

Betsi Cadwaladr University Health Board pharmaceutical needs assessment

September 2021

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Executive summary

From 1 October 2021, 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 first 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 North Wales Community Health Council.

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 2021 to 30 September 2026),
- 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 2021 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 Snowdonia 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 2036) and an increase in the proportion of people aged 65 and over, particularly for those aged 85 and over (90% 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 536 residents of the health board's area on their use of pharmacies and dispensing doctors which were gained from an online questionnaire and 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 12.00 to 15.00.
- With regard to the preferred day of the week on which to visit a pharmacy, 43.5% of responders didn't have a preference, 28.0% said weekdays in general and 6.4% said Saturdays.
- 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, trust in the staff, relationship with staff, usually having the required items in stock, and ease of parking.
- 67% of respondents drive to a pharmacy and 25% walk.
- 90.7% of respondents can travel to a pharmacy within 20 minutes. 3.9% chose not to answer this question.

This chapter also contains information provided by contractors which could not be nationally sourced:

- 88% of pharmacies are accessible by wheelchair,
- All of the pharmacies have a consultation area, except three who have alternative arrangements for confidential discussions,
- 81.6% of pharmacies said that they have sufficient capacity within their existing premises and staffing levels to meet an increase in demand,

- 13.2% said they didn't have sufficient capacity but could make adjustments in order to do so, and
- 5.3% said that they didn't have sufficient capacity and would have difficulty in managing an increase in demand.

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 August 2021 there are 152 pharmacies included in the health board's pharmaceutical list, operated by 42 different contractors. There are no dispensing appliance contractors in the health board's area. Of the 98 GP practices, 37 dispense to their eligible patients from 46 sites. The pharmacies are generally located in areas of greater population density and deprivation.

The majority of the population is within a 20-minute drive of a pharmacy. Those areas that aren't within a 20-minute drive either have no resident population or a few scattered houses, farms, camping and caravan sites. There are however a few small villages within Conwy West that are not within a 20-minute drive.

The vast majority (88.1%) of items prescribed by the GP practices were dispensed by one of the 152 pharmacies in 2019/20, with a further 10.2% dispensed or personally administered by the GP practices. The remaining 1.7% was predominantly dispensed in England by 1,508 different pharmacies/dispensing appliance contractors (primarily due to the location of pharmacies just over the border in Chester and Oswestry), although a very small percentage was dispensed by 150 different pharmacies elsewhere in Wales.

In 2020/21, fewer items prescribed by the GP practices were dispensed by one of the pharmacies (84.7%) with a corresponding increase in the number dispensed or personally administered by the GP practices (14.0%). Slightly fewer items were dispensed in England (1.3%) by 1,364 different pharmacies/dispensing appliance contractors. A very small percentage of items was dispensed elsewhere in Wales by 193 different pharmacies.

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.

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, advanced and enhanced 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.

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. 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. There are however a few small villages within Conwy West that are not within a 20-minute drive and residents are likely to be dispensed to by their GP practice.

The pharmaceutical needs assessment has identified the current need for a pharmacy in Betws-y-Coed which is open seven days a week, and in Towyn which is open six days per week with a minimum of three core opening hours on either Saturday or Sunday

No current needs have been identified in relation to the provision of advanced services.

The pharmaceutical needs assessment has identified current needs in relation to the provision of certain enhanced services in the following locations.

- Betws-y-Coed
 - emergency hormonal contraception,

- common ailment service, and
- emergency medicine supply service.
- Towyn
 - emergency hormonal contraception,
 - common ailment service,
 - emergency medicine supply service,
 - smoking cessation level 2, and
 - help me quit @ pharmacy.

No current needs have been identified in relation to 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 into account 'Pharmacy; Delivering A healthier Wales' which sets out 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 essential and enhanced services in specific circumstances, although it is the health board's preference that the gaps in the provision of these services are met by the existing pharmacies. No future needs have been identified in relation to the provision of advanced services.

The pharmaceutical needs assessment has identified that should there be a loss of supplementary opening hours in any locality on Saturdays from 1 April 2021 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.

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 emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

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 outside of specific towns/villages there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

Due to the increase in population during the holiday season the pharmaceutical needs assessment has identified a future need for certain enhanced services to be provided on Sundays in certain localities with effect from 1 April 2023 between April and October.

The pharmaceutical needs assessment has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and the emergency medicine supply enhanced services by a pharmacy in a town/village that is outside of specific towns there will be a future need for these enhanced services to be provided in the same town/village during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

In relation to the dispensing service provided by some GP practices, 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

A 60-day consultation has been undertaken on the findings of the consultation version of the pharmaceutical needs assessment, as required by the regulations, and the document has been reviewed in light of the responses. A report on the consultation has been included as an appendix to this version and details of the changes made to the pharmaceutical needs assessment are set out in that report.

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 North Wales population assessment 2017. Whilst the population assessment 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

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 its first pharmaceutical needs assessment by 1 October 2021;
- Publish revised statements (i.e. 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 152 pharmacies and 37 dispensing practices.

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

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

- Essential services – all pharmacies must provide these services
 - Dispensing of prescriptions, including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting, and
 - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced

services they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements.

- Medicines use review and prescription intervention services (more commonly referred to as the medicines use review)
 - Discharge medicines review service (discharge medicines review service)
 - Stoma appliance customisation
 - Appliance use review
- Enhanced 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 enhanced services that may be commissioned are:
 - Anticoagulation monitoring
 - Care home service
 - Disease specific medicines management service
 - Gluten free food supply service
 - Home delivery service
 - Language access service
 - Medication review service
 - Medicines assessment and compliance support service
 - Minor ailment scheme
 - Needle and syringe exchange
 - On demand availability of specialist drugs service
 - Out of hours service
 - Patient group direction service
 - Prescriber support service
 - Schools service
 - Screening service
 - Stop smoking service
 - Supervised administration service
 - Prescribing service
 - An anti-viral collection service
 - An emergency supply service

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

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

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

Pharmacies are required to open for not less than 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Under the NHS (Pharmaceutical Services) (Wales) Regulations 2020 it is possible for pharmacy contractors to successfully apply to open a pharmacy with a greater number of core opening hours in order to meet a need identified in a 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 three months' 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 advanced services. If they do choose to provide them then they must meet certain requirements and must also be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation
- 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 of primary care and community services 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
- Meirionnydd
- Conwy West
- Conwy East
- North Denbighshire
- Central and South Denbighshire
- North West Flintshire
- North East Flintshire
- South Flintshire
- North West Wrexham
- Central Wrexham
- South Wrexham

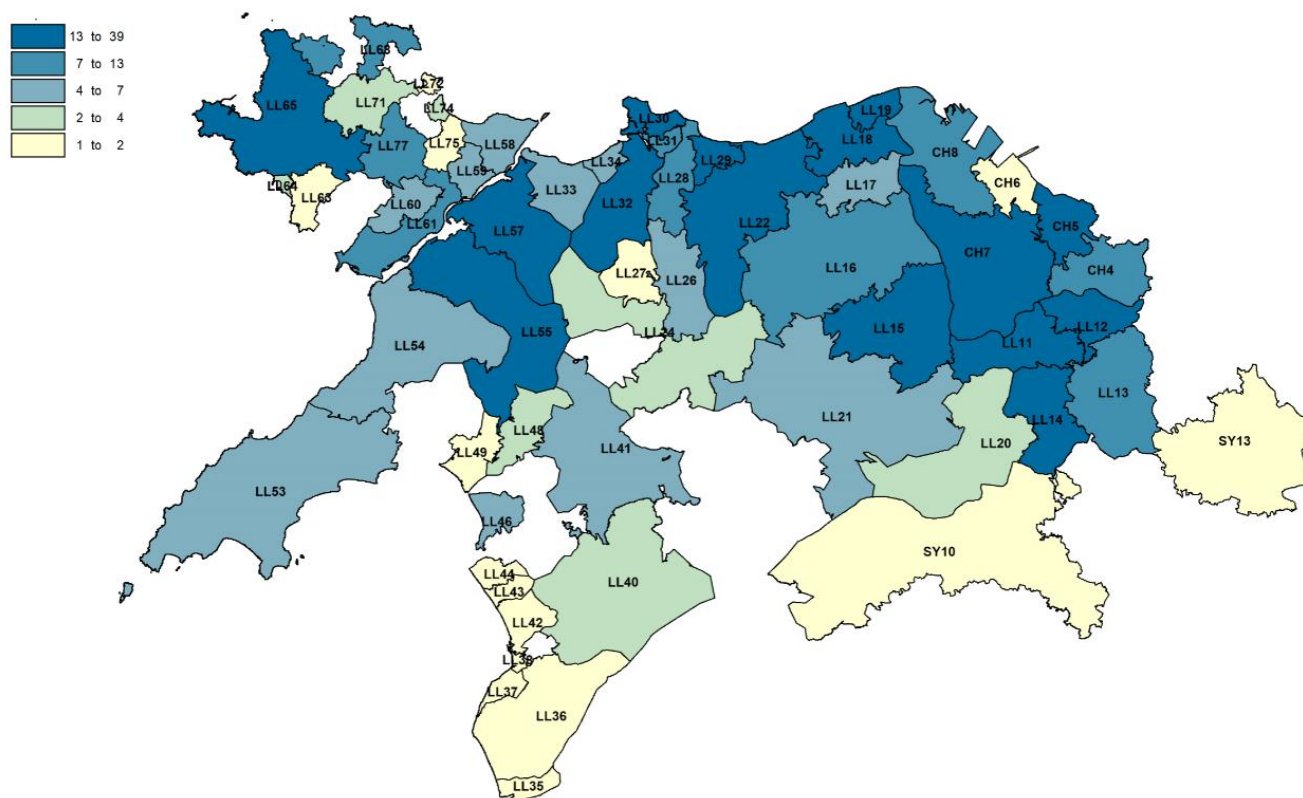
The clusters bring together local services involved in the provision of health and care, across a geographical area typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities. They are therefore 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 patients and the public on pharmaceutical services, a questionnaire was developed and made available online from 17 November 2020 to 11 January 2021. Due to the ongoing Covid-19 pandemic it was not possible to engage the population on a face to face basis, however the online questionnaire was supported by virtual meetings and it was promoted via posters with QR codes in pharmacies and GP practices. In addition, pharmacies were provided with a supply of flyers for inclusion in bags of dispensed medication. The questionnaire was made available in Welsh and English and a copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H

A total of two people completed the questionnaire in Welsh and 534 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 map to the boundaries of the health board's area and responses were not received from all of the postcode districts.

Map 1 - map showing the postcode districts of those responding to the patient and public questionnaire



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When asked whether their prescriptions are dispensed by their GP practice:

- 56.7% of respondents said no,

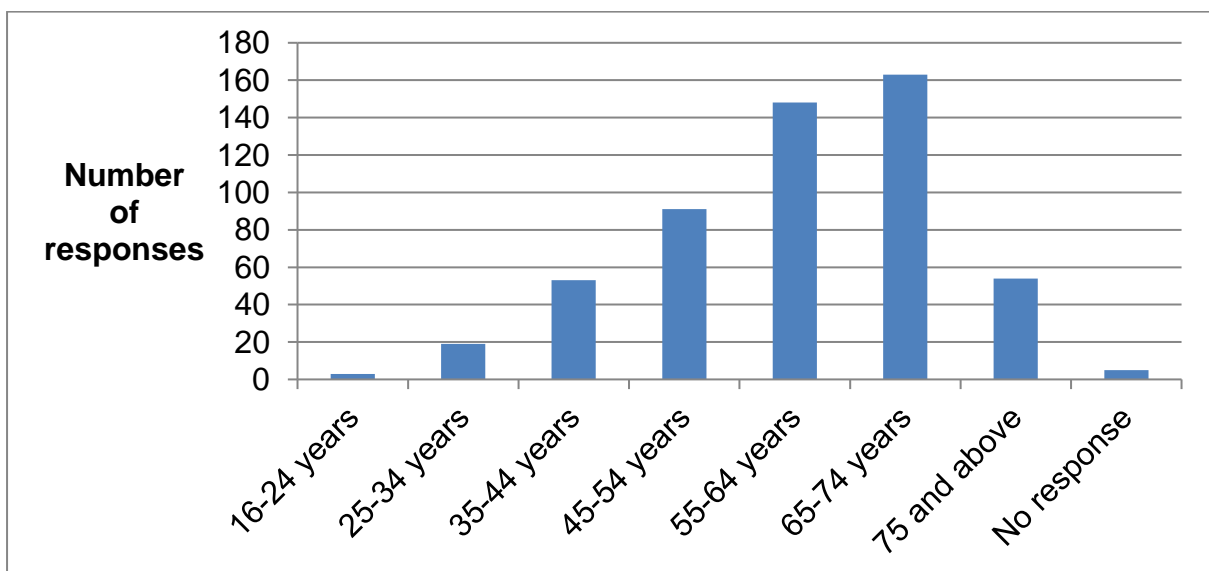
- 39.4% said yes,
- 1.7% didn't know or
- 2.2% chose not to answer the question however their subsequent responses would suggest they are dispensed by a pharmacy.

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

- 88.1% of respondents said English,
- 10.8% said Welsh,
- 0.9% chose not to answer the question, and
- 0.2% said either Welsh or English.

71.1% of respondents described their gender identity as female, 25.2% as male, 2.1% preferred not to say and 1.3% chose not to answer this question. The figure below shows the age breakdown of respondents.

Figure 1 – how old are you?



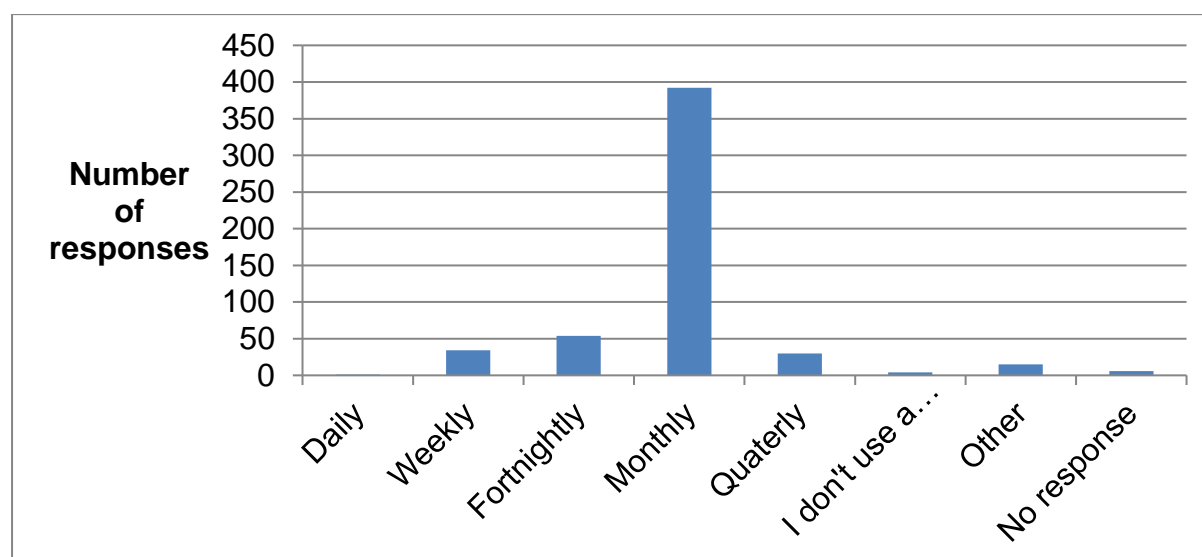
When asked why they usually visit a pharmacy the most common responses were as follows:

- To get a prescription for someone else – 286 people
- To buy a medicine for myself – 197 people
- To get a prescription for myself – 188 people
- To get advice for myself – 150 people
- To buy medicines for someone else – 106 people
- To get advice for someone else – 68 people.

Multiple answers could be given to this question.

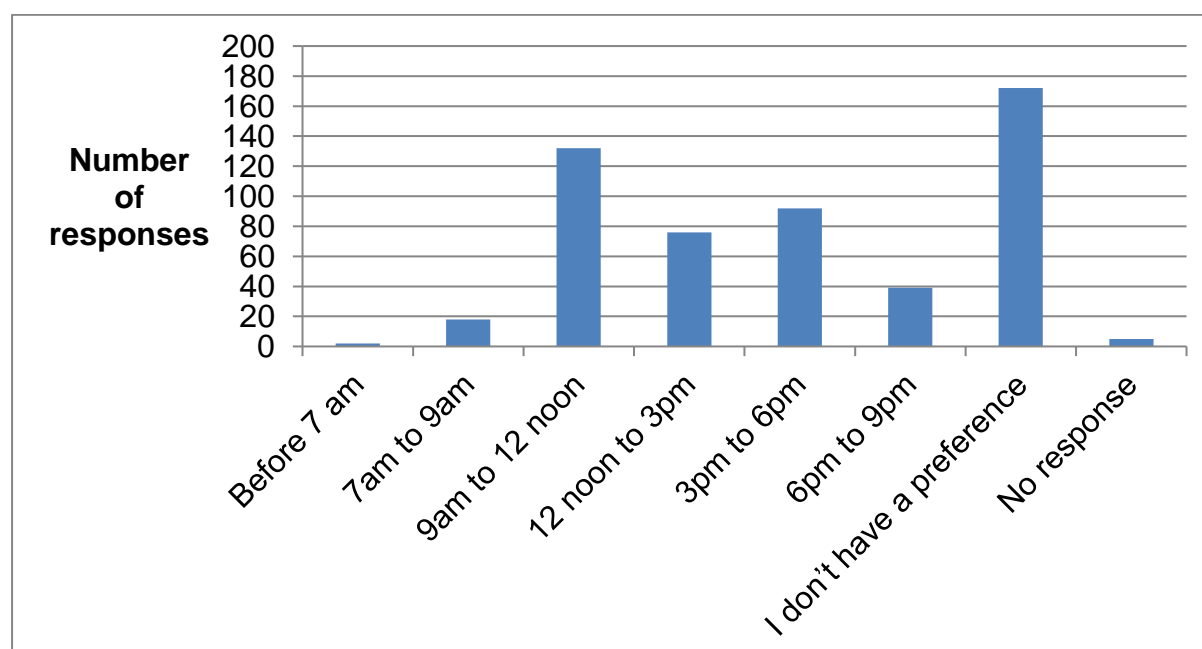
The figure below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.

Figure 2 – How often do you visit a pharmacy?



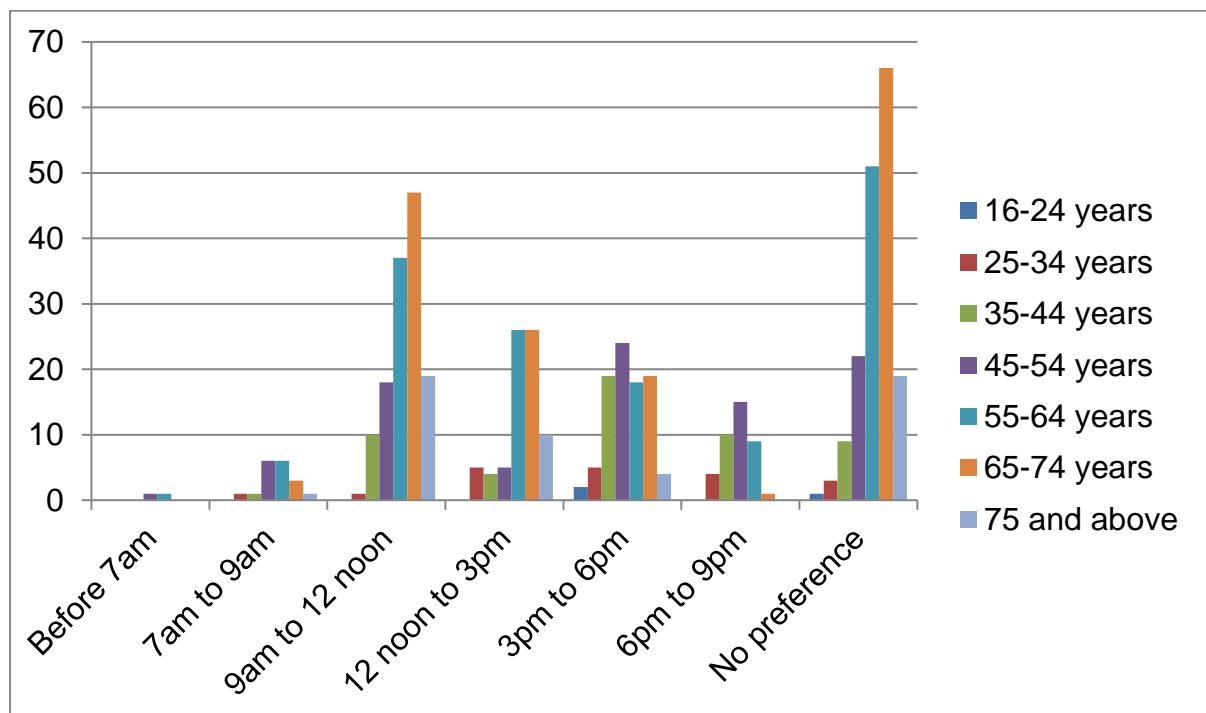
Whilst 32.1% of respondents didn't have a preference as to the most convenient time, for those that did the most convenient time was 09.00 to 12.00 (24.6% of responses), followed by 15.00 to 18.00 (17.2% of responses) and then 12.00 to 15.00 (14.2%). 0.9% chose not to answer the question.

Figure 3 - What time is the most convenient for you to use a pharmacy?



The most convenient time to access a pharmacy was then analysed by age to identify any differences this may have on the times pharmacies are used.

Figure 4 – age and most popular time to visit a pharmacy



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

- 43.5% said they didn't have a preference,
- 28.0% said weekdays in general,
- 6.4% said Saturdays,
- 5.8% said weekends in general,
- 1.1% chose not to answer the question, and
- The remaining 15.2% were evenly spread between specific weekdays.

122 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:

- 59 people went to another pharmacy,
- 25 people waited until it was open,
- 16 people did more than one thing. For example, waited until the pharmacy reopened and went to their GP; waited until the pharmacy was open and bought paracetamol from a shop.
- three went to their GP,
- one went to hospital, and
- one went to a minor injury unit.

Where 'other' was selected the following information was provided:

- Went without their medicines
- Relied upon friends or family to collect their medicines due to shielding or another reason

- The pharmacy delivered medicine
- Didn't go out at all due to Covid
- Waited until there was no queue
- Left it until another time.

The questionnaire asked people about their choice of pharmacy. 82.6% said that they always use the same pharmacy, 12.9% said they use different pharmacies but prefer to visit one most often, 1.3% rarely use a pharmacy, 0.7% never use a pharmacy, and 0.9% always use different pharmacies, and 1.5% chose not to answer the question.

The table below shows the top 12 things that influence choice of pharmacy.

Table 1 – what influences your choice of pharmacy?

Reason	Number of respondents
Close to my home	341
Close to my doctor	245
The location of the pharmacy is easy to get to	236
I trust the staff who work there	190
The staff know me and look after me	159
They usually have what I need in stock	159
It is easy to park at the pharmacy	157
The customer service	152
The pharmacy has good opening hours	145
The pharmacy provide good advice & information	142
There is a private area if I need to talk to the pharmacist	141
The service is quick	130

When asked if there is a more convenient and/or closer pharmacy that they don't use, 158 (29.5%) said yes and the following reasons were given.

Table 2 – reasons for not using a more convenient and/or closer pharmacy

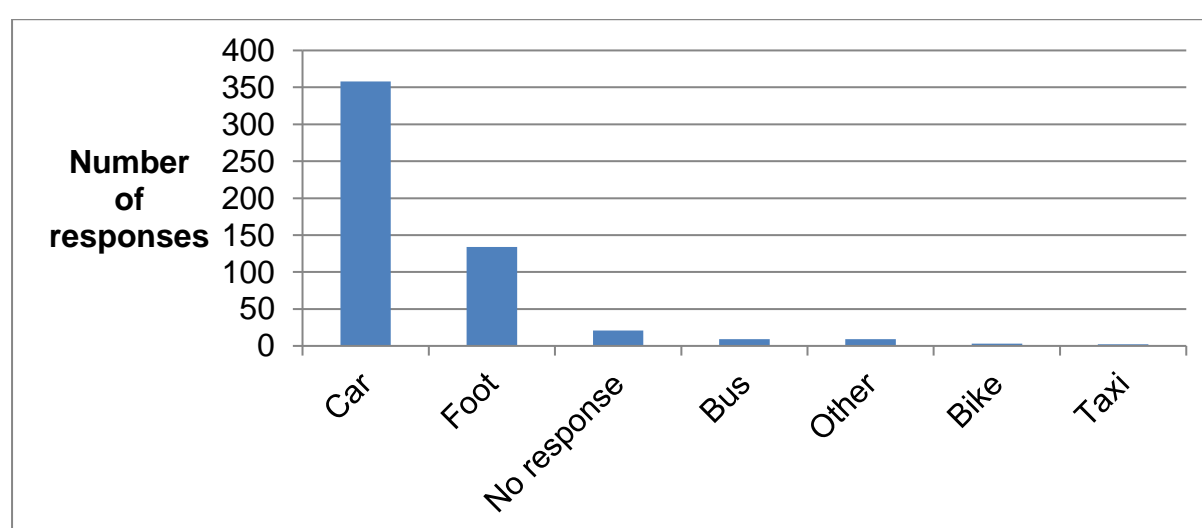
Reason	Number of responses
I have had a bad experience in the past	26
The service is too slow	24
It is not easy to park at the pharmacy	23
They don't have what I need in stock	10
The pharmacy does not deliver medicines	5
It's not open when I need it	5
There is not enough privacy	4
The staff don't know me	3

Where 'other' was given of the main themes of the additional information provided were:

- Quality and level of service
- Prefer the one that is further away
- GP practice chose the pharmacy
- Not attached to the GP practice or in the same village as the practice
- Concerns about how to change and whether this will cause delays in getting medicines.

The questionnaire then looked at how people travel to pharmacies.

Figure 5 - if you go to the pharmacy how do you usually get there?

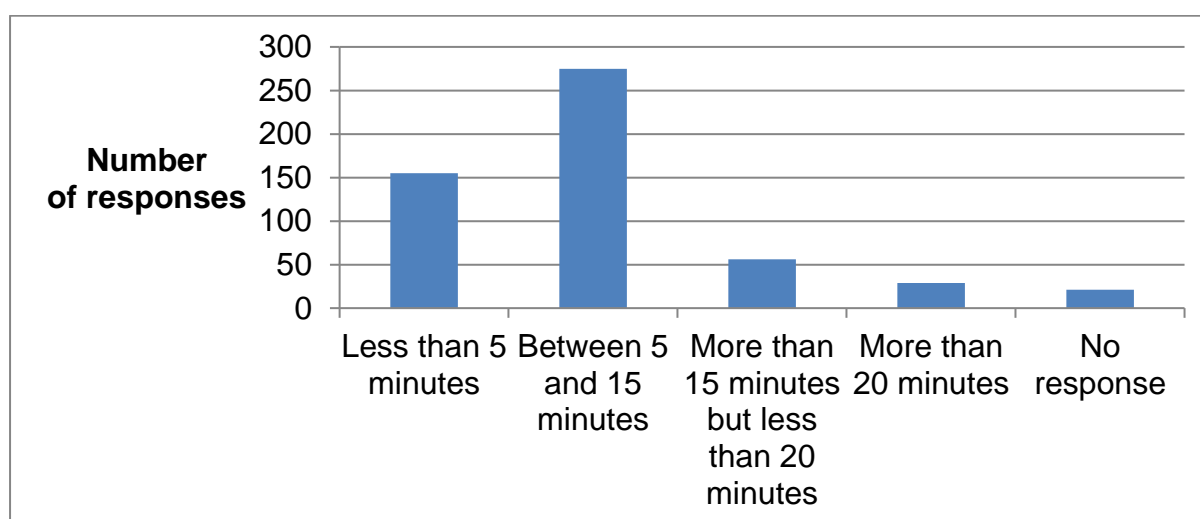


For those who chose 'other':

- A friend or family member collects their medicines – three people,
- By wheelchair – one person,
- Medicines delivered by the pharmacy – one person,
- A friend or family member gives them a lift – one person
- Car or on foot depending on the weather – one person.

For the majority of the responders their journey time takes less than 15 minutes (80.2%), with 90.7% within 20 minutes of a pharmacy. 3.9% of people chose not to respond to this question.

Figure 6 - how long does it usually take to get to the pharmacy?



For those whose journey takes more than 20 minutes:

- 14 people go by car,
- Eight go on foot,
- Three go by bus,
- One has their medicines delivered,
- One goes by bike, and
- One person didn't provide information on their method of transportation.

When asked if they would say that they have difficulty in getting to a pharmacy, 83.2% said no and 4.7% chose not to answer the question. For the 64 respondents who said they have difficulty the following information was provided:

- Health and mobility issues – 26 people
- Inconvenient pharmacy opening hours – six people
- Parking issues – six people
- Would have difficulty if had to walk/didn't have a car/couldn't get a lift – five people
- Don't drive/not on a bus route – three people
- Self-isolating/shielding – three people
- Getting older/don't go out if the weather is bad – two people
- Need to be at home due to caring responsibilities – two people
- Queues – two people

The next section of the questionnaire focussed on the dispensing service provided by some GP practices. 210 people had stated that all or most of their medicines are dispensed by their GP practice; however the questions in this section were also answered by 31 people who had said that their GP practice didn't dispense their medicines and one person who chose not to answer the question. Responses to some of the earlier questions suggest that people may not be aware of the difference between a pharmacy and a GP practice's dispensary. It is therefore possible that

some of the answers to the questions in this section may not relate to a GP practice dispensary.

110 people said that they travelled to their GP practice by car, 32 on foot, four by bus, one by bike and one person by taxi. 24 people chose 'other' and either didn't explain further or from their responses confirmed that they are not dispensed to by their practice and have misunderstood the question.

When asked how long it takes them to travel to the dispensary at their GP practice:

- Less than five minutes – 37 people
- Between five and 15 minutes – 90 people
- More than 15 minutes but less than 20 minutes – 25 people
- More than 20 minutes – 13 people.

28 people said that they have difficulty in getting to their GP practice's dispensary for the following reasons:

- Mobility issues – five people
- Poor weather conditions – two people
- Would have difficulty if didn't drive or couldn't get a lift – two people
- Very busy/takes too long to process a repeat prescription – two people
- Difficulty parking – two people
- Have to get car out and drive – two people
- Can't drive and medical condition/Covid restrictions/things are often missing so have to make a repeat journey/don't live near to the practice/location/no information on pharmacy at the practice/branch surgery is closed/no direct bus route and if unwell unable to drive – one person each

Searching via the internet was the most popular way of finding information on a pharmacy for example opening hours and services offered (157 respondents) followed by looking in the window (122 respondents), popping in and asking (113 respondents), using social media (54 respondents) and asking a friend (42 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 (54.9%) or they had never needed to (25.2%). 14.2% of respondents however said no, which is of concern particularly as all the pharmacies confirmed that they either have a consultation area or alternative arrangements for confidential discussions.

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 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	432
Common ailments scheme	388
Medicines use review service	272
Help to stop smoking	214
Emergency hormonal contraception, also referred to as the 'morning after pill'	188
Discharge medicines review service	107
Appliance use review service	56

255 people had further comments to make on pharmacy and GP dispensary services. There were 104 positive comments, 117 negative, 17 which were both positive and negative, 15 observations and three comments regarding GP practices only.

Themes from the positive comments include:

- The standard and quality of the service provided
- Ability to ask the pharmacist for advice
- Prepared to do the extra mile
- Friendly, helpful and approachable staff

Examples of the positive comments include:

- “Superb pharmacy - professional pharmacist and courteous and courteous staff.”
- “They work really hard and must have been very difficult for them during lock down.”
- “so helpful and accommodating.”
- “Hard working staff great customer service.”
- “offer an excellent, friendly service. Nothing is ever too much trouble.”
- “All staff polite and friendly. Always goes out of their way to help.”
- “Nothing is to much trouble le, helpful beyond words, cannot praise them enough, always have what I need.”
- “Our local pharmacy team have worked tirelessly since March 2020 to offer an excellent service in our village [name] and my family is extremely grateful to them for this.”
- “I use The Pharmacy in [location] as they always have what I need, recommend alternatives when there are national shortages e.g. [hormone replacement therapy] and are very welcoming and accommodating. They are

really lovely there and if there is a chance to pass this on, please do. Their customer service is the best I have known in a pharmacy.”

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

- Length of time for prescriptions to be dispensed, in particular when they are sent to a dispensing hub
- Changes to ways of working due to the pandemic – for example having to queue outside in all weather and the length of time spent waiting
- Poor communications with patients, and between pharmacies and GP practices with each blaming the other leading to people having to travel between the two to resolve issues such as missing prescriptions
- Lack of stock or items not being included leading to repeat visits
- Inability to get through on the phone
- Poor customer service
- Mistakes made
- Inconvenient opening hours, or changes to them.

Examples of the negative comments include:

- “From putting in the script, it takes nearly 10 days for all items to be available for collection. I have been 3 times to collect this latest prescription items but they are never ready. Why can't they send a simple text reminder to say you items are ready for collection so as to stop all these unnecessary trips. They tell you not to ring up as they are too busy to answer the phones.”
- “There is always a big queue and it takes ages for them to find the repeat prescription - I often have to liaise with the GP practice”
- “I collect my own tablets and my husbands monthly. I have had many instances where tablets haven't been ready, even though I have allowed 7 working days, from putting the prescription in the box in the pharmacy, and picking up the tablets. On one occasion my husband had to do without his blood pressure tablets and his injections for diabetes for several days, until a new prescription could be organised and delivered to the pharmacy. At the time, the pharmacy blamed the surgery, and the surgery blamed the pharmacy, neither of which helped my husbands situation.”
- “Sometimes long wait outside to collect prescriptions which is not good in cold or wet weather. Nowhere to sit and wait currently. Not good for sick and elderly. Sometimes prescribed medicines not available”
- “Opening hours have changed at the pharmacy I normally use - no longer suitable for people who have full time jobs. Service is exceptionally bad these days, prescription is rarely ready and I've gone without medication due to this. Going to collect my prescription has become a real ordeal and I'd switch pharmacies except they don't have decent opening hours either.”
- “GP dispensing services can be very poor. Nearly every month they have items missing from repeat scripts. They treat this as acceptable and just expect you to easily come back which is not easily possible if you live at a distance, have limited income to pay for travel, or just need the medicine as you have run out. Nearly every month i have to stand in public reception to

discuss my private medications with them. They have poor customer service and can be quite rude, making it into my problem that the script isn't ready. Often they haven't been able to get a certain medication yet the pharmacy in the same village can get it with no problem. Frequently the Gp pharmacy just routinely removes items from the script without informing you beforehand. This then involves stress, upset and unnecessary time to get sorted."

- "Awful queues, not enough staff. Lost repeat prescription. Rude staff"
- "Having to wait 7 days for a repeat prescription because it is dispensed from a central depot, and which obviously does not work, because on receipt I collect 2 bags of medication 1 of which has been posted to the local pharmacy. Need to revert back to previous system."
- "We've had delays in receiving the prescriptions many times for reasons like the doctor needed to do a review, then the doctor forgot to record the review so after trying many times to collect the prescription eventually phoned the doctor (which takes a while to get through with the phone messages) the doctor had forgot to record the review so had to do the review again. Another time the doctor did the review but then forgot to print the prescriptions, again we only found this out after trying to collect the prescriptions and then having to phone the doctors to find out what's happened. The prescriptions have also been sent to the wrong pharmacy, again only found this out after queuing for some time at the pharmacy, they told us to go to the other pharmacy after queueing again it wasn't there either, so then had to phone the doctor to find out it hadn't been printed. It's gone to the wrong pharmacy a couple of times. We've also had the pharmacy not have items in stock so we've had to queue again the next day. We've also had a couple of times I've phoned the doctors to ask them to print the prescriptions, then when I've gone to collect them, there is no record of me phoning and asking them to be printed. The pharmacy also send them away to be processed so there is a delay in collecting the prescriptions once asking them to be printed of a few days"

The questionnaire then asked if there are any barriers to accessing services at either a pharmacy or the GP dispensary that have not already been mentioned. The main themes of the 60 responses received were:

- Opening hours,
- The amount of time spent queuing and waiting,
- Staff attitudes,
- Staff very busy.

Recognising that the Covid pandemic had had a considerable impact on the provision of services across the NHS, the questionnaire then asked for people's experience of accessing their medicines during the pandemic.

95 respondents were asked to shield during the pandemic, of whom 78 said they accessed their medicines from a pharmacy and 17 from their GP practice. 28 respondents advised that they had no problems. 16 respondents said that they did have problems, and the main issues were the length of time queuing, repeat journeys as not all items available, and difficulty resolving errors. Medicines were

collected by either friends, family or volunteers, or were delivered by the pharmacy. Two people noted that the service had improved as the pandemic went on.

For those who weren't asked to shield 153 reported no problems or difficulties. Queuing both inside and outside the premises (particularly in bad weather) was mentioned by 80 people, and slower processing times was mentioned by 29 people. 26 people said that their medicines were collected for them by friends or family or delivered to them. 11 people commented that there had been an improvement since the first lockdown in March.

In June and July 2020, the health board's Engagement team undertook a public perception survey to capture feedback about health services that had been implemented at the start of the Covid-19 pandemic. Part of the survey captured people's feedback on use of pharmacies. A total of 497 people completed the survey in full.

385 people (77.5%) said that they had used a pharmacy during the first few months of the pandemic. 80.3% of people said they had had no difficulties in getting any of the medicines that they needed and 87.4% of people said they were happy with the service that they received. 32.5% of people said that they had used a pharmacy instead of visiting their GP practice.

Positive comments included:

- "Sought advice on treating a swollen knee"
- "It was horrendous trying to access the GP Surgery, so I used a local pharmacy, who were very helpful"
- "Self isolating because of my underlying health problems meant that visits to collect medication by myself or my wife ... not without risk. Pharmacy arranged for our medications to be delivered by volunteer for which I am very grateful and will always be thankful for. Cannot praise people too highly for their generous support."
- "Needed information regarding an eye infection received - ointment from the pharmacy"
- "Excellent service from pharmacy. GP emailed them the prescription and all sorted & ready really quickly."

The negative comments tended to relate to the length of time people had to queue and shortages of medication:

- "I had to queue outside the shop for 2 hours before receiving the prescription"
- "Queues, standing outside in the rain for hours. Two metre distance from the person in front. The staff under stress."
- "GP surgery told me in the morning to collect my medication at a certain time from the surgery in the afternoon. So my partner went there only to find out that they can't get the medication....."

1.5.4 Contractor engagement

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

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

The questionnaire was open from 18 November to 20 December 2020 and the results are summarised below. All of the pharmacies in the health board's area responded. The health board is grateful for the support of Community Pharmacy Wales in agreeing to both incorporating the questions into the All Wales Pharmacy Database validation exercise and bringing the exercise forward.

134 of the pharmacies confirmed that the premises are accessible by wheelchair. 149 of the pharmacies confirmed that they have a consultation area, 114 of which are accessible by wheelchair. The three pharmacies that do not have a consultation area confirmed that they have alternative arrangements for confidential discussions.

Having a consultation area that meets four specific requirements is a pre-requisite for being able to provide the advanced 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:

- 148 consultation areas meet requirements one and two,
- 144 meet requirement three, and
- 146 meet requirement four.

81 of the pharmacies provided information on languages other than English that are spoken by staff:

- Welsh – 63 pharmacies (another pharmacy confirmed some Welsh is spoken)
- Polish – 15 pharmacies
- Punjabi – four pharmacies
- Spanish – four pharmacies
- Urdu – three pharmacies
- Hindi – two pharmacies
- Italian – two pharmacies
- British sign language – one pharmacy

- Cantonese – one pharmacy
- Hebrew – one pharmacy
- Lithuanian – one pharmacy
- Portuguese – one pharmacy
- Romanian – one pharmacy
- Yoruba – one pharmacy
- Mandarin (sometimes) – one pharmacy

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”. 146 pharmacies confirmed that they dispense all appliances, three only dispense dressings and one doesn’t dispense incontinence appliances. One pharmacy confirmed that appliance prescriptions are dispensed on their behalf by an out of area dispensing appliance contractor.

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

85 pharmacies deliver dispensed items to patients as a private, free-of-charge service and 19 provide it as a private, chargeable service.

62 pharmacies restrict the service to certain patient groups:

- disabled patients,
- housebound patients,
- housebound and vulnerable patients,
- vulnerable patients,
- elderly patients,
- care home residents,
- isolating or shielding patients, and
- Those with a clinical need or mobility issues.

21 pharmacies restrict the delivery service to specified areas.

In order to assist in the identification of any gaps in the current provision of enhanced services pharmacies were asked to confirm whether or not there is a requirement for an existing enhanced service which is not currently provided in the area, and to provide the evidence to support this. 30 pharmacies suggested services the most common of which were:

- the sore throat test and treat service which is currently suspended (eight pharmacies), and
- an independent prescriber service (seven pharmacies).

Other suggested services include:

- Acute conditions service to assist in the triage of patients in conjunction with the local GP practices

- Include antibiotic supply for urinary tract infections in the common ailments service would be useful as it would benefit patients and take pressure off the GP practices
- Blood pressure monitoring
- One pharmacy is considering providing flu vaccinations next year
- Common ailments service to include thrush for men and not just women
- A contraception service as the local GP practices are struggling to meet demand for contraception review (pill checks). Potential for enhanced service for independent prescribers to review oral contraception and prescribe continuation of treatment initially with view to progress to initiation of treatment
- Ear microsuction would alleviate the pressure on GP practices
- Pneumonia vaccination service.
- Extension of emergency medicines service throughout the week to relieve pressure on GP practices and save time for staff in the pharmacy
- Heartburn management
- Inhaler review service/inhaler technique service to improve understanding of use of inhalers and technique
- Respiratory rescue medicines service.
- Medicines management and compliance support
- Smoking level 3 (Varenicline)
- Provision of the medicines use review service
- Diabetes and cholesterol testing

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

- Provision of dosette boxes/monitored dosage systems
- Ear microsuction service
- Alcohol misuse and weight loss counselling
- Blood pressure recording
- Care of the elderly domiciliary visits to polypharmacy/high co-morbidities patients with an independent prescriber who could review and possibly simplify medication regimens
- Contraceptive service - initiation and continuation of regular contraception by an independent pharmacist prescriber
- Test and treat service for cystitis (under a patient group direction) by trained pharmacists especially at weekends and bank holidays in order to reduce demand on the out of hours service
- Independent prescriber services
- New medicine service
- Reconciliation of patients repeat medication to be able to collect their regular repeat medication once a month
- Test and treat for sexually transmitted infections
- Adult vaccination, for example pneumonia, shingles and hepatitis B
- Test and treat for urinary tract infections
- Weight management
- Minor illness service.

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. 124 pharmacies said that they have sufficient capacity within their existing premises and staffing levels to meet an increase in demand, and 20 pharmacies said they didn't but could make adjustments in order to do so. Eight pharmacies said that do not have sufficient capacity and would have difficulty in managing an increase in demand.

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

- 21 pharmacies plan to introduce independent prescriber services or to expand such services where they are already provided
- Start to provide new services such as the common ailments service, emergency hormonal contraception, Covid vaccinations, smoking cessation, sore throat test and treat, weight loss service,
- Increase provision of existing services,
- Introduction of automation,
- Employ another delivery driver,
- Provide more private services including blood pressure monitoring and travel vaccinations, and
- Trial a texting service.

13 pharmacies have plans to develop or expand their premises which include:

- plans to refit or refurbish existing premises,
- creation of new or more consultation rooms,
- extension of the existing pharmacy, and
- relocation to new premises.

An online questionnaire for dispensing practices was also undertaken and was open 14 October to 11 November 2020. 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 37 dispensing practices 22 responded, a response rate of 56%. Betsi Cadwaladr University Health Board is grateful for the support of North Wales LMC in encouraging contractors to complete the questionnaire.

The opening hours of the dispensaries at the main premises vary from practice to practice:

- all open at either 08.00, 08.30 or 09.00,
- closing times vary between 16.30 and 18.30
- 15 open all day, closing between 16.30 and 18.30.
- Those that close for lunch do so for between one and two hours.

- One opens on Monday and Wednesdays between 08.00 and 13.00, with slightly longer opening hours on the remaining weekdays.

Opening hours of the dispensaries at the secondary premises on the whole are less than at the main premises and vary from day to day.

With regard to dispensing appliances:

- 16 practices dispense all types of appliances,
- One practice doesn't dispense incontinence appliances,
- One practice doesn't dispense stoma and incontinence appliances,
- One practice doesn't dispense stoma appliances, and
- Three practices only dispense dressings.

In relation to delivery services:

- Four practices provide a delivery service that is free of charge.
- Five practices only deliver to certain patient groups. These groups vary from practice to practice but are generally those who are/were shielding, housebound patients, the elderly, vulnerable patients, patients with no family/friends to collect for them, and chronically ill patients. One practice delivers at the GPs' discretion.
- One practice delivers to four shops in rural areas. It delivered to shielding patients during the pandemic.
- One practice provides a delivery service, mainly to the elderly and housebound patients who live within the practice area.
- One practice provides a delivery service to those who live within the practice area.

19 practices confirmed that Welsh is spoken by dispensary staff. Other than English, no other languages were reported as spoken.

12 of the practices have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the dispensary service. Nine said that they do not have sufficient capacity but could make adjustments to manage an increase in demand. One said that they do not have capacity and would have difficulty in managing an increase in demand.

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

- Receipt and disposal of sharps from patients – 12 practices
- Just in case packs – nine practices
- Rescue packs – two practices.

In relation to changes that have been made to the dispensing service as a result of the Covid pandemic that will be continued with:

- Increase usage of online ordering,

- Texting to advise when medicines are ready for collection,
- Delivery service, and
- Social distancing measures and reduced access to the premises.

1.5.5 Other sources of information

The following documents and websites were used as sources of information on the health needs of the population:

- North Wales population assessment 2017
- NHS Wales Informatics Service Health Maps Wales website
- GP contract, quality and outcomes framework database website
- Nomis website
- StatsWales website
- Public Health Wales Observatory website
- Welsh Index of Multiple Deprivation 2019 website
- Welsh Cancer Intelligence and Surveillance unit website
- The six local authority Local Development Plans

1.5.6 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 699,500 persons, living across an area of approximately 2,500 square miles. It is bordered by 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 Snowdonia 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 – map of the geographical area for each unitary authority in North Wales

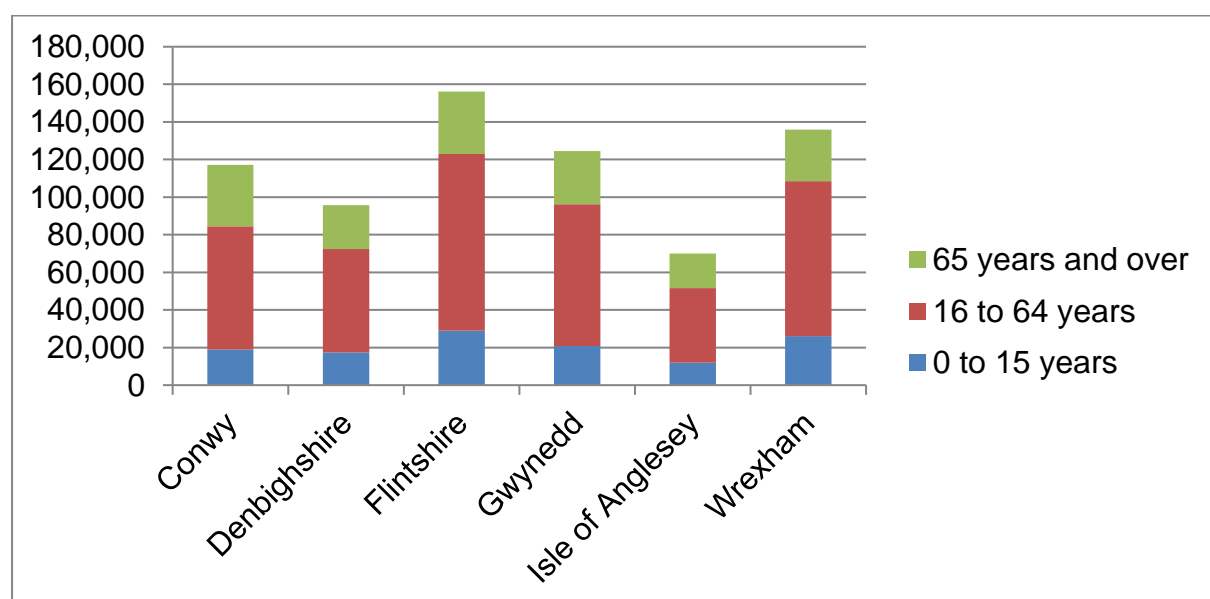


Betsi Cadwaladr University Health Board is the largest health organisation in Wales, and is responsible for providing primary, community, mental health and acute hospital services for the population of North Wales.

2.2 Population

As can be seen from the figure below, Flintshire has the largest population (156,100) followed by Wrexham (135,957). Isle of Anglesey has the smallest population at 70,043.

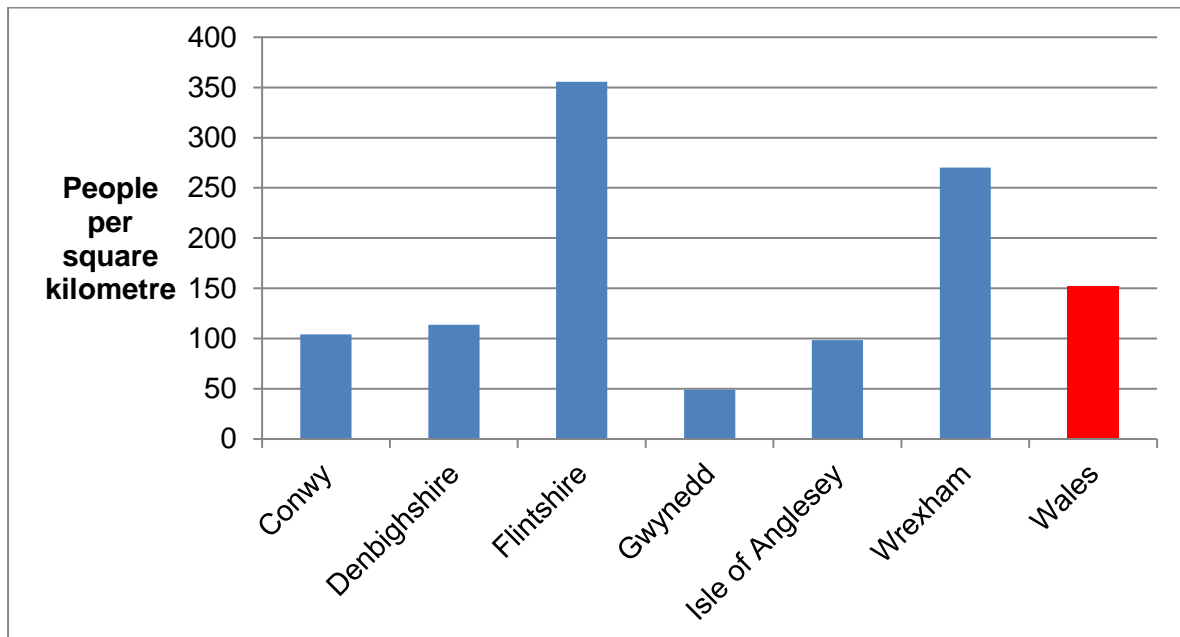
Figure 7 - population estimates, all persons, by age group, and unitary authority, 2019¹



As shown in the figure below, population density is greatest in the east with both Wrexham and Flintshire having a greater density per square kilometre (270.2 and 355.6 respectively) than the average for Wales (151.4).

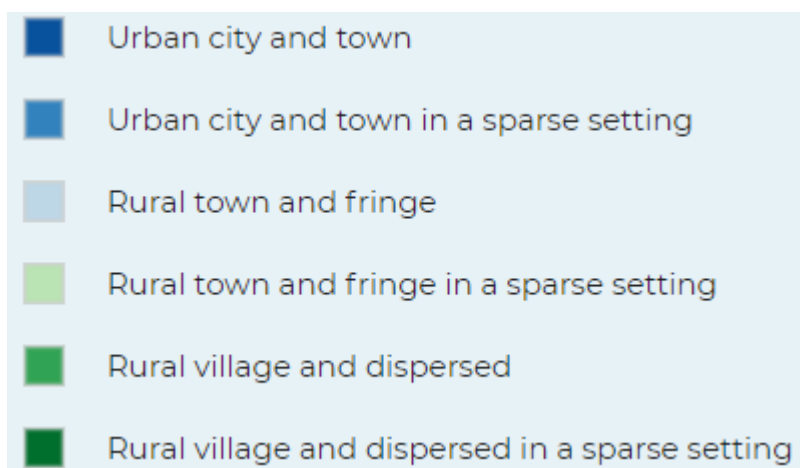
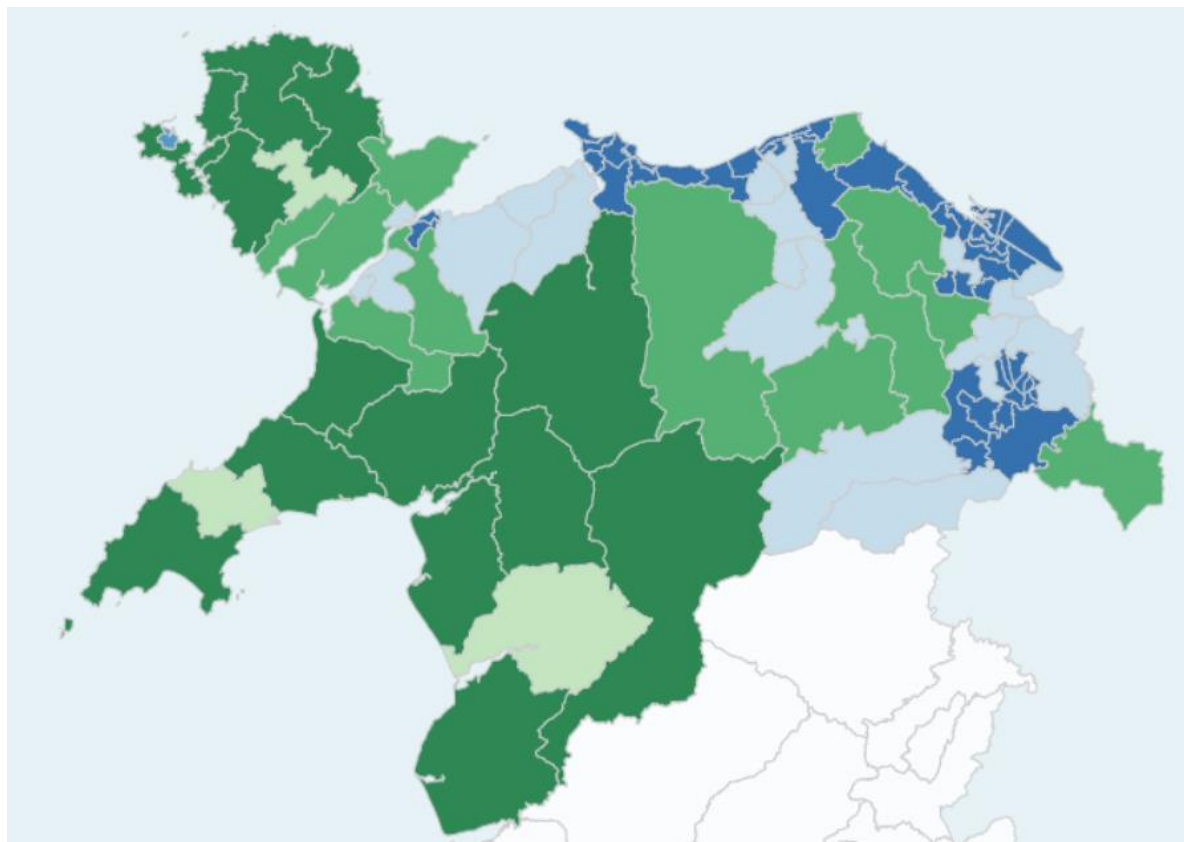
¹ [STATS Wales, population estimates by local authority and age, 2019](#)

Figure 8 – population density (persons per square kilometre) at local authority and Wales level, 2019



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.

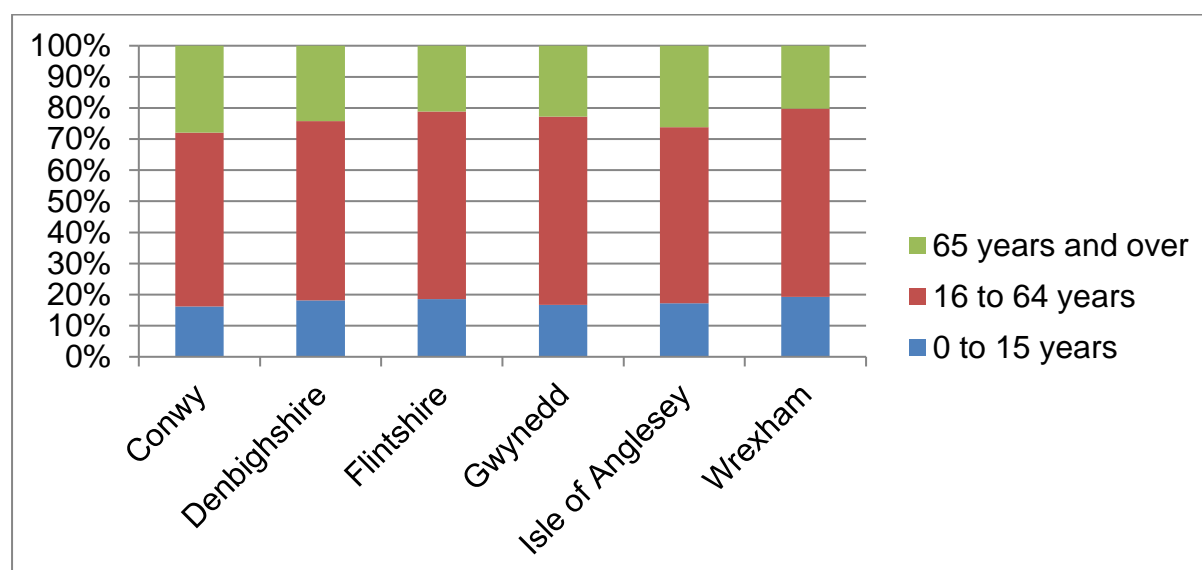
Map 3 – rural urban classification (2011) Betsi Cadwaladr University Health Board²



Flintshire and Wrexham also have a younger population with 19% of the population aged 15 years and under, and Isle of Anglesey and Conwy have an older population with 26 and 28% respectively aged 65 and over. Conwy also has the greatest percentage of people aged 85 and over at 4% of the population.

² [Health Maps Wales, NHS Wales Informatics Service](#)

Figure 9 - population percentages, all persons, by age group, and unitary authority, 2019³



The population of North Wales is increasing and ageing and this is demonstrated in the figure below. As can be seen, 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 2036) and an increase in the proportion of people aged 65 and over, particularly for those aged 85 and over (90% increase).

