccination service

The health board has noted no pharmacies were commissioned to provide this service in 2025/25. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.11 Help me quit @ pharmacy

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

10.6.12 Inhaler review service

The health board has noted:

- four pharmacies were commissioned to provide this service in 2025/25.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.13 Naloxone supply service

The health board has noted no pharmacies were commissioned to provide this service in 2025/25. There are, however, other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.14 National care home support service

The health board has noted:

- two pharmacies were commissioned to provide this service in 2025/25.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

10.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

10.6.17 Supervised administration service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

10.6.18 Needle and syringe programme

The health board has noted:

- Four pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.19 Urgent medicines service

The health board has one pharmacy was commissioned to provide this service in 2025/25. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board’s geography.

The health board has therefore not identified any current or future needs for this service within the locality.

10.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

11 South Meirionnydd locality

11.1 Key facts

- Gwynedd has a population of 120,813, which is the second highest population of the six unitary authorities in North Wales.
- The population density is 0.2 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[148].
- 23.4% of the population is aged 65 or over. This is higher than the Wales average of 21.7% but slightly lower than the health board's average of 24.0%.
- 13.7% of the population of the locality is aged 0-15 years, lower than the average for Wales of 17.1%, and lower than the health board's average of 16.7%.
- 24.5% of the population of the locality is aged 66-84 years, higher than the average for Wales of 17.7% and higher than the health board's average of 19.6%.
- 4.2% of the locality's population is aged 85+ years, higher than the health board's average of 3.1% and higher than the Wales average of 2.7%.
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At unitary authority level, the largest increases are expected in Gwynedd (10.8%) and Denbighshire (10.4%).
- Gwynedd has the highest percentage of adults who can speak Welsh at 64.0% This is compared to Flintshire at 12.4%. The average for the whole of Wales is 18.0%.
- Gwynedd has the highest proportion of one-person households across the health board (34.6%), and it is even higher in South Meirionnydd at 37.8%; 19.8% of one-person households in the locality are occupied by a single occupant aged 66 years and over.
- 17.7% of households have no car or van.
- None of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation[149].
- Life expectancy in Gwynedd is 79.2 for males and 83.1 for females[150].
- Healthy life expectancy in Gwynedd is 64.9 years for males and 65.0 years for females and the inequality gap for healthy life expectancy in Gwynedd is 3.0 years for males and 2.8 years for females.
- 26.8% of four and five year olds in South Meirionnydd have overweight or obesity.
- Almost 37% of 11 to 16-year-olds report drinking alcohol in North Wales compared to 35.6% across Wales. The highest reported levels of alcohol drinking across the region are in Flintshire (39.3%) and Gwynedd (38.2%)
- Healthy lifestyles and behaviour data for adults in Gwynedd are shown below.

[148] North Wales Regional Partnership Board – South Meirionnydd primary care cluster statistical profile 2025
[149] Public Health Wales - Primary care clusters dashboard
[150] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Gwynedd	18.3%	50.2%	3.4%	6.6%	38.2%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	South Meirionnydd	Betsi Cadwaladr University Health Board	Wales
Asthma	7.5%	7.6%	7.1%
Atrial fibrillation	3.8%	2.8%	2.7%
Cancer	5.7%	4.3%	3.7%
Chronic obstructive pulmonary disease	3.5%	2.7%	2.3%
Diabetes	9.5%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	2.2%	1.4%	1.4%
Hypertension	19.6%	17.9%	16.3%
Stroke transient ischaemic attack	2.9%	2.3%	2.2%
Secondary prevention of coronary heart disease	4.4%	3.6%	3.4%

- South Meirionnydd has the second highest rate of hypertension compared to the rest of North Wales.

The Eryri Local Development Plan 2016-2031[151] sets a requirement for a total of 750 to 852 housing units, at an average of 50 to 55 per year. During the lifetime of this pharmaceutical needs assessment that equates to an approximate total of 250 to 275 units. Around a third of these are in the local/key service centres of Dolgellau and Bala, 10 to 14% in the service settlements of Harlech, Aberdyfi, Betws y Coed, Trawsfynydd and Llanberis (which is only partly within Eryri National Park), with no more than 47% in secondary settlements. However, the fifth annual monitoring report[152] covering 2023/24 confirms that the there is a shortfall of 41% for the cumulative required build rate from 2016/17 to 31 March 2024. The local development plan is therefore falling significantly short of what is intended.

[151] Eryri Local Development Plan 2016-2031
[152] Eyri National Park Authority, Eyri Local Development Plan Annual Monitoring Report 2023/24, October 2024

11.2 Current provision of pharmaceutical services within the locality's area

There are six pharmacies in the locality operated by three different contractors. One pharmacy is covered by the essential small pharmacy scheme. Of the four GP practices, one practice dispenses from one premises. The level of dispensing is 50.6% of the practice's registered population.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 11.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2024/25, 83.9% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 13.1% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 85.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 12.3% of the prescribed items.

The map in chapter 5 indicates that some areas are not within a 20-minute drive of a pharmacy. Further analysis reveals they generally have no resident population as they are within Eryri National Park and are mountains. There are, however, scattered houses and farms, and camping and caravan sites located near to the roads crossing the area.

With regard to when the pharmacies are open:

- Four open Monday to Friday, and part of Saturday, and
- Two open Monday to Sunday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One pharmacy opens at 08:30 and five open at 09:00,
- One pharmacy closes at 15.00 each weekday (other than on Tuesdays when it closes at 13.00), four close at 17:30 and one pharmacy closes at 18:00 (except on a Wednesday when they close at 17:00).

Five pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacy does not close for lunch but is the pharmacy that closes at 15:00 (except on a Tuesday, when it closes at 13:00).

On Saturday, one pharmacy opens at 08.30 and the remainder open at 09.00. Two pharmacies that open all day close for lunch between 13.00 and 14:00. All the pharmacies have core opening hours on Saturdays.

No pharmacies are open on Sundays.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Five pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All five pharmacies are accessible by wheelchair, and all have a consultation area that is accessible by wheelchair. Their consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

All five pharmacies confirmed they have Welsh speakers. Other languages spoken are South Korean and Romanian.

All five pharmacies dispense prescriptions for all types of appliances.

All five pharmacies collect prescriptions from GP practices. Four provide a delivery service, three restricting it to elderly and vulnerable housebound patients.

There were no suggestions for existing services that are not currently provided in the area and no pharmacies were of the opinion that there is a requirement for an existing additional clinical service to be provided in the area.

Five pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. One also has sufficient staffing capacity, and four said they do not but could make adjustments to manage any increase in demand.

Two pharmacies have plans to develop or expand their service provision.

- One has a pharmacist who is currently training to be an independent prescriber.
- One plans to enlarge the consultation room.

No response was received to the dispensing doctor questionnaire.

11.2.1 Clinical community pharmacy service

In 2025/26 all the pharmacies have signed up to provide this service. provided:

- 3,637 consultations for common ailments
- 184 consultations for contraception
- 1,463 emergency medicines supplies

11.2.2 Discharge medicines review

All the pharmacies provided this service in 2025/26 and completed 97 reviews.

11.2.3 Pharmacist independent prescribing service

Two pharmacies were commissioned to provide this service in 2025/26 and provided a total of 589 consultations over the year.

11.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 661 vaccinations.

11.2.5 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

11.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

11.2.7 Lateral flow test supply service

All the pharmacies were commissioned to provide this service in 2025/26.

11.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

11.2.9 Covid-19 vaccination service

One pharmacy was commissioned to provide this service in 2025/26.

11.2.10 Help me quit @ pharmacy

Five pharmacies were commissioned to provide this service in 2025/26.

11.2.11 Inhaler review service

Five pharmacies were commissioned to provide this service in 2025/26.

11.2.12 Naloxone supply service

No pharmacies were commissioned to provide this service in 2025/26.

11.2.13 National care home support service

Three pharmacies were commissioned to provide this service in 2025/26.

11.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

11.2.15 Smoking cessation service level 2

All the pharmacies were commissioned to provide this service in 2025/26.

11.2.16 Supervised administration service

All the pharmacies were commissioned to provide this service in 2025/26.

11.2.17 Needle and syringe programmes

Three pharmacies were commissioned to provide this service in 2025/26.

11.2.18 Urgent medicines service

Two pharmacies were commissioned to provide this service in 2025/26.

11.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the pharmacies in the locality or the dispensing practice, 1.7% were dispensed outside the locality:

- 0.8% by contractors in England
- 0.6% by pharmacies in Dwyfor and North Meirionnydd, and
- 0.2% by pharmacies in other health boards in Wales.

In the first nine months of 2025/26, 1.5% of items were dispensed outside of the locality:

- 0.7% by contractors in England
- 0.6% by pharmacies in Dwyfor and North Meirionnydd, and
- 0.2% by pharmacies in other health boards in Wales

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

11.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

11.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 82 contractors dispensed items written by one of the GP practices in this locality, of which:

- Six were located within the locality,
- 45 were located elsewhere within the health board's area,
- 31 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

In the first nine months of 2025/26, over 66 contractors dispensed items written by one of the GP practices in this locality, of which:

- Six were located within the locality,
- 35 were located elsewhere within the health board's area,
- 25 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

11.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that five pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. One also has sufficient staffing capacity, and four said they do not but could make adjustments to manage any increase in demand.

11.6.1 Essential services

The health board has noted:

- The pharmacies and dispensing practices are spread across the locality and generally are located in areas of greater population density and higher deprivation.
- Some parts of the locality are not within a 20-minute drive time of a pharmacy. However, they are generally areas with no resident population as they are within Eryri National Park and are mountains. There are however scattered houses and farms, and camping and caravan sites located near to the roads crossing the area.
- The local development plan sets a requirement of 50 to 55 houses per year until 2031.
- The population of the locality increases during the holiday season due to an influx of visitors and tourists.
- No pharmacies are open on Sundays.

The health board has not identified any current needs in relation to the provision of essential services in this locality.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list in a town/village there will be a future need for either:

- a new pharmacy in the same town/village providing essential services the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

11.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

11.6.3 Discharge medicines review

The health board has noted all the pharmacies provided this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

11.6.4 Pharmacist independent prescribing service

The health board has noted:

- two pharmacies were commissioned to provide this service in 2025/26.
- A third pharmacy had a pharmacist in training in early 2026.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

11.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

11.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.8 Lateral flow tests supply service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

11.6.9 Blood borne virus testing service

The health board has noted three pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.10 Covid-19 vaccination service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.11 Help me quit @ pharmacy

The health board has noted:

- Five pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.
- Demand for the service is dictated by people wishing to stop smoking.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.12 Inhaler review service

The health board has noted:

- Five pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.13 Naloxone supply service

The health board has noted no pharmacies were commissioned to provide this

service in 2025/26. There are, however, other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.14 National care home support service

The health board has noted:

- three pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

11.6.16 Smoking cessation level 2

The health board has noted:

- All the pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.

Based on the above, the health board has therefore not identified any current or future needs for this service within the locality.

11.6.17 Supervised administration service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

11.6.18 Needle and syringe programme

The health board has noted:

- Three pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.19 Urgent medicines service

The health board has noted two pharmacies were commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

11.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

12 Conwy West locality

12.1 Key facts[153]

- Conwy Unitary Authority has the third smallest population of the six unitary authorities at 114,891.
- The population density is 0.7 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[154].
- It has the highest proportion of residents aged 65 years and over (28.3%) followed by the Isle of Anglesey (27.4%) which are above the Wales average (21.7%).
- The population of the health board aged 65 years and over is expected to increase by 2047. Residents aged 65 years and over are predicted to increase by almost 34%, with the largest percentage increased expected in Denbighshire (36%). The largest increases in terms of numbers of residents are expected in Conwy Unitary Authority and Flintshire.
- For residents aged 85 years and over, Conwy Unitary Authority has the highest proportion at 3.9% alongside the Isle of Anglesey (3.6%). Both are higher that the Wales average of 2.7%.
- 22.9% of the locality's population are aged 66-84 years, which is higher than the Wales average of 17.7% and higher than the health board's average of 19.6%.
- 15.1% of the locality's population are aged 0-15 years, which is lower than the Wales average of 17.1% and the health board's average of 16.7%.
- 3.9% of the locality's population is aged 85+ years, higher than the health board's average of 3.1% and higher than the Wales average of 2.7%.
- One-person households in the locality make-up 34.6% of total households. 18.2% of households are occupied by one person aged over 66. This is higher than the average for Wales (14.6%) and the health board's average of 15.8%.
- 18.5% of households have no car or van (third highest percentage across North Wales).
- 5.7% of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation[155].
- Life expectancy in Conwy is 78.5 for males and 82.6 for females[156].
- Healthy life expectancy in Conwy is 63.1 years for males and 63.3 years for females and the inequality gap for healthy life expectancy in Conwy is 7.5 years for males and 75.3 years for females.
- 29.4% of four and five year olds in Conwy West locality have overweight or obesity.
- In the 2021 Census, almost 21% of residents in the health board's area are reported to have a limiting long-term illness, which is similar to Wales (21.6%). Across the region, the highest proportions were reported in Conwy unitary authority at 22.6% and Denbighshire at 23.3%.

[153] Public Health Profiles - North West Collaborative profiles 2025
[154] North Wales Regional Partnership Board – Conwy West primary care cluster statistical profile 2025
[155] Public Health Wales - Primary care clusters dashboard
[156] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

- Healthy lifestyles and behaviour data for adults in Conwy Unitary Authority are shown below.

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Conwy	20.2%	46.9%	2.9%	7.4%	36.2%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Conwy 40.4% of the population reported being able to speak Welsh.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	Conwy West	Betsi Cadwaladr University Health Board	Wales
Asthma	7.2%	7.6%	7.1%
Atrial fibrillation	3.0%	2.8%	2.7%
Cancer	4.8%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.6%	2.7%	2.3%
Diabetes	8.1%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	1.5%	1.4%	1.4%
Hypertension	18.8%	17.9%	16.3%
Stroke transient ischaemic attack	2.6%	2.3%	2.2%
Secondary prevention of coronary heart disease	4.0%	3.6%	3.4%

The locality is covered by two local development plans.

The Conwy Local Development Plan[157] identifies the need for 4,300 homes between 2018 and 2033 at an annual rate of 290. Some of the identified developments fall within the lifetime of this pharmaceutical needs assessment:

- Llanfairfechan – 400 units between 2021 and 2029
- Llanrhos – 250 units between 2024 and 2031

[157] Conwy Local Development Plan

- Llanrwst – 200 units between 2021 and 2026.

The council carried out a full review of the local development plan and in April 2026 was at stage 6 “Deposit replacement local development plan” with stages 7 and 8 still to be completed.

The Eryri Local Development Plan 2016-2031[158] sets a requirement for a total of 750 to 852 housing units, at an average of 50 to 55 per year. During the lifetime of this pharmaceutical needs assessment that equates to an approximate total of 250 to 275 units. Around a third of these are in the local/key service centres of Dolgellau and Bala, 10 to 14% in the service settlements of Harlech, Aberdyfi, Betws y Coed, Trawsfynydd and Llanberis (which is only partly within Eryri National Park), with no more than 47% in secondary settlements. However, the fifth annual monitoring report[159] covering 2023/24 confirms that the there is a shortfall of 41% for the cumulative required build rate from 2016/17 to 31 March 2024. The local development plan is therefore falling significantly short of what is intended.

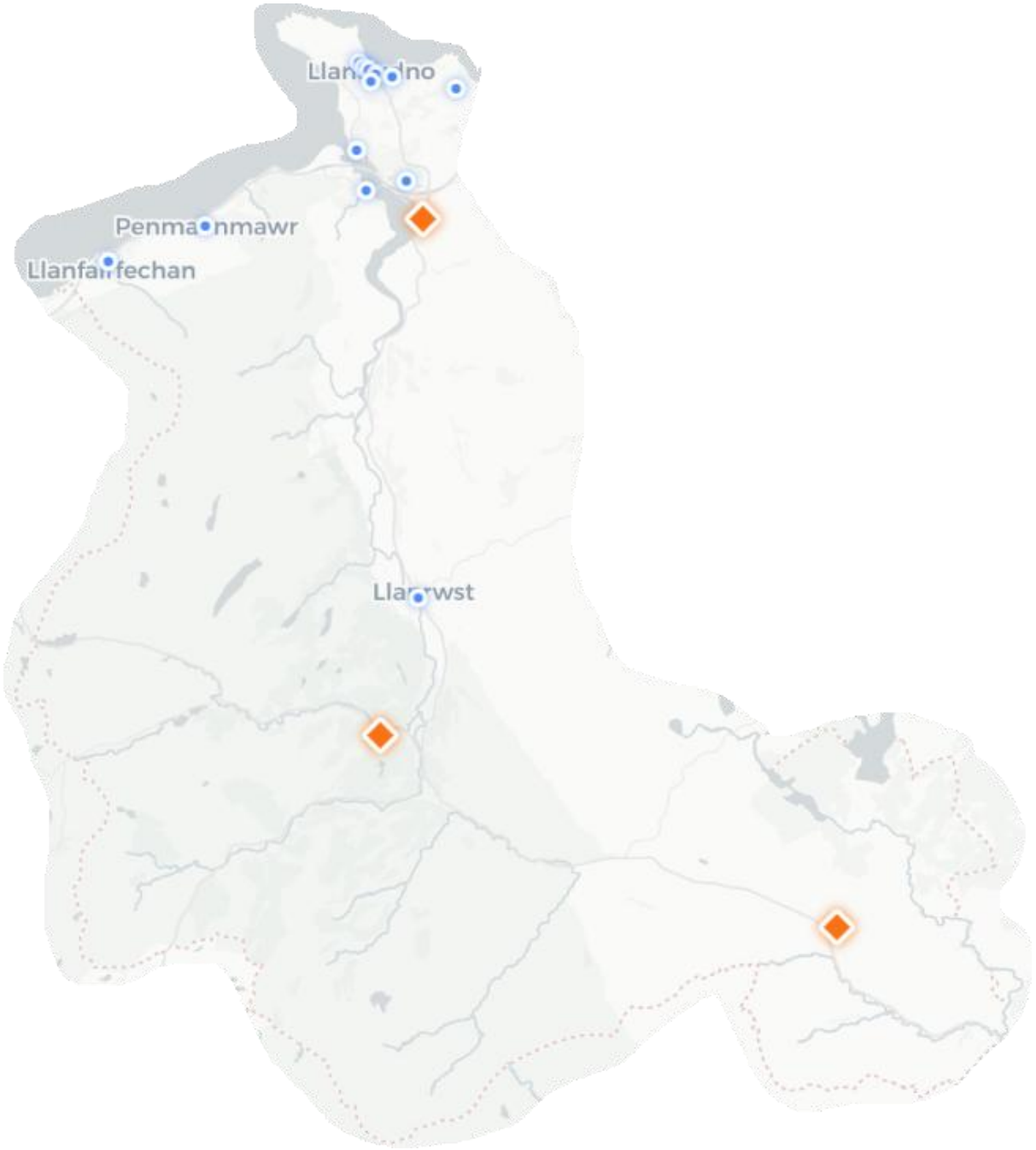
12.2 Current provision of pharmaceutical services within the locality’s area

There are 13 pharmacies in the locality operated by six different contractors. Of the 11 GP practices, three dispense from three premises. The level of dispensing ranges from 42.9% to 94.1% of the practices’ registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

[158] Eyri National Park Authority, Eyri Local Development Plan 2016-2031
[159] Eyri National Park Authority, Eyri Local Development Plan Annual Monitoring Report 2023/24, October 2024

Map 12.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2024/25, 86.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 8.3% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26, 87.4% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 8.6% of the prescribed items.

The map in chapter 5 indicates that some areas are not within a 20-minute drive of a pharmacy. The areas in the west of the locality are mountainous and Google maps reveals no resident population. The areas in the south are mountainous with a number of small villages with resident populations, for example Ysbyty Ifan.

With regard to when the pharmacies are open:

- Five open Monday to Friday, and part of Saturday,
- Five open Monday to Saturday, and
- Three open Monday to Sunday, all of which are in Llandudno.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.30, one opens at 08.45 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.30 with one pharmacy in Llandudno Park open until 19:00 and another in Llandudno open until 20:00.

One pharmacy in Penmaenmawr is commissioned to open between for an additional 30 minutes (17.30 and 18.30) on weekdays.

Nine pharmacies close for lunch at varying times between 13.00 and 15.00. The remaining pharmacies open all day.

On Saturday, one pharmacy opens between 13:00 and 16:00. The remaining pharmacies open at 09:00 Of the eight pharmacies that open all day, six close for lunch between 13.00 and 15.00. They close between 16.00 and 20.00. 11 pharmacies have core opening hours on Saturdays.

The three pharmacies that open on Sunday between them cover the hours 10.00 to 17.00. Only one pharmacy has core opening hours on Sundays.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Five pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Four pharmacies are accessible by wheelchair, but all five have a consultation area that is accessible by wheelchair. Four consultation areas are:

- closed rooms,

- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

The fifth consultation area does not allow the patient and pharmacist to talk at normal volumes without being overheard.

Four pharmacies confirmed that they have Welsh speakers. Other than English, no other languages were reported as spoken by staff.

Four pharmacies dispense prescriptions for all types of appliances, and one dispenses dressings only.

Four pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- one does not provide a delivery service,
- two provide a delivery service that is not restricted to any particular patient group, and
- two provide a delivery service to the elderly and vulnerable housebound patients.

None of the pharmacies were of the opinion that there is a requirement for a new additional clinical service which is not currently available.

There were no suggestions for a new service that is not currently available in the area.

Three pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, one said it doesn't but could make adjustments, and one said it doesn't and would have difficulty in managing an increase in demand. Two pharmacies confirmed that they have sufficient capacity within their staffing levels to manage an increase in demand, and three confirmed they don't but could make adjustments to manage an increase.

One pharmacy plans to expand its independent prescribing service.

One of the dispensing practices responded to the dispensing doctor questionnaire:

- the dispensary opens 08.00 to 18.00
- all types of appliances are dispensed
- it has Welsh speakers in its staff
- the practice doesn't have sufficient premises and capacity at present but could make adjustments to manage an increase in demand
- in addition to the dispensing service the practice disposes of patient sharps and provides medication administration review charts for care homes.

12.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 they provided:

- 6,166 consultations for common ailments
- 626 consultations for contraception
- 2,825 emergency medicines supplies

12.2.2 Discharge medicines review

In 2025/26, all the pharmacies provided this service and 580 completed reviews.

12.2.3 Pharmacist independent prescribing service

Five pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,629 consultations over the year.

12.2.4 Seasonal influenza vaccination

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,847 vaccinations.

12.2.5 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

12.2.6 Appliance use reviews

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

12.2.7 Lateral flow test supply service

12 pharmacies were commissioned to provide this service in 2025/26.

12.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

12.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

12.2.10 Help me quit @ pharmacy

11 pharmacies were commissioned to provide this service in 2025/26.

12.2.11 Inhaler review service

Eight pharmacies were commissioned to provide this service in 2025/26.

12.2.12 Naloxone supply service

No pharmacies were commissioned to provide this service in 2025/26.

12.2.13 National care home support service

Three pharmacies were commissioned to provide this service in 2025/26.

12.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

12.2.15 Smoking cessation service level 2

All the pharmacies were commissioned to provide this in 2025/26.

12.2.16 Supervised administration service

11 pharmacies were commissioned to provide this service in 2025/26.

12.2.17 Needle and syringe programmes

Three pharmacies were commissioned to provide this service in 2025/26.

12.2.18 Urgent medicines service

No pharmacies were commissioned to provide this service in 2025/26.

12.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the pharmacies in the locality or the dispensing practices, 3.4% were dispensed outside the locality:

- 1.9% by pharmacies in Conwy East,
- 0.7% by contractors in England,
- 0.4% by pharmacies in other health boards in Wales,
- 0.2% by pharmacies in Central and South Denbighshire, and

- 0.1% in North Denbighshire.

In the first nine months of 2025/26 3.4% was also dispensed outside of the locality:

- 2.0% by pharmacies in Conwy East,
- 0.6% by contractors in England,
- 0.3% by pharmacies in other health boards in Wales,
- 0.2% by pharmacies in Central and South Denbighshire, and
- 0.1% in North Denbighshire.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

12.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

12.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2 and 12.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25, over 144 contractors dispensed items written by one of the GP practices in this locality, of which:

- 13 were located within the locality,
- 100 were located elsewhere within the health board's area,
- 31 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

In the first nine months of 2025/26, over 125 contractors dispensed items written by one of the GP practices in this locality, of which:

- 13 were located within the locality,
- 88 were located elsewhere within the health board's area,
- 24 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

12.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that three pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the

services they provide, one said it doesn't but could make adjustments, and one said it doesn't and would have difficulty in managing an increase in demand. Two pharmacies confirmed that they have sufficient capacity within their staffing levels to manage an increase in demand, and three confirmed they don't but could make adjustments to manage an increase.

12.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are located in areas of greater population density and higher deprivation. The dispensing practices are generally located in areas of lower deprivation.
- Some parts of the locality are not within a 20-minute drive time of a pharmacy. Whilst some areas are mountainous and have no resident population, in the southern part of the locality there are a number of small villages with resident populations, for example Ysbyty Ifan (according to Wikipedia, the second smallest population of any Welsh community, the smallest being Ganllwyd in Gwynedd).
- There are three known housing developments due within the lifetime of this document which will deliver up to 850 new houses by 2033.
- The resident population of the locality is increased by the number of tourists and visitors that visit the area all year round, particularly in the middle of the locality.
- The opening hours of the pharmacies.

Based on the above, the health board has identified that there is a current need for a pharmacy in Betws-y-Coed which, as a minimum, has core opening hours of:

- 09.00 to 17.00 Monday to Friday, and
- Six hours on Saturdays.

There is a current need for this pharmacy to provide the following services from the point it is included in the pharmaceutical list:

- All essential services,
- clinical community pharmacy service,
- return of patient sharps,
- smoking cessation level 2, and
- help me quit @ pharmacy service.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes,

supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be any loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

12.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

12.6.3 Discharge medicines review

The health board has noted all the pharmacies provided this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

12.6.4 Pharmacist independent prescribing service

The health board has noted:

- five pharmacies were commissioned to provide this service in 2025/26.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim

targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

12.6.5 Seasonal influenza vaccination

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

12.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.8 Lateral flow tests supply service

The health board has noted 12 pharmacies were commissioned to provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the locality.

12.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.10 Covid-19 vaccination service

The health board has no pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.11 Help me quit @ pharmacy

The health board has noted:

- 11 pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.

It has therefore not identified any current or future needs for this service within the locality.

12.6.12 Inhaler review service

The health board has noted:

- eight pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.13 Naloxone supply service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. There are, however, other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.14 National care home support service

The health board has noted:

- three pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

12.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26.

Based on the above, the health board has therefore not identified any current or future needs for this service within the locality.

12.6.17 Supervised administration service

The health board has noted 11 pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

12.6.18 Needle and syringe programmes

The health board has noted:

- Three pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.19 Urgent medicines service

The health board has noted that no pharmacies were commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

12.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

13 Conwy East locality

13.1 Key facts[160]

- Conwy Unitary Authority has the third smallest population of the six unitary authorities at 114,891.
- However, the population density is 3.7 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[161].
- It has the highest proportion of residents aged 65 years and over (28.3%) followed by the Isle of Anglesey (27.4%), above the Wales average (21.7%).
- The population of the health board aged 65 years and over is expected to increase by 2047. Residents aged 65 years and over are predicted to increase by almost 34%, with the largest percentage increased expected in Denbighshire (36%). The largest increases in terms of numbers of residents are expected in Conwy and Flintshire.
- For residents aged 85 years and over, Conwy has the highest proportion at 3.9% alongside the Isle of Anglesey (3.6%). Both are higher that the Wales average of 2.7%.
- 22.9% of the locality's population is aged 66-84 years, higher than the Wales average of 17.7%, and higher than the health board's average of 19.6%.
- 3.9% are aged 85+ years, higher than the health board's average of 3.1% and the Wales average of 2.7%.
- 13% of the locality's population are aged 16-29 years, lower than the average for Wales (16.7%) and lower than the health board's average of 14.7%.
- 18.5% of households in Conwy Unitary Authority have no car or van (third highest percentage across North Wales)
- 21.3% of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[162] This is the second highest across the clusters in North Wales.
- Life expectancy in Conwy Unitary Authority is 78.5 for males and 82.6 for females[163]
- Healthy life expectancy in Conwy Unitary Authority is 63.1 years for males and 63.3 years for females and the inequality gap for healthy life expectancy in Conwy Unitary Authority is 7.5 years for males and 75.3 years for females.
- In the 2021 Census, almost 21% of residents in the health board's area are reported to have a limiting long-term illness, which is similar to Wales (21.6%). Across the region, the highest proportions were reported in Conwy Unitary Authority at 22.6% and Denbighshire at 23.3%.
- 29% of four and five year olds in Conwy East locality have overweight or obesity.
- Healthy lifestyles and behaviour data for adults in Conwy Unitary Authority show:

[160] Public Health Profiles - North West Collaborative profiles 2025
[161] North Wales Regional Partnership Board – Conwy East primary care cluster statistical profile 2025
[162] Public Health Wales - Primary care clusters dashboard
[163] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Conwy Unitary Authority	20.2%	46.9%	2.9%	7.4%	36.2%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board's area reported being able to speak Welsh. In Conwy Unitary Authority 40.4% of the population reported being able to speak Welsh.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	Conwy East	Betsi Cadwaladr University Health Board	Wales
Asthma	8.3%	7.6%	7.1%
Atrial fibrillation	3.2%	2.8%	2.7%
Cancer	4.8%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.8%	2.7%	2.3%
Diabetes	9.6%	8.3%	8.4%
Epilepsy	1.0%	0.9%	1.0%
Heart failure	1.6%	1.4%	1.4%
Hypertension	18.9%	17.9%	16.3%
Stroke transient ischaemic attack	2.6%	2.3%	2.2%
Secondary prevention of coronary heart disease	4.6%	3.6%	3.4%

The Conwy Local Development Plan[164] identifies the need for 4,300 homes between 2018 and 2033 at an annual rate of 290. One of the identified developments falls within the lifetime of this pharmaceutical needs assessment:

- Old Colwyn – 450 units between 2024 and 2033

The council carried out a full review of the local development plan and in April 2026 was at stage 6 "Deposit replacement local development plan" with stages 7 and 8 still to be completed.