Figure 10 – population projections by age group and percentage change since 2021, 2021-2036⁴

Age		2021	2026	2031	2036
0 to 15 years	Estimated population	128,300	125,900	121,900	118,300
	Percentage change since 2021		-1.9%	-5.0%	-7.8%
16 to 64 years	Estimated population	416,100	415,100	410,200	406,200
	Percentage change since 2021		0.2%	-1.4%	-2.4%
65 to 84 years	Estimated population	144,300	152,400	160,300	163,000
	Percentage change since 2021		5.6%	11.1%	13.0%
85 years and over	Estimated population	24,900	30,100	37,800	47,300
	Percentage change since 2021		20.9%	51.8%	90.0%
Total		713,600	723,500	730,200	734,800

³ [STATS Wales, population estimates by local authority and age, 2019](#)

⁴ Produced by Public Health Wales Observatory using 2011-based population projections. Numbers have been calculated using unrounded to the nearest 100.

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 Lincolnshire⁵ 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';
- 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, may lead to increased pressure on health care resources.

According to the 2019 Great Britain Tourism Survey, between 2017 and 2019, there were on average 4.25 million trips (including child trips) per annum to North Wales by Great Britain residents. The number of nights (including child nights) spent away

⁵ [Beatty, C., Fothergill, S., Powell, R., 2012. Centre for Regional Economic and Social Research, Sheffield Hallam University. Living in Seaside Caravans. People, Place & Policy Online](#)

from home on these trips was approximately 14.7 million per annum. The value of spending on these trips was £768 million per annum⁶.

These figures do not include day visits, which are covered in the GB Day Visits Survey. Day visits are very significant, however, and this survey tells us that in 2019 23 million day trips from home were made to destinations in North Wales per annum and the total expenditure about £588 million per annum⁷.

Overseas tourists are covered separately in the International Passenger Survey 2019. In comparison with GB, the volume is relatively small, with 279,870 international trips to North Wales in 2019, with a total expenditure of £90.50 million⁸.

Overall, this means that tourists/visitors bring in about £1.4 billion annually to the North Wales economy.

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 authority⁹. 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 none.

Figure 11 – number of chargeable second homes in North Wales, 2020/21

Local authority	Number of chargeable second homes
Conwy	1,181
Denbighshire	393
Flintshire	280
Gwynedd	5,098
Isle of Anglesey	2,139
Wrexham	0

2.4 Ethnicity

In North Wales, 2.6% of the population is Black, Asian and minority ethnic compared to 5.5% of the population in Wales. As can be seen from the figure below, the percentage of the population from a non-white background ranges from 2.6% in Wrexham to 3.4% in Denbighshire.

⁶ [Visit Britain, GB Tourism Survey 2019 annual report](#)

⁷ [Visit Britain, The Great Britain Day Visitor 2019 annual report](#)

⁸ [Visit Britain, International Passenger Survey 2019](#)

⁹ [StatsWales, Chargeable empty and second homes, by local authority](#)

Figure 12 – ethnicity by local authority, health board and Wales, 31 March 2020¹⁰

	White	Black, Asian and minority ethnic	Percentage of people who are Black, Asian and minority ethnic
Wales	2,949,400	172,200	5.5%
Betsi Cadwaladr University Health Board	680,400	18,200	2.6%
Conwy	111,700	3,100	2.7%
Denbighshire	92,000	3,200	3.4%
Flintshire	152,100	4,300	2.7%
Gwynedd	119,300	4,000	3.2%
Isle of Anglesey	69,500	*	*
Wrexham	135,800	3,600	2.6%

* The data for Isle of Anglesey is not available.

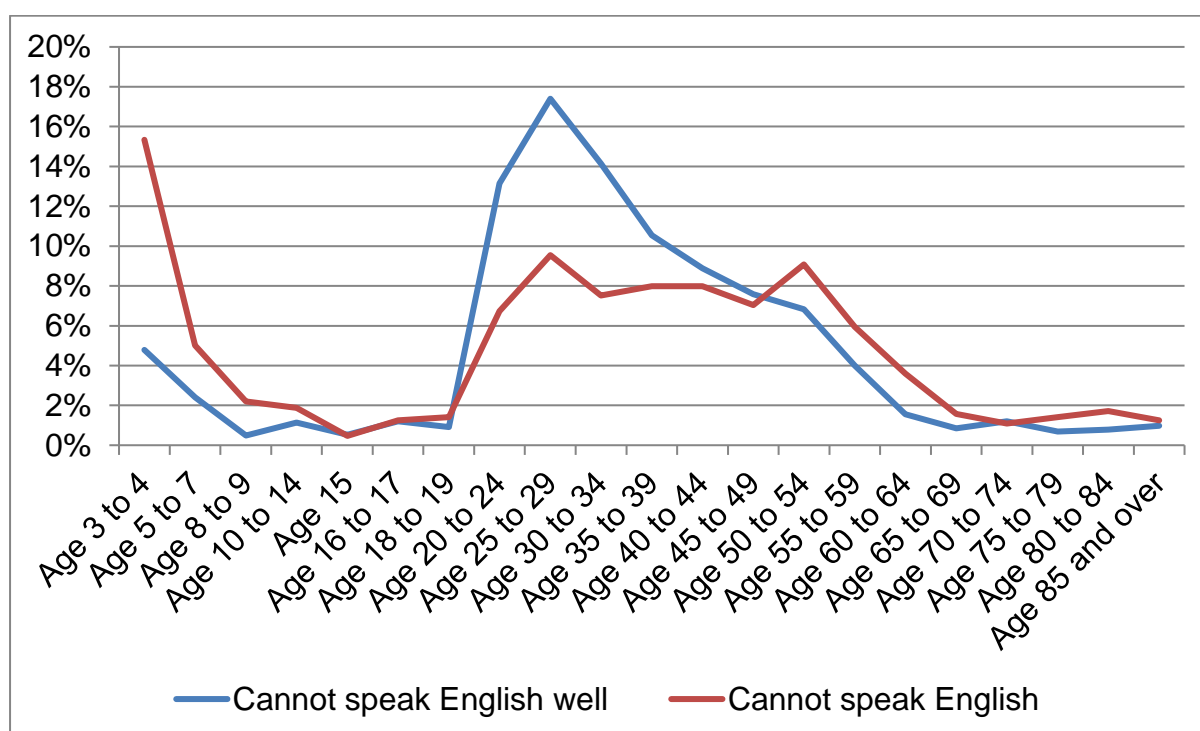
2.5 Household language

The number of residents in the health board for whom English or Welsh is not their main language was 15,571 at the 2011 Census, with 3,075 or 19.7% not able to speak English well and 639 or 4.1% not able to speak English at all¹¹. As can be seen from the figure below the ability to speak English is greatest in children of school age and compared to those in their 20s to 50s who are least proficient.

¹⁰ [StatsWales, ethnicity by area and ethnic group](#)

¹¹ [Nomis DC2105EW – proficiency in English by age](#)

Figure 13 – Proficiency in English by age



According to the 2011 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 (97.7%)¹². The next nine most commonly spoken languages were:

- Italian – 0.5%
- Polish and Slovak – 0.4% each
- 'All other Chinese' – 0.2%
- Arabic, Mandarin Chinese, Spanish and Urdu – 0.1% each

There is some variation at local authority level with fewer people who have English as their main language in Wrexham (95.9%) compared to the other local authority areas (higher than 97% in each).

2.6 Welsh language skills¹³

As noted earlier in this section, North Wales is home to more Welsh-language speakers than elsewhere in Wales. However there is variation across the region from a low of 10.7% of adults aged 16 and over who speak Welsh in Flintshire to a high of 65.95% in Gwynedd. These figures compare to an average of 18.1% for Wales.

¹² [Nomis QS204EW main language](#)

¹³ [StatsWales, percentage of adults who speak Welsh \(including the percentage that cannot speak Welsh and have some Welsh speaking ability\) by local authority](#)

Table 4 – Ability to speak Welsh by local authority and Wales 2018-2019

	Percentage of adults (16+) that speak Welsh	Percentage of adults (16+) that cannot speak Welsh	Percentage of adults (16+) that have some Welsh speaking ability
Conwy	37.05	49.57	13.38
Denbighshire	30.17	57.89	11.95
Flintshire	10.74	74.73	14.53
Gwynedd	65.95	21.25	12.80
Isle of Anglesey	52.91	32.97	14.12
Wrexham	13.63	72.82	13.55
Wales	18.10	67.34	14.56

2.7 Religion

In 2011, 60.3% of the North Wales population was made up of residents who stated that they followed one of the main six religions and 32.1% stated that they followed no religion.

The table below shows the variation between local authority levels and compares these to the averages for Wales.

Table 5 – religion at local authority and Wales level¹⁴

Area	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated
Conwy	64.7%	0.3%	0.2%	0.1%	0.5%	0.0%	0.4%	26.1%	7.8%
Denbighshire	64.1%	0.3%	0.2%	0.0%	0.5%	0.0%	0.4%	26.8%	7.7%
Flintshire	66.4%	0.2%	0.1%	0.0%	0.3%	0.0%	0.2%	25.4%	7.2%
Gwynedd	59.5%	0.3%	0.2%	0.0%	1.1%	0.0%	0.5%	29.7%	8.6%
Isle of Anglesey	65.1%	0.2%	0.1%	0.1%	0.4%	0.1%	0.4%	25.5%	8.2%
Wrexham	63.5%	0.3%	0.4%	0.0%	0.6%	0.1%	0.2%	27.4%	7.5%
Wales	57.6%	0.3%	0.3%	0.1%	1.5%	0.1%	0.4%	32.1%	7.6%

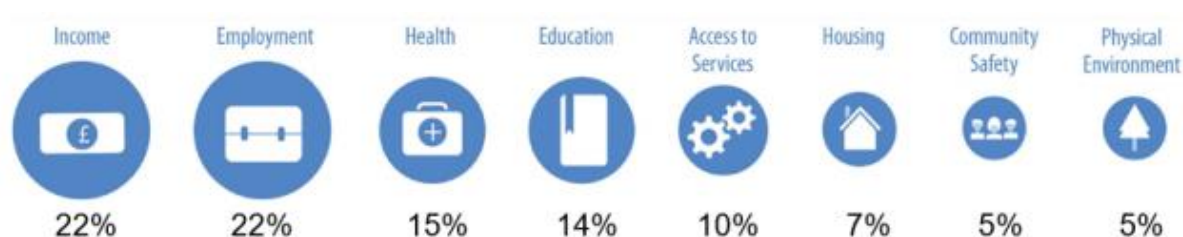
¹⁴ [Nomis KS209EW - Religion](#)

2.8 Welsh index of multiple deprivation¹⁵

The Welsh Index of Multiple Deprivation 2019 is the official measure for deprivation for small geographical areas called lower super output areas, from 1 (most deprived) to 1,909 (least deprived).

The index is based on eight domains, based on a range of different indicators, which are weighted and combined into an overall index of multiple deprivation. The weighting is the adjustment of the contribution of the domain indexes make to the overall index when they are combined. The figure below shows each domain and their weighting.

Figure 14 – the eight domains of the Welsh Index of Multiple Deprivation and their respective weighting

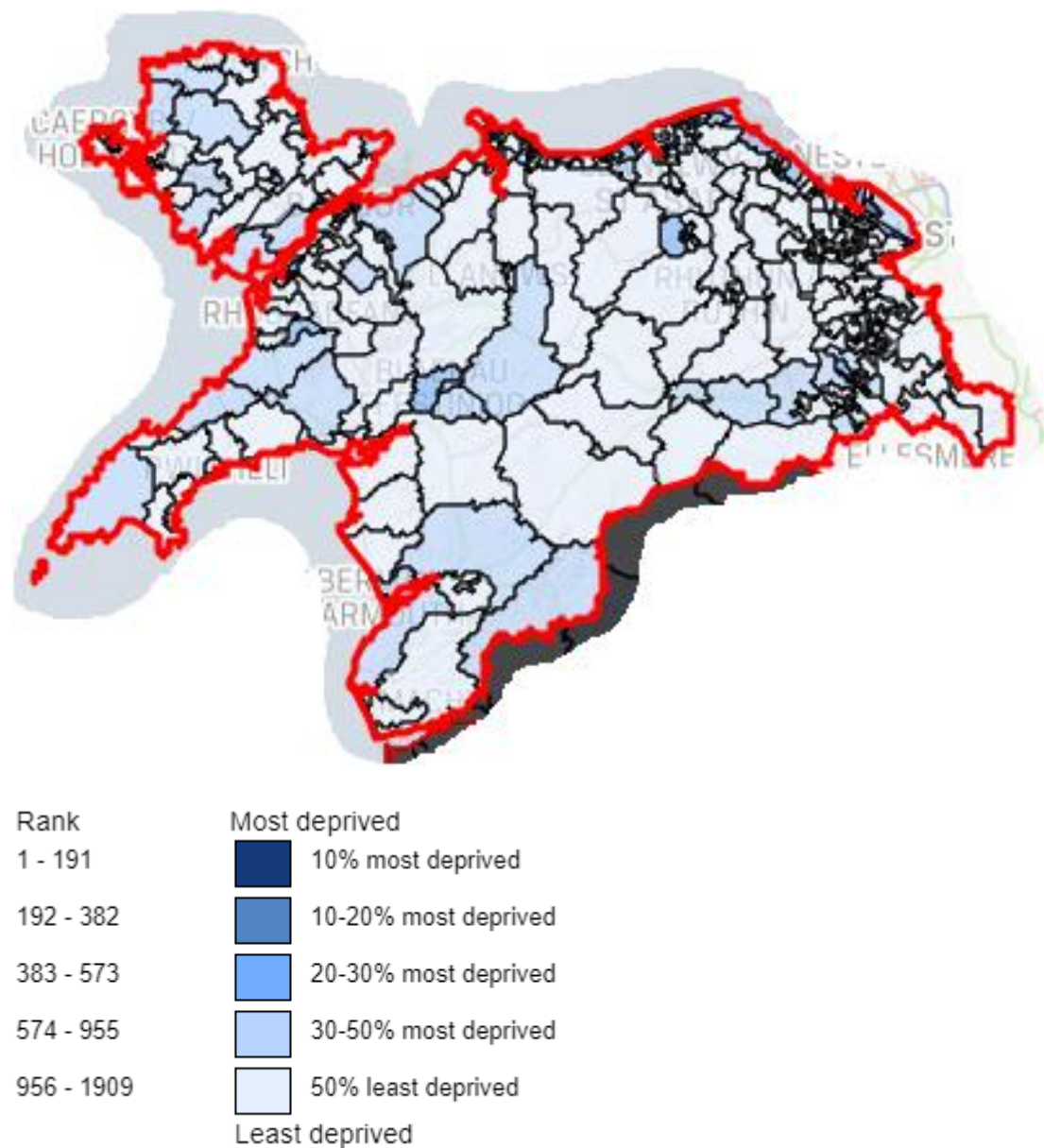


It is important to note that low deprivation does not equate to affluence and that not everyone living in a deprived area is deprived and not all deprived people live in deprived areas. An area itself is not deprived it is the circumstances of people who are living there that affect its deprivation ranks.

The map below shows each lower super output area within North Wales and where it sits in the index.

¹⁵ [Welsh Government, Welsh Index of Multiple Deprivation 2019](#)

Map 4 – Map of the Welsh Index of Multiple Deprivation by lower super output area



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North Wales has some of the most deprived areas in Wales, particularly along the north Wales coastline. Rhyl West 2 and Rhyl West 1 are the first and second most deprived lower super output areas in Wales.

The figure below shows the number of lower super output areas in each local authority area, and the percentage that fall in the most deprived 10%, 20%, 30%, 40% and 50%. As can be seen:

- Denbighshire has the highest proportion of lower super output areas in the most deprived 10%,

- Isle of Anglesey has the lowest proportion of lower super output areas in the most deprived 10%, and
- Flintshire has the highest proportion of lower super output areas in the most deprived 50%.

Figure 15 – percentage of lower super output areas by deprivation fifth by local authority, 2019

	Number of lower super output areas	Most deprived 10%	Most deprived 20%	Most deprived 30%	Most deprived 50%
Conwy	71	4.3%	9.8%	15.2%	31.5%
Denbighshire	58	9.6%	12.3%	17.8%	37.0%
Flintshire	92	6.8%	22.7%	40.9%	65.9%
Gwynedd	73	3.4%	6.9%	10.3%	43.1%
Isle of Anglesey	44	1.4%	8.5%	11.3%	23.9%
Wrexham	85	7.1%	11.8%	28.2%	41.2%

The Welsh index of multiple deprivation ‘access to services’ domain measures deprivation resulting from a household being unable to access a range of services including a pharmacy, GP, food shop, post office, school and leisure facilities. Based on this measure, Gwynedd has the highest proportion of lower super output areas in the most deprived 10% (27%) and Flintshire has the lowest (3%).

In 2018 Isle of Anglesey had the lowest average gross weekly earnings across North Wales and Flintshire had the highest (£447 and £553 respectively compared to the Welsh average of £509).

2.9 General fertility rate¹⁶

Since 1955 (except in 1976) the number of births in the UK has been higher than the number of deaths. This natural change has resulted in the growth of the population. In the UK, the number of live births each year has varied over the last 60 years. Most noteworthy is the 1960s baby boom, the “echo” of baby boomers having children and latterly, births peaking again in the UK in 2012.

The table below shows how the general fertility rate (the number of live births per 1,000 females aged 15-44 years old) at local authority level between 2011 and 2015, and how it compares to the average for Wales.

As can be seen, the rate for North Wales is slightly higher than the average for Wales. However there are variations at local authority level with the lowest rate in Gwynedd (53.1) and the highest in Denbighshire (69.0). With the exception of

¹⁶ [StatsWales, Total Fertility Rate and General Fertility Rate by area](#)

Denbighshire, all local authorities have seen a reduction in the general fertility rate between 2011 and 2015.

Table 6– general fertility rate in North Wales and Wales, 2011-2015

	2011	2012	2013	2014	2015
Conwy	64.9	64.9	59.6	62.1	64.1
Denbighshire	68.1	65.9	64.6	71.7	69.0
Flintshire	60.5	60.9	60.1	59.5	58.7
Gwynedd	59.5	60.0	56.3	54.4	53.1
Isle of Anglesey	67.0	73.3	67.6	67.6	63.4
Wrexham	67.1	68.8	64.2	64.5	61.1
Wales	61.4	61.2	58.9	59.1	59.1

2.10 Life expectancy¹⁷

Life expectancy is a measure of how long, on average, people can expect to live using estimates of the population and the number at deaths. Life expectancy at birth for males across North Wales increased from 2006-08 to 2011-2013 but then reached a plateau until 2015-17 when it rose slightly to 78.9 years. Life expectancy at birth for females increased until 2011-2013 but has then fluctuated around 82.5 years. Between 2006-08 and 2015-17 life expectancy for both males and females has been above the average for Wales.

As can be seen from the table below, at local authority level male life expectancy is highest in Conwy and Flintshire at 79.3 years and lowest in Denbighshire (77.8 years) based on 2015-2017 figures. For females, life expectancy is highest in Gwynedd (83.3 years) and lowest in Wrexham (81.4 years). The table also shows how each local authority ranks compared to all the other local authorities in Wales, where one represents the local authority with the greatest life expectancy and 22 is the least.

¹⁷ [Public Health Wales, Public Health Outcomes Framework](#)

Table 7 – life expectancy at birth for males and females 2015-2017 by local authority

	Years of life		Rank in Wales	
	Males	Females	Males	Females
Conwy	79.3	82.8	4	8
Denbighshire	77.8	81.8	16	14
Flintshire	79.3	82.4	5	10
Gwynedd	78.9	83.3	7	5
Isle of Anglesey	79.1	82.9	6	7
Wrexham	78.4	81.4	11	16

With regard to healthy life expectancy at birth, i.e. the number of years people can expect to spend in very good or good general health, Gwynedd has the highest for both males and females at 65.8 and 66.5 years respectively. Wrexham has the lowest healthy life expectancy at birth for males (62.5) and Isle of Anglesey has the lowest healthy life expectancy at birth for females at 63.0. The table below shows the variation at local authority level for healthy life expectancy and also how each local authority ranks compared to all the other local authorities in Wales, where one represents the local authority with the greatest number of healthy lives and 22 is the least.

Table 8 – healthy life expectancy for males and females 2015-2017 by local authority

	Years of life		Rank in Wales	
	Males	Females	Males	Females
Conwy	64.9	66.2	5	3
Denbighshire	63.4	65.0	8	5
Flintshire	63.9	64.4	7	6
Gwynedd	65.8	66.5	3	2
Isle of Anglesey	64.9	63.0	6	11
Wrexham	62.5	63.4	11	9

2.11 Deaths

One of the reasons for the increase in the population is that people are living longer with rises in the older population and more people now living into their 90s, this often results in longer and more complex care and support requirements. For example, in the UK in 50 years' time, there is projected to be an additional 8.2 million people aged 65 years and over in the UK – a population roughly the size of present-day London.

The major causes of premature mortality are circulatory disease and cancers. Reducing overall mortality from circulatory disease to levels seen in the least

deprived areas of Wales would increase life expectancy in the most deprived areas by 1.5 years in males and 1.3 years in females with greater potential gains in the more deprived areas. Similar gains could be made if cancer mortality rates were reduced to the same level (1.3 years in males, 1.2 in females). A significant proportion of circulatory disease and some types of cancer is attributable to unhealthy health behaviours (diet, physical activity, and smoking). For many types of cancer, more positive outcomes are associated with early detection and diagnosis. This depends on health services, but also on patient's awareness of cancer signs and symptoms of cancer and whether they seek treatment promptly¹⁸.

The table below shows the number of deaths from key non communicable diseases, 2016 to 2018, per 100,000 persons aged 30 to 70 by local authority. Non communicable diseases are defined as:

- Diseases of the circulatory system,
- Diabetes, and
- Diseases of the respiratory system (except infectious diseases).

It also shows how each local authority ranks in Wales, where a rank of one means the highest rate. As can be seen Denbighshire has the third highest rate of all local authorities in Wales.

Table 9 – premature deaths from key non communicable diseases, 2016-2018 by local authority¹⁹

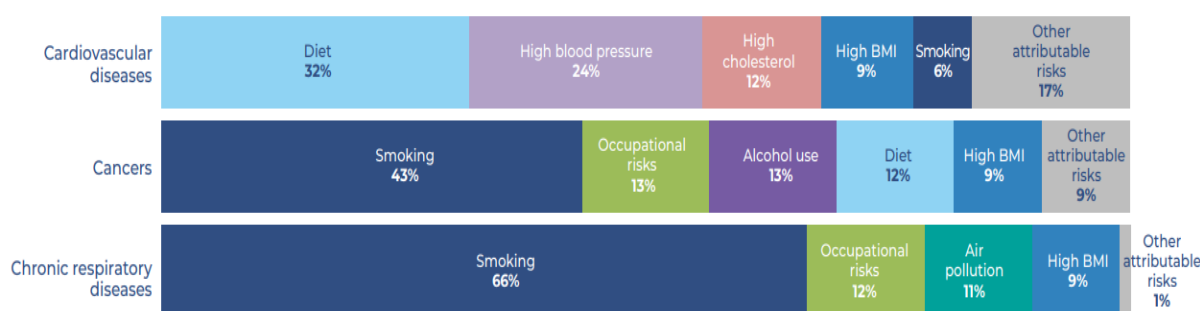
	Rate	Rank
Conwy	296.4	17
Denbighshire	351.4	3
Flintshire	304.5	15
Gwynedd	284.1	18
Isle of Anglesey	312.0	12
Wrexham	331.9	10

The development of a large percentage of cardiovascular diseases, cancers and chronic respiratory diseases can be attributed to preventable risk factors including smoking, unhealthy diets and physical inactivity as can be seen from the figure below.

¹⁸ [Blaenau Gwent Well-being Assessment April 2017](#)

¹⁹ [Public Health Wales, Public Health Outcomes Framework](#)

Figure 16 – percentage contribution of risk factors to three major illnesses²⁰



2.12 People with disabilities

Overall, the North Wales population compares well to Wales in terms of general health status and being limited by a health condition or impairment. As can be seen from the figure below, with the exception of Denbighshire a lower proportion of adults aged 16 and over report their general health status as fair or poor, compared to the Wales average (71.68%).

A lower proportion of adults in North Wales report that they are limited at all by a longstanding illness than the average for Wales, and a lower proportion of adults report being limited a lot by a longstanding illness than the average for Wales.

Figure 17 – percentage of adults (age 16 and over) limited by a health problem/disability at local authority and Wales level 2018-19 and 2019-2020²¹

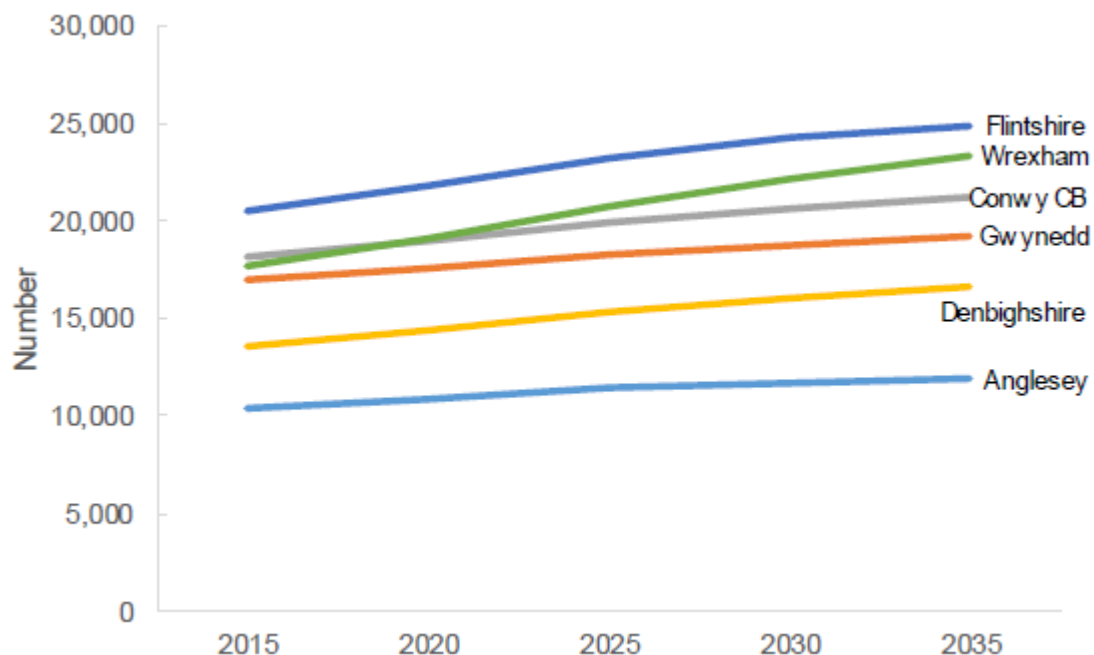
	Health in general - good or very good	Health in general - fair, bad or very bad	Limited at all by longstanding illness	Limited a lot by longstanding illness
Conwy	76.35	23.65	29.49	13.21
Denbighshire	69.91	30.09	32.16	18.42
Flintshire	76.22	23.78	29.79	13.63
Gwynedd	75.45	24.55	31.94	17.17
Isle of Anglesey	75.90	24.10	30.44	13.79
Wrexham	73.93	26.07	30.41	14.26
Wales	71.68	28.32	34.10	18.42

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% of the 20-year period to 2035 as can be seen from the figure below. Much of the increase will arise from people living to older age.

²⁰ [Aneurin Bevan University Health Board, Director of Public Health Annual Report 2019](#)

²¹ [StatsWales, General health and illness by local authority and health board](#)

Figure 18 - Predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035²²



2.13 Households²³

With regard to the composition of the households in North Wales, as of the Census 2011:

- 13.7% were one person households (of which 47.4% are persons aged 65 and over),
- 77.3% were single families,
- 9.0% were other household types (includes complex households which didn't contain only one person or a single family. For example, the age difference between the oldest person and the youngest is greater than 50 years. This indicates that there are more than two family generations present).

At local authority level, Gwynedd has the highest percentage of one person households at 15.7% of all households with Flintshire having the lowest at 11.5%. However Conwy has the highest percentage of one person households occupied by someone aged 65 and over at 7.8%.

2.14 Car ownership²⁴

According to the 2011 Census data:

²² [North Wales population assessment 2017](#)

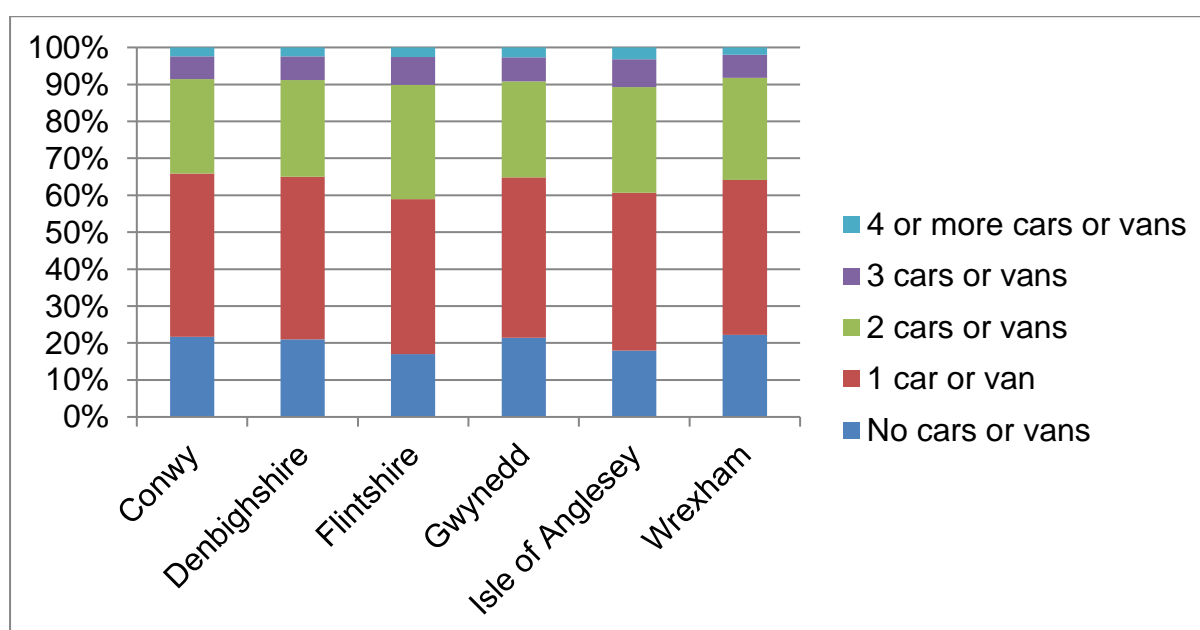
²³ [Nomis DC1109EW - Household composition by age by sex](#)

²⁴ [Nomis KS404EW - Car or van availability](#)

- 22.9% of the households in North Wales did not have a car or van
- 43.0% had one car or van
- 25.8% had two cars or vans
- 6.1% had three cars or vans and
- 2.2% had four or more cars or vans.

The figure below shows the variation at local authority and Wales level. As can be seen, in general car ownership was higher in Flintshire than in the other local authority areas, with more households having two or more cars or vans (41.1%) compared to both the average for North Wales (36.8%) and Wales as a whole (34.1%). Wrexham had the highest proportion of households without a car (22.2%).

Figure 19 – car ownership at local authority level



2.15 Economic activity

Based on responses to the Census 2011, 67.3% of the population was economically active (i.e. employed, self-employed or unemployed but looking for work and able to start within two weeks, a full-time student), with the remainder economically inactive (either retired, a student, looking after home or family, long-term sick or disabled, or unemployed).

In relation to the population as a whole:

- 60.2% were in employment (highest in Flintshire at 63.7% and lowest in Gwynedd at 57.4%). Of these:
 - 59.7% work full-time,
 - 24.2% work part-time, and
 - 16.2% are self-employed
- 6.7% were unemployed but looking for work

- 3.0% were students and economically active (highest in Gwynedd at 4.2% and lowest in Isle of Anglesey at 2.4%)
- 17.4% were retired (highest in Conwy at 19.8% and lowest in Wrexham at 15.2%)
- 5.1% were students but not economically active (highest in Gwynedd at 8.8% and lowest in Flintshire at 3.8%)
- 3.5% were looking after home or family (highest in Wrexham at 3.8% and lowest in Conwy at 3.3%)
- 5.0% were long-term sick or disabled and economically inactive (highest in Denbighshire at 6.0% and lowest in Flintshire and Gwynedd at 4.3%).

2.16 Sexual orientation

“Sexual orientation” is an umbrella term that encompasses sexual identity, attraction and behaviour. It is a subjective view of oneself and may change over time and in different contexts.

In 2018, according to the Annual Population Survey, 2.4% of the Welsh population identified as lesbian, gay or bisexual, higher than in England (2.3%), Scotland (2.0%) and Northern Ireland (1.2%). All countries other than Northern Ireland saw an increase from the figures in 2014.

Across the UK:

- men were more likely to identify as lesbian, gay or bisexual than women
- Younger people (aged 16 to 24 years) were most likely to identify as lesbian, gay or bisexual
- More than two-thirds (68.7%) of people who identified as lesbian, gay or bisexual were single (never married or in a civil partnership).

Based on an estimated population size of 699,500 it is estimated that 16,788 of the North Wales population is lesbian, gay or bisexual.

Data on gender reassignment is not routinely collected and currently, there are huge inconsistencies in population estimates of both transsexual people and the less clearly defined trans community.

It has been estimated, based on research from the Netherlands and Scotland, that there are between 1,300 and 2,000 male to female and between 250 and 400 female to male transsexual people in the UK. However, *Press for Change* estimate the figures at around 5,000 post-operative transsexual people. Further, the Gender Identity Research and Education Society website (GIRES) claims there are 6,200 people who have transitioned to a new gender role via medical intervention and approximately 2,335 full Gender Recognition Certificates have been issued to February 2009.²⁵

²⁵ [Office for National Statistics, Trans data position paper, May 2009](#)

2.17 Carers

The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”. Carers can be involved in a whole range of practical, physical, personal and administrative tasks. Examples might include: cooking; housework; lifting, washing and dressing the person cared for; helping with toileting needs; administering medication; and providing emotional support.

In 2018 there were 370,000 carers in Wales, the highest proportionate figure of all UK countries. The number of carers continues to rise and it is estimated that by 2037 there will be over half a million carers in Wales, a 40% rise²⁶.

Based on the Census 2011 there were 78,512 people living in North Wales providing unpaid care (11.4% of the population). Of the total population:

- 6.9% provided unpaid care for one to 19 hours per week,
- 1.8% provided unpaid care for 20 to 49 hours per week, and
- 3.4% provided unpaid care for 50 or more hours per week.

The highest proportion of unpaid carers was in Denbighshire (12.4%) and the lowest in Gwynedd (10.2%).

2.18 Traveller and gypsy communities

The 2011 Census showed the following people identified as Gypsy/Traveller or Irish Traveller (this excludes Roma):

- Conwy - 65
- Denbighshire - 34
- Flintshire - 95
- Gwynedd – 153
- Isle of Anglesey - 65
- Wrexham – 104

These figures compare to a total of 2,785 across the whole of Wales or 0.1% 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. Where people did receive forms potential lower than average literacy levels may have meant that some households would not have completed them, and where they were completed some households would have chosen not to identify as Gypsies/Travellers or Irish Travellers.

²⁶ [The Welsh NHS Confederation, The key priorities for carers in Wales](#)

According to the Gypsy and Traveller caravan count in January 2020²⁷ there were 1,092 Gypsy and Traveller caravans and 136 sites in Wales, an increase from the same month in the previous years (4% and 10% respectively).

The table below shows the number of caravans and sites across North Wales.

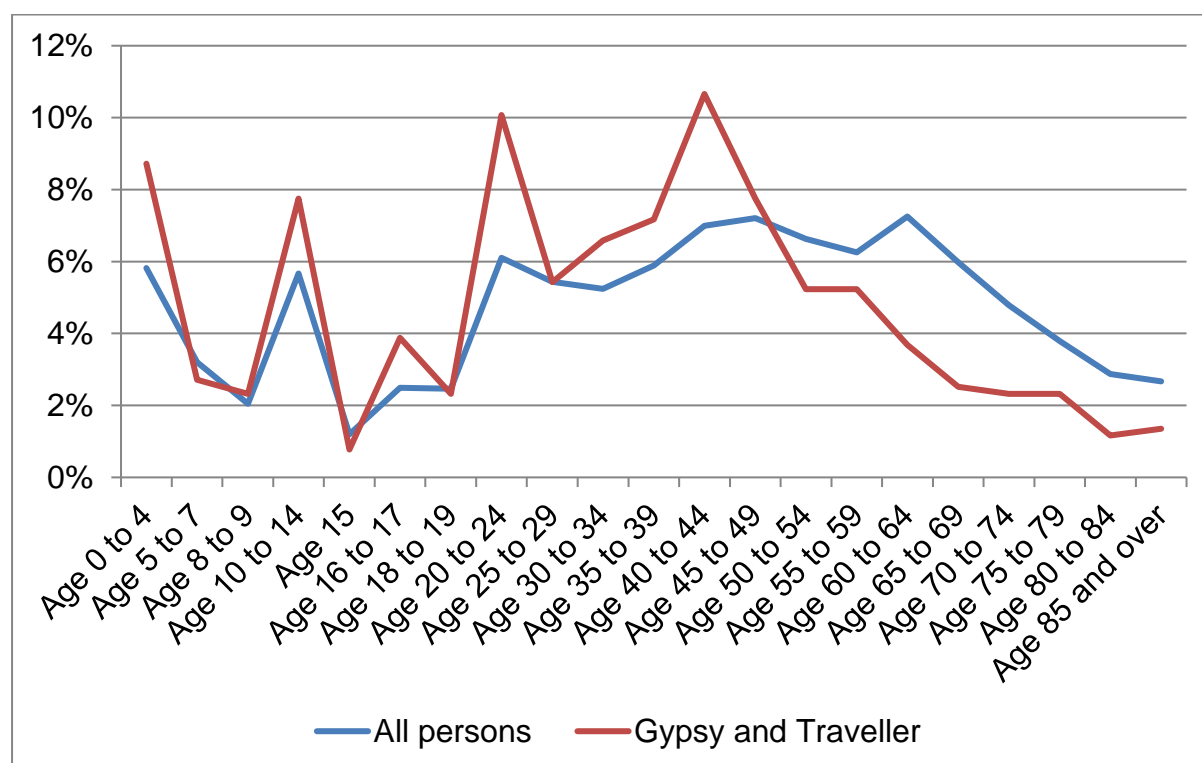
Table 10 - number of caravans by authorisation and local authority

	Number of caravans		
	Authorised sites (with planning permission)	Unauthorised sites (without planning permission)	Total
Conwy	4	0	4
Denbighshire	0	4	4
Flintshire	133	10	143
Gwynedd	15	4	19
Isle of Anglesey	0	1	1
Wrexham	41	2	43

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 50, after which it drops below particularly from the age of 60 onwards. Whilst cultural factors play a considerable role in their poor health, part of this issue may also be around engagement with services and the proximity of sites to healthcare services.

²⁷ [Gypsy and traveller caravan count, January 2020](#)

Figure 20 - Age profile for the health board's population and Gypsy and Traveller community 2011²⁸



2.19 Offenders²⁹

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

The first is the population of HMP Berwyn the Category 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 a distinct, non-custodial element of the National Offender Management Service estate which provide accommodation with an enhanced level of supervision; they exist to protect the public and reduce reoffending. Their main purpose is to provide supervised accommodation for 'high and very high-risk or harm' offenders released from prison on licence.

There are two approved premises in North Wales for adult men – Plas Y Wern in Wrexham and Ty Newydd in Gwynedd. There are none for women.

²⁸ [Nomis DC2101EW Ethnic group by sex by age](#)

²⁹ [North Wales population assessment, 2017](#)

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

Since the introduction of the Housing (Wales) Act 2014 demand on councils' housing services has increased. The main reasons for homelessness have been identified as:

- loss of rented or tied accommodation,
- parents and relatives no longer willing to accommodate,
- relationship breakdown,
- domestic abuse, and
- leaving prison.

In 2015/16, 1,269 households were threatened with homelessness within 56 days. In 2019/20 this figure had risen to 1,419. Based on the rate of households threatened with homeless per 10,000 households, the highest rate in 2019/20 was 67.33 per 10,000 households in Flintshire. The lowest rate was in Gwynedd (20.51)³⁰.

Each year a count of rough sleepers is undertaken to give a single night snapshot. The estimated count is based on data collected over a two-week period with assistance from the voluntary sector, faith groups, local businesses/residents, health and substance misuse agencies, and the police. The figure below shows the number of rough sleepers on a one-night count in 2019, and an estimate of the number of rough sleepers over a period of time during the count.

³⁰ [StatsWales, Prevention of Homelessness by Area and Measure \(Section 66\)](#)

Figure 21 – rough sleeper count 2019³¹

	Total count of rough sleepers	Estimated number of rough sleepers
Conwy	4	21
Denbighshire	2	4
Flintshire	4	10
Gwynedd	0	22
Isle of Anglesey	1	5
Wrexham	21	31

³¹ [Welsh Government National rough sleeper count: November 2019](#)

3 General health needs of North Wales

3.1 Cancer³²

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. In North Wales, cancers were the main cause of mortality in 2018.

In North Wales, as in Wales as a whole, prostate, breast, lung and colorectal cancers are the most common types of cancer for all persons (2013-2017). For men in North Wales the top four cancers are prostate, colorectal, lung and colon, whilst for women it is breast, lung, colorectal and colon.

A range of factors influence a person's risk of developing cancer during their lifetime. Some of these factors cannot be modified as they relate to things like age, sex and genetic make-up. However many can be modified such as:

- Not smoking,
- Maintaining a healthy weight,
- Eating and drinking healthily,
- Cutting down on alcohol,
- Being more active, and
- Enjoying the sun safely.

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 2013 to 2017, Wrexham had the highest European Age Standardised Rate per 100,000 population for all persons (653.3) with Flintshire the second highest (648.2). These figures compare to a Welsh average of 630.6. Isle of Anglesey at 599.8 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:

- Congenital heart disease,
- Coronary heart disease,

³² [Welsh Cancer Intelligence and Surveillance Unit cancer incidence in Wales, 2001-2017](#)

- Heart failure,
- Atrial fibrillation,
- Cardiac rehabilitation.
- Stroke, and
- Peripheral vascular disease.

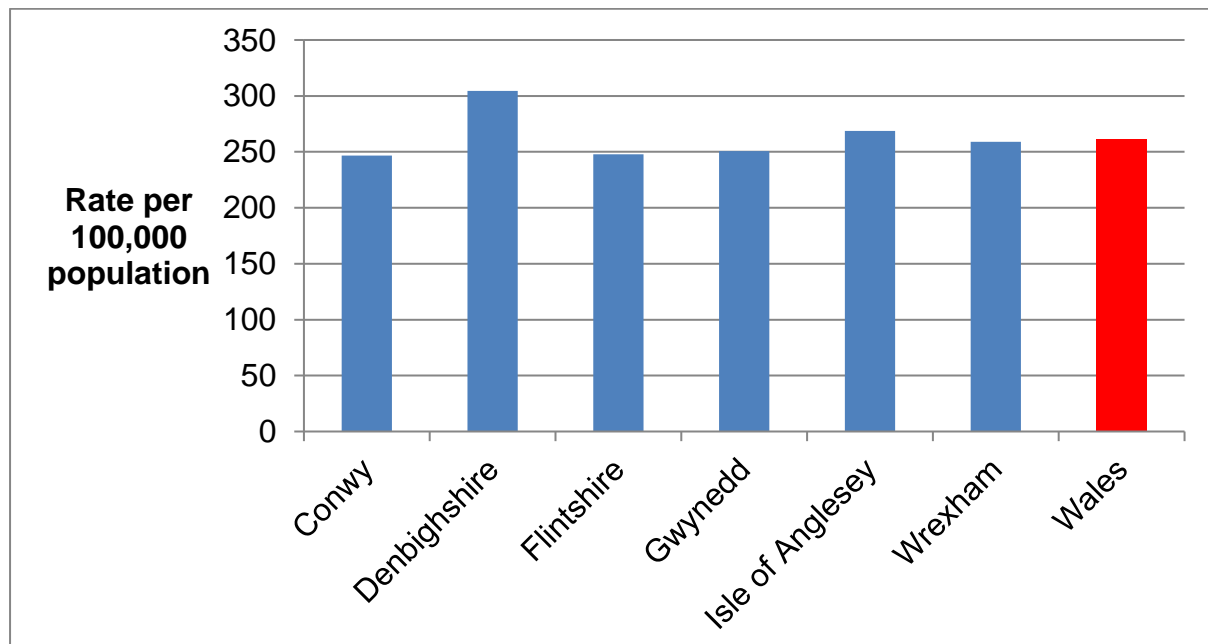
As with cancer taking steps to modify lifestyle behaviours will help reduce the risk of cardiovascular disease. There are nine main risk factors:

- High blood pressure,
- High cholesterol levels,
- Smoking, and
- Obesity.

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

The graph below shows how the rate of deaths due to cardiovascular diseases per 100,000 population varies across the local authority areas and how they compare to the rate for Wales in 2017. As can be seen, Denbighshire has the highest rate, and Conwy the lowest³³.

Figure 22 – rate of deaths due to cardiovascular diseases per 100,000 population by local authority and Wales, 2017



³³ [NHS Wales Informatics Service, Health Maps Wales - mortality](#)

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

According to Diabetes UK³⁴, Wales has the highest prevalence of diabetes in the UK, with more than 209,000 people, or 8% of the population, living with diabetes. The numbers are rising each year, with an additional 10,695 people diagnosed in 2020. Estimates suggest that there are a further 65,501 people with type 2 who have not yet been diagnosed, and that a further 580,000 people could be at risk of developing type 2 diabetes.

The disease costs the NHS in Wales approximately £500m each year, with around 80% of this spent on managing complications, most of which could be prevented. The two biggest modifiable risk factors are obesity and physical inactivity.

North Wales has the second lowest death rate (age-standardised) (2015-2017) at 10.3 per 100,000 population, compared to 11.0 per 100,000 population for Wales³⁵.

Under the Quality and Outcomes Framework, GP practices establish and maintain a register of all patients aged 17 or over with diabetes. Figures for 2019 show a diabetes prevalence of 6.1% for the GP registered population in North Wales³⁶. The figure 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 Wales.

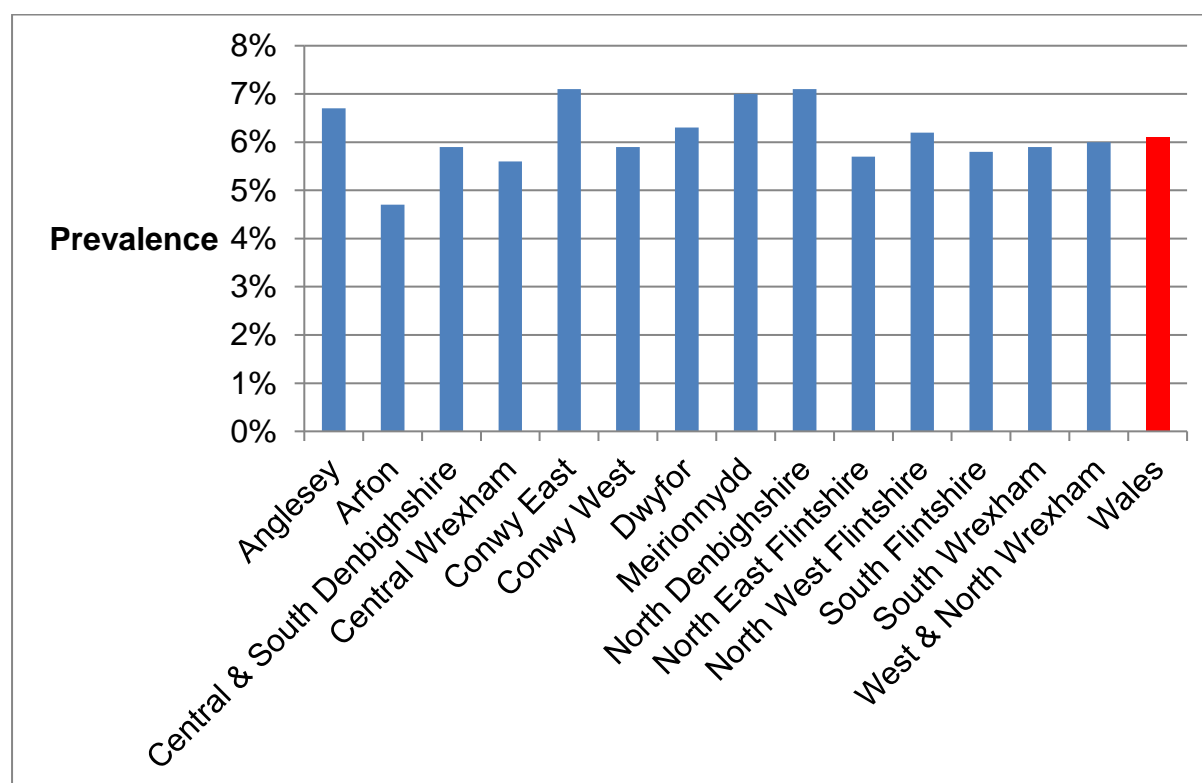
As can be seen the highest prevalence rate is in Conwy East and North Denbighshire localities (7.1%) and the lowest in the Arfon locality (4.7%).

³⁴ [Diabetes UK, Diabetes in Wales](#)

³⁵ [NHS Wales Informatics Service, Health Maps Wales - endocrine, nutritional and metabolic diseases](#)

³⁶ [GP QOF database, Wales 2019 data](#)

Figure 23 – Diabetes prevalence at locality and Wales level based on GP practice registers, 2019.



3.4 Mental wellbeing

The key messages on the mental health of adults in North Wales in the North Wales population assessment 2017³⁷ are:

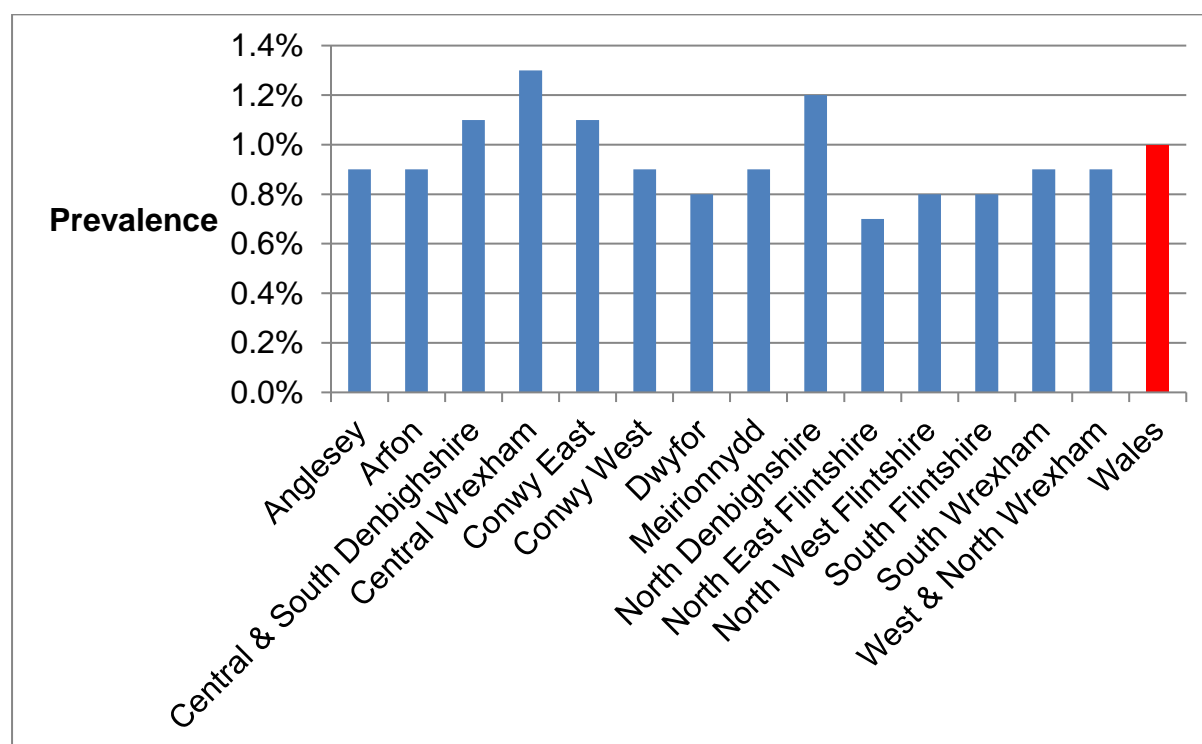
- People in North Wales reported slightly better mental health than in Wales as a whole
- The number of people with mental health problems is likely to increase
- The most common mental illnesses reported are anxiety and depression
- Research suggests a high number of people with mental health problems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

³⁷ [North Wales population assessment 2017](#)

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.

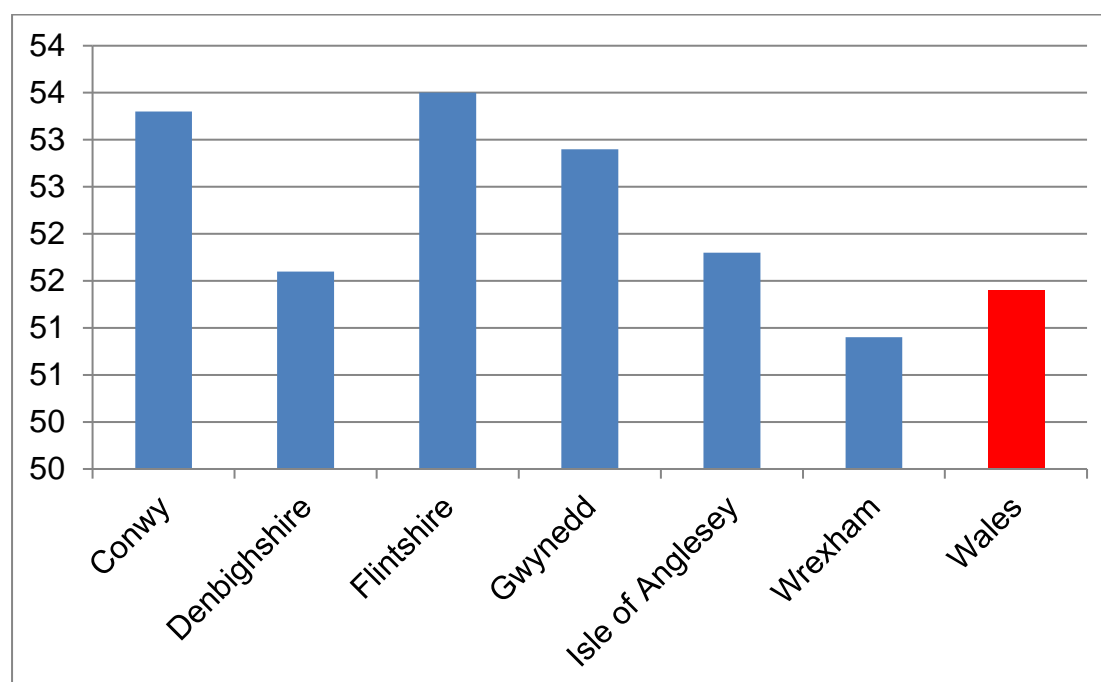
Figure 24 – percentage of patients registered as having a mental health condition with a GP practice at locality and Wales level, 2019³⁸



Average mental wellbeing scores vary across North Wales. Scores range from 14 to 70 and a higher score suggests stronger mental wellbeing. As can be seen from the figure below, those living in Flintshire, Conwy and Gwynedd aged 16 or over are more likely to have stronger mental wellbeing than those living in Wrexham (whose score is also lower than the average for Wales).

³⁸ [GP QOF database, Wales 2019 data](#)

Figure 25 - mental wellbeing among adults, age-standardised average at local authority and Wales level, 2018/19³⁹

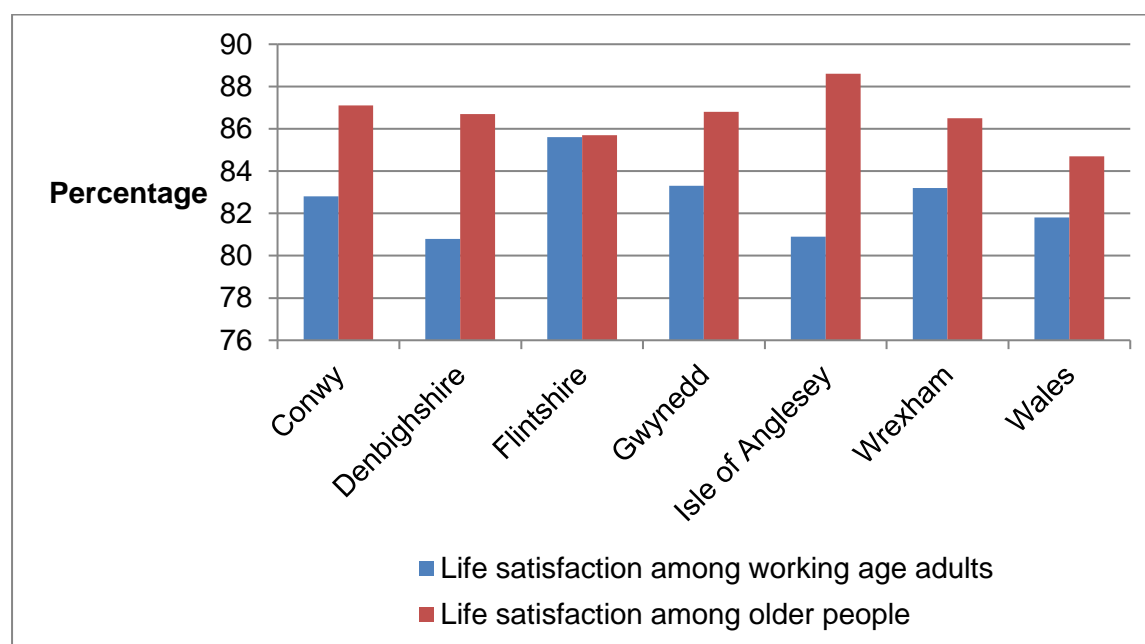


Life satisfaction among working age adults (defined as those aged 16 to 64 years old who rate their satisfaction with their life as seven out of ten or higher) is highest in Flintshire (85.6%) and lowest in Isle of Anglesey (80.9%) and Denbighshire (80.8%), both of which are lower than the average for Wales.

However life satisfaction among older people (defined as those aged 65 and over who rate their satisfaction with their life as seven out of ten or higher) is highest in Isle of Anglesey (88.6%) and lowest in Flintshire (85.7%), although satisfaction across all local authorities for older people is higher than the average for Wales (84.7%). The figure below shows the variation for both indicators at local authority and Wales level.

³⁹ [Public Health Wales, Public health outcomes framework](#)

Figure 26 - life satisfaction among working age adults, percentage at local authority and Wales level, 2017/18 - 2018/19⁴⁰



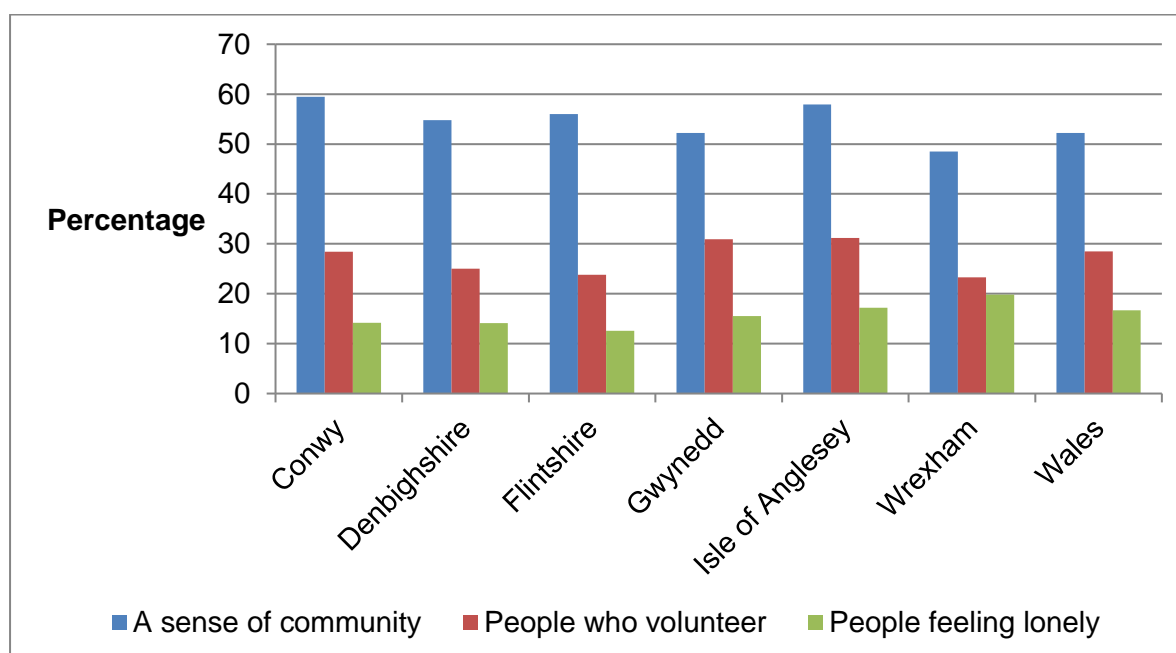
The figure below shows the percentage of people who:

- report feeling a sense of community,
- volunteer, and
- feel lonely.

As can be seen, with the exception of Wrexham those aged 16 and over who live in North Wales report a higher sense of community than the average for Wales. Levels of volunteering by those aged 16 and over are generally lower than the average for Wales except in Gwynedd and Isle of Anglesey where they are higher. The percentage of residents of Wrexham aged 16 and over who feel lonely is higher than elsewhere in North Wales whilst feelings of loneliness are lowest in Flintshire.

⁴⁰ [Public Health Wales, Public health outcomes framework](#)

Figure 27 - percentage of population who report feeling a sense of community, volunteer and feeling lonely at local authority and Wales level, 2017/18-2018/19



3.5 Dementia

Dementia is an umbrella term used to describe a range of progressive neurological disorders i.e. conditions affecting the brain. There are over 200 subtypes of dementia, but the five most common are:

- Alzheimer's disease,
- vascular dementia,
- dementia with Lewy bodies,
- frontotemporal dementia, and
- mixed dementia.

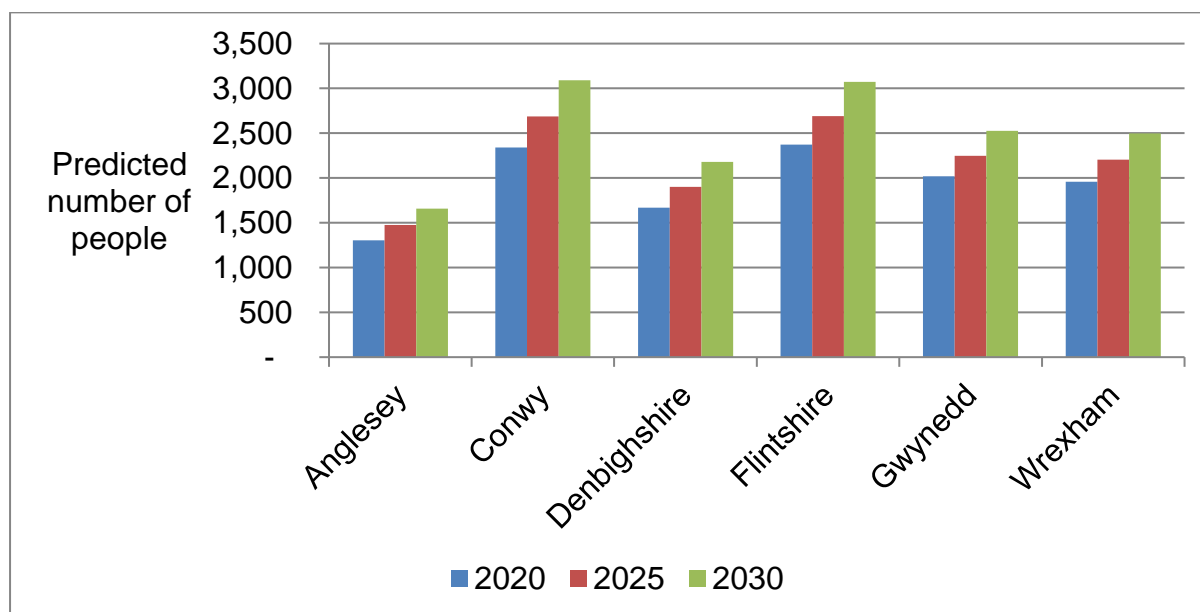
Some people may have a combination of different types of dementia and these are commonly called mixed dementia.

Dementia damages the nerve cells in the brain so messages can't be sent from and to the brain effectively, which prevents the body from functioning normally.

The Alzheimer's Society (2014) reports there are over 850,000 people living with dementia in the UK today. Of these, approximately, 42,000 are people with young onset dementia, which affects people under the age of 65. As a person's age increases, so does the risk of them developing dementia. It is estimated that the number of people living with dementia in the UK by 2025 will rise to over one million. Rates of diagnosis are improving but many people with dementia are thought to still be undiagnosed.

Daffodil Cymru⁴¹ predicts that the number of people aged 65 and over with dementia in North Wales will increase by 25% between 2020 and 2030. The figure below shows the increase at local authority level. As can be seen, Conwy is predicted to have the highest number of people aged 65 and over with dementia in 2030 (3,091), and is also predicted to have the greatest increase at 32%.

Figure 28 – predicted number of people aged 65 and over with dementia, by local authority, 2020-2030



3.6 Respiratory disease⁴²

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. In North Wales they were the third main cause of mortality in 2018.

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. Other forms of tobacco such as cigars and water pipes also increase the risk of this disease.

⁴¹ [Social Care Wales Population Projections Platform, Daffodil Cymru](#)

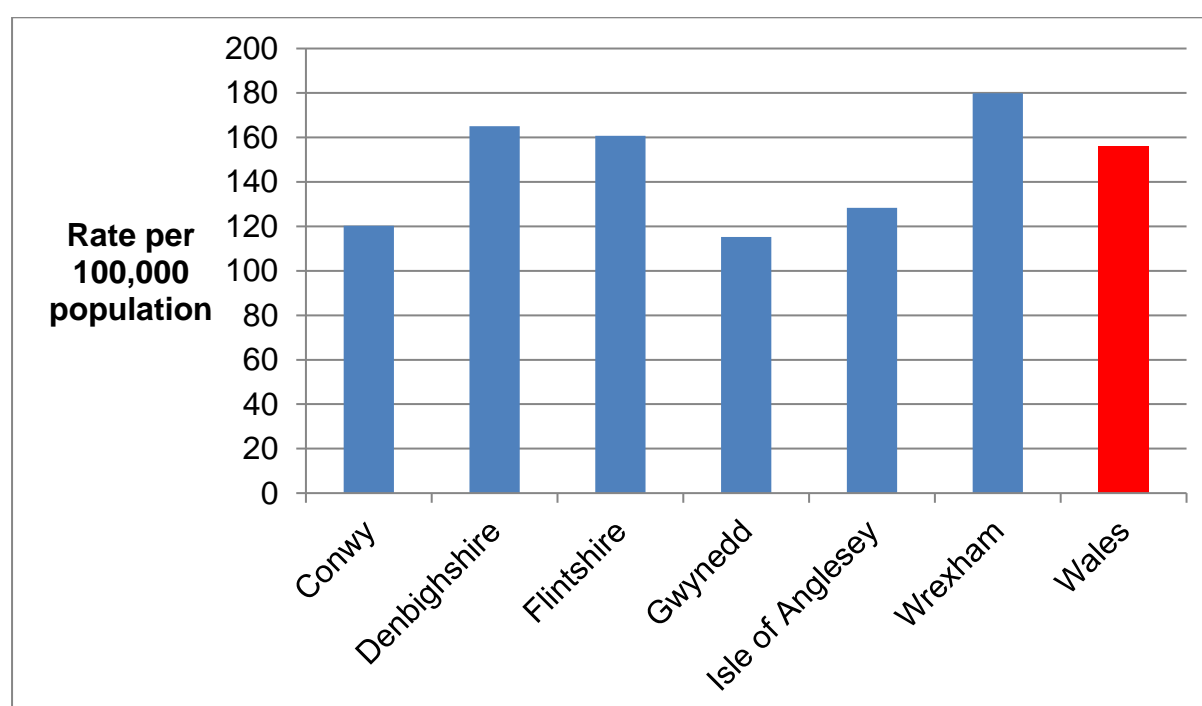
⁴² [ASH, Smoking and respiratory disease factsheet, September 2020](#)

Pneumonia can be acquired in either the community or 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 mortality 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.

As can be seen from the figure below the age standardised death rate per 100,000 population for all respiratory diseases in 2017 was higher than the average for Wales in Denbighshire, Flintshire and Wrexham. In comparison, Gwynedd had the lowest rate.

Figure 29 – all respiratory diseases death rates (age-standardised) per 100,000 population by locality and Wales, 2017



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:

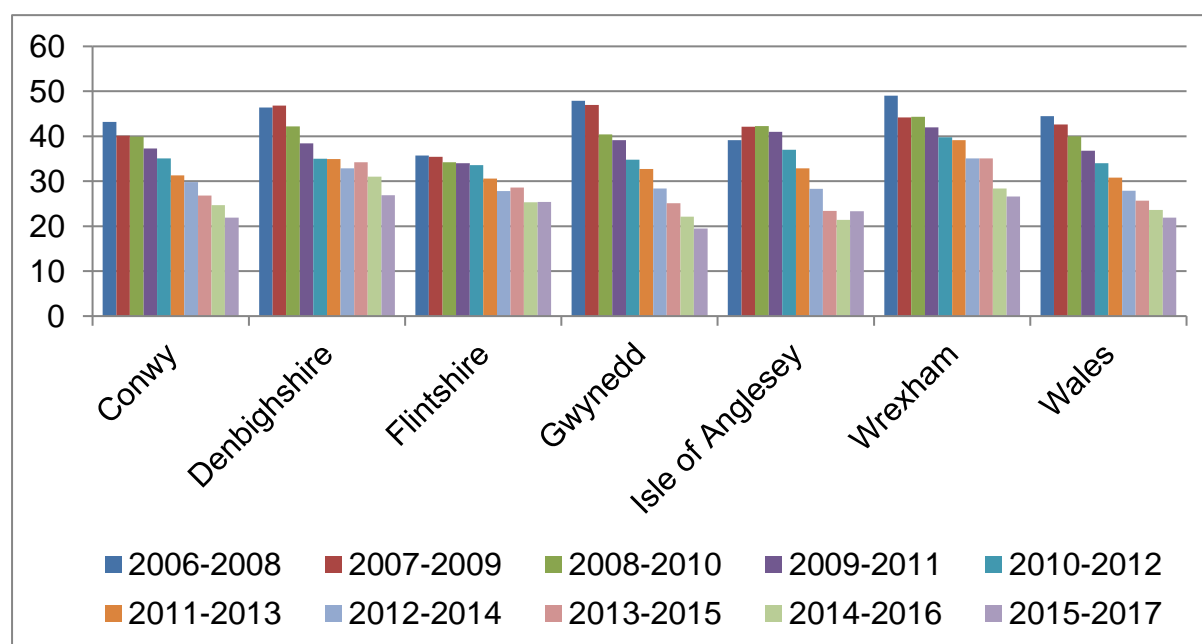
- Sexually transmitted infections including human immunodeficiency virus infection,
- Unintended pregnancy,
- Abortion,
- Fertility problems, and
- Sexual dysfunction.

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.

In 2017, the teenage pregnancy rate per 1,000 females aged under 18 for Wales was 20.2. Gwynedd had the lowest rate (19.5) of all local authorities in North Wales and is the only one whose rate is lower than the average for Wales. Denbighshire had the highest rate at 26.9 followed closely by Wrexham (26.6)⁴³.

As can be seen from the figure below, rates of teenage pregnancies across North Wales have fallen since 2006, although had begun to increase in Flintshire and Isle of Anglesey.

Figure 30 – teenage pregnancy rate per 1,000 females aged under 18, 2006-08 to 2016-17 by local authority and Wales⁴⁴



⁴³ [Public Health Wales Observatory, Public Health Outcomes Framework](#)

⁴⁴ [Public Health Wales Observatory, Public Health Outcomes Framework](#)

3.8 Alcohol⁴⁵

Alcohol is a major cause of death and illness in Wales with around 1,500 deaths attributable to alcohol each year (1 in 20 of all deaths). Across Wales consumption of alcohol has slightly decreased and adults under 45 now drink less. Whilst this decrease is good news, it masks persistent or increased drinking in over 45 year olds.

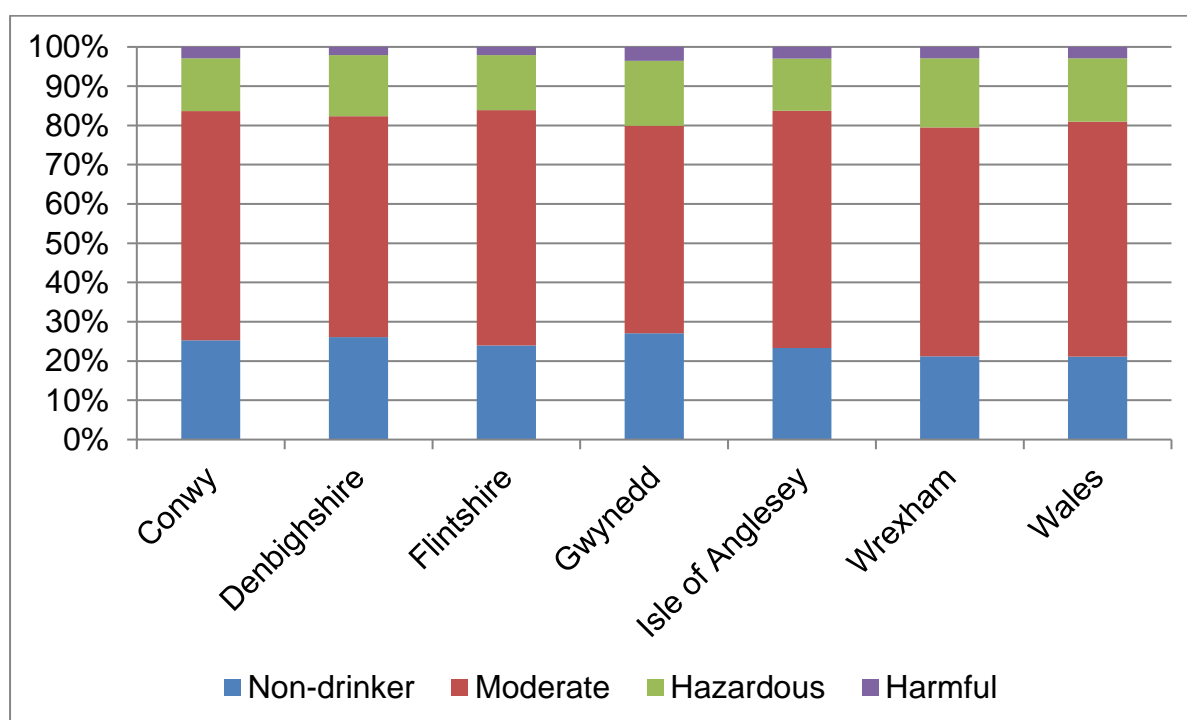
Across North Wales 24.4% of respondents to the National Survey for Wales self-reported as non-drinkers, 57.7% as moderate drinkers, 15.2% as hazardous drinkers and 2.74% as harmful drinkers. However there is variation at local authority level:

- The percentage of non-drinkers was highest in Gwynedd (27.0%) and lowest in Wrexham (21.2%),
- The percentage of moderate drinkers (defined as consuming up to and including 14 units per week) was highest in Isle of Anglesey at 60.4% and lowest in Gwynedd at 52.8%,
- The percentage of hazardous drinkers (defined as more than 14 and up to 50 units per week for men and more than 14 and up to 35 units per week for females) was highest in Wrexham at 17.6% and lowest in Isle of Anglesey at 13.3%, and
- The percentage of harmful drinkers (more than 50 or 35 units per week for men and females respectively) was highest in Gwynedd at 3.6% and lowest in Denbighshire at 2.1%.

The figure below summarises this data.

⁴⁵ [Public Health Wales Observatory, Alcohol in Wales](#)

Figure 31 – Percentage weekly consumption by drinking level 2016/17-2017/18



3.9 Obesity

Having a high body mass index (i.e. 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.

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 most recent results for North Wales from the National Survey for Wales (July 2020)⁴⁶:

- 7.3% of responders ate no fruit and vegetables the previous day,
- 66.9% ate some but less than five portions, and

⁴⁶ [StatsWales, Adult lifestyles by local authority and health board](#)

- 25.7% ate at least five portions.

There is variation at local authority whereby residents of Flintshire and Gwynedd are most likely to have eaten five portions the previous day (31.4 and 31.1% respectively) and Denbighshire residents the least likely (17.5%).

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, 55.2% of North Wales residents are meeting this target compared to 53.2% for Wales. Adults in Wrexham report the lowest physical activity levels with only 49.2% active for at least 150 minutes in the previous week, compared to a high of 62.7% in Conwy.

In Wales 59.9% of adults were classified as overweight or obese. According to the National Survey for Wales, the figure is 55.4% in North Wales. There is variation across North Wales with 58.2% overweight or obese in Wrexham and 49.9% in Conwy.

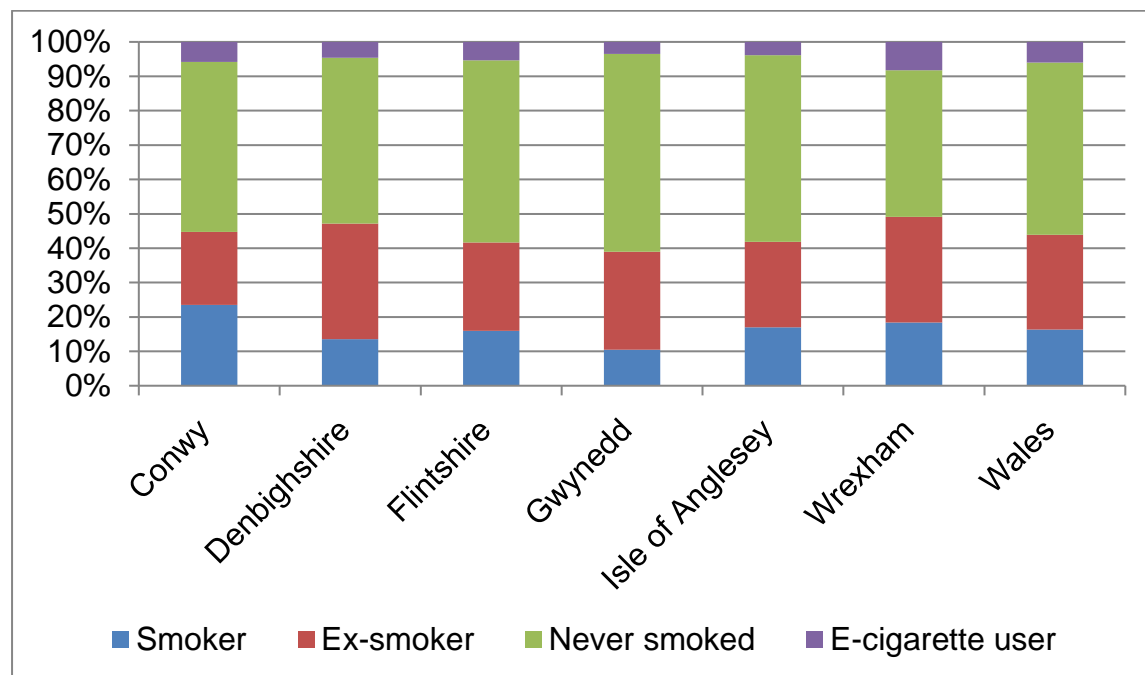
3.10 Smoking⁴⁷

Smoking remains a major cause of premature death in Wales. As set out in earlier sections of this chapter smoking and passive smoking have been linked to a range of serious illnesses including cancers and heart disease.

Across Wales, on average 17.4% of persons aged 16 and over self-reported a smoking status of 'daily smoker' or 'occasional smoker' in the most recent data from the National Survey of Wales (July 2020). The average for North Wales is 17.6% however there is variation at local authority level. As can be seen from the figure below, the percentage of persons aged 16 and above who smoke is lowest in Gwynedd (10.8%) and highest in Conwy (25.0%).

⁴⁷ [StatsWales, Adult lifestyles by local authority and health board](#)

Figure 32 – persons aged 16 and over by smoking status (percentage)



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
- 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

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 prevention is a key issue in the improvement of health and wellbeing amongst older people. Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: fracture, head injury, or serious laceration.
- Loneliness can have significant and lasting effect on health. It is associated with higher blood pressure and depression and leads to higher rates of mortality, indeed comparable to those associated with smoking and alcohol consumption. It is also linked to a higher incidence of dementia with one study reporting a doubled risk of Alzheimer's disease. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care.
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression than men. At any one time, around 10-15% of the over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people.
- People with mental health needs can seek advice and support from their GP. However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15 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 a common condition that affects about 800,000 people in the UK. The risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65. Dementia is the second most common mental health problem in older people and 20% of people over 85, and 5% over 65, have dementia. In 2013 there were an estimated 45,529 people living with dementia in Wales, of those people, only 17,661 had

received a formal diagnosis. By 2021 it is estimated that over 55,000 people in Wales will have dementia.

- 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 young people:

- Even before birth, factors which can affect a baby's healthy life expectancy and life chances are already taking effect. At present, children born into poverty are more likely to be adults with poor health than those born into affluence. A baby born to a mother who is obese and smokes throughout pregnancy, is at greater risk of developing unhealthy lifestyles in the future which render them at greater risk of serious chronic conditions which will impact on their quality of life and their life expectancy. The effect on a person's health and life expectancy, of childhood experiences and health behaviours continue to impact and accumulate throughout childhood and into adulthood.
- There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults
- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed
- More than eight out of ten adults who have ever smoked regularly started before the age of 19
- Eight out of ten obese teenagers go on to become obese adults
- Untreated sexually transmitted infections can have longer term health impact including fertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies.

4.2 Disability

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

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

However people with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population. Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

- Approximately 1.5 million people in the UK have a learning disability. Over 1 million adults aged over 20, and over 410,000 children aged up to 19 years old have a learning disability.
- 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.
- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are 58 times more likely to die aged under 50 than other people. And four times as many people with a learning disability die of preventable causes compared to people in the general population.
- People with a learning disability are ten times more likely to have serious sight problems and six out of ten people with a learning disability need to wear glasses.

Studies have shown that individuals with disabilities are more likely than people without disabilities to report:

- Poorer overall health.
- Less access to adequate health care.
- Smoking and physical inactivity.

4.3 Pregnancy and maternity

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

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

Raising the Standard: Race Equality Action Plan for Adult Mental Health Services aims to promote race equality in the design and delivery of mental health services in order to reduce the health inequalities experienced by some ethnic groups.

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus, tuberculosis and diabetes
- An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care
- Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

4.5 Religion or belief

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

- Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns
- There is a possibility of hate crime related to religion and belief.

4.6 Sex

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.

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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 prevention is a key issue in the improvement of health and wellbeing amongst older people. Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: fracture, head injury, or serious laceration.
- Loneliness can have significant and lasting effect on health. It is associated with higher blood pressure and depression and leads to higher rates of mortality, indeed comparable to those associated with smoking and alcohol consumption. It is also linked to a higher incidence of dementia with one study reporting a doubled risk of Alzheimer's disease. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care.
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression

than men. At any one time, around 10-15% of the over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people.

- People with mental health needs can seek advice and support from their GP. However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15 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 a common condition that affects about 800,000 people in the UK. The risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65. Dementia is the second most common mental health problem in older people and 20% of people over 85, and 5% over 65, have dementia. In 2013 there were an estimated 45,529 people living with dementia in Wales, of those people, only 17,661 had received a formal diagnosis. By 2021 it is estimated that over 55,000 people in Wales will have dementia.
- 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 young people:

- Even before birth, factors which can affect a baby's healthy life expectancy and life chances are already taking effect. At present, children born into poverty are more likely to be adults with poor health than those born into affluence. A baby born to a mother who is obese and smokes throughout pregnancy, is at greater risk of developing unhealthy lifestyles in the future which render them at greater risk of serious chronic conditions which will impact on their quality of life and their life expectancy. The effect on a person's health and life expectancy, of childhood experiences and health behaviours continue to impact and accumulate throughout childhood and into adulthood.
- There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults
- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed
- More than eight out of ten adults who have ever smoked regularly started before the age of 19
- Eight out of ten obese teenagers go on to become obese adults

- Untreated sexually transmitted infections can have longer term health impact including fertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies.

4.7 Sexual orientation

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

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

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

4.8 Gender re-assignment⁴⁸

- 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.

⁴⁸ Gender Identity Research and Education Society [Trans Health Factsheets](#)

4.9 University students

There are two universities in North Wales, Bangor University in Gwynedd (approximately 10,000 students) and Wrexham Glyndŵr University in Wrexham (approximately 5,900 students). Their health needs include:

- Screening for, and treatment of, sexually transmitted diseases
- Smoking cessation
- Meningitis vaccination
- Contraception, including emergency hormonal contraception, provision
- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019⁴⁹, the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.

4.10 Offenders

HMP Berwyn is a Category 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 service their sentences in HMP Styal in Cheshire which is a closed category prison.

The North Wales Prison Health Needs Assessment by Public Health Wales⁵⁰ reported that prisoners generally have:

- significant levels of poor mental health and personality disorders;
- an increased risk of self-harm and suicide compared to the general population;
- significant levels of substance misuse, alcohol misuse and tobacco use;
- high levels of multiple chronic conditions in older prisoners;
- significant levels of premature, 'accelerated', ageing and significant levels of preventable illness and disability;
- high levels of blood-borne viruses;
- little evidence to suggest routine access to primary and secondary preventative services and interventions prior to prison; and
- low levels of literacy and numeracy.

⁴⁹ [Unite Students Insight Report 2019](#)

⁵⁰ [North Wales Prison Health Needs Assessment May 2015, Public Health Wales](#)

4.11 Homeless and rough sleepers

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. People who sleep rough are 17 times more likely to be victims of violence than the general public. 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 mean age at death for someone who is homeless in England and Wales is 44 years for men and 42 for women compared to the mean age at death for the general population of England and Wales which is 76 and 81 respectively (2017). Even those people who sleep rough for only a few months are likely to die younger than they would have done if they had never slept rough.

The three most common causes of deaths amongst homeless people in England and Wales in 2017 were:

- accidents (40%)
- liver disease (9%)
- suicide (9%).

According to report by Centrepoin⁵¹, homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health, 18% have attempted suicide, 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches), 21% have a history of self-harm, 52% report problems with their sleep, 55% smoke, and 50% use illegal substances.

4.12 Gypsy and Traveller communities

Gypsies and Travellers have significantly poorer health outcomes compared with the general population and are frequently subject to racial abuse and discrimination⁵². They have the lowest life expectancy of any ethnic group in the UK and experience:

- high infant mortality rates,
- high maternal mortality rates,
- low child immunisation levels, and
- high rates of mental health issues including suicide, substance misuse and diabetes, as well as high rates of heart disease and premature morbidity and mortality.

⁵¹ [Toxic Mix: The health needs of homeless young people, Centrepoin 2014](#)

⁵² [Matthews Z. The health of Gypsies and Travellers in the UK. Better Health Briefing Paper 12. Race Equality Foundation. 2008.](#)

Gypsies and Travellers have high levels of unmet dental need, low rates of registration with a dentist and very little use of preventative services.

Despite experiencing worse health and having significant health needs, travellers are less likely to receive effective, continuous healthcare. Identified barriers to healthcare access⁵³ include:

- inequalities in registration with GPs (due to discrimination, mismatch in expectations, the perception that they will be “expensive patients”, and the reluctance of GPs to visit sites),
- poor literacy, and
- lack of “cultural awareness/competence” amongst service providers.

The same barriers exist when it comes to accessing dental services.

Factors that contribute to the high rate of premature mortality include missed opportunities for preventative healthcare, particularly among Gypsy and Traveller men, and effective treatment for pre-existing conditions.

4.13 Refugees and asylum seekers

People who migrate to Wales will do so for a variety of reasons, and consequently are a diverse group. They will frequently have faced adversity during their journey which will result in complex service needs.

Health problems of vulnerable migrants are frequently related to destitution and lack of access to services, rather than to complex or long-standing ill-health⁵⁴.

Refugees and asylum seekers may have high levels of psychological ill-health. Survivors of torture and trafficking have often experienced extreme circumstances in which they have been exposed to uncontrollable and unpredictable events, which can result in severe and longer-term post-trauma disorders⁵⁵.

Not being able to communicate in English can cause problems when it comes to obtaining a medical history, explaining treatment options and seeking consent.

4.14 Military veterans

A veteran is defined as “anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.” There is no routine source of information on military veterans in Wales, so the number resident in Wales is unknown. Studies identify that most

⁵³ [Cemlyn S et al. Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009](#)

⁵⁴ [Fitzpatrick S et al. Multiple exclusion homelessness amongst migrants in the UK. Eur J Homelessness 2012;6\(1\):31-58](#)

⁵⁵ [Borland R and Zimmerman C. Caring for trafficked persons: Guidance for health providers. Geneva, International Organization for Migration. 2012](#)

veterans in general view their time in the Services as a positive experience and do not suffer adverse health effects as a result of the time they have served.

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

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

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

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

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

- depression
- anxiety
- alcohol abuse.

Probable post traumatic stress disorder affects about 4% of veterans. Each year, about 0.1% of all regular service leavers are discharged for mental health reasons. Each health board in Wales has appointed an experienced clinician as a veteran therapist with an interest or experience of military (mental) health problems. The veteran therapist will accept referrals from health care staff, GPs, veteran charities and self-referrals from ex-service personnel. The primary aim of Veterans' NHS Wales is to improve the mental health and well-being of veterans with a service related mental health problem. The secondary aim is to achieve this through the development of sustainable, accessible and effective services that meet the needs of veterans with mental health and well-being difficulties who live in Wales. A 2016 report from 'Forces in Mind' provides the findings from a review of the mental and related health needs of veterans and family members in Wales.

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

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

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

4.15 Visitors to sporting and leisure facilities 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 day or two, their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription
- The need for repeat medication
- Support for self-care, 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 health⁵⁶ 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;
- Local residents are more likely to present at Accident and Emergency for illnesses, and tourists are more likely to present at Accident and Emergency for accidents in one Australian seaside resort;
- 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;
- 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.

⁵⁶ 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.

5 Provision of pharmaceutical services

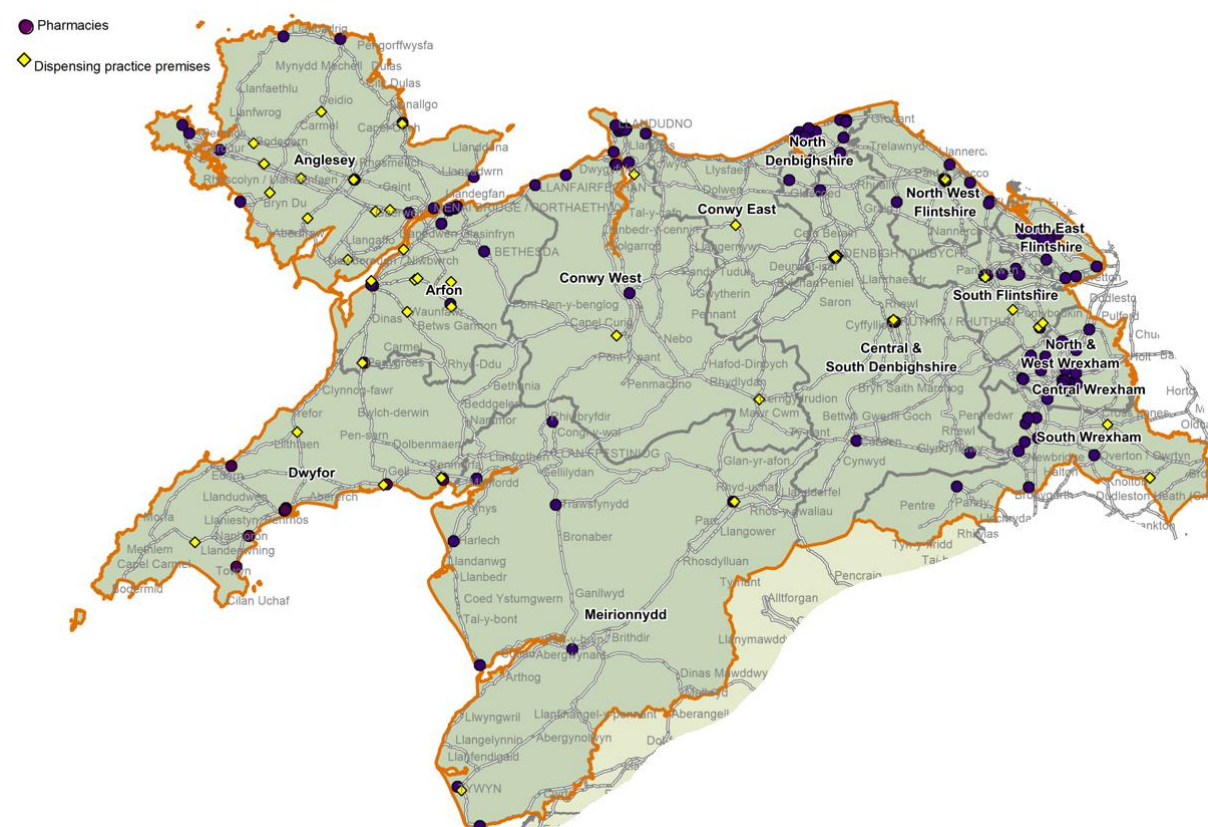
5.1 Current provision within Betsi Cadwaladr University Health Board area

There are 152 pharmacies included in the pharmaceutical list for the area of the health board as of August 2021, operated by 42 different contractors. This is a reduction from 2018/19 (155 pharmacies) and 2019/20 (154 pharmacies).

Six pharmacies operate under the 'essential small pharmacies scheme', one in each of Anglesey, Central and South Denbighshire, Dwyfor and South Wrexham, and two in Meirionnydd. 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 98 GP practices in the health board area, 37 dispense to eligible patients from 46 sites within the health board's area. The map below shows the location of these premises.

Map 5 – location of pharmacies and dispensing practice premises

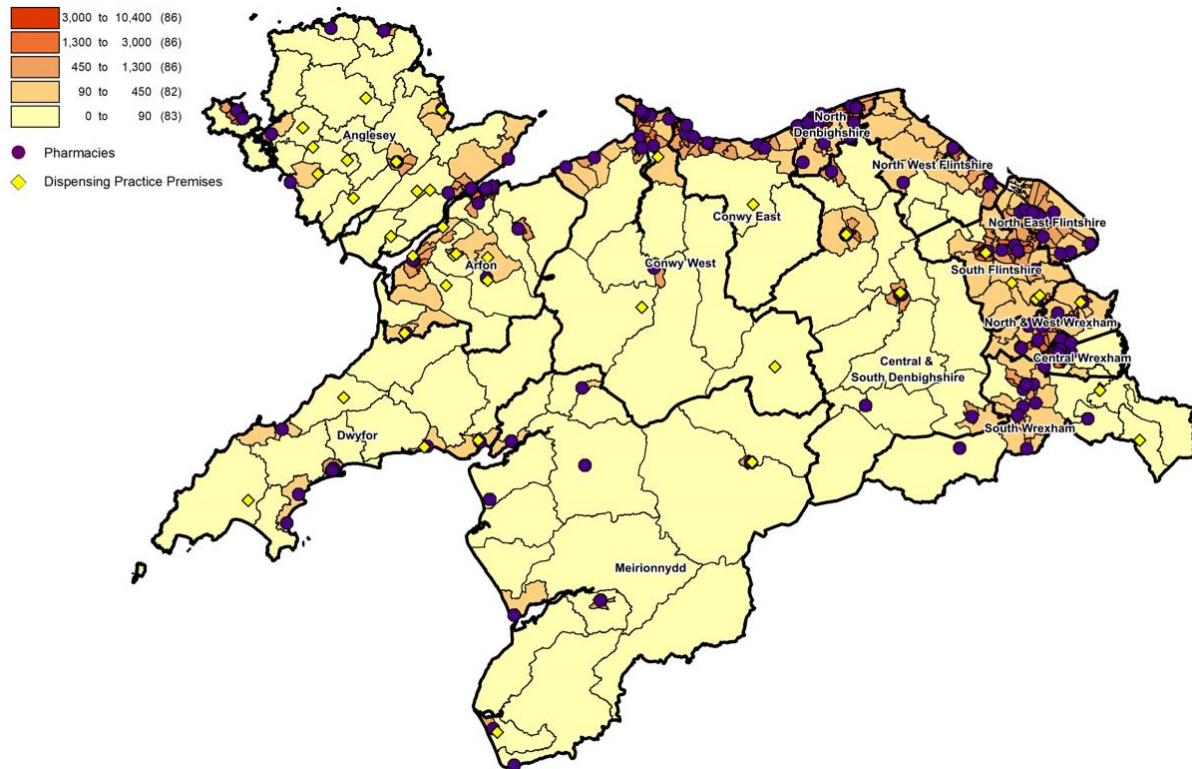


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The map below shows the location of the pharmacy and dispensing practice premises within the health board's area compared to population density. Due to the size of the area covered by the health board many of the premises are not shown individually, however more detailed maps can be found in the locality chapters.

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 is greatest. Dispensing practice premises are more likely to be found in areas of lower population density.

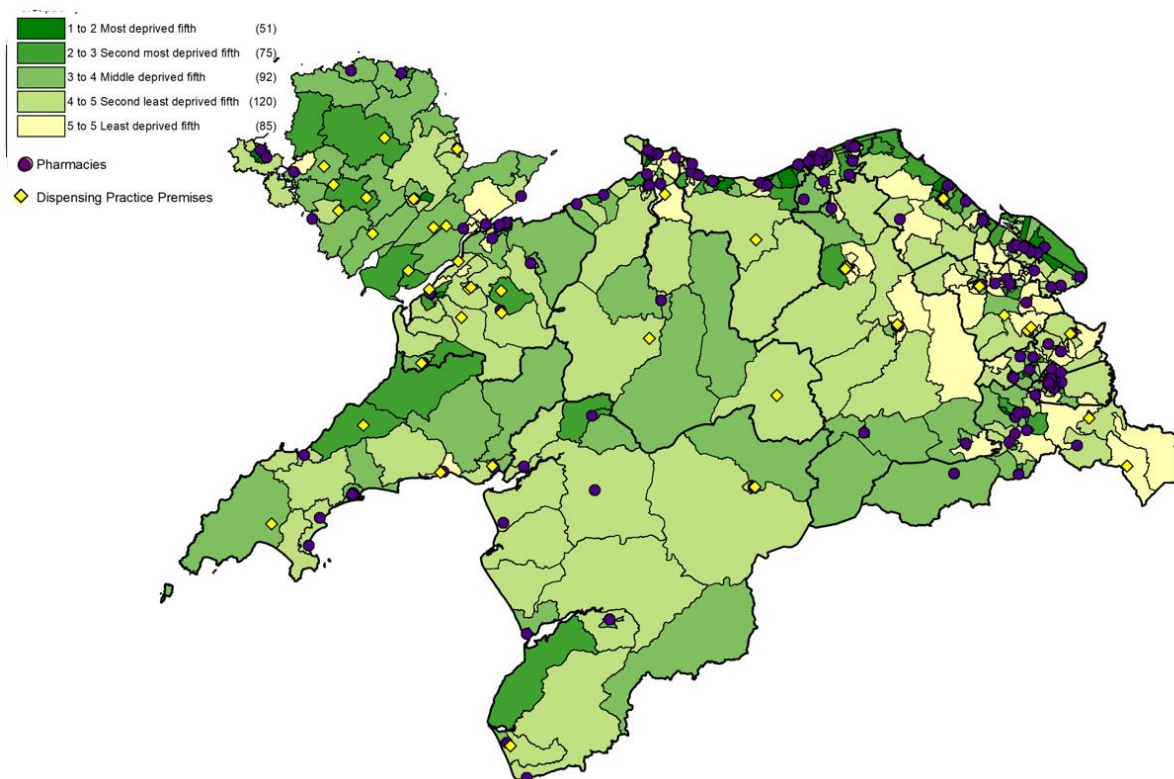
Map 6 – location of pharmacies and dispensing practice premises compared to population density



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The map below shows the location of the pharmacy and dispensing practice premises within the health board's area compared to levels of deprivation. As can be seen there is less correlation between the location of pharmacies and dispensing practice premises and levels deprivation.

Map 7 – location of pharmacies and dispensing practice premises compared to levels of deprivation, per lower super output area Welsh Index of Multiple Deprivation 2019



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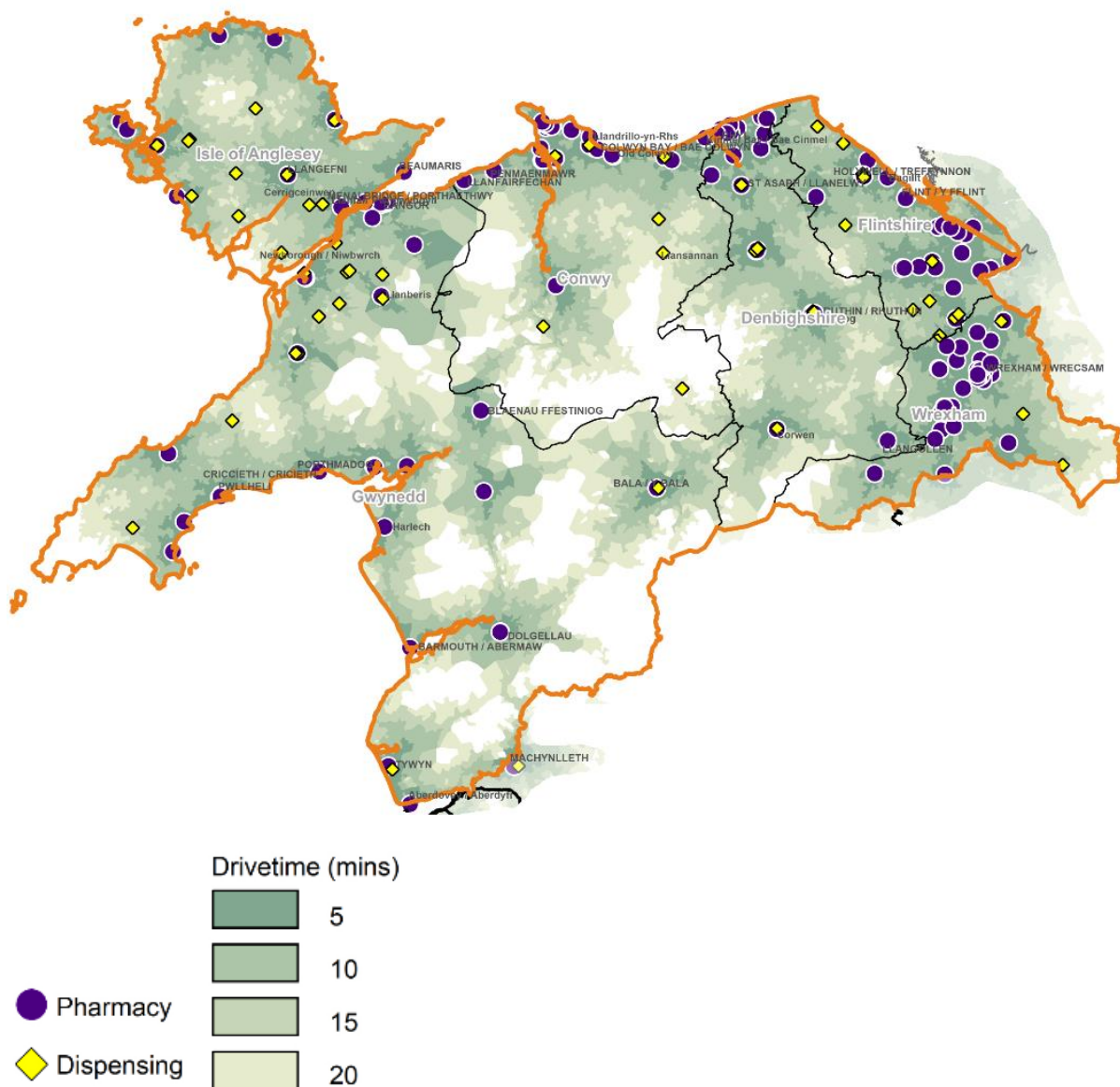
In 2019/20, 88.1% of items prescribed by GP practices in the health board's area were dispensed by pharmacies within the health board's area and 10.2% were dispensed or personally administered by the GP practices. In 2020/21, 84.7% were dispensed by pharmacies and 14.0% were dispensed or personally administered by the 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 by NHS Wales Informatics Service.

As can be seen there are a number of areas which are not within a 20-minute drive of a pharmacy, however an analysis of these shows that there is either no resident population or a few scattered houses, farms, camping and caravan sites. There are however a few small villages within Conwy West that are not within a 20-minute drive.

Map 8 – Time taken to access a pharmacy, by car



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

- 66.8% of respondents drive to a pharmacy,
- 25.0% walk
- For 90.3% of respondents their journey time is less than 20 minutes. For 80.2% 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 8.30am to 6.30pm period, Monday to Friday, following a visit to their GP or another healthcare

professional, there will be times when people will need, or choose, to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day. The patient and public engagement questionnaire showed that:

- 31.7% of respondents didn't have a preferred time to visit a pharmacy,
- 24.6% preferred 9.00 to 12 noon,
- 14.2% 12 noon to 15.00, and
- 17.2% 15.00 to 18.00.

In relation to the preferred day to access a pharmacy:

- 43.5% didn't have a preferred day,
- 27.8% said weekdays in general, and
- 5.8% said weekends in general.

Appendix L provides information on the pharmacies opening hours as at August 2021 and at that point in time there were:

- 17 pharmacies open seven days a week
- 41 pharmacies open Monday to Saturday
- 71 pharmacies open Monday to Friday, and Saturday up to 14.00
- 23 pharmacies that open Monday to Friday.

A weekday evening operates in 2020/21 which provides for:

- Four pharmacies in Anglesey stay open for an additional 30 minutes Mondays to Fridays.
- One pharmacy in Arfon stays open for an additional hour Mondays to Fridays.
- Two pharmacies in Central and South Denbighshire stay open on alternate weeks on Mondays to Fridays, one for an additional hour and the other for an additional 30 minutes.
- One pharmacy in Conwy West stays open for an additional hour, until 18.30 Mondays to Fridays.
- Three pharmacies in Dwyfor stay open for an additional 30 minutes Mondays to Fridays.
- Two pharmacies in Meirionnydd stay open for an additional hour on alternate weeks on Mondays to Fridays.

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. GP dispensaries will generally be open at the same time as the GP practice and dispense prescriptions issued as part of a consultation during this time as well as dispensing repeat prescriptions.

In 2020/21, no GP practices have extended opening hours. Should this change during the lifetime of the pharmaceutical needs assessment then the health board has the ability to direct existing pharmacies to open for longer hours where necessary.

One of the GP practices in Ruthin, which dispenses to approximately half of its registered patients, is due to move into new premises in October 2021. It is not anticipated that this will affect the need for pharmaceutical services.

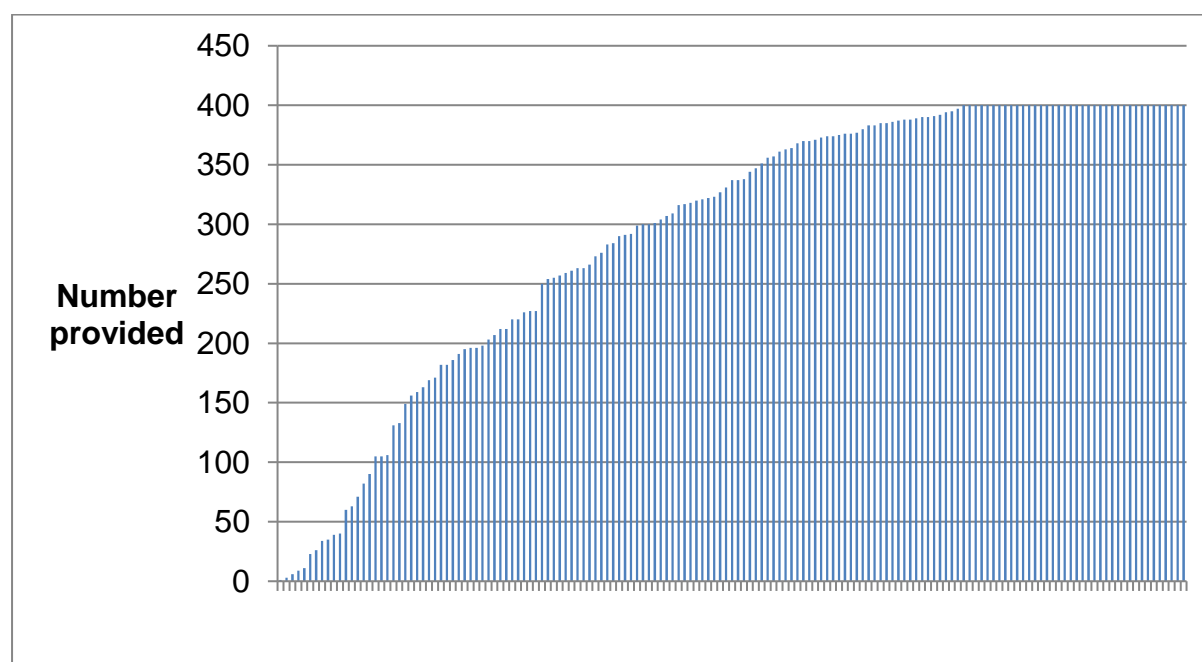
As of August 2021 there are no known GP practice mergers or relocations, although it is anticipated that there may be some within the lifetime of the document.

5.1.3 Access to medicines use review service

In 2018/19 a total of 47,895 medicines use reviews were provided by 149 of the pharmacies. 78 pharmacies provided the maximum number – 400.

In 2019/20 a total of 44,714 medicines use reviews were provided by 153 pharmacies, with 38 pharmacies providing the maximum number. The graph below shows the total number claimed by each pharmacy.

Figure 33 - number of medicines use reviews claimed by each pharmacy in 2019/20



Up to 400 medicines use reviews can be provided at each pharmacy per year, giving a potential maximum number of 60,800 per annum based upon the current 152 pharmacies.

As of August 2021, the service remains suspended due to the Covid pandemic.

The table below summarises service provision in 2018/19 and 2019/20. Based upon this the health board is satisfied that there is sufficient capacity within existing contractors to provide more medicines use reviews when the service recommences. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

Table 11 – summary of medicines use reviews provision 2018/19 and 2019/20

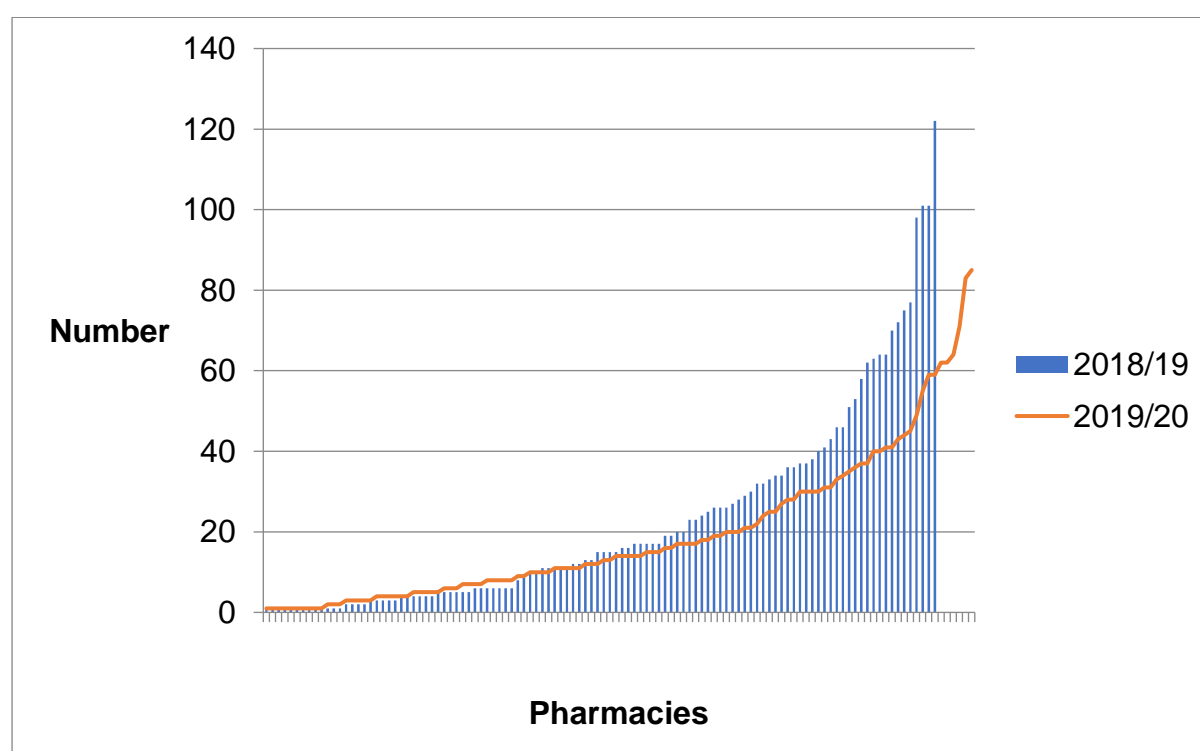
	Range of total number provided	Number of pharmacies providing the maximum number	Number providing fewer than 200
2018/19	5 to 400	78	25
2019/20	1 to 400	38	35

5.1.4 Access to the discharge medicines review service

In 2018/19, 110 pharmacies provided this service and claimed for a total of 2,512 reviews.

In 2019/20, 116 pharmacies provided the service and claimed a total of 2,248 reviews. The figure below shows the number of pharmacies providing the service and the number of reviews claimed in both years. As can be seen, whilst more pharmacies provided the service in 2019/20, overall fewer reviews were undertaken.

Figure 34 – number of discharge medicines reviews claimed by each pharmacy in 2018/19 and 2019/20



In 2020/21, 120 pharmacies provided the service, claiming for a total of 2,354 reviews.

Until 31 March 2021 each pharmacy could provide up to 140 discharge medicines reviews per year. However this cap has been removed as of 1 April 2021.

Based upon the level of provision in 2018/19 the health board is satisfied that there is sufficient capacity within existing contractors to provide more discharge medicines reviews.

From the data available for 2019/20 and 2020/21 there is no evidence to support a different conclusion. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.5 Access to appliance use reviews

No pharmacies provided this service in 2018/19, 2019/20 or 2020/21 despite 146 pharmacies dispensing prescriptions for all types of appliances. However due to the fact that dispensing appliance contractors provide services across Wales not all of these will have been provided for residents of the health board's area. Due to the way the data is collated and published it is not known how many of these were provided for the health board's residents.

5.1.6 Access to stoma appliance customisations

Three pharmacies provided this service in 2018/19, two in 2019/20 and two in 2020/21 despite 146 pharmacies dispensing prescriptions for all types of appliances. However due to the fact that dispensing appliance contractors provide services across Wales not all of these will have been provided for residents of the health board's area. Due to the way the data is collated and published it is not known how many of these were provided for the health board's residents.

5.1.7 Access to the emergency hormonal contraception enhanced service

Under this service pharmacies are commissioned to provide advice and contraception supplies, complementing other primary care services and increasing access whilst helping to tackle inequalities where a woman is unable to pay for emergency hormonal contraception.

138 pharmacies were commissioned to provide the service in 2020/21. This has increased to 141 pharmacies in 2020/21.

As pharmacies are one of a number of providers of this service the health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.8 Access to the smoking cessation level 2 enhanced 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.

126 contractors were commissioned to provide this service in 2020/21, increasing to 135 in 2020/21.

The health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.9 Access to the Help me quit @ pharmacy enhanced service

Formerly known as the smoking cessation level 3 enhanced service, the service was redesigned in 2020/21. The new 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.

134 contractors are commissioned to provide this service in 2021/22 as of August 2021.

The health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.10 Access to the flu vaccination enhanced service

This service allows pharmacies to provide influenza immunisation for those patients in nationally and locally agreed at risk groups. It supports the wider provision of influenza immunisation and aims to increase the proportion of at risk individuals who receive immunisation this helping to reduce morbidity and mortality.

In 2018/19 117 of the pharmacies provided a total of 11,711 vaccinations over the flu season. In 2019/20 128 of the pharmacies provided a total of 14,397 vaccinations during the flu season.

In 2020/21, 137 pharmacies were commissioned to provide the service and provided a total of 20,727 vaccinations. As of August 2021, 137 pharmacies are commissioned to provide the service.

As pharmacies are one of a number of providers of this service the health board is satisfied that there is sufficient capacity within existing contractors to provide this service based upon the activity for 2018/19, 2019/20 and 2020/21. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.11 Access to the common ailment service

The common ailment service provides advice and treatment on a range of specified conditions such as acne, chickenpox, conjunctivitis, head lice, sore throat/tonsillitis and verrucae. Patients register with a pharmacy and receive a consultation with a pharmacist and advice on management and treatment where required, or referral if necessary, and is provided as an alternative to making a GP appointment.

In 2020/21, 147 of the pharmacies were commissioned to provide this service and 144 provided it. In 2021/22, 148 of the pharmacies are commissioned to provide the service.

As pharmacies are one of a number of providers of this service the health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.12 Access to the emergency medicines supply enhanced service

The emergency medicines supply service is commissioned to enable patients to access emergency supplies of medication via community pharmacies with the cost of the supply being met by the NHS. The purpose of this service is to reduce the burden on Out of Hours, Emergency Care and GP services in relation to managing patient requests for emergency supplies of medication outside of normal GP working hours.

The Human Medicines Act 2012 remains the primary legislation governing the emergency supply of medication at the request of a patient and all supplies of medication made must be made in accordance with these regulations.

In 2020/21, 149 pharmacies were commissioned to provide this service and 138 provided it.

The health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.13 Supervised consumption 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 2020/21, 131 pharmacies were commissioned to provide the service, increasing to 134 in 2021/22.

The health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.14 Syringe and needle exchange service

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 2020/21, 78 pharmacies were commissioned to provide the service, increasing to 82 in 2021/22.