[164] Conwy Local Development Plan

13.2 Current provision of pharmaceutical services within the locality's area

There are ten pharmacies in the locality operated by seven different contractors. Of the four GP practices, one dispenses to 11.7% of its registered population from one premises.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 13.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2024/25, 88.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practice dispensed or personally administered 4.1% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 88.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practice dispensed or personally administered 4.0% of the prescribed items.

The map in chapter 5 indicates one area in the south of the locality that is not within a 20-minute drive of a pharmacy. Google maps reveals it is part of Denbigh Moors with only a few scattered houses/farms.

With regard to when the pharmacies are open:

- two open Monday to Friday,
- five open Monday to Friday, and part of Saturday,
- two open Monday to Saturday, and
- one opens Monday to Sunday in Colwyn Bay.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Three open at 08.30 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.30 with one pharmacy in Colwyn Bay open until 19.00.

Seven pharmacies close for lunch at varying times between 12.30 and 14.00. The remaining pharmacies open all day.

On Saturday, all the pharmacies open at 09.00. Of the three pharmacies that open all day, one closes for lunch between 13.00 and 13.20. They close between 17.00 and 18.00. Six pharmacies have core opening hours on Saturday.

The pharmacy that opens on Sunday does so between 10.00 and 16.00. These are supplementary opening hours.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Seven pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All seven pharmacies are accessible by wheelchair and five have a consultation area that is accessible by wheelchair. One has a consultation room that doesn’t have wheelchair access, and one pharmacy can remove a chair to make the consultation room wheelchair accessible. Six consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and

- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

The seventh does not allow the patient and pharmacist to sit down together and talk at normal volumes without being overheard. This is the pharmacy that would need to remove a chair to ensure wheelchair access.

Four pharmacies confirmed they have Welsh speakers, and four pharmacies confirmed that languages other than English are spoken by staff.

- Polish and Urdu
- Polish
- Arabic
- Urdu.

All six pharmacies dispense prescriptions for all types of appliances.

All six pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- five provide a free of charge delivery service on request, free of charge, and one also provides the service for a fee,
- one pharmacy provides a delivery service for a fee, and
- one said it restricts the service to elderly and vulnerable housebound patients.

One pharmacy suggested there is a requirement for a new service that is not currently provided in the area – monitored dosage system packs.

One pharmacy was of the opinion that there is a requirement for new additional clinical services which are not currently available – period delay service and travel vaccinations.

All eight pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Four said they have sufficient staffing capacity, two said they do not but could make adjustments, and one did not confirm its position.

Two pharmacies have plans to develop or expand their premises or service provision:

- one intends to introduce prescribing services as it now has a prescribing pharmacist, and to expand its free delivery service.
- One has a pharmacist who is in the process of developing their scope of practice.

Neither pharmacy was commissioned to provide the pharmacist independent prescribing service in 2025/26.

There were no responses to the dispensing doctor questionnaire.

13.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 7,087 consultations for common ailments
- 426 consultations for contraception
- 1,950 emergency medicines supplies

13.2.2 Discharge medicines review

In 2025/26 all the pharmacies provided this service and completed 370 reviews.

13.2.3 Pharmacist independent prescribing service

Three pharmacies were commissioned to provide this service in 2025/26 and provided a total of 2,090 consultations over the year.

13.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 2,718 vaccinations.

13.2.5 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

13.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

13.2.7 Lateral flow test supply service

All the pharmacies were commissioned to provide this service in 2025/26.

13.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

13.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

13.2.10 Help me quit @ pharmacy

Eight pharmacies were commissioned to provide this service in 2025/26.

13.2.11 Inhaler review service

Seven pharmacies were commissioned to provide this service in 2025/26.

13.2.12 Naloxone supply service

No pharmacies were commissioned to provide this service in 2025/26.

13.2.13 National care home support service

One pharmacy was commissioned to provide this service in 2025/.

13.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

13.2.15 Smoking cessation service level 2 service

All the pharmacies were commissioned to provide this service in 2025/26.

13.2.16 Supervised administration service

Nine pharmacies were commissioned to provide this service in 2025/26.

13.2.17 Needle and syringe programmes

Four pharmacies were commissioned to provide this service in 2025/26.

13.2.18 Urgent medicine service

One pharmacy was commissioned to provide this service in 2025/26.

13.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the pharmacies in the locality or the dispensing practice, 7.2% were dispensed outside the locality:

- 4.2% by pharmacies in Conwy West,

- 2.0% by pharmacies in North Denbighshire,
- 0.7% by contractors in England, and
- 0.3% in Cardiff and Vale University Health Board's area.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

13.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

13.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.2 and 13.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 98 contractors dispensed items written by one of the GP practices in this locality, of which:

- ten were located within the locality,
- 66 were located elsewhere within the health board's area,
- 22 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

In 2025/26 over 130 contractors dispensed items:

- ten were located within the locality,
- 62 were located elsewhere within the health board's area,
- 58 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

13.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that eight pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Four said they have sufficient staffing capacity, two said they do not but could make adjustments, and one did not confirm its position.

13.6.1 Essential services

The health board has noted:

- The pharmacies are spread along the coastline, in areas of greater population density and generally higher deprivation.
- An area in the south western corner of the locality is not within a 20-minute drive time of a pharmacy however it is part of Denbigh Moors with only a few scattered houses/farms.
- There is one known housing development due within the lifetime of this document which will deliver up to 450 new houses by 2033.
- The population of the locality increases during the holiday season due to an influx of visitors and tourists.
- The opening hours of the pharmacies.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

13.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this

service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

13.6.3 Discharge medicines review

The health board has noted all the pharmacies provided this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

13.6.4 Pharmacist independent prescribing service

The health board has noted:

- three pharmacies were commissioned to provide this service in 2025/26.
- Two pharmacies have plans to introduce this service.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

13.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

13.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that

prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.8 Lateral flow tests supply service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. As a result, the health board has not identified any current or future needs for this service within the locality.

13.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.10 Covid-19 vaccination service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.11 Help me quit @ pharmacy

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

13.6.12 Inhaler review service

The health board has noted:

- seven pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.13 Naloxone supply service

The health board has noted no pharmacies were commissioned to provide this service in 2025/25. There are, however, other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.14 National care home support service

The health board has noted:

- one pharmacy was commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

13.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

13.6.17 Supervised administration service

The health board has noted nine pharmacies were commissioned to provide this service in 2025/16. It has therefore not identified any current or future needs for this service within the locality.

13.6.18 Needle and syringe programmes

The health board has noted:

- Four pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.19 Urgent medicine service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

13.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

14 North Denbighshire locality

14.1 Key facts[165]

- Denbighshire Unitary Authority has the second smallest population of the six unitary authorities at 98,202.
- The population density is 7.97 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[166].
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At a local authority level, the largest increases are expected in Gwynedd (10.8%) and Denbighshire (10.4%). The smallest increase is predicted to be in Wrexham (2.4%).
- The population of the health board aged 65 years and over is also expected to increase by 2047. Residents aged 65 years and over are predicted to increase by almost 34%, with the largest percentage increased expected in Denbighshire (36%).
- For residents aged 85 years and over, Denbighshire Unitary Authority has the third highest proportion at 3.2%. This is higher than the Wales average of 2.7%.
- Most unitary authority areas across the health board's area have a lower percentage of residents from ethnic minority backgrounds compared to the average for Wales (5.2%), except for Denbighshire which is also 5.2%.
- 20.2% of the locality's population is aged 66-84 years, higher than the Wales average of 17.7%, and higher than the health board's average of 19.6%.
- 3.1% of the locality's population is aged 85+ years, the same as the health board's average of 3.1% and higher than the Wales average of 2.7%.
- 18% of the locality's population is aged 0-15 years, higher than the average for Wales (17.1%) and of the health board's average of 16.7%.
- One-person households in North Denbighshire make-up 34.1% of total households; 16.9% of households in North Denbighshire are occupied by one person aged over 66. This is higher than the average for Wales (14.6%) and the health board's average of 15.8%.
- At locality level, North Denbighshire has the highest proportion of unpaid carers (11.4%) and the highest numbers, at just over 6,500.
- 22.1% of households in the locality have no car or van (second highest percentage across North Wales)
- 27.8% of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[167] This is the highest proportion of population across the localities.
- Life expectancy in Denbighshire is 77.5 for males and 81.0 for females[168].
- Healthy life expectancy in Denbighshire is 60.5 years for males and 59.6 years for females and the inequality gap for healthy life expectancy in Denbighshire is 9.2 years for males and 8.9 years for females.

[165] Public Health Profiles - North West Collaborative profiles 2025
[166] North Wales Regional Partnership Board – North Denbighshire primary care cluster statistical profile 2025
[167] Public Health Wales - Primary care clusters dashboard
[168] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

- 29.7% of four and five year olds in North Denbighshire locality have overweight or obesity.
- In the 2021 Census, almost 21% of residents in the health board's area are reported to have a limiting long-term illness, which is similar to Wales (21.6%). Across the region, the highest proportions were reported in Conwy at 22.6% and Denbighshire at 23.3%.
- Healthy lifestyles and behaviour data for adults in Denbighshire Unitary Authority show:

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Denbighshire	19.7%	47.9%	2.5%	7.4%	33.7%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Less than 40% of working age adults across the health as a whole report to be of healthy weight. Denbighshire has the highest proportion at unitary authority level at 47.6%.
- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board's area reported being able to speak Welsh. In Denbighshire 32.3% of the population reported being able to speak Welsh.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	North Denbighshire	Betsi Cadwaladr University Health Board	Wales
Asthma	8.0%	7.6%	7.1%
Atrial fibrillation	2.9%	2.8%	2.7%
Cancer	4.2%	4.3%	3.7%
Chronic obstructive pulmonary disease	3.2%	2.7%	2.3%
Diabetes	9.4%	8.3%	8.4%
Epilepsy	1.1%	0.9%	1.0%
Heart failure	1.4%	1.4%	1.4%
Hypertension	17.7%	17.9%	16.3%
Stroke transient ischaemic attack	2.2%	2.3%	2.2%
Secondary prevention of coronary heart disease	4.1%	3.6%	3.4%

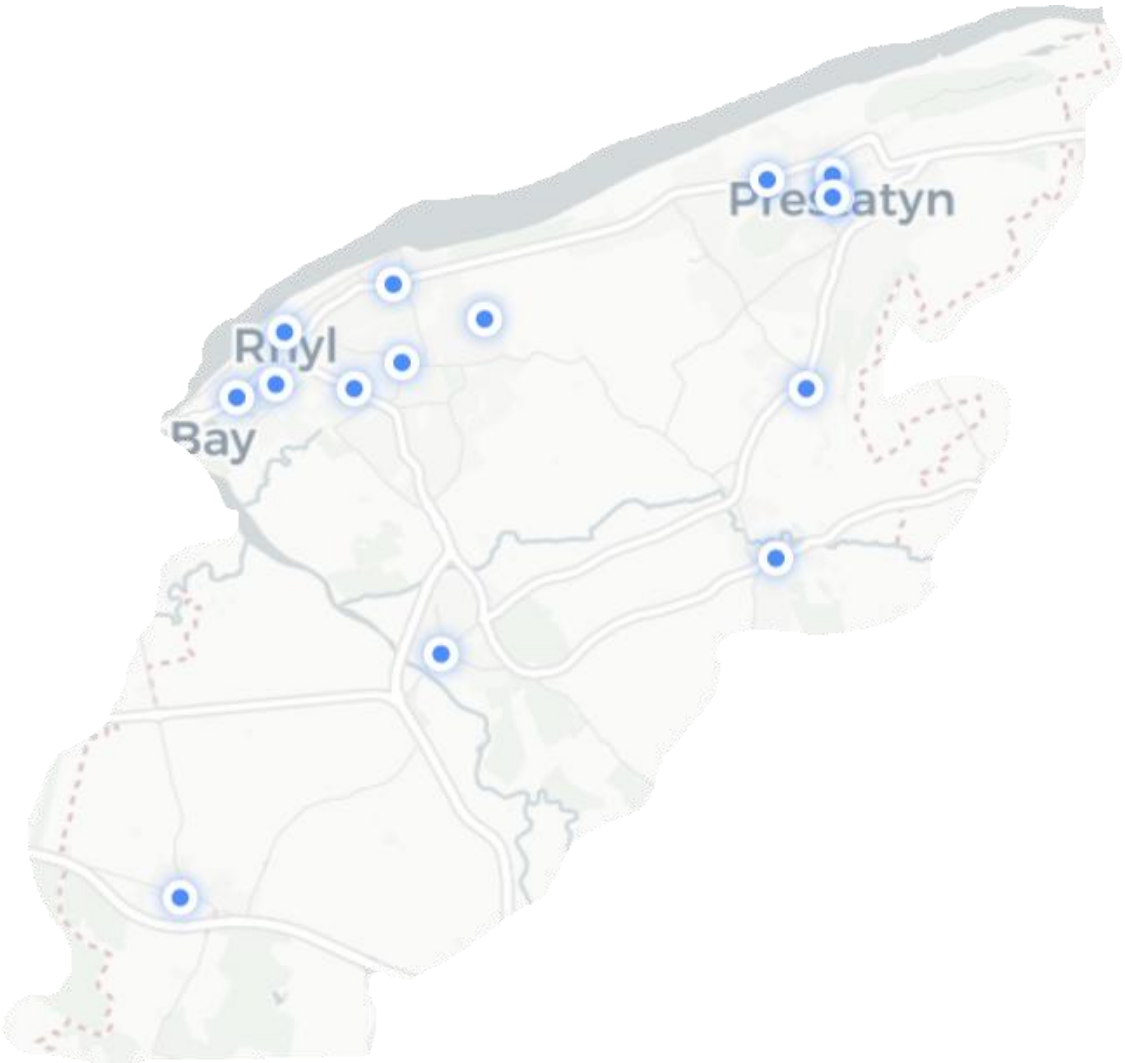
- The Denbighshire Local Development Plan[169] identifies the need for 3,775 housing units between 2018 and 2033. According to the Annual Monitoring Report 2025, although the annual build rate for the council is 500 units per year, 351 were completed in 2024/25 and 85 and 93 were predicted to be completed in 2025/26 and 2026/27 respectively. Whilst 1,715 units were expected to be built in Bodelwyddan, the report confirms that outline planning permission has expired.

14.2 Current provision of pharmaceutical services within the locality

There are 15 pharmacies in the locality operated by ten different contractors. None of the six practices dispense.

The map below shows the location of the pharmacies. It should be noted that where premises are close to each other the symbols will overlap.

Map 14.1 – location of pharmacies



© OpenStreetMap © CARTO

[169] Denbighshire Local Development Plan and Annual Monitoring Reports

In 2025/26, 93.3% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

In the first nine months of 2025/26 93.6% of prescriptions written by the GP practices in the locality.

The map in chapter 5 shows that all of the locality is within a 20-minute drive of a pharmacy, with most residents within a ten-minute drive.
With regard to when the pharmacies are open:

- five open Monday to Friday,
- six open Monday to Friday, and part of Saturday,
- two open Monday to Saturday, and
- two open Monday to Sunday, one in Bodelwyddan and one in Prestatyn.

With regard to the times at which these pharmacies are open between Monday and Friday:

- one opens at 08.45 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.00 with one pharmacy in Prestatyn open until 20.00 and one in Bodelwyddan until 22.00. One pharmacy closes at 13.00 on Wednesdays.

11 pharmacies close for lunch at varying times between 12.45 and 14.15. The remaining pharmacies open all day.

On Saturday, one pharmacy opens at 08.45m the others at 09.00. Of the four pharmacies that open all day, one closes for lunch between 12.45 and 13.30, and another from 13.00 to 16.30. Two pharmacies close at 17.30, one at 19.00 and one at 22.00. Ten pharmacies have core opening hours on Saturday.

The two pharmacies that open on Sunday between them cover the hours 08.45 to 22.00. These are all supplementary opening hours.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Two pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Both pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. Both consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and

- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Neither pharmacy has Welsh speakers. No languages other than English are spoken.

Both pharmacies dispense prescriptions for all types of appliances.

Both pharmacies collect prescriptions from GP practices. They offer a delivery service to elderly and vulnerable housebound patients.

Neither pharmacy was of the opinion that there is a requirement for an existing additional clinical service which is not currently provided in the area, nor that there is a requirement for a new service.

Both pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Whilst they don't have sufficient staffing and premises capacity, they could make adjustments to manage an increase in demand.

Neither pharmacy has plans to develop or expand their service provision.

14.2.1 Clinical community pharmacy service

14 of the pharmacies had signed up to provide this service and in 2025/26 provided:

- 7,461 consultations for common ailments
- 510 consultations for contraception
- 3,310 emergency medicines supplies

14.2.2 Discharge medicines review

In 2025/26, all the pharmacies provided this service and completed 558 reviews.

14.2.3 Pharmacist independent prescribing service

Seven pharmacies were commissioned to provide this service in 2025/26 and provided a total of 4,534 consultations over the year.

14.2.4 Seasonal influenza vaccination service

14 pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,677 vaccinations.

14.2.5 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

14.2.6 Appliance use reviews

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

14.2.7 Lateral flow test supply service

Ten pharmacies were commissioned to provide this service in 2025/26.

14.2.8 Blood borne virus testing service

One pharmacy was commissioned to provide this service in 2025/26.

14.2.9 Covid-19 vaccination service

Four pharmacies were commissioned to provide this service in 2025/26.

14.2.10 Help me quit @ pharmacy

12 pharmacies were commissioned to provide this service in 2025/26.

14.2.11 Inhaler review service

Five pharmacies were commissioned to provide this service in 2025/26.

14.2.12 Naloxone supply service

One pharmacy was commissioned to provide this service in 2025/.

14.2.13 National care home support service

Seven pharmacies were commissioned to provide this service in 2025/26.

14.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

14.2.15 Smoking cessation service level 2 service

All the pharmacies were commissioned to provide this service in 2025/26.

14.2.16 Supervised administration service

12 pharmacies were commissioned to provide this service in 2025/26.

14.2.17 Needle and syringe programmes

Four pharmacies were commissioned to provide this service in 2025/26.

14.2.18 Urgent medicines service

One pharmacy was commissioned to provide this service in 2025/26.

14.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality, 5.7% were dispensed outside the locality:

- 2.8% by pharmacies in Conwy East,
- 1.0% by pharmacies in Conwy West,
- 0.9% by contractors in England,
- 0.3% by pharmacies in each of North East Flintshire and North West Flintshire,
- 0.3% in Cardiff and Vale University Health Board's area, and
- 0.1% in Central and South Denbighshire.

In the first nine months of 2025/26, 6.0% of items were dispensed outside the locality:

- 3.3% by pharmacies in Conwy East,
- 1.0% by pharmacies in Conwy West,
- 1.0% by contractors in England,
- 0.2% by pharmacies in North West Flintshire,
- 0.1% by pharmacies in North East Flintshire,
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.1% in Central and South Denbighshire.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

14.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

14.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.2 and 14.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 124 contractors dispensed items written by one of the GP practices in this locality, of which:

- 15 were located within the locality,
- 85 were located elsewhere within the health board's area,
- 24 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

In the first nine months of 2025/26 over 127 contractors dispensed items:

- 15 were located within the locality,
- 97 were located elsewhere within the health board's area,
- 24 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

14.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that two pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Whilst they don't have sufficient staffing and premises capacity, they could make adjustments to manage an increase in demand.

14.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are located in areas of greater population density and higher deprivation.
- All of the locality is within a 20-minute drive time of a pharmacy, with most residents within a ten-minute drive.
- The level of housing for Denbighshire as a whole and the lack of any significant proposed development of 500 or more dwellings.
- The opening hours of the pharmacies.

The health board has not identified any current needs for these services within the locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should the pharmacy in Bodelwyddan withdraw from the pharmaceutical list there will be a future need for a new pharmacy in the town providing essential services during the following core opening hours:

- At least ten core opening hours per day Monday to Friday,
- Six core opening hours on Saturdays, and
- Six core opening hours on Sundays.

The health board has identified that should there be any loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

14.6.2 Clinical community pharmacy service

The health board has noted 14 pharmacies were commissioned to provide this service in 2025/26.

Based on the above, the health board has not identified any current needs for this service within the locality.

However, the pharmacy that does not provide the service has extended opening hours and the population would benefit from the provision of this service. The health board has identified that there is a gap in the provision of this service in Bodelwyddan. The health board will work with the existing pharmacy in connection with the lack of provision of this service. However, should this gap not be closed, then from 1 April 2027 there will be a future need for this service to be provided in Bodelwyddan, seven days a week for:

- eight hours a day Monday to Friday,
- six hours on Saturdays to include 13.00 to 15.00, and
- three hours on Sundays after 12 noon.

14.6.3 Discharge medicines review

The health board has noted all the pharmacies provided this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

14.6.4 Pharmacist independent prescribing service

The health board has noted:

- 7 pharmacies were commissioned to provide this service in 2025/26.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

14.6.5 Seasonal influenza vaccination

The health board has noted the following points:

- 14 pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, for example the GP practices.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.8 Lateral flow tests supply service

The health board has noted ten pharmacies were commissioned to provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. As a result, the health board has not identified any current or future needs for this service within the locality.

14.6.9 Blood borne virus testing service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.10 Covid-19 vaccination service

The health board has noted four pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.11 Help me quit @ pharmacy

The health board has noted:

- 12 pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.
- Demand for the service is dictated by people wishing to stop smoking.

It has therefore not identified any current or future needs for this service within the locality.

14.6.12 Inhaler review service

The health board has noted:

- five pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.13 Naloxone supply service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. There are, however, other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.14 National care home support service

The health board has noted:

- seven pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

14.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

14.6.17 Supervised administration service

The health board has noted 12 pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

14.6.18 Needle and syringe programmes

The health board has noted the following points:

- Four pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.19 Urgent medicines service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

15 Central and South Denbighshire locality

15.1 Key facts[170]

- Denbighshire Unitary Authority has the second smallest population of the six unitary authorities at 98,202.
- The population density is 0.5 persons per hectare, compared to 1.1 for North Wales and 1.5 for Wales[171].
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At a local authority level, the largest increases are expected in Gwynedd (10.8%) and Denbighshire (10.4%). The smallest increase is predicted to be in Wrexham (2.4%).
- The population of the health board aged 65 years and over is also expected to increase by 2047. Residents aged 65 years and over are predicted to increase by almost 34%, with the largest percentage increased expected in Denbighshire (36%).
- For residents aged 85 years and over, Denbighshire Unitary Authority has the third highest proportion at 3.2% This is higher than the Wales average of 2.7%.
- Most unitary authority areas across North Wales have a lower percentage of residents from ethnic minority backgrounds compared to the average for Wales (5.2%), except for Denbighshire which is also 5.2%.
- 21.2% of the locality's population is aged 66-84 years, higher than the Wales average of 17.7%, and higher than the health board's average of 19.6%.
- 3.2% of the locality's population is aged 85+ years, similar to health board's average of 3.1% and higher than the Wales average of 2.7%.
- 16.3% of the locality's population is aged 0-15 years, lower than the average for Wales (17.1%) and lower than the health board's average of 16.7%.
- One-person households in the locality make up 31.3% of total households; 15.8% of households are occupied by one person aged over 66. This is higher than the average for Wales (14.6%) and the same as the health board's average of 15.8%.
- In Central and South Denbighshire, 12.4% of households have no car or van (second lowest percentage across North Wales)
- 3.5% of the cluster population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[172]
- Life expectancy in Denbighshire is 77.5 for males and 81.0 for females[173].
- Healthy life expectancy in Denbighshire is 60.5 years for males and 59.6 years for females and the inequality gap for healthy life expectancy in Denbighshire is 9.2 years for males and 8.9 years for females.
- 30.8% of four and five year olds in Central and South Denbighshire have overweight or obesity.

[170] Public Health Profiles - North West Collaborative profiles 2025
[171] North Wales Regional Partnership Board - Central and South Denbighshire primary care cluster statistical profile 2025
[172] Public Health Wales - Primary care clusters dashboard
[173] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

- In the 2021 Census, almost 21% of residents in the health board's area are reported to have a limiting long-term illness, which is similar to Wales (21.6%). Across the region, the highest proportions were reported in Conwy local authority at 22.6% and Denbighshire at 23.3%.
- Healthy lifestyles and behaviour data for adults in Denbighshire Unitary Authority show:

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Denbighshire	19.7%	47.9%	2.5%	7.4%	33.7%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Less than 40% of working age adults across the health board as a whole report to be of healthy weight. Denbighshire has the highest proportion at unitary authority level at 47.6%.
- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Denbighshire 32.3% of the population reported being able to speak Welsh.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	Central and South Denbighshire	Betsi Cadwaladr University Health Board	Wales
Asthma	7.8%	7.6%	7.1%
Atrial fibrillation	3.1%	2.8%	2.7%
Cancer	4.6%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.7%	2.7%	2.3%
Diabetes	7.9%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	1.4%	1.4%	1.4%
Hypertension	18.4%	17.9%	16.3%
Stroke transient ischaemic attack	2.3%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.6%	3.6%	3.4%

- The Denbighshire Local Development Plan[174] identifies the need for 3,775 housing units between 2018 and 2033. According to the Annual Monitoring Report 2025, although the annual build rate for the council is 500 units per year, 351 were completed in 2024/25 and 85 and 93 were predicted to be completed in 2025/26 and 2026/27 respectively.

15.2 Current provision of pharmaceutical services within the locality's area

There are eight pharmacies in the locality operated by five different contractors. One pharmacy is covered by the essential small pharmacy scheme. Of the eight GP practices, six dispense from a total of six premises. The level of dispensing ranges from 36.7% to 53.4% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 15.1 – location of pharmacies and dispensing doctor premises



[174] Denbighshire Local Development Plan and Annual Monitoring Reports



In 2024/25, 55.3% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 39.2% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 58.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 36.7% of the prescribed items. Less than 2% of items were personally administered.

The map in chapter 5 indicates that there are areas that are not within a 20-minute drive of a pharmacy. The area to the south-west of Ruthin is rural in nature, with a few scattered houses/farms and campsites. The area to the south of Corwen is Y Berwyn National Nature Reserve.
With regard to when the pharmacies are open:

- two open Monday to Friday,
- Four open Monday to Friday, and part of Saturday, and
- Two open Monday to Saturday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- all open at 09.00,
- closing times are either 17.30 or 18.00.

Each of the two pharmacies in Ruthin were commissioned to stay open for an extra 30 minutes (17.30 to 18.00) on Mondays, Tuesdays, Wednesdays and Fridays on alternate weeks in 2025/26.

All the pharmacies close for lunch at varying times between 12.30 and 14.00.

On Saturday, the six pharmacies open at 09.00. Both of the pharmacies that open all day close for lunch, with one closing at 17.00 and the other at 17.30. The six pharmacies all have core opening hours on Saturday.

No pharmacies open on Sundays.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Six pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All six pharmacies are accessible by wheelchair, and of these five have a consultation area that is accessible by wheelchair. Five consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

The sixth is not a closed room and does not allow the patient and pharmacist to sit down together and talk at normal volumes without being overheard. There are, however, alternative arrangements for confidential discussions.

Five pharmacies confirmed they have Welsh speakers. Two pharmacies confirmed staff can speak Polish.

Five pharmacies dispense prescriptions for all types of appliances. The sixth doesn't dispense any appliances.

All the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- two provide a free of charge delivery service on request, and one provides a service for a fee, and
- three said they restrict the service to specific patient groups (elderly and vulnerable housebound patients).

One pharmacy was of the opinion that there is a requirement for an existing additional clinical service to be provided, namely blood pressure checks.

Five pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, and one said it didn't but could make adjustments to manage any increase in demand. Three pharmacies confirmed they have sufficient staffing capacity, and three said they could make adjustments to manage any increase in demand.

With regard to plans to develop or expand premises or service provision:

- one pharmacy stated it had recently expanded to two consultation rooms to meet demand and has the capacity to grow,
- another is awaiting a refit/extension of the pharmacy and consultation room, and
- another pharmacy has a pharmacist who is undertaking training to become an independent prescriber.

Four of the six dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services over four premises.

The four dispensaries are open all day, Monday to Friday with three opening at 08.30 and one at 09.00. They all close at 18.00.

With regard to the dispensing of prescriptions for appliances all dispense prescriptions for all types of appliances.

Three provide a delivery service, one to selected areas, one to five village shops, and one to housebound patients only.

Three practices have Welsh speakers.

Three practices have sufficient capacity in their premises and staffing levels to manage the increase in demand in their area. One doesn't but would be able to adjust staffing levels.

With regard to other activities provided that are related to the dispensing service:

- one practice provides medication administration record charts to care homes,
- one provides medication administration record charts and blister packs following a needs assessment,
- one disposes of patients' sharps and provides blister packs, and
- one provides medication administration record charts, disposes of patients' sharps, has a Medpoint prescription collection point allowing 24/7 collection of dispensed medicines, and provides blister packs.

15.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 5,407 consultations for common ailments
- 222 consultations for contraception
- 1,578 emergency medicines supplies

15.2.2 Discharge medicines review

In 2025/26, five pharmacies provided this service and completed 179 reviews.

15.2.3 Pharmacist independent prescribing service

Two pharmacies were commissioned to provide this service in 2025/26 and provided a total of 2,533 consultations over the year.

15.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 767 vaccinations.

15.2.5 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

15.2.6 Appliance use reviews

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

15.2.7 Lateral flow test supply service

All the pharmacies were commissioned to provide this service in 2025/26.

15.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

15.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

15.2.10 Help me quit @ pharmacy

Seven pharmacies were commissioned to provide this service in 2025/26.

15.2.11 Inhaler review service

Six pharmacies were commissioned to provide this service in 2025/26.

15.2.12 Naloxone supply service

No pharmacies were commissioned to provide this service in 2025/26.

15.2.13 National care home support service

Three pharmacies were commissioned to provide this service in 2025/26.

15.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service 2025/26.

15.2.15 Smoking cessation service level 2 service

All the pharmacies were commissioned to provide this service in 2025/26.

15.2.16 Supervised administration service

Seven pharmacies were commissioned to provide this service in 2025/26.

15.2.17 Needle and syringe programmes

Two pharmacies were commissioned to provide this service in 2025/26.

15.2.18 Urgent medicines service

No pharmacies were commissioned to provide this service in 2025/26.

15.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the pharmacies in the locality or the dispensing practices, 5.2% were dispensed outside the locality:

- 3.8% by pharmacies in North Denbighshire,
- 0.7% by contractors in England,
- 0.2% by pharmacies in Conwy West,
- 0.1% by pharmacies in Conwy East,
- 0.2% by pharmacies in South Flintshire, and
- 0.2% in Cardiff and Vale University Health Board's area.

In the first nine months of 2025/26 5.2% were dispensed outside the locality:

- 3.8% by pharmacies in North Denbighshire,
- 0.7% by contractors in England,
- 0.2% by pharmacies in South Flintshire,
- 0.2% in Cardiff and Vale University Health Board's area,
- 0.1% by pharmacies in each of Conwy East and Conwy West, and
- 0.1% by pharmacies in Powys Teaching Health Board.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

15.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

15.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 15.2 and 15.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 128 contractors dispensed items written by one of the GP practices in this locality, of which:

- eight were located within the locality,
- 98 were located elsewhere within the health board's area,
- 22 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

In the first nine months of 2025/26 over 113 contractors dispensed items, of which:

- eight were located within the locality,
- 88 were located elsewhere within the health board's area,
- 16 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

15.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that five pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, and one said it didn't but could make adjustments to manage any increase in demand. Three pharmacies confirmed they have sufficient staffing capacity, and three said they could make adjustments to manage any increase in demand.

15.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are located in areas of greater population density and higher deprivation.
- Some parts of the locality are not within a 20-minute drive time of a pharmacy however there is either no resident population or only a few scattered properties in those areas.
- The level of housing for Denbighshire as a whole and the lack of any significant proposed development of 500 or more dwellings.
- There are no pharmacies open on Sundays.

The health board has not identified any current needs in relation to the provision of essential services in the locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

15.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.3 Discharge medicines review

The health board has noted five of the pharmacies provided this service in 2025/26

It has not identified any current or future needs for this service within the locality.

15.6.4 Pharmacist independent prescribing service

The health board has noted:

- two pharmacies were commissioned to provide this service in 2025/26.
- One pharmacy has a pharmacist who is undertaking their independent prescriber training.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current or future needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

15.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

15.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.8 Lateral flow tests supply service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

15.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.10 Covid-19 vaccination service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.11 Help me quit @ pharmacy

The health board has noted:

- Seven pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.12 Inhaler review service

The health board has noted:

- six pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.13 Naloxone supply service

The health board has noted:

- no pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.14 National care home support service

The health board has noted:

- three pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

15.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26.

It has therefore not identified any current or future needs for this service within the locality.

15.6.17 Supervised administration service

The health board has noted seven pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

15.6.18 Needle and syringe programmes

The health board has noted:

- two pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.

- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.19 Urgent medicines service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

15.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

16 North West Flintshire locality

16.1 Key facts[175]

- Flintshire Unitary Authority has the largest population of the six local authorities at 155,867.
- There has been a general increase in population density across North Wales between 2020 and 2023. The eastern area of the health board remains the most densely populated, with more persons per square kilometre compared to the Wales average (152.6). Flintshire is the most densely populated unitary authority area at 354.3 persons per square kilometre.
- The population of the health board aged 65 years and over is expected to increase by 2047. Residents aged 65 years and over are predicted to increase by almost 34%, with the largest percentage increased expected in Denbighshire (36%). The largest increases in terms of numbers of residents are expected in Conwy and Flintshire.
- 14.6% of households in the locality have no car or van (lowest percentage across North Wales).
- 17.6% of the locality's population is aged 66-84 years, similar to the Wales average of 17.7%, and lower than the health board's average of 19.6%.
- 2.3% of the locality's population is aged 85+ years, lower than the health board's average of 3.1% and lower than the Wales average of 2.7%.
- 17.7% of the locality's population is aged 0-15 years, higher than the average for Wales (17.1%) and higher than the health board's average of 16.7%.
- One-person households in the locality make up 29.9% of total households. 14.3% of households in the locality are occupied by one person aged over 66. This is lower than the average for Wales (14.6%) and lower than the health board's average of 15.8%.
- 18.9% of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[176]
- Life expectancy in Flintshire is 78.6 for males and 82.1 for females[177].
- Healthy life expectancy in Flintshire is 61.3 years for males and 62.0 years for females and the inequality gap for healthy life expectancy in Flintshire is 8.0 years for males and 5.5 years for females.
- 32.4% of four and five year olds in North West Flintshire have overweight or obesity.
- Healthy lifestyles and behaviour data for adults in Flintshire Unitary Authority show:

[175] Public Health Profiles - North West Collaborative profiles 2025
[176] Public Health Wales - Primary care clusters dashboard
[177] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Flintshire	17.6%	44.2%	3.6%	9.6%	39.3%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Across the health board area, the percentage of adults reporting to drink above the recommended guidelines ranges from 9.9% in Denbighshire to 20.4% in Flintshire.
- Almost 37% of 11 to 16-year-olds report drinking alcohol in North Wales compared to 35.6% across Wales. The highest reported levels of alcohol drinking across the region are in Flintshire (39.3%) and Gwynedd (38.2%).
- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Flintshire, 15.5% of the population reported being able to speak Welsh. This is the lowest percentage across North Wales.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	North West Flintshire	Betsi Cadwaladr University Health Board	Wales
Asthma	7.4%	7.6%	7.1%
Atrial fibrillation	2.5%	2.8%	2.7%
Cancer	3.7%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.8%	2.7%	2.3%
Diabetes	8.5%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	1.4%	1.4%	1.4%
Hypertension	18.9%	17.9%	16.3%
Stroke transient ischaemic attack	2.0%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.6%	3.6%	3.4%

- In the health board just over half of 50 to 64 year olds with a clinical risk received their influenza vaccination; this is above the average for Wales. Across the region, uptake ranged from 46.5% in Denbighshire to 53.1% in Flintshire.

- Estimates of the number of people with dementia in North Wales show an increase of 14.1% between 2013 and 2023. The highest increase has been in Flintshire at 24.5%.

The Flintshire Local Development Plan[178] identifies two key strategic sites which will deliver 1,625 housing units, 23% of the plan's total. Both are within North East Flintshire.

There are 11 non-strategic employment sites within the local development plan which across Flintshire are expected to deliver:

- 2026/27 – 465
- 2027/28 – 404
- 2028/29 – 205
- 2029/2030 – 173
- 2030 and beyond – 20

This equates to 3,168 people in total across the sites.

16.2 Current provision of pharmaceutical services within the locality's area

There are seven pharmacies in the locality operated by five different contractors. Of the seven GP practices, three dispense from a total of three premises. The level of dispensing ranges from 27.3% to 44.3% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

[178] Flintshire County Council, Flintshire Local Development Plan 2015 to 2030

Map 16.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2024/25, 74.9% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 20.6% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 75.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 20.2% of the prescribed items.

The map in chapter 5 indicates that all the locality is within a 20-minute drive of a pharmacy, with most residents within ten minutes of a pharmacy. With regard to when the pharmacies are open:

- One opens Monday to Friday,
- four open Monday to Friday, and part of Saturday, and
- two open Monday to Saturday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- All open at 09.00,
- Three close at 17.30 and the remainder at 18.00.

Four pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacies open all day.

On Saturday, five pharmacies open at 09.00, and one opens at 09.30. Of the two pharmacies that open all day, one closes for lunch. They close between 16.30 and 17.30. All six pharmacies have core opening hours on Saturday.

None of the pharmacies open on Sundays.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Four pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All the pharmacies are accessible by wheelchair, and also have a consultation area that is accessible by wheelchair. All four consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

One pharmacy confirmed that it has Welsh speakers. Another pharmacy confirmed that staff speak Polish.

All four pharmacies dispense prescriptions for all types of appliances.

All four pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- one provides a free of charge delivery service on, and
- three restrict the service to specific patient groups (elderly and vulnerable housebound patients).

No pharmacies were of the opinion that there is a requirement for either an existing additional clinical service or new service that is not currently provided or available.

Three pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, and one said it doesn't but could make adjustments to manage any increase in demand. Three pharmacies didn't have sufficient staffing capacity but could make adjustments.

One pharmacy plans to increase the number of independent prescriber consultations undertaken, and another plans to start to start to provide the pharmacist independent prescriber service in 2026.

There were no responses to the dispensing doctor questionnaire.

16.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 they provided:

- 3,436 consultations for common ailments
- 190 consultations for contraception
- 470 emergency medicines supplies

16.2.2 Discharge medicines review

In 2025/26 five pharmacies provided this service and completed 50 reviews.

16.2.3 Pharmacist independent prescribing service

Two pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,024 consultations over the year.

16.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,056 vaccinations.

16.2.5 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

16.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

16.2.7 Lateral flow test supply service

Six pharmacies were commissioned to provide this service in 2025/26.

16.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

16.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

16.2.10 Help me quit @ pharmacy

Three of the pharmacies were commissioned to provide this service in 2025/26.

16.2.11 Inhaler review service

Four pharmacies were commissioned to provide this service in 2025/26.

16.2.12 Naloxone supply service

No pharmacies were commissioned to provide this service in 2025/26.

16.2.13 National care home support service

Two pharmacies were commissioned to provide this service in 2025/26.

16.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

16.2.15 Smoking cessation service level 2 service

All the pharmacies were commissioned to provide this service in 2025/26.

16.2.16 Supervised administration service

Six pharmacies were commissioned to provide this service in 2025/26.

16.2.17 Needle and syringe programmes

Four pharmacies were commissioned to provide this service in 2025/26

16.2.18 Urgent medicines service

No pharmacies were commissioned to provide this service in 2025/26.

16.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the pharmacies in the locality or the dispensing practices, 4.2% were dispensed outside the locality:

- 1.5% by contractors in England,
- 0.8% by pharmacies in North East Flintshire,
- 0.6% by pharmacies in Central and South Denbighshire,
- 0.4% by pharmacies in North Denbighshire,
- 0.4% by pharmacies in South Flintshire, and
- 0.2% in Cardiff and Vale University Health Board's area.

In the first nine months of 2025/26, the majority of prescriptions were dispensed by either the pharmacies in the locality or the dispensing practices. 4.0% were dispensed outside the locality:

- 1.5% by contractors in England,
- 0.6% in Central and South Denbighshire,
- 0.6% in North East Flintshire,
- 0.4% in North Denbighshire,
- 0.3% in South Flintshire,
- 0.2% in Cardiff and Vale University Health Board's area.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

16.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

16.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 16.2 and 16.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 152 contractors dispensed items written by one of the GP practices in this locality, of which:

- seven were located within the locality,
- 126 were located elsewhere within the health board's area,
- 19 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

In the first nine months of 2025/26, over 140 dispensed items written by one of the GP practices.

- Seven were located within the locality,
- 122 were located elsewhere within the health board's area,
- 11 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

16.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that three pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, and one said it doesn't but could make adjustments to manage any increase in demand. Three pharmacies didn't have sufficient staffing capacity but could make adjustments.

16.6.1 Essential services

The health board has noted:

- The pharmacies are spread are generally located in areas of greater population density and higher deprivation.
- The entire locality is within a 20-minute drive time of a pharmacy, with many residents within a ten-minute drive of a pharmacy.
- The known housing developments.
- No pharmacies open on Sundays.

The health board has not identified any current needs for these services within the locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

16.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

16.6.3 Discharge medicines review

The health board has noted five of the pharmacies provided this service in 2025/26. It has not identified any current or future needs for this service within the locality.

16.6.4 Pharmacist independent prescribing service

The health board has noted:

- two pharmacies were commissioned to provide this service in 2025/26.
- One pharmacy intends to start providing the service in 2026.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

16.6.5 Seasonal influenza vaccination

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

16.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.8 Lateral flow tests supply service

The health board has noted six pharmacies were commissioned to provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

16.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.10 Covid-19 vaccination service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.11 Help me quit @ pharmacy

The health board has noted:

- Three pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.
- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.12 Inhaler review service

The health board has noted:

- three pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.13 Naloxone supply service

The health board has noted:

- no pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.14 National care home support service

The health board has noted:

- two pharmacies were commissioned to provide this service in 2025/26.

- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

16.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

16.6.17 Supervised administration service

The health board has noted six pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

16.6.18 Needle and syringe programmes

The health board has noted:

- four pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.19 Urgent medicines service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

16.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

17 North East Flintshire locality

17.1 Key facts[179]

- Flintshire Unitary Authority has the largest population of the six unitary authorities at 155,867.
- There has been a general increase in population density across North Wales between 2020 and 2023. The eastern area of the health board remains the most densely populated, with more persons per square kilometre compared to the Wales average (152.6). Flintshire is the most densely populated unitary authority area at 354.3 persons per square kilometre.
- The population of the health board aged 65 years and over is expected to increase by 2047. Residents aged 65 years and over are predicted to increase by almost 34%, with the largest percentage increased expected in Denbighshire (36%). The largest increases in terms of numbers of residents are expected in Conwy and Flintshire.
- 15.9% of households in the locality have no car or van.
- 16.1% of the locality's population is aged 66-84 years, lower than the Wales average of 17.7%, and lower than the health board's average of 19.6%.
- 2.4% of the locality's population is aged 85+ years, lower than the health board's average of 3.1% and lower than the Wales average of 2.7%.
- 17.9% of the locality's population is aged 0-15 years, higher than the average for Wales (17.1%) and higher than the health board's average of 16.7%.
- One-person households in the locality make up 28.4% of total households; 13.4% of households are occupied by one person aged over 66. This is lower than the average for Wales (14.6%) and lower than the health board's average of 15.8%.
- 13.5% of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[180]
- Life expectancy in Flintshire is 78.6 for males and 82.1 for females[181].
- Healthy life expectancy in Flintshire is 61.3 years for males and 62.0 years for females and the inequality gap for healthy life expectancy in Flintshire is 8.0 years for males and 5.5 years for females.
- 30.3% of four and five year olds in North East Flintshire locality have overweight or obesity.
- Healthy lifestyles and behaviour data for adults in Flintshire Unitary Authority show:

[179] Public Health Profiles - North West Collaborative profiles 2025
[180] Public Health Wales - Primary care clusters dashboard
[181] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Flintshire	17.6%	44.2%	3.6%	9.6%	39.3%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Across the health board's area, the percentage of adults reporting to drink above the recommended guidelines ranges from 9.9% in Denbighshire to 20.4% in Flintshire.
- Almost 37% of 11 to 16-year-olds report drinking alcohol in North Wales compared to 35.6% across Wales. The highest reported levels of alcohol drinking across the region are in Flintshire (39.3%) and Gwynedd (38.2%).
- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Flintshire, 15.5% of the population reported being able to speak Welsh. This is the lowest percentage across North Wales.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	North East Flintshire	Betsi Cadwaladr University Health Board	Wales
Asthma	7.3%	7.6%	7.1%
Atrial fibrillation	2.5%	2.8%	2.7%
Cancer	3.7%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.2%	2.7%	2.3%
Diabetes	7.9%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	1.3%	1.4%	1.4%
Hypertension	17.0%	17.9%	16.3%
Stroke transient ischaemic attack	1.9%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.5%	3.6%	3.4%

- In the health board, just over half of 50 to 64 year olds with a clinical risk received their influenza vaccination; this is above the average for Wales. Across the region, uptake ranged from 46.5% in Denbighshire to 53.1% in Flintshire.

- Estimates of the number of people with dementia in North Wales show an increase of 14.1% between 2013 and 2023. The highest increase has been in Flintshire at 24.5%.

The Flintshire Local Development Plan[182] identifies two key strategic sites which will deliver 1,625 housing units, 23% of the plan's total. Both are within North East Flintshire – the Northern Gateway mixed use development site (1,325 units) and the Warren Hall mixed use development site (300 units).

Five developers are on site at the Northern Gateway. Completions are behind the plan's trajectory but are projected to remain over the next three years due to the significant activity currently taking place across the site. Completion projections are as follows.

- 2026/27 – 240
- 2027/28 – 186
- 2028/29 – 102
- 2029/2030 – 71
- 2030 and beyond – 60[183].

Based on 2.4 people per dwelling, this equates to a total of 1,584.

Welsh Government will be undertaking an initial phase of feasibility, surveys and design work relating to land at Warren Hall - studies which are required to support any future planning applications (January 2026).

There are 11 non-strategic employment sites within the local development plan which across Flintshire are expected to deliver:

- 2026/27 – 465
- 2027/28 – 404
- 2028/29 – 205
- 2029/2030 – 173
- 2030 and beyond – 20

This equates to 3,168 people in total across the sites.

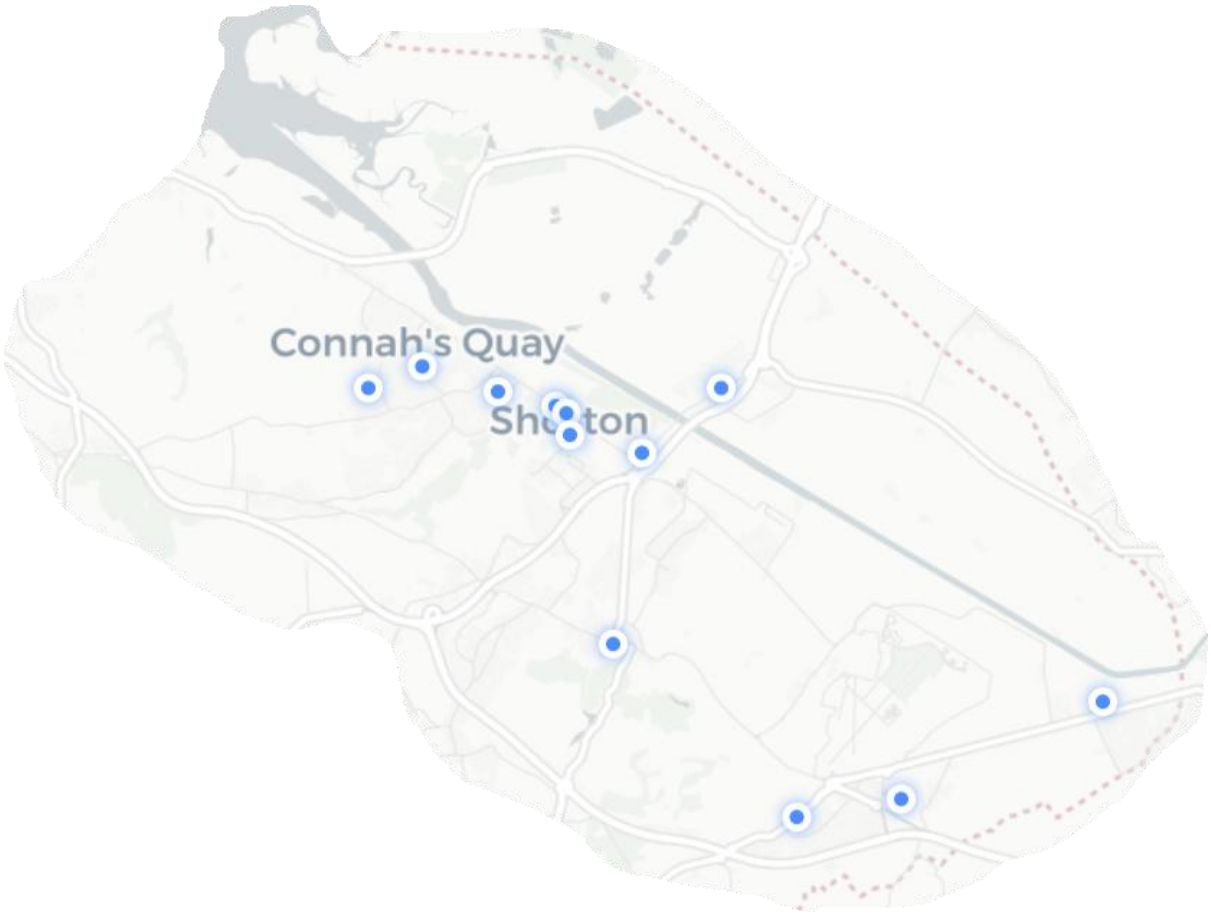
17.2 Current provision of pharmaceutical services within the locality's area

There are 12 pharmacies in the locality operated by eight different contractors. None of the seven practices provide a dispensing service.

The map below shows the location of the pharmacies. It should be noted that where premises are close to each other the symbols will overlap.

[182] Flintshire County Council, Flintshire Local Development Plan 2015 to 2030
[183] Flintshire County Council – Annual monitoring report (AMR) 2 01/04/2024 – 31/03/25

Map 17.1 – location of pharmacies



© OpenStreetMap © CARTO

In 2024/25, 80.5% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

In the first nine months of 2025/26 81.7% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

The map in chapter 5 indicates that all the locality is within a 20-minute drive of a pharmacy, with most residents able to access a pharmacy within ten minutes.
With regard to when the pharmacies are open:

- Four open Monday to Friday,
- Five open Monday to Friday, and part of Saturday, and
- Three open Monday to Sunday in Bretton, Connah's Quay and Saltney.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Four open at 08.30 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.30 with one closing at 19.00, another at 20.00 and a third at 21.00.

Eight pharmacies close for lunch at varying times between 12.00 and 14.00. The remaining pharmacies open all day.

On Saturday, all the pharmacies open at 09.00. Of the three pharmacies that open all day, one closes for lunch between 13.00 and 14.00. They close between 17.00 and 19.00. Eight pharmacies have core opening hours on Saturday.

The three pharmacies that open on Sunday cover the hours 10.00 to 17.00. One has core opening hours between 10.00 and 16.00.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Six pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All six pharmacies are accessible by wheelchair and five have a consultation area that is accessible by wheelchair. The sixth pharmacy has a consultation area that is not wheelchair accessible but is installing a second one that will be. All six consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Three pharmacies confirmed they have Welsh speakers. With regard to other languages that are spoken by staff:

- one pharmacy has staff that speak Hundi and Punjabi,
- another has staff that speak French and Italian, and
- a third has staff that speak Portuguese.

All six pharmacies dispense prescriptions for all types of appliances.

Four pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- four provide a free of charge delivery service on request,
- one pharmacy restricts the service to specific areas, and
- three said they restrict the service to specific patient groups (housebound patients with additional needs, housebound patients or those who are temporarily unable to travel to the pharmacy, and two deliver to elderly and vulnerable housebound patients).

There was one suggestion for a new service that is not currently provided in the area, namely the inclusion of more appropriately remunerated prescribing services.

No pharmacies were of the opinion that there is a requirement for a new additional clinical service which is not currently available.

Five pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, and one said it didn't but could make adjustments. Three pharmacies said they had sufficient staffing levels, and two said they could make adjustments. One pharmacy did not respond to this question.

No pharmacies have plans to develop or expand their service provision.

17.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 7,955 consultations for common ailments
- 811 consultations for contraception
- 2,233 emergency medicines supplies

17.2.2 Discharge medicines review

In 2025/26, seven pharmacies provided this service and completed 138 reviews.

17.2.3 Pharmacist independent prescribing service

Six pharmacies were commissioned to provide this service in 2025/26 and provided a total of 4,624 consultations over the year.

17.2.4 Seasonal influenza vaccination service

Ten pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,880 vaccinations.

17.2.5 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

17.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

17.2.7 Lateral flow test supply service

11 pharmacies were commissioned to provide this service in 2025/26.

17.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

17.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

17.2.10 Help me quit @ pharmacy

Nine pharmacies were commissioned to provide this service in 2025/26.

17.2.11 Inhaler review service

Seven pharmacies were commissioned to provide this service in 2025/26.

17.2.12 Naloxone supply service

One pharmacy was commissioned to provide this service in 2025/26.

17.2.13 National care home support service

Three pharmacies were commissioned to provide this service in 2025/26.

17.2.14 Return of patients sharps boxes

11 pharmacies were commissioned to provide this service in 2025/26.

17.2.15 Smoking cessation service level 2 service

Ten pharmacies were commissioned to provide this service in 2025/26.

17.2.16 Supervised administration service

11 pharmacies were commissioned to provide this service in 2025/26.

17.2.17 Needle and syringe programmes

Three pharmacies were commissioned to provide this service in 2025/26.

17.2.18 Urgent medicines service

No pharmacies were commissioned to provide this service in 2025/26.

17.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality, 17.9% were dispensed outside the locality:

- 16.1% by pharmacies in South Flintshire,
- 1.1% by contractors in England
- 0.4% in North West Wrexham,
- 0.1% in North West Flintshire, and
- 0.1% in Cardiff and Vale University Health Board's area.

In the first nine months of 2025/26, the majority of prescriptions were dispensed by the pharmacies in the locality. 17.7% were dispensed outside the locality:

- 16.5% in South Flintshire,
- 1.0% by contractors in England, and
- 0.1% in Cardiff and Vale University Health Board's area.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

17.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

17.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 17.2 and 17.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 113 contractors dispensed items written by one of the GP practices in this locality, of which:

- 12 were located within the locality,
- 85 were located elsewhere within the health board's area,
- 16 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

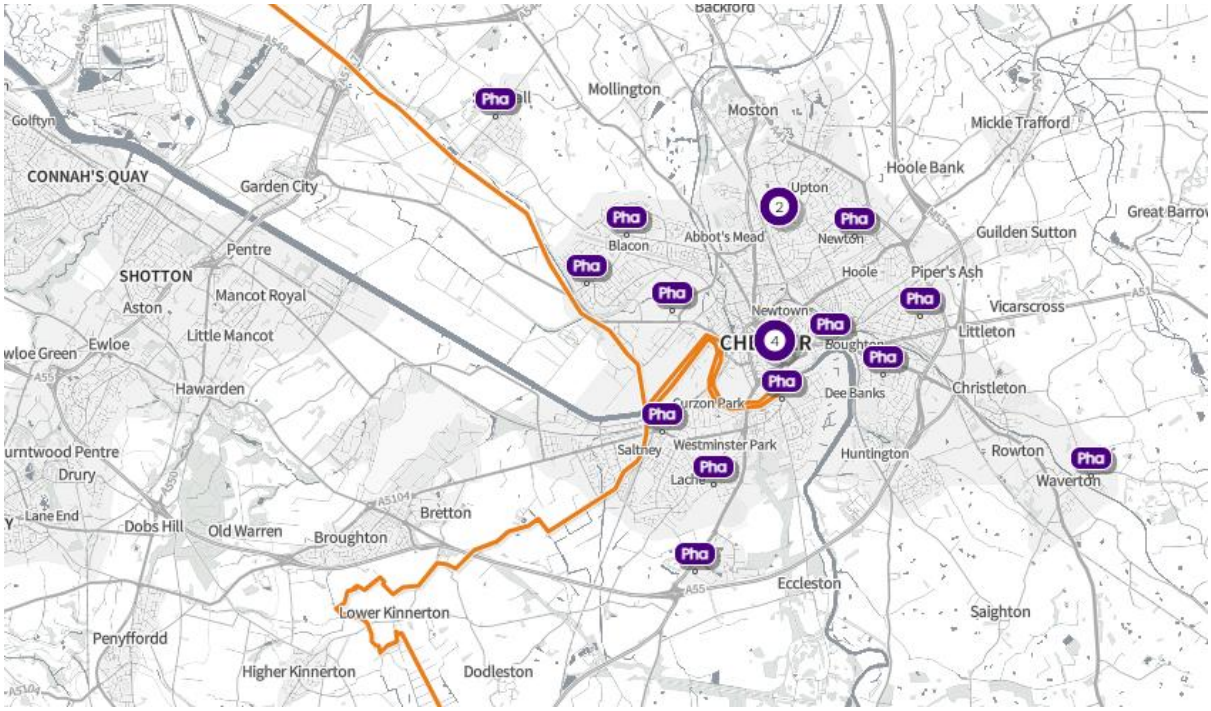
In the first nine months of 2025/26 over 105 contractors dispensed items written by one of the GP practices, of which:

- 12 were located within the locality,
- 73 were located elsewhere within the health board's area,
- 20 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

17.6 Gaps in provision

Whilst not providers of either pharmaceutical services or other NHS services as defined in the regulations, the health board has taken account of the pharmacies over the border within England. The map below shows the locations of pharmacies just over the border.