The health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.15 End of life care medicines

Most pharmacies hold a small stock of end of life care medicines, and the local pharmacy is the best place to get a prescription dispensed for these. However, when larger quantities or less frequently used medicines are needed, or the local pharmacy stocks have been depleted, eleven end of life care medicines hubs have been established in pharmacies across North Wales. These pharmacies are all open Monday to Saturday, with many also opening Sundays and into the evening. For almost all residents, one or more of these hubs will be within a 30-minute drive of their home, providing timely access to key medicines.

In 2020/21, 11 pharmacies were commissioned to provide the service ensuring that 95% of the population of North Wales is within a 30-minute drive of a pharmacy providing the service. 11 pharmacies are commissioned to provide it in 2021/22.

The health board is satisfied that there is sufficient capacity within existing contractors to provide this service.

5.1.16 Independent prescriber services

Complementing the common ailment service, this enhanced service allows independent prescribing pharmacists to manage a range of acute conditions for example respiratory disorders, including chronic obstructive pulmonary disease and asthma exacerbation, suspected upper respiratory tract infections, sore throats, and sinusitis.

In 2020/21, 12 pharmacies were commissioned to provide the service, and 12 are commissioned in 2021/22.

A second independent prescriber service focuses on contraception and enables patients to visit a pharmacy and access effective contraception advice and treatment, provided by a pharmacist independent prescriber. The service also enables patients to access information on the prevalence of sexually transmitted infections, the risks associated with such infections and how to protect themselves from them.

In 2020/21, two pharmacies were commissioned to provide the service, and two are commissioned in 2021/22.

The speed at which these services can be rolled out is dependent on the number of pharmacists completing the required training.

5.1.17 Return of patients sharps boxes

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. Historically, these were returned to outpatient and other clinic settings, but this was often inconvenient for patients and resulted in them storing multiple boxes of sharps at home between visits to the hospital, posing a risk to themselves and their families. Further, handling sharps in the clinics could be problematic and patients needed to remember to bring their full sharps box with them, as well as source a new sharps box, either through the clinic or their GP, when the existing one was full.

In response to this, the health board commissioned a patient sharps service from pharmacies. Initially, this allowed pharmacies to supply new one litre, yellow lidded, sharps bins and take back full bins from people with non-cytotoxic sharps waste. In response to issues with patients being able to access appropriately sized sharps bins, and to include support for people injecting cytotoxic medication, from April 2019 this service was extended to allow pharmacies to distribute and take back purple and yellow lidded bins in a range of different sizes, up to five litres.

In 2020/21, 144 pharmacies were commissioned to provide the sharps service, providing convenient access to this important health protection service. This has increased to 145 in 2021/22.

5.1.18 Care home support and medicine optimisation enhanced service

In response to various national policies promoting best practice and some concerns being raised around the level of care and the handling of medicines in care homes, a nationally developed pharmacy enhanced service to support care homes was commissioned in 2017. There are three levels of the service:

- Level 1 involves the pharmacy working with one or more local care homes to assess their current practice with respect to medicines ordering, storage, administration, and disposal, and identify areas for possible improvement. Following the initial assessment, the pharmacy then supports the care home to develop their processes and procedures to maximise safety and efficiency with regards to medicines management, reducing waste and the risk of harm.
- Level 2 involves the community pharmacist visiting the care home and undertaking a Patient Outcome Medicines Safety Indicators and medicines reconciliation review. This review will identify prescribing that is associated with higher risk to the patient and which is known to frequently occur in care homes. Once identified, patients with higher risk prescribing would be reviewed by the pharmacist and, where appropriate, the patient's GP would be contacted to request a patient review and/or medication change.
- Level 3 involves full medication review, undertaken by the community pharmacist in collaboration with the patient's GP. However, this is not currently commissioned by the health board.

At the time of writing this service is currently suspended due to the Covid pandemic.

5.1.19 Sore throat test and treat

The overall aim of this service is to ensure that patients can access appropriate assessment and advice for the management of sore throat, and, where appropriate, be supplied with antibiotics or other appropriate treatments at NHS expense to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours provider, walk in centre or A&E. Following a consultation and assessment by the pharmacist, medication may be supplied using the national common ailments formulary. Additionally for those patients where an antibiotic is required, this may be supplied in accordance with the national antibiotic prescribing guideline.

At the time of writing this service is currently suspended due to the Covid pandemic, although it is being piloted by some pharmacies.

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 103 practices in the health board's area 37 dispense to their eligible patients from 46 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” i.e. 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 May 2021 the GP practices dispensed to 92,510 of their registered patients (39.4% of the total list size for all the dispensing practices). The percentage of dispensing patients at practice level varied between 6.6 to 95.2% of registered patients.

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 2019/20, 1.6% of items prescribed by the GP practices were dispensed outside of the health board’s area predominantly in England:

- 132,141 items were dispensed by a pharmacy,
- 79,748 were dispensed by a dispensing appliance contractor,
- 13,176 were dispensed by a distance selling premises (also known as an internet pharmacy), and
- 39 were dispensed by a dispensing doctor.

In 2020/21, slightly fewer prescriptions were dispensed outside of the health board's area (1.3%), predominantly in England.

- 144,099 items were dispensed by 1,281 pharmacies,
- 68,650 were dispensed by 51 dispensing appliance contractors,
- 13,040 by 15 distance selling premises, and
- 477 were dispensed by seven dispensing practices.

The health board has noted that the area in the east of the South Wrexham locality to the south of Bronington that is not within a 20-minute drive of a pharmacy in the locality is within a 10-minute drive of a pharmacy in England.

5.2.2 Access to advanced services

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

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

5.2.3 Access to enhanced services

As with advanced services information on the provision of enhanced services by pharmacies outside the health board's area to its residents is not available. It can be assumed however that residents of the health board's area will access these services from contractors outside of the area.

5.2.4 Dispensing service provided by some GP practices

Some residents of the health board's area will choose to register with a GP practice outside of the area and will access the dispensing service 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 152 pharmacies, operated by 42 different contractors. Outside of the health board's area residents chose to access a further 151 pharmacies elsewhere in Wales in 2019/20, although many are not used on a regular basis. In 2020/21, residents chose to access 193 pharmacies elsewhere in Wales.

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

- Close to home,
- Close to GP practice,
- The location is easy to get to, and
- Trust in the staff who work there.

6 Other NHS services

The following NHS services are deemed, by the health board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies or departments – reduce the demand for the dispensing essential service as medication required by in-patients is dispensed by the hospital pharmacy service, but also increase it by issuing prescriptions which are dispensed as part of pharmaceutical services.
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out of hours service – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- Minor injuries units – may reduce the need for the support for self-care essential service.
- HMP Berwyn pharmacy service - reduces the demand for the dispensing essential service as prescriptions written in the HMP Berwyn are dispensed by the in-house pharmacy.
- Substance misuse service – increases the demand for demand for the dispensing essential service as prescriptions written under the service are dispensed by pharmacies.
- Help Me Quit – the smoking cessation service provided in locations other than pharmacies will reduce the need for the smoking cessation enhanced services.
- Services provided by GPs under their General Medical Services contract – certain services provided by the GP practices will reduce the need for the provision of pharmaceutical services, in particular the enhanced services.
- Alternative treatment scheme – increases the demand for the dispensing essential service as prescriptions written under this service are dispensed under pharmaceutical services.
- Hospices – increase the demand for the dispensing essential service as one hospice issues prescriptions which are dispensed under pharmaceutical services.
- Other community services - increase the demand for the dispensing essential service prescriptions are issued and dispensed under pharmaceutical services.
- Sexual health clinics

6.1 Hospital pharmacies or departments

The following district general 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 Personal administration of items by GPs

Under their primary medical services contract with the health board there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances 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.

It is not possible to quantify the total number of items that were personally administered by GP practices in Wales as the published figures include items which have been either personally administered or dispensed by dispensing practices. However as a minimum in 2019/20 178,682 of items were personally administered by practices that do not also dispense.

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 (i.e. between 18.30 and 08.00 Monday to Friday and 18.30 Friday to 08.00 Monday, and on public and bank holidays). Calls

are taken and logged, and a triage nurse calls the patient back and assesses them. If necessary, they can arrange for a clinician to call, see or visit the patient.

The service operates from bases at:

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

22,814 items were prescribed by the service in 2019/2020, of which 97.7% were dispensed by pharmacies in North Wales, 2.2% by contractors in England and the remaining 0.1% elsewhere in Wales. Slightly more items were prescribed in 2020/21 (26,373) with slightly more dispensed by pharmacies in North Wales (98.9%), and fewer in England (1%) with the remainder dispensed elsewhere in Wales.

6.4 Minor injury units

Minor injury units are nurse led and treat injuries that are not critical or life threatening. They usually offer much shorter waiting times compared to other services that have to prioritise the most seriously injured patients who need urgent care.

Injuries 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
- Dolgellau and Barmouth Hospital
- Bryn Beryl Hospital, Pwllheli
- Ysbyty Alltwn, Tremadog
- Tywyn Hospital
- Llandudno General Hospital
- Denbigh Community Hospital
- Holywell Community Hospital, and
- Mold Community Hospital.

The minor injury units do not issue prescriptions, and may reduce the need for the support for self-care essential service.

6.5 HMP Berwyn

The in-house 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.

Prescriptions may be issued to those leaving the prison at the end of their sentence which are then dispensed by a pharmacy. In both 2019/20 and 2020/21 three items were dispensed under pharmaceutical services.

6.6 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 local authority area.

In 2019/20, 13,424 items were prescribed by the service, 99.5% of which were dispensed by 104 pharmacies in North Wales with the remaining 0.5% dispensed by contractors in England. More items were prescribed in 2020/21 (16,486), however the pattern of dispensing was very similar.

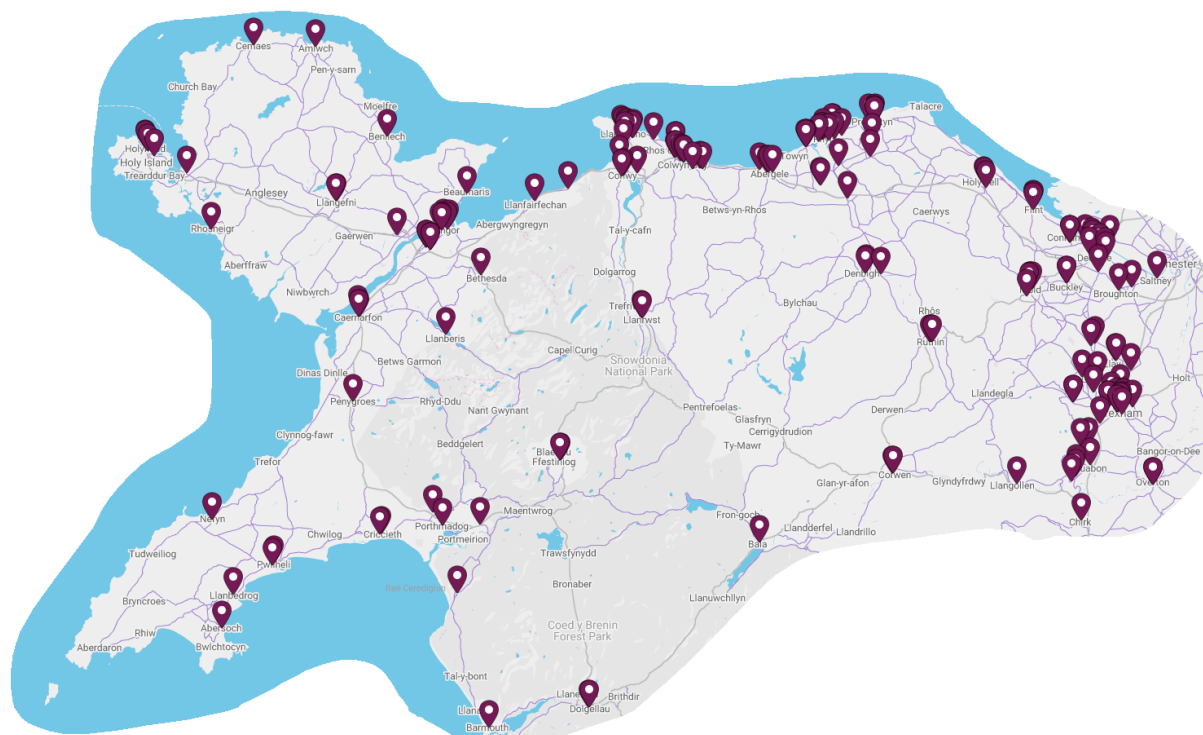
6.7 Help Me Quit

Help Me Quit is the single brand for NHS stop smoking services in Wales. It provides:

- Free confidential and non-judgemental support from a friendly stop smoking expert
- Support that is either face to face or over the phone
- Support that is either one to one or a meeting with other smokers
- Weekly sessions tailored to meet the person's needs
- Monitoring progress
- Access to free stop smoking medication via a 'pink slip' which is dispensed by pharmacies.

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. The map below shows the location of smoking cessation services as at September 2021.

Figure 35 – location of smoking cessation services, North Wales 2021⁵⁷



Map data ©2021 Google

6.8 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
- Flu vaccinations
- Advice and treatment for common ailments
- Disposal of sharps, just in case packs, and rescue packs.

6.9 Alternative treatment scheme

This service provides primary medical services to patients who have been removed from their GP practice. It is provided at five locations:

- Anglesey
- Central Wrexham
- North Denbighshire – two locations
- North East Flintshire

⁵⁷ [Help Me Quit](#)

In 2019/20, 395 items were prescribed by the service, all of which were dispensed by 17 pharmacies in North Wales as follows:

- 92.9% by pharmacies in Anglesey,
- 4.3% in Central Wrexham,
- 2.5% in Arfon, and
- 0.3% in Conwy West.

More items were prescribed by the service in 2020/21 (836), all of which were dispensed by 24 pharmacies in North Wales as follows:

- 94.6% by pharmacies in Anglesey,
- 20% in Arfon,
- 1.3% in North East Flintshire,
- 0.8% in South Flintshire, and
- 0.6% in each of Conwy East and North West Flintshire.

6.10 Hospices

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

In 2019/20, 415 items were prescribed by the service and dispensed as follows:

- 51.6% by pharmacies in Central Wrexham
- 21.4% in Arfon
- 12.3% by contractors in England,
- 5.5% in South Flintshire
- 1.9% in each of Dwyfor and North and West Wrexham,
- 1.4% in each of North East Flintshire, South Wrexham and Swansea Bay University Health Board, and
- 1.0% in Conwy West.

More items were prescribed in 2020/21 (560) and dispensed as follows:

- 65.3% by pharmacies in Arfon,
- 25.1% in Central Wrexham,
- 4.2% in South Flintshire,
- 2.6% in South Wrexham,
- 1.4% in North East Flintshire,
- 0.9% in North and West Wrexham, and
- 0.5% in North West Flintshire.

6.11 Other services provided within a community setting

There is a range of other community services which issue prescriptions which are then dispensed by pharmacies. These include dental services, optometrist

independent prescribers, a Gypsy and Traveller service, community nurses and community dentistry. In 2019/20 they prescribed 1,177 items which were predominantly dispensed by pharmacies in North Wales. A similar number of items was prescribed in 2020/21.

6.12 Sexual health clinics

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 HPV,
- pre and post exposure prophylaxis, and sexual health promotion.

They reduce demand for the emergency hormonal contraception enhanced service provided by the pharmacies.

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.

7.1 Need for drugs and appliances

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

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

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 enhanced 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 at the weekend or on a public or bank holiday when their GP practice is closed and they are unable to access a prescription for a further supply. As an alternative to the person phoning the GP out of hours service, an emergency supply of prescribed medication enhanced service can 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. Such a service will therefore reduce demand on the GP out of hours service and provide a more efficient service for people.

Treatment of certain conditions will require people to self-inject and as a result they will have sharps that require safe disposal. An enhanced 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 enhanced 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 enhanced service by pharmacists can:

- Assist prescribing clinicians in the provision of community based prescribing;
- Ensure that the patient takes the correct doses of medication as prescribed;
- Prevent prescribed medication being diverted to the illegal market;
- Reduce the possibility of accidental poisoning, particularly of children; and
- Reduce incidents of accidental death through overdose.

A needle and syringe exchange enhanced service will assist in the reduction of the sharing of needles (and equipment) which can consequently result in blood-borne viruses and other infections (such as Human Immunodeficiency Virus (HIV), hepatitis B and C) being transmitted. In turn this could lead to a reduction in the prevalence of blood-borne viruses, therefore also benefiting wider society.

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

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. 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 enhanced services of needle and syringe exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers
- Using the opportunity presented by medicine use reviews, e.g. for anti-hypertensive medicines and medicines for the treatment of diabetes, to discuss the risks of alcohol consumption and in particular, during public health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse

- Providing healthy living advice during medicine use review consultations.

7.3 Cancer

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

- Disposal of unwanted drugs, including controlled drugs
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include cancer awareness and/or screening
- Providing appropriate advice to people who use the pharmacy and appear to smoke or are overweight with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their personal circumstances.
- Signposting people using the pharmacy to other providers of services or support.

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 they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Providing healthy living advice during medicine use review consultations.

Provision of the medicine use reviews, appliance use review, stoma appliance customisation and discharge medicines reviews advanced services, and the flu vaccination, return and supply of sharps bins and the emergency medicines enhanced 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:

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include obesity
- Signposting people using the pharmacy to other providers of services or support
- Providing healthy living advice during medicine use review consultations.

7.6 Sexual health

Alongside the emergency hormonal contraception enhanced service there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include sexually transmitted infections and HIV
- Signposting people using the pharmacy to providers of sexually transmitted infections screening services
- Providing healthy living advice during medicine use review consultations.

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

An emergency hormonal contraception enhanced service coupled with elements of essential service provision will help address this health need:

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

7.8 Smoking

In addition to the smoking cessation enhanced services there are elements of essential service provision which will help address this health need:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include smoking
- Where the pharmacy does not provide the smoking cessation enhanced service, signposting people using the pharmacy to other providers of the service
- Routinely discussing stopping smoking when selling relevant over the counter medicines
- Providing healthy living advice during medicine use review consultations.

7.9 Support for self-care

Support for self-care is both an essential and enhanced service, with the latter referred to as the common ailments service. The common ailments service is a scheme whereby patients are encouraged to consult a participating pharmacy, rather than their GP, for a defined list of common ailments. The pharmacist will supply medication from an agreed formulary, give advice or refer the patient to the GP if necessary. Medicines are supplied free of charge thereby removing the payment barrier, which can prevent patients choosing to see a pharmacist instead of their GP.

Ailments covered by the enhanced service include:

- Acne
- Athletes foot
- Back pain
- Colic
- Conjunctivitis
- Constipation
- Diarrhoea

- Dry eyes
- Dry skin
- Haemorrhoids
- Hay fever
- Head lice
- Indigestion and reflux
- Intertrigo/ringworm
- Mouth ulcers
- Nappy rash
- Oral thrush
- Scabies
- Sore throat
- Teething
- Threadworms
- Vaginal thrush
- Verrucae

Enhanced services could also be commissioned to cover common ailments or minor illnesses thereby reducing demand on GP appointments, for example a sore throat test and treat service.

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.

7.10 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 which, due to their often longer opening hours, would improve access for patients.

8 Anglesey locality

8.1 Key facts

- Smallest population of the six local authorities at 70,043
- 26% of the population is aged 65 or over
- 99.2% of the population is White
- 18% of households have no car or van (second lowest percentage)
- Lowest proportion of lower super output areas in the most deprived 10%
- Lowest average gross weekly earnings
- Second highest male and female life expectancies and but the lowest healthy life expectancy for females
- Lowest European Age Standardised Rate per 100,000 population for all persons in relation to all malignancies (excluding non-melanoma skin cancers) for the period 2013 to 2017
- Lowest level of life satisfaction among working age adults (aged 16 to 64 years)
- Highest rate of life satisfaction among older people (aged 65 years and over)
- Higher level of volunteering compared to the average for Wales
- Teenage pregnancy rate increased between 2014-16 and 2015-17
- Highest percentage of moderate drinkers
- Lowest percentage of hazardous drinkers
- The Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026⁵⁸ identifies that additional housing units will be built in:
 - Amlwch – 373 units
 - Holyhead – 430 units
 - Llangefni – 485 units

It is noted that the second annual monitoring report on the local development plan for the period 1 April 2019 to 31 March 2020 notes that the number of units completed per year is below the average annual requirement of 479 units. It is therefore likely that the majority of these houses will be built during the lifetime of this pharmaceutical needs assessment.

- Development of a new permanent Gypsy and Traveller site in Penhesgyn, Penmynydd (planning application not submitted as at 31 March 2020) and temporary sites in Central Anglesey and Holyhead (no site identified as at 31 March 2020).

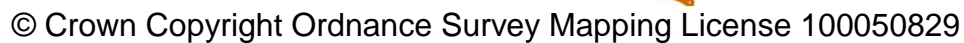
8.2 Current provision of pharmaceutical services within the locality's area

There are 13 pharmacies in the locality operated by five different contractors. One of the pharmacies 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 22.2% to 84.1% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing

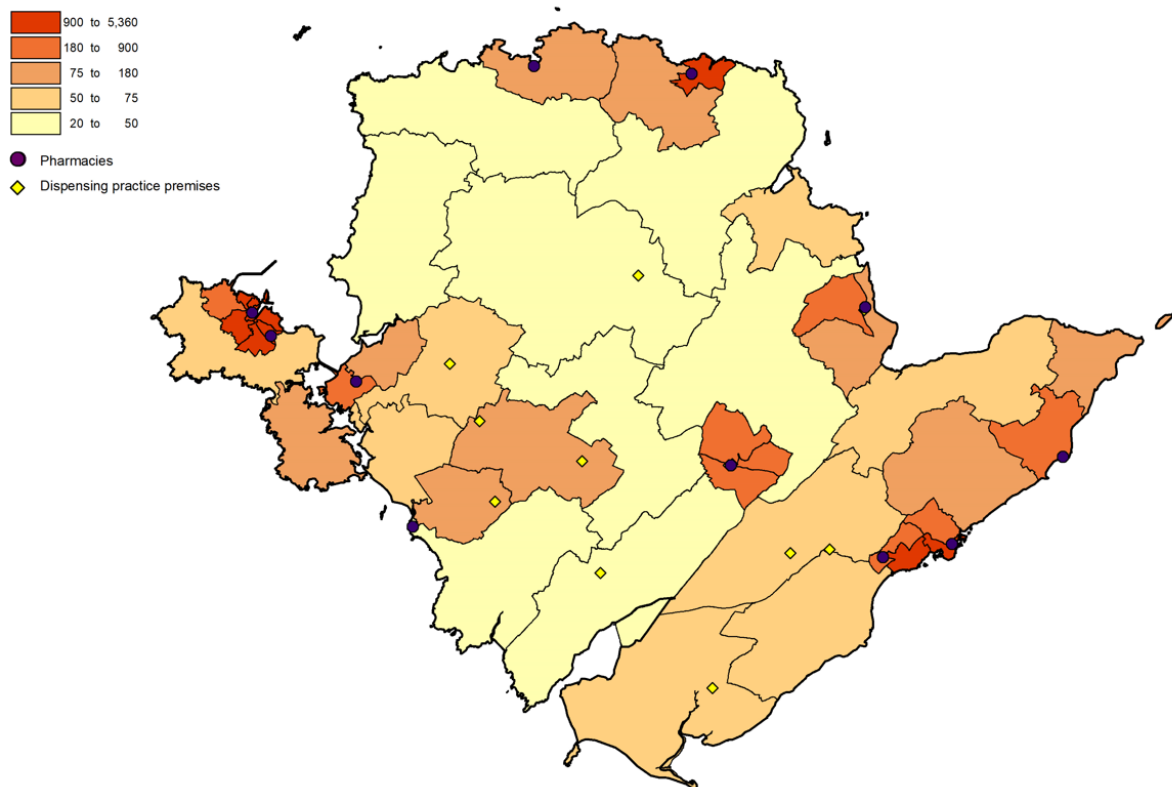
⁵⁸ [Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026](#)

Map 9 – location of pharmacies and dispensing doctor premises



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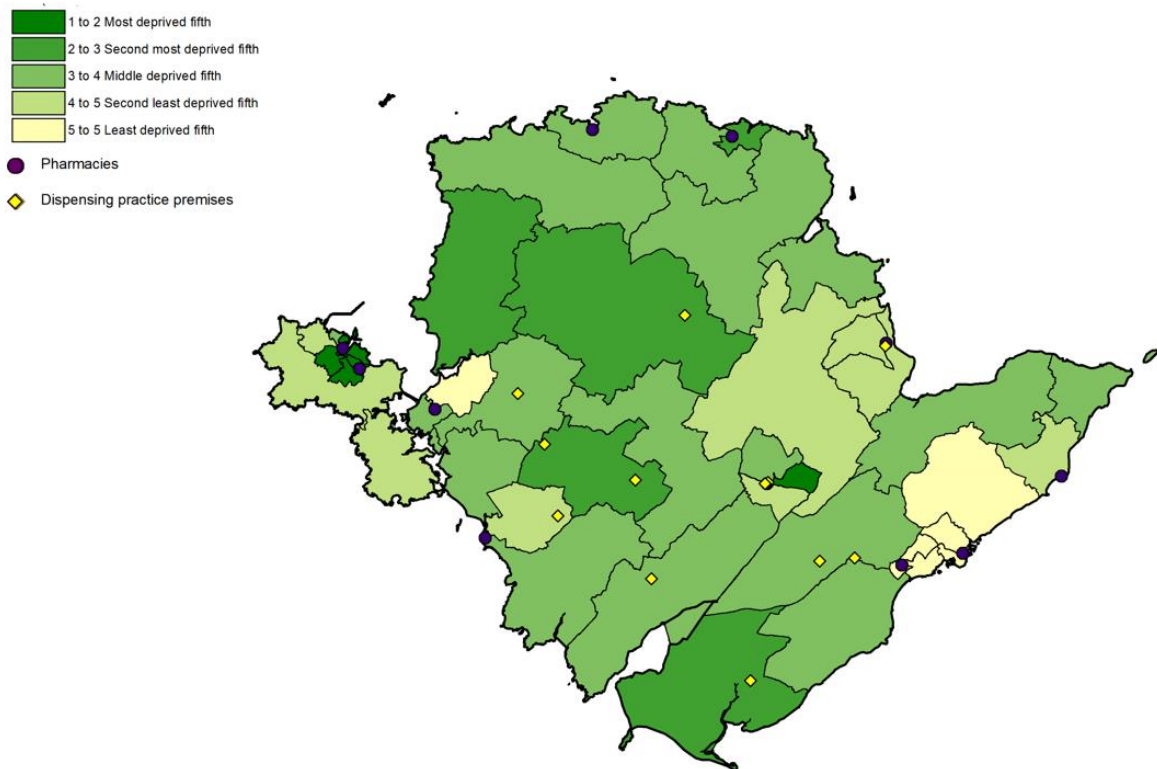
Map 10 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there is less correlation between the location of the pharmacies and dispensing practice premises and levels of deprivation.

Map 11 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019



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In 2019/20, 72.4% 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 25.8% 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. Three areas that are not within a 20-minute drive of a pharmacy or dispensing practice premises are shown encircled in red. It should be noted that where premises are close to each other the symbols will overlap.

The area in the north west is the Anglesey area of outstanding natural beauty and Google maps reveals no resident population.

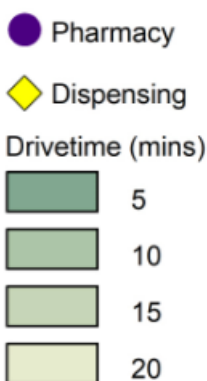
Google maps reveals a few scattered residences in the next circle down, but the area of predominantly rural.

Google maps also reveals no resident population in the area in the south west corner.

Map 12 – access to pharmacies and dispensing doctor premises in the locality



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With regard to when the pharmacies are open:

- Two open Monday to Friday,
- Three open Monday to Friday, and part of Saturday,
- Seven open Monday to Saturday, and
- One opens Monday to Sunday in Holyhead.

With regard to the times at which these pharmacies are open between Monday and Friday:

- 11 open at 09.00, and one opens at 09.00 on Monday and Thursday and 09.30 on the other weekdays,
- Closing times vary between 17.00 and 18.00 with one pharmacy in Holyhead open until 19.00. One pharmacy closes at 13.00 on Wednesday and another on Thursday.

Four pharmacies are commissioned to open for an additional 30 minutes during the week.

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. The eight pharmacies that open all day do close for lunch at varying times between 12.30 and 14.00.

A pharmacy in Holyhead opens between 10.00 and 16.00, closing for lunch on Sunday.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

11 of the pharmacies are accessible by wheelchair, and have a consultation area that is accessible by wheelchair. All 13 of the consultations 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.

12 pharmacies confirmed that Welsh is spoken by staff, one of which confirmed that Polish is also spoken.

12 of the pharmacies dispense prescriptions for all types of appliances with the thirteenth using a dispensing appliance contractor for dressings, incontinence and stoma appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- five provide a free of charge delivery service on request with one limiting the service to specific areas,
- eight restrict the service to specific patient groups, predominantly to those who are vulnerable, housebound or self-isolating (it is assumed that the three

pharmacies who said they didn't provide a delivery service, either free or for a fee, but provided information on who the service is provided to do actually provide a delivery service).

Suggestions by pharmacies for existing services that are not currently provided in the area included:

- an independent prescriber formulary
- Prescribing in acute illness would be beneficial for those residents who are unable to get to their GP practice and also in the summer for those who are temporarily in the area (thereby reducing demand on the GP practice)
- Sore throat test and treat – five pharmacies
- Care home support and medicine optimisation
- Independent prescribing service for acute minor conditions to reduce pressure on the GP practices.

One pharmacy was of the opinion that there is a requirement for a new enhanced service which is not currently available, namely independent prescribing for contraception.

12 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and one said that it doesn't and couldn't make adjustments to manage any increase in demand. There is, however, another pharmacy within close proximity that does have sufficient capacity.

Two pharmacies have plans to develop or expand their service provision:

- One has a pharmacist who is currently studying the minor illness module and is enrolled to start the independent prescribing course in January 2021.
- Independent prescribing for acute conditions.

Five of the seven dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services over ten premises.

Opening hours for the dispensaries vary throughout the week. Seven dispensaries are open all day, opening times are between 08.00 and 09.00 and closing times between 17.00 and 18.30. Two close at lunchtime. The opening times of the remaining three dispensaries vary from day to day.

With regard to the dispensing of prescriptions for appliances:

- Three practices dispense all types of appliance,
- One practice doesn't dispense stoma appliances, and
- One only dispenses dressings.

Two practices delivery dispensed medicines, one to patients who are shielding and the other to housebound patients who live in the area to which the practice can dispense.

All five practices have staff who are able to speak Welsh.

Two practices have sufficient capacity to manage the increase in demand in their area, and the other three don't but could make adjustments to do so.

In relation to dispensing related services that are provided:

- Three dispose of patients sharps and one disposes of patient medication,
- Two provide monitored dosage systems, and
- One provides rescue packs for patients with chronic obstructive pulmonary disease.

Practices reported making the following changes to their dispensing service that they will take into the "new normal":

- Increase patient use of ordering via My Health Online,
- Continue to deliver to shielding patients,
- Texting patients when their medication is ready to be collected, and
- Continuing with social distancing and personal protective equipment.

8.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with nine providing the maximum number of 400 in 2018/19 and six in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 13 – location of the pharmacies providing the medicines use review service in 2019/20



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8.2.2 Discharge medicines review

In 2018/19, nine of the pharmacies provided this service with none providing the maximum number of 140 reviews. This increased to ten pharmacies in 2019/20, again with none providing the maximum number.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

[illegible]

All the pharmacies are commissioned to provide this service and 12 provided it in 2020/21. All are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

12 of the pharmacies were commissioned to provide this service in 2020/21, and 12 are commissioned in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

[illegible]

11 of the pharmacies were commissioned to provide this service in 2020/21, and 11 are commissioned in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 18 – location of the pharmacies providing flu vaccinations in 2019/20



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12 of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 none of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

8.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 19 – location of the pharmacies providing the common ailment service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. In 2021/22, all the pharmacies are commissioned to provide it.

8.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

A detailed map of the island of Anglesey, Wales, showing the locations of 12 'Blue Diamonds'. The diamonds are marked with blue diamond icons and are distributed across the island. The map includes numerous place names, such as Llanbadrig, Treglele, Llanfawr, and Llanfawr. The central label 'Anglesey' is prominently displayed. The map also shows the coastline and various roads.

All of the pharmacies are commissioned to provide this service and provided it in 2020/21. In 2021/22, all the pharmacies are commissioned to provide it.

All 13 pharmacies were commissioned to provide this service in 2020/21. This has reduced to 12 pharmacies in 2021/22.

Nine of the pharmacies were commissioned to provide this service and provided it in 2020/21. In 2021/22, 12 of the pharmacies are commissioned to provide it.

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

8.2.14 Independent prescriber services

No pharmacies are commissioned to provide this service as of August 2021.

8.2.15 Return of patients sharps boxes

12 of the pharmacies were commissioned to provide this service in 2020/21, and 12 are commissioned in 2021/22.

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 2019/20 were dispensed by either the 13 pharmacies in the locality or the seven dispensing practices, 0.7% was dispensed outside the locality predominantly in England but also by 32 pharmacies in other health boards' areas.

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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments, and
- Three dispose of patients' sharps and one disposes of patient medication.

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,

- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 130 contractors dispensed items written by one of the GP practices in this locality, of which:

- 13 were located within the locality,
- 82 were located elsewhere within the health board's area,
- 32 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

8.6 Gaps in provision

8.6.1 Essential services

The health board has noted the following points:

- 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.
- There are three known housing developments due within the lifetime of this document which will deliver up to 1,288 new houses.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.
- None of the GP practices currently have any extended opening hours, however only one pharmacy is open after 18.30 on weekday evenings.
- The population of the locality increases during the holiday season due to an influx of visitors and tourists.

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 in a town/village that is outside of Holyhead and Llangefni there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

8.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Nine pharmacies provided the maximum number of medicines use reviews in 2018/19. Six did in 2019/20.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Seven of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.6 Emergency hormonal contraception

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.

- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current needs for this service within the locality.

Due to the increase in population during the holiday season the health board has identified a future need for this service to be provided on Sundays in the following locations with effect from 1 April 2023 between April and October:

- Amlwch,
- Benllech,
- Llangefni and
- Rhosneigr.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a town/village that is outside of Holyhead and Llangefni there will be a future need for this enhanced service to be provided in the same town/village during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

8.6.7 Smoking cessation level 2

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- 11 of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the

services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.9 Flu vaccination

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current needs for this service within the locality.

Due to the increase in population during the holiday season the health board has identified a future need for this service to be provided on Sundays in the following locations with effect from 1 April 2023 between April and October:

- Amlwch,
- Benllech,
- Llangefni and
- Rhosneigr.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Holyhead and Llangefni there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

8.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current needs for this service within the locality.

Due to the increase in population during the holiday season the health board has identified a future need for this service to be provided on Sundays in the following locations with effect from 1 April 2023 between April and October:

- Amlwch,
- Benllech,
- Llangefni and
- Rhosneigr.

The health board has identified that should there be a loss of provision of the emergency medicines supply enhanced service by a pharmacy in a location that is outside of Holyhead and Llangefni there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

8.6.12 Supervised consumption service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.

- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- One pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

8.6.16 Return of patients sharps boxes

The health board has noted the following points:

- 12 of the pharmacies were commissioned to provide this service in 2020/21.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.6.17 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 16km 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 emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

9 Arfon locality

9.1 Key facts

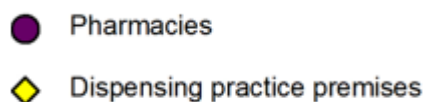
Gwynedd has the:

- highest percentage of adults who can speak Welsh
- highest proportion of lower super output areas in the most deprived 10% (27%)
- lowest general fertility rate
- highest female life expectancy
- highest healthy life expectancy for both males and females
- lowest rate of premature deaths from key non communicable diseases 2016-2018
- highest percentage of one person households at 15.7% of all households
- 21.4% of households do not have access to a car or van
- lowest level of employment at 57.4%
- with Flintshire has the lowest percentage of people who are long-term sick or disabled and economically inactive
- lowest proportion of carers (10.25)
- highest number of people who identified as Gypsy/Traveller or Irish Traveller in the Census 2011
- second highest estimated number of rough sleepers in the 2019 count
- lowest age standardised death rate per 100,000 population for all respiratory diseases in 2017
- lowest teenage pregnancy rate in 2017
- highest percentage of non-drinkers but the highest percentage of harmful drinkers
- second highest percentage of people who are most likely to have eaten five portions of fruit and vegetables the previous day
- lowest percentage of people aged 16 and above who smoke.
- Arfon has the lowest rate of diabetes prevalence – 4.7%
- The Anglesey and Gwynedd Joint Local Development Plan 2011 – 2026⁵⁹ identifies that 393 additional housing units will be built in Bangor. It is noted that the second annual monitoring report on the local development plan for the period 1 April 2019 to 31 March 2020 notes that the number of units completed per year is below the average annual requirement of 479 units. It is therefore likely that the majority of these houses will be built during the lifetime of this pharmaceutical needs assessment.

9.2 Current provision of pharmaceutical services within the locality's area

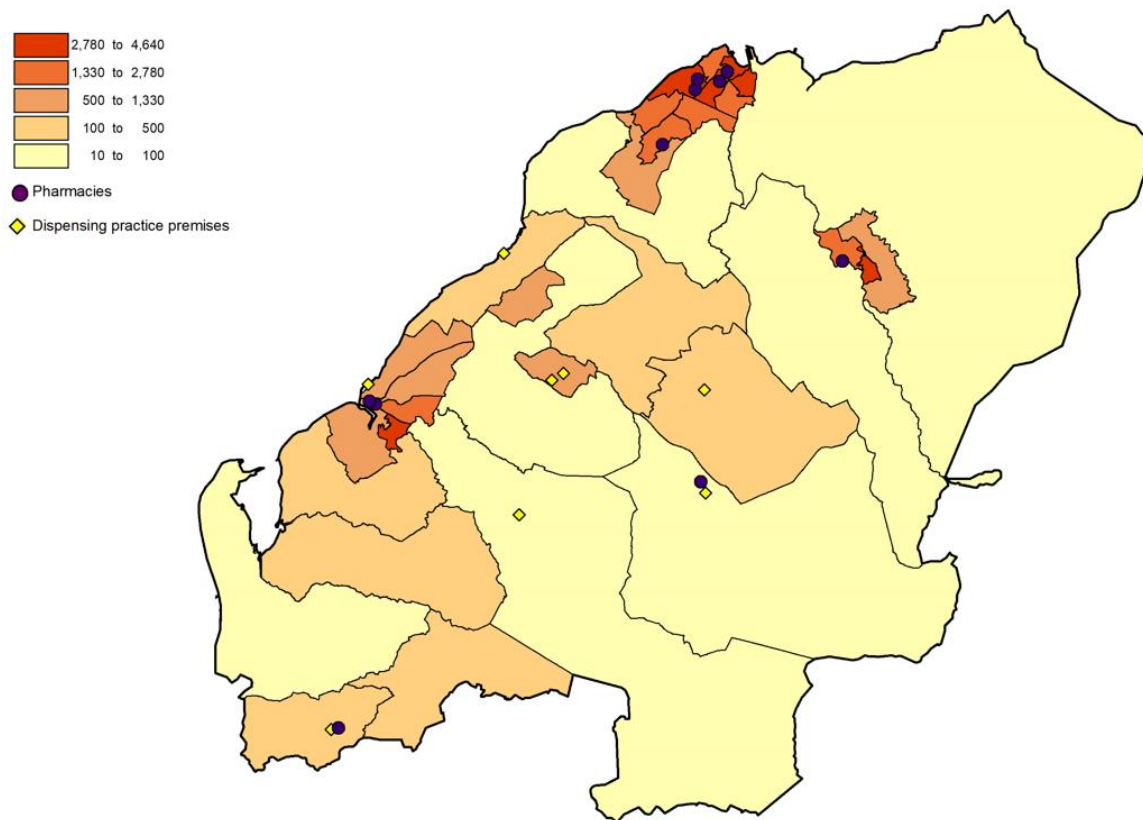
There are ten pharmacies in the locality operated by five different contractors. Of the eight GP practices, five dispense from a total of eight premises. The level of dispensing ranges from 18.7% to 84.9% of the practices' registered populations.

Map 21 – location of pharmacies and dispensing doctor premises



As can be seen from the map below the pharmacies are generally located in areas of greater population density whereas dispensing practice premises are located in areas of lower population density. It should be noted that where premises are close to each other the symbols will overlap.

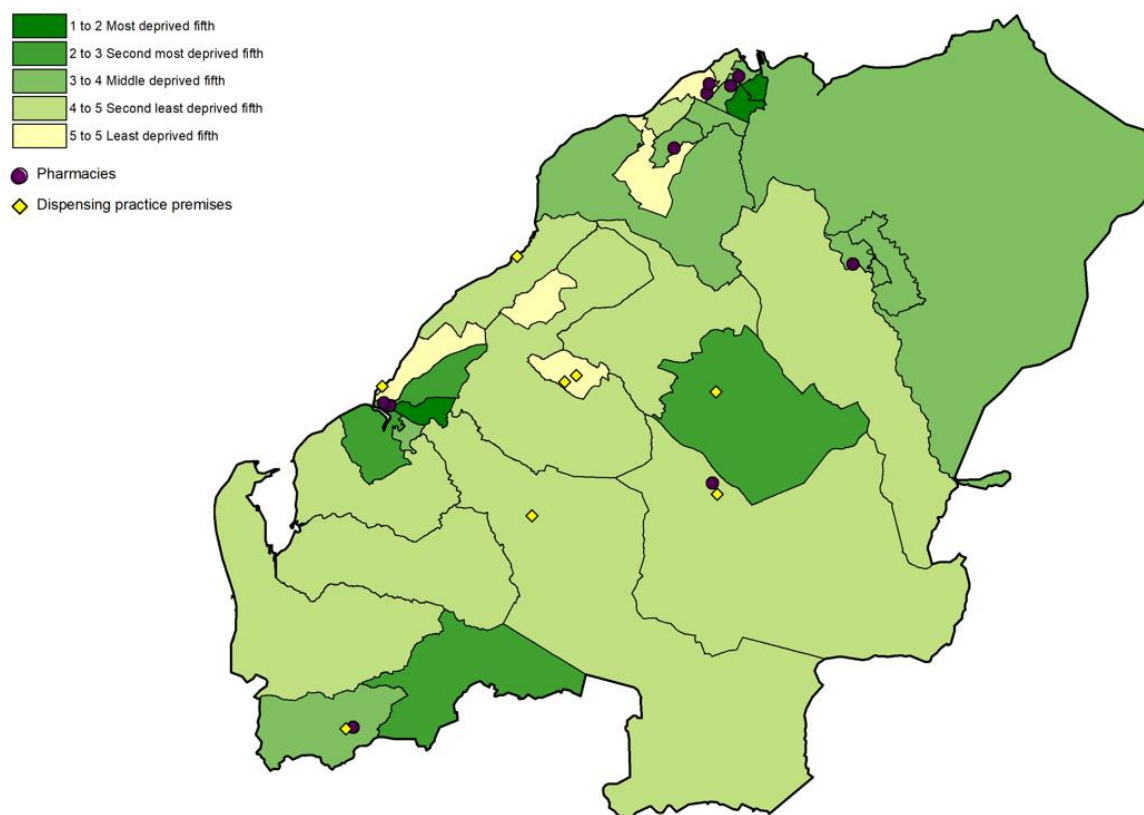
Map 22 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that generally pharmacies are located in areas of deprivation.

Map 23 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019



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In 2019/20, 60.7% 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 31.7% 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.

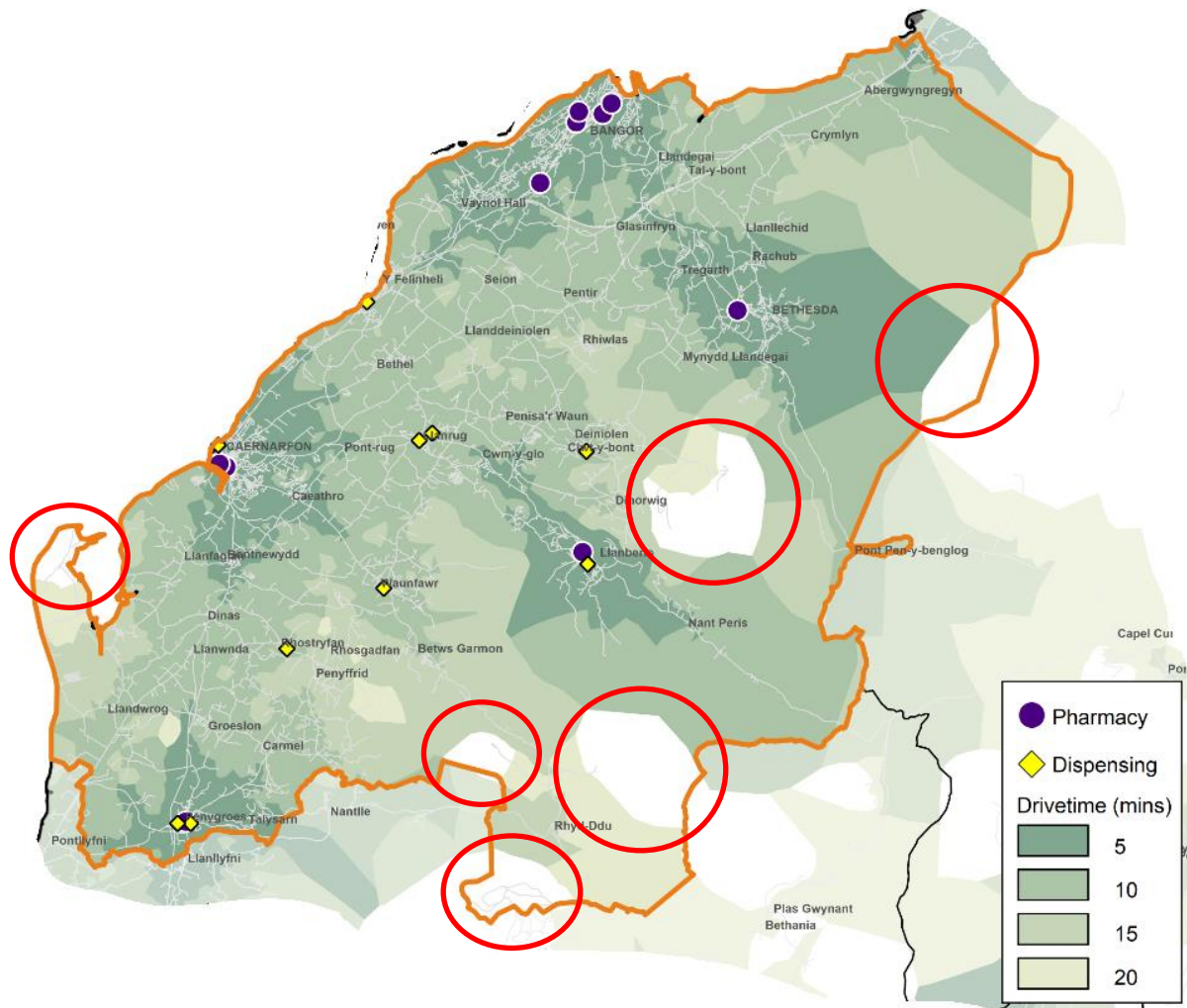
The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. Six areas that are not within a 20-minute drive of a pharmacy or dispensing practice premises are shown encircled in red. It should be noted that where premises are close to each other the symbols will overlap.

The area in the west is to the north of Caernarfon airport and Google maps reveals no resident population.

The three areas in the south of the locality are in Snowdonia National Park and cover Snowdon Peak itself. Google maps reveals no resident population.

The area to the east of Dinorwig is also an area of no resident population within Snowdonia National Park. Finally, the area on the eastern boundary has no resident population according to Google maps.

Map 24 – access to pharmacies and dispensing doctor premises in the locality



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With regard to when the pharmacies are open:

- One opens Monday to Friday,
- Four open Monday to Friday, and part of Saturday,
- Two open Monday to Saturday, and
- Three open Monday to Sunday in Bangor.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.00, 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 an additional hour on Mondays, Tuesdays, Wednesdays and Fridays.

Seven 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 08.00, seven at 09.00 and one at 09.30. Of the five pharmacies that open all day, two close for lunch between 13.00 and 14.00. They close between 17.30 and 20.00.

The three pharmacies that open on Sunday are in Bangor and between them cover the hours 10.00 to 16.30.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Nine of the pharmacies are accessible by wheelchair, and of these eight have a consultation area that is accessible by wheelchair. All ten of the consultations 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.

Nine pharmacies confirmed that Welsh is spoken by staff. The one pharmacy that doesn't have staff that speak Welsh does have staff who speak Polish. One pharmacy confirmed that staff also speak Polish, and another Romanian.

Nine of the pharmacies dispense prescriptions for all types of appliances with the tenth dispensing all but incontinence appliances.

All of 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 two provide the service for a fee,
- one pharmacy restricts the service to specific areas, and
- although only four said they provide a delivery service, five said they restrict the service to specific patient groups (shielding/self-isolating, the vulnerable, housebound, elderly and the disabled).

There was one suggestion for an existing service that is not currently provided in the area, namely the sore throat test and treat service.

Two pharmacies were of the opinion that there is a requirement for a new enhanced service which is not currently available:

- blood pressure recording – there has been a huge demand for this service which isn't available from GP practices and is something the pharmacy currently provides free of charge,
- new medicines service.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said they don't but could make adjustments to manage any increase in demand.

Two pharmacies have plans to develop or expand their service provision:

- Independent prescriber service,
- Refurbishment of the pharmacy,
- Possible relocation to a new health centre.

Two of the five dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services over three premises.

Opening hours for the dispensaries vary throughout the week. One dispensary opens 08.00 to 18.30 (16.00 on Fridays), another opens 08.00-13.00 and 14.00 to 18.30, and the third opens for different hours each day of the week.

With regard to the dispensing of prescriptions for appliances:

- One practice dispenses all types of appliance, and
- One only dispenses dressings.

One practice delivers medicines free of charge to mainly the elderly and housebound patients.

Both practices have staff who are able to speak Welsh.

One practice has sufficient capacity to manage the increase in demand in their area, and the other doesn't but could make adjustments to do so.

The practices reported making the following changes to their dispensing service that they will take into the "new normal":

- Only allowing one person into the dispensary at a time, taking medicines to people's cars, promoting My Health Online to order prescriptions; and
- Medicines being collected from the door rather than the dispensary, and increasing use of My Health Online to order prescriptions.

9.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with four providing the maximum number of 400 in 2018/19 and two in 2019/20. At the time of

writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 25 – location of the pharmacies providing the medicines use review service in 2019/20



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9.2.2 Discharge medicines review

In 2018/19 and 2019/20, nine of the pharmacies provided this service with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 26 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, seven of the pharmacies provided a total of 198 reviews.

9.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

9.2.4 Stoma appliance customisation

One pharmacy provided this service in 2018/19 but neither it nor any of the other pharmacies have provided it since despite dispensing prescriptions for appliances.

9.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 27 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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All the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned to provide the service in 2021/22.

9.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 28 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21. All are commissioned to provide it in 2021/22.

9.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 29 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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Nine of the pharmacies were commissioned to provide this service in 2020/21, and nine are commissioned in 2021/22.

9.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 30 – location of the pharmacies providing flu vaccinations in 2019/20



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Nine of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 one of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

9.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 31 – location of the pharmacies providing the common ailment service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned to provide it in 2021/22.

9.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 32 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

9.2.11 Supervised consumption service

Nine of the pharmacies were commissioned to provide this service in 2020/21, and nine are commissioned in 2021/22.

9.2.12 Syringe and needle exchange service

Seven of the pharmacies were commissioned to provide this service and provided it in 2020/21. Seven are commissioned in 2021/22.

9.2.13 End of life care medicines

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

9.2.14 Independent prescriber services

No pharmacies are commissioned to provide this service at the point of drafting this document.

9.2.15 Return of patients sharps boxes

Nine of the pharmacies were commissioned to provide this service in 2020/21, increasing to all of the pharmacies in 2021/22.

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 2019/20 were dispensed by either the ten pharmacies in the locality or the five dispensing practices, 7.1% were dispensed outside the locality:

- 6.2% by pharmacies in Anglesey,
- 0.5% by contractors in England, and
- 0.4% 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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, none of the GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 150 contractors dispensed items written by one of the GP practices in this locality, of which:

- ten were located within the locality,
- 86 were located elsewhere within the health board's area,
- 53 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

9.6 Gaps in provision

9.6.1 Essential services

The health board has noted the following points:

- 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.
- There is one known housing development due within the lifetime of this document which will deliver up to 393 new houses.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.
- None of the GP practices currently have any extended opening hours.

Based on the above, the health board has not identified any current needs for essential 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 in a town/village that is outside of Bangor and Caernarfon there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

9.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Four pharmacies provided the maximum number of medicines use reviews in 2018/19. Two did in 2019/20.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.3 Discharge medicines review

The health board has noted the following points:

- Six of the pharmacies had provided this service in 2020/21, at the point of drafting.

- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.6 Emergency hormonal contraception

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is an increase in demand for the service at the beginning and end of the university terms.

- There is a growing focus on long-acting reversible contraception for eligible females.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Bangor and Caernarfon there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

9.6.7 Smoking cessation level 2

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Nine of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.9 Flu vaccination

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21.

- There are other providers of the service, for example the GP practices.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Bangor and Caernarfon there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

9.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency medicines supply enhanced service by a pharmacy in a location that is outside of Bangor and Caernarfon there will be a future need for this enhanced service to be provided during the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

9.6.12 Supervised consumption service

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- One pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

9.6.16 Return of patients sharps boxes

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but could make adjustments to manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

9.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

10 Dwyfor locality

10.1 Key facts

Gwynedd has the:

- highest percentage of adults who can speak Welsh
- highest proportion of lower super output areas in the most deprived 10% (27%)
- lowest general fertility rate
- highest female life expectancy
- highest healthy life expectancy for both males and females
- lowest rate of premature deaths from key non communicable diseases 2016-2018
- highest percentage of one person households at 15.7% of all households
- 21.4% of households do not have access to a car or van
- lowest level of employment at 57.4%
- with Flintshire has the lowest percentage of people who are long-term sick or disabled and economically inactive
- lowest proportion of carers (10.25)
- highest number of people who identified as Gypsy/Traveller or Irish Traveller in the Census 2011
- second highest estimated number of rough sleepers in the 2019 count
- lowest age standardised death rate per 100,000 population for all respiratory diseases in 2017
- lowest teenage pregnancy rate in 2017
- highest percentage of non-drinkers but the highest percentage of harmful drinkers
- second highest percentage of people who are most likely to have eaten five portions of fruit and vegetables the previous day
- lowest percentage of people aged 16 and above who smoke

10.2 Current provision of pharmaceutical services within the locality's area

There are nine pharmacies in the locality operated by three different contractors. One of the pharmacies is covered by the essential small pharmacy scheme. Of the four GP practices, three dispense from four premises. The level of dispensing ranges from 34.2% to 67.4% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

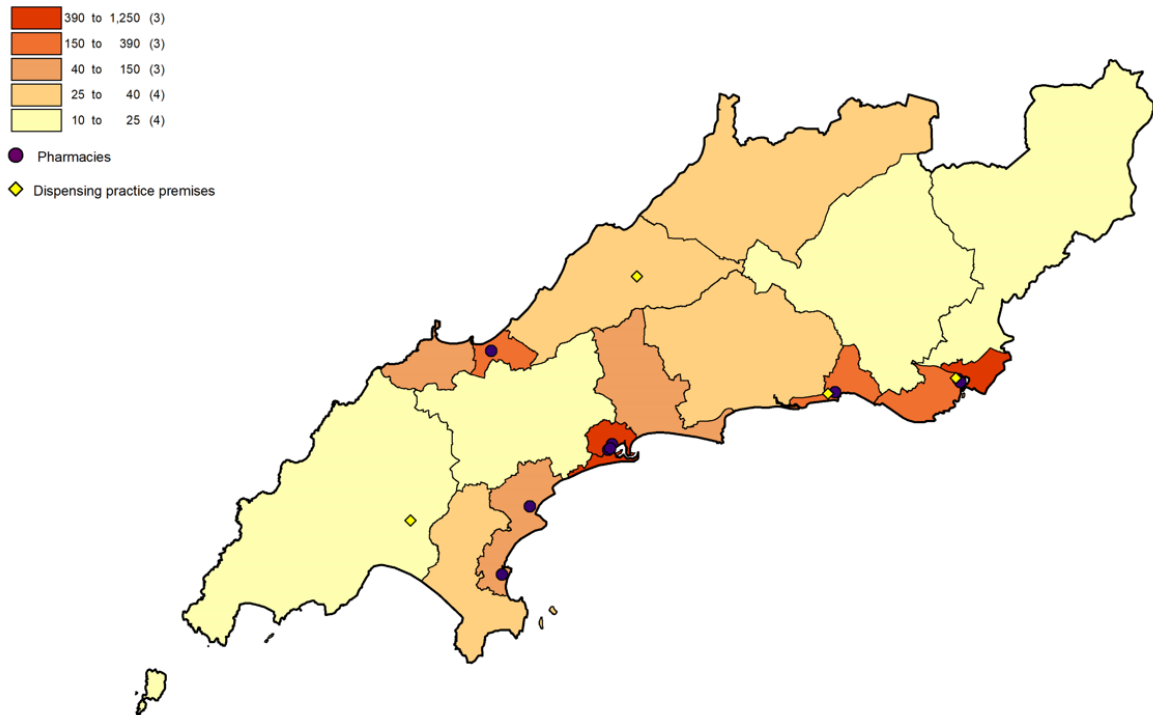
Map 33 – location of pharmacies and dispensing doctor premises



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As can be seen from the map below the pharmacies are located in areas of greater population density whereas dispensing practice premises are located in areas of lower population density. It should be noted that where premises are close to each other the symbols will overlap.

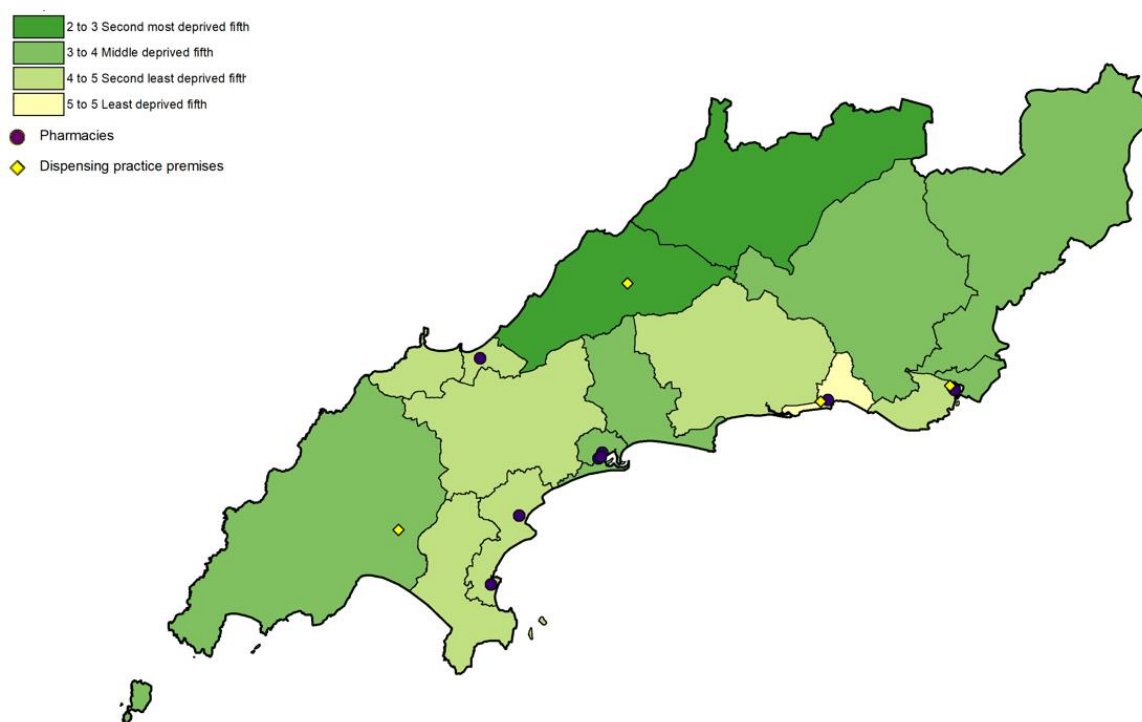
Map 34 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there is less correlation between the location of the pharmacies and dispensing practice premises and levels of deprivation.