Map 17.2 – locations of pharmacies in England



© Copyright Parallel 2026 | Ordnance Survey | Mapbox | OpenStreetMap contributor

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that five pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, and one said it didn't but could make adjustments. Three pharmacies said they had sufficient staffing levels, and two said they could make adjustments. One pharmacy did not respond to this question

17.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation.
- All of the locality is within a 20-minute drive time of a pharmacy in either Wales or England, with many residents within ten minutes of a pharmacy.
- There are two known housing developments due within the lifetime of this document which will deliver up to 1,625 new houses – the Northern Gateway mixed use development site (1,325 units) and the Warren Hall mixed use development site (300 units).
- The opening hours of the pharmacies.

The health board has not identified any current needs for these services within the locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

17.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

17.6.3 Discharge medicines review

The health board has noted seven pharmacies provided this service in 2025/26. It has not identified any current or future needs for this service within the locality.

17.6.4 Pharmacist independent prescribing service

The health board has noted:

- six pharmacies were commissioned to provide this service in 2025/26.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

17.6.5 Seasonal influenza vaccination

The health board has noted:

- 11 pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, for example the GP practices.

It has therefore not identified any current or future needs for this service within the locality.

17.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.8 Lateral flow tests supply service

The health board has noted 11 pharmacies were commissioned to provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

17.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.10 Covid-19 vaccination service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.11 Help me quit @ pharmacy

The health board has noted:

- Nine pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.
- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.12 Inhaler review service

The health board has noted:

- seven pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.13 Naloxone supply service

The health board has noted:

- one pharmacy was commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.14 National care home support service

The health board has noted:

- three pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.15 Return of patients sharps boxes

The health board has noted 11 pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

17.6.16 Smoking cessation level 2

The health board has noted:

- ten pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.17 Supervised administration service

The health board has noted 11 pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

17.6.18 Needle and syringe programmes

The health board has noted:

- Three pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.

- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.19 Urgent medicines service

The health board has noted none of the pharmacies were commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

18 South Flintshire locality

18.1 Key facts[184]

- Flintshire Unitary Authority has the largest population of the six unitary authorities at 155,867.
- There has been a general increase in population density across North Wales between 2020 and 2023. The eastern area of the health board remains the most densely populated, with more persons per square kilometre compared to the Wales average (152.6). Flintshire is the most densely populated unitary authority area at 354.3 persons per square kilometre.
- The population of the health board aged 65 years and over is expected to increase by 2047. Residents aged 65 years and over are predicted to increase by almost 34%, with the largest percentage increased expected in Denbighshire (36%). The largest increases in terms of numbers of residents are expected in Conwy and Flintshire.
- 14.6% of households in the locality have no car or van (lowest percentage across North Wales).
- 19.9% of the locality's population is aged 66-84 years, higher than the Wales average of 17.7%, and similar to the health board's average of 19.6%.
- 3.1% of the locality's population is aged 85+ years, the same as the health board's average of 3.1% and higher than the Wales average of 2.7%.
- 16.6% of the locality's population is aged 0-15 years, higher than the average for Wales (17.1%) and higher than the health board's average of 16.7%.
- One-person households in the locality make up 28.9% of total households; 15% of households are occupied by one person aged over 66. This is higher than the average for Wales (14.6%) but lower than the health board's average of 15.8%.
- 2.8% of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[185] This is the lowest in the three clusters in Flintshire, and the third lowest across the clusters in North Wales.
- Life expectancy in Flintshire Unitary Authority is 78.6 for males and 82.1 for females[186].
- Healthy life expectancy in Flintshire Unitary Authority is 61.3 years for males and 62.0 years for females and the inequality gap for healthy life expectancy in Flintshire is 8.0 years for males and 5.5 years for females.
- 23.1% of four and five year olds in the South Flintshire locality have overweight or obesity.
- Healthy lifestyles and behaviour data for adults in Flintshire Unitary Authority show:

[184] Public Health Profiles - North West Collaborative profiles 2025
[185] Public Health Wales - Primary care clusters dashboard
[186] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Flintshire	17.6%	44.2%	3.6%	9.6%	39.3%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Across the health board area, the percentage of adults reporting to drink above the recommended guidelines ranges from 9.9% in Denbighshire to 20.4% in Flintshire.
- Almost 37% of 11 to 16-year-olds report drinking alcohol in North Wales compared to 35.6% across Wales. The highest reported levels of alcohol drinking across the region are in Flintshire (39.3%) and Gwynedd (38.2%).
- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Flintshire, 15.5% of the population reported being able to speak Welsh. This is the lowest percentage across North Wales.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	South Flintshire	Betsi Cadwaladr University Health Board	Wales
Asthma	7.4%	7.6%	7.1%
Atrial fibrillation	2.8%	2.8%	2.7%
Cancer	4.5%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.1%	2.7%	2.3%
Diabetes	7.5%	8.3%	8.4%
Epilepsy	0.9%	0.9%	1.0%
Heart failure	1.3%	1.4%	1.4%
Hypertension	17.1%	17.9%	16.3%
Stroke transient ischaemic attack	2.4%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.5%	3.6%	3.4%

- In the health board just over half of 50 to 64 year olds with a clinical risk received their influenza vaccination; this is above the average for Wales. Across the region, uptake ranged from 46.5% in Denbighshire to 53.1% in Flintshire.

- Estimates of the number of people with dementia in North Wales show an increase of 14.1% between 2013 and 2023. The highest increase has been in Flintshire at 24.5%.

The Flintshire Local Development Plan identifies two key strategic sites which will deliver 1,625 housing units, 23% of the plan's total. Both are within North East Flintshire.

There are 11 non-strategic employment sites within the local development plan which across Flintshire are expected to deliver:

- 2026/27 – 465
- 2027/28 – 404
- 2028/29 – 205
- 2029/2030 – 173
- 2030 and beyond – 20

This equates to 3,168 people in total across the sites.

18.2 Current provision of pharmaceutical services within the locality's area

There are eight pharmacies in the locality operated by eight different contractors. Of the six GP practices, four dispense from a total of four premises. The level of dispensing ranges from 7.0% to 96.0% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 18.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

In 2024/25, 74.4% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 16.4% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 74.6% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 16.6% of the prescribed items.

The map in chapter 5 indicates that all the locality is within a 20-minute drive of a pharmacy, with many residents within ten minutes of a pharmacy. With regard to when the pharmacies are open:

- One opens Monday to Friday,
- Five open Monday to Friday, and part of Saturday,
- One opens Monday to Saturday, and
- One opens Monday to Sunday in Mold.

With regard to the times at which these pharmacies are open between Monday and Friday:

- all the pharmacies open at 09.00,
- Closing times vary between 17.30 and 18.00.

Three pharmacies close for lunch at varying times between 13.00 and 13.30. The remaining pharmacies open all day.

On Saturday, the seven pharmacies that open do so at 09.00. Of the two pharmacies that open all day, neither closes for lunch. They close at 17.30. Five pharmacies have core opening hours on Saturday.

The pharmacy that opens on Sunday does so between 10.00 and 16.00. These are supplementary opening hours.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Four pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Two pharmacies confirmed they have Welsh speakers. Other than English, no other languages are spoken.

All four pharmacies dispense prescriptions for all types of appliances.

All four pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- one provides a free of charge delivery service on request,
- one provides a free delivery service to housebound patients within a three-mile radius,
- one provides a delivery service for a fee, to specific areas, and
- one provides a delivery service to elderly and vulnerable housebound patients.

One pharmacy has an automated collection point allowing people to collect their dispensed medicines at a time that is convenient for them.

There were no suggestions for an existing additional clinical service that is not currently provided in the area.

With regard to the requirement for a new service that is not currently available, two pharmacies stated a blood pressure would be useful, and one also said that patients ask for a wider range of vaccinations than are currently available eg shingles.
All four pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Two said they also have sufficient staffing capacity, and one said they don't have sufficient staffing capacity but could make adjustments. The fourth didn't respond to this point.

Two pharmacies have plans to develop or expand their premises or service provision.

- One is moving to new premises in August 2026. The new premises will have eight consultation rooms and will increase the delivery of services.
- One is looking to increase the range of private services offered eg travel vaccinations and weight loss, should there not be an increase in the range of NHS services commissioned.

One dispensing practice responded to the dispensing doctor questionnaire and the following information is taken from that response. It provides services from one premises.

- The dispensary is open from 08.00 to 18.00 Monday to Friday.
- Just dressings are dispensed.
- Dispensed items are delivered to housebound dispensing patients.
- The practice has no Welsh speakers.
- Other than English, no other languages are spoken by staff.
- The practice has capacity within its premises and staff to manage an increase in demand.

18.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 8,507 consultations for common ailments400 consultations for contraception
- 5,174 emergency medicines supplies

18.2.2 Discharge medicines review

In 2026/26, six pharmacies provided this service and completed 466 reviews.

18.2.3 Pharmacist independent prescribing service

Five pharmacies were commissioned to provide this service in 2025/26 and provided a total of 3,636 consultations over the year.

18.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,625 vaccinations.

18.2.5 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

18.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

18.2.7 Lateral flow test supply service

Six pharmacies were commissioned to provide this service in 2025/26.

18.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

18.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

18.2.10 Help me quit @ pharmacy

Six pharmacies were commissioned to provide this service in 2025/26.

18.2.11 Inhaler review service

Seven pharmacies were commissioned to provide this service in 2025/26.

18.2.12 Naloxone supply service

One pharmacy was commissioned to provide this service in 2025/26.

18.2.13 National care home support service

One pharmacy was commissioned to provide this service in 2025/26.

18.2.14 Return of patients sharps boxes

Seven pharmacies were commissioned to provide this service in 2025/26.

18.2.15 Smoking cessation service level 2

All the pharmacies were commissioned to provide this service in 2025/26.

18.2.16 Supervised administration service

Six pharmacies were commissioned to provide this service in 2025/26.

18.2.17 Needle and syringe programmes

Three pharmacies were commissioned to provide this service in 2025/26.

18.2.18 Urgent medicines service

One pharmacy was commissioned to provide this service in 2025/26.

18.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the eight pharmacies in the locality or the four dispensing practices, 8.5% were dispensed outside the locality:

- 2.6% by pharmacies in North East Flintshire,
- 2.6% by pharmacies in Central and South Denbighshire,
- 2.0% by pharmacies in North and West Wrexham,
- 0.9% by contractors in England,
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.2% by pharmacies in Central Wrexham.

In the first nine months of 2025/26, the majority of prescriptions were dispensed by either the pharmacies or the dispensing practices in the locality. 8.6% were dispensed outside the locality:

- 2.8% by pharmacies in Central and South Denbighshire,
- 2.5% by pharmacies in North East Flintshire,
- 2.0% by pharmacies in North and West Wrexham,
- 0.8% by contractors in England,
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.2% by pharmacies in Central Wrexham.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

18.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

18.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 18.2 and 18.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 135 contractors dispensed items written by one of the GP practices in this locality, of which:

- eight were located within the locality,
- 102 were located elsewhere within the health board's area,
- 24 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

In the first nine months of 2025/26 over 113 contractors dispensed items written by one of the GP practices, of which:

- eight were located within the locality,
- 84 were located elsewhere within the health board's area,
- 108were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

18.6 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that four pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Two said they also have sufficient staffing capacity, and one said they don't have sufficient staffing capacity but could make adjustments. The fourth didn't respond to this point.

18.6.1 Essential services

The health board has noted:

- The pharmacies are located in areas of greater population density and generally higher deprivation.
- All the locality is within a 20-minute drive of a pharmacy, with many residents within ten minutes of a pharmacy.
- The known housing developments.

- The opening hours of the pharmacies.

The health board has not identified any current needs for these services within the locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/village where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

18.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

18.6.3 Discharge medicines review

The health board has noted six pharmacies provided this service in 2025/26. It has

not identified any current or future needs for this service within the locality.

18.6.4 Pharmacist independent prescribing service

The health board has noted:

- five pharmacies were commissioned to provide this service in 2025/26.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

18.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

18.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.8 Lateral flow tests supply service

The health board has noted six pharmacies were commissioned to provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

18.6.9 Blood borne virus testing service

The health board has noted none of the pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.10 Covid-19 vaccination service

The health board has noted none of the pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.11 Help me quit @ pharmacy

The health board has noted:

- Six pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.
- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.12 Inhaler review service

The health board has noted:

- seven pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.13 Naloxone supply service

The health board has noted:

- one pharmacy was commissioned to provide this service in 2025/26.

18.6.14 National care home support service

The health board has noted:

- one pharmacy was commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.15 Return of patients sharps boxes

The health board has noted seven pharmacies were commissioned to provide this service 2025/26. It has not identified any current or future needs for this service within the locality.

18.6.16 Smoking cessation level 2

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

18.6.17 Supervised administration service

The health board has noted six pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

18.6.18 Needle and syringe programmes

The health board has noted:

- Three pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.19 Urgent medicines service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

18.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

19 North and West Wrexham locality

19.1 Key facts[187]

- Wrexham Unitary Authority has the second largest population of the six unitary authorities at 138,245.
- The numbers of children and young people (aged 0 to 17 years) in the health board have declined by around 6,200 between 2013 and 2023. The largest decline has been in Wrexham Unitary Authority, with a decline of 1,350.
- Wrexham Unitary Authority has the lowest proportion of residents aged 65 years and over at 20.8%, which is lower than the Wales average (21.7%). The picture is similar for residents aged 85 years and over, with Wrexham having 2.6% which is the lowest across the six local authority areas and below the average for Wales (2.7%).
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At unitary authority level the smallest increase is predicted to be in Wrexham at 2.4% compared to the largest increases in Gwynedd (10.8%) and Denbighshire (10.4%).
- The number of children and young people aged 0 to 15 years in the health board area is expected to decline by 13.5% by 2047. At unitary authority level the largest decline is expected in Wrexham at 20.8% compared to the smallest decline predicted to be in Gwynedd (4.8%).
- The resident population aged 85 years in the health board area is expected to increase by almost 98%. Across the region, the largest percentage increases are expected in Wrexham (114.6%) and on the Isle of Anglesey (109.4%).
- 19.2% of the locality's population is aged 66-84 years, higher than the Wales average of 17.7%, but lower than the health board's average of 19.6%.
- 2.6% of the locality's population is aged 85+ years, lower than the health board's average of 3.1% and lower than the Wales average of 2.7%.
- 17.7% of the locality's population is aged 0-15 years, higher than both the average for Wales (17.1%) and the health board (16.7%).
- One-person households in the locality make up 28.2% of total households; 13.9% of households in are occupied by one person aged over 66. This is lower than the average for Wales (14.6%) and lower than the health board's average of 15.8%.
- There has been a general increase in population density across North Wales between 2020 and 2023. The eastern area of the health board remains the most densely populated, with more persons per square kilometre compared to the Wales average (152.6). Wrexham is the second most densely populated local authority area at 270.3 persons per square kilometre.
- 13.7% of households in the locality have no car or.
- 8.4% of the locality's population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[188]
- Life expectancy in Wrexham is 77.2 for males and 81.2 for females[189].

[187] Public Health Profiles - North West Collaborative profiles 2025
[188] Public Health Wales - Primary care clusters dashboard
[189] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

- Healthy life expectancy in Wrexham is 61.8 years for males and 61.5 years for females and the inequality gap for healthy life expectancy in Wrexham is 7.3 years for males and 7.5 years for females.
- 32.4% of four and five year olds in North and West Wrexham locality have overweight or obesity.
- Healthy lifestyles and behaviour data for adults in Wrexham Unitary Authority show:

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Wrexham	16.1%	40.9%	3.2%	8.7%	34.7%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Over 89,600 the health board patients are registered by their GP as having obesity; this is almost 15% of the population. At locality level the highest proportions are in North and West Wrexham (17.4%) and South Wrexham (16.8%).
- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Wrexham, 26.1% of the population reported being able to speak Welsh. This is the second lowest percentage across North Wales.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	North and West Wrexham	Betsi Cadwaladr University Health Board	Wales
Asthma	8.0%	7.6%	7.1%
Atrial fibrillation	2.7%	2.8%	2.7%
Cancer	4.5%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.5%	2.7%	2.3%
Diabetes	8.0%	8.3%	8.4%
Epilepsy	0.8%	0.9%	1.0%
Heart failure	1.3%	1.4%	1.4%
Hypertension	18.0%	17.9%	16.3%
Stroke transient ischaemic attack	2.2%	2.3%	2.2%

Secondary prevention of coronary heart disease	3.5%	3.6%	3.4%

The Wrexham Local Development Plan 2013 to 2028 identified the need for 8,525 housing units, equating to 568 houses per annum or 2,840 within the lifetime of this pharmaceutical needs assessment. However, it was withdrawn on 18 March 2026 by Welsh Ministers[190]. The development plan for Wrexham now comprises Future Wales: the national plan 2024 and the Wrexham Unitary Development Plan 1996-2011 in order of legal hierarchy.

Based on the development trajectory in the council's Annual Monitoring Report for 2023/24, 801 units will be built in 2026/27 and 787 in 2027/28. From 2028 onwards, 3,087 units are expected to be built. There are three large schemes, all located within Central Wrexham locality.

19.2 Current provision of pharmaceutical services within the locality's area

There are seven pharmacies in the locality operated by four different contractors. None of the GP practices dispense.

The map below shows the location of the pharmacies. It should be noted that where premises are close to each other the symbols will overlap.

Map 19.1 – location of pharmacies



[190] Wrexham County Borough Council, Notice of Withdrawal of the Wrexham County Borough Council Local Development Plan 2013-2028

© OpenStreetMap © CARTO  Pharmacy

In 2024/25, 81.3% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

In the first nine months of 2025/26 81.9% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

The map in chapter 5 indicates that all the locality is within a 20-minute drive of a pharmacy with most residents within ten minutes of a pharmacy. With regard to when the pharmacies are open:

- one opens Monday to Friday,
- four open Monday to Friday, and part of Saturday, and
- two open Monday to Saturday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- all open at 09.00,
- Closing times vary between 17.30 and 18.00.

Four pharmacies close for lunch at varying times between 13.00 and 14.00. Three remain open all day.

On Saturday, five pharmacies open at 09.00, and one at 09.30. Three are open in the morning, one closes at 15.00, one at 16.30 and one at 17.30. Six have core opening hours on Saturday.

No pharmacies are open on Sundays.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Four pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All four pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All four consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Three pharmacies have Welsh speakers. One pharmacy confirmed that staff are also able to speak Gujarati, Bengali, Punjab and Hindi.

All four pharmacies dispense prescriptions for all types of appliances.

All four pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- two provide a free of charge delivery service on request, and
- two pharmacies restrict the service to elderly and vulnerable housebound patients.

There were no suggestions for a new service that is not currently available in the area.

One pharmacy was of the opinion that there is a requirement for an additional clinical service which is not currently available, namely blood pressure monitoring as it receives requests for the service from patients and also regularly finds people with high blood pressure when providing the pharmacist independent prescriber service. One pharmacy said it is open to any clinical services and would be prepared to open for longer hours if commissioned to do so.

Three pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, with the fourth saying it doesn't but could make adjustments to manage any increase in demand. One pharmacy also has sufficient capacity in its staffing levels with the remaining three saying they don't but could make adjustments.

All four pharmacies have plans to develop or expand their premises or service provision:

- Relocation to new premises and installation of an automated collection point in the next 12 months.
- Addition of a third and fourth consultation room to meet increased demand. Second pharmacist due to start who will qualify as an independent prescriber in 2026. Two pharmacy technicians are providing services under patient group directions and certain private services.
- Expand the number of days the independent prescriber is available.
- Commence providing the pharmacist independent prescriber service in late 2026.

19.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 7,376 consultations for common ailments
- 125 consultations for contraception
- 2,156 emergency medicines supplies

19.2.2 Discharge medicines review

In 2025/26 six pharmacies provided this service and completed 264 reviews.

19.2.3 Pharmacist independent prescribing service

Four pharmacies were commissioned to provide this service in 2025/26 and provided a total of 5,129 consultations over the year.

19.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 2,010 vaccinations.

19.2.5 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

19.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

19.2.7 Lateral flow test supply service

Five pharmacies were commissioned to provide this service in 2025/26.

19.2.8 Blood borne virus testing service

No pharmacies were commissioned to provide this service in 2025/26.

19.2.9 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

19.2.10 Help me quit @ pharmacy

Five pharmacies were commissioned to provide this service in 2025/26.

19.2.11 Inhaler review service

Six pharmacies were commissioned to provide this service in 2025/26.

19.2.12 Naloxone supply service

One pharmacy was commissioned to provide this service in 2025/26.

19.2.13 National care home support service

Two pharmacies were commissioned to provide this service in 2025/26.

19.2.14 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

19.2.15 Smoking cessation service level 2 service

All the pharmacies were commissioned to provide this service in 2025/26.

19.2.16 Supervised administration service

Six pharmacies were commissioned to provide this service in 2025/26.

19.2.17 Needle and syringe programmes

One pharmacy was commissioned to provide this service in 2025/26.

19.2.18 Urgent medicines service

No pharmacies were commissioned to provide this service in 2025/26.

19.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality, 17.1% were dispensed outside the locality:

- 11.1% by pharmacies in South Wrexham,
- 3.2% by pharmacies in Central Wrexham,
- 1.9% by pharmacies in North East Flintshire,
- 0.6% by contractors in England,
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.1% by pharmacies in South Flintshire.

In the first nine months of 2025/26, the majority of prescriptions were dispensed by the pharmacies in the locality. 17.7% were dispensed outside the locality:

- 11.3% by pharmacies in South Wrexham,
- 3.3% by pharmacies in Central Wrexham,
- 1.5% by pharmacies in North East Flintshire,

- 1.2% by contractors in England,
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.1% by pharmacies in South Flintshire.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

19.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

19.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 19.2 and 19.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 97 contractors dispensed items written by one of the GP practices in this locality, of which:

- seven were located within the locality,
- 76 were located elsewhere within the health board's area,
- 13 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

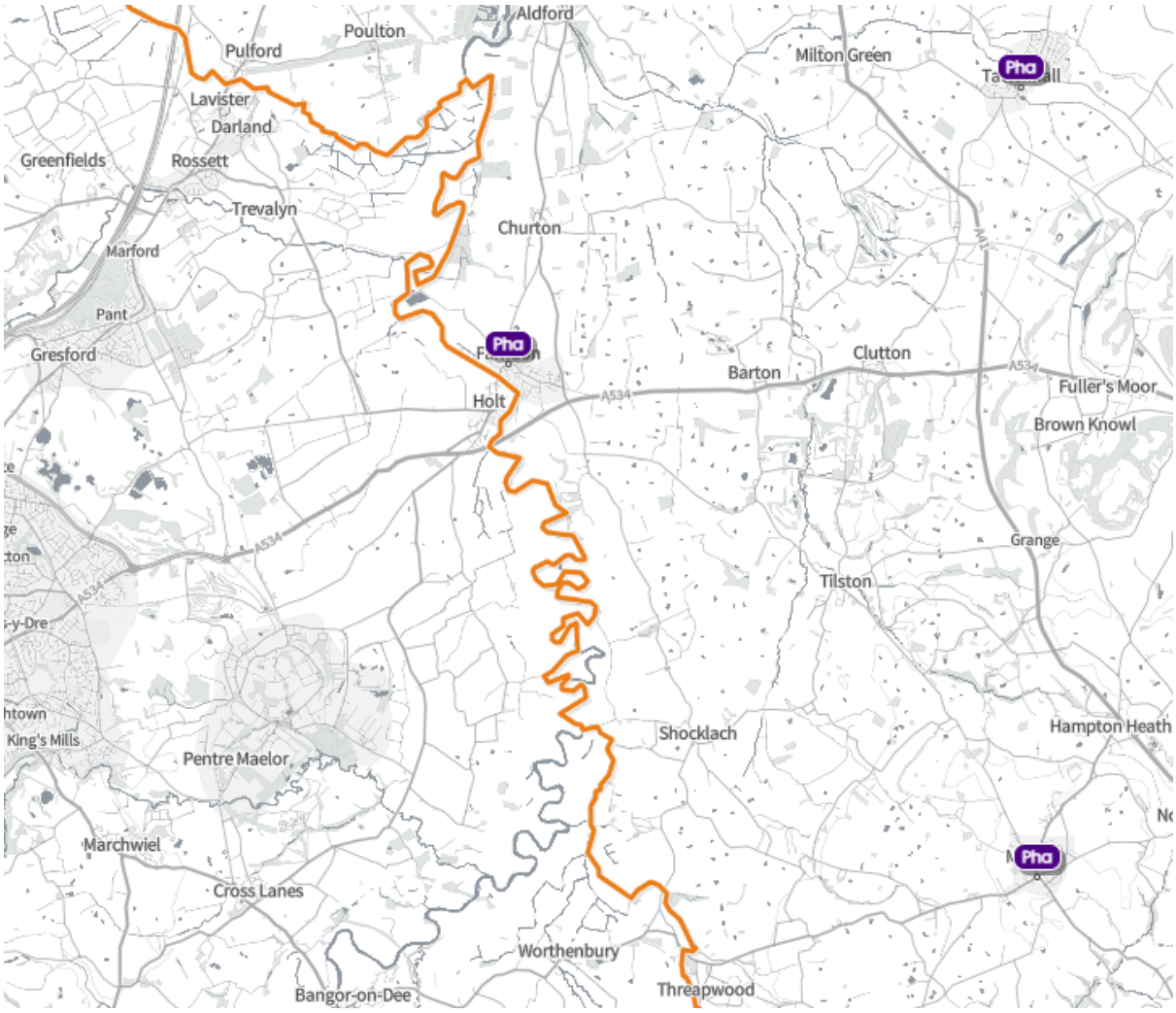
In the first nine months of 2025/26 over 90 contractors dispensed items written by one of the GP practices, of which:

- seven were located within the locality,
- 72 were located elsewhere within the health board's area,
- 10 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

19.6 Gaps in provision

Whilst not providers of either pharmaceutical services or other NHS services as defined in the regulations, the health board has taken account of the pharmacies over the border within England. The map below shows the location of pharmacies in England.

Map 19.2 –location of pharmacies in England



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When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that three pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, with a fourth saying it doesn't but could make adjustments to manage any increase in demand. One pharmacy also has sufficient capacity in its staffing levels with the remaining three saying they don't but could make adjustments.

19.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation.

- All the locality is within a 20-minute drive of a pharmacy with most residents within ten minutes of a pharmacy.
- The level of housing projected to be built.
- There are no pharmacies open on Sundays.

The health board has not identified any current needs in relation to the provision of essential services in this locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services during, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

19.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

19.6.3 Discharge medicines review

The health board has noted six pharmacies provided this service in 2025/26. It has not identified any current or future needs for this service within the locality.

19.6.4 Pharmacist independent prescribing service

The health board has noted:

- Four pharmacies were commissioned to provide this service in 2025/26.
- One pharmacy plans to commence providing the service in late 2026.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.

- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

19.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

19.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.8 Lateral flow tests supply service

The health board has noted five pharmacies were commissioned to provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

19.6.9 Blood borne virus testing service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.10 Covid-19 vaccination service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.11 Help me quit @ pharmacy

The health board has noted:

- Five pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.
- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.12 Inhaler review service

The health board has noted:

- Six pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.13 Naloxone supply service

The health board has noted:

- One pharmacy was commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.14 National care home support service

The health board has noted:

- Two pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

19.6.16 Smoking cessation level 2 service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

19.6.17 Supervised administration service

The health board has noted six pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

19.6.18 Needle and syringe programmes

The health board has noted:

- One pharmacy was commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.19 Urgent medicines service

The health board has noted no pharmacies were commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board’s geography.

The health board has therefore not identified any current or future needs for this service within the locality.

20 Central Wrexham locality

20.1 Key facts[191]

- Wrexham Unitary Authority, in the north east of the region has the second largest population of the six unitary authorities at 138,245.
- The numbers of children and young people (aged 0 to 17 years) in the health board have declined by around 6,200 between 2013 and 2023. The largest decline has been in Wrexham Unitary Authority, with a decline of 1,350.
- Wrexham Unitary Authority has the lowest proportion of residents aged 65 years and over at 20.8%, which is lower than the Wales average (21.7%). The picture is similar for residents aged 85 years and over, with Wrexham having 2.6% which is the lowest across the six local authority areas and below the average for Wales (2.7%).
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At unitary authority level the smallest increase is predicted to be in Wrexham at 2.4% compared to the largest increases in Gwynedd (10.8%) and Denbighshire (10.4%).
- The number of children and young people aged 0 to 15 years in the health board area is expected to decline by 13.5% by 2047. At unitary authority level the largest decline is expected in Wrexham at 20.8% compared to the smallest decline predicted to be in Gwynedd (4.8%).
- The resident population aged 85 years in the health board area is expected to increase by almost 98%. Across the region, the largest percentage increases are expected in Wrexham (114.6%) and on the Isle of Anglesey (109.4%).
- 14.9% of the locality's population is aged 66-84 years, lower than the Wales average of 17.7%, and lower than the health board's average of 19.6%.
- 2.4% of the locality's population is aged 85+ years, lower than the health board's average of 3.1% and lower than the Wales average of 2.7%.
- 18.1% of the locality's population is aged 0-15 years, higher than the average for Wales (17.1%) and higher than the health board's average of 16.7%.
- One-person households in the locality make up 32.3% of total households; 13.3% of households are occupied by one person aged over 66. This is lower than the average for Wales (14.6%) and lower the health board's average of 15.8%.
- There has been a general increase in population density across North Wales between 2020 and 2023. The eastern area of the health board remains the most densely populated, with more persons per square kilometre compared to the Wales average (152.6). Wrexham is the second most densely populated local authority area at 270.3 persons per square kilometre.
- 23.8% of households in the locality have no car or .
- 17.1% of the cluster population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[192]
- Life expectancy in Wrexham is 77.2 for males and 81.2 for females[193].

[191] Public Health Profiles - North West Collaborative profiles 2025
[192] Public Health Wales - Primary care clusters dashboard
[193] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

- Healthy life expectancy in Wrexham is 61.8 years for males and 61.5 years for females and the inequality gap for healthy life expectancy in Wrexham is 7.3 years for males and 7.5 years for females.
- 28.5% of four and five year olds in Central Wrexham locality have overweight or obesity.
- Healthy lifestyles and behaviour data for adults in Wrexham Unitary Authority show:

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Wrexham	16.1%	40.9%	3.2%	8.7%	34.7%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Wrexham, 26.1% of the population reported being able to speak Welsh. This is the second lowest percentage across North Wales.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	Central Wrexham	Betsi Cadwaladr University Health Board	Wales
Asthma	7.1%	7.6%	7.1%
Atrial fibrillation	2.4%	2.8%	2.7%
Cancer	3.5%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.4%	2.7%	2.3%
Diabetes	8.0%	8.3%	8.4%
Epilepsy	1.0%	0.9%	1.0%
Heart failure	1.5%	1.4%	1.4%
Hypertension	16.8%	17.9%	16.3%
Stroke transient ischaemic attack	2.2%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.3%	3.6%	3.4%

The Wrexham Local Development Plan 2013 to 2028[194] identified the need for 8,525 housing units, equating to 568 houses per annum or 2,840 within the lifetime of this pharmaceutical needs assessment. However, it was withdrawn on 18 March 2026 by Welsh Ministers[195]. The development plan for Wrexham no comprises the Future Wales: the national plan 2024 and the Wrexham Unitary Development Plan 1996-2011 in order of legal hierarchy.

Based on development trajectory in the council's Annual Monitoring Report for 2023/24, 801 units will be built in 2026/27 and 787 in 2027/28. From 2028 onwards, 3,087 units are expected to be built. There are three large schemes, all located within Central Wrexham locality.

- 1,450 units (approximately 3,480 people) - land off Lower Berse Road, Wrexham. The majority of the units are expected from 2028 onwards.
- 600 units (approximately 1,440 people) – land off Holt Road, Wrexham.
- 900 units (approximately 2,160 people) – Esless Park (also referred to as Erlas Park), land east of Cefn Road. The majority of the units are expected from 2028 onwards.

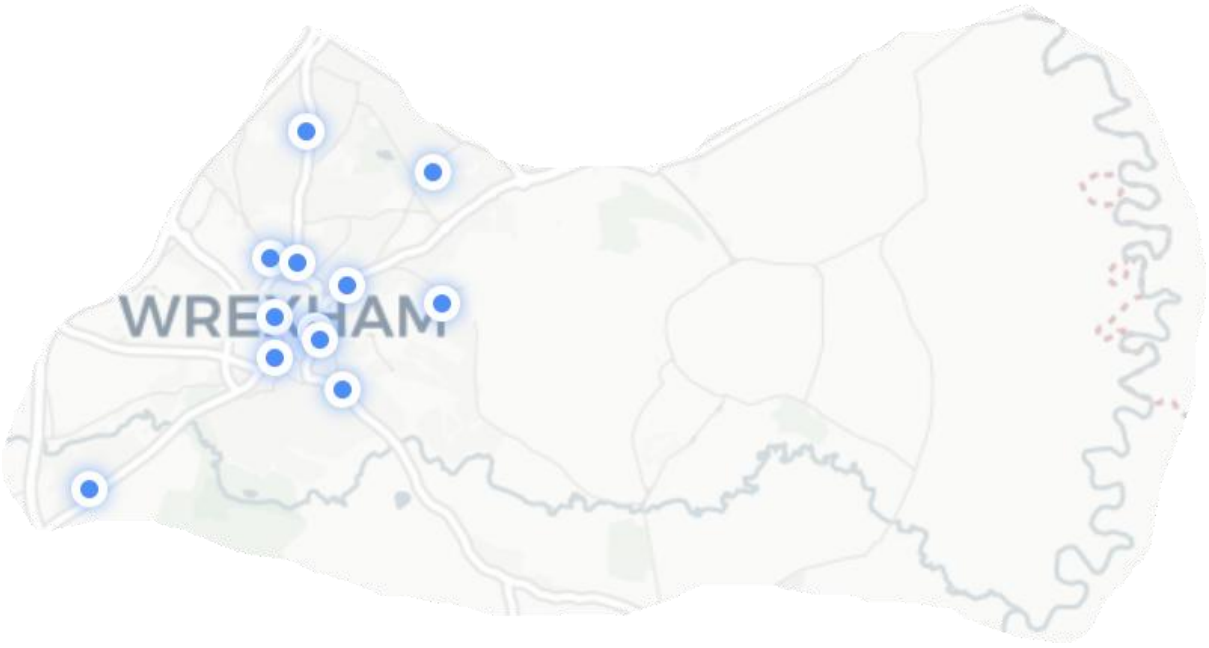
20.2 Current provision of pharmaceutical services within the locality's area

There are 12 pharmacies in the locality operated by five different contractors. None of the six GP practices dispense.

The map below shows the location of the pharmacies. It should be noted that where premises are close to each other the symbols will overlap.

[194] Wrexham Local Development Plan 2013 to 2028
[195] Wrexham County Borough Council, Notice of Withdrawal of the Wrexham County Borough Council Local Development Plan 2013-2028

Map 20.1 – location of pharmacies



© OpenStreetMap © CARTO

In 2025/26, 78.1% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

In the first nine months of 2025/26 79.2% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

The map in chapter 5 indicates that all the locality is within a 20-minute drive of a pharmacy, with most residents within ten minutes of a pharmacy. With regard to when the pharmacies are open:

- Three open Monday to Friday,
- Six open Monday to Friday, and part of Saturday,
- One opens Monday to Saturday, and
- Two open Monday to Sunday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Two open at 08.30, one opens at 08.45 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.00 with one pharmacy open until 20.00.

Ten pharmacies close for lunch at varying times between 13.00 and 14.00.

On Saturday, one pharmacy opens at 08.30 and eight at 09.00. Of the three pharmacies that open all day, one closes for lunch between 13.00 and 13.20. They

close between 17.30 and 18.00. Nine of the pharmacies have core opening hours on Saturdays, with two having them morning and afternoon.

The two pharmacies that open on Sunday between them cover the hours 10.00 to 16.00.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Ten pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All ten pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. Nine of the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

The tenth is a closed room but does not meet the other two requirements. There are, however, alternative arrangements in place for confidential discussions.

Four pharmacies confirmed it they have Welsh speakers. Nine pharmacies reported other languages being spoken by staff.

- Polish, Gujarati, Urdu, Parsi, Hindi.
- Polish is spoken at three pharmacies.
- Spanish is spoken at two pharmacies.
- Polish and Urdu.
- Malay and Mandarin.
- Farsi.

All ten pharmacies dispense prescriptions for all types of appliances.

All ten pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- one provides a free of charge delivery service on request, and
- eight deliver to elderly and vulnerable housebound patients.

No pharmacies were of the opinion that there is a requirement for an existing additional clinical service, or a new service, that is not currently available.
All ten confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Two also have

sufficient capacity within its staffing levels, with eight saying they don't but could make adjustments.
Six pharmacies have plans to develop or expand their service provision.

- Second consultation room built with plans to build additional clinical rooms to the back of the pharmacy.
- Exploring providing the pharmacist independent prescriber service outside of normal working hours and a weekend service.
- No specific plans, but always reviewing the opportunity for services.
- Expand the independent prescriber to five days a week.
- Increase the volume of pharmacist independent prescriber service consultations.
- Two pharmacies plan to commence the provision of the pharmacist independent prescriber service.

20.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided:

- 10,373 consultations for common ailments771 consultations for contraception
- 2,393 emergency medicines supplies

20.2.2 Discharge medicines review

In 2025/26 nine pharmacies provided this and completed 208 reviews.

20.2.3 Pharmacist independent prescribing service

Seven pharmacies were commissioned to provide this service in 2025/26 and provided a total of 3,869 consultations over the year.

20.2.4 Seasonal influenza vaccination service

All the pharmacies were commissioned to provide this service in 2025/26 and provided a total of 2,168 vaccinations.

20.2.5 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

20.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

20.2.7 Lateral flow test supply service

All the pharmacies were commissioned to provide this service in 2025/26.

20.2.8 Blood borne virus testing service

Two pharmacies were commissioned to provide this service in 2025/26.

20.2.9 Covid-19 vaccination service

None of the pharmacies were commissioned to provide this service in 2025/26.

20.2.10 Help me quit @ pharmacy

11 pharmacies were commissioned to provide this service in 2025/26.

20.2.11 Inhaler review service

11 pharmacies were commissioned to provide this service in 2025/26.

20.2.12 Naloxone supply service

Three pharmacies were commissioned to provide this service in 2025/26.

20.2.13 National care home support service

Four pharmacies were commissioned to provide this service in 2025/26.

20.2.14 Return of patients sharps boxes

11 pharmacies were commissioned to provide this service in 2025/26.

20.2.15 Smoking cessation service level 2 service

11 pharmacies were commissioned to provide this service in 2025/26.

20.2.16 Supervised administration service

11 pharmacies were commissioned to provide this service in 2025/26.

20.2.17 Needle and syringe programmes

Eight pharmacies were commissioned to provide this service and provided it in 2025/26.

20.2.18 Urgent medicines service

One pharmacy was commissioned to provide this service in 2025/26.

20.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality, 20.5% were dispensed outside the locality:

- 12.6% by pharmacies in North and West Wrexham,
- 3.4% by pharmacies in North East Flintshire,
- 2.5% by contractors in England,
- 1.7% in South Wrexham,
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.1% by pharmacies in South Flintshire.

In the first nine months of 2025/26, the majority of prescriptions were dispensed by the pharmacies in the locality. 20.4% was dispensed outside the locality:

- 12.2% by pharmacies in North and West Wrexham,3.2% in North East Flintshire,
- 3.1% in England,
- 1.6% in South Wrexham
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.1% in South Flintshire

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

20.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

20.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 20.2 and 20.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25 over 118 contractors dispensed items written by one of the GP practices in this locality, of which:

- 12 were located within the locality,
- 77 were located elsewhere within the health board's area,

- 29 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

Similar figures were seen in the first nine months of 2024/25.

The health board has noted that there is a private pharmacy in Plas Coch Retail Park. Whilst not providing pharmaceutical services it will be able to provide support for self-care and sell medicines to those seeking advice. The pharmacy has a consultation room and provides a range of private services including vaccinations (both routine and travel), emergency contraception, and NHS prescription ordering.

20.6 Gaps in provision

20.6.1 Essential services

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that Ten pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide. Two also have sufficient capacity within its staffing levels, with eight saying they don't but could make adjustments.

The health board has noted:

- The pharmacies are located in the western side of the locality, generally in areas of greater population density and higher deprivation.
- All of the locality is within a 20-minute drive time of a pharmacy with many residents within ten minutes of a pharmacy.
- The three known developments in the locality that will start to deliver the expected number of houses from 2028 onwards.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current needs for these services within the locality.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list] there will be a future need for either:

- a new pharmacy in the same town/village providing essential services the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need

for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

20.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

20.6.3 Discharge medicines review

The health board has noted nine pharmacies provided the service in 2025/26. It has not identified any current or future needs for this service within the locality.

20.6.4 Pharmacist independent prescribing service

The health board has noted:

- Seven pharmacies were commissioned to provide this service in 2025/26.
- Two pharmacies plan to commence the provision of this service
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

20.6.5 Seasonal influenza vaccination service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

20.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.8 Lateral flow tests supply service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

20.6.9 Blood borne virus testing service

The health board has noted two pharmacies were commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.10 Covid-19 vaccination service

The health board has noted none of the pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.
Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.11 Help me quit @ pharmacy

The health board has noted:

- 11 of the pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.
- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.12 Inhaler review service

The health board has noted:

- 11 of the pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.13 Naloxone supply service

The health board has noted:

- Three pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.14 National care home support service

The health board has noted:

- Four of the pharmacies were commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.15 Return of patients sharps boxes

The health board has noted 11 pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

20.6.16 Smoking cessation level 2

The health board has noted:

- 11 of the pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.

It has not identified any current or future needs for this service within the locality.

20.6.17 Supervised administration service

The health board has noted 11 of the pharmacies were commissioned to provide this service in 2025/26. It has not identified any current or future needs for this service within the locality.

20.6.18 Needle and syringe programmes

The health board has noted:

- Eight of the pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.19 Urgent medicines service

The health board has noted one of the pharmacies was commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

21 South Wrexham locality

21.1 Key facts[196]

- Wrexham Unitary Authority, in the north east of the region has the second largest population of the six unitary authorities at 138,245.
- The numbers of children and young people (aged 0 to 17 years) in the health board have declined by around 6,200 between 2013 and 2023. The largest decline has been in Wrexham Unitary Authority, with a decline of 1,350.
- Wrexham has the lowest proportion of residents aged 65 years and over at 20.8%, which is lower than the Wales average (21.7%). The picture is similar for residents aged 85 years and over, with Wrexham having 2.6% which is the lowest across the six unitary authority areas and below the average for Wales (2.7%).
- The overall population of the health board is expected to increase by just over 50,000 residents (6.8%) between 2022 and 2047. At unitary authority level the smallest increase is predicted to be in Wrexham at 2.4% compared to the largest increases in Gwynedd (10.8%) and Denbighshire (10.4%).
- The number of children and young people aged 0 to 15 years in the health board area is expected to decline by 13.5% by 2047. At unitary authority level the largest decline is expected in Wrexham at 20.8% compared to the smallest decline predicted to be in Gwynedd (4.8%).
- The resident population aged 85 years in the health board area is expected to increase by almost 98%. Across the region, the largest percentage increases are expected in Wrexham (114.6%) and on the Isle of Anglesey (109.4%).
- 18.9% of the locality's population is aged 66-84 years, higher than the Wales average of 17.7%, and higher than the health board's average of 19.6%.
- 2.9% of the locality's population is aged 85+ years, lower than the health board's average of 3.1% and similar to the Wales average of 2.7%.
- 17.2% of the locality's population is aged 0-15 years, similar to the average for Wales (17.1%) and higher than the health board's average of 16.7%.
- One-person households in the locality make up 30.4% of total households; 15.1% of households are occupied by one person aged over 66. This is higher than the average for Wales (14.6%) but lower than the health board's average of 15.8%.
- There has been a general increase in population density across North Wales between 2020 and 2023. The eastern area of the health board remains the most densely populated, with more persons per square kilometre compared to the Wales average (152.6). Wrexham is the second most densely populated local authority area at 270.3 persons per square kilometre.
- 16.9% of households in the locality have no car or van.
- 8.48 of the cluster population live in the most deprived 20% of the Welsh Index of Multiple deprivation.[197]
- Life expectancy in Wrexham is 77.2 for males and 81.2 for females[198].

[196] Public Health Profiles - North West Collaborative profiles 2025
[197] Public Health Wales - Primary care clusters dashboard
[198] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

- Healthy life expectancy in Wrexham is 61.8 years for males and 61.5 years for females and the inequality gap for healthy life expectancy in Wrexham is 7.3 years for males and 7.5 years for females.
- 33.4% of four and five year olds in South Wrexham locality have overweight or obesity, the highest in the region.
- Healthy lifestyles and behaviour data for adults in Wrexham Unitary Authority show:

Area	Physically active for at least 60 minutes per day	Eat at least one portion of fruit or vegetable daily	Smoke tobacco at least weekly	Tried e-cigarettes at least weekly	Reporting drinking alcohol
Wrexham	16.1%	40.9%	3.2%	8.7%	34.7%
Betsi Cadwaladr University Health Board	18.3%	45.7%	3.3%	8.2%	36.8%
Wales	18.3%	46.5%	2.6%	6.9%	35.6%

- Over 89,600 health board patients are registered by their GP as having obesity; this is almost 15% of the population. At cluster level the highest proportions are in North and West Wrexham (17.4%) and South Wrexham (16.8%).
- The Annual Population Survey in Wales records Welsh language ability and frequency. In 2025, almost 39% of residents in the health board reported being able to speak Welsh. In Wrexham, 26.1% of the population reported being able to speak Welsh. This is the second lowest percentage across North Wales.
- Numbers of patients with chronic conditions as reported on the Digital Health and Care Wales disease registers, April 2025, are shown below.

Disease register	South Wrexham	Betsi Cadwaladr University Health Board	Wales
Asthma	8.1%	7.6%	7.1%
Atrial fibrillation	2.9%	2.8%	2.7%
Cancer	4.1%	4.3%	3.7%
Chronic obstructive pulmonary disease	2.7%	2.7%	2.3%
Diabetes	8.2%	8.3%	8.4%
Epilepsy	1.0%	0.9%	1.0%
Heart failure	1.3%	1.4%	1.4%
Hypertension	18.8%	17.9%	16.3%
Stroke transient ischaemic attack	2.3%	2.3%	2.2%
Secondary prevention of coronary heart disease	3.8%	3.6%	3.4%

The Wrexham Local Development Plan 2013 to 2028[199] identified the need for 8,525 housing units, equating to 568 houses per annum or 2,840 within the lifetime of this pharmaceutical needs assessment. However, it was withdrawn on 18 March 2026 by Welsh Ministers[200]. The development plan for Wrexham no comprises the Future Wales: the national plan 2024 and the Wrexham Unitary Development Plan 1996-2011 in order of legal hierarchy.

Based on development trajectory in the council's Annual Monitoring Report for 2023/24, 801 units will be built in 2026/27 and 787 in 2027/28. From 2028 onwards, 3,087 units are expected to be built. There are three large schemes, all located within Central Wrexham locality.

21.2 Current provision of pharmaceutical services within the locality's area

There are ten pharmacies in the locality operated by four different contractors. One pharmacy is covered by the essential small pharmacy scheme. Of the eight GP practices, two dispense from a total of two premises. The level of dispensing ranges from 71.8% to 86.4% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 21.1 – location of pharmacies and dispensing doctor premises



© OpenStreetMap © CARTO Dispensing doctor premises Pharmacy

[199] Wrexham County Borough Council, Wrexham Local Development Plan 2013 to 2028
[200] Wrexham County Borough Council, Notice of Withdrawal of the Wrexham County Borough Council Local Development Plan 2013-2028

In 2024/25, 73.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 6.5% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration elsewhere in Wales it can be assumed that less than 2% of items were personally administered.

In the first nine months of 2025/26 72.2% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 9.5% of the prescribed items. Less than 2% of items were personally administered.

The map in chapter 5 indicates that not all the locality is within a 20-minute drive of a pharmacy. The area to the west of Pentre is hilly countryside with a few scattered houses/farms. The area in the east that is south of Bronington is occupied by Fenn's, Whixall & Bettisfield Mosses National Nature Reserve.
With regard to when the pharmacies are open:

- three open Monday to Friday, and
- seven open Monday to Friday and Saturday morning.

With regard to the times at which these pharmacies are open between Monday and Friday:

- five open at 08.30 and five open at 09.00,
- closing times vary between 17.00 and 18.30, although one pharmacy closes at 12.30 on Wednesdays.

All bar one close for lunch at varying times between 12.00 and 14.00.

On Saturday, seven pharmacies open at 09.00, with one closing at 12.00 and the remainder at 13.00. Six of these pharmacies have core opening hours on Saturday mornings.

No pharmacies open on Sundays.

The health board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated, and the health board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy is either commissioned or directed to open.

Nine pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Eight pharmacies are accessible by wheelchair, and of these eight have a consultation area that is accessible by wheelchair. The pharmacy that is not wheelchair accessible, does have a consultation area that is wheelchair accessible. All nine consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Five pharmacies have Welsh speakers. Five pharmacies reported staff speaking other languages.

- Romanian.
- Hindi, Gujarati, Urdu and Polish.
- Polish.
- Asante Twi.
- Urdu.

All nine pharmacies dispense prescriptions for all types of appliances.

All nine pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- three provide a free of charge delivery service on request, and
- six restrict the service to elderly and vulnerably housebound patients.

No pharmacies were of the opinion that there is a requirement for an existing additional clinical service, or new service, in the area.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, with the nineth able to make adjustments. One pharmacy confirmed it has sufficient capacity within its staffing levels, and eight said they don't but could make adjustments to manage an increase in demand.

Eight pharmacies have plans to develop or expand their premises or service provision.

- Two plan to commence providing the pharmacist independent prescriber service in 2026.
- One is exploring the option of extending its opening hours.
- One pharmacy has a pharmacist who plans to commence their independent prescriber training in 2027 if they can find a designated prescribing practitioner.
- One needs an additional consultation room but needs to secure funding for it.

There were no responses to the dispensing doctor questionnaire.

21.2.1 Clinical community pharmacy service

All the pharmacies had signed up to provide this service and in 2025/26 provided

- 7,633 consultations for common ailments235 consultations for contraception
- 1,346 emergency medicines supplies

21.2.2 Discharge medicines review

In 2025/26 seven pharmacies provided this service and completed 292 reviews.

21.2.3 Pharmacist independent prescribing service

Four pharmacies were commissioned to provide this service in 2025/26 and provided a total of 1,943 consultations over the year.

21.2.4 Seasonal influenza vaccination service

Nine pharmacies were commissioned to provide this service in 2025/26 and provided a total of 910 vaccinations.

21.2.5 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

21.2.6 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

21.2.7 Lateral flow test supply service

Nine of the pharmacies were commissioned to provide this service in 2025/26.

21.2.9 Blood borne virus testing service

One pharmacy was commissioned to provide this service in 2025/26.

21.2.10 Covid-19 vaccination service

No pharmacies were commissioned to provide this service in 2025/26.

21.2.7 Help me quit @ pharmacy service

Nine pharmacies were commissioned to provide this service in 2025/26.

21.2.13 Inhaler review service

Nine pharmacies were commissioned to provide this service in 2025/26.

21.2.16 Naloxone supply service

One pharmacy was commissioned to provide this service in 2025/26.

21.2.17 National care home support service

One pharmacy was commissioned to provide this service in 2025/26.

21.2.18 Return of patients sharps boxes

All the pharmacies were commissioned to provide this service in 2025/26.

21.2.19 Smoking cessation service level 2 service

In 2025/26 all the pharmacies were commissioned to provide this service.

21.2.21 Supervised administration service

Nine pharmacies were commissioned to provide this service in 2025/26.

21.2.22 Needle and syringe programmes

Five of the pharmacies were commissioned to provide this service in 2025/26.

21.2.23 Urgent medicines service

None of the pharmacies were commissioned to provide this service in 2025/26.

21.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by either the pharmacies in the locality or the dispensing practices, 19.7% were dispensed outside the locality:

- 10.2% in Central Wrexham,
- 6.7% in England,
- 1.1% were personally administered by GP practices,
- 1.0% in North and West Wexham,
- 0.3% in North East Flintshire,
- 0.2% in Central and South Denbighshire,
- 0.2% in Cardiff and Vale University Health Board's area, and
- 0.1% in South Flintshire.

In the first nine months of 2025/26, the majority of prescriptions were dispensed by either the pharmacies or dispensing practices in the locality. 18.0% was dispensed outside the locality:

- 10.2% in Central Wrexham,
- 5.9% in England,
- 0.9% in North and West Wexham,
- 0.3% in North East Flintshire,
- 0.2% in Central and South Denbighshire,
- 0.2% in Cardiff and Vale University Health Board's area,
- 0.1% in Conwy East,
- 0.1% in North Denbighshire, and
- 0.1% in South Flintshire.

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

21.4 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

21.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 21.2 and 21.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor outside of the health board's area.

In 2024/25, over 124 contractors dispensed items written by one of the GP practices in this locality, of which:

- ten were located within the locality,
- 98 were located elsewhere within the health board's area
- 26 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England

In the first ten months of 2025/26over 115 contractors dispensed items written by one of the GP practices in this locality, of which:

- ten were located within the locality,
- 92 were located elsewhere within the health board's area,
- 21 were located elsewhere in Wales, and
- a number of prescriptions were dispensed in England.

21.6 Gaps in provision

Whilst not providers of either pharmaceutical services or other NHS services as defined in the regulations, the health board has taken account of the pharmacies over the border within England. The map below shows the location of those pharmacies.

Map 21.2 – location of pharmacies in England



© Copyright Parallel 2026 | Ordnance Survey | Mapbox | OpenStreetMap contributors

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that eight pharmacies confirmed that they have sufficient capacity within their existing premises to manage an increase in demand for the services they provide, with the nineth able to make adjustments. One pharmacy confirmed it has sufficient capacity within its staffing levels, and eight said they don't but could make adjustments to manage an increase in demand.

21.6.1 Essential services

The health board has noted:

- The pharmacies are spread across the locality and are generally located in areas of higher deprivation. The dispensing practices are generally located in areas of lower deprivation.
- Some parts of the locality are not within a 20-minute drive time of a pharmacy however there is either no resident population or a few scattered properties in those areas. When taking into account the pharmacy over the border with England in Whitchurch, the areas in the east are within a 20-minute drive of a pharmacy in England.
- The known housing developments.
- The opening hours of the pharmacies.

Based on the above, the health board has not identified any current needs for these services.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list in a town/ there will be a future need for either:

- a new pharmacy in the same town/village providing essential services the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

21.6.2 Clinical community pharmacy service

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

21.6.3 Discharge medicines review

The health board has noted seven of the pharmacies provided this service in 2025/26. It has not identified any current or future needs for this service within the locality.

21.6.4 Pharmacist independent prescribing service

The health board has noted:

- Four pharmacies were commissioned to provide this service in 2025/26.
- Two plan to commence providing this service in 2026.
- The aspiration set out in Pharmacy: Delivering a Healthier Wales is for each pharmacy to have an independent prescriber by 2030 and has set interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.
- From 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate

Based on the above, the health board has not identified any current needs for this service within the locality.

Should the interim targets not be met there will be a future need for the provision of this service by sufficient pharmacies in the locality to meet the two targets.

21.6.5 Seasonal influenza vaccination service

The health board has noted:

- Nine of the pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, for example the GP practices.

It has not identified any current or future needs for this service within the locality.

21.6.6 Stoma appliance customisation

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.7 Appliance use reviews

Although no pharmacies provide this service the health board has noted that prescriptions for appliances are dispensed by contractors elsewhere in Wales and also in England.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.8 Lateral flow tests supply service

The health board has noted nine pharmacies were commissioned to provide this service in 2025/26. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

21.6.9 Blood borne virus testing service

The health board has noted one pharmacy was commissioned to provide this service in 2025/26. However, there are other providers of the service, for example the health board's harm reduction team.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.10 Covid-19 vaccination service

The health board has noted none of the pharmacies were commissioned to provide this service in 2025/26. It has also noted that GP practices and the health board's vaccination team provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.11 Help me quit @ pharmacy

The health board has noted:

- Nine pharmacies were commissioned to provide this service in 2025/26.
- Demand for the service is dictated by people wishing to stop smoking.

- There are other providers of the service for example Help me quit for baby, Help me quit in hospital, and the general Help me quit service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.12 Inhaler review service

The health board has noted:

- Nine pharmacies were commissioned to provide this service in 2025/26.
- GP practices also provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.13 Naloxone supply service

The health board has noted:

- One pharmacy was commissioned to provide this service in 2025/26.
- There are other providers of the service such as the health board's harm reduction team and the 'click and deliver' service provided by DAN24/7.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.14 National care home support service

The health board has noted:

- One pharmacy was commissioned to provide this service in 2025/26.
- The service is provided by pharmacies to the care homes that they provide services to, or where a care home has requested the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.15 Return of patients sharps boxes

The health board has noted all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

21.6.16 Smoking cessation level 2

The health board has noted that all the pharmacies were commissioned to provide this service in 2025/26. It has therefore not identified any current or future needs for this service within the locality.

21.6.17 Supervised administration service

The health board has noted nine pharmacies were commissioned to provide this service in 2025/26. The health board has not identified any current or future needs for this service within the locality.

21.6.18 Needle and syringe programmes

The health board has noted:

- Five pharmacies were commissioned to provide this service in 2025/26.
- There are other providers of the service, and a postal service is being established for those who are unable to use a pharmacy.
- If a pharmacy is asked to provide the service, they can approach the health board and asked to be commissioned to provide it.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.19 Urgent medicines service

The health board has noted none of the pharmacies were commissioned to provide this service in 2025/26. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography.

The health board has therefore not identified any current or future needs for this service within the locality.

21.6.20 GP dispensing service

The health board has not identified any current needs in relation to this service.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

22 Conclusions

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the health board's area alongside the demography and health needs of the population. It has analysed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document.

22.1 Current provision

The health board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential and the additional clinical services provided at premises included in the pharmaceutical list.
- The dispensing service provided by those GP practices included in the dispensing doctor list.

Preceding sections of this document have set out the provision of these services in each locality.

It has also identified the provision of the above services by contractors outside of its area, whether that is elsewhere in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

22.2 Other NHS services

In undertaking this pharmaceutical needs assessment the health board considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital services
- Provision of drugs, medicines and appliances for immediate treatment or personal administration by GPs
- The GP out of hours service
- Minor injury units
- Urgent primary care centres
- Prescribing by dentists and optometrists
- HMP Berwyn pharmacy service
- Substance misuse services
- Help Me Quit
- Services provided by GPs under their General Medical Services contract
- The alternative treatment scheme
- Hospices
- Sexual health services, and
- Other services provided in a community setting.

Further details on these can be found in chapter 6.