Map 35 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019

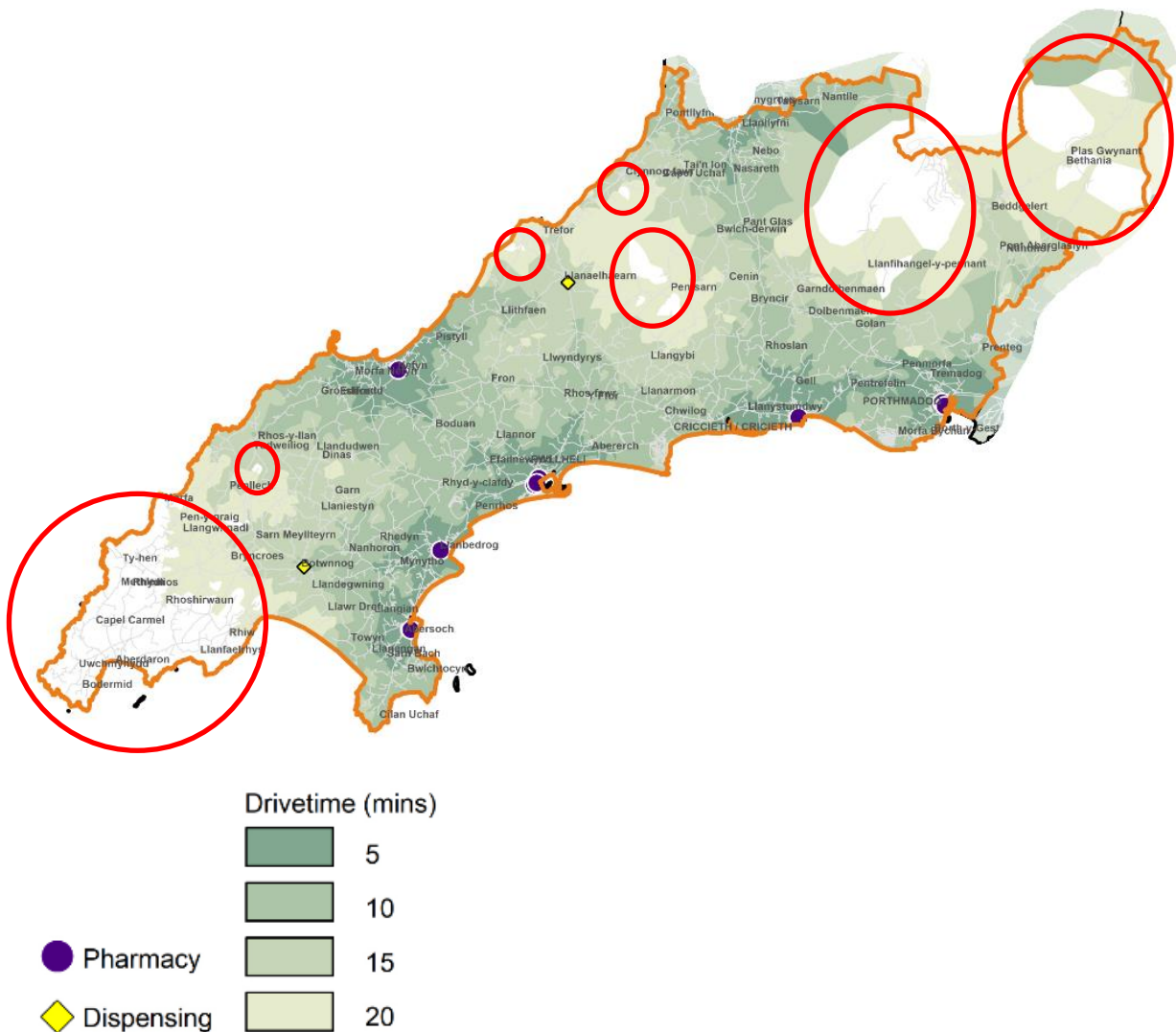


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In 2019/20, 67.4% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 20.8% of the prescribed items. Whilst the data available 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. Seven areas that are not within a 20-minute drive of a pharmacy or dispensing practice premises are shown encircled in red. It should be noted that where premises are close to each other the symbols will overlap.

Map 36 – access to pharmacies and dispensing doctor premises in the locality



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The area in the south west of the locality contains scattered houses, farm, and caravan and camping sites. Whilst the resident population will be small this will increase in size during the summer. The position is the same for the small area to the north of Penllech.

Google maps reveals that there is no resident population in the area to the south west of Trefor.

In relation to the four areas around Pen-sarn, Google maps reveals a number of scattered houses/farms and a campsite.

Goggle maps reveals that there is no resident population in the areas to the west and east of Beddgelert,

With regard to when the pharmacies are open:

- One opens Monday to Friday,
- Three open Monday to Friday, and part of Saturday, and
- Five open Monday to Saturday,

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.30 and the remainder open at 09.00,
- Closing times vary between 17.00 and 18.30.

Three pharmacies are commissioned to stay open for an extra 30 minutes on Mondays to Fridays.

Six pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacies open all day.

On Saturday, one pharmacy opens at 08.30 and seven at 09.00. Of the five pharmacies that open all day, two close for lunch between 13.20 and 13.40. They close between 16.00 and 17.30.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Six of the pharmacies are accessible by wheelchair, and all six have a consultation area that is accessible by wheelchair. All nine of the consultations 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 nine pharmacies confirmed that Welsh is spoken by staff. No other language was reported as being spoken.

All nine of the pharmacies dispense prescriptions for all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- seven provide a free of charge delivery service on request,
- one pharmacy restricts the service to specific areas, and

- six said they restrict the service to specific patient groups (care homes, enabled/disabled, the vulnerable, and housebound).

Four pharmacies stated that there is a requirement for an existing enhanced service that is not currently provided in the locality:

- an Inhaler review service/inhaler technique service would be of benefit,
- respiratory rescue medicines service,
- contraception services (two pharmacies), and
- independent prescriber services for contraception and minor illness.

Three pharmacies were of the opinion that there is a requirement for a new enhanced service which is not currently available:

- a screen and treat service for cystitis (under PGD) for trained pharmacists. This would be beneficial especially at weekends and bank holidays to free up the out of hours service,
- care of the elderly domiciliary visits to polypharmacy/high co-morbidities patients with an independent prescriber who could review and possibly simplify medication regimens, and
- a minor illness service

All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

One pharmacy would like to consider expanding independent prescriber services to possibly include contraceptive services and domiciliary independent prescriber visits in line with the GP cluster's care of the elderly agenda.

Two of the four dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services from two premises.

Both dispensaries open all day, with one opening at 08.30 and the other at 09.00. Both close at 18.00 although one closes at 16.00 on Fridays.

With regard to the dispensing of prescriptions for appliances:

- One practice dispenses all types of appliance, and
- One doesn't dispense stoma and incontinence products.

One practice delivers medicines free of charge.

Both practices have staff who are able to speak Welsh.

Both practices have sufficient capacity to manage the increase in demand in their area.

Both practices dispose of patients sharps.

The practices reported making the following changes to their dispensing service that they will take into the “new normal”:

- Deliveries to housebound patients if required, and
- A specific email address for the ordering of prescriptions, three-month post-dated prescriptions and wearing of personal protective equipment by staff.

10.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with one providing the maximum number of 400 in 2018/19 and 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 37 – location of the pharmacies providing the medicines use review service in 2019/20



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10.2.2 Discharge medicines review

In 2018/19 six of the pharmacies provided this service increasing to seven in 2019/20 with none providing the maximum number of 140 reviews.

Map 38 – location of the pharmacies providing discharge medicines reviews in 2019/20



In 2020/21, seven of the pharmacies provided 113 reviews.

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

One pharmacy provided this service in 2018/19, 2019/20 and 2020/21 but none of the other pharmacies provide it despite dispensing prescriptions for appliances.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

The map shows the Dwyfor region in Wales, with the following towns and villages labeled:

- Armel
- Ynys Nantlle
- I-Dd
- Bethania
- Beddgelert
- Nantm
- Swch-derwin
- Nasareth
- Clynnog-fawr
- Llanilyni
- Pen-sarn
- Garnidolbermaen
- Dolbermaen
- Rhoslan
- Gell
- Pentrefell
- Tremadoc
- Morfa B.
- Ulan
- Chwilog
- Llanarmon
- Y Ffor
- Liwyndyr
- Lliffaen
- Llanellhaearn
- Trefor
- Pistyll
- Morfa Nefyn
- Edern
- Boduan
- Llanior
- Erafnwydd
- Aber-erch
- Rhyd-y-fel
- Penrhos
- Llanistyn
- Penllech
- Pen-y-graig
- Ty-hen
- Bryncnos
- Rhoshirwaun
- Capel Carmel
- Ulan-y-wydd
- Bodern
- Llanegwning
- Nanhoron
- Penbedrog
- Llanllan
- Towyn
- Bersoch
- Bwlch-y-n
- Clan Uchaf

All the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 40 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



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Eight of the pharmacies were commissioned to provide this service in 2020/21, and eight are commissioned in 2021/22.

10.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 41 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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Seven of the pharmacies were commissioned to provide this service in 2020/21, falling to six in 2021/22.

10.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 42 – location of the pharmacies providing flu vaccinations in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 three of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as last year.

10.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 44 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

10.2.11 Supervised consumption service

Eight of the pharmacies were commissioned to provide this service in 2020/21, and eight are commissioned in 2021/22.

10.2.12 Syringe and needle exchange service

Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven are commissioned in 2021/22.

10.2.13 End of life care medicines

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

10.2.14 Independent prescriber services

Three pharmacies are commissioned to provide the acute conditions service in 2020/21, and in 2021/22.

10.2.15 Return of patients sharps boxes

All of the pharmacies were commissioned to provide this service in 2020/21, and all are commissioned in 2021/22.

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 2019/20 were dispensed by either the nine pharmacies in the locality or the three dispensing practices, 11.5% were dispensed outside the locality:

- 10.2% by pharmacies in Arfon,
- 0.6% by contractors in England,
- 0.5% by pharmacies in Anglesey,
- 0.1% by pharmacies in Meirionnydd, and
- 0.1% 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.

10.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments
- Two practices dispose of patient sharps.

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,

- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 100 contractors dispensed items written by one of the GP practices in this locality, of which:

- nine were located within the locality,
- 63 were located elsewhere within the health board's area,
- 29 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

10.6 Gaps in provision

10.6.1 Essential services

The health board has noted the following points:

- 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 either no resident population or a few scattered properties and campsites in those areas.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.
- None of the GP practices currently have any extended opening hours, however only one pharmacy is open after 18.30 on weekday evenings.
- 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 April 2021 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.

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 that is outside of Porthmadog and Pwllheli there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

10.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Only one pharmacy provided the maximum number of medicines use reviews in 2018/19 and 2019/20.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Six of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.

- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.6 Emergency hormonal contraception

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current needs for this service within the locality.

Due to the increase in population during the holiday season the health board has identified a future need for this service to be provided on Sundays in a town towards the end of the peninsula with effect from 1 April 2023 between April and October.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Porthmadog and Pwllheli there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

10.6.7 Smoking cessation level 2

The health board has noted the following points:

- Eight of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Seven of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.9 Flu vaccination

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current needs for this service within the locality.

Due to the increase in population during the holiday season the health board has identified a future need for this service to be provided on Sundays in a town towards the end of the peninsula with effect from 1 April 2023 between April and October.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Porthmadog and Pwllheli there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

10.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current needs for this service within the locality.

Due to the increase in population during the holiday season the health board has identified a future need for this service to be provided on Sundays in a town towards the end of the peninsula with effect from 1 April 2023 between April and October.

The health board has identified that should there be a loss of provision of the emergency medicine service enhanced service by a pharmacy in a location that is outside of Porthmadog and Pwllheli there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

10.6.12 Supervised consumption service

The health board has noted the following points:

- Eight of the pharmacies were commissioned to provide this service in 2020/21.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- One pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently three pharmacies are commissioned to provide a service.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- All nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

10.6.16 Return of patients sharps boxes

The health board has noted the following points:

- nine of the pharmacies were commissioned to provide this service in 2020/21.
- 12 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. The one that doesn't is in close proximity to another pharmacy.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

10.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

11 Meirionnydd locality

11.1 Key facts

Gwynedd has the:

- highest percentage of adults who can speak Welsh
- highest proportion of lower super output areas in the most deprived 10% (27%)
- lowest general fertility rate
- highest female life expectancy
- highest healthy life expectancy for both males and females
- lowest rate of premature deaths from key non communicable diseases 2016-2018
- highest percentage of one person households at 15.7% of all households
- 21.4% of households do not have access to a car or van
- lowest level of employment at 57.4%
- with Flintshire has the lowest percentage of people who are long-term sick or disabled and economically inactive
- lowest proportion of carers (10.25)
- highest number of people who identified as Gypsy/Traveller or Irish Traveller in the Census 2011
- second highest estimated number of rough sleepers in the 2019 count
- lowest age standardised death rate per 100,000 population for all respiratory diseases in 2017
- lowest teenage pregnancy rate in 2017
- highest percentage of non-drinkers but the highest percentage of harmful drinkers
- second highest percentage of people who are most likely to have eaten five portions of fruit and vegetables the previous day
- lowest percentage of people aged 16 and above who smoke
- the Eryri Local Development Plan 2016-2031⁶⁰ 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 the Park), with no more than 47% in secondary settlements.

11.2 Current provision of pharmaceutical services within the locality's area

There are 11 pharmacies in the locality operated by four different contractors. Two of the pharmacies are covered by the essential small pharmacy scheme. Of the six GP practices, two dispense from a total of two premises. The level of dispensing is 24.7% of one practice's registered population and 52.4% of the other practice's registered population.

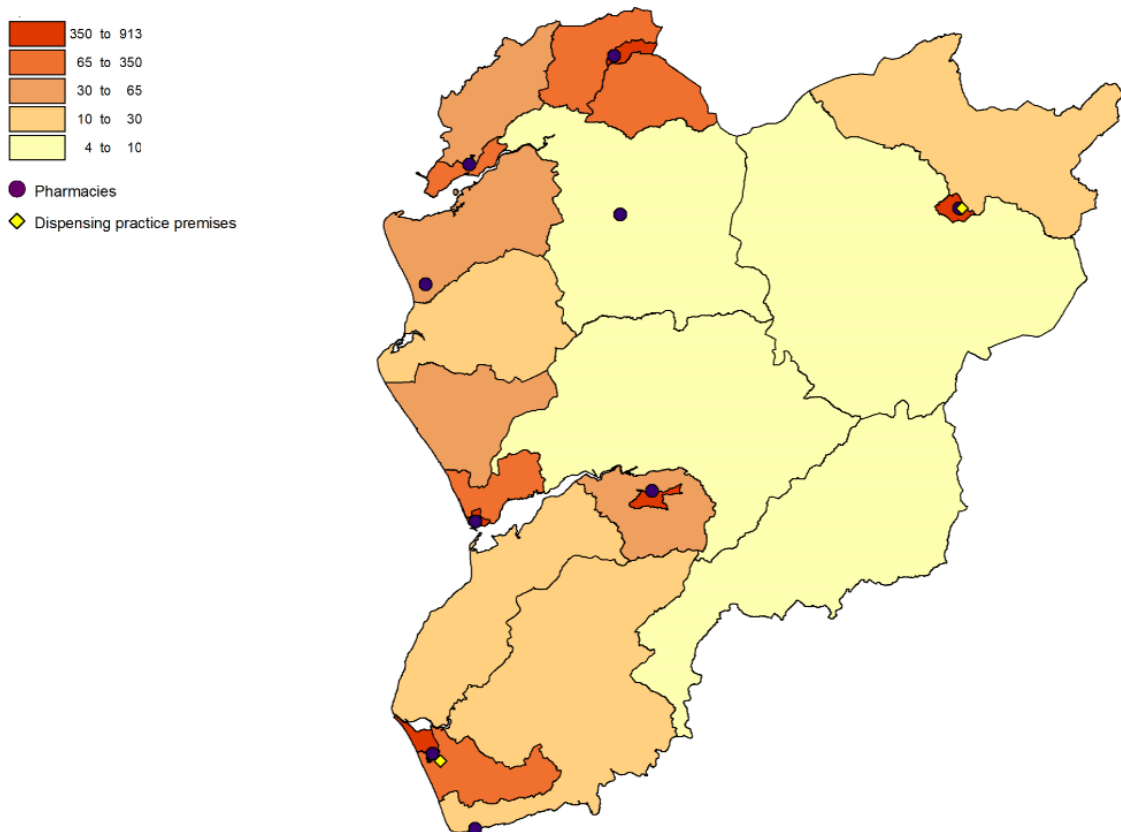
⁶⁰ [Eryri Local Development Plan 2016-2031](#)

Map 45 – location of pharmacies and dispensing doctor premises



As can be seen from the map below the pharmacies and dispensing practice premises are generally located in areas of greater population density. It should be noted that where premises are close to each other the symbols will overlap.

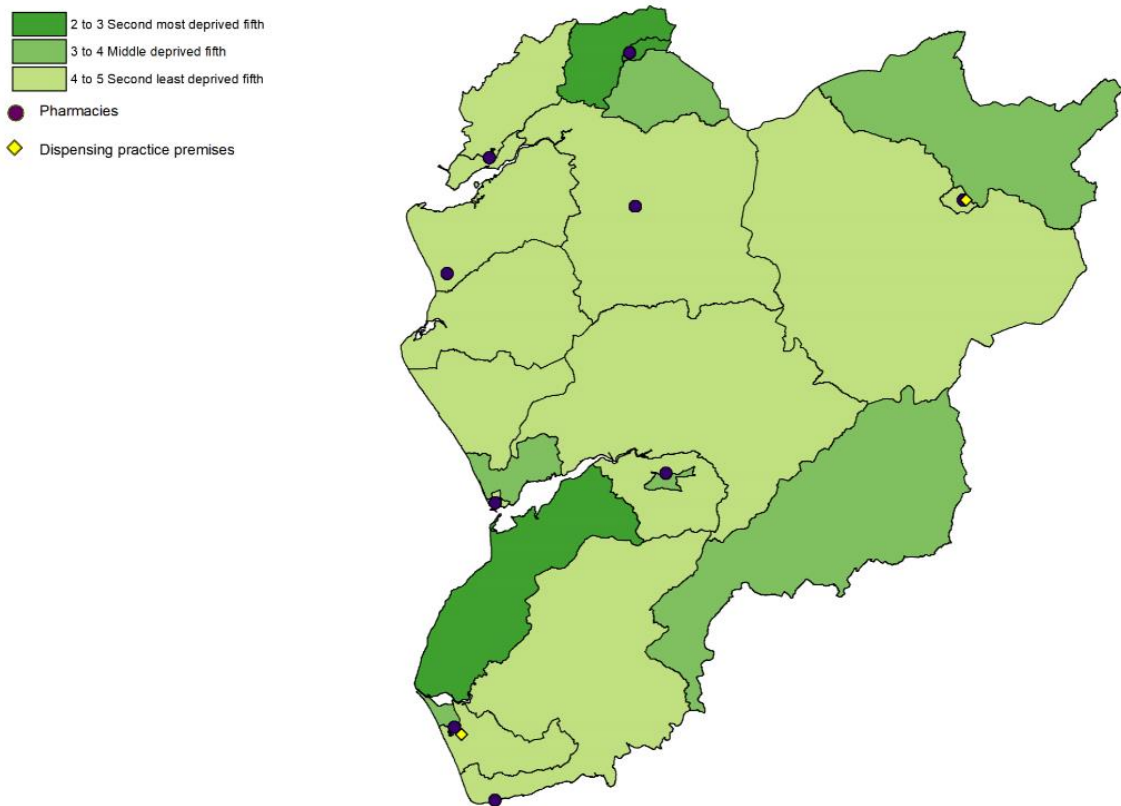
Map 46 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there is less correlation between the location of the pharmacies and dispensing practice premises and levels of deprivation.

Map 47 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019

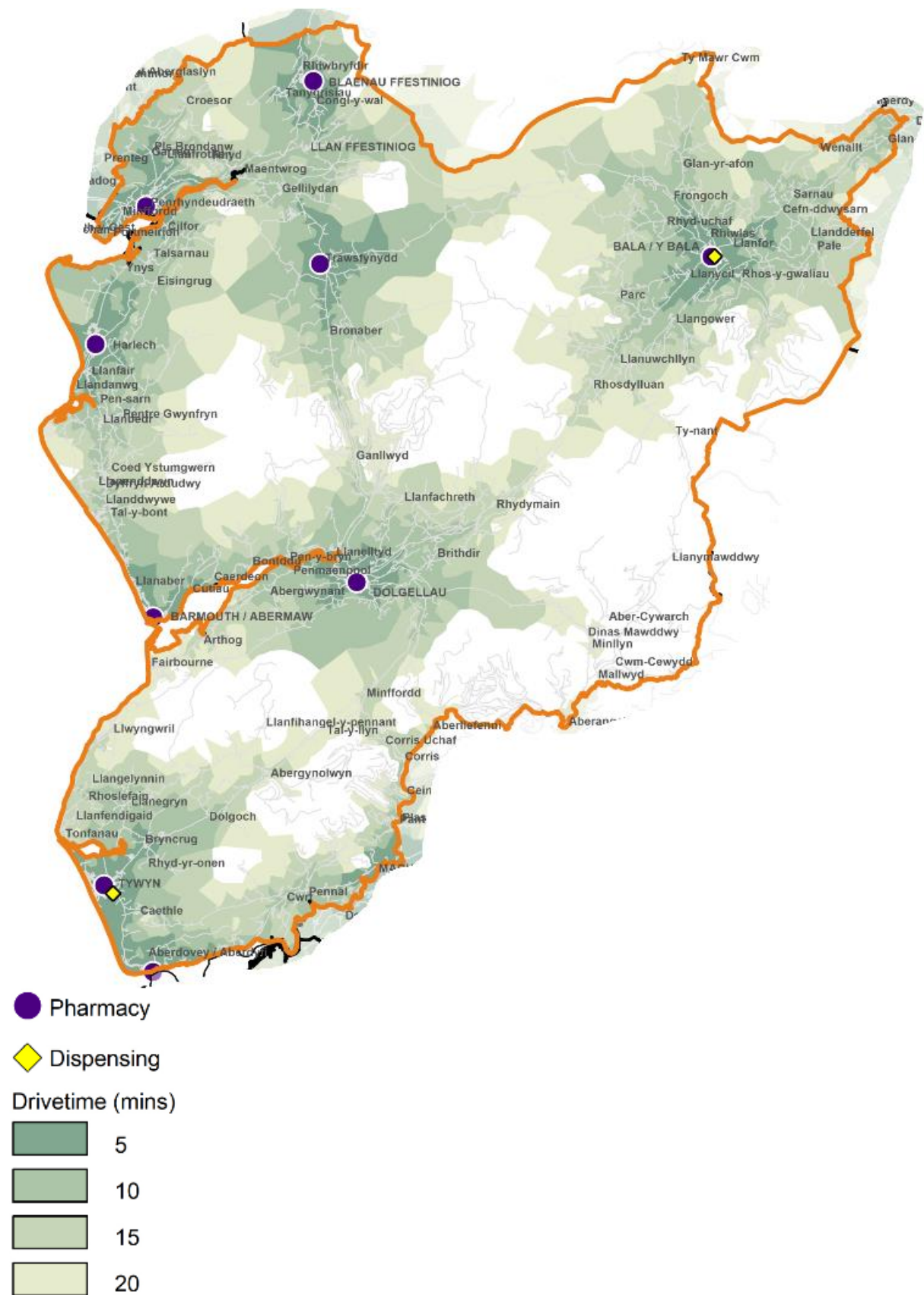


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In 2019/20, 82.3% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 11.4% of the prescribed items. Whilst the data available 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. Those areas that are not within a 20-minute drive of a pharmacy are generally areas with no resident population as they are within Snowdonia 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.

Map 48 – access to pharmacies and dispensing doctor premises in the locality



With regard to when the pharmacies are open:

- Two open Monday to Friday,
- Four open Monday to Friday, and part of Saturday, and
- Five open Monday to Sunday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Ten open at 09.00 with the eleventh opening at 08.30,
- One pharmacy closes at 15.00 each weekday (other than on Tuesdays when it closes at 13.00), five close at 17.30 (with one closing at 13.30 on Thursdays), four close at 18.00 (although one of these closes at 17.00 and another closes at 13.00 on Wednesdays), and one closes at 18.30 (17.30 on Thursdays).

The two pharmacies in Blaenau Ffestiniog are commissioned so that one of them is open for an additional hour on Mondays, Tuesdays, Wednesdays and Fridays.

Eight pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacies open all day.

On Saturday, one pharmacy opens at 08.30 and the remainder open at 09.00. Two of the pharmacies that open all day close for lunch between 13.00 and 13.20.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Nine of the pharmacies are accessible by wheelchair, and of these all have a consultation area that is accessible by wheelchair. Ten of the consultations 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 eleventh is not a closed room but does meet the other two requirements.

Ten of the pharmacies confirmed that Welsh is spoken by staff, with the eleventh advising that a little Welsh is spoken by staff. Staff at this pharmacy can also speak Yoruba.

All of the pharmacies dispense prescriptions for all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items eight provide a free of charge delivery service on request and one provides the service for a fee. None restrict the service to any particular areas or patient groups.

There were four suggestions for existing services that are not currently provided in the area:

- independent prescriber services,
- ear microsuction in order to alleviate pressure on GP practices,
- a pneumonia vaccination service, and
- a sore throat test and treat service.

Two pharmacies were of the opinion that there is a requirement for new enhanced services which are not currently available:

- contraceptive service to include initiation and continuation of regular contraception by an independent prescriber,
- a funded service for dosette/monitored dosage system patients, and
- ear microsuction.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, two said they don't but could make adjustments to manage any increase in demand, and one said that it didn't and would have difficulty in managing an increase.

Three pharmacies have plans to develop or expand their service provision:

- become an independent prescriber,
- provide a contraceptive service (as outlined above) if commissioned by the health board,
- Add minor ailments in the coming year in addition to travel vaccinations services.

Three others said they would be happy to provide additional commissioned services.

One of the two dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services at one premises.

The dispensary opens 08.30 to 12.30 and 13.30 to 17.00, Monday to Friday.

The practice:

- dispenses all types of appliance;
- delivers to patients within the practice area;
- has no dispensary staff who speak Welsh;
- has sufficient capacity to manage an increase in demand;
- disposes of patient sharps; and
- will continue with its twice weekly delivery service.

11.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with three providing the maximum number of 400 in both years. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.



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11.2.2 Discharge medicines review

Nine of the pharmacies provided this service in 2018/19, increasing to ten in 2019/20 with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 50 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, eight of the pharmacies provided a total of 146 reviews.

11.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

11.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

11.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 51 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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All the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned to provide it in 2021/22.

11.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 52 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



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Nine of the pharmacies were commissioned to provide this service in 2020/21, increasing to ten in 2021/22.

11.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 53 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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Eight of the pharmacies were commissioned to provide this service in 2020/21, and eight in 2021/22.

11.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 54 – location of the pharmacies providing flu vaccinations in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 one of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as last year.

11.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 55 – location of the pharmacies providing the common ailment service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

All of the pharmacies were commissioned to provide this service and provided it in 2020/21, and all are commissioned in 2021/22.

11.2.11 Supervised consumption service

All of the pharmacies were commissioned to provide this service in 2020/21 and are also commissioned in 2021/22.

11.2.12 Syringe and needle exchange service

Six of the pharmacies were commissioned to provide this service in 2020/21, and six are in 2021/22.

11.2.13 End of life care medicines

Four pharmacies were commissioned to provide this service in 2020/21, and four are commissioned in 2021/22.

11.2.14 Independent prescriber services

One pharmacy was commissioned to provide the acute conditions service in 2020/21 and is also commissioned in 2021/22.

11.2.15 Return of patients sharps boxes

All of the pharmacies were commissioned to provide this service in 2020/21, and are also commissioned in 2021/22.

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 2019/20 were dispensed by either the 11 pharmacies in the locality or the two dispensing practices, 4.8% were dispensed outside the locality:

- 4.1% by pharmacies in Dwyfor, and
- 0.7% by contractors in England.

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the 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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments
- Two practices dispose of patient sharps.

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 115 contractors dispensed items written by one of the GP practices in this locality, of which:

- 11 were located within the locality,
- 67 were located elsewhere within the health board's area,
- 34 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

11.6 Gaps in provision

11.6.1 Essential services

The health board has noted the following points:

- 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 Snowdonia 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.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.
- None of the GP practices currently have any extended opening hours.
- 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 April 2021 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.

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 that is outside of Dolgellau and Blaenau Ffestiniog there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

11.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Three pharmacies provided the maximum number of medicines use reviews in 2018/19 and 2019/20.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Seven of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.6 Emergency hormonal contraception

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

The health board has not identified any current needs in relation to the provision of this service in this locality.

The health board will work with the existing pharmacies in connection with the lack of a pharmacy providing the emergency hormonal contraception enhanced service on Sunday afternoons in Dolgellau. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided on Sunday afternoons in Dolgellau.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Dolgellau and Blaenau Ffestiniog there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

11.6.7 Smoking cessation level 2

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Eight of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.9 Flu vaccination

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.

- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

The health board has not identified any current needs in relation to the provision of this service in this locality.

The health board will work with the existing pharmacies in connection with the lack of a pharmacy providing the common ailment enhanced service in Dolgellau. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided on Sunday afternoons in Dolgellau.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Dolgellau and Blaenau Ffestiniog there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

11.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

The health board has not identified any current needs in relation to the provision of this service in this locality.

The health board will work with the existing pharmacies in connection with the lack of a pharmacy providing the emergency medicine supply enhanced service on Sunday afternoons in Dolgellau. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided on Sunday afternoons in Dolgellau.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in a location that is outside of Dolgellau and Blaenau Ffestiniog there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

11.6.12 Supervised consumption service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Six of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- Four pharmacies were commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently one pharmacy is commissioned to provide a service.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

11.6.16 Return of patients sharps boxes

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments, and one pharmacy said it does not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

11.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

12 Conwy West locality

12.1 Key facts

Conwy has:

- an older population with 28% of the population aged 65 and over
- the greatest percentage of people aged 85 and over at 4% of the population
- 37% of the adult population speaks Welsh
- second highest general fertility rate
- with Flintshire, Conwy has the highest male life expectancy at 79.3 years (and fourth highest local authority in Wales)
- second highest health life expectancy for males at 64.9 years
- second lowest rate of premature deaths from key non communicable diseases
- highest percentage of adults reporting their health in general as good or very good – 76.35%
- highest percentage of one person households occupied by someone aged 65 and over – 7.8%
- second highest percentage of households without a car or van – 21.7%
- highest percentage of the population who are retired – 19.8%
- lowest rate of deaths due to cardiovascular diseases per 100,000
- the highest predicted number of people aged 65 and over with dementia in 2030 and also the greatest percentage increase
- highest proportion of people who are active for at least 150 minutes in the previous week – 62.7%
- lowest percentage of adults who are overweight or obese – 49.9%
- highest percentage of adults who smoke – 25.0%
- the number of caravan parks along the Conwy section of the North Wales coastline, particularly in Conwy East, leads to an increase in the population during the summer
- The Conwy Local Development Plan⁶¹ 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
 - Llanrwst – 200 units between 2021 and 2026.

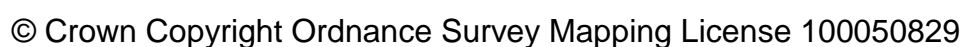
12.2 Current provision of pharmaceutical services within the locality's area

There are 15 pharmacies in the locality operated by seven different contractors. Of the 12 GP practices, three dispense from three premises. The level of dispensing ranges from 41.7% to 94.5% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing

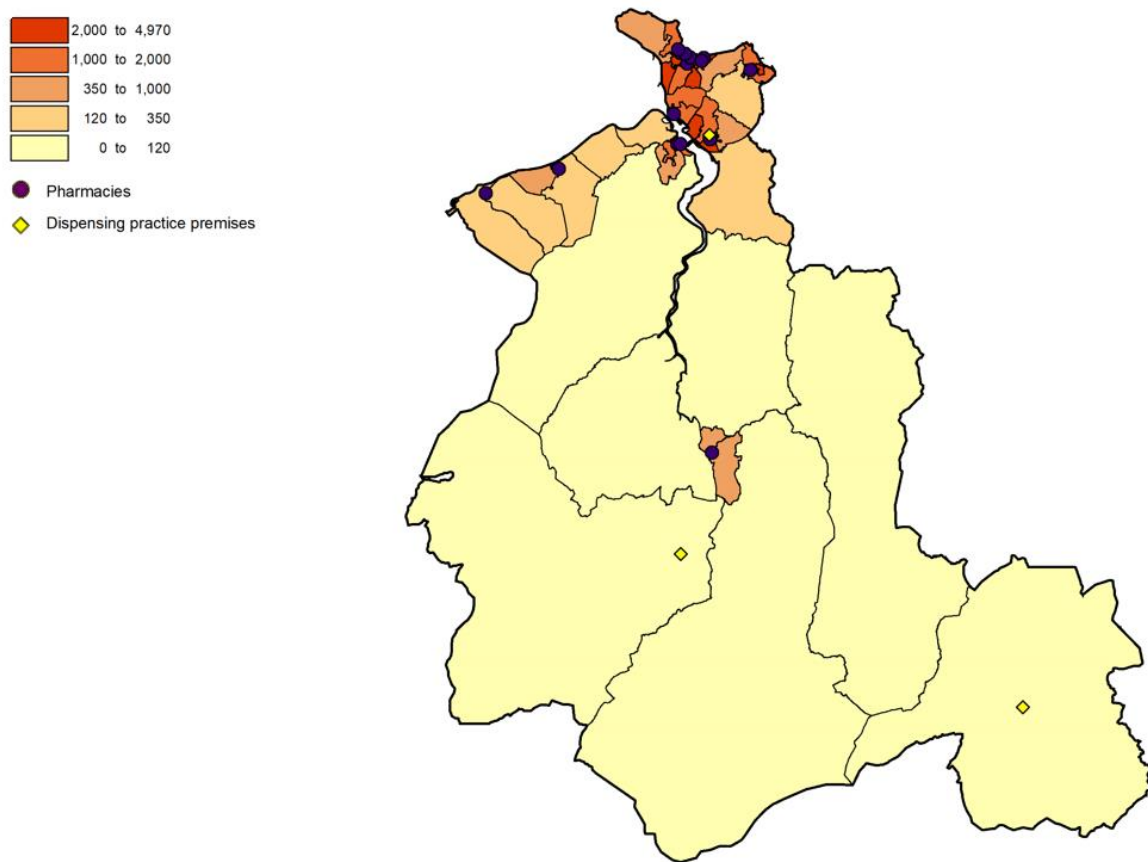
⁶¹ [Conwy Local Development Plan](#)

Map 57 – location of pharmacies and dispensing doctor premises



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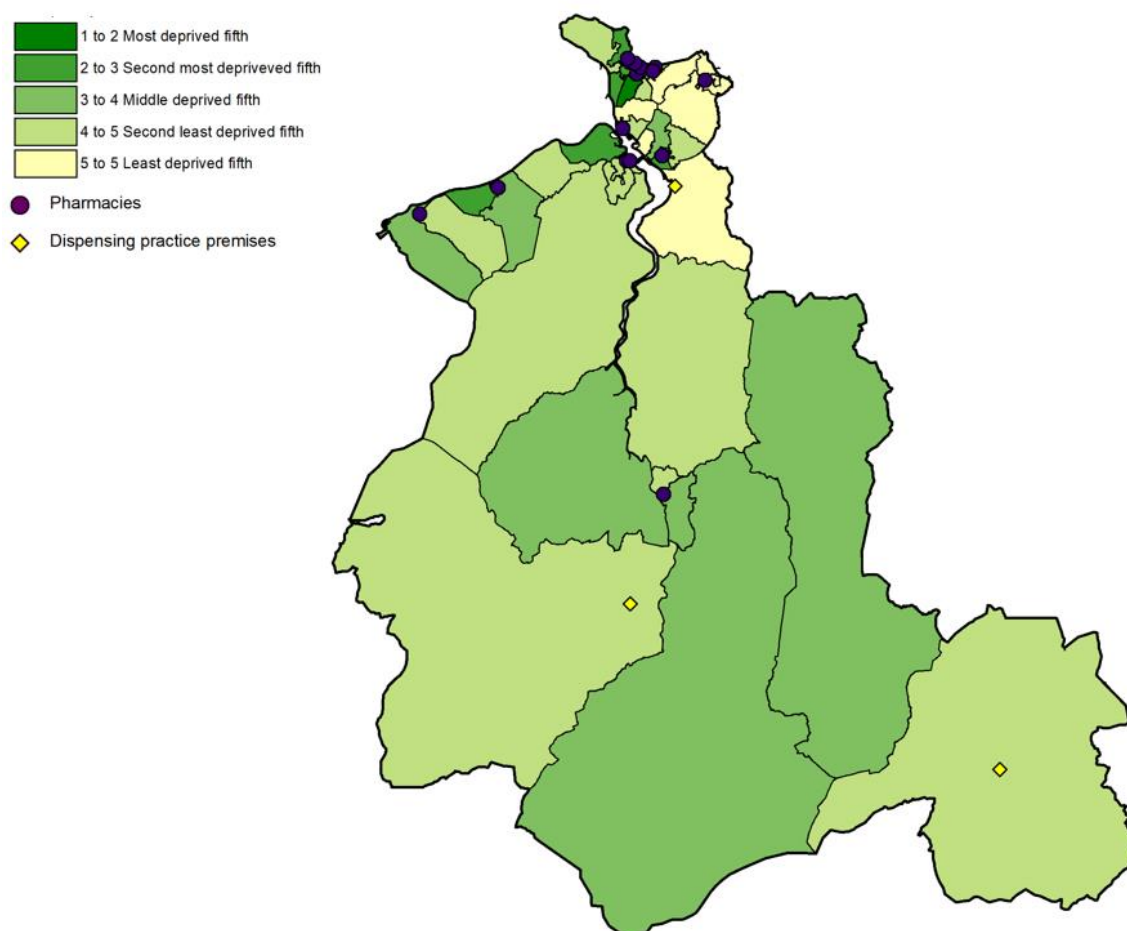
Map 58 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there the pharmacies are also generally located in areas of greater deprivation, and the dispensing practice premises in areas of less deprivation.

Map 59 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019



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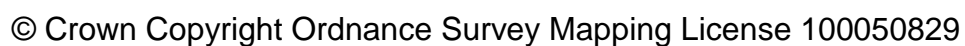
In 2019/20, 86.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 7.9% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed 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.

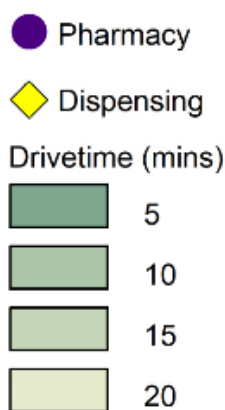
The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. As can be seen there are parts of the locality that are not within a 20-minute drive of a pharmacy or dispensing practice premises. It should be noted that where premises are close to each other the symbols will overlap.

The areas to the west of Dolgarrog and Betwys-y-Coed are mountainous and Google maps reveals no resident population.

Much of the southern part of the locality is more than a 20-minute drive from a pharmacy or dispensing practice premises. Whilst most of it is mountainous there

Map 60 – access to pharmacies and dispensing doctor premises in the locality





With regard to when the pharmacies are open:

- One opens Monday to Friday,
- Five open Monday to Friday, and part of Saturday,
- Six 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 08.00, one opens at 08.30, two open at 08.45 (although one opens at 09.00 on Tuesdays) and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.30 with one pharmacy in Llandudno open until 22.00.

One pharmacy in Penmaenmawr is commissioned to open between 17.30 and 18.30 on weekdays.

11 pharmacies close for lunch at varying times between 13.00 and 15.00. The remaining pharmacies open all day.

On Saturday, one pharmacy opens at 08.00 and another at 08.45. The remaining 12 pharmacies open at 09.00. Of the six pharmacies that open all day, four close for lunch between 13.00 and 15.00. They close between 16.00 and 21.00.

The three pharmacies that open on Sunday between them cover the hours 10.00 to 17.00.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

14 of the pharmacies are accessible by wheelchair, and of these ten have a consultation area that is accessible by wheelchair. All 15 of the consultations 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.

Six pharmacies confirmed that Welsh is spoken by staff, two of which also have staff who speak Polish. One pharmacy has staff who speak Portuguese and Spanish, and another has staff who speak Punjabi.

14 of the pharmacies dispense prescriptions for all types of appliances and one dispenses dressings only.

14 of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- seven provide a free of charge delivery service on request, four provide the service for a fee, and three provide both a free and chargeable service,
- two pharmacies restrict the service to specific areas, and
- three restrict the service to specific patient groups (vulnerable, housebound, over 70s, self-isolating, those with a need, enabled/disabled).

There were two suggestions for an existing service that is not currently provided in the area:

- independent prescriber service for acute conditions as the surgery has closed, and
- common ailments service to cover thrush in males.

Two pharmacies were of the opinion that there is a requirement for a new enhanced service which is not currently available:

- blister packs/monitored dosage systems for elderly patients, and
- reconciliation of patients' repeat medication so that patients only need to collect them once a month. Would save GP and pharmacist time.

Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, three said they don't but could make adjustments to manage any increase in demand, and two pharmacies said they don't have sufficient capacity and would have difficulty managing an increase in demand.

Four pharmacies have plans to develop or expand their service provision:

- regular pharmacist is about to start independent prescriber training and minor ailments course to be able to provide independent prescribing for acute conditions service hopefully.
- smoking cessation level 3. Help me quit (Varenicline)
- looking to expand the size of the pharmacy soon
- would like to but unable to do so with current workload and pressure on current system

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
- a delivery service is provided, free of charge
- dispensary staff speak Welsh
- 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
- an external door has been replaced to a new 'stable style door' to create a serving hatch to reduce the need for patients to enter the premises.

12.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with eight providing the maximum number of 400 in 2018/19 and two in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 61 – location of the pharmacies providing the medicines use review service in 2019/20



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12.2.2 Discharge medicines review

In 2018/19 and 2019/20, 12 of the pharmacies provided this service with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 62 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, 13 of the pharmacies provided a total of 323 reviews.

12.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

12.2.4 Stoma appliance customisation

One pharmacy provided this service in 2018/19 but neither it nor any of the other pharmacies have provided it since despite dispensing prescriptions for appliances.

12.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 63 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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All the pharmacies were commissioned to provide this service and 14 provided it in 2020/21. All are commissioned to provide it in 2021/22.

12.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

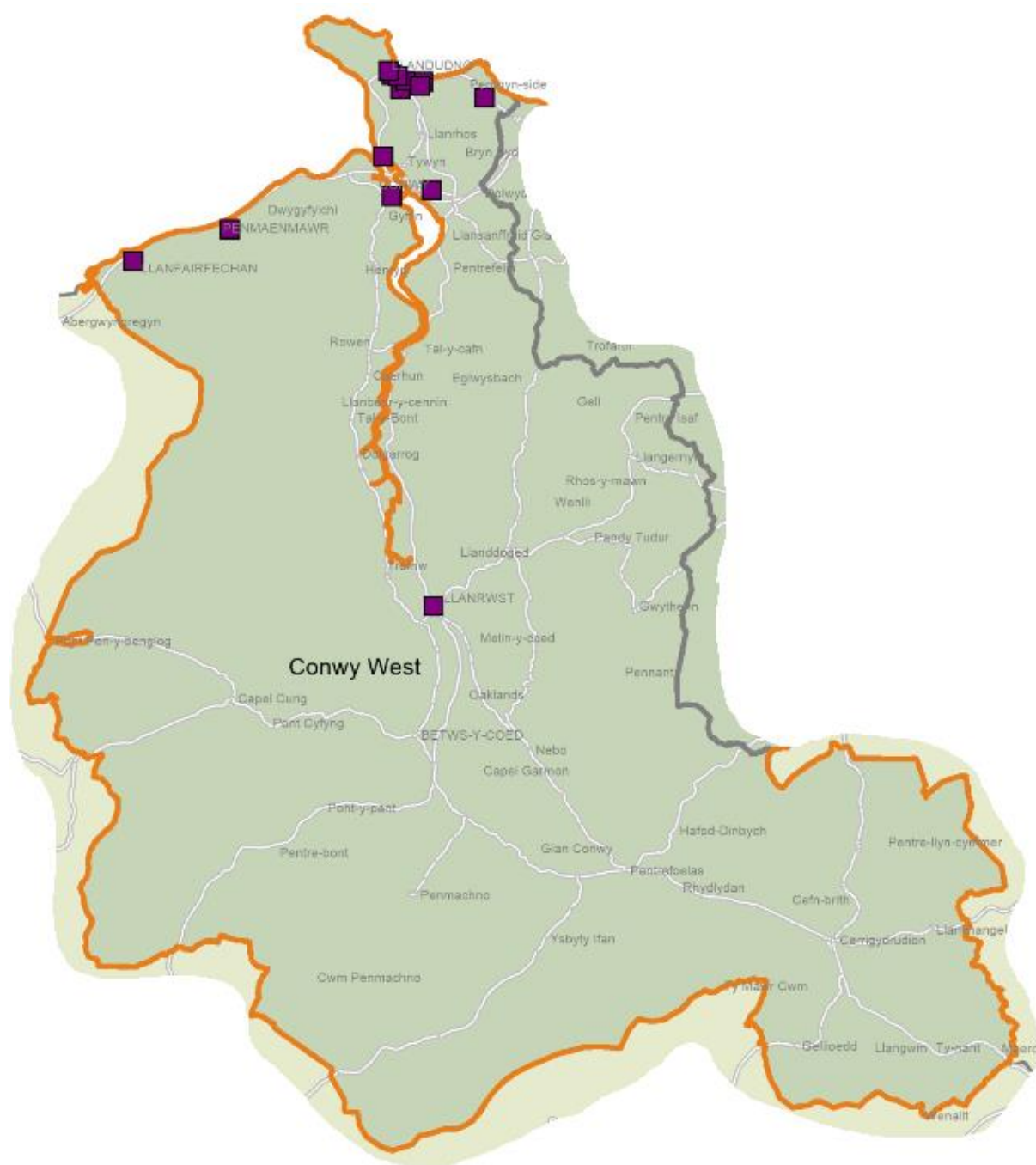
Map 64 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



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12.2.7 Help Me Quit @ Pharmacy

Map 65 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



13 of the pharmacies were commissioned to provide this service in 2020/21, and 13 are commissioned in 2021/22.

12.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 66 – location of the pharmacies providing flu vaccinations in 2019/20



14 of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 four of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

12.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 68 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

12.2.11 Supervised consumption service

13 of the pharmacies were commissioned to provide this service in 2020/21, and 13 are commissioned in 2021/22.

12.2.12 Syringe and needle exchange service

Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven are commissioned in 2021/22.

12.2.13 End of life care medicines

None of the pharmacies were commissioned to provide this service in 2020/21, or in 2021/22.

12.2.14 Independent prescriber services

None of the pharmacies were commissioned to provide this service in 2020/21, or in 2021/22.

12.2.15 Return of patients sharps boxes

All of the pharmacies were commissioned to provide this service in 2020/21 and are commissioned in 2021/22.

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 2019/20 were dispensed by either the 15 pharmacies in the locality or the five dispensing practices, 4.6% were dispensed outside the locality:

- 3.7% by pharmacies in Conwy East,
- 0.5% by contractors in England, and
- 0.1% by pharmacies in each of Arfon, Central and South Denbighshire, Meirionnydd and 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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception

- Flu vaccinations
- Advice and treatment for common ailments
- One practice disposes of patient sharps.

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 150 contractors dispensed items written by one of the GP practices in this locality, of which:

- 15 were located within the locality,
- 105 were located elsewhere within the health board's area,
- 25 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

12.6 Gaps in provision

12.6.1 Essential services

The health board has noted the following points:

- 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 Cwm Penmachno, Ysbyty Ifan (according to Wikipedia, the second smallest population of any Welsh community, the smallest being Ganllwyd in Gwynedd) and Pentre-llyn-cymmer.
- There are three known housing developments due within the lifetime of this document which will deliver up to 850 new houses by 2033.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.
- None of the GP practices currently have any extended opening hours.
- 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.
- Applications to open a pharmacy in Betws-y-Coed submitted under the previous regulations have been unsuccessful.

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,
- Six hours on Saturdays, and
- Six hours on Sundays.

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,
- The enhanced services of emergency hormonal contraception, the common ailment service and the emergency medicine supply 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 in a town/village that is outside of Conwy and Llandudno there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be any loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

12.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Eight pharmacies provided the maximum number of medicines use reviews in 2018/19. Two did in 2019/20.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. 13 of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the

services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.6 Emergency hormonal contraception

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current needs for this service within the locality other than in relation to Betws-y-Coed (see section 12.6.1 above).

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Conwy and Llandudno there will be a future need for this enhanced

service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

12.6.7 Smoking cessation level 2

The health board has noted the following points:

- 13 of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- 13 of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.9 Flu vaccination

The health board has noted the following points:

- 14 of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current needs for this service within the locality other than in relation to Betws-y-Coed (see section 12.6.1 above).

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Conwy and Llandudno there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

12.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current needs for this service within the locality other than in relation to Betws-y-Coed (see section 12.6.1 above).

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in a location that is outside of Conwy and Llandudno there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

12.6.12 Supervised consumption service

The health board has noted the following points:

- 13 of the pharmacies were commissioned to provide this service in 2020/21.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the

services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

The health board has not identified any current or future needs for this service within the locality.

12.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- No pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.

- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

12.6.16 Return of patients sharps boxes

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments, and two pharmacies said they do not have capacity and could not make adjustments.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

12.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

13 Conwy East locality

13.1 Key facts

Conwy has:

- an older population with 28% of the population aged 65 and over
- the greatest percentage of people aged 85 and over at 4% of the population
- 37% of the adult population speaks Welsh
- second highest general fertility rate
- with Flintshire, Conwy has the highest male life expectancy at 79.3 years (and fourth highest local authority in Wales)
- second highest health life expectancy for males at 64.9 years
- second lowest rate of premature deaths from key non communicable diseases
- highest percentage of adults reporting their health in general as good or very good – 76.35%
- highest percentage of one person households occupied by someone aged 65 and over – 7.8%
- second highest percentage of households without a car or van – 21.7%
- highest percentage of the population who are retired – 19.8%
- lowest rate of deaths due to cardiovascular diseases per 100,000
- Conwy East has the highest diabetes prevalence at 7.1%
- the highest predicted number of people aged 65 and over with dementia in 2030 and also the greatest percentage increase
- highest proportion of people who are active for at least 150 minutes in the previous week – 62.7%
- lowest percentage of adults who are overweight or obese – 49.9%
- highest percentage of adults who smoke – 25.0%
- the number of caravan parks along the Conwy section of the North Wales coastline, particularly in Conwy East, leads to an increase in the population during the summer
- The Conwy Local Development Plan⁶² 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

13.2 Current provision of pharmaceutical services within the locality's area

There are 12 pharmacies in the locality operated by six different contractors. Of the five GP practices, one dispenses to 10.0% of its registered population from one premises.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing

⁶² [Conwy Local Development Plan](#)

practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

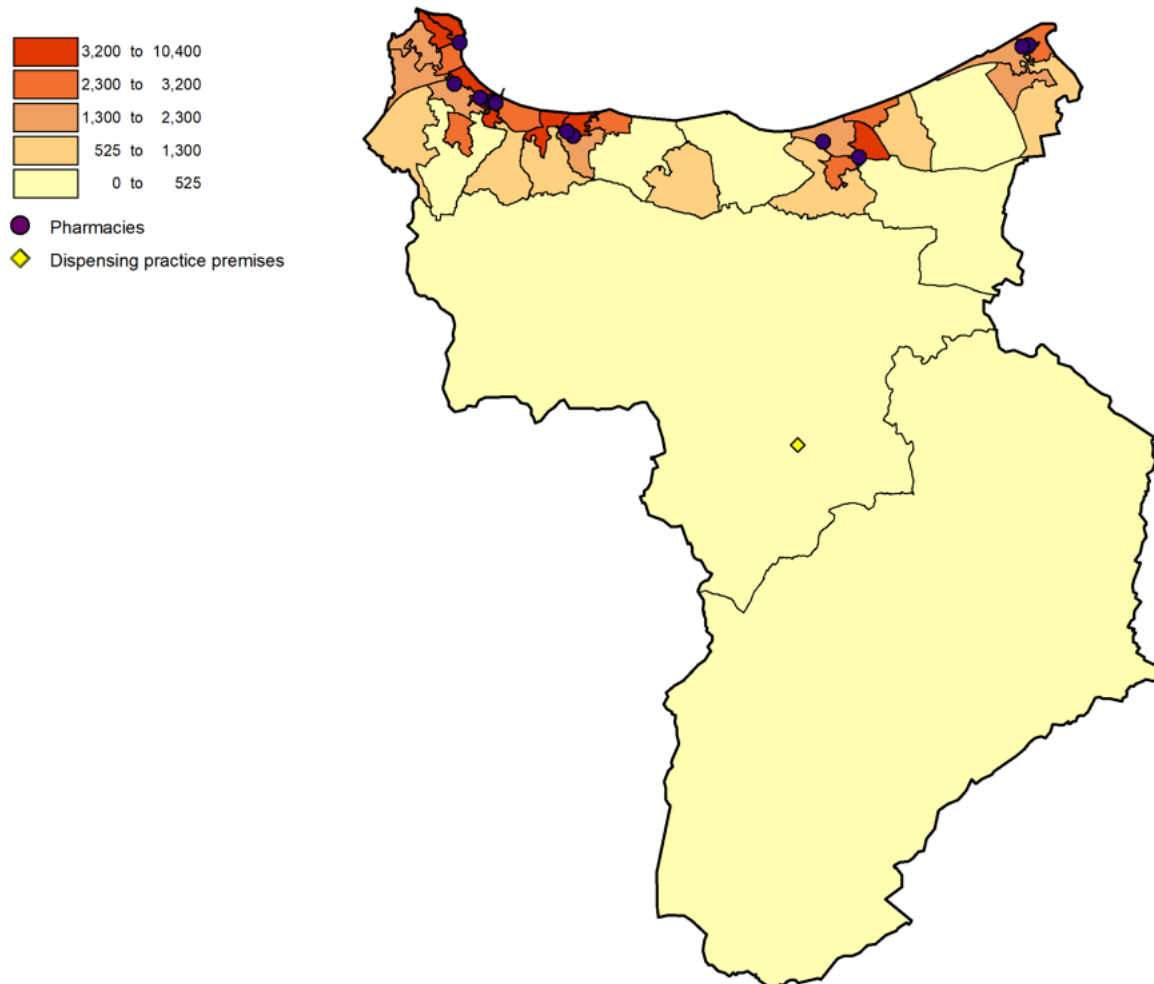
Map 69 – location of pharmacies and dispensing doctor premises



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As can be seen from the map below the pharmacies are located in areas of greater population density and the dispensing doctor premises in an area of lower population density. It should be noted that where premises are close to each other the symbols will overlap.

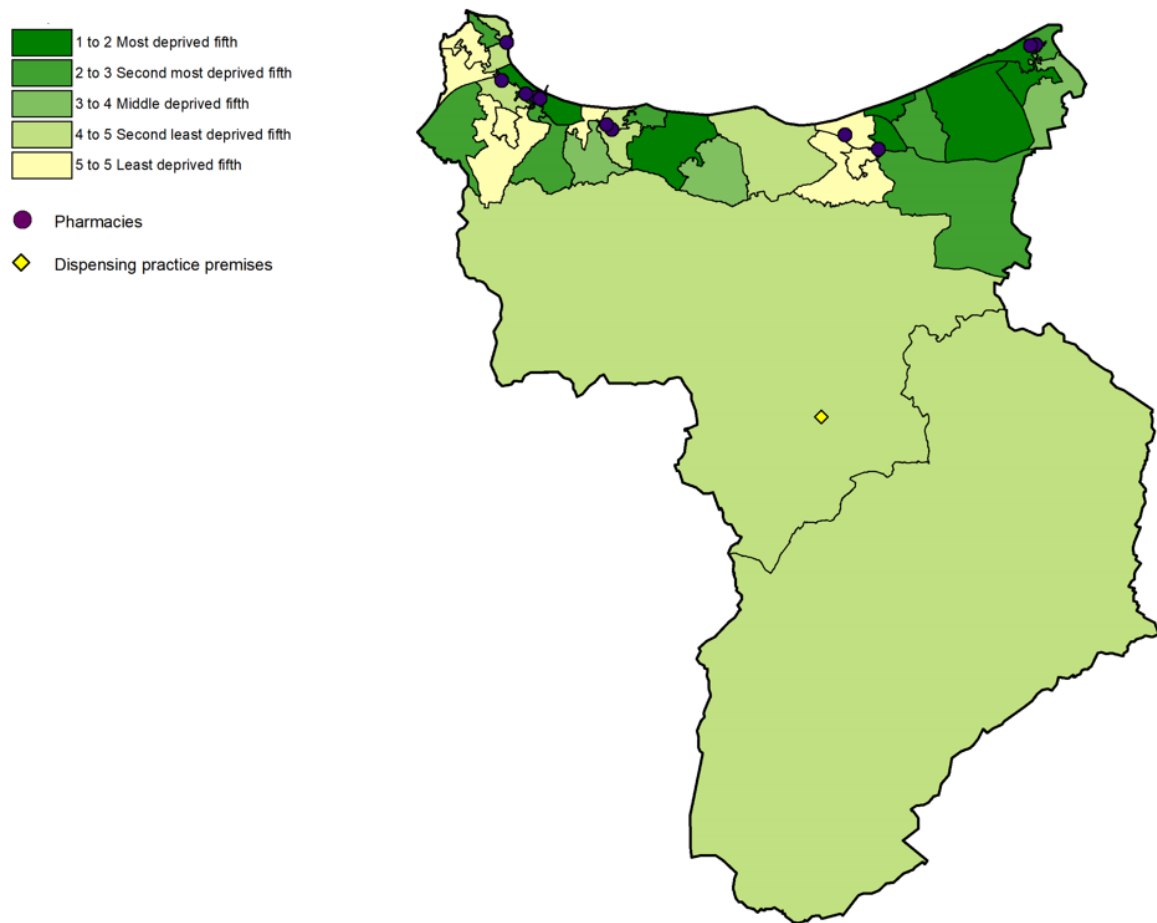
Map 70 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there is less correlation between the location of the pharmacies and dispensing practice premises and levels of deprivation.