22.3 Current gaps in provision

22.3.1 Current access to essential services

In order to assess the provision of essential services against the needs of the population the health board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

A travel time standard of 20 minutes by car was agreed and travel times for the population to a pharmacy were mapped against that standard. The health board has noted that the vast majority of its population is within a 20-minute drive of a pharmacy.

The health board has identified one current need in relation to the provision of essential services, in Conwy West locality.

There is a current need for a pharmacy in Betws-y-Coed which, as a minimum, has core opening hours of:

- 09.00 to 17.00 Monday to Friday, and
- Six hours on Saturdays.

The pharmacy must provide all essential services.

22.3.2 Current access to additional clinical services

The health board has identified one current need in relation to the provision of additional clinical services, in Conwy West locality.

There is a current need for a pharmacy in Betws-y-Coed that provides the following additional clinical services from the point it is included in the pharmaceutical list:

- clinical community pharmacy service,
- return of patient sharps,
- smoking cessation level 2, and
- help me quit @ pharmacy service.

22.3.3 Current access to the GP dispensing service

The health board has noted the dispensing service provided by 34 of the GP practices to eligible patients and has not identified any current needs in relation to the provision of this service.

22.4 Future gaps in provision

The health board has taken into account the following matters:

- the forecasted population growth,
- the ageing population,

- the known housing developments, and
- the direction of travel set out in Pharmacy: delivering a healthier Wales.

22.4.1 Future access to essential services

The health board has identified the following future needs for essential services in relation to all the localities.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week, or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum, providing:
    - all the essential services, and
    - the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

The health board has identified one specific future need in relation to the provision of additional clinical services, in North Denbighshire locality.

Should the pharmacy in Bodelwyddan withdraw from the pharmaceutical list there will be a future need for a new pharmacy in the town providing essential services during the following core opening hours:

- At least ten core opening hours per day Monday to Friday,
- Six core opening hours on Saturdays, and
- Six core opening hours on Sundays.

22.4.2 Future access to additional clinical services

The health board has identified the following future need in relation to the provision of the pharmacist independent prescribing service, in relation to all the localities.

The health board has adopted the aspiration set out in Pharmacy: Delivering a Healthier Wales for each pharmacy to have an independent prescriber by 2030 and the interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.

Should the interim targets not be met in a locality there will be a future need for the provision of this service by sufficient pharmacies in that locality to meet the two targets.

The health board has identified one future need in relation to the provision of the clinical community pharmacy service, in the North Denbighshire locality.

The health board will work with the only pharmacy that does not provide this service. However, should this gap not be closed, then from 1 April 2027 there will be a future need for this service to be provided in Bodelwyddan, seven days a week for:

- eight hours a day Monday to Friday,
- six hours on Saturdays to include 13.00 to 15.00, and
- three hours on Sundays after 12 noon.

22.4.3 Future access to the GP dispensing service

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or
- a pharmacy that is open Monday to Friday as a minimum, providing:
    - all the essential services, and
    - the clinical community pharmacy service, patient sharps, smoking cessation level 2, and help me quit @ pharmacy services

unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise.

Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in health boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on health boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to health boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 October 2021 had to be satisfied before a health board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services submitted an application to the health board in accordance with the 2013 Regulations. The health board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the health board’s decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It was they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located, or direct which services must be provided from those locations.

Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (eg doctors) and to make recommendations for

changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation “Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992” sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However, it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce pharmaceutical needs assessments.

The Public Health (Wales) Act 2017 (the 2017 Act) inserted section 82A into the 2006 Act which makes provision for a new duty for health boards in Wales to prepare and publish an assessment of need for pharmaceutical services. Section 82A gave the Welsh Ministers powers to make regulations setting out the requirements for pharmaceutical needs assessments in Wales.

Intended effect and beneficial outcomes

The intended effect of introducing pharmaceutical needs assessments is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This requires health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (eg pharmacies and dispensing doctors). Health boards use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change provides contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they did previously. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve and provide services effectively to address identified pharmaceutical needs.

Policy, legislative framework and regulation

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are the essential services now set out in Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. 'Additional pharmaceutical services' are defined as services of a kind that do not fall within section 80 ie the national community pharmacy and appliance contractor services (previously referred to as the 'advanced services', and the community pharmacy additional clinical services (previously referred to as the 'enhanced services').

Section 81 gives Welsh Ministers the power to give directions to a health board:

(i) requiring it to arrange for the provision of additional pharmaceutical services, or
(ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A into the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of pharmaceutical needs assessments. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers made subordinate legislation setting out requirements for pharmaceutical needs assessments in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 imposes the legal requirements on health boards to complete pharmaceutical needs assessments.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1st October 2020 and health boards had until 1 October 2021 to publish their first pharmaceutical needs assessment.

In summary the NHS (Pharmaceutical Services) (Wales) Regulations 2020 set out the:

- Services that are to be covered by the pharmaceutical needs assessment,
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health boards are free to include any other information that they feel is relevant),

- Date by which health boards must publish their first pharmaceutical needs assessment,
- Requirement on health boards to publish further pharmaceutical needs assessments on a five yearly basis,
- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances,
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days, and
- Matters the health board is to have regard to when producing its pharmaceutical needs assessment.

Once a health board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition, a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

Developing the detailed requirements

A working group was established in November 2015 to develop the detailed requirements for conducting a pharmaceutical needs assessment and to review and amend the tests and procedures as they apply to the provision of NHS pharmaceutical services. The group, which met on a number of occasions, consisted health board pharmacy leads with knowledge of the previous control of entry system and expertise in community pharmacy, NHS Shared Services Partnership primary care (pharmacy) leads, who have expertise in the process of determining control of entry applications, and Welsh Government staff. The group made a significant contribution to the development of Welsh Government's policy on pharmaceutical needs assessments, including the resultant proposals contained within the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Review of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

From May to July 2024 Welsh Government undertook a review of the regulations to evaluate the introduction of pharmaceutical needs assessments in order to assess

whether their introduction is working as intended and to identify any unintended consequences of the policy.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to be suffering from, or at risk of development, an adverse health issue and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

Appendix C – national community pharmacy and appliance contractor services

1. The clinical community pharmacy service

Service description

The clinical community pharmacy service comprises three components.

- A common ailments service,
- An urgent contraception service, and
- An emergency medicine supply service.

In order to provide the service, pharmacy contractors must provide all three components.

Aims and intended outcomes

- To deliver prudent healthcare using a ‘community pharmacy first’ model of care, for patients who can be appropriately managed in the community pharmacy setting, thereby increasing access to timely care from an appropriate healthcare professional.
- To help tackle health inequalities through increasing access (both temporally and geographically) to services that meet patient need for unplanned care, contraception, or advice on sexually transmitted infections.

Common ailments service

Under this service, patients register with the pharmacy of their choice in order to receive advice and treatment on a specified list of common ailments which includes urinary tract infection and sore throat. This may include the supply of one or more medicines listed on the national formulary.

Contraception service

This service is for patients aged 13 to 54 years old, are of childbearing potential and either:

- have had unprotected sexual intercourse in the past five days, or
- wish to QuickStart contraception using a progestogen-only contraceptive.

Where the patient is aged 13, 14 or 15 years old the service will be offered in accordance with Gillick competence, Fraser guidance and any guidance issued by the Welsh Government in relation to the provision of confidential sexual health advice and/or treatment for patients aged 13 years or over.

Where assessment determines that it is appropriate to supply emergency contraception, the relevant medicine will be supplied via a patient group direction for immediate consumption on the premises.

Emergency medicines supply

This service will normally only be provided where the pharmacy contractor believes that it would not be practicable for the patient to obtain the previously prescribed medicines they require in a clinically appropriate timeframe via the usual route.

In order to make a supply, the pharmacy contractor must interview the patient and be satisfied that:

- that there is an immediate need for the medicine supplied, and
- that it is impracticable to obtain a prescription without undue delay; and
- that treatment with the medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; and
- as to the dose which in the circumstances it would be appropriate for that person to take.

2. Discharge medicines review service

Service description

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

The service comprises two stages.

- The first stage requires the pharmacist or pharmacy technician at the pharmacy to check the medicines prescribed in one care setting match those prescribed by the patient's GP or relevant primary care team when the patient moves to another care setting, which may be their home. If there are any discrepancies these are raised with the GP practice, relevant primary care team, care setting patient or carer as applicable.
- The second stage provides an opportunity for the patient to have a discussion with a pharmacist and/or pharmacy technician to establish a picture of the patient's use of their medicines or onward referral to an appropriate setting for further review. The review will also help patients understand their medicines and will identify any problems they are experiencing along with possible solutions.

Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,

- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed and reducing wastage of medicines.

3. Pharmacist independent prescribing service

Service description

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service. It comprises three components:

- The prescribing of routine contraception,
- The management of common ailments, not normally managed by the national common ailment service, and
- The provision of a prescribing service agreed by the relevant local health board.

Aims and intended outcomes

The underlying purposes of this service are:

- to provide access to prescription only medicines for the treatment of common ailments that require treatment with prescription only medicines that are not available under the clinical community pharmacy service,
- to provide access to emergency or regular contraception where those needs cannot be met under the clinical community pharmacy service; and
- for the provision of any other service which the pharmacy contractor agrees with the relevant local health board to provide.

4. Seasonal influenza vaccination service

Service description

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service.

Aims and intended outcomes

The underlying purpose of the service is for the registered pharmacist or pharmacy technician to administer an influenza vaccination to a patient under a patient group direction or administer an influenza vaccination to a patient under a protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations).

5. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

6. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing, and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

7. Lateral flow test supply service

Service description

This service is only for patients who are potentially eligible for Covid-19 treatments. Under the service, pharmacy contractors make a supply of lateral flow tests to eligible patients or their representatives for the tests to be self-administered by the patient away from the pharmacy.

Aims and intended outcomes

To offer access to lateral flow tests for patients who have a health condition that makes them eligible for Covid-19 treatment, to enable testing at home for Covid-19, following symptoms of infection. A positive lateral flow test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended Covid-19 treatments.

Appendix D – additional clinical services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
- The clinical and cost effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored, or disposed of.

3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

4. An emergency pandemic treatment and prophylaxis supply service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

5. An emergency pandemic vaccination service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to patients' homes-

- Drugs, and
- Appliances, other than specified appliances within the meaning of regulation 2(1) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

8. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- Drugs which they are using
- Their health,
- General health matters relevant to them, and
- where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for the pharmacy contractor to —

- Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's patient care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
- Advise and support the patient regarding the use of their drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- Where appropriate, to refer the patient to another health care professional.

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —

- Assess the knowledge of, compliance with, and use of, drugs by vulnerable patients and patients with additional learning needs, and
- Offer advice, support and assistance to vulnerable patients and patients with additional learning needs regarding the use of drugs with a view to improving their knowledge of, compliance with, and use of, such drugs.

11. A needle and syringe supply service, the underlying purpose of which is for the pharmacy contractor to —

- Provide sterile needles, syringes, and associated materials to drug misusers
- Receive from drug misusers used needles, syringes, and associated materials, and
- Offer advice to drug misusers and where appropriate refer the drug misuser to another health care professional or a specialist drug treatment centre.

12. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

13. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

14. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

15. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost effective use of drugs
- Prescribing policies and guidelines, and
- Repeat prescribing.

16. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored, or disposed of.

17. A screening service, the underlying purpose of which is for the pharmacy contractor to —

- Identify patients at risk of developing a specified disease or condition
- Offer advice regarding testing for a specified disease or condition
- Carry out such a test with the patient's consent, and
- Offer advice following a test and refer to another health care professional as appropriate.

18. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to—

- Advise and support patients wishing to give up smoking, and
- Where appropriate, to supply appropriate drugs and aids.

19. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.

20. A prescribing service, the underlying purpose of which is for the pharmacy contractor who is an independent prescriber, or who employs or engages an

independent prescriber, to prescribe medicines in circumstances specified by the relevant local health board.

21. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in the event of or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

22. A waste minimisation service, the underlying purpose of which is to identify prescribed medicines or appliances which are not required by the patient at the point of supply.

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service includes the requirements that are additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient

- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

3. Home delivery service

Service description

To provide a home delivery service in respect of certain appliances.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice by a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed, advice is either to be provided via the care line or callers are directed to NHS Direct Wales

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not staffed callers must be given a telephone number or website contact details for NHS Direct Wales who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – pharmaceutical needs assessment steering group membership

Role	Organisation
Associate director primary care	Betsi Cadwaladr University Health Board
Chief finance officer	Betsi Cadwaladr University Health Board
Head of engagement	Betsi Cadwaladr University Health Board
Head of health strategy and planning	Betsi Cadwaladr University Health Board
Head of pharmacy primary care and community services (Central)	Betsi Cadwaladr University Health Board
Head of primary care contracting	Betsi Cadwaladr University Health Board
Project support	Betsi Cadwaladr University Health Board
Senior cluster co-ordinator	Betsi Cadwaladr University Health Board
Senior public health practitioner	Betsi Cadwaladr University Health Board
Strategic lead for community pharmacy	Betsi Cadwaladr University Health Board
Associate director contractor engagement	Community Pharmacy Wales
Welsh representative, director	Dispensing Doctors' Association
Head of engagement and complaints advocacy	Llais
Head of service North Wales GP out of hours service	North Wales GP out of hours service
Deputy chair	North Wales Local Medical Committee

Appendix G – patient and public engagement questionnaire

We are inviting you to tell us about pharmacy services in your area.

The services we are looking at include local services that you receive from pharmacies (or chemists). To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'pharmaceutical needs assessment' or PNA and we are preparing our second one for the area covered by Betsi Cadwaladr University Health Board with the help of a company called Primary Care Commissioning Community Interest Company (PCC) who specialise in this kind of work. The feedback you provide will be shared with PCC but will only be used for the purpose of this survey and developing the PNA. Any personal data you provide will be held in accordance with our privacy policy.

Many people call them chemists but in this questionnaire, we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed, buy medicines which you can only buy from a pharmacy, or to talk to a pharmacist for advice about an illness that you may have or medicines that you take. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products or any shops where you can buy medicines.

Some people are given their medicines by their doctor's surgery instead of being given a prescription to take to a pharmacy, or having their prescription sent to a pharmacy, and collecting their medicines from the pharmacy. Staff at the doctor's surgery will dispense the medicines and have them ready for collection. If your doctor's surgery gives you your medicines, we would like your views on that service. You may use a pharmacy for other services and so you may wish to complete the questions about using a pharmacy.

Your views are important to us so please spare some time to complete this questionnaire. We anticipate it will take you around five to 15 minutes to complete, depending on how much additional information you would like to give us.

We really would like and value your input, but if you don't want to take part, please just ignore this questionnaire; your decision will not affect the care you receive from the NHS or your pharmacy or doctor's surgery in any way.

The questionnaire is anonymous; please do not give your name and address. Any information you do give will not be linked to you.

The results of our questionnaire will be published in the draft pharmaceutical needs assessment and a 60-day consultation on that document will take place in the summer. Please keep an eye on our website and social media pages for further details.

If you would like more information about the questionnaire or have questions on how to complete it, please email BCU.GetInvolved@wales.nhs.uk with "PNA questionnaire" in the subject header.

If you would like to complete this questionnaire in Welsh, please click here.

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 North Wales you live in. This information will only be used for the purposes of this questionnaire so that we can identify whether we have received responses from across North Wales or from particular areas. Please do not provide us with your full postcode.

For example, if your postcode is LL17 0JG just type LL17 in the box below.

The Welsh Language Standards are a set of statutory requirements which are relevant to the health board. They state clearly our responsibilities to provide bilingual services to patients and the public. Please could you therefore tell us your preferred language when you access services at a pharmacy or GP practice?

- Welsh
- English
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

Do you collect your medicines from:

- a pharmacy
- your doctor's surgery

Collecting your medicines from your doctor's surgery

The area in your doctor's surgery where staff dispense your prescriptions is called a dispensary.

1. What time is the most convenient for you to use your doctor's dispensary?

- 8am to 12pm
- 12pm to 2.30pm
- 2.30pm to 6.30pm
- I don't have a preference

2. What day is the most convenient for you to use your doctor's dispensary?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Weekdays in general
- I don’t have a preference

3. Has there been a time recently when you were not able to use your doctor’s dispensary?

- Yes – please go to question 4
- No – please go to question 5
- Not applicable - please go to question 5

4. If you answered ‘yes’ to question 3, can you tell us what you did? Please tick all statements that apply.

- I went to a pharmacy
- I waited until the dispensary was open
- I went to A&E/casualty
- I went to a minor injury unit
- I called NHS 111 Wales
- Other [text box]

Travelling to your doctor’s surgery for your medicines

5. How do you usually get to your surgery to pick up your medicines?

- On foot
- By bus
- By car
- By bike
- By taxi
- By mobility scooter
- Other [text box]
- Not applicable - please go to question 7

6. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- 20 minutes or more

7. Would you say that you have difficulty in getting to the dispensary at your doctor’s surgery?

- Yes
- No - please go to question 9
- Not applicable - please go to question 9

8. If you have difficulty getting to the dispensary at your doctor's surgery please tell us why. As this is an anonymous questionnaire, please do not include any information that would identify yourself or anyone else.

[Text box]

9. Is there anything else you would like to tell us about your experience of the dispensary at your doctor's surgery? As this is an anonymous questionnaire, please do not include any information that would identify yourself or anyone else

[Text box]

10. Are there any barriers to you accessing services at your doctor's dispensary that you have not mentioned? As this is an anonymous questionnaire, please do not include any information that would identify yourself or anyone else.

[Text box]

11. Do you also use a pharmacy?

- Yes
- No

How you use your pharmacy - either in person or by having someone else go there for you

12. Why do you usually visit a pharmacy? Please tick any or all that apply.

- To get a prescription for myself
- To buy medicines for myself
- To get advice for myself
- To get a prescription for someone else
- To buy medicines for someone else
- To get advice for someone else
- I don't visit a pharmacy as I use an online/internet pharmacy
- I don't go to a pharmacy; someone goes on my behalf
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

13. How often do you use a pharmacy?

- Daily
- Weekly
- Fortnightly
- Monthly/every four weeks
- Quarterly
- As and when
- I don't use a pharmacy

- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

14. What time is the most convenient for you to use a pharmacy?

- Before 7 am
- 7am to 9am
- 9am to 12 noon
- 12 noon to 3pm
- 3pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don’t have a preference

15. What day is the most convenient for you to use a pharmacy?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don’t have a preference

16. Has there been a time recently when you were not able to use your normal pharmacy?

- Yes
- No
- Not applicable

17. If you answered ‘yes’ to question 16, can you tell us what you did? Please tick all statements that apply.

- I went to another pharmacy
- I waited until the pharmacy was open
- I went to my GP
- I went to the general hospital
- I went to a minor injury unit
- I contacted the GP Out of Hours (OOH) service
- I called NHS Direct Wales or NHS 111 Wales
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

Your choice of pharmacy

18. Please could you tell us whether you:

- Always use the same pharmacy
- Use different pharmacies but I prefer to visit one most often
- Always use different pharmacies
- Rarely use a pharmacy
- Never use a pharmacy

19. 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 where I work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The pharmacy delivers my medicines
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- I just like the pharmacy
- I can speak to the staff in my preferred language
- I 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 provides 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
- It's an online/internet pharmacy
- It's not an online/internet pharmacy and so I can visit it and talk to the staff face-to-face
- I can order my repeat medicines using their app
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

20. Is there a more convenient and/or closer pharmacy that you don't use?

- Yes
- No (go to question 22)
- Don’t know (go to question 22)

21. ...and if you have answered yes to question 20, please could you tell us why you do not use that pharmacy?

- It is not easy to park at the pharmacy
- I have had a bad experience in the past
- The service is too slow
- The staff are always changing
- The staff don’t know me
- I know the staff and would prefer them not to know what medicines I am taking
- They don’t have what I need in stock
- The pharmacy does not deliver medicines
- There is not enough privacy
- It’s not open when I need it
- It’s not wheelchair/baby buggy friendly
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

Travelling to a pharmacy

22. If you go to the pharmacy by yourself or with someone, how do you usually get there?

- On foot
- By bus
- By car
- By bike
- By taxi
- By mobility scooter
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [insert text box]

23. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- More than 20 minutes

24. Would you say that you have difficulty in getting to a pharmacy?

- Yes
- No

25. If you have difficulty getting to a pharmacy please tell us why. As this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual.

[Text box]

Pharmacy services in general

26. 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 its website
- I would search the internet
- I would use social media
- I would ask a friend
- I would just pop in and ask them
- I would look in the window
- I would find out from reading the local newspaper or magazine
- Not applicable
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

27. Do you feel able to discuss something private with your pharmacist?

- Yes
- No
- Never needed to
- Don’t know

28. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of.

- Flu vaccinations (for those who are in one of the at risk groups)
- Discharge medicines review service – this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.
- Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.
- Emergency hormonal 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.

29. Is there anything else you would like to tell us about your experience of your local pharmacy? As this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual.

[Text box]

30. Are there any barriers to you accessing services at your pharmacy that you have not mentioned? As this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual.

[Text box]

Equality monitoring

The information you provide in answer to this set of questions which are about you as a person will help us to better understand and analyse the range of response we get; they will not be used for any other purposes.

The information is collected anonymously and cannot be used to identify you personally.

Please help us by completing this as fully as you feel able. This is a purely voluntary submission; you do not have to provide an answer to any questions.

Ethnic group: what is your ethnic group?

Choose one option that best describes your ethnic group or background.

White

- British
- English
- Northern Irish
- Scottish
- Welsh
- Irish
- Gypsy or Irish Traveller
- Prefer not to say
- Other (please specify): [Text box]

Mixed/Mixed British

- White/Black Caribbean
- White/Black African
- White/Asian
- Any other Mixed background

Black/Black British

- Caribbean
- African
- Any other Black Background

Asian/Asian British

- Indian
- Bangladeshi
- Pakistan
- Chinese
- Asian other

Other/Other British

- Arab
- Prefer not to say
- Other (state if required) [Text box]

Age: please indicate your age by ticking the appropriate box.

- 0 -15 years
- 16 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 – 74 years
- 75 and above

What do you consider to be your first language?

- Welsh
- English
- Other, please state: [Text box]

How would you best describe your employment status?

- Employed - full time
- Employed - part time
- Unemployed
- Retired

Sex:

- Male
- Female
- Prefer not to say
- Other

Sexual orientation: which of the following options best describes how you think of yourself?

- Heterosexual/straight
- Gay man
- Gay woman/lesbian
- Bisexual

- Prefer not to say
- Other (please specify):

Religion or belief: what is your religion?

- Christian (all denominations)
- No religion
- Buddhist
- Muslim
- Jewish
- Hindu
- Sikh
- Prefer not to say
- Other (please specify):

Marital status: are you married or in a same-sex civil partnership?

- Yes
- No
- Prefer not to say

Disabled: Section 6(1) of the Equality Act 2010 states that a person has a disability if:

a) **That person has a physical or mental impairment, and**
b) **The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.**

Using this definition do you consider yourself to be disabled?

- Yes
- No
- Prefer not to say

Gender identity: has your gender identity changed from that assigned at birth?

- Yes
- No
- Prefer not to say

Caring responsibilities: o you look after or give help or support to family members, friends, neighbours or others because of either:

a) **Long term physical or mental ill-health/disability; or**
b) **Problems related to old age**

- Yes
- No
- Prefer not to say

Betsi Cadwaladr University Health Board aims to promote equality in everything we do, please let us know below if you have any comments (positive or negative) in relation to your protected characteristics (such as issues relating to age, disability,

race, pregnancy, religion, marriage/civil partnership, gender, sexual orientation and gender reassignment).

[Text box]

Appendix H – full results of the patient and public questionnaire

Please note that all responses are verbatim and have not been edited other than to anonymise pharmacies, GP practices and locations.

Postcode of responders	Number of responses
CH5	1
CH6	3
CH7	8
CH73	1
CH8	2
LL11	5
LL12	3
LI13	3
LL13	1
LL14	2
LL16	2
LL16	2
LL18	12
LL19	3
LL21	1
LL22	6
LL26	1
LL27	1
LL28	2
LL29	6
LL30	5
LL31	5
LL32	7
LL33	3
LL36	2
LL40	1
LL41	1
LL45	2
LL46	1
LL52	1
LL53	1
LL53	1
LL54	1
LL55	5
LL57	4
LL58	1
LL59	2
LL60	3
LL63	1

LL64	1
LL65	3
LL65	1
LL67	1
LL77	5
Chose not to provide	3

The Welsh Language Standards are a set of statutory requirements which are relevant to the health board. They state clearly our responsibilities to provide bilingual services to patients and the public. Please could you therefore tell us your preferred language when you access services at a pharmacy or GP practice?

Answer options	Number of responses
Welsh	15
English	109
Other	1
Chose not to answer	1

The person who selected “Other” did not expand upon their answer.

Do you collect your medicines from:

Answer options	Number of responses
A pharmacy	116
My doctor’s surgery	10

The following questions were answered by those who collect their medicines from their doctor’s surgery.

What time is the most convenient for you to use your doctor’s dispensary?

Answer options	Number of responses
8am to 12pm	0
12pm to 2.30pm	1
2.30pm to 6.30pm	2
I don’t have a preference	7

What day is the most convenient for you to use your doctor’s dispensary?

Answer options	Number of responses
Monday	0
Tuesday	0
Wednesday	1
Thursday	2
Friday	1
Weekdays in general	2
I don’t have a preference	4

Has there been a time recently when you were not able to use your doctor's dispensary?

Answer options	Number of responses
Yes	2
No	7
Not applicable	1

Can you tell us what you did? Please tick all statements that apply.

Answer options	Number of responses
I went to a pharmacy	1
I waited until the dispensary was open	1

How do you usually get to your surgery to pick up your medicines?

Answer options	Number of responses
On foot	0
By bus	0
By car	10
By bike	0
By taxi	0
By mobility scooter	0

...and how long does it usually take to get there?

Answer options	Number of responses
Less than five minutes	2
Between five and 15 minutes	5
More than 15 minutes but less than 20 minutes	1
More than 20 minutes	2

Would you say that you have difficulty in getting to the dispensary at your doctor's surgery?

Answer options	Number of responses
Yes	1
No	9
Not applicable	0

If you have difficulty getting to the dispensary at your doctor's surgery, please tell us why.

- Work full time so always have to get a family member to collect my repeat prescription

Is there anything else you would like to tell us about your experience of the dispensary at your doctor's surgery?

- Limited opening hours
- Excellent service every time
- I would prefer that registered pharmacy professionals were involved in the dispensing of my prescription.
- They go above and beyond at [practice]
- Excellent service. I'm on monthly repeat prescriptions never had any issues.
- My surgery dispensary is excellent
- They only use limited features i the NHS app
- On line ordering - efficient for repeat prescriptions. Prescription always available. Reception staff excellent and efficient. prompt
- There have been periods when no prescription medication was received in earlier months

Are there any barriers to you accessing services at your doctor's dispensary that you have not mentioned?

- Unable to collect prescriptions unless I am off work due to the hours they are open.

Do you also use a pharmacy?

Answer options	Number of responses
Yes	6
No	4

Why do you usually visit a pharmacy?

Answer options	Number of responses
To get a prescription for myself	104
To get a prescription for someone else	55
To buy medicines for myself	46
To get advice for myself	39
To buy medicines for someone else	23
To get advice for someone else	12
I don't go to a pharmacy; someone goes on my behalf	2
Other	2
I don't visit a pharmacy as I use an online/internet pharmacy	0
Chose not to answer	4

Where "Other" was selected the following additional information was provided.

- They Deliver To Me
- Collect return sharps box

How often do you use a pharmacy?

Answer options	Number of responses
Daily	0
Weekly	7
Fortnightly	14
Monthly/every four weeks	76
Quarterly	4
As and when	17
I don't use a pharmacy	0
Other	4
Chose not to answer	4

Where "Other" was selected the following additional information was provided:

- Occasionally for advice
- 8 weeks
- Just gone to 3 months but prior to this it was monthly
- When I have to collect medication ordered from surgery.

What time is the most convenient for you to use a pharmacy?

Answer options	Number of responses
Before 7am	0
7am to 9am	3
9am to 12 noon	31
12 noon to 3pm	14
3pm to 6pm	19
6pm to 9pm	15
9pm to midnight	0
I don't have a preference	39
Chose not to answer	5

What day is the most convenient for you to use a pharmacy?

Answer options	Number of responses
Monday	1
Tuesday	1
Wednesday	2
Thursday	4
Friday	4
Saturday	4
Sunday	0
Weekdays in general	35
Weekends in general	16
I don't have a preference	55
Chose not to answer	4

Has there been a time recently when you were not able to use your normal pharmacy?

Answer options	Number of responses
Yes	31
No	81
Not applicable	10
Chose not to answer	4

Can you tell us what you did?

Answer options	Number of responses
I went to another pharmacy	19
I waited until the pharmacy was open	7
I went to my GP	1
I went to the general hospital	0
I went to a minor injury unit	0
I contacted the GP Out of Hours (OOH) service	1
I called NHS Direct Wales or NHS 111 Wales	3
Other	4
Chose not to answer	95

Where 'Other' was selected the following additional information was provided:

- Asked a friend
- Waited till the next day
- Other pharmacy on Sunday 2hrs away
- Was out of area (Scotland) Had to call GP surgery for an emergency prescription to be sent to Scotland.

Please could you tell us whether you:

Answer options	Number of responses
Always use the same pharmacy	99
Use different pharmacies but I prefer to visit one most often?	20
Always use different pharmacies?	2
Rarely use a pharmacy?	1
Never use a pharmacy	0
Chose not to answer	4

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.