Map 71 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019



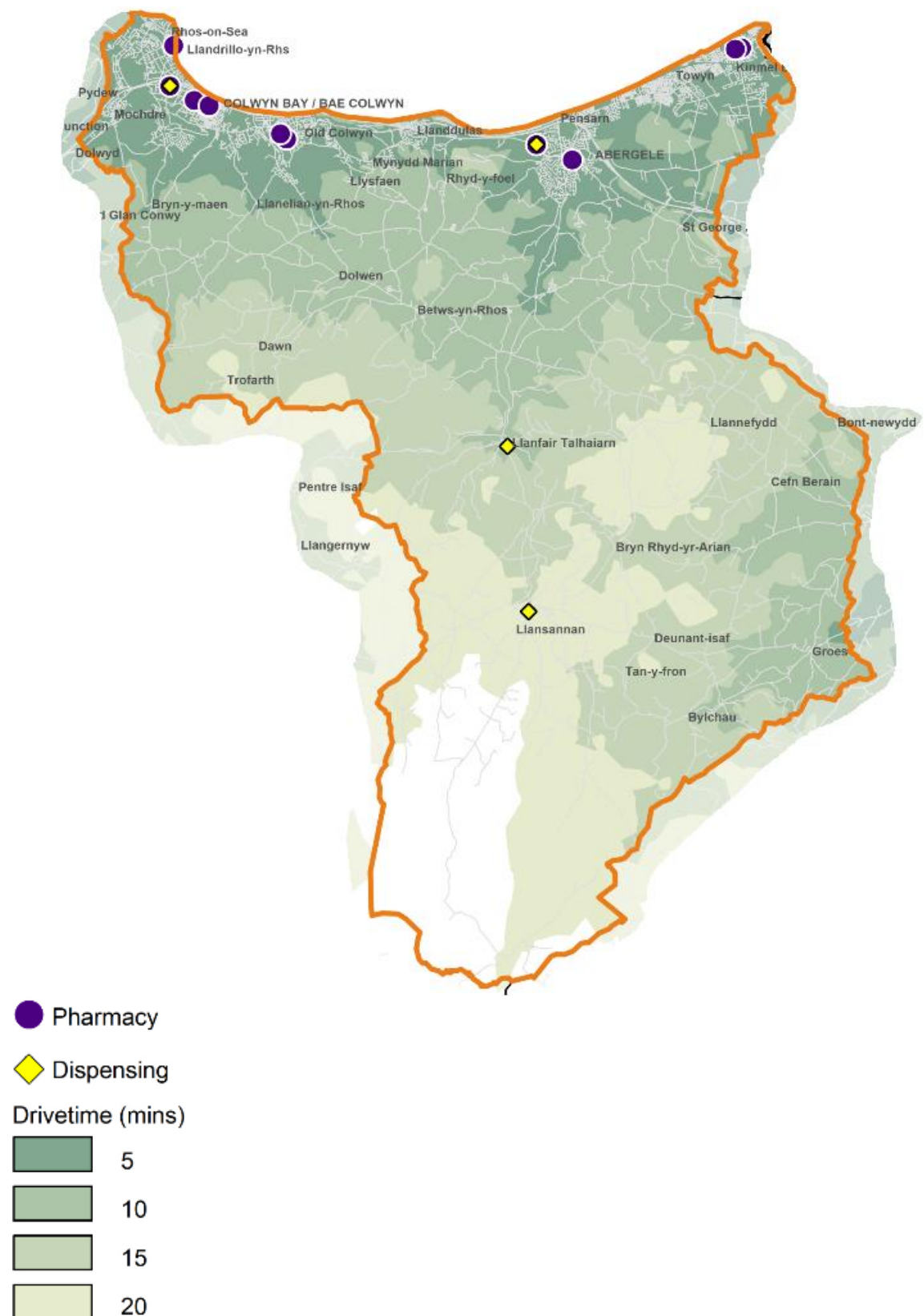
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In 2019/20, 88.7% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 3.7% of the prescribed items. Whilst the data available 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. It should be noted that where premises are close to each other the symbols will overlap.

The area in the south of the locality that is not within a 20-minute drive of a pharmacy or dispensing doctor premises is a rural moorland area with only a few scattered houses/farms.

Map 72 – access to pharmacies and dispensing doctor premises in the locality



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With regard to when the pharmacies are open:

- One opens Monday to Friday,
- six open Monday to Friday, and part of Saturday,
- Four 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:

- Four 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 20.00.

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 08.30 and the remainder at 09.00. Of the five pharmacies that open all day, three close for lunch at varying times between 13.00 and 14.00. They close between 17.00 and 18.00.

The pharmacy that opens on Sunday does so 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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

11 of the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All 12 of the consultations 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 that Welsh is spoken by staff. One of these pharmacies also has staff who can speak Italian.

All of the pharmacies dispense prescriptions for all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- ten provide a free of charge delivery service on request and two provide the service for a fee,

- two pharmacies restrict the service to specific areas, and
- one said it restricts the service to housebound patients and those in care homes.

Two pharmacies suggested existing services that are not currently provided in the area:

- diabetes and cholesterol testing,
- provision of the independent prescriber service for acute conditions once training is completed, working with the local practices, and
- services for urine infections and throat infections.

There were no suggestions for new enhanced services which are not currently available.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, two said they don't but could make adjustments to manage any increase in demand, and two said they don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.

Four pharmacies have plans to develop or expand their service provision:

- weight loss clinics
- provide the sore throat test and treat service once commissioned,
- seeking planning permission for a premises development,
- pharmacist undertaking the independent prescriber service, and
- refit of the pharmacy and enlargement of premises with the possibility of two consultation rooms.

The dispensing practice completed the dispensing doctor questionnaire:

- the dispensary is open 08.30 to 18.00 each weekday other than on Wednesdays when it closes at 13.00
- in relation to appliances, only dispenses dressings
- Welsh is spoken by dispensary staff
- has sufficient capacity within existing premises and staffing levels to manage an increase in demand.

13.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with seven providing the maximum number of 400 in 2018/19 and two in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 73 – location of the pharmacies providing the medicines use review service in 2019/20



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13.2.2 Discharge medicines review

In 2018/19 nine of the pharmacies provided this service increasing to 11 in 2019/20 with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 75 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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All the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

13.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 76 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



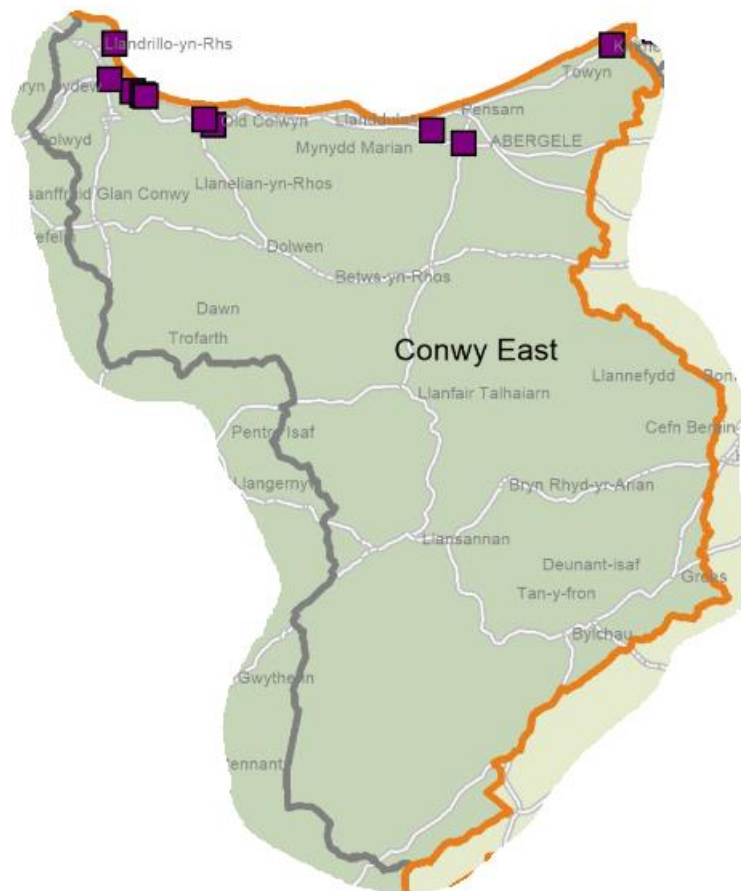
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All of the pharmacies were commissioned to provide this service in 2020/21, and all are commissioned in 2021/22.

13.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 77 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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11 of the pharmacies were commissioned to provide this in 2020/21, and 11 are commissioned in 2021/22.

13.2.8 Flu vaccination

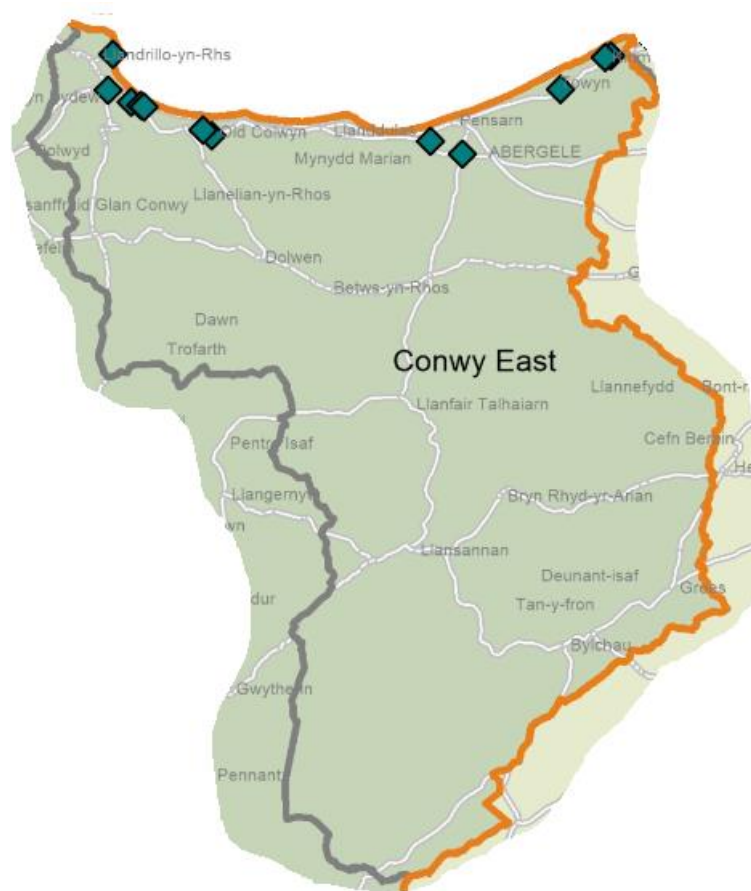
The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

[illegible]

Ten of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 five of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 79 – location of the pharmacies providing the common ailment service in 2019/20



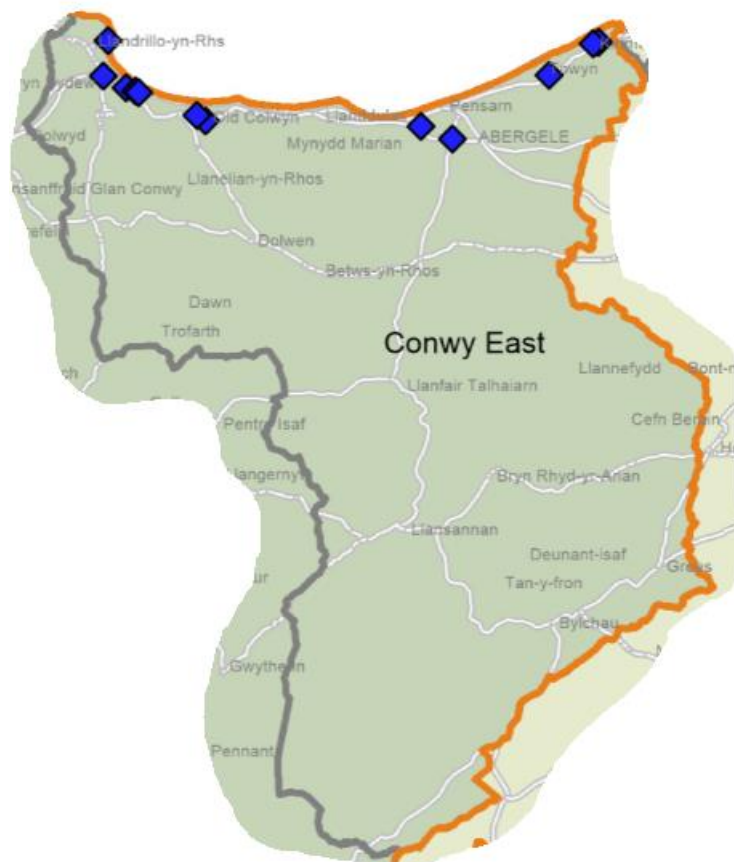
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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

13.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 80 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

13.2.11 Supervised consumption service

Ten of the pharmacies were commissioned to provide this service in 2020/21, and ten in 2021/22.

13.2.12 Syringe and needle exchange service

Eight of the pharmacies were commissioned to provide this service in 2020/21, and eight in 2021/22.

13.2.13 End of life care medicines

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

13.2.14 Independent prescriber services

None of the pharmacies were commissioned to provide this service in 2020/21, and none are commissioned in 2021/22.

13.2.15 Return of patients sharps boxes

All of the pharmacies were commissioned to provide this service in 2020/21, and are also commissioned in 2021/22.

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 2019/20 were dispensed by either the ten pharmacies in the locality or the five dispensing practices, 6.9% were dispensed outside the locality:

- 3.8% by pharmacies in North Denbighshire,
- 2.6% by pharmacies in Conwy West, and
- 0.5% by contractors in England.

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the 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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments
- One practice disposes of patient sharps.

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 120 contractors dispensed items written by one of the GP practices in this locality, of which:

- 12 were located within the locality,
- 93 were located elsewhere within the health board's area,
- 10 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

13.6 Gaps in provision

13.6.1 Essential services

The health board has noted the following points:

- 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 this is a rural moorland area 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.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.
- None of the GP practices currently have any extended opening hours.

- The population of the locality increases during the holiday season due to an influx of visitors and tourists.

Based on the above, the health board has identified that there is a current need for a pharmacy in Towyn to be open six days per week with a minimum of three core opening hours on either Saturday or Sunday.

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,
- The enhanced services of emergency hormonal contraception, the common ailment service, the emergency medicine supply service, smoking cessation level 2 and help me quit @ pharmacy.

The health board has identified that should there be a loss of essential services due to the withdrawal of the pharmacy in Rhos on Sea from the pharmaceutical list there will be a future need for a new pharmacy in Rhos on Sea providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

13.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Seven pharmacies provided the maximum number of medicines use reviews in 2018/19. Two did in 2019/20.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the

services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Nine of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.5 Stoma appliance customisation

One pharmacy has provided this service in the last three years. 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.6 Emergency hormonal contraception

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current needs for this service within the locality other than in relation to Towyn (see section 13.6.1 above).

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service due to the closure of the pharmacy in Rhos on Sea there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

13.6.7 Smoking cessation level 2

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality other than in relation to Towyn (see section 13.6.1 above).

13.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- 11 of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality other than in relation to Towyn (see section 13.6.1 above).

13.6.9 Flu vaccination

The health board has noted the following points:

- Ten of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current needs for this service within the locality other than in relation to Towyn (see section 13.6.1 above).

The health board has identified that should there be a loss of provision of the common ailment service enhanced service due to the closure of the pharmacy in Rhos on Sea there will be a future need for this enhanced service to be provided

during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

13.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current needs for this service within the locality other than in relation to Towyn (see section 13.6.1 above).

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service due to the closure of the pharmacy in Rhos on Sea there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

13.6.12 Supervised consumption service

The health board has noted the following points:

- Ten of the pharmacies were commissioned to provide this service in 2020/21.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Eight of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an

increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- One pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

13.6.16 Return of patients sharps boxes

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 8 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two do not but can make adjustments to manage an increase in demand, and one couldn't manage an increase in demand however there are two other pharmacies in close proximity.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

13.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

14 North Denbighshire locality

14.1 Key facts

- Highest proportion of the population from a non-White background at 3.4%
- Highest proportion of lower super output areas in the most deprived 10%,
- Highest general fertility rate
- Lowest male life expectancy at 77.8 years
- Second lowest female life expectancy at 81.8 years
- Second lowest healthy male and female life expectancy at 63.4 and 81.8 years respectively
- Highest rate of premature deaths from key non communicable diseases, and third highest rate in Wales
- 21.0% of households do not have access to a car or van
- general as good or very good
- Highest percentage of long-term sick or disabled and economically inactive at 6.0%
- Highest proportion of unpaid carers at 12.4%
- Highest rate of deaths due to cardiovascular diseases
- North Denbighshire has the highest prevalence of diabetes with Conwy East (7.1%)
- Lowest rate of life satisfaction among working age adults at 80.8%
- Second highest rate of respiratory disease death rates after Wrexham
- Highest rate of teenage pregnancies
- Lowest percentage of harmful drinkers
- Lowest percentage of residents who are likely to have eaten five portions of fruit and vegetables the previous day at 17.5%
- the number of caravan parks along the North Denbighshire section of the North Wales coastline leads to an increase in the population during the summer
- The Denbighshire Local Development Plan⁶³ identifies the need for 3,775 housing units between 2018 and 2033. According to the Annual Monitoring Report 2020, 2,708 are still to be built. 45% of the 3,775 are anticipated to be in Bodelwyddan. This equates to a considerable expansion of the village and as well as housing will include up to 80 bed care home, 50 close care flats, a hotel, a new primary school, employment and two local centres. The Annual Monitoring Report 2020 anticipates that housing will start to be completed from 2026 onwards.

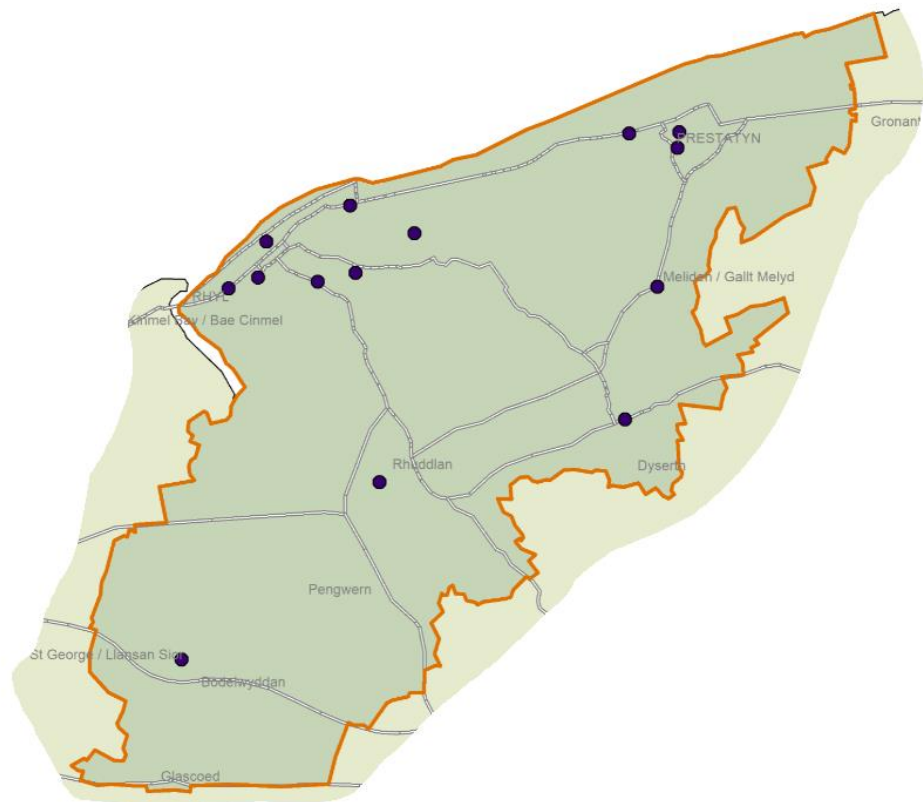
14.2 Current provision of pharmaceutical services within the locality's area

There are 15 pharmacies in the locality operated by nine different contractors. None of the six practices dispense. The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

⁶³ [Denbighshire Local Development Plan and Annual Monitoring Reports](#)

Map 81 – location of pharmacies and dispensing doctor premises

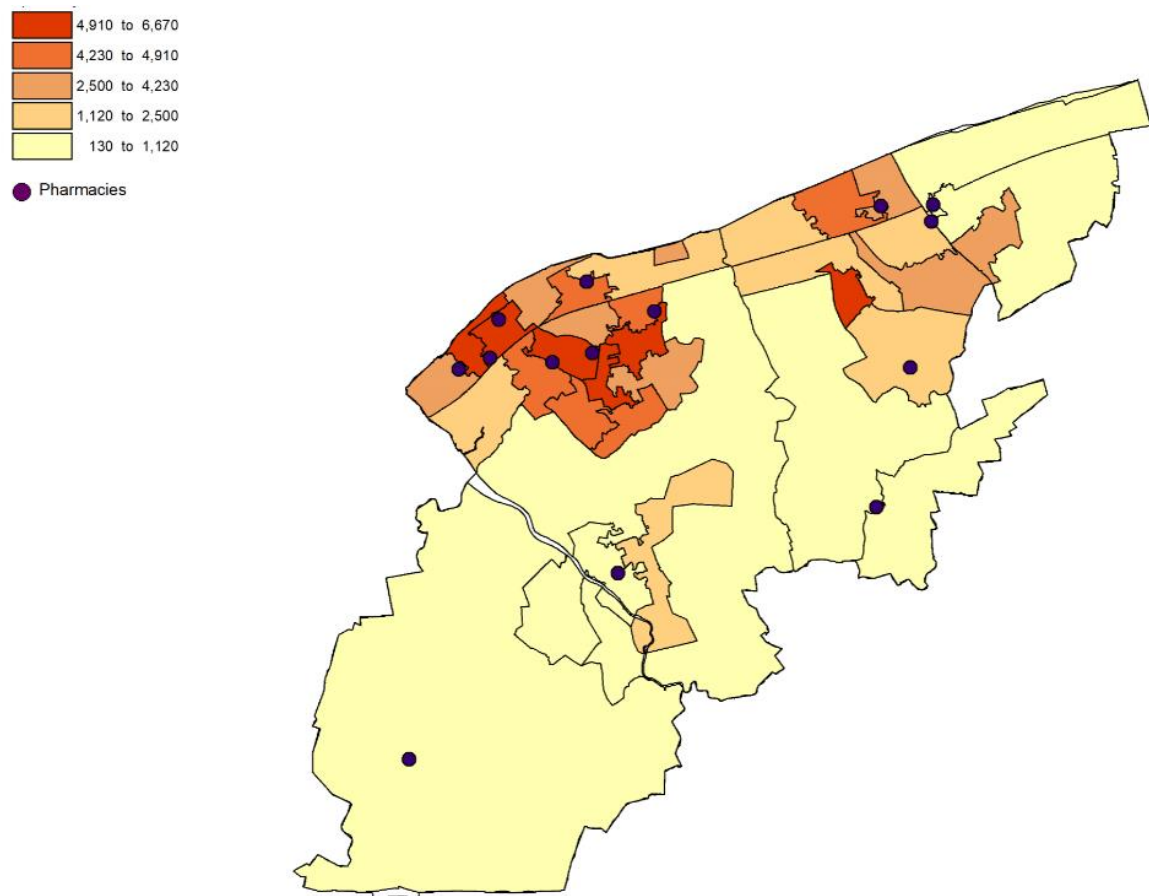
● Pharmacies



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As can be seen from the map below the pharmacies are generally located in areas of greater population density. It should be noted that where premises are close to each other the symbols will overlap.

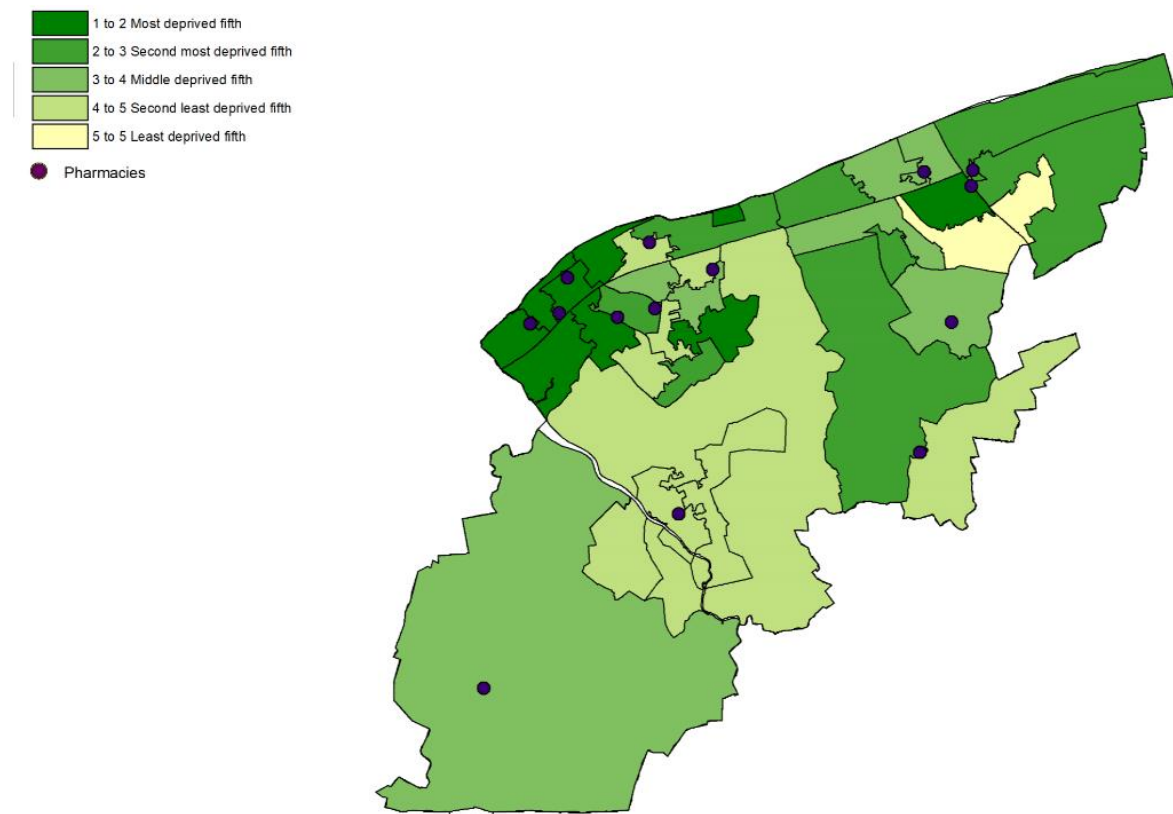
Map 82 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there is more correlation between the location of the pharmacies and levels of deprivation.

Map 83 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019

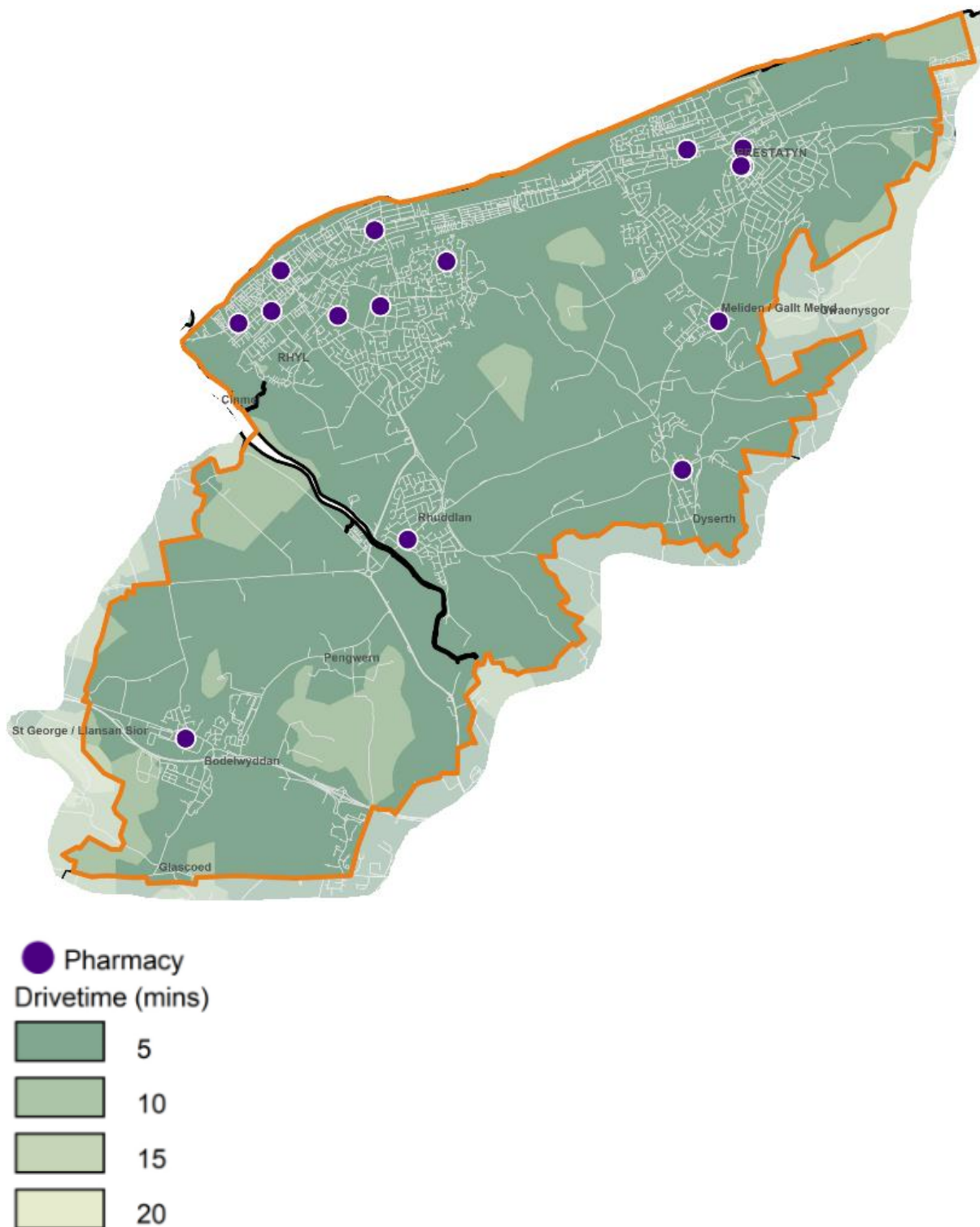


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In 2019/20, 95.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. As can be seen the entire locality is within a ten-minute drive of a pharmacy.

Map 84 – access to pharmacies and dispensing doctor premises in the locality



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With regard to when the pharmacies are open:

- Three open Monday to Friday,
- Seven open Monday to Friday, and part of Saturday,

- Three 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:

- Three 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 in Prestatyn open until 20.00 and one in Bodelwyddan until 22.00. One pharmacy closes at 13.00 on Wednesdays.

12 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 08.30, one at 08.45 and ten at 09.00. Of the five pharmacies that open all day, three close for lunch between 12.45 and 14.00. One pharmacy closes at 17.00, two at 17.30, one at 19.00 and one at 22.00.

The two pharmacies that open on Sunday between them cover the hours 08.45 to 22.00.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

14 of the pharmacies are accessible by wheelchair, and of these nine have a consultation area that is accessible by wheelchair. 14 pharmacies have consultations areas that 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 does not have a consultation area but confirmed it does have alternative arrangements for confidential discussions.

Five pharmacies confirmed that Welsh is spoken by staff. One also has staff who speak Polish and Hebrew. Other pharmacies have staff who can speak:

- Cantonese,
- Mandarin at times, and
- Polish.

14 of the pharmacies dispense prescriptions for all types of appliances with the fifteenth dispensing all but incontinence appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- seven provide a free of charge delivery service on request and four provide the service for a fee,
- six pharmacies restrict the service to specific areas, and
- eight said they restrict the service to specific patient groups (elderly, disabled, those with transport problems, infirm, isolating, at the pharmacy's discretion, those who have no-one who can collect for them, housebound, enabled/disabled, in unusual circumstances and emergencies).

There were three suggestions for an existing service that is not currently provided in the area:

- Medicines management and compliance support
- Smoking level 3 (Varenicline)
- An addition to the common ailments service for antibiotic supply for urinary tract infections - as is available in England - would be useful as it would benefit patients and relieve GP surgeries

Two pharmacies were of the opinion that there is a requirement for a new enhanced service which is not currently available:

- Alcohol misuse,
- Weight loss counselling,
- Sexually transmitted infections test and treat, and
- Adult vaccination, specifically pneumonia, shingles and hepatitis B.

Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and three said they don't but could make adjustments to manage any increase in demand. Two pharmacies said they don't have sufficient staffing and premises capacity and would have difficulty managing an increase in demand.

Six pharmacies have plans to develop or expand their service provision:

- Negotiating to move into a new larger premises - discussion ongoing
- New and larger consultation room.
- Considering second consultation room
- Pharmacist is undertaking the prescribing course
- Covid vaccination when it becomes available
- May include sore throat service in future after training.

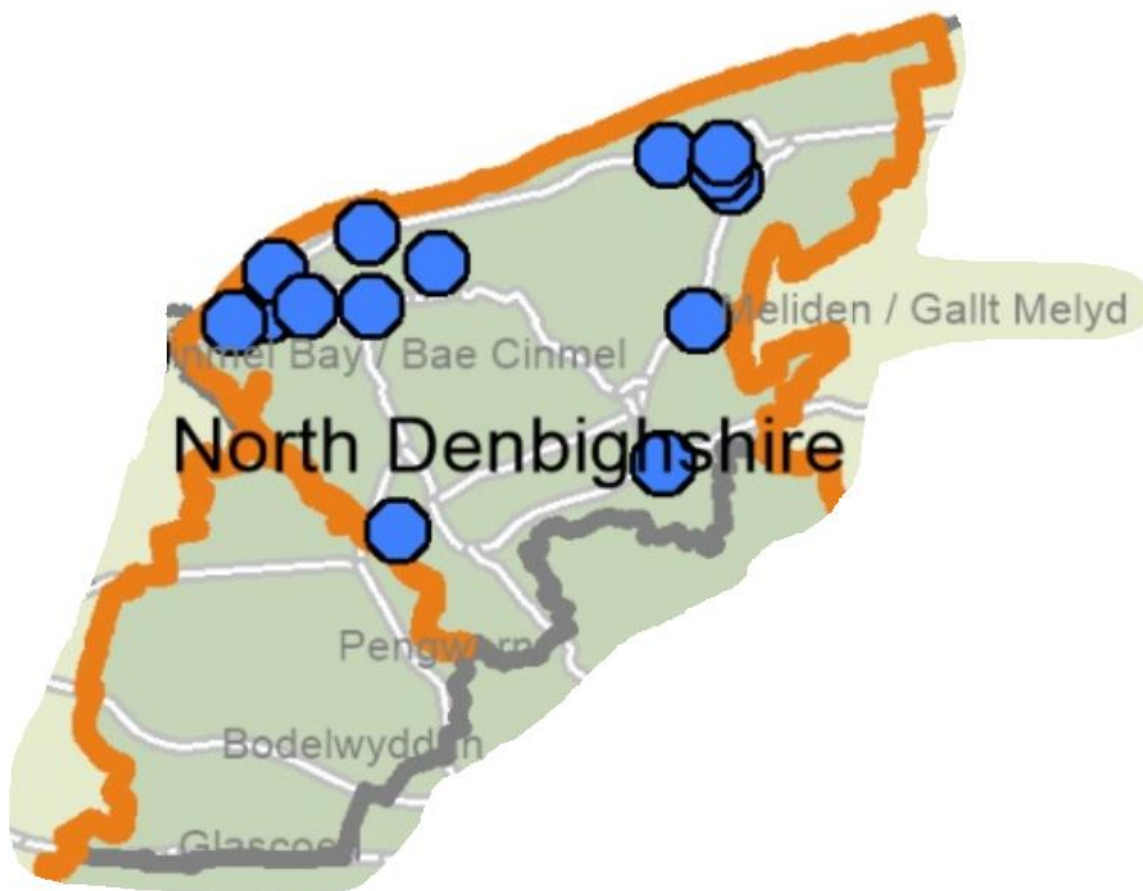
14.2.1 Medicines use review service

In 2018/19 and 2019/20 14 of the pharmacies provided this service, with seven providing the maximum number of 400 in 2018/19 and one in 2019/20. At the time of

writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 85 – location of the pharmacies providing the medicines use review service in 2019/20



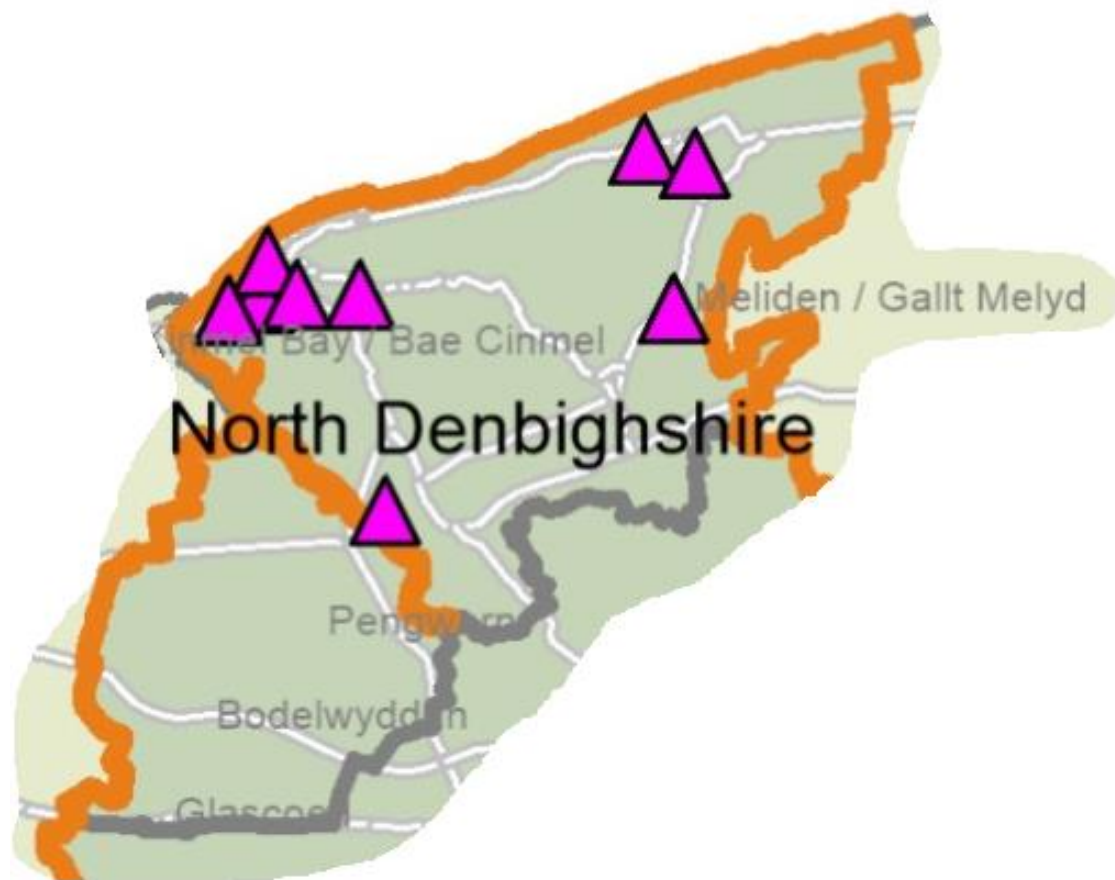
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14.2.2 Discharge medicines review

In 2018/19 and 2019/20, ten of the pharmacies provided this service with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 86 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, ten of the pharmacies have provided 193 reviews.

14.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

14.2.4 Stoma appliance customisation

None of the pharmacies provide this service despite dispensing prescriptions for appliances.

14.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 87 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



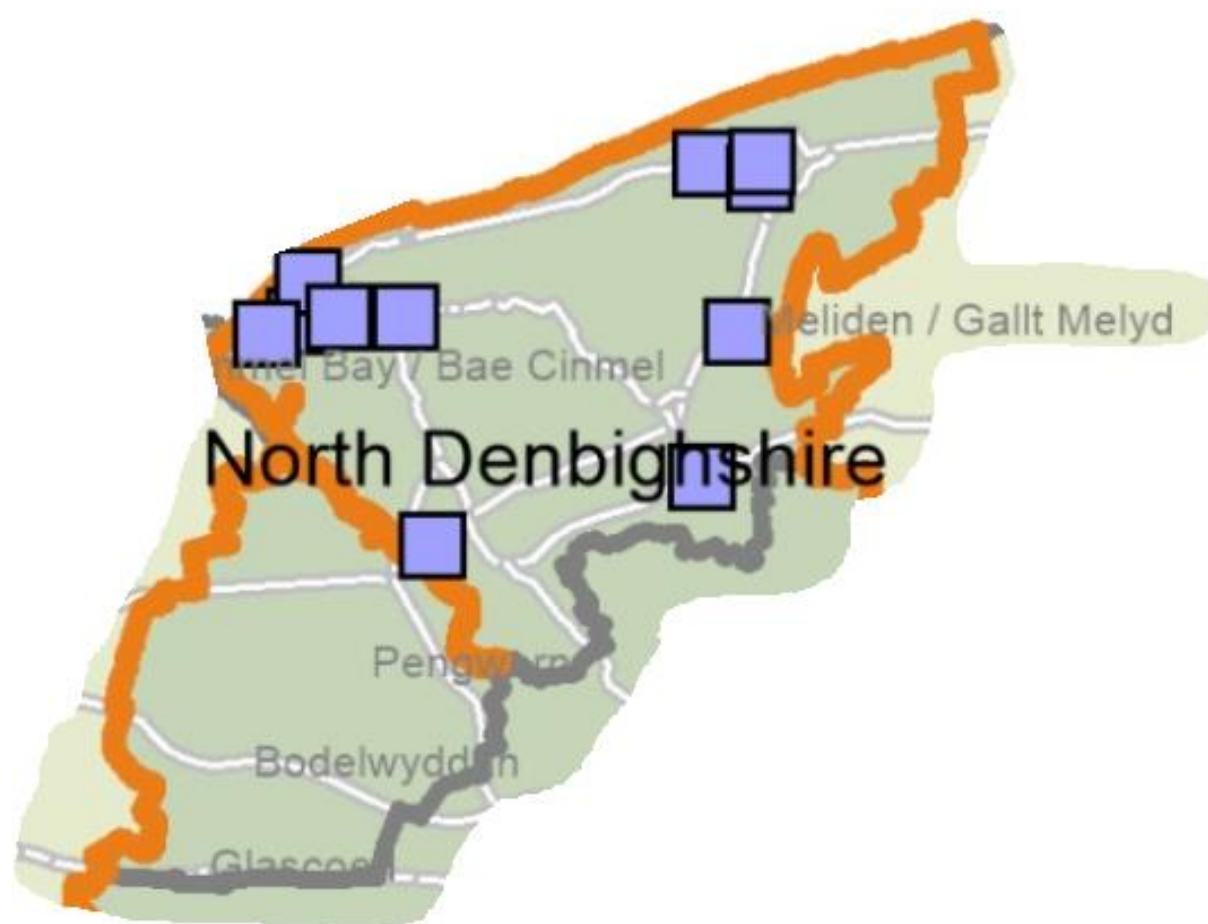
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12 of the pharmacies were commissioned to provide this service and 12 are commissioned in 2021/22.

14.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 88 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



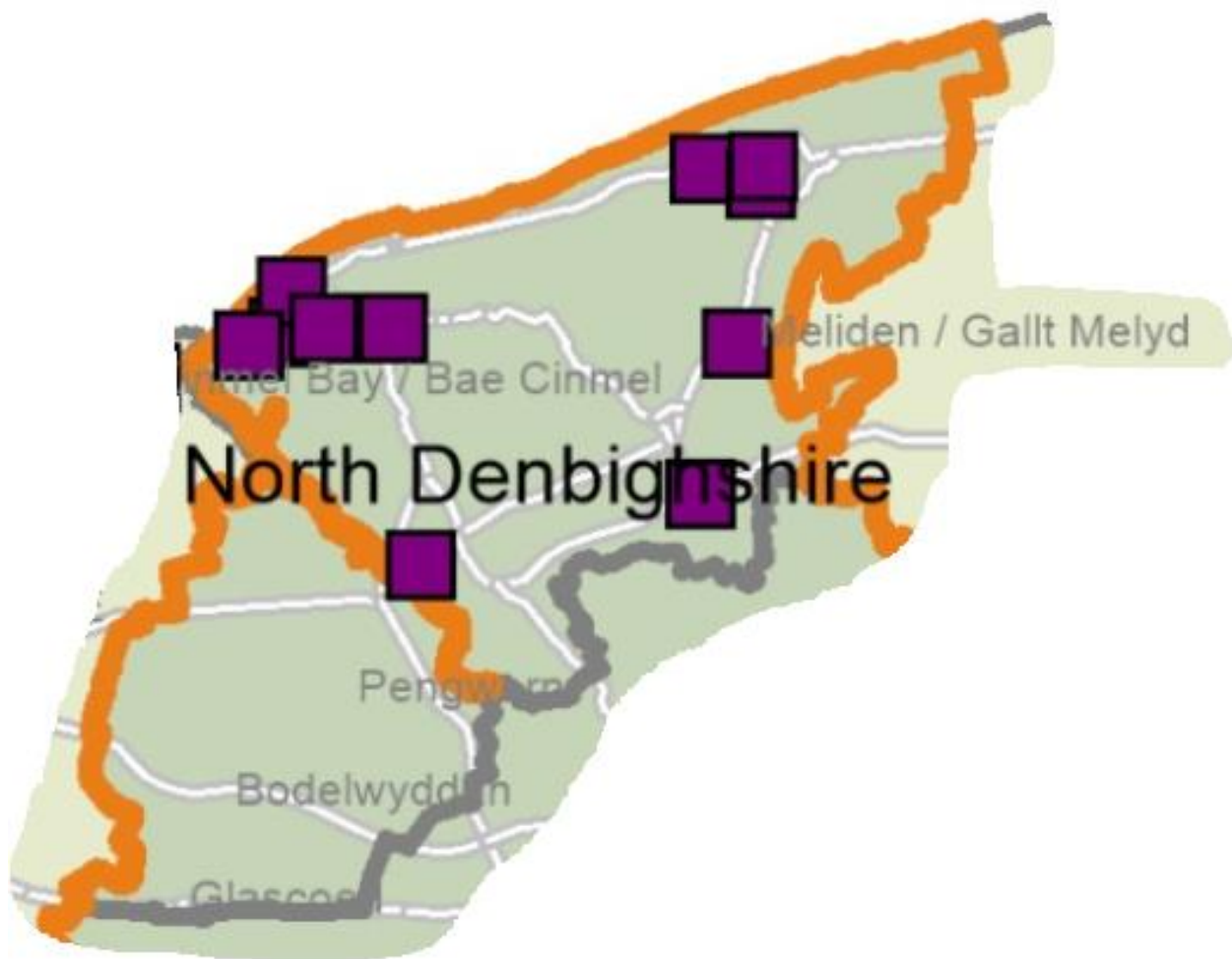
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12 of the pharmacies were commissioned to provide this service and provided it 2020/21. Thirteen are commissioned in 2021/22.

14.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 89 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



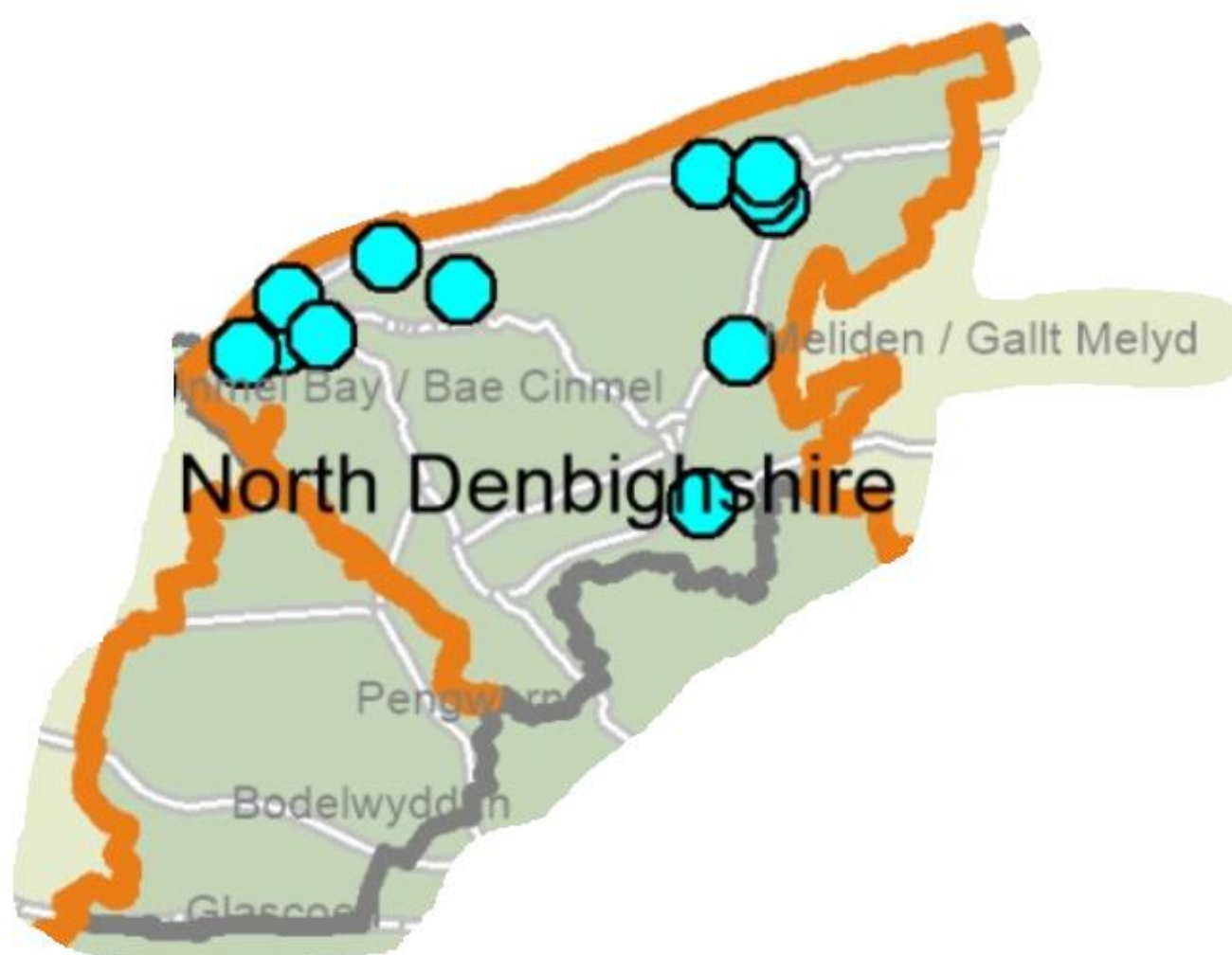
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13 of the pharmacies were commissioned to provide this service in 2020/21, and 13 are commissioned in 2021/22.

14.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 90 – location of the pharmacies providing flu vaccinations in 2019/20



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14 of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 four of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

14.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 91 – location of the pharmacies providing the common ailment service in 2019/20



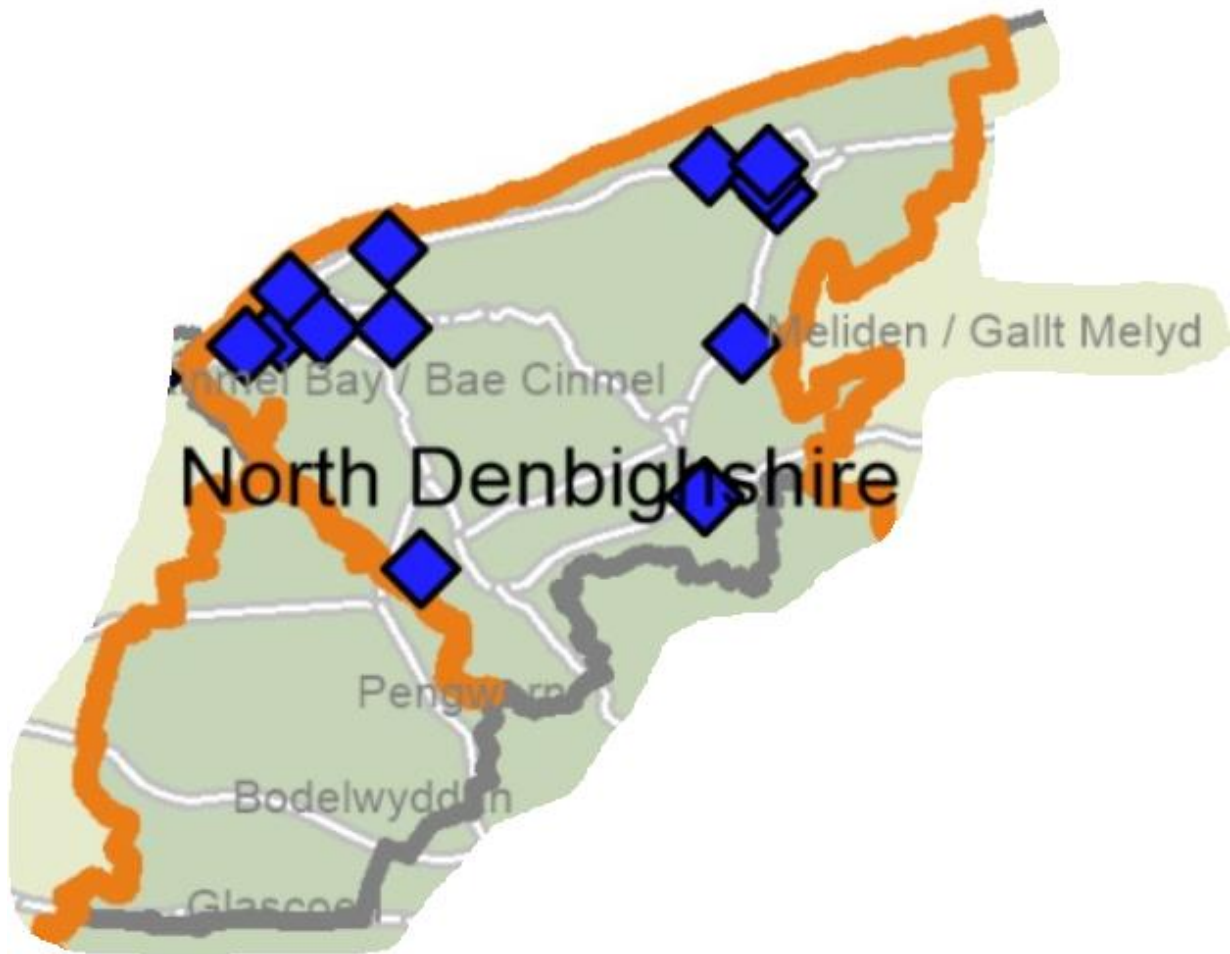
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14 of the pharmacies were commissioned to provide this service and provided it in 2020/21, and 14 are commissioned in 2021/22.

14.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 92 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21, and continue to be in 2021/22.

14.2.11 Supervised consumption service

12 of the pharmacies were commissioned to provide this in 2020/21, and 12 are commissioned in 2021/22.

14.2.12 Syringe and needle exchange service

Five of the pharmacies were commissioned to provide this service and claimed for the service in 2020/21. Five are commissioned in 2021/22.

14.2.13 End of life care medicines

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

14.2.14 Independent prescriber services

Three pharmacies were commissioned to provide the acute conditions service, two of which were also commissioned to provide the contraception service in 2020/21. The same numbers are commissioned in 2021/22.

14.2.15 Return of patients sharps boxes

All of the pharmacies were commissioned to provide this service in 2020/21, and continue to be in 2021/22.

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 2019/20 were dispensed by the 15 pharmacies in the locality, 3.9% were dispensed outside the locality:

- 2.3% by pharmacies in Conwy East,
- 0.5% by contractors in England,
- 0.5% by pharmacies in Conwy West,
- 0.3% by pharmacies in North West Flintshire,
- 0.1% in Central and South Denbighshire, and
- 0.1% 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.

14.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 130 contractors dispensed items written by one of the GP practices in this locality, of which:

- 15 were located within the locality,
- 102 were located elsewhere within the health board's area,
- 14 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

14.6 Gaps in provision

14.6.1 Essential services

The health board has noted the following points:

- The pharmacies are spread across the locality and are located in areas of greater population density and higher deprivation.
- The entire locality is within a 20-minute drive time of a pharmacy.
- The expansion of Bodelwyddan is due to commence in 2026, with approximately 1,700 houses built once the development is completed.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.
- None of the GP practices currently have any extended opening hours.

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 in a town/village that is outside of Rhyl and Prestatyn (other than Bodelwyddan) there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

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 April 2021 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.

14.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by 14 of the pharmacies.
- Seven pharmacies provided the maximum number of medicines use reviews in 2018/19. One did in 2019/20.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Nine of the pharmacies had provided this service in 2020/21, at the point of drafting.

- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.6 Emergency hormonal contraception

The health board has noted the following points:

- 12 pharmacies were commissioned to provide this service in 2020/21, but none provide it in the south west corner of the locality.
- The service is also provided by GP practices and sexual health clinics.

- There is a growing focus on long-acting reversible contraception for eligible females.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current needs in relation to the provision of essential services in this locality.

Based on the above, 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 this enhanced services. However, should this gap not be closed, then from 1 April 2023 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.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Rhyl and Prestatyn there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

14.6.7 Smoking cessation level 2

The health board has noted the following points:

- 12 pharmacies were commissioned to provide this service in 2020/21, but none provided it in the south west corner of the locality. This has subsequently changed in 2021/22.
- Demand for the service is dictated by people wishing to stop smoking.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

The health board has not identified any current or future needs in relation to this service.

14.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- 13 of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.

- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.9 Flu vaccination

The health board has noted the following points:

- 14 pharmacies were commissioned to provide this service in 2020/21, but none provide it in the south west corner of the locality.
- There are other providers of the service, for example the GP practices.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, 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 this enhanced services. However, should this gap not be closed, then from 1 April 2023 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.

The health board has not identified any future needs in relation to this service.

14.6.10 Common ailment service

The health board has noted the following points:

- 14 pharmacies were commissioned to provide this service in 2020/21, but none provide it in the south west corner of the locality.
- There are other providers of the service, for example the GP practices.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current needs in relation to the provision of essential services in this locality.

Based on the above, 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 this enhanced services. However, should

this gap not be closed, then from 1 April 2023 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.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Rhyl and Prestatyn there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

14.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in a location that is outside of Rhyl and Prestatyn there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

14.6.12 Supervised consumption service

The health board has noted the following points:

- 12 pharmacies were commissioned to provide this service in 2020/21.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Five pharmacies were commissioned to provide this service in 2020/21.

- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

The health board has not identified any current or future needs for this service within the locality.

14.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- One pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

14.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Three pharmacies were commissioned to provide the acute conditions service, two of which were also commissioned to provide the contraception service in 2020/21.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

14.6.16 Return of patients sharps boxes

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 10 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three do not but can make adjustments to manage an increase in demand, and two couldn't manage an increase in demand.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15 Central and South Denbighshire locality

15.1 Key facts

- Highest proportion of the population from a non-White background at 3.4%
- Highest proportion of lower super output areas in the most deprived 10%,
- Highest general fertility rate
- Lowest male life expectancy at 77.8 years
- Second lowest female life expectancy at 81.8 years
- Second lowest healthy male and female life expectancy at 63.4 and 81.8 years respectively
- Highest rate of premature deaths from key non communicable diseases, and third highest rate in Wales
- Lowest percentage of adults aged 16 and over who report their health in general as good or very good
- Highest percentage of long-term sick or disabled and economically inactive at 6.0%
- Highest proportion of unpaid carers at 12.4%
- Highest rate of deaths due to cardiovascular diseases
- 21.0% of households do not have access to a car or van
- Lowest rate of life satisfaction among working age adults at 80.8%
- Second highest rate of respiratory disease death rates after Wrexham
- Highest rate of teenage pregnancies
- Lowest percentage of harmful drinkers
- Lowest percentage of residents who are likely to have eaten five portions of fruit and vegetables the previous day at 17.5%
- The Denbighshire Local Development Plan⁶⁴ identifies the need for 3,775 housing units between 2018 and 2033. According to the Annual Monitoring Report 2020, 2,708 are still to be built. The majority of these units are to be built in North Denbighshire

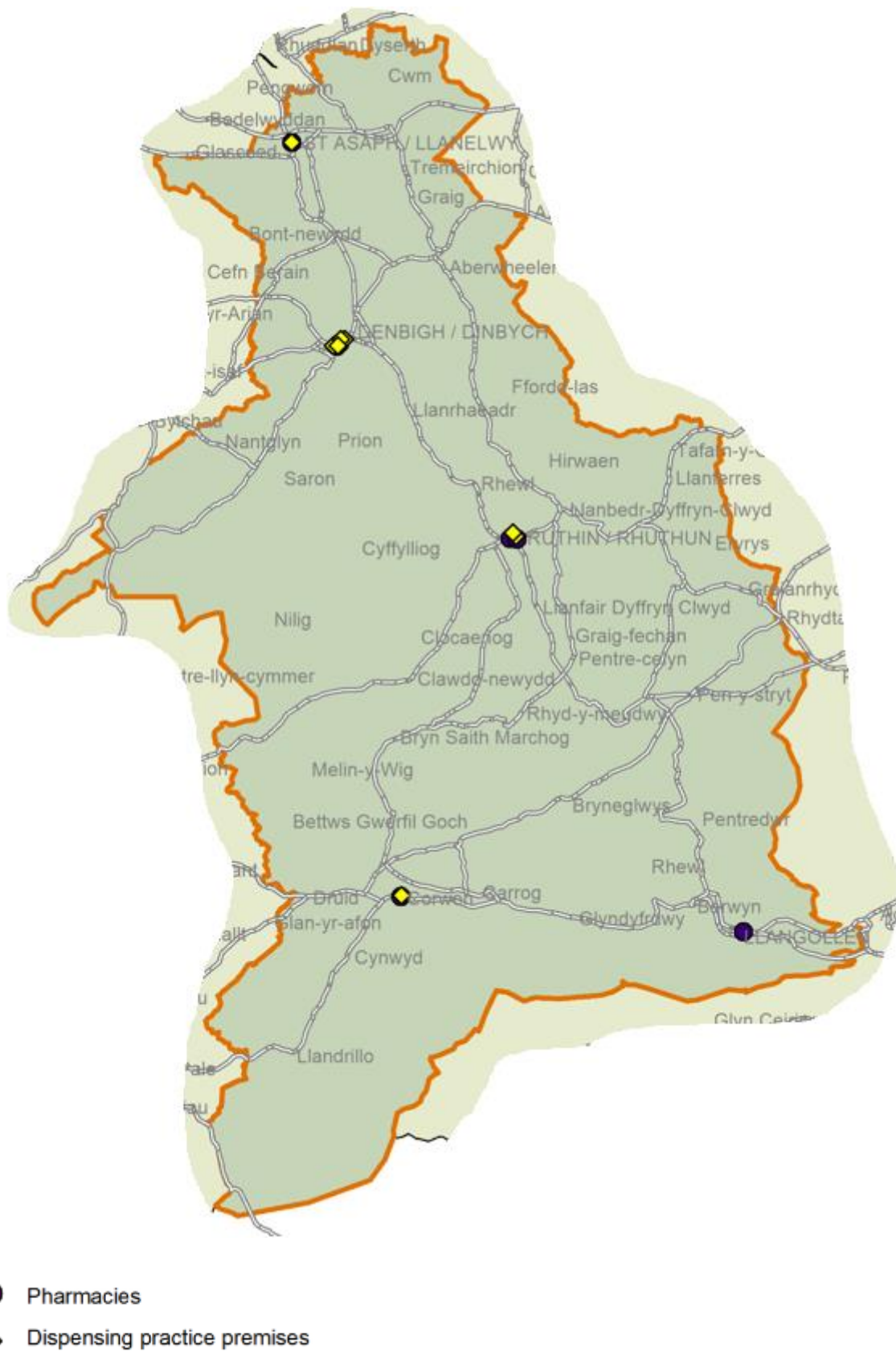
15.2 Current provision of pharmaceutical services within the locality's area

There are seven pharmacies in the locality operated by four different contractors. Of the eight GP practices, six dispense from a total of six premises. The level of dispensing ranges from 38.4% to 52.7% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

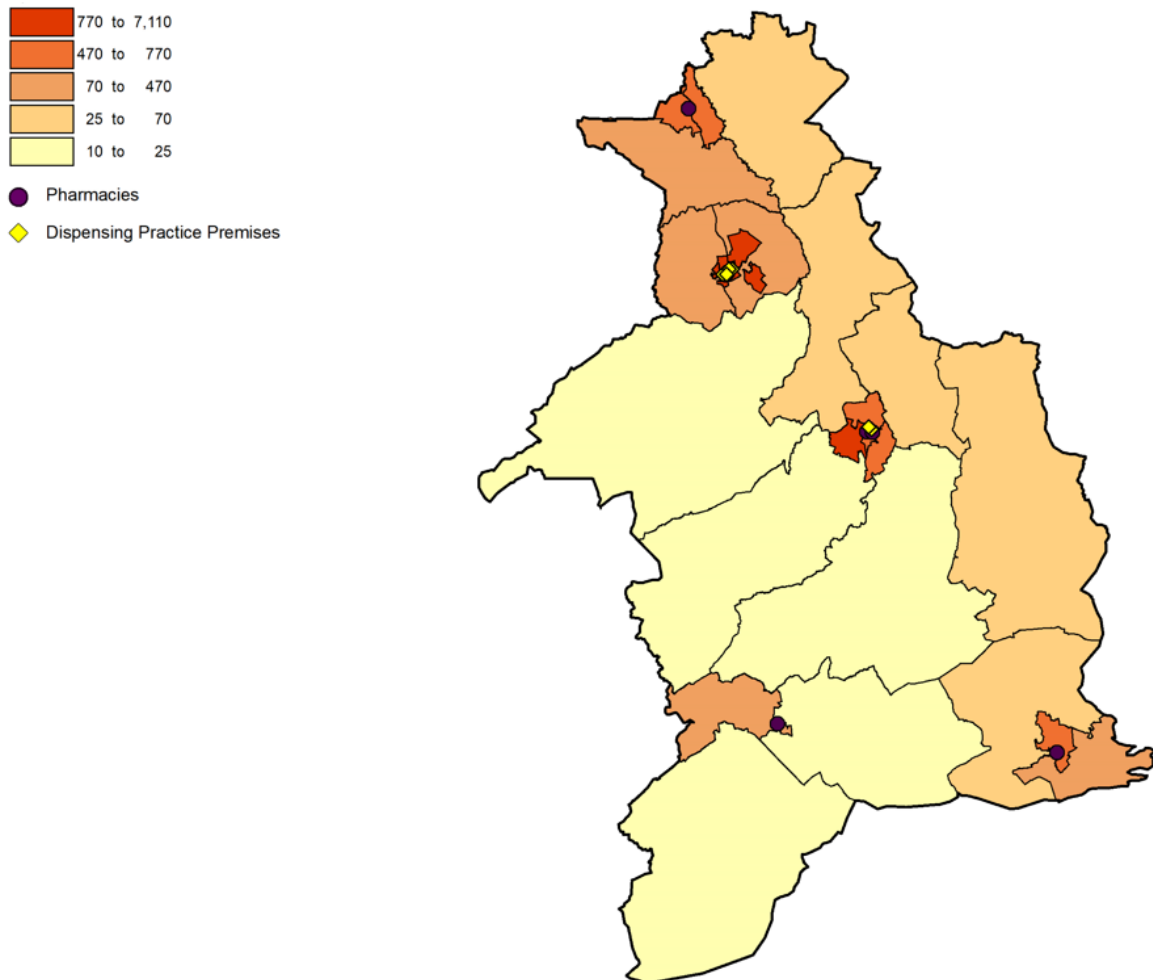
⁶⁴ [Denbighshire Local Development Plan and Annual Monitoring Reports](#)

Map 93 – location of pharmacies and dispensing doctor premises



As can be seen from the map below the pharmacies and dispensing doctor premises are, with one exception, located in areas of greater population density. It should be noted that where premises are close to each other the symbols will overlap.

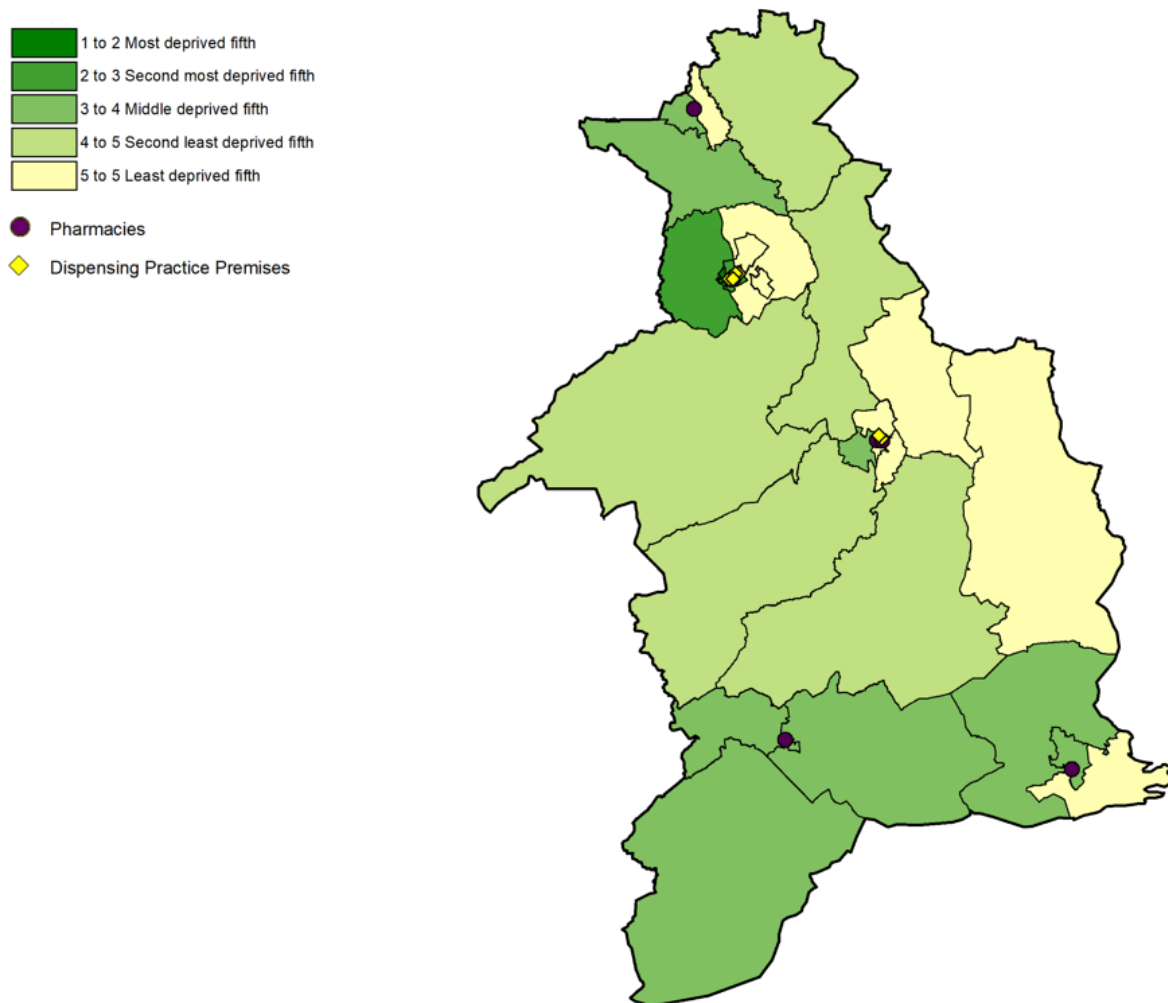
Map 94 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there is less correlation between the location of the pharmacies and dispensing practice premises and levels of deprivation.

Map 95 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019



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In 2019/20, 55.7% 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 35.8% 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. It should be noted that where premises are close to each other the symbols will overlap.

Google maps reveals that the areas around Nilig and to the south of Pen-y-Stryt to be rural in nature, with a few scattered house/farms and campsites. The area to the south of Glyndyfrdwy has no resident population, and neither does the area to the east of Llandrillo.

The area to east of Sarnau contains a few scattered houses/farms as does the area to the south east of Llandrillo.

Map 96 – access to pharmacies and dispensing doctor premises in the locality



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 are either 17.30 or 18.00 .

Each of the two pharmacies in Ruthin is commissioned to stay open for longer on Mondays, Tuesdays, Wednesdays and Fridays on alternate weeks.

All of 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, and both close at 17.30.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Seven of the pharmacies are accessible by wheelchair, and of these five have a consultation area that is accessible by wheelchair. All seven of the consultations 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 does not have a consultation area but does have alternative arrangements for confidential discussions.

Four pharmacies confirmed that Welsh is spoken by staff, one of which also has sign language staff. One pharmacy has staff who speak Polish.

All of the pharmacies dispense prescriptions for all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- seven provide a free of charge delivery service on request,
- one pharmacy restricts the service to specific areas, and
- two said they restrict the service to specific patient groups (vulnerable and housebound).

There were no suggestions for an existing service that is not currently provided in the area and no requirements for a new enhanced service which is not currently available.

Seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels 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.

One pharmacy plans to grow its independent prescriber care service.

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 five premises.

The four dispensaries are open all day, opening at either 08.00 or 08.30 and closing at either 18.00 or 18.30.

With regard to the dispensing of prescriptions for appliances all dispense prescriptions for all types of appliance.

Four provide a delivery service. One provides the service to the elderly, those who are shielding and vulnerable patients (this may continue after the pandemic), another provides the service at the discretion of the GP. Another practice delivers to four shops in rural areas and did deliver to shielding patients.

All four practices have staff who are able to speak Welsh.

All four practices have sufficient capacity to manage the increase in demand in their area.

The practices reported making the following changes to their dispensing service that they will take into the "new normal":

- Provision of a delivery service,
- Increase uptake of online ordering of medicines by patients, and
- Online platforms for communication with patients.

15.2.1 Medicines use review service

In 2018/19 seven of the pharmacies provided this service, with three providing the maximum number of 400 in 2018/19. Six provided it in 2019/20 with one providing

Map 98 – location of the pharmacies providing discharge medicines reviews in 2019/20

295

15.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

15.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 99 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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Six of the pharmacies were commissioned to provide this service in 2020/21, and six are commissioned in 2021/22.

15.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 100 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



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Six of the pharmacies were commissioned to provide this service in 2020/21, and six are commissioned in 2021/22.

15.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

[illegible]

Seven of the pharmacies were commissioned to provide this service in 2020/21. Five are commissioned in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 102 – location of the pharmacies providing flu vaccinations in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 two of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as last year.

15.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 103 – location of the pharmacies providing the common ailment service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

15.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 104 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service and provided it in 2020/21 and continue to be in 2021/22.

15.2.11 Supervised consumption service

All of the pharmacies were commissioned to provide this service in 2020/21 and continue to be in 2021/22.

15.2.12 Syringe and needle exchange service

Three of the pharmacies were commissioned to provide this service and provided it in 2020/21. Three are commissioned in 2021/22.

15.2.13 End of life care medicines

No pharmacies were commissioned to provide this service in 2020/21, and this continues to be the case in 2021/22.

15.2.14 Independent prescriber services

One pharmacy was commissioned to provide the acute conditions service in 2020/21 and continues to be in 2021/22.

15.2.15 Return of patients sharps boxes

All of the pharmacies were commissioned to provide this service and in 2020/21 and continue to be in 2021/22.

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 2019/20 were dispensed by either the ten pharmacies in the locality or the six dispensing practices, 8.2% were dispensed outside the locality:

- 5.0% by pharmacies in North Denbighshire,
- 1.4% by contractors in England,
- 1.0% by pharmacies in Conwy East,
- 0.6% by pharmacies in South Flintshire, and
- 0.1% by pharmacies 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.

15.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments
- Two practices dispose of patient sharps.

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

One of the GP practices in Ruthin, which dispenses to approximately half of its registered patients, is due to move into new premises in October 2021. It is not anticipated that this will affect the need for pharmaceutical services.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 140 contractors dispensed items written by one of the GP practices in this locality, of which:

- eight were located within the locality,
- 112 were located elsewhere within the health board's area,
- 19 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

15.6 Gaps in provision

15.6.1 Essential services

The health board has noted the following points:

- 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.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.
- None of the GP practices currently have any extended opening hours

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 in a town/village that is outside of Denbigh and Ruthin there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

15.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by six of the pharmacies.
- Three pharmacies provided the maximum number of medicines use reviews in 2018/19. One did in 2019/20.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

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 the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Seven of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.6 Emergency hormonal contraception

The health board has noted the following points:

- Six pharmacies were commissioned to provide this service in 2020/21. There is no pharmacy providing the service in the north of the locality.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in connection with the lack of this service in St Asaph. However, should this gap not be closed then from 1 April 2023 there will be a future need for these services to be provided in St Asaph Monday to Friday as a minimum.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Denbigh and Ruthin there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

15.6.7 Smoking cessation level 2

The health board has noted the following points:

- Six pharmacies were commissioned to provide this service in 2020/21. There is no pharmacy providing the service in the north of the locality.
- Demand for the service is dictated by people wishing to stop smoking.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in connection with the lack of this service in St Asaph. However, should this gap not be closed then from 1 April 2023 there will be a future need for these services to be provided in St Asaph Monday to Friday as a minimum.

15.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Seven of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has identified any current or future needs for this service within the locality.

15.6.9 Flu vaccination

The health board has noted the following points:

- Seven pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices, however there is no practice in Caerwys.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.10 Common ailment service

The health board has noted the following points:

- Seven pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices, however there is no practice in Caerwys.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Denbigh and Ruthin there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide it.

15.6.11 Emergency medicine supply

The health board has noted the following points:

- Seven pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in a location that is outside of Denbigh and Ruthin there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

15.6.12 Supervised consumption service

The health board has noted the following points:

- Seven pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Three of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- No pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- One pharmacy is commissioned to provide the acute conditions service.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

15.6.16 Return of patients sharps boxes

The health board has noted the following points:

- 12 of the pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

15.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

16 North West Flintshire locality

16.1 Key facts

- Flintshire has the largest population of all the local authorities at 156,100
- Greatest population density per square kilometre at 355.6 people
- 19% of the population is aged 15 years and under (largest proportion with Wrexham)
- Lowest proportion of adults who speak Welsh at 10.74%
- Highest proportion of lower super output areas in the most deprived 50%, but the lowest proportion in relation to the 'access to services' domain
- Highest average gross weekly earnings at £553 which is also higher than the average for Wales
- Second lowest general fertility rate
- With Conwy, Flintshire has the highest male life expectancy at 79.3 years (and fourth highest local authority in Wales)
- Second highest proportion of adults who rate their health in general good or very good
- Lowest percentage of one person households at 11.5%
- Lowest proportion of households with no car or van at 17.0% but the highest proportion of households with two or more cars (41.1% which is also higher than the average for Wales)
- Highest percentage of people in employment at 63.7%
- With Gwynedd, has the lowest percentage of people who are long-term sick or disabled and economically inactive
- Highest number of authorised and unauthorised caravan sites
- Highest rate of people threatened with homelessness
- Second highest rate of malignancies per 100,000 population
- Highest rate of life satisfaction among working age adults at 85.6% but the lowest rate of satisfaction among older people at 85.7%
- Lowest proportion of people who feel lonely
- Second highest rate of respiratory deaths per 100,000 population
- Highest percentage of people who are more likely to have eaten five portions of fruit and vegetables the previous day (31.4%)
- The Flintshire Local Development Plan identifies the need for 6,950 homes during its lifetime (2015 to 2030) with an average of 463 units per year. This equates to a total of 2,315 units during the lifetime of this pharmaceutical needs assessment. Two key strategic sites are identified 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).

16.2 Current provision of pharmaceutical services within the locality's area

There are nine pharmacies in the locality operated by six different contractors. One of the pharmacies is covered by the essential small pharmacy scheme. Of the seven GP practices, three dispense from a total of three premises. The level of dispensing ranges from 28.0% to 51.4% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

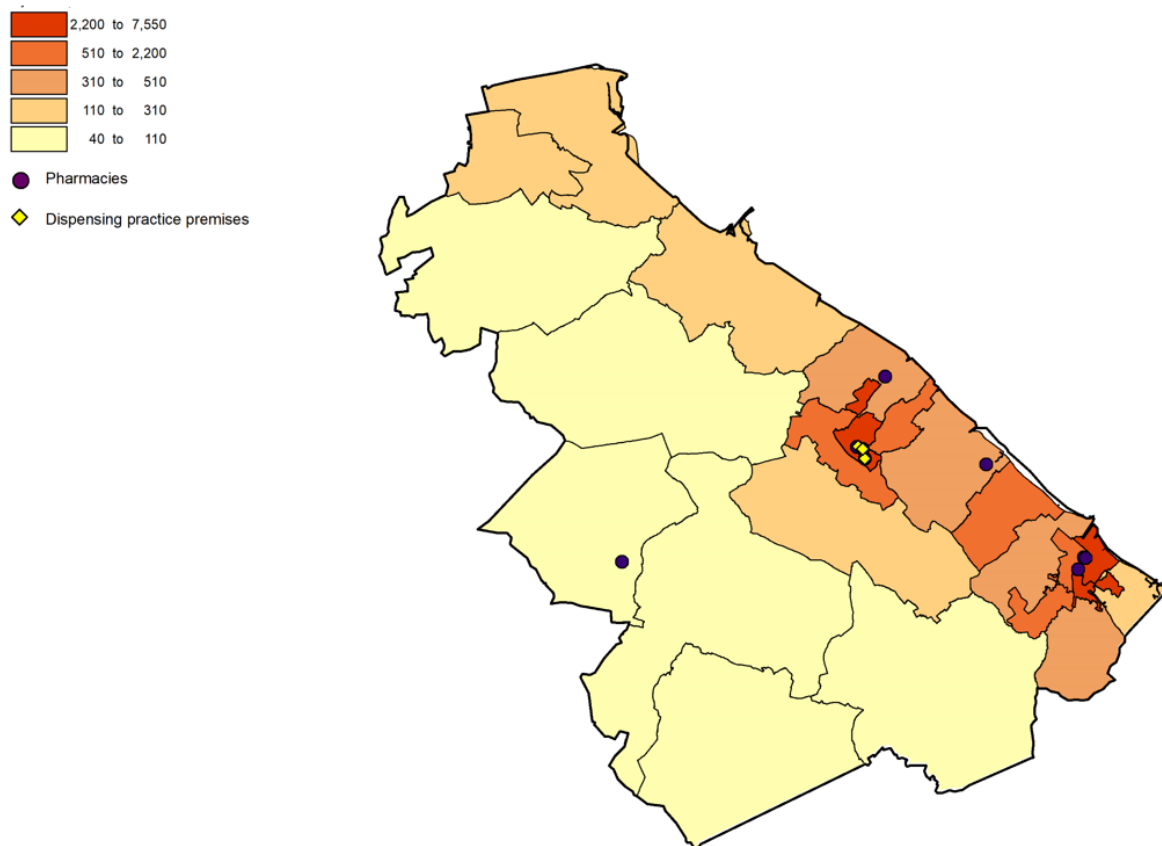
Map 105 – location of pharmacies and dispensing doctor premises



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As can be seen from the map below the pharmacies are generally located in areas of greater population density whereas dispensing practice premises are located in areas of lower population density. It should be noted that where premises are close to each other the symbols will overlap.

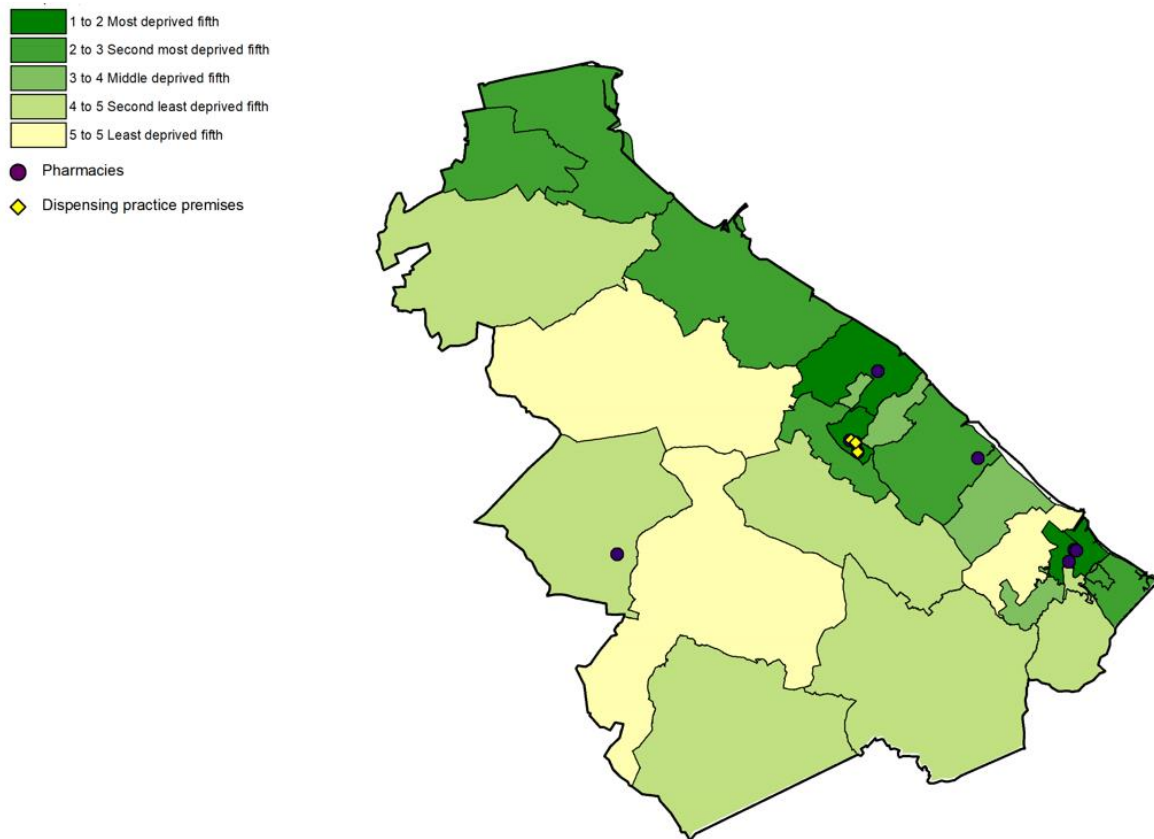
Map 106 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that pharmacies are generally also located in areas of greater deprivation.

Map 107 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019

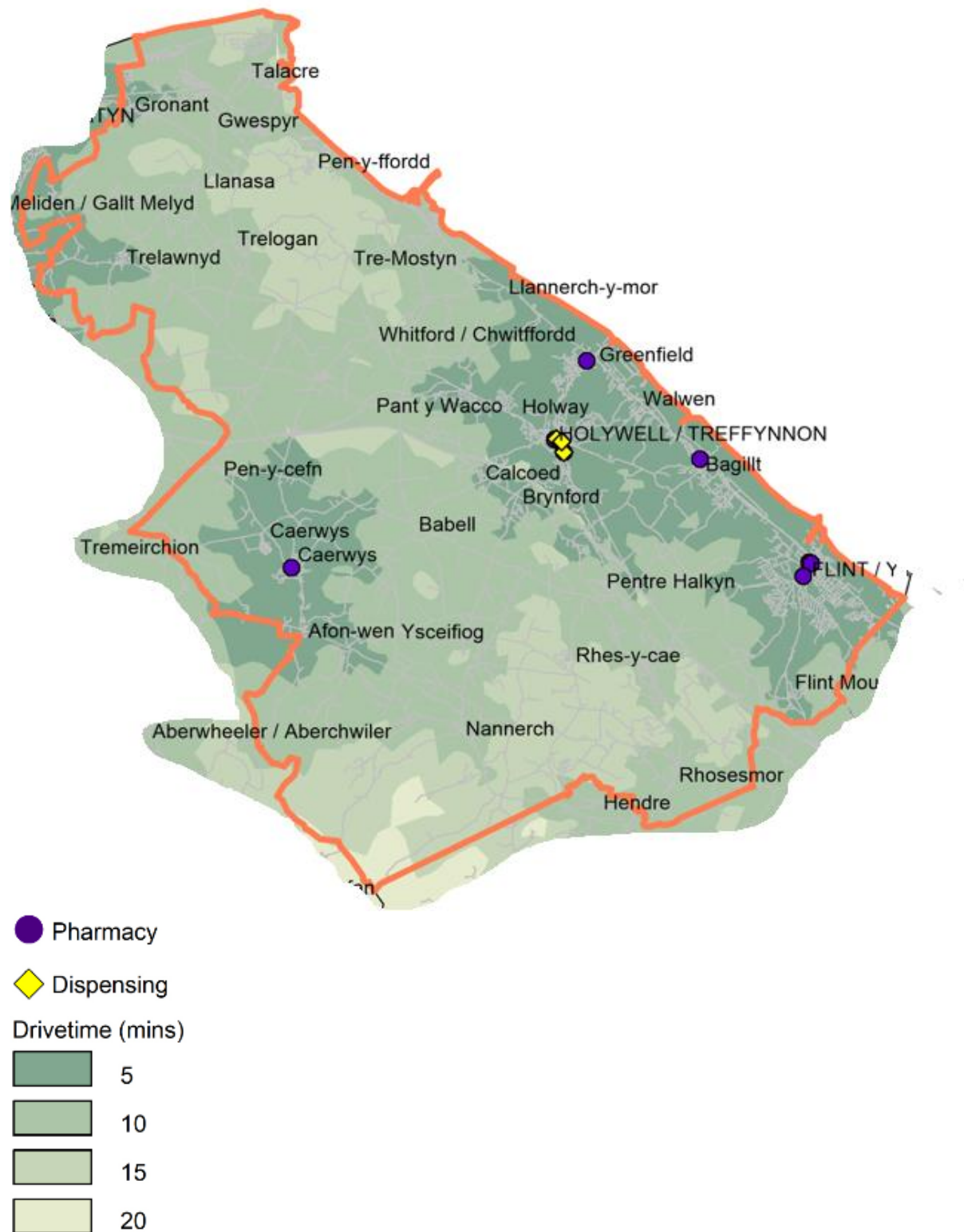


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In 2019/20, 70.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 23.1% of the prescribed items. Whilst the data available 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. As can be seen the entire locality is within a 20-minute drive of a pharmacy or dispensing doctor premises.

Map 108 – access to pharmacies and dispensing doctor premises in the locality



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With regard to when the pharmacies are open:

- One opens Monday to Friday,
- Five open Monday to Friday, and part of Saturday, and
- Three open Monday to Saturday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- All open at 09.00,
- Four close at 17.30 (one closes at 13.00 on Wednesdays) and the remainder at 18.00 (one closes at 17.30 on Thursdays).

Six pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacies open all day.

On Saturday, eight pharmacies open at 09.00. Of the three pharmacies that open all day, two close for lunch. They close between 16.30 and 17.30.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All of the pharmacies are accessible by wheelchair, and five also have a consultation area that is accessible by wheelchair. All eight of the consultations 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 Welsh is spoken by staff. Another pharmacy confirmed that staff speak Urdu, and another that staff speak Urdu, Punjabi and Hindi.

All of the pharmacies dispense prescriptions for all types of appliances.

Seven of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- six provide a free of charge delivery service on request and one provides the service for a fee,
- two pharmacies restrict the service to specific areas, and

- two restrict the service to specific patient groups (housebound and vulnerable).

There was one suggestion for an existing service that is not currently provided in the area namely the sore throat test and treat service.

One pharmacy was of the opinion that there is a requirement for a new enhanced service which is not currently available, namely a weight management service.

Seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels 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.

A refit of one pharmacy is planned for 2021/22.

One of the three dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses.

- The practice has one dispensary which is open 08.00 to 18.00 on weekdays;
- It dispenses prescriptions for all appliances;
- Dispensary staff speak Welsh; and
- It doesn't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.

16.2.1 Medicines use review service

In 2018/19 and 2019/20 seven of the pharmacies provided this service, with four providing the maximum number of 400 in 2018/19 and three in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 110 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, six of the pharmacies provided a total of 86 reviews.

16.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

16.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

16.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 111 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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Five of the pharmacies were commissioned to provide this service in 2020/21, and six are commissioned in 2021/22.

16.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 112 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



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Six of the pharmacies were commissioned to provide this service in 2020/21, and five are commissioned in 2021/22.

16.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 113 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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Five the pharmacies were commissioned to provide this service in 2020/21, and five are commissioned in 2021/22.

16.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

A map of North West Flintshire, Wales, showing various locations. The map is divided into several colored regions: a light blue area in the north, a light green area in the center, and a light yellow area in the south. The map is bordered by a thick red line. Three red dots are placed on the map, indicating specific locations: one near the top center, one in the middle right, and one in the bottom right. The text 'North West Flintshire' is written in the center of the map.

Seven of the pharmacies were commissioned to provide this service in 2020/21. of August 2021 none of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

The map below shows the locations where the service was provided in 2019/20. should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 115 – location of the pharmacies providing the common ailment service in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21, and eight are commissioned in 2021/22.

16.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 116 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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Eight of the pharmacies were commissioned to provide this service in 2020/21, and eight are commissioned in 2021/22.

16.2.11 Supervised consumption service

Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven in 2021/22.

16.2.12 Syringe and needle exchange service

Five of the pharmacies were commissioned to provide this service in 2020/21, and five are commissioned in 2021/22.

16.2.13 End of life care medicines

No pharmacies are commissioned to provide this service in 2020/21.

16.2.14 Independent prescriber services

No pharmacies were commissioned to provide this service in 2020/21. None are commissioned in 2021/22.

16.2.15 Return of patients sharps boxes

Eight of the pharmacies were commissioned to provide this service in 2020/21, and eight are commissioned in 2021/22.

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 2019/20 were dispensed by either the eight pharmacies in the locality or the three dispensing practices, 5.6% were dispensed outside the locality:

- 1.4% by pharmacies in Conwy East,
- 1.3% by pharmacies in South Flintshire,
- 1.1% by pharmacies in Central and South Denbighshire,
- 0.7% by pharmacies in North East Flintshire, and
- 0.5% by contractors in each of England and 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.

16.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 100 contractors dispensed items written by one of the GP practices in this locality, of which:

- nine were located within the locality,
- 83 were located elsewhere within the health board's area,
- five were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

16.6 Gaps in provision

16.6.1 Essential services

The health board has noted the following points:

- 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.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.
- None of the GP practices currently have any extended opening hours.

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 in a town/village that is outside of Holywell and Flint there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

16.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by seven of the pharmacies.
- Four pharmacies provided the maximum number of medicines use reviews in 2018/19. Three did in 2019/20.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Five of the pharmacies had provided this service in 2020/21, at the point of drafting.

- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.6 Emergency hormonal contraception

The health board has noted the following points:

- Five of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.

- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Holywell and Flint there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

The health board will work with the existing pharmacy in connection with the lack of this enhanced service in Caerwys. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Caerwys Monday to Friday as a minimum.

16.6.7 Smoking cessation level 2

The health board has noted the following points:

- Six of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in connection with the lack of this enhanced service in Caerwys. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Caerwys Monday to Friday as a minimum.

16.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Five of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in connection with the lack of this enhanced service in Caerwys. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Caerwys Monday to Friday as a minimum.

16.6.9 Flu vaccination

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in connection with the lack of this enhanced service in Caerwys. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Caerwys Monday to Friday as a minimum.

8.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Holywell and Flint there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

The health board will work with the existing pharmacy in connection with the lack of this enhanced service in Caerwys. However, should this gap not be closed then from

1 April 2023 there will be a future need for this service to be provided in Caerwys Monday to Friday as a minimum.

16.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in a location that is outside of Holywell and Flint there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

The health board will work with the existing pharmacy in connection with the lack of this enhanced service in Caerwys. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Caerwys Monday to Friday as a minimum.

16.6.12 Supervised consumption service

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Five of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.

- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- None of the pharmacies were commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

16.6.16 Return of patients sharps boxes

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

16.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

17 North East Flintshire locality

17.1 Key facts

- Flintshire has the largest population of all the local authorities at 156,100
- Greatest population density per square kilometre at 355.6 people
- 19% of the population is aged 15 years and under (largest proportion with Wrexham)
- Lowest proportion of adults who speak Welsh at 10.74%
- Highest proportion of lower super output areas in the most deprived 50%, but the lowest proportion in relation to the 'access to services' domain
- Highest average gross weekly earnings at £553 which is also higher than the average for Wales
- Second lowest general fertility rate
- With Conwy, Flintshire has the highest male life expectancy at 79.3 years (and fourth highest local authority in Wales)
- Second highest proportion of adults who rate their health in general good or very good
- Lowest percentage of one person households at 11.5%
- Lowest proportion of households with no car or van at 17.0% but the highest proportion of households with two or more cars (41.1% which is also higher than the average for Wales)
- Highest percentage of people in employment at 63.7%
- With Gwynedd, has the lowest percentage of people who are long-term sick or disabled and economically inactive
- Highest number of authorised and unauthorised caravan sites
- Highest rate of people threatened with homelessness
- Second highest rate of malignancies per 100,000 population
- Highest rate of life satisfaction among working age adults at 85.6% but the lowest rate of satisfaction among older people at 85.7%
- Lowest proportion of people who feel lonely
- Second highest rate of respiratory deaths per 100,000 population
- Highest percentage of people who are more likely to have eaten five portions of fruit and vegetables the previous day (31.4%)
- The Flintshire Local Development Plan identifies the need for 6,950 homes during its lifetime (2015 to 2030) with an average of 463 units per year. This equates to a total of 2,315 units during the lifetime of this pharmaceutical needs assessment. Two key strategic sites are identified 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).
- The Northern Gateway mixed use development site is within two commercial ownerships. The masterplan framework document⁶⁵ gives an indicative figure of 50 dwellings per annum being built by the two owners over a 12 to 13 year period.

⁶⁵ [Northern Gateway, Deeside masterplan framework document, September 2012](#)

17.2 Current provision of pharmaceutical services within the locality's area

There are 12 pharmacies in the locality operated by ten different contractors. None of the seven practices provide a dispensing service.

The map below shows the location of the pharmacies. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

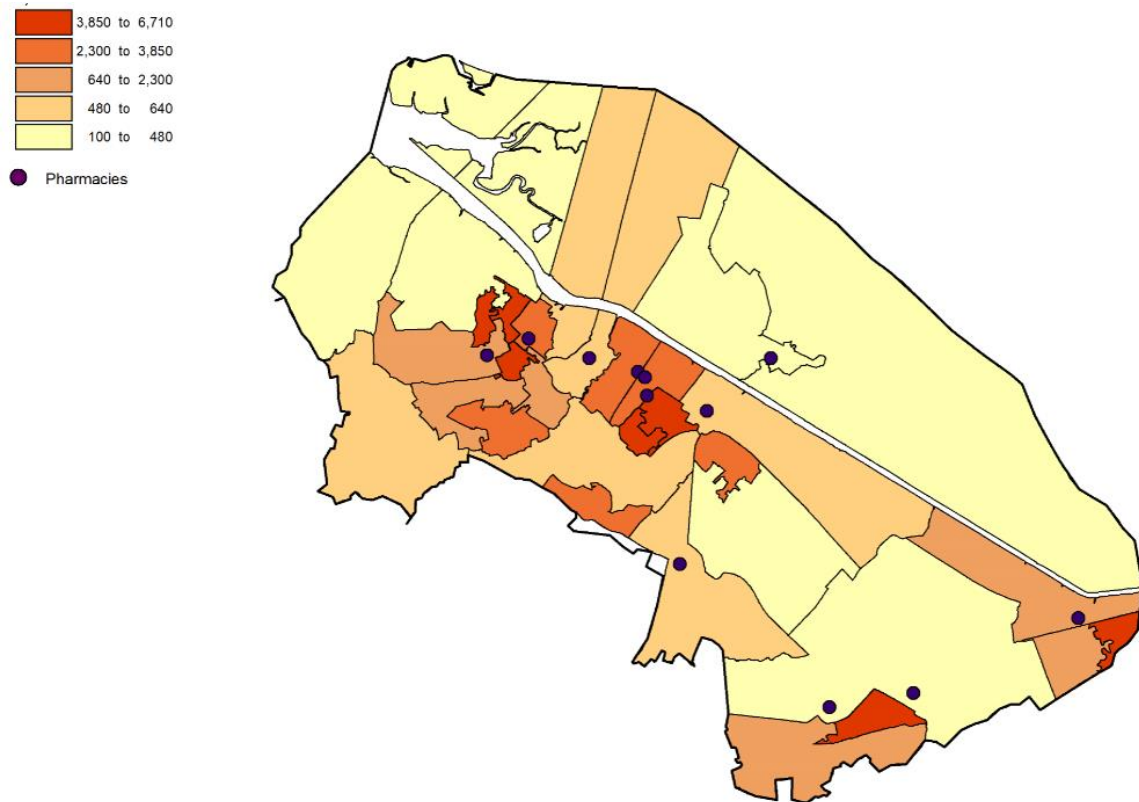
Map 117 – location of pharmacies



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As can be seen from the map below the pharmacies are located in areas of greater population density. It should be noted that where premises are close to each other the symbols will overlap.

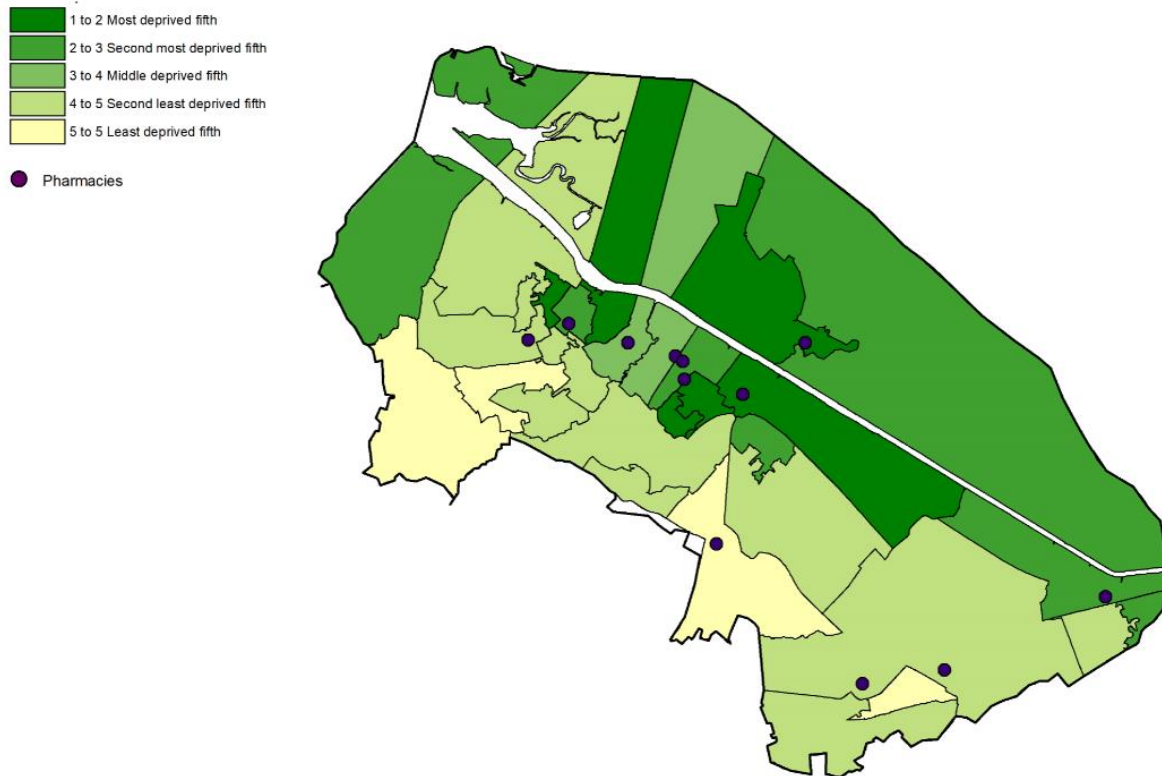
Map 118 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows the pharmacies are also generally located in areas of deprivation.

Map 119 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019

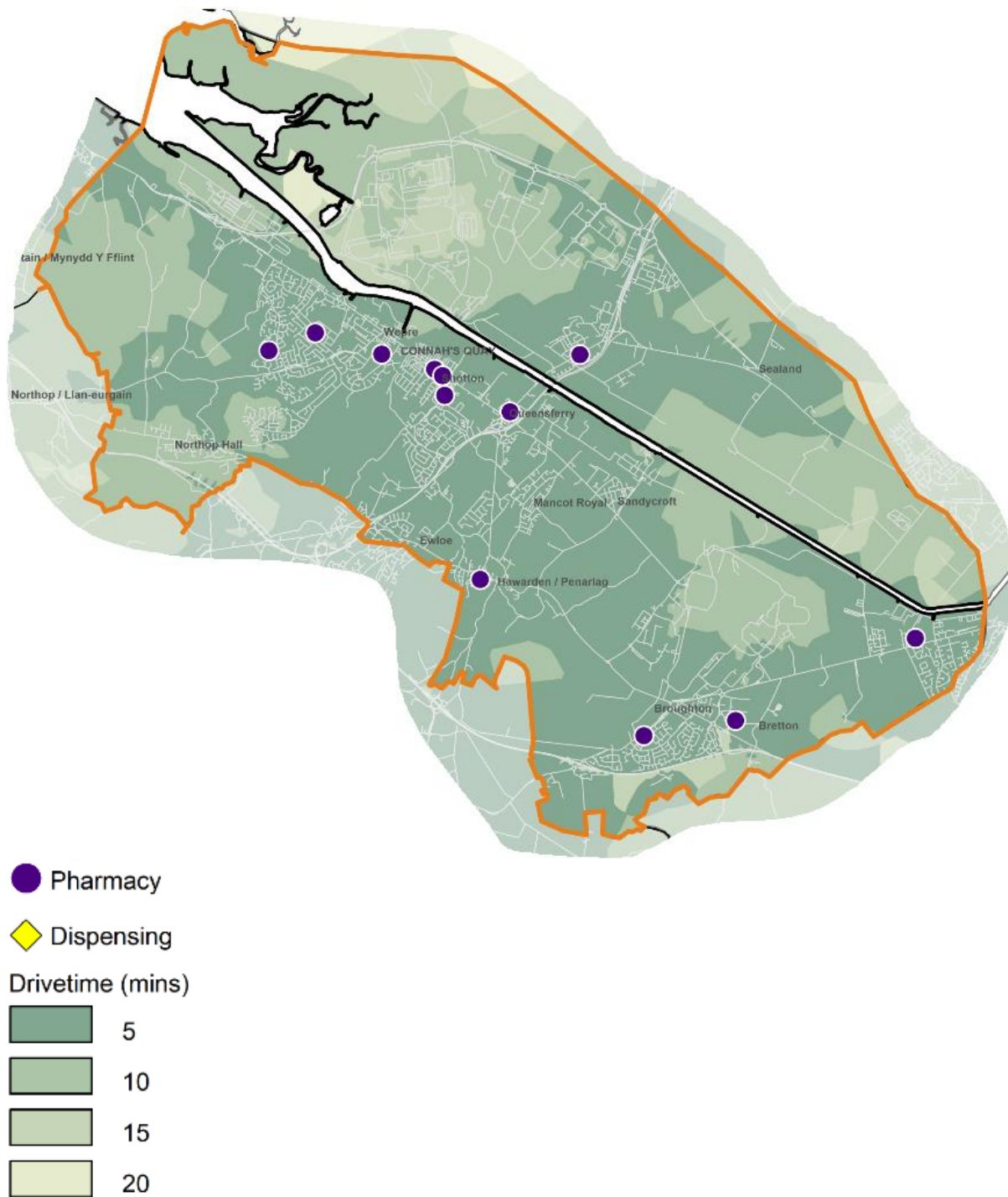


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In 2019/20, 79.9% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

The map below shows the drive time to the pharmacies, with the darker the green the shorter the drive. As can be seen the entire locality is within a 15-minute drive of a pharmacy.

Map 120 – access to pharmacies in the locality



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With regard to when the pharmacies are open:

- Eight open Monday to Friday, and part of Saturday,
- One opens Monday to 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:

- Five 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 22.30.

Eight pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacies open all day.

On Saturday, two pharmacies open at 08.30 and ten at 09.00. Of the four pharmacies that open all day, two close for lunch between 13.00 and 14.00. They close between 17.00 and 22.30.

The three pharmacies that open on Sunday cover the hours 10.00 to 17.00.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All of the pharmacies are accessible by wheelchair, and have a consultation area that is accessible by wheelchair. All of the consultations 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 Welsh is spoken by staff along with Hindi and Punjabi. Another pharmacy has staff that speak Italian and Lithuanian.

All of the pharmacies dispense prescriptions for all types of appliances.

11 of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- seven provide a free of charge delivery service on request,
- one pharmacy restricts the service to specific areas, and
- five said they restrict the service to specific patient groups (enabled/disabled, those with a clinical or mobility need, self-isolating and clinical extremely high risk patients, and housebound/limited mobility patients).

There were two suggestions for an existing service that is not currently provided in the area:

- Independent prescribing - huge demand especially during weekends
- Sore throat test and treat

Three pharmacies were of the opinion that there is a requirement for a new enhanced service which is not currently available, namely a urinary tract infections test and treat service, or addition of them to the common ailment scheme

Ten pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said they don't but could make adjustments to manage any increase in demand.

Three pharmacies have plans to develop or expand their service provision:

- potential addition of another delivery driver to meet patient demand
- independent prescribing for minor illness and re-fit of the pharmacy
- refurbishment and extension of the current pharmacy premises

17.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with nine providing the maximum number of 400 in 2018/19 and seven in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 121 – location of the pharmacies providing the medicines use review service in 2019/20



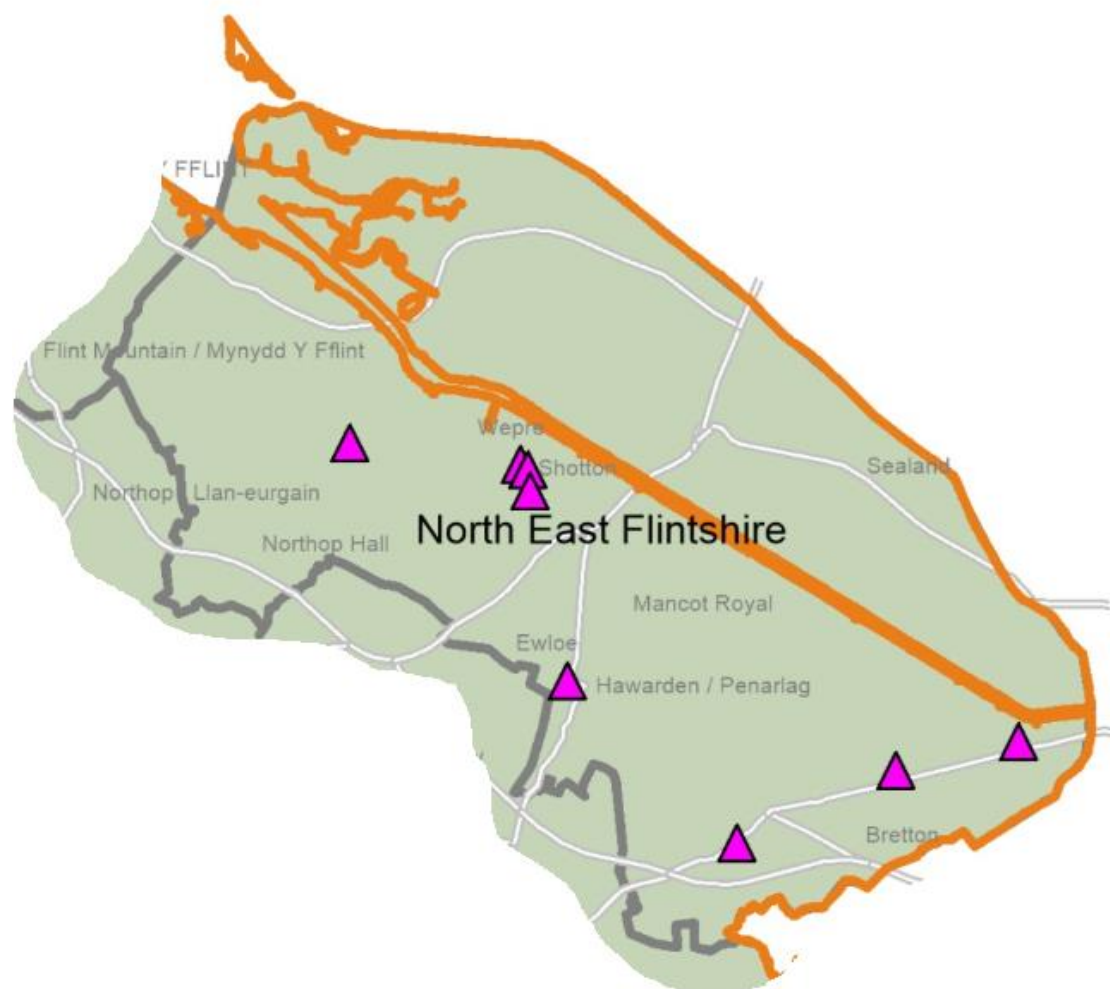
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17.2.2 Discharge medicines review

In 2018/19, seven of the pharmacies provided this service with none providing the maximum number of 140 reviews. Eight provided the service in 2019/20, again with none providing the maximum.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 122 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, nine of the pharmacies provided a total of 77 reviews.

17.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

17.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

17.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 123 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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All the pharmacies were commissioned to provide this service and 11 provided it in 2020/21. All are commissioned in 2021/22.

17.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 124 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



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11 of the pharmacies were commissioned to provide this service in 2020/21, and 11 are commissioned in 2021/22.

17.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 125 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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Nine of the pharmacies were commissioned to provide this service in 2020/21, increasing to ten in 2021/22.

17.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 126 – location of the pharmacies providing flu vaccinations in 2019/20



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Eight of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 none of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

17.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 127 – location of the pharmacies providing the common ailment service in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21, and continue to be in 2021/22.

17.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 128 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service in 2020/21, and continue to be in 2021/22.

17.2.11 Supervised consumption service

11 of the pharmacies were commissioned to provide this service in 2020/21, and 11 are commissioned in 2021/22.

17.2.12 Syringe and needle exchange service

Four of the pharmacies were commissioned to provide this service and provided it in 2020/21. Four are commissioned in 2021/22.

17.2.13 End of life care medicines

No pharmacies were commissioned to provide this service in 2020/21, and none are commissioned in 2021/22.

17.2.14 Independent prescriber services

No pharmacies were commissioned to provide this service in 2020/21, and none are commissioned in 2021/22.

17.2.15 Return of patients sharps boxes

11 of the pharmacies were commissioned to provide this service in 2020/21, and 11 are commissioned in 2021/22.

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 2019/20 were dispensed by the 12 pharmacies, 18.3% were dispensed outside the locality:

- 16.6% by pharmacies in South Flintshire,
- 1.2% by contractors in England, and
- 0.4% by 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.

17.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.8% of items prescribed by the GP practices in 2020/21 were personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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.

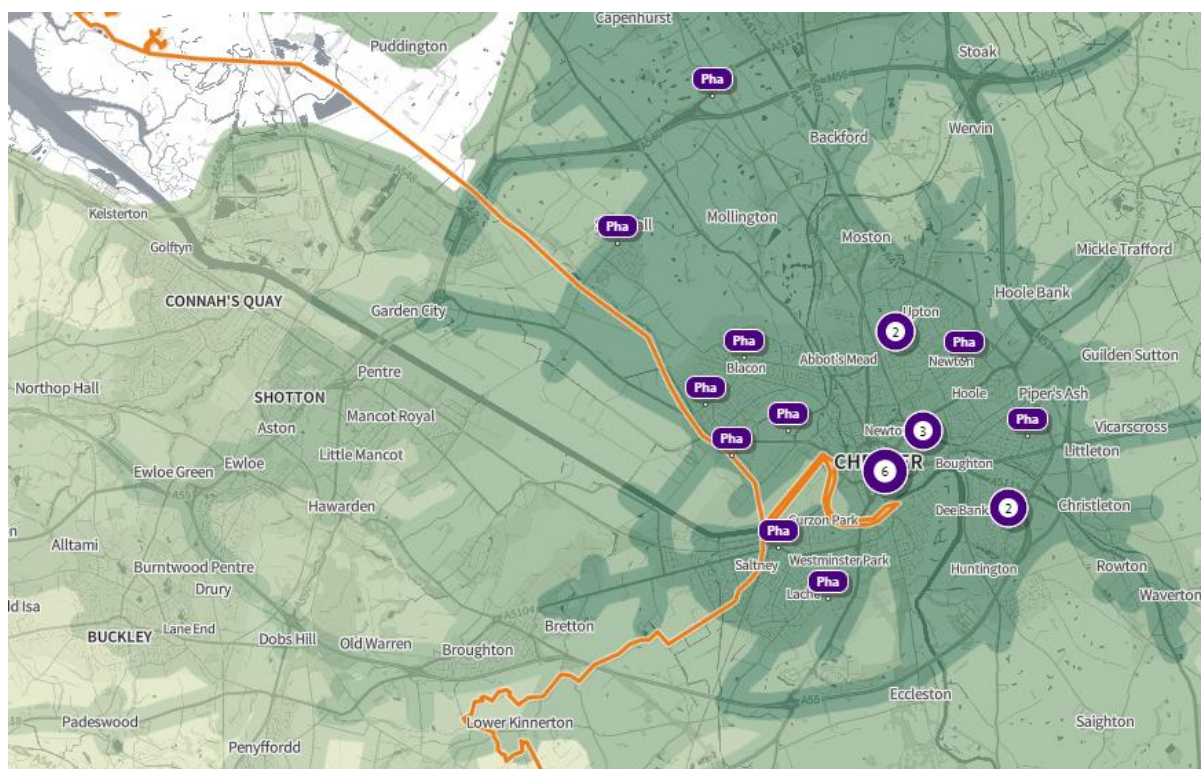
In 2019/20 over 150 contractors dispensed items written by one of the GP practices in this locality, of which:

- 12 were located within the locality,
- 109 were located elsewhere within the health board's area,
- 27 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 travel times to those pharmacies.

Map 129 – travel times to the pharmacies in England



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors



Travel times in minutes

17.6.1 Essential services

The health board has noted the following points:

- The pharmacies are spread across the locality and 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 in both Wales and England.
- 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).
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.
- None of the GP practices currently have any extended opening hours.

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 in Garden City there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

17.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Nine pharmacies provided the maximum number of medicines use reviews in 2018/19. Seven did in 2019/20.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Six of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.6 Emergency hormonal contraception

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in Garden City there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

17.6.7 Smoking cessation level 2

The health board has noted the following points:

- 11 of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Nine of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.9 Flu vaccination

The health board has noted the following points:

- Eight of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in Garden City there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

17.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in Garden City there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

17.6.12 Supervised consumption service

The health board has noted the following points:

- 11 of the pharmacies were commissioned to provide this service in 2020/21.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Four of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- None of the pharmacies were commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

17.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

17.6.16 Return of patients sharps boxes

The health board has noted the following points:

- 11 of the pharmacies were commissioned to provide this service in 2020/21.
- Ten of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18 South Flintshire locality

18.1 Key facts

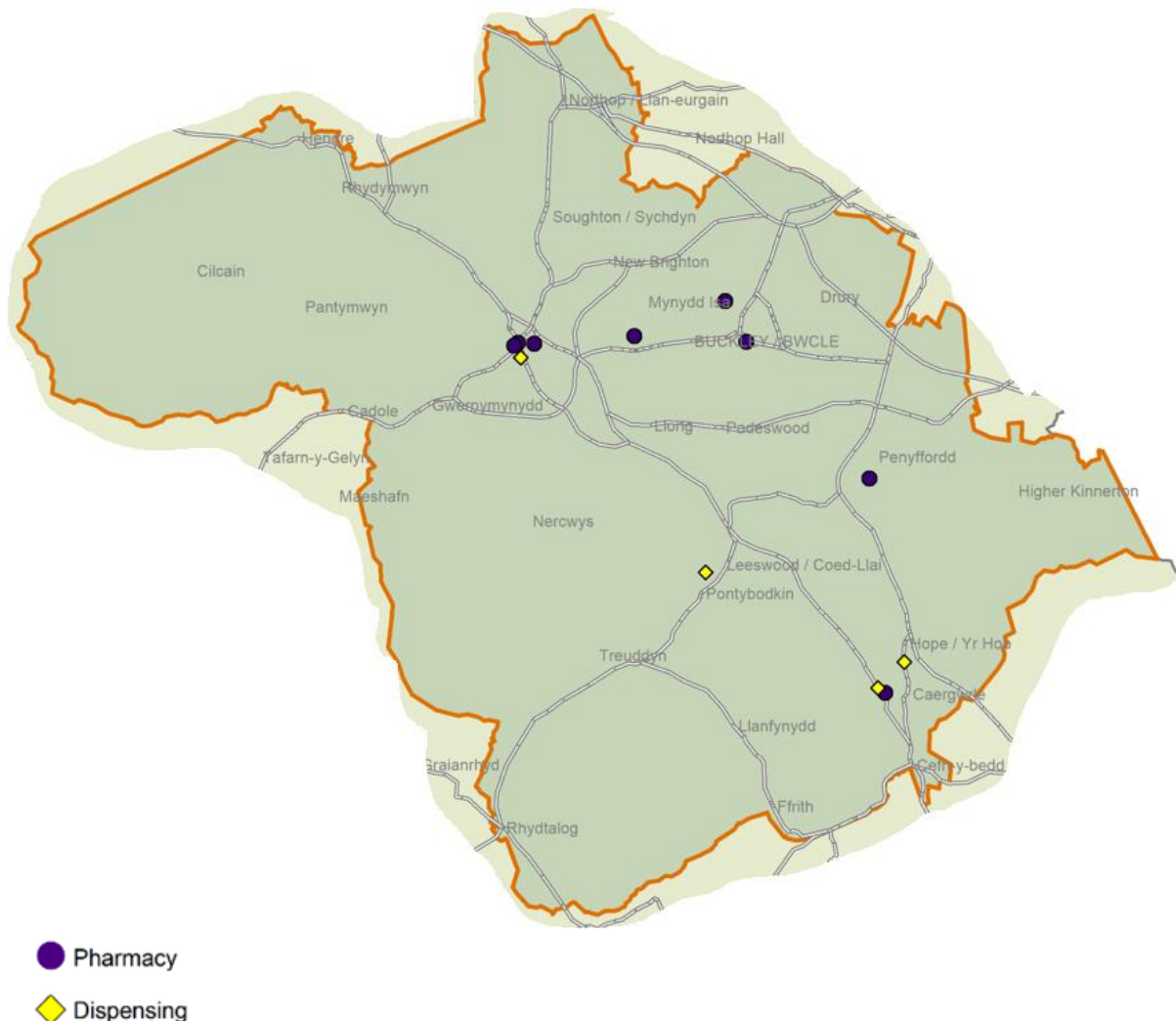
- Flintshire has the largest population of all the local authorities at 156,100
- Greatest population density per square kilometre at 355.6 people
- 19% of the population is aged 15 years and under (largest proportion with Wrexham)
- Lowest proportion of adults who speak Welsh at 10.74%
- Highest proportion of lower super output areas in the most deprived 50%, but the lowest proportion in relation to the 'access to services' domain
- Highest average gross weekly earnings at £553 which is also higher than the average for Wales
- Second lowest general fertility rate
- With Conwy, Flintshire has the highest male life expectancy at 79.3 years (and fourth highest local authority in Wales)
- Second highest proportion of adults who rate their health in general good or very good
- Lowest percentage of one person households at 11.5%
- Lowest proportion of households with no car or van at 17.0% but the highest proportion of households with two or more cars (41.1% which is also higher than the average for Wales)
- Highest percentage of people in employment at 63.7%
- With Gwynedd, has the lowest percentage of people who are long-term sick or disabled and economically inactive
- Highest number of authorised and unauthorised caravan sites
- Highest rate of people threatened with homelessness
- Second highest rate of malignancies per 100,000 population
- Highest rate of life satisfaction among working age adults at 85.6% but the lowest rate of satisfaction among older people at 85.7%
- Lowest proportion of people who feel lonely
- Second highest rate of respiratory deaths per 100,000 population
- Highest percentage of people who are more likely to have eaten five portions of fruit and vegetables the previous day (31.4%)
- The Flintshire Local Development Plan identifies the need for 6,950 homes during its lifetime (2015 to 2030) with an average of 463 units per year. This equates to a total of 2,315 units during the lifetime of this pharmaceutical needs assessment. Two key strategic sites are identified 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).

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 6.6% to 95.2% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

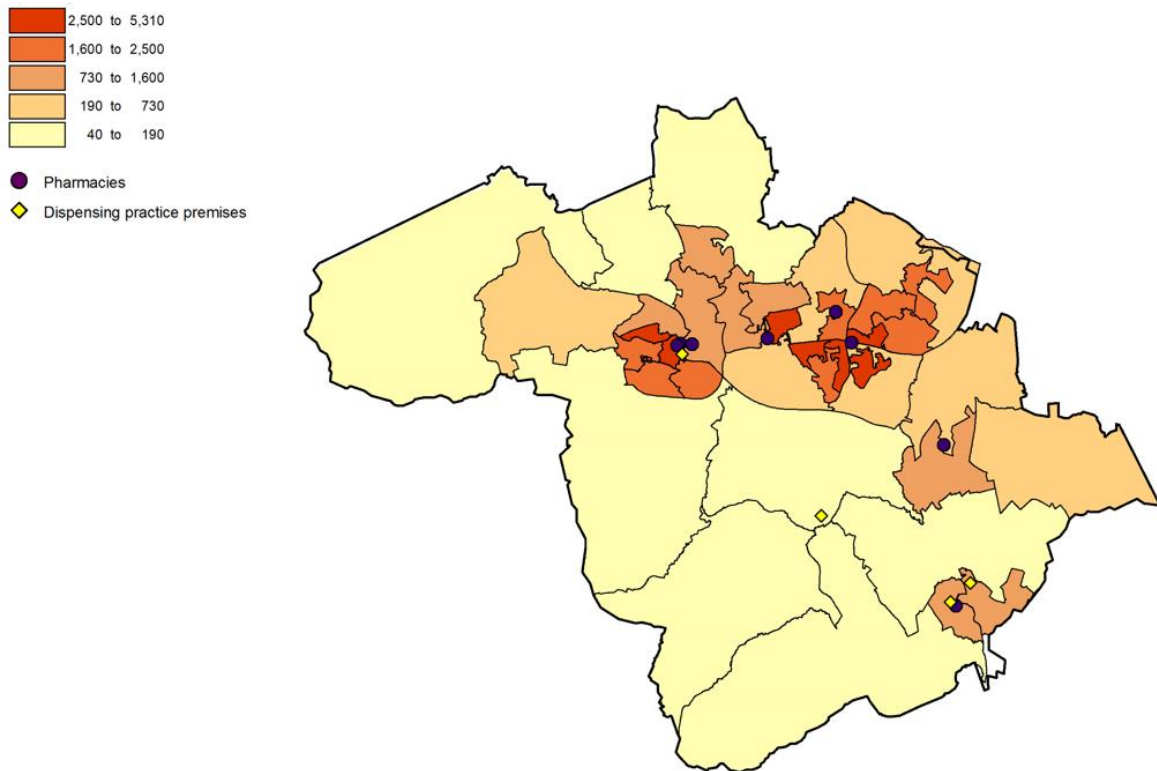
Map 130 – location of pharmacies and dispensing doctor premises



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As can be seen from the map below the pharmacies are located in areas of greater population density whereas dispensing practice premises are generally located in areas of lower population density. It should be noted that where premises are close to each other the symbols will overlap.

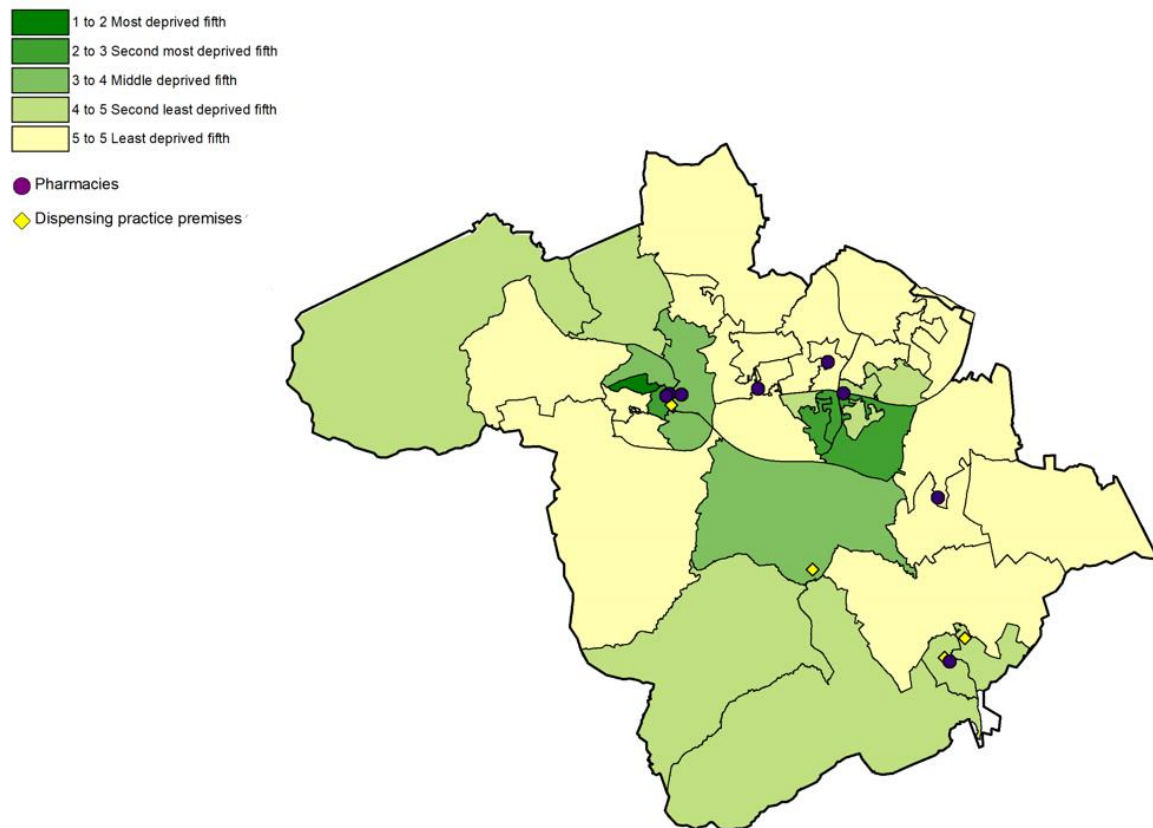
Map 131 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that there is less correlation between the location of the pharmacies and dispensing practice premises and levels of deprivation.

Map 132 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019



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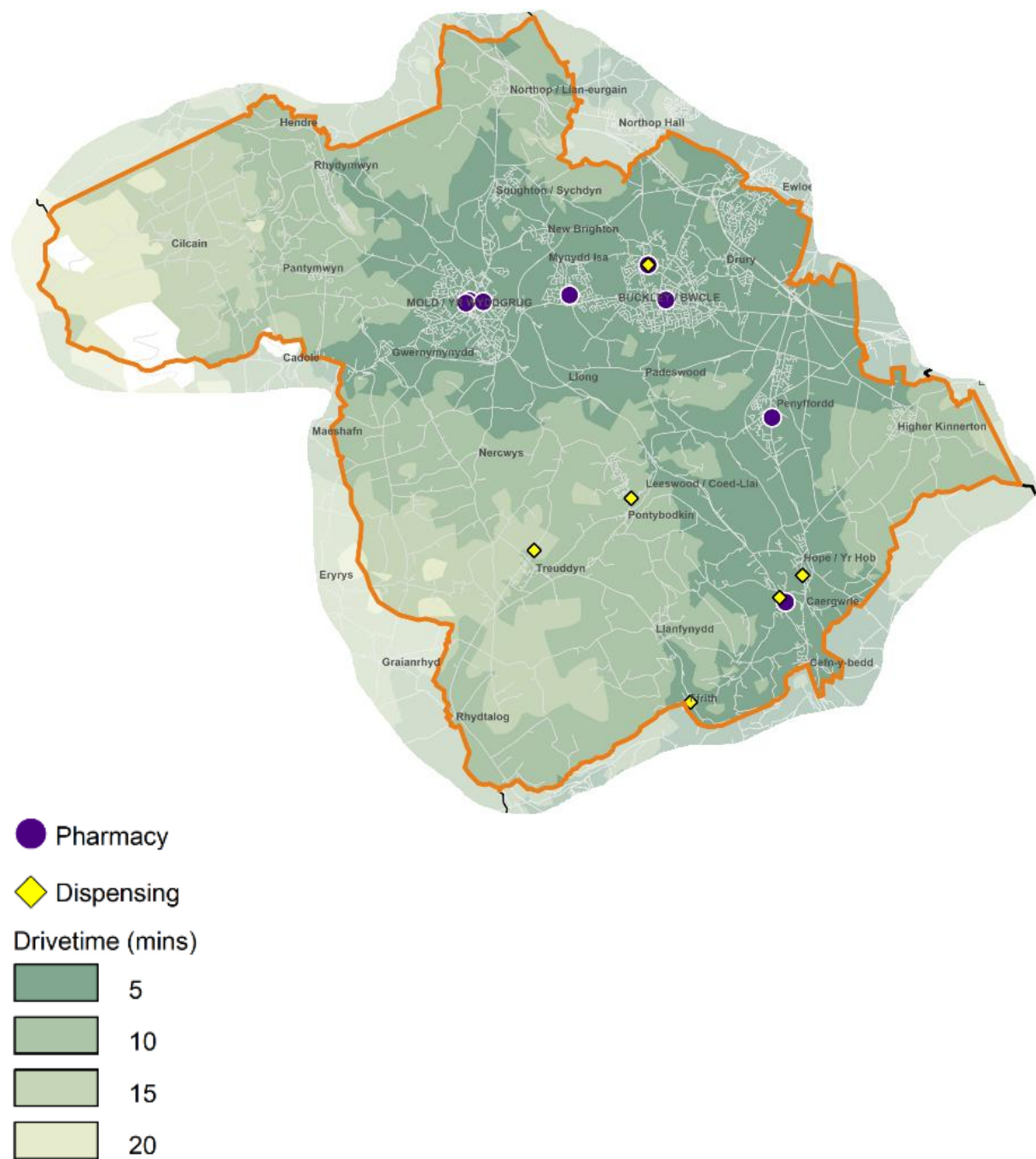
In 2019/20, 77.5% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 16.5% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. It should be noted that where premises are close to each other the symbols will overlap.

There are three areas in the north west of the locality that are not within 20 minutes of a pharmacy or dispensing doctor premises:

- the area to the north west of Cadole is Loggerheads Country Park and Google maps reveals no resident population;
- the next area, to the west, is a rural, hilly area containing Moel Farnau. Google maps reveals no resident population; and
- the final area is a rural, hilly area and Google maps reveals no resident population.

Map 133 – access to pharmacies and dispensing doctor premises in the locality



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With regard to when the pharmacies are open:

- One opens Monday to Friday,
- Three open Monday to Friday, and part of Saturday,
- Two open Monday to Saturday, and
- Two open Monday to Sunday in Mold.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.30 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.30 with the pharmacy in Mold open until 20.00.

Three pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacies open all day.

On Saturday, seven pharmacies open at 09.00. Of the three pharmacies that open all day, none close for lunch. They close between 17.00 and 20.00.

The pharmacies that open on Sunday do so 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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

All of the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All of the consultations 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 that Welsh is spoken by staff with one also having staff who speak Spanish.

All of the pharmacies dispense prescriptions for all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- six provide a free of charge delivery service on request and one provides the service for a fee,
- two pharmacies restrict the service to specific areas, and
- three said they restrict the service to specific patient groups (enabled/disabled, housebound and those isolating).

There were four suggestions for an existing service that is not currently provided in the area:

- extension of the emergency medicines supply service throughout the week has been an enormous help throughout COVID. Continuing this would take pressure off the GP practices with reduced phone calls and would also save pharmacy staff time,
- blood pressure monitoring,
- heartburn management, and
- urinary tract infection management.

One pharmacy was of the opinion that there is a requirement for a new enhanced service which is not currently available, namely a weight management service.

Seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels 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.

Two pharmacies have plans to develop or expand their service provision:

- One would like to increase their prescribing pharmacist's time to every day of the week
- Independent prescribing services and NHS and private services including blood pressure monitoring and travel vaccinations if no further NHS services are commissioned

All four dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services over five premises.

Opening hours for the dispensaries vary throughout the week with only one dispensary open all day, every day (08.30 to 18.00). One practice's dispensaries open at either 09.00 or 09.30 and close at 16.00 or 16.30. Two dispensaries open 08.00 to 13.00 and 15.00 to 18.00 other than Wednesdays when they are not open in the afternoon.

With regard to the dispensing of prescriptions for appliances:

- Three practices dispense all types of appliance, and
- One dispenses all but incontinence appliances.

Three practices provide a delivery service for specific patient groups (housebound, elderly or vulnerable and unable to collect, patients with no family/friends to collect for them, and chronically ill patients).

Two practices have staff who are able to speak Welsh.

One practice has sufficient capacity to manage the increase in demand in their area, and the other three don't but could make adjustments to do so.

In relation to dispensing related services that are provided one dispenses of patient sharps.

The practices reported making the following changes to their dispensing service that they will take into the “new normal”:

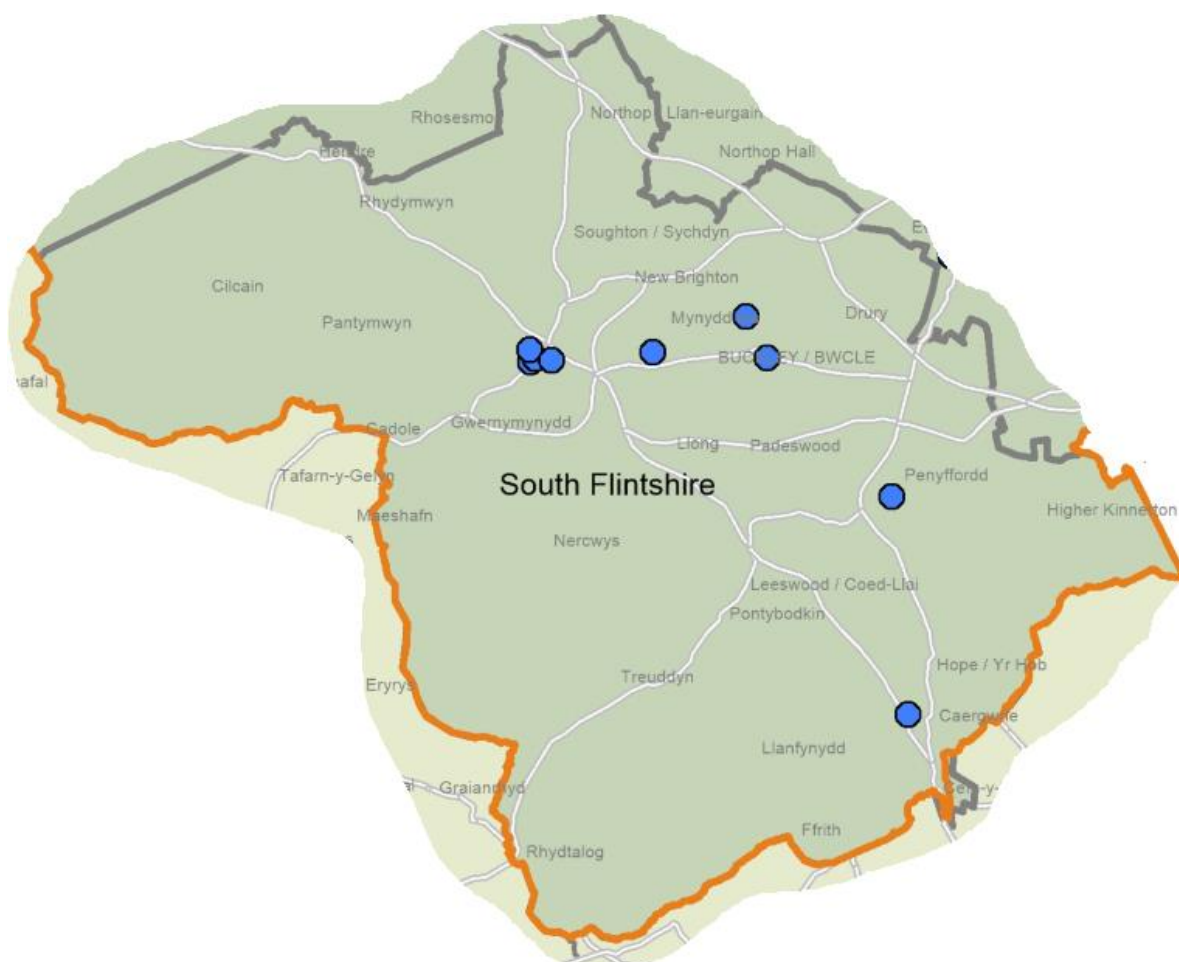
- social distancing and the use of sanitiser, and
- reduced opening hours and use My Health Online for ordering of repeat prescriptions.

18.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with four providing the maximum number of 400 in 2018/19 and none in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 134 – location of the pharmacies providing the medicines use review service in 2019/20

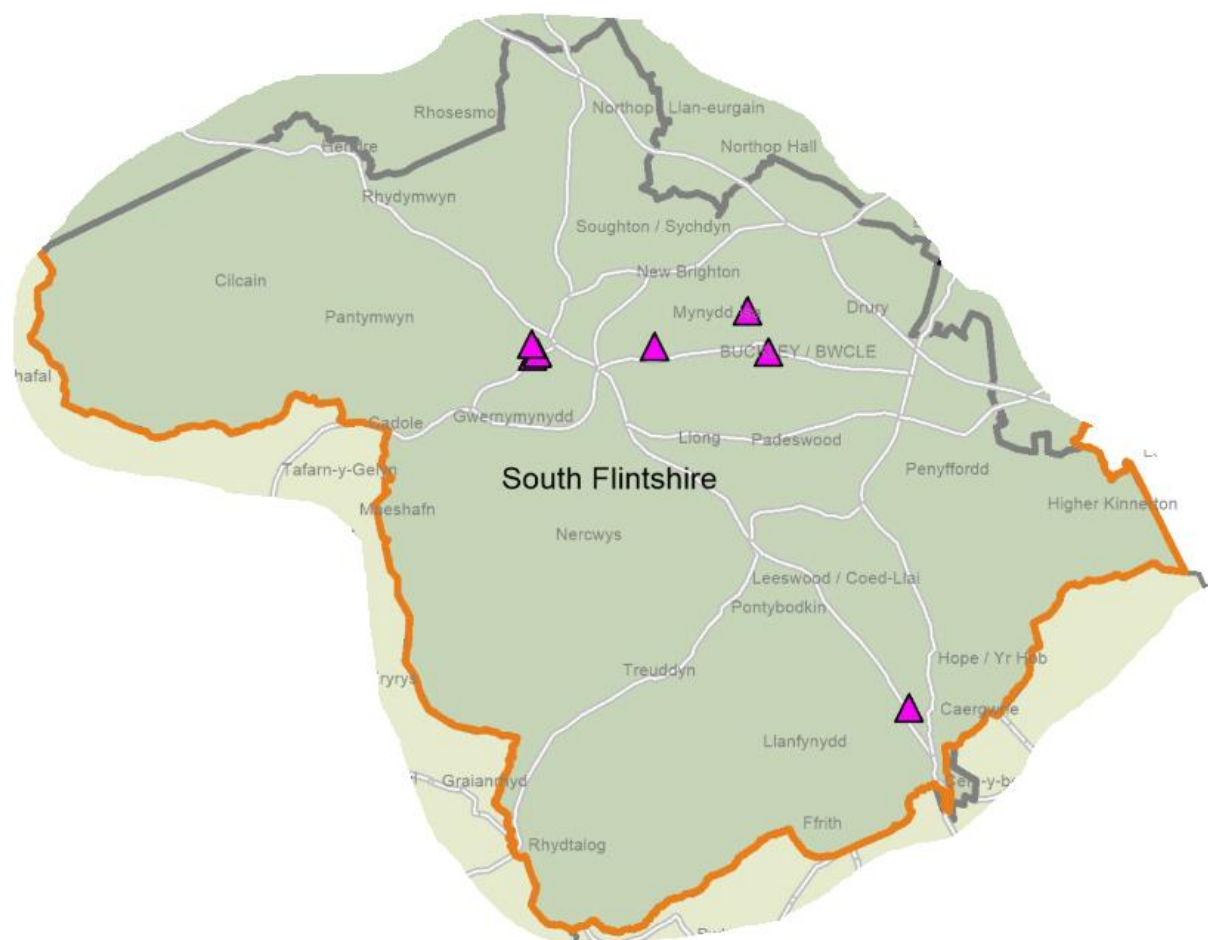


18.2.2 Discharge medicines review

In 2018/19, six of the pharmacies provided this service, increasing to seven in 2019/20, with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 135 – location of the pharmacies providing discharge medicines reviews in 2019/20



In 2020/21, five of the pharmacies provided a total of 209 reviews.

18.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

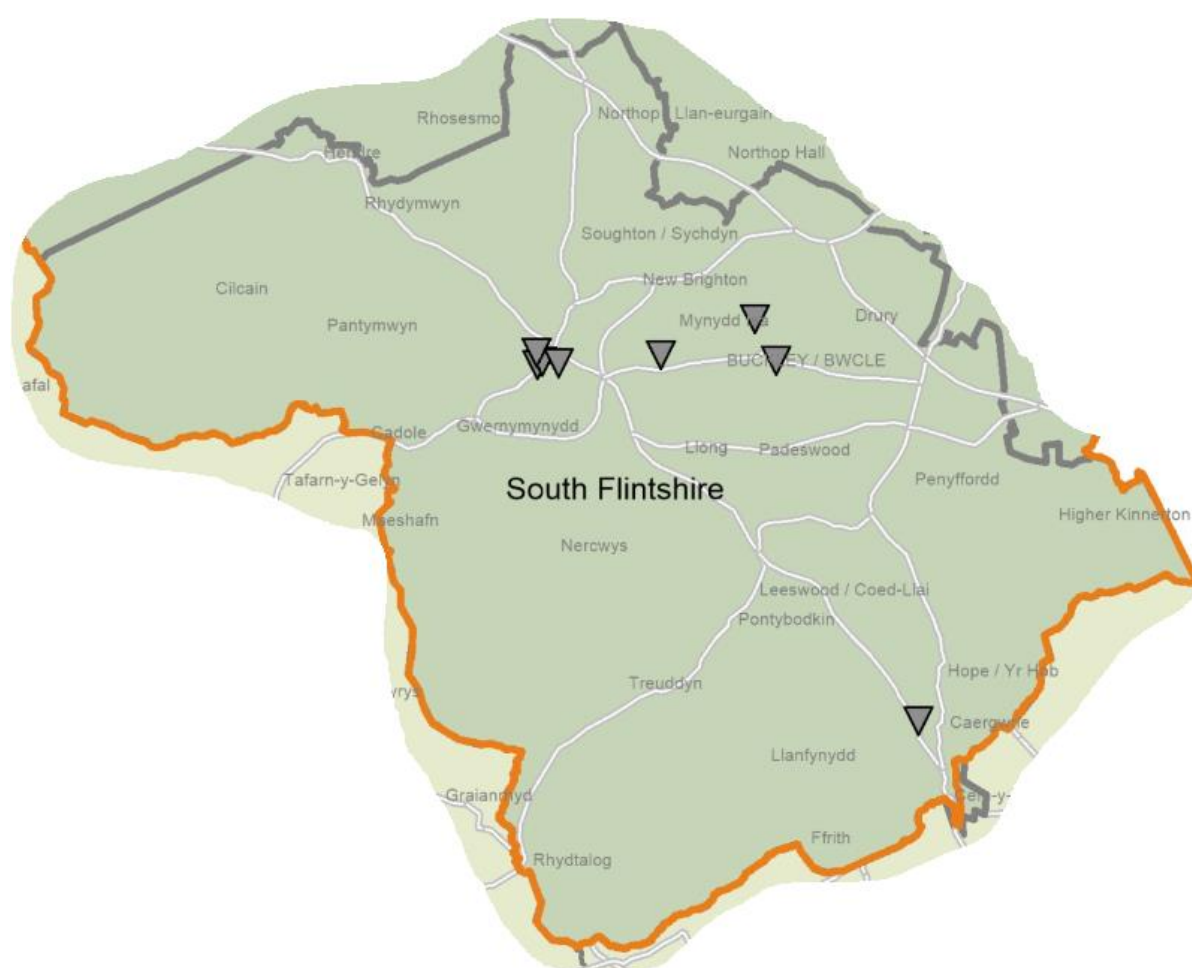
18.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

18.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 136 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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Seven of the pharmacies were commissioned to provide this service and provided it in 2020/21. Seven are commissioned in 2021/22.

18.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 137 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



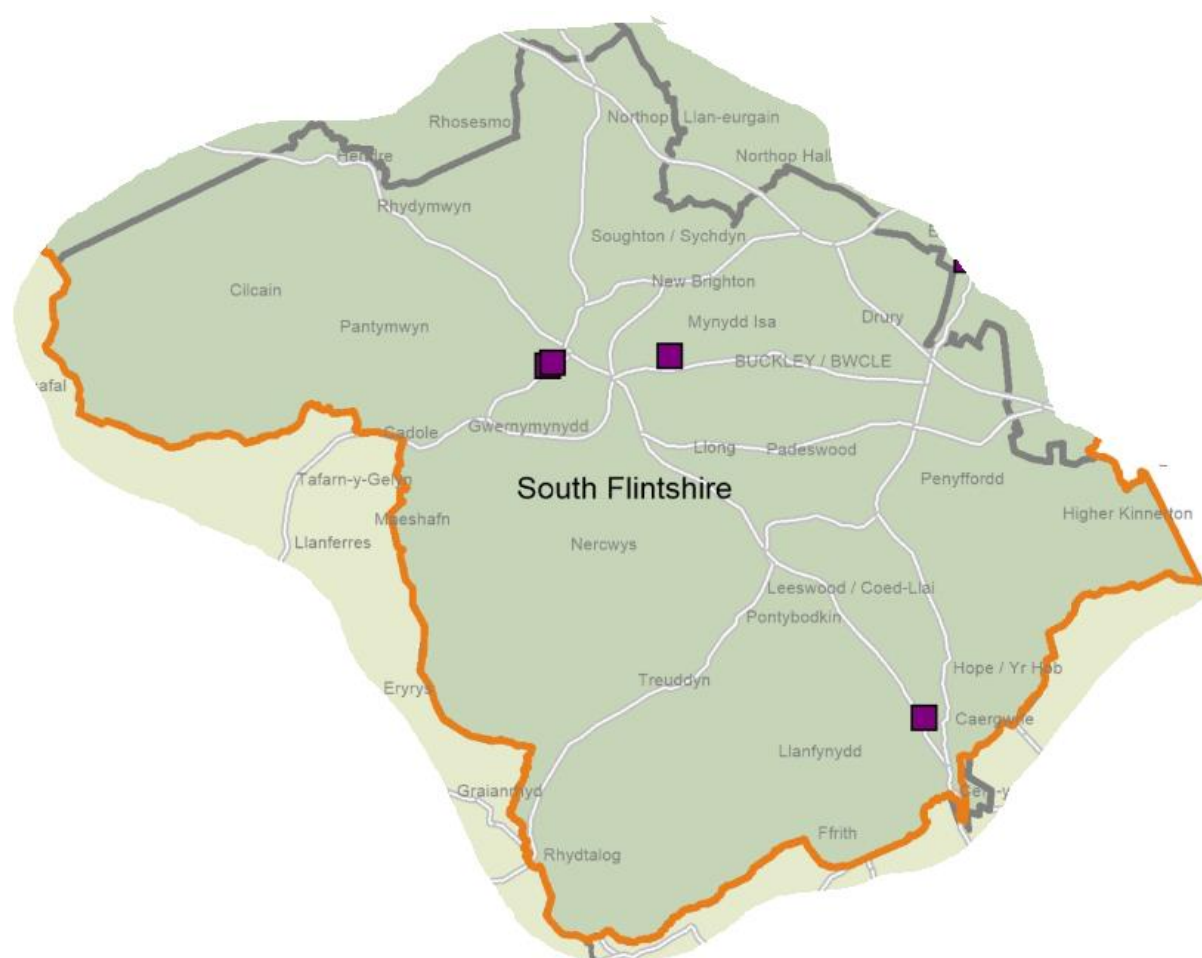
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Six of the pharmacies were commissioned to provide this service and provided it in 2020/21. Seven are commissioned in 2021/22.

18.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 138 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



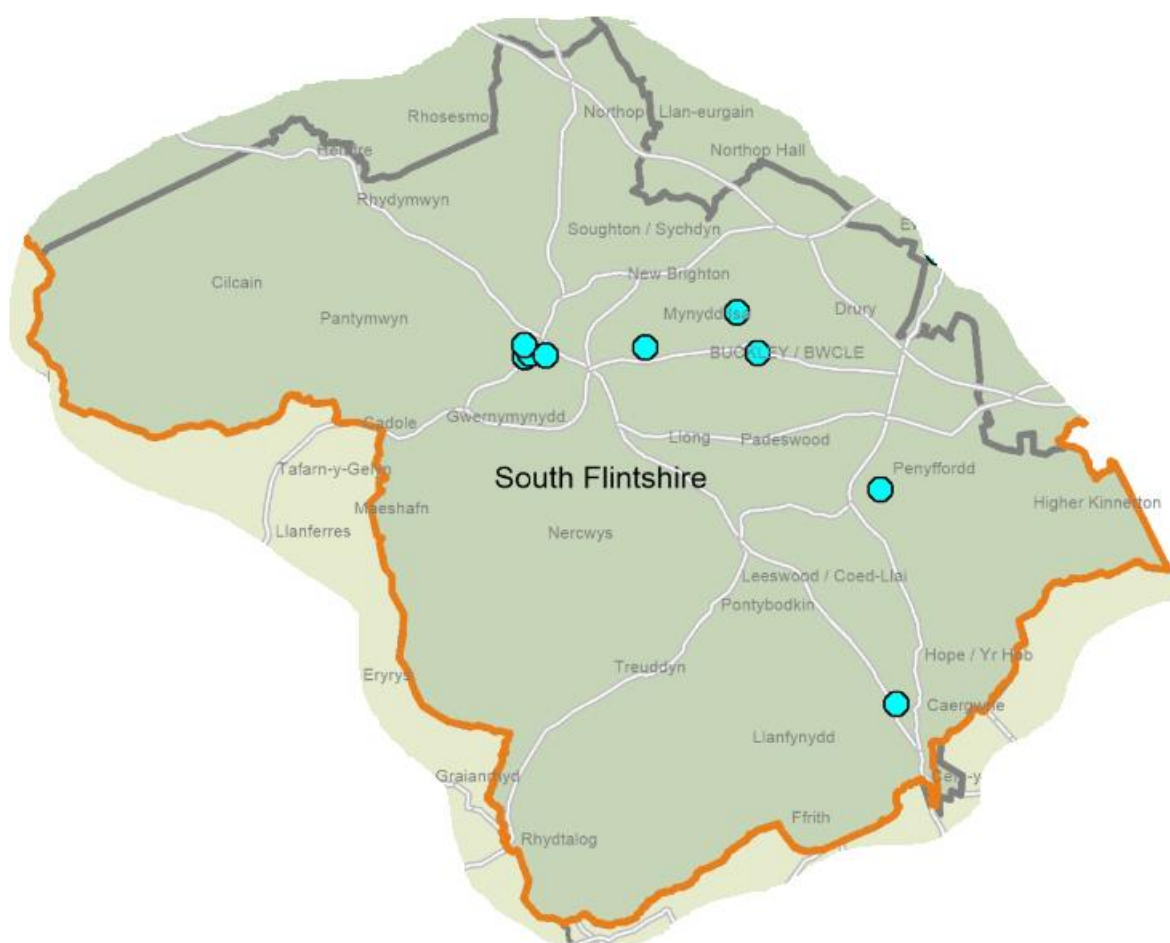
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Five of the pharmacies were commissioned to provide this service in 2020/21, and five are commissioned in 2021/22.

18.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 139 – location of the pharmacies providing flu vaccinations in 2019/20



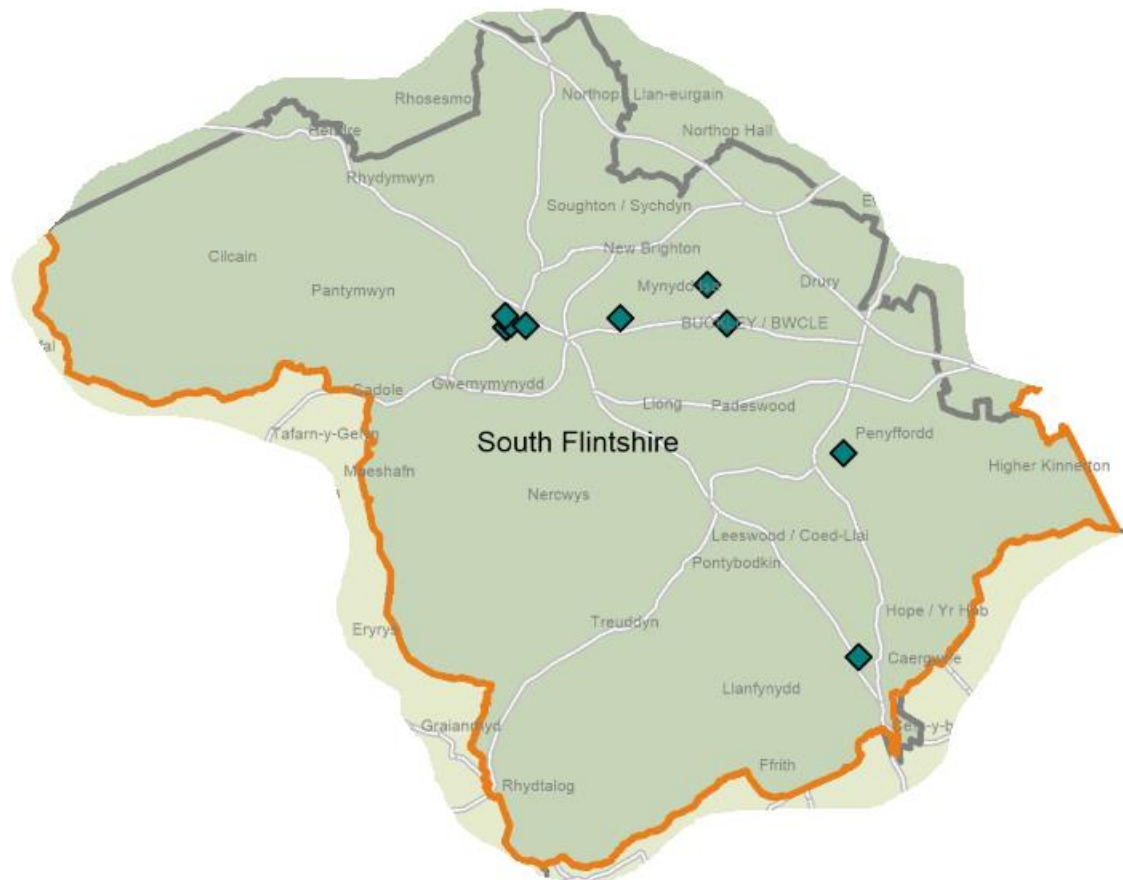
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All of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 none of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as last year.

18.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 140 – location of the pharmacies providing the common ailment service in 2019/20



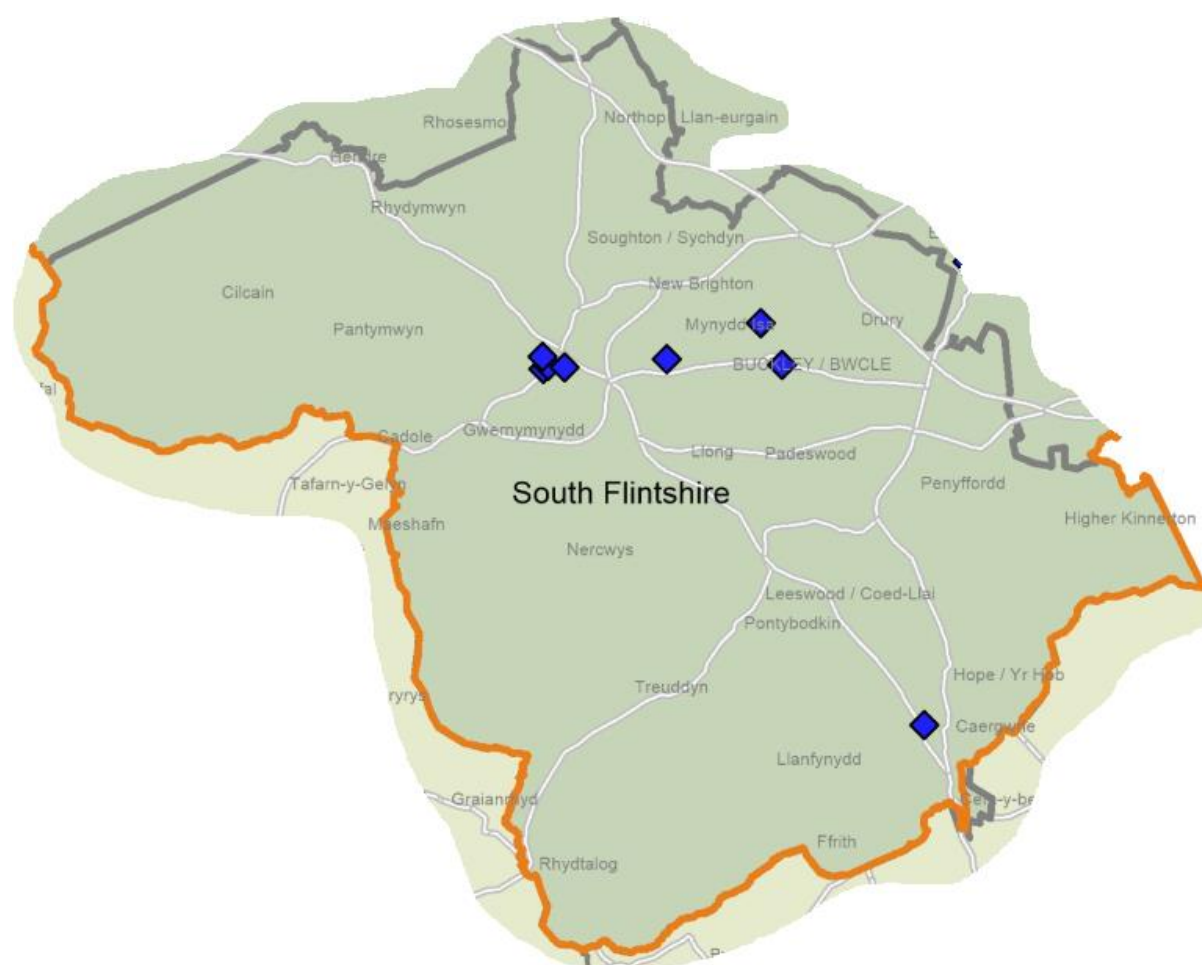
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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

18.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 141 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service and seven provided it in 2020/21. All are commissioned in 2021/22.

18.2.11 Supervised consumption service

Six of the pharmacies were commissioned to provide this service in 2020/21, and six are commissioned in 2021/22.

18.2.12 Syringe and needle exchange service

Four of the pharmacies were commissioned to provide this service and provided it in 2020/21. Four are commissioned in 2021/22.

18.2.13 End of life care medicines

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

18.2.14 Independent prescriber services

Two pharmacies were commissioned to provide the acute conditions service in 2020/21, and two are commissioned in 2021/22.

18.2.15 Return of patients sharps boxes

Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven are commissioned in 2021/22.

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 2019/20 were dispensed by either the eight pharmacies in the locality or the four dispensing practices, 5.1% were dispensed outside the locality:

- 2.6% by pharmacies in North East Flintshire,
- 1.1% by pharmacies in North and West Wrexham,
- 1.0% by contractors in England, 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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments
- One practice disposes of patient sharps.

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 125 contractors dispensed items written by one of the GP practices in this locality, of which:

- eight were located within the locality,
- 97 were located elsewhere within the health board's area,
- 19 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

18.6 Gaps in provision

18.6.1 Essential services

The health board has noted the following points:

- The pharmacies are located in areas of greater population density and generally higher deprivation.
- 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.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.
- None of the GP practices currently have any extended opening hours.

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 in a town/village that is outside of Mold and Buckley there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

18.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Four pharmacies provided the maximum number of medicines use reviews in 2018/19. None did in 2019/20.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Five of the pharmacies had provided this service in 2020/21, at the point of drafting.

- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.6 Emergency hormonal contraception

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.

- There is a growing focus on long-acting reversible contraception for eligible females.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Mold and Buckley there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

18.6.7 Smoking cessation level 2

The health board has noted the following points:

- Six of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Five of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.9 Flu vaccination

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.

- There are other providers of the service, for example the GP practices.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Mold and Buckley there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

18.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in a location that is outside of Mold and Buckley there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

18.6.12 Supervised consumption service

The health board has noted the following points:

- Six of the pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Four of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

The health board has not identified any current or future needs for this service within the locality.

18.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- One pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Two of the pharmacies are commissioned to provide the acute conditions service.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

18.6.16 Return of patients sharps boxes

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

18.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

19 North West Wrexham locality

19.1 Key facts

- Second largest population at 135,957
- Second greatest population density at 270.2 people per square kilometre
- 19% of the population is aged 15 and under
- Second lowest percentage of adults who speak Welsh at 13.63%
- Second highest proportion of lower super output areas in the top most deprived (7.1%)
- Lowest female life expectancy at 81.4 years
- Lowest healthy life expectancy at birth for males at 62.5 years
- Second highest rate of premature deaths from key non communicable diseases
- Highest proportion of households without a car or van at 22.2%
- Lowest proportion of retired population at 15.2%
- Highest number of rough sleepers
- Highest rate of malignancies per 100,000 population
- Lowest average mental wellbeing score (and lower than the average for Wales)
- Highest proportion of those aged 16 and over who feel lonely (and higher than the average for Wales)
- Highest rate of death from all respiratory diseases per 100,000 population
- Second highest teenage pregnancy rate after Denbighshire
- Lowest percentage of non-drinkers at 21.2%
- Highest percentage of hazardous drinkers at 17.6%
- Lowest percentage of adults reporting physical activity for at least 150 minutes in the previous week (49.2%)
- Highest percentage of people who are overweight or obese at 58.2%

The Wrexham Local Development Plan 2013 to 2028⁶⁶ identifies the need for 8,525 housing units, equating to 568 houses per annum or 2,840 within the lifetime of this pharmaceutical needs assessment. Based on the Annual Monitoring Report 2019, 1,561 of these had been completed. The housing will be split as follows:

- 64% of the total will be delivered in Wrexham Town,
- 22% in the service centres (Acrefair/Cefn Mawr, Chirk, Coedopeth, Gresford/Marford, Gwersyllt, Llay, Ruabon and Rhosllanerchrugog),
- 11% in local service centres (Bangor, Broughton, Brymbo, Glyn Ceiriog, Holt, Overton, Penley, Penycae, Rhostyllen and Rosset), and
- 3% in minor villages and hamlets with 2% in Rhosrobin due to its proximity and accessibility to Wrexham Town.

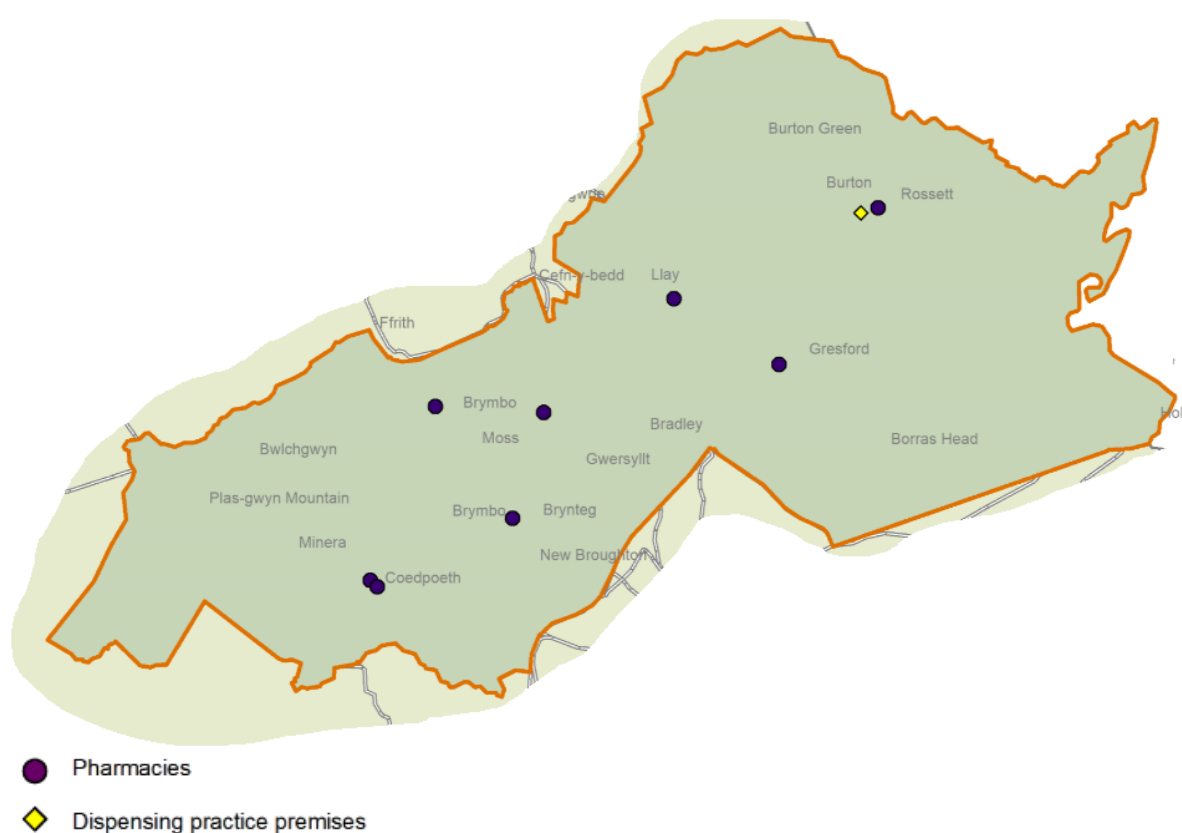
⁶⁶ [Wrexham Local Development Plan 2013 to 2028](#)

19.2 Current provision of pharmaceutical services within the locality's area

There are eight pharmacies in the locality operated by five different contractors. Of the five GP practices, one dispenses to 6.6% of its registered population from one premises.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

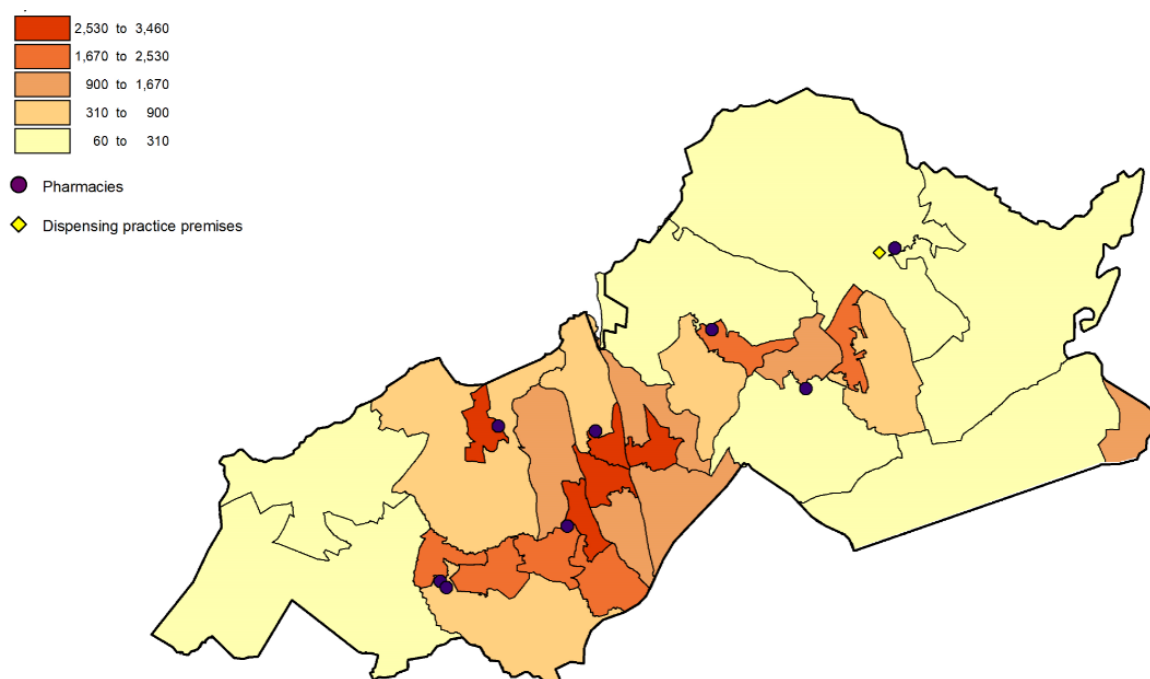
Map 142 – location of pharmacies and dispensing doctor premises



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As can be seen from the map below the pharmacies and dispensing practice premises are generally located in areas of greater population density. It should be noted that where premises are close to each other the symbols will overlap.

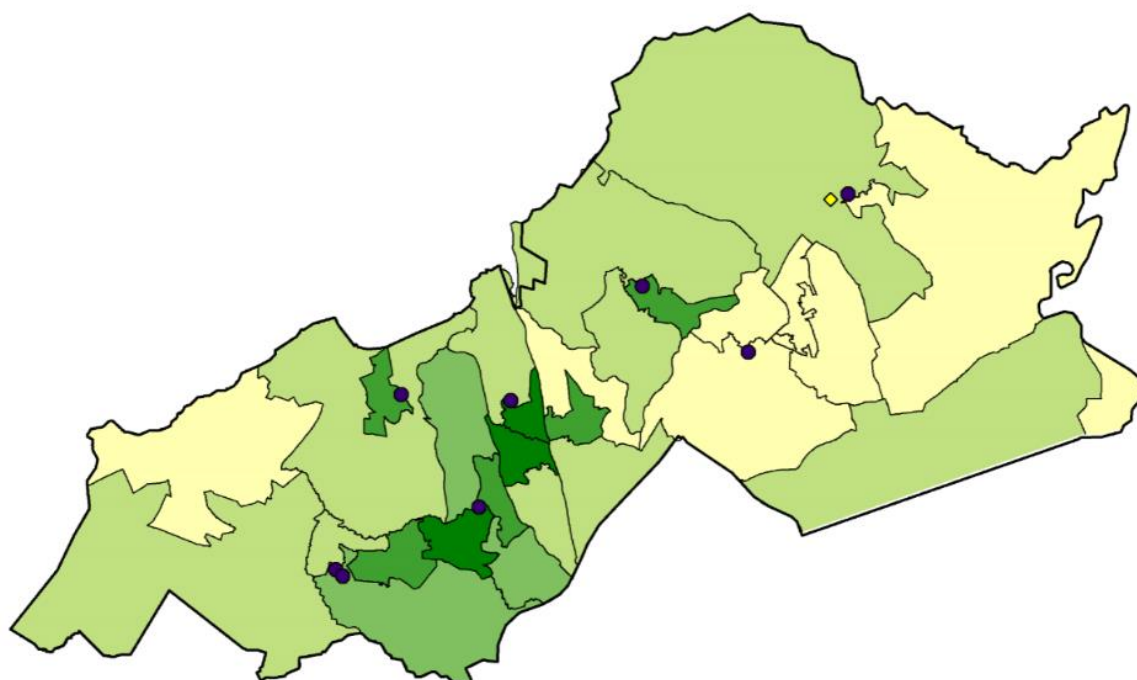
Map 143 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area

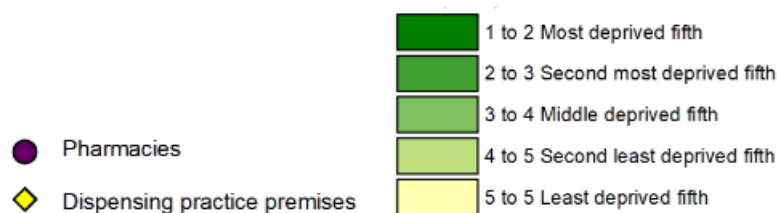


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The map below shows that the pharmacies and dispensing practice premises are generally also located in areas of greater deprivation.

Map 144 – location of pharmacies and dispensing doctor premises compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019