Answer options	Number of respondents
Close to my home	85
Close to my doctor	51
The location of the pharmacy is easy to get to	41
There is a private area if I need to talk to the pharmacist	37
I've always used this pharmacy	35
I trust the staff who work there	34
It is easy to park at the pharmacy	30
The staff know me and look after me	29
The customer service	27
The pharmacy provides good advice & information	26
The pharmacy has good opening hours	25
They usually have what I need in stock	24
I just like the pharmacy	21
The service is quick	20
Close to where I work	17
It's a well-known big chain	16
It's not one of the big chains	15
It's not an online/internet pharmacy and so I can visit it and talk to the staff face-to-face	12
Close to other shops	10
I can speak to the staff in my preferred language	8
I can order my repeat medicines using their app	7
Other	6
The pharmacy collects my prescription and delivers my medicines	5
The pharmacy was recommended to me	4
It is very accessible i.e. wheelchair/baby buggy friendly	3
Close to children's school or nursery	2
The pharmacy delivers my medicines	2
The staff don't know me	1
It's an online/internet pharmacy	1
Chose not to answer	4

Where "Other" was selected the following additional information was provided.

- Stop trying to make pharmacys open more hours they work harder than the surgeries
- Collection service set up
- None of the pharmacies in town open on bank holidays
- [Following a change in the provision of services], the service deteriorated. There were always queues of 20,30 mins. The staff shouted questions in front of the room, which was embarrassing and technically sometimes a data breach. I became so angry I began going to a pharmacy in the next village. It's a drive away but the staff are more courteous, there are no queues, and the

service is way better. Basically, pharmacy provision has rapidly got worse, since Brexit it seems, when some medicines were harder to get, and with issues in GP surgeries. There seem to be so many locum staff now, they don't care, they don't know the patients, they move on so aren't accountable. I want fast, discrete service close to home
- Staff are friendly and I know some.
- I can order repeat prescriptions by phone

Is there a more convenient and/or closer pharmacy that you don't use?

Answer options	Number of responses
Yes	30
No	90
Don't know	2
Chose not to answer	4

Please could you tell us why you do not use that pharmacy?

Answer options	Number of responses
The service is too slow	7
Other	6
I have had a bad experience in the past	5
It is not easy to park at the pharmacy	3
There is not enough privacy	3
They don't have what I need in stock	2
The staff don't know me	1
It's not open when I need it	1
It's not wheelchair/baby buggy friendly	1
The staff are always changing	0
I know the staff and would prefer them not to know what medicines I am taking	0
The pharmacy does not deliver medicines	0

Where "Other" was selected the following additional information was provided.

- They never have all the drugs
- My GP surgery don't use this pharmacy
- Very slow service, 2 weeks for repeat, rude pharmacist. This q needs to be multiple choice as so many reasons
- Prescription goes to other place

If you go to the pharmacy by yourself or with someone, how do you usually get there?

Answer options	Number of responses
On foot	30
By bus	5

By car	82
By bike	1
By taxi	1
By mobility scooter	1
Other	2
Chose not to answer	4

Where ‘Other’ was selected the following additional information was provided.

- Don’t visit
- Car and foot

...and how long does it usually take to get there?

Answer options	Number of responses
Less than 5 minutes	37
Between 5 and 15 minutes	71
More than 15 minutes but less than 20 minutes	7
More than 20 minutes	6
Chose not to answer	5

Would you say that you have difficulty in getting to a pharmacy?

Answer options	Number of responses
Yes	8
No	113
Chose not to answer	5

If you have difficulty getting to a pharmacy, please tell us why.

- Physical disabilities.
- I am housebound
- Parking
- I have difficulty in getting to another pharmacy
- I have ME. Sometimes I can't drive and rely on my husband
- I dont drive
- Mobility issues

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.

Answer options	Number of responses
I would search the internet	85
I would call them	37
I would just pop in and ask them	23
I would use social media	18
I would look in the window	15
I would call NHS 111 Wales or use its website	6
Not applicable	5
I would ask a friend	4
Other	2
I would find out from reading the local newspaper or magazine	0

Where 'Other' was selected the following additional information was provided.

- Pharmacy services are better than the surgeries
- Use the NHS website to look for services offered near me (like sore throat testing)

Do you feel able to talk about something private with your pharmacist?

Answer options	Number of responses
Yes	69
No	18
Never needed to	27
Don't know	8
Chose not to answer	4

Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of.

Answer options	Number of responses
Flu vaccinations (for those who are in one of the at risk groups)	101
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.	32
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.	15
Emergency hormonal contraception, also referred to as the 'morning after pill'	44
Help to stop smoking	48
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.	95
Chose not to respond	16

Is there anything else you would like to tell us about your experience of your local pharmacy?

- Service is slow, not confidential. Very disorganised.
- Some pharmacists are not able to check ears
- [Name] pharmacy [location] is shocking. Staff cannot be bothered to serve the customer and would rather carry on chatting when they can clearly see a queue forming. The worst pharmacy [location]
- Does common ailments scheme but difficult to get appointment nearly as difficult as GP appointment.
- Wonderful, knowledgeable staff. Always helpful
- I feel forced to seek advise from a local pharmacy as getting a GP appointment is impossible and illnesses get worse
- Prescribing service very helpful
- The staff at [name] pharmacy in [location] are outstanding and deliver a great service at all times. [Staff] at some of the best members of staff that could work for [name] and the NHS.
- [Name] pharmacy has always been fantastic, always caring and always a great service
- Very helpful staff
- I prefer to visit my local pharmacy than to try & get an appointment with the Doctor.
- Why is the pharmacy next to WEMC not open at the weekend when the OOH is based there?

- Excellent service
- "I used to leave my repeat prescription at the pharmacy for the next month. They would send the prescription request to the Dr and then txt me when it was ready. On occasions I found it had been sent to the wrong gp. It came to a point when I was frequently without medication because of this now I keep my repeat prescription and take it to the doctors now myself.
- The time it takes to get the prescription to the chemist and the medication ready now takes more than 7 days.
- I find that if the pharmacy has not got the medication their go to excuse is to blame the gp. When you speak to the gp they state they have sent it. You end up going back and to trying to sort it out.
- On one occasion they gave me completely the wrong medication. I took it back and spoke to the manager who didn't seem really bothered. She did say she would fill in an incident form."
- I wish they were open longer on Saturdays and evenings
- They do inhaler technique review, which I think is a waste of nhs funding as this should be covered when initially prescribed and during annual reviews with respiratory nurse in the gp surgery. There are more services which are better suited to pharmacy such as ip, DMR and cas service for when you can not get into a gp.
- The parking is atrocious
- Our local pharmacy is open early to late 7 days a week and provides a good service for a wide area. I worry that the pharmacist is under strain however as sometimes get told that meds aren’t ready or the prescription hasn’t been sent but waiting for these meds could have serious issues
- Local pharmacies work harder than the local surgeries and get no support from the health board. Stop trying to dump more on them
- "I've had to change my paramancy to another one due to long waiting times.. 50mins waiting time was the last time I had to stand and wait...no explanation, no communication, by time I received my prescription there was 7 others also waiting and 5 where elderly with not even a chair to sit on...
- 3 member's of staff in a very busy establishment.
- With only one as the dispenser.
- Totally unacceptable.
- Due to this issue I have changed my prescriptions from my GP to be delivered to another paramancy."
- Current pharmacist is stored is lazy and wont speak to you without an appointment
- They are great, especially when ordering prescription milk for my little one, within a couple of days it’s ready to collect.
- No local pharmacy open on Sunday
- Absolutely wonderful service
- My local, village pharmacy [name] is excellent also the pharmacy in [location]. However [name] in [location] say they can offer a lot of services but when you get there they can't (checking ears is one of those).
- My pharmacy is very good
- Being notified prescription is ready even though they have contact number they don’t notify, prescription is never ready and often not available that day

- Always issue with stock. Waiting time for prescription to be dispensed. Lack of space.
- I have to say that the Pharmacy I use is great the staff are great and so helpful, They know me and we have good banter. If I have a problem they are very good and explain everything.
- there should be wider access to prescription deliveries. I support a lot of people in a professional capacity who struggle to access pharmacies. More pharmacists available so that I am able to speak to a pharmacist, in private not in the main area without feeling guilty or like a hinderence.
- Very helpful
- Unable to answer phone. Can be very long queues
- Repeat prescription service is inconsistent
- I can’t quite believe how it’s run. No stock, disorderly. You will drop a prescription off, go back in a couple of days and still not done. Then they’ll pay don’t have it in. Ignore you when you walk in. Appalling customer service. As usual all opening times are for the convenience of staff, not the customer.
- I have a repeat prescription for medication I will be on for the rest of my life. I put my prescription in at the doctors who then authorise it and send it across to the pharmacy. I cannot say how many times my prescription cannot be found at the pharmacy. Almost every time not all of the drugs I need are available which necessitates another walk down to the pharmacy. There is always a problem sometimes the prescription has vanished into a blackhole between the doctors and the pharmacy. I have been wholly dissatisfied with the service. If there was another pharmacy nearer that was reliable I would change.
- Staff are very helpful & always pleasant
- [Name] order my prescription monthly and text me when it arrives. It is fine when things work well, but I often have delays in receiving my monthly prescription, it is unclear where the problem lies, but it doesn't help that they rely on a courier driver to pick up and deliver prescriptions from the surgery in [location]. I often have to go back two or three times before I get my prescription which by then is late and I have run out of tablets. There needs to be a better system.
- Long waiting times to collect medication often requiring multiple visits. Medication frequently not in stock. I can’t change pharmacy as they have the best opening hours as I work full time.
- Have to wait a long for my tablets and sometimes my subscription is not tjere
- We used to have 2 branches and since we now only have one it is always busy, long waiting time and mistakes can be made
- Always very busy and often long waits to be served. Opening hours are now so restricted that I have to take time off work each month to get to the pharmacy to collect my repeat prescription.
- The service I get with a terminal illness is second to none excellent when I go there
- Long queues & back to & fro from Dr surgery as prescriptions not always correct’
- Pharmacy itself is very good. The problem I'd the attached GP surgery [name]. That's what you need to be sorting out! On more than 1 occasion a pharmacist had needed to intervene to ensure access to a repeat prescription

for critical medication which would run out but surgery wouldn't prescribe without med review but wouldn't make an appointment for a med review and we weren't lucky on the daily 10 minute lottery at 0830 to try and get an appointment

- Prescription not ordered in time for a doctors appointment which I then had to rearrange, very frustrating
- My pharmacy is a vital part of our community especially for the young and elderly and like myself those that don't drive or have any means of transport.
- Parking nearby is now charged for
- No they have been helpful
- My local pharmacy is getting worse and worse. Always long delays for medication and often left without medication due to mistakes of the staff.
- Need a regular WELSH prescribing pharmacist
- I had to ring around pharmacies to get an appointment, it would be so much better to book online. I've also experienced rudeness when trying to collect changed medication at short notice
- [Name] pharmacy are just incredible. Wonderful team, very quick to dispense. A model service
- I have excellent service from my chosen pharmacy
- At times they are overwhelmed with too few staff trying to serve, advise and put together prescriptions. One [pharmacy] we used could not dispense prescriptions over a certain number of items on site…they had to be put together offsite and delivered back to the pharmacy ..is that progress…the items needed were common items and not unusual. I worry about people making trips to collect prescriptions that are either not ready either in part or full. Especially if they are paying taxi or bus fares for effective wasted trips. It amazes me to see shelves and drawers full of items…but still items are not available.
- very poor service
- Our pharmacy is excellent , great staff , approachable and knowledgeable pharmacists. Repeat prescriptions can be ordered by phone , and you get a text message once they are ready for collection
- Lack.of stock
- Pharmacy receives my prescriptions from doctors surgery but usually takes 4/5days to process, this is far too long. Its usually because of no stock of my medication but surely if its prescribed every month for me they know that they need a stock of the medication.
- I feel the my prescriptions take too long to be processed
- Fabulous IP SERVICE
- Problem accessing pharmacy on Saturday afternoon and Sunday as closed.
- Very disorganised. Long waiting time from prescription to collection. Fantastic locker collection system never working so have to wait unacceptable length of time in long queue with unwell people. No privacy Expected to recite name and address in earshot of a shop full of customers. Never enough staff. For the population and elderly demographic of [location], this small pharmacy is totally inadequate
- Friendly staff. Always ready to help.. They go out of their way to help us every time

Are there any barriers to you accessing services at your pharmacy that you have not mentioned?

- My usual pharmacy along with most pharmacies in the area close for an hour or so over lunch, at the weekends, aren't open before work and are very often either closed of queuing out the door after work - when do you suppose the working population are meant to get our scripts without taking leave?
- Not knowing which Pharmacy has a prescriber available
- I can't believe that the pharmacy still closes for an hour at lunch time. This is so out dated. Who gets an hour for lunch?
- If one works mondays to fridays 9-6' it's difficult to get to the pharmacy...
- Yes I'm housebound and they won't deliver my meds
- Stop this open the surgeries more!!!!
- Pharmacist in store forces appointment based system for advice, for services I tend to use different pharmacy that easier to access the pharmacist, they also close for lunch with makes asking questions difficult
- The need to collect a prescription from the surgery in order to have my prescription processed at the local pharmacy. I have to physically go and collect my prescription from the surgery, when it used to be taken to the pharmacy and you would get a notification to say your prescription was ready - none of that happens anymore, it's all guess work.
- yes. My pharmacy get irritated when we ask, and often do not give people the option to access a private room. it is uncomfortable.
- Disable parking space often used by able body persons who get aggressive when challenged.
- Access after working hours. Confirmation that prescriptions are ready (don't send them half the time)
- Doesn't open on bank holidays
- Opening hours, closed at lunchtime
- Closed sunday, evenings and bank holidays.
- English pharmacist unable to provide commin ailments scheme - no regular pharmacist in store
- some staff are are arrogant
- I suffer with anxiety and using the pharmacy exasperates my condition. I no longer drive and depend on my daughter to get me there. I would like to see them offering a delivery service
- Closed during lunchtime

Equality monitoring

Ethnic group	Number of responses
British	57
Welsh	52
English	10
Scottish	2
Irish	1
Prefer not to say	1
Other – non-British European	1
White and Black African	1
Chose not to answer	1

Age	Number of responses
0-15 years	0
16-24 years	0
25-34 years	10
35-44 years	18
45-54 years	22
55-64 years	36
65-74 years	34
75 and above	5
Chose not to answer	1

What do you consider to be your first language?	Number of responses
Welsh	28
English	96
Other – French	1
Chose not to answer	1

How would you best describe your employment status?	Number of responses
Employed – full time	47
Employed – part time	22
Unemployed	7
Retired	48
Chose not to answer	2

Sex	Number of responses
Male	20
Female	103
Prefer not to say	2
Other	0
Chose not to answer	1

Sexual orientation: which of the following options best describes how you think of yourself?	Number of responses
Heterosexual/straight	113
Gay man	1
Gay woman/lesbian	1
Bisexual	3
Prefer not to say	4
Other	1
Chose not to answer	3

Religion or belief: what is your religion?	Number of responses
Christian (all denominations)	60
No religion	55
Prefer not to say	8
Other (state)	2
Chose not to answer	1

Where “Other” was selected the following additional information was provided.

- Pagon
- Jehovah’s Witness

Marital status: are you married or in a same-sex civil partnership?	Number of responses
Yes	76
No	40
Prefer not to say	8
Chose not to answer	2

Disabled: Section 6(1) of the Equality Act 2010 states that a person has a disability if:

a) That person has a physical or mental impairment, and
b) The impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.

Using this definition do you consider yourself to be disabled?	Number of responses
Yes	24
No	91
Prefer not to say	7
Chose not to answer	4

Gender identity: has your gender identity changed from that assigned at birth?	**Number of responses**
Yes	5
No	116
Prefer not to say	2
Chose not to answer	3

Caring responsibilities: do you look after or give help or support to family members, friends, neighbours or others because of either: • **Long term physical or mental ill-health/disability, or** • **Problems related to old age?**	**Number of responses**
Yes	39
No	79
Prefer not to say	5
Chose not to answer	3

Betsi Cadwaladr University Health Board aims to promote equality in everything we do, please let us know below if you have any comments (positive or negative) in relation to your protected characteristics (such as issues relating to age, disability, race, pregnancy, religion, marriage/civil partnership, gender, sexual orientation and gender reassignment).

- I am not always treated with respect
- Widower living alone with family close by if needed.

Appendix I – pharmacy contractor questionnaire

Betsi Cadwaladr University Health Board is preparing its next pharmaceutical needs assessment or PNA which is due to be published by 1 October 2026 and we need your help to gather some information to supports its development.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until Monday 6 April 2026 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email BCU.CommunityPharmacy@wales.nhs.uk with a subject title of 'BCUHB PNA contractor questionnaire'.

Premises details

Contractor code (ODS code)	
Name of contractor (ie name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of pharmacy	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the health board store the above information and use it to contact you?	☐ Yes ☐ No

Consultation facilities

Are the premises accessible by wheelchair? ☐ Yes ☐ No

Is a consultation area:

- not available ☐
- available (including wheelchair access), or ☐ Yes
- available (without wheelchair access), or ☐ Yes
- planned within the next 12 months, or ☐ Yes
- other (specify)

(Please select one option.)

Where there is a consultation area:

- is it a closed room? ☐ Yes ☐ No
- is it a designated area where both the patient and the pharmacist can sit down together? ☐ Yes ☐ No
- are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy? ☐ Yes ☐ No
- is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy? ☐ Yes ☐ No

If there is no consultation area are there alternative arrangements for confidential discussions? ☐ Yes ☐ No

Do you have Welsh speakers in your staff? ☐ Yes

Are any other languages spoken by staff (in addition to English)?

If yes, please say which ones below. [text box]

Services

Does the pharmacy dispense appliances?

- Yes, all types ☐ Yes
- Yes, excluding stoma appliances ☐ Yes
- Yes, excluding incontinence appliances ☐ Yes
- Yes, excluding stoma and incontinence appliances ☐ Yes
- Yes, just dressings ☐ Yes
- Other [text box]
- None ☐ Yes

Non-commissioned services

Does the pharmacy provide any of the following?

- Collection of prescriptions from GP practices ☐ Yes
- Delivery of dispensed medicines – free of charge ☐ Yes on request
- Delivery of dispensed medicines – selected patient groups (list criteria) ☐ Yes
  [text box]
- Delivery of dispensed medicines – selected areas (list areas) ☐ Yes
  [text box]
- Delivery of dispensed medicines – chargeable ☐ Yes
- Automated collection point at the premises ☐ Yes

In your opinion is there a requirement for an existing additional clinical service which is not currently provided in your area? If so, what is the particular requirement and why.

In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.

Capacity

The demand for pharmaceutical services in general is increasing. Thinking of your pharmacy do you:

	Premises	**Staffing levels**
We have sufficient capacity to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity and would have difficulty in managing an increase in demand.	☐ Yes	☐ Yes

Business development

Do you have any plans to develop or expand your premises or service provision?

☐ Yes ☐ No

If yes, please can you provide details?

Details of the person completing this form:

Contact name of the person completing the questionnaire, in case we need to discuss your response with you.

……..

Contact email address

……..

Appendix J – dispensing practice questionnaire

Betsi Cadwaladr University Health Board is preparing its next pharmaceutical needs assessment (PNA) which is due to be published by 1 October 2026 and we need your help to gather some information to support its development.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until Monday 6 April 2026 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email BCU.CommunityPharmacy@wales.nhs.uk with a subject title of 'BCUHB 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 approval to dispense from:
……

Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.

	Address -	**Address –**	**Address -**
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Are appliances dispensed from the premises?

- Yes, all types ☐ Yes
- Yes, excluding stoma appliances ☐ Yes
- Yes, excluding incontinence appliances ☐ Yes

- Yes, excluding stoma and incontinence appliances ☐ Yes
- Yes, just dressings ☐ Yes
- Other [text box]
- None ☐ Yes

Delivery of dispensed items

Does the dispensary provide any of the following?

- Delivery of dispensed medicines – free of charge on request ☐ Yes
- Delivery of dispensed medicines – selected patient groups (list criteria) [text box] ☐ Yes
- Delivery of dispensed medicines – selected areas (list areas) [text box] ☐ Yes
- Delivery of dispensed medicines – chargeable ☐ Yes
- Automated collection point at the premises ☐ Yes

Languages spoken

Do you have Welsh speakers in your staff? ☐ Yes

Are any other languages spoken by staff (in addition to English)?

If yes, please say which ones below.

[text box]

Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only, do you:

	Premises	**Staffing levels**
We have sufficient capacity to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity and would have difficulty in managing an increase in demand.	☐ Yes	☐ Yes

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.

[text box]

Details of the person completing this form:

Contact name of the person completing the questionnaire in case we need to discuss your response with you.

……

Contact email address

……

Appendix K – consultation report

1 Introduction

As part of the pharmaceutical needs assessment process the health board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the health board's area are accurately reflected in the final pharmaceutical needs assessment document. This report outlines the considerations and responses to the consultation and describes the overall process by which the consultation was undertaken.

2 Consultation process

In order to complete this process, the health board has consulted with those parties identified under regulation 7 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, to establish if the draft pharmaceutical needs assessment addresses issues that they considered relevant to the provision of pharmaceutical services:

- Community Pharmacy Wales
- North Wales Local Medical Committee
- Contractors included in the pharmaceutical list
- GPs included in the dispensing doctor list
- GP practices
- Llais
- North Wales Regional Partnership Board
- Isle of Anglesey County Council
- Gwynedd Council
- Conwy County Borough Council
- Denbighshire County Council
- Flintshire County Council
- Wrexham County Borough Council
- Hywel Dda University Health Board
- Powys Teaching Health Board

An email was sent to the above organisations, inviting them to submit their views on the pharmaceutical needs assessment. Web links to the pharmaceutical needs assessment and online questionnaire were included in the email.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. All documents were bilingual, although no responses were received in Welsh.

The questions were design to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change, and identify any current and future gaps in pharmaceutical services.

The consultation ran from 10 June to 9 August 2026.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

The consultation received five responses, including an off-system response by Community Pharmacy Wales.

Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	20.0%	1
On behalf of an organisation	40.0%	2
Personal response	40.0%	2
Answered question		**5**

3 Summary of online questions, responses, and the health board's considerations

All comments made as part of the consultation are included verbatim.

In asking "**Has the purpose of the pharmaceutical needs assessment been explained**", the health board is pleased to note that four respondents said "Yes".

One person expanded upon their response by saying the "explanation is clear".

Community Pharmacy Wales commented as follows.

"The draft PNA provides a helpful explanation of the relationship between the PNA, population health needs and pharmaceutical service provision. Consideration should be given to more explicitly recognising the PNA's statutory function within the market entry framework. In particular, the PNA provides the evidential basis against which applications to join a pharmaceutical list or dispensing doctor list, and certain relocation applications, are assessed under the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Explicit recognition of this role is important because the conclusions reached within the PNA will directly influence future market entry decisions. Any deficiencies in the evidence base or assessment methodology therefore have the potential to affect the robustness of those decisions."

The health board has considered this comment and notes that the link between the pharmaceutical needs assessment and market entry is made in section 1.1 and is explained in legislation. It is satisfied that no amendment needs to be made to the pharmaceutical needs assessment.

The next question asked, "**Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?**" and the health board is pleased to note that no-one said "No".

Community Pharmacy Wales commented as follows.

“The draft PNA broadly reflects current community pharmacy provision across the BCUHB area. It draws on an appropriate mix of contractual data, dispensing and service activity data, local Health Board intelligence and self-declared pharmacy contractor questionnaire returns, providing a reasonable high-level overview of current provision.

The pharmacy contractor questionnaire provides valuable insight into current services and operating conditions across the network. However, the capacity reported is a point-in-time assessment. Pharmaceutical services provision remains closely linked to available funding, which directly affects contractor capacity, workforce resilience and service delivery. Without significant additional investment in the community pharmacy contractual framework, the level of provision described in the PNA will not be sustainable over its lifetime.”

The health board has noted Community Pharmacy Wales’ concerns regarding funding of pharmaceutical services. It is of the opinion that this is outside the scope of the pharmaceutical needs assessment, and that remuneration for the majority of the pharmaceutical services provided by pharmacy contractors is not within the control of the health board.

The health board recognises that the responses to the capacity question are based on circumstances at the time the question was answered and that there may continue to be withdrawals of pharmacies from the pharmaceutical list. It is cognisant of its duty to monitor service provision and the needs of its residents so that it can consider whether it needs to produce a new pharmaceutical needs assessment within the usual five-year lifespan of the document in order to identify new current needs for one or more pharmaceutical services. It is of the opinion that the ongoing risk of withdrawals from the pharmaceutical list strengthens the need to future-proof the document so that it responds should that happen.

When asked “**Are there any gaps in service provision, ie when, where and which services are available that have not been identified in the pharmaceutical needs assessment?**”, three people said “No” and one person said, “Don’t know”.

Community Pharmacy Wales commented as follows.

“The when (i.e. opening hours), where (location of the pharmacies, appliance contractors and dispensing doctors) and which services they provide have been identified by BCUHB for the purposes of the PNA using data available from various sources. CPW is not in a position to verify this information.”

The health board is pleased to note that it has fully identified the provision of pharmaceutical services within the pharmaceutical needs assessment.

When asked “**Does the draft pharmaceutical needs assessment reflect the needs of the population?**” one person said “Yes” and three said “Don’t know”. Two comments were left, expanding on the responses given.

- “Neighbouring Health Board response”
- “We would question the need identified for a pharmacy in Betws-y-Coed. There is no detail why a pharmacy is needed here. A previous application by Boots UK Ltd in 2013 was rejected in this locality and there has been no significant change to this locality since then.”

In response to this comment, the health board notes that the application received in 2013 was determined in line with the test in the NHS (Pharmaceutical Services) (Wales) Regulations 2013, as amended. The basis for applications for inclusion in the pharmaceutical list has changed, and previous decisions have no bearing on decisions made under the NHS (Pharmaceutical Services) (Wales) Regulations 2020, as amended.

The health board identified a current need for a pharmacy in Betws-y-Coed in the 2021 pharmaceutical needs assessment. It has noted that the volume of tourism in North Wales has increased, and the number of items prescribed per head of population increased by 5.5% between 2015 and 2025. In addition, a wider range of pharmaceutical services are provided by pharmacy contractors. Residents and tourists in Betws-y-Coed do not currently have reasonable access to the wider range of pharmaceutical services provided by pharmacy contractors. The health board remains of the opinion that this is a gap in the provision of pharmaceutical services.

Community Pharmacy Wales commented as follows.

“BCUHB has identified unmet needs in relation to the following:

- Current provision of Essential Services in Betws-y-Coed
- Current provision of Additional Clinical Services in Betws-y-Coed

BCUHB has made statements in relation to the speculative loss of:

- Essential Services on Saturdays due to changes to supplementary hours.
- Essential Services due to pharmacy closures in towns or villages where there is only one pharmacy
- Doctor Dispensing Services
- Essential services due to the closure of the pharmacy in Bodelwyddan
- BCUHB has made statements in relation to future provision of:
    - Pharmacist Independent Prescriber Services
    - Clinical Community Pharmacy Services in Bodelwyddan

CPW comments in more detail on the aforementioned identified needs and speculative needs below.

a) SECTION 22.3.1 and 22.3.2 - NEED FOR A PHARMACY TO PROVIDE ESSENTIAL SERVICES AND SPECIFC ADDITIONAL CLINICAL SERVICES IN BETWS-Y-COED

Betws-y-Coed is a very rural area. As required by the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and advised by non-statutory guidance:

…. *unless the Health Board is able to provide evidence by way of a delineated map of their controlled areas the Health Board will not be able to take any action on any application it receives until it has been determined that the application is in a controlled area or not*…

We welcome the identification that a pharmacy may be required in Betws-y-Coed and, we trust that the underpinning regulations will be observed, including the necessity for the determination of a controlled locality to have been undertaken and evidenced on a delineated map kept by the Health Board in advance of determining an application to open a new pharmacy. See Q5(b)"

The health board is pleased to note that Community Pharmacy Wales is supportive of this identified current need. It can confirm that should an application be received, it will be determined in accordance with the relevant regulations. This may include a review of the current controlled locality for the area which would be undertaken in line with the relevant regulations.

"b) SECTION 22.4.1 - THE SPECULATIVE LOSS OF: ESSENTIAL SERVICES ON SATURDAYS DUE TO CHANGES TO SUPPLEMENTARY HOURS; ESSENTIAL SERVICES DUE TO PHARMACY CLOSURES IN TOWNS OR VILLAGES WHERE THERE IS ONLY ONE PHARMACY AND THE CLOSURE OF THE PHARMACY IN BODELWYDDAN.

Within the PNA, BCUHB has identified needs as described in the table below

i. **The health board has identified that should there be a Loss of supplementary opening hours on Saturdays** from 1 October 2026 which results in less than three hours of provision of pharmaceutical services within a town/village there will be a future need for the provision of essential services for three core opening hours on Saturdays in the town/village or towns/villages where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00, unless there is another pharmacy in that town/village and then the future need will not arise.

ii. **The health board has identified that should there be a loss of essential services due to the withdrawal of a pharmacy** from the pharmaceutical list there will be a future need for either:

- a new pharmacy in the same town/village providing essential services, the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services for 40 core opening hours per week,
  or
- the GP dispensing service if the town/village is in a controlled locality,

unless there is another pharmacy in that town/village and then this future need will not arise.

iii. **Should the pharmacy in Bodelwyddan withdraw from the pharmaceutical list** there will be a future need for a new pharmacy in the town providing essential services during the following core opening hours:

- At least ten core opening hours per day Monday to Friday,
- Six core opening hours on Saturdays, and
- Six core opening hours on Sundays

CPW wishes to make several points regarding the inclusion of statements (i) to (iii) in the PNA.

Future Need Must Be Real and Demonstrable

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 non-statutory guidance states:

Only needs which immediately require meeting or will arise within the lifetime of the PNA are to be included in the PNA.

The Health Board's statements are contingent upon events which may or may not occur during the lifetime of the PNA. They do not represent identified needs which currently exist or which the Health Board can reasonably conclude will arise; rather, they are speculative assessments of the potential consequences of future changes to service provision.

Community Pharmacy Wales considers that the statements set out in sections (i)–(iii) are conjectural and fall outside the intended purpose of the PNA. The PNA is intended to assess and describe existing and demonstrable future need, not to anticipate hypothetical market changes that may occur if providers withdraw services or alter opening hours. Accordingly, these statements should be removed.

Regulatory Framework

The regulatory framework provides a mechanism for future change

• Revision of the PNA

The regulations (Regulation 6) and the non-statutory guidance recognise that changes to the availability of pharmaceutical services may arise during the five-year life of a PNA and provides a mechanism for Health Boards to respond to such changes. The non-statutory guidance, based on the relevant provisions of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, states:

"*If there are changes either to the needs for pharmaceutical services or to the availability of pharmaceutical services within the five-year cycle, and those changes are relevant to market entry applications, the LHB will need to consider whether or not to go through the process of revising its PNA*..."

Should any of the circumstances described in sections (i)–(iii) actually occur, the Health Board would at that point be required to consider whether the change was sufficiently significant to warrant either a revised PNA or, where appropriate, a supplementary statement. It is therefore unnecessary and inappropriate to include speculative assessments of such scenarios within the current PNA.

• Additional Hours

Most importantly, the Health Board should recognise that the circumstance described in paragraph (i), the loss of supplementary Saturday opening hours, does not, of itself, establish a pharmaceutical need or justify the creation of a new pharmacy contract. A determination that additional opening hours may be beneficial is not the same as a determination that additional pharmaceutical service provision is necessary within the meaning of the Regulations and need would need to be demonstrated.

Where a gap in access at particular times is identified, existing regulatory and contractual mechanisms are already available to address it, namely the commissioning the Community Pharmacy Out-of-Hours Additional Clinical Service or, where appropriate, directing opening hours under the NHS (Pharmaceutical Services) (Wales) Regulations 2020. These measures should be explored before any conclusion is reached that new pharmaceutical service provision is required solely to provide additional hours on a particular day or at a particular time.

The Health Board should therefore undertake a robust assessment of demand and access before identifying any need for additional opening hours following the withdrawal of supplementary hours. The PNA should also make clear that, where any unmet need relates only to access outside existing core opening hours, the proportionate response will ordinarily be to secure additional access through established commissioning or contractual arrangements, rather than identifying a need for new pharmaceutical service provision.

Without prejudice to CPW's primary position that these speculative future-need statements should be removed, if the Health Board retains them it must ensure that any future need identified is supported by a robust and proportionate assessment of accessibility and patient need for each individual location.

Assessment of Gaps

In identifying future need in statements (ii) and (iii), the Health Board appears to assume that the loss of an existing pharmacy or dispensing practice would automatically create a need for replacement provision in the same town or village. However, as part of any future assessment, the Health Board would be required to apply the relevant criteria and undertake a full assessment of pharmaceutical need having regard to the circumstances prevailing at the time.

The existence of a pharmacy or dispensing practice today does not, in itself, demonstrate that replacement provision will be required in the future. The

appropriate question is not whether a provider has ceased operating, but whether its withdrawal has resulted in an unmet need for pharmaceutical services. Such an assessment would need to take account of factors including patient access, travel times, the availability of alternative providers, service use, population and the wider pharmaceutical network.

Accordingly, paragraphs (ii) and (iii) risk prejudging the situation by assuming that replacement provision would automatically be required. In practice, the Health Board would need to undertake a fresh assessment against the relevant criteria at the time of any withdrawal before determining whether a need exists and, if so, the most appropriate means of addressing that need.

Over-provision of Essential Services

BCUHB should be particularly mindful of the significant risks associated with identifying alleged "needs" that do not relate to essential pharmaceutical services, particularly where the apparent objective is to facilitate the provision of additional clinical services. Opening a market entry gap on this basis risks creating unnecessary over-provision of essential services, resulting in the establishment of additional pharmacies where there is insufficient demand to support them sustainably.

This is not a theoretical concern. In the current funding environment, where many community pharmacies are already operating under considerable financial pressure, creating additional contracts without a demonstrable need for essential services may simply result in existing activity being divided between multiple providers. The consequence could be the creation of two financially unviable pharmacies, increasing the risk of contractor failure and service closures. In such circumstances, the outcome could be a net reduction in access and resilience, contrary to the objectives of the PNA. The Health Board should therefore exercise considerable caution before identifying pharmaceutical needs that are directed towards securing additional clinical services

Community Pharmacy vs Dispensing Doctor Pharmaceutical services

CPW is concerned that paragraphs (ii) and (iii) appear to assume that a pharmacy and a dispensing practice are interchangeable forms of pharmaceutical service provision. This is not the case. Community pharmacies provide open-access pharmaceutical services and may dispense to any patient presenting a valid prescription, or presenting for a clinical service, regardless of which GP practice they are registered with. In contrast, dispensing practices are only permitted to provide dispensing services to eligible patients on their own practice list and must do so within the context of their GMS obligations and the controlled locality framework. Accordingly, the withdrawal of a pharmacy from the pharmaceutical list does not automatically create a need that could be met by a dispensing practice.

Travel-time

The Health Board has adopted a uniform driving **travel-time** standard of 20 minutes across its entire area. CPW questions whether a single access standard can

reasonably be applied to a Health Board area encompassing both densely populated urban communities and some of the most rural areas in Wales.

In rural communities residents routinely travel considerably further to access a range of services and amenities, including healthcare. Similarly, outside normal weekday opening hours, patients may reasonably be expected to travel longer distances to access pharmaceutical services than would be acceptable during core daytime periods.

The PNA does not explain why a 20-minute standard has been adopted in all circumstances, nor does it appear to consider whether different access expectations may be appropriate:

- in rural and urban settings;
- during normal weekday hours and outside those hours; or

In summary:

CPW recommends that paragraph i) and similar references in other parts of the document are removed. A reduction in supplementary opening hours does not, of itself, create an unmet need for pharmaceutical services. If such a change occurs during the lifetime of the PNA, the Health Board would need to assess the impact at that time and determine, based on the evidence available, whether an unmet need exists. Furthermore, where a gap in access outside core opening hours is identified, this can be addressed through existing commissioning and contractual mechanisms, including rota arrangements or the direction of opening hours where appropriate. It should not be presumed that a reduction in supplementary hours would create a need for additional pharmaceutical service provision.

CPW recommends that paragraphs (ii) and (iii), and similar references in other parts of the document, are removed. These statements risk opening gaps by assuming that the withdrawal of a pharmacy would automatically create a need for replacement provision. The existence of a pharmacy or dispensing practice today does not, of itself, demonstrate that replacement provision would be required in the future. Any such change would require a fresh assessment of need at the time against the relevant criteria and evidence then available. Furthermore, community pharmacies and dispensing practices are not interchangeable forms of provision.

CPW recommends that the Health Board reviews and justifies the travel-time assumptions used within the PNA and considers whether different access standards may be appropriate based on geography, population density, time of day and day of the week.

It should be noted that within section 22.4.1 which pertains to access to future essential services the following sentence which refers to additional service is included *The health board has identified one specific future need in relation to the provision of additional clinical services, in North Denbighshire locality*.

In addition, there is a section replicating 22.4.3 which pertains to *Future Access to the GP dispensing service"*

The health board's response

The health board is of the opinion that it is appropriate to future-proof the pharmaceutical needs assessment, based on changes that have happened over the lifetime of the 2021 version. In its comments, Community Pharmacy Wales has highlighted the fragility of service provision in light of funding pressures experienced by contractors and the continued risk of pharmacies closing. Whilst the health board has the ability to produce a new pharmaceutical needs assessment where it identifies changes which are relevant to the granting of applications referred to in section 83 of the NHS (Wales) Act 2006, it needs to take into account the length of time that would take. Firstly, it would need to reconvene the steering group, it would then need to undertake engagement with contractors and the public, then draft a new pharmaceutical needs assessment, consult on it for a minimum of 60 days, review comments, consider whether any further changes are required, finalise, and then publish the new document. This is likely to take a minimum of six months during which time no applications could be successfully made. In the meantime, residents in a specific area or areas face difficulty in accessing pharmaceutical services.

By future-proofing the document the health board is minimising the amount of time between a change occurring and service provision recommencing. It has chosen not to adopt a "like for like" approach and state that if a pharmacy withdraws from the pharmaceutical list, then there will be a future need for a new pharmacy providing specified services, at specified times, on specified days. It has adopted a proportionate approach and has taken the view that if there is another pharmacy in that town or village then no gap would be created, and this has been informed by the responses to the contractor questionnaire.

Whilst the health board has the ability to issue supplementary statements, the review of the regulations by Welsh Government (published in 2026) clearly stated that supplementary statements cannot identify a gap and therefore a need. If the pharmaceutical needs assessment is not future-proofed, then there would be a considerable delay before any applications could be successfully submitted.

The health board has noted the non-statutory guidance but is conscious that its pharmaceutical needs assessment must comply with the regulations. Paragraph 3(b), Schedule 1 requires the health board to include a statement of the pharmaceutical services that it has identified as services that are not provided in its area but which it is satisfied will, in specified future circumstances, need to be provided in order to meet a future need for one or more pharmaceutical services. The health board is therefore satisfied that the regulations permit it to future-proof its pharmaceutical needs assessment whether that be in relation to known housing developments, changes to the demographics of the population, or changes to service provision.

The health board has noted Community Pharmacy Wales' concerns regarding the over-provision of essential services due to needs being identified for services other than essential services. It is the health board's preference for existing contractors to

meet those needs, but if that should not happen it will consider applications for inclusion in the pharmaceutical list offering to secure an identified need in line with the relevant regulations. It may be directed to refuse an application by virtue of a specific regulation despite the need being identified in the pharmaceutical needs assessment.

The health board is not of the opinion that the range of services that can be provided by a pharmacy is interchangeable with the dispensing service that can be provided by a dispensing practice. However, it is conscious that much of its area is very rural and a pharmacy would not be financially viable in such areas, particularly if a reserved location was determined in connection with an application for inclusion in the pharmaceutical list. As applications for inclusion in a dispensing doctor list can only be granted if they meet a need identified in the pharmaceutical needs assessment the health board is of the opinion that it is appropriate to also identify needs for the dispensing service that GP practices can provide in order to ensure that residents in controlled localities are able to access their dispensed items.

With regard to the 20-minute travel time that has been adopted, this is consistent with the current pharmaceutical needs assessment and the approach taken across England and Wales. In addition, this travel time echoes a global climate/planning goal of creating “20-minute neighbourhoods”, the concept of which is that there are benefits to public health if people live in communities where their daily needs can be met within a short distance of where they live.

When it was discussed at the steering group no concerns were raised by representatives of the contractors or the public. The health board has noted that there appears to be some text missing from this part of Community Pharmacy Wales’ representations, but in the absence of any information to demonstrate why a 20-minute travel time is not appropriate, or any suggestion of a different travel time that should be adopted, it is satisfied that 20 minutes is appropriate.

“c) SECTION 22.4.3 BCUHB THE SPECULATIVE LOSS OF DISPENSING DOCTOR SERVICES

As part of the assessment BCUHB has made the following statement:

The health board has identified that should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for either:

- *the GP dispensing service to be provided to that area whilst it remains a controlled locality and is more than 1.6km in a straight line from a pharmacy, or*
- *a pharmacy that is open Monday to Friday as a minimum, providing:*
    - *all the essential services, and*
    - *the clinical community pharmacy service, return of patient sharps boxes, supervised administration service, Help me quit @ pharmacy, and smoking cessation level 2 services.*

Where a dispensing practice ceases to dispense, it cannot be assumed that replacement dispensing provision will be required. Any assessment would need to

consider the controlled locality arrangements in force at the time, including the relevant controlled locality maps, together with the availability of alternative pharmaceutical services and the applicable regulatory requirements."

Health board response

The health board has reflected on this point and has amended this identified need to add "unless residents in that area are within a 20-minute drive of a pharmacy and then this future need will not arise" at the end of the sentence on each occasion.

"d) SECTION 22.4.2 -FUTURE NEED IN RELATION TO THE PROVISION OF THE PHARMACIST INDEPENDENT PRESCRIBING SERVICE (PIPS)

As part of its assessment of future need BCUHB has made the following statement.

> *The health board has adopted the aspiration set out in Pharmacy: Delivering a Healthier Wales for each pharmacy to have an independent prescriber by 2030 and the interim targets of 50% of pharmacies to be providing this service in each locality by April 2027 and 70% by April 2029.*
>
> *Should the interim targets not be met in a locality there will be a future need for the provision of this service by sufficient pharmacies in that locality to meet the two targets.*

The Health Board has identified a future need for PIPS in localities where the interim targets set out in *Pharmacy: Delivering a Healthier Wales* are not met. However, *Pharmacy: Delivering a Healthier Wales* is not a Welsh Government-authored policy document, statutory guidance, or formal statement of Government policy. Rather, it is a profession-led vision developed by the Welsh Pharmaceutical Committee to support the long-term development of community pharmacy services. While it aligns with the broader ambitions of *A Healthier Wales* and has been supported by Welsh Government, the targets it contains are aspirational service development objectives rather than assessments of pharmaceutical need. Consequently, failure to achieve those targets does not demonstrate an unmet pharmaceutical need or provide a sufficient basis for identifying a future need within the PNA

Any assessment of future need should be based on the relevant statutory criteria, including the reasonable requirements of the population, accessibility of services, service use and the availability of alternative providers. In the case of prescribing services, patients may be able to access equivalent care through a range of providers, including GP practices and other NHS services. The PNA cannot demonstrate that a locality would have an unmet need simply because a specified proportion of pharmacies are not providing PIPS by a particular date."

Health board response

Whilst "Pharmacy: Delivering a Healthier Wales" sets out the profession's aspirations, one of the performance measures in quadruple aim 2 of Welsh Government's "NHS Wales Performance Framework 2026-27" is the percentage of pharmacies providing the pharmacist independent prescribing service. The health

board has been set a target for achieving this performance measure and is therefore satisfied that it is appropriate to include these needs in the pharmaceutical needs assessment. It is anticipated that increasing numbers of the existing pharmacies will provide the service during the lifetime of the pharmaceutical needs assessment and as noted above it is the health board's hope that existing contractors will step up to meet and exceed these targets.

"e) SECTION 22.4.2 - FUTURE NEED IN RELATION TO THE PROVISION OF THE CLINICAL COMMUNITY PHARMACY SERVICE (CCPS) IN NORTH DENBIGHSHIRE

As part of its assessment of future need BCUHB has made the following statement.

> *The health board has identified one future need in relation to the provision of the clinical community pharmacy service, in the North Denbighshire locality.*
>
> *The health board will work with the only pharmacy that does [NOT] provide this service. However, should this gap not be closed, then from 1 April 2027 there will be a future need for this service to be provided in Bodelwyddan, seven days a week for:*
>
> - *eight hours a day Monday to Friday,*
>   *six hours on Saturdays to include 13.00 to 15.00, and*
> - *three hours on Sundays after 12 noon*

Firstly, it is likely that the word NOT is missing from the above statement

The PNA identifies that one pharmacy in North Denbighshire does not currently provide the Clinical Community Pharmacy Service and concludes that, if this position remains unchanged, a future need will arise for the service to be provided in Bodelwyddan for specified hours seven days a week. Bodelwyddan has numerous pharmacies providing CCPS within a 20-minute drive-time, including on Saturdays and Sundays hence, the access time criteria is met and it is difficult to understand how a need could be identified.

Whilst CPW supports the Health Board in its ambition to have the key clinical services delivered by all pharmacies and wishes to work with contractors and BCUHB to achieve this, the Health Board is reminded that the PNA is an official document to establish Market Entry arrangements; It was not designed to be a process to 'encourage' contractors to improve service delivery and it is not appropriate for it to be used as such.

As explained in the answer to Q8 b) BCUHB should be mindful that identifying pharmaceutical needs to secure additional clinical services, such as PIPS and CCPS, risks creating unnecessary over-provision of essential services.

We would suggest that the PNA is reworded to reflect the need for existing providers of pharmaceutical services and the Health Board to work together to increase the availability and uptake of PIPS and CCPS in Bodelwyddan, rather

than identify a formal gap in the provision of pharmaceutical services."

Health board response

The health board has noted the typographical error and has amended the pharmaceutical needs assessment accordingly.

The health board wishes to see a core range of pharmaceutical services offered by contractors. This ensures that pharmacy users are provided with a consistent service offer irrespective of which pharmacy they choose to use. Where the health board identified the need for specific services in the previous pharmaceutical needs assessment it is pleased to note that contractors met some of those needs which meant that there was no need to grant any applications for inclusion in the pharmaceutical list offering to meet that need.

Identifying the need for specific services in specific locations will also support the primary care model for Wales which focusses on place-based care, care closer to home, and multi-professional working.

Respondents were then asked for their views on **whether the pharmaceutical needs assessment has provided information to inform decisions made by the health board in relation to applications for new pharmacies and dispensing appliance contractor premises, and applications from dispensing doctors**. The health board notes that two respondents said "Yes", two said they didn't know, and Community Pharmacy Wales said "No" for the following reasons.

"a) As outlined in Question 4, the needs identified have not been robustly evidenced and as such there is a question over whether these are needs in terms of Market Entry. To identify non-provision of a service as an unmet need creates a gap and a consequent invitation for applications to provide that service. The PNA is intended to provide the evidential basis for market entry decisions. Where gaps in service provision are identified without sufficient supporting evidence and the correct application of the regulatory framework there is a risk that the PNA could influence market entry decisions on the basis of flawed or inadequately substantiated conclusions. CPW therefore considers that the issues identified in Question 4 must be addressed before the PNA can be relied upon as a sound basis for determining market entry applications.

b) CPW is concerned that the PNA does not provide sufficient information regarding controlled localities.

The PNA acknowledges that dispensing doctor provision depends upon patients residing within controlled localities and practices holding the relevant consent and premises approvals. However, it does not identify current controlled locality determinations, dispensing doctor outline consent areas, or provide controlled locality maps (or signposting to them). In a significantly rural Health Board area where dispensing doctors form an important part of pharmaceutical service provision, this information is fundamental to a transparent and robust market entry system.

CPW draws the Health Board's attention to the Welsh Government’s non-statutory guidance accompanying the NHS (Pharmaceutical Services) (Wales) Regulations 2020, which states that PNAs should include information on dispensing doctor outline consent areas and suggests that controlled locality maps, or links to those maps, should be provided. The guidance also highlights the importance of maintaining accurate controlled locality boundaries, particularly where development or changing settlement patterns may affect previous determinations.

The Welsh Government's non-statutory guidance correctly recognises that, unless a Health Board is able to evidence the boundaries of its controlled localities by way of a delineated map, it will be unable to determine whether the controlled locality provisions in Part 5 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 apply to an application. This reflects the statutory requirement in Regulation 13 and Schedule 4 for controlled localities to be formally determined before the Health Board can lawfully apply the controlled locality and reserved location provisions when considering market entry applications.

Further to correspondence earlier in 2026 requesting information and maps relating to controlled locality determinations, CPW notes the Health Board's confirmation that controlled locality maps exist but will not be included within the October 2026 PNA. The Health Board has advised that it intends to undertake a comprehensive review of controlled localities following publication of the PNA and that, given the scale and complexity of the work required, it would not be feasible to complete this exercise before the October deadline.

Notwithstanding this, CPW seeks assurance that any application submitted before that review is completed, including any future application in the Betws-y-Coed area, will be assessed in accordance with the Regulations and supported by an accurate and up-to-date controlled locality map produced as part of the application assessment process.

Without a current controlled locality determination, there can be no certainty as to whether patients are entitled to receive dispensing services from a doctor or whether the area falls within a reserved location, both of which are material considerations in determining pharmaceutical applications.”

Health board response

The health board has responded above to the points raised by Community Pharmacy Wales in its reply to the previous question.

In response to the point raised in relation to controlled localities, the health board has noted the regulatory requirement to publish in such manner as it sees fit and make available for inspection at its offices copies of a map delineating the boundaries of any controlled localities. There is no regulatory requirement to publish such that map in the pharmaceutical needs assessment and indeed there would be a risk in doing so where subsequent determinations are made and the version included in the pharmaceutical needs assessment becomes out of date.

The health board can confirm it a controlled locality map and Community Pharmacy Wales is welcome to inspect it at the health board's offices if it so wishes.

Where an application is received for inclusion in the pharmaceutical or dispensing doctor list and the premises are, or appear to be in, a controlled locality, the health board can confirm that it is aware that it has the ability to make a controlled locality determination in line with the regulations where that is appropriate.

The health board has noted reference to the non-statutory guidance which says that controlled locality maps "should" be included. It has noted that neither the guidance nor the regulations say they "must" be included.

The health board has decided that it will not include the controlled locality map in its pharmaceutical needs assessment.

The survey then asked whether the document has **provided information to inform how pharmaceutical services may be commissioned in the future**. The health board has noted that four people said it has. Community Pharmacy Wales commented as follows.

"The purpose of the 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. There is no provision within the PNA to look beyond a five-year period.

As outlined in Question 4 there are concerns in relation to the current and future needs identified."

The health board has responded above to the points raised by Community Pharmacy Wales.

Turning to whether or not the pharmaceutical needs assessment has **provided enough information for contractors to plan future pharmaceutical services provision** the health board has noted that two respondents said "Yes", one said "Don't know" and one respondent said "No". They expanded upon their response as follows.

- "Where pharmacies have closed and an explanation given that there remains an existing pharmacy there is no insight into the existing pharmacy's capacity. Are existing staff simply expected to work under increased stress and pressure with perhaps no increase space or resources?"

Community Pharmacy Wales commented as follows.

"The draft Pharmaceutical Needs Assessment provides a reasonable level of information to inform future pharmaceutical service provision and planning. It has considered pharmacy contractors' ability to increase capacity in response to rising demand, drawing on evidence from the contractor questionnaire, and has also taken account of wider factors such as planned housing developments and anticipated

population changes. This helps to build a forward-looking picture of potential service need.

However, the conclusions regarding capacity should be viewed in the context of the current financial pressures facing the sector. Any suggestion of available or scalable capacity is heavily dependent on the availability of sustainable funding and an adequate workforce. In practice, there is clear evidence across the network that financial pressures are affecting service delivery. For some contractors, ongoing funding constraints are now affecting viability, with a small but growing number reaching a point where the sustainability of their businesses is in question. As such, while the PNA provides a useful evidence base for planning, the extent to which any identified capacity can be realised will depend on meaningful and sustained investment alongside contractual support. CPW would welcome the Health Board's support in recognising that the assumptions underpinning the PNA's conclusions depend on sustainable recurrent funding and sufficient workforce capacity."

The health board sought the views of contractors as to whether they have capacity to manage an increase in demand for services and has taken them into account when coming to the conclusions set out in this document. Having reviewed them again, no contractors said their response was contingent on sustainable recurrent funding. In addition, only one pharmacy contractor responded to the consultation but did not raise the same points as Community Pharmacy Wales.

The health board has noted the statement that for some contractors, ongoing funding constraints are now affecting viability. As noted above, the vast majority of payments made to contractors are set by Welsh Government and are therefore outside the control of the health board. However, the fact that some pharmacies may close further justifies the health board's decision to future-proof the pharmaceutical needs assessment.

The consultation then asked **whether there are any pharmaceutical services that could be provided in the future by pharmacies that have been not highlighted**. The health board has noted that no respondents identified such services. Community Pharmacy Wales commented as follows.

"Yes. Chapter 3 identifies a number of significant health needs within the BCUHB population that could potentially be addressed through community pharmacy additional clinical services. For example, Section 3.9 highlights the growing prevalence of obesity among adults in Wales, an area where pharmacy-based weight management services could make a meaningful contribution.

However, the delivery of services such as weight management and other clinically focused interventions **would require significant additional investment beyond the current Community Pharmacy Contractual Framework (CPCF)**. It is suggested that the Health Board considers these identified health needs in greater detail, develops services in line with Community Pharmacy by Design principles, and secures appropriate recurrent funding to support their sustainable delivery through the community pharmacy network."

The health board has noted the comment regarding the need for a weight management service, however this was not a service identified by any of the contractors.

The health board will continue to review the needs of its residents and where there is a need for one or more new services, pharmacy contractors will be considered alongside other potential providers.

In order to ensure that the pharmaceutical needs assessment had identified any needs that may arise within its five-year lifetime, respondents were asked if **any developments, for example housing developments, regeneration projects or new premises for the provision of NHS services, had been missed**. The health board has noted that no respondents said “Yes”. Community Pharmacy Wales commented as follows.

“We are not aware of any developments that may arise within the lifetime of this PNA that have not been identified. However, individual pharmacy contractors, members of the public and others with local knowledge may well alert the health board of any developments they are aware of.”

The health board is pleased to note that no developments have been missed in the writing of this pharmaceutical needs assessment.

The consultation then asked whether respondents agreed **with the conclusions of the pharmaceutical needs assessment** and the health board has noted that two said “Yes”, one said “Don’t know”, and one said “No”. One of the respondents who said “Yes” and the respondent who said “Don’t know”, expanded upon their response.

- “I believe that it's wrong that when an existing pharmacy closes the door is also closed for a new contractor applicant to apply to take their place (eg Coedpoeth, Rhos on Sea)”
- “We would question the need for a pharmacy in Betws -y- Coed”

Community Pharmacy Wales commented as follows.

“CPW cannot agree with the conclusions of the pharmaceutical needs assessment as it is felt that unmet needs have not been sufficiently demonstrated for reasons outlined in Question 4. “

The health board has noted the first comment and the view of Community Pharmacy Wales in respect to the future proofing of the document. Balancing both views, it is of the opinion that no changes need to be made to the pharmaceutical needs assessment.

Finally, those responding to the consultation were asked whether they had **any further comments**. Four people said “No”.

Community Pharmacy Wales commented as follows.

“Page 131 does not show a pharmacy at Benllech on the Anglesey locality Map 8.1. It is recommended that the PNA is checked for Data quality / mapping issues before publication

Page 269 refers to a pharmacy premises relocating in August 2026. CPW is not aware of any consultation regarding a relocation application to meet a business need, nor does the PNA identify a gap in pharmaceutical services that could be addressed through the relocation of an existing pharmacy. Any relocation of pharmacy premises would need to be considered and determined through the appropriate regulatory processes set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020. As drafted, the reference appears to anticipate a future outcome that has neither been assessed within the PNA nor approved through the relevant statutory procedures.

Part 3: Conclusion

CPW welcomes the work undertaken to produce this PNA but remains concerned that several identified “needs” are either speculative or relate to service development objectives rather than demonstrable pharmaceutical need. Given the PNA’s statutory role in informing market entry decisions, it is essential that conclusions are evidence-based, proportionate and consistent with the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

CPW therefore recommends that the identified concerns are addressed before the PNA is finalised.”

In response to the pharmacy in Benllech, it is included in the map (as can be seen in map 5.2). Unfortunately, due to its proximity to a dispensing doctor it was hidden on maps 5.1 and 8.1. This has been corrected.

In relation to the relocation of a pharmacy that was due to take place in August 2026, this information was taken from a response to the contractor questionnaire. The health board has checked its records and has not received an application from this contractor to relocate its pharmacy. As and when such an application is received it will be determined in accordance with the regulations. Regulation 19(2) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 permits relocations in two specific scenarios and the health board waits to see under which provision this contractor will apply.

4 Summary conclusions

The health board is pleased to note that the majority of respondents are in agreement with the conclusions of the pharmaceutical needs assessment. It has reviewed the responses and has set out above where the document will be amended.

It would like to thank those who took the time to read the document and to respond to the consultation.

5 Equalities monitoring

Two of the responses were personal responses. Of these:

- One said they are Welsh, and the other British.
- One is aged 35-44 years old, and the other is 55-64 years old.
- Both consider English to be their first language.
- Both are employed full-time, male, and heterosexual/straight.
- One has no religion; the other is Christian.
- Both are married.
- Neither considers themselves to be disabled.
- Their gender identity has not changed from that assigned at birth.
- Neither has caring responsibilities.
- Neither had any comments in relation to their protected characteristics.

6 Amendments

The following amendments have been made to the pharmaceutical needs assessment:

- A symbol has been added to maps 5.1 and 8.1 to represent the pharmacy in Benllech.
- Sections 8.6.1, 8.6.20, 9.6.1, 9.6.20, 10.6.1, 10.6.20, 11.6.1, 11.6.20, 12.6.1, 12.6.20, 13.6.1, 13.6.20, 15.6.1, 15.6.20, 16.6.1, 16.6.20, 18.6.1, 18.6.20, 21.6.1, 21.6.20, 22.4.1, and 22.4.3 have been amended to reflect the amended future need should a GP practice cease to dispense to an area for which it has outline consent. Reference to this future need in section 19.6.1 has been deleted as there are no dispensing doctors in this locality.
- Section 22.4.2 has been amended to insert the word “not” into the sentence “The health board will work with the only pharmacy that does provide this service”.

Appendix L – pharmacy opening hours



BCUHB PNA 2026 appendix L v1 Final.: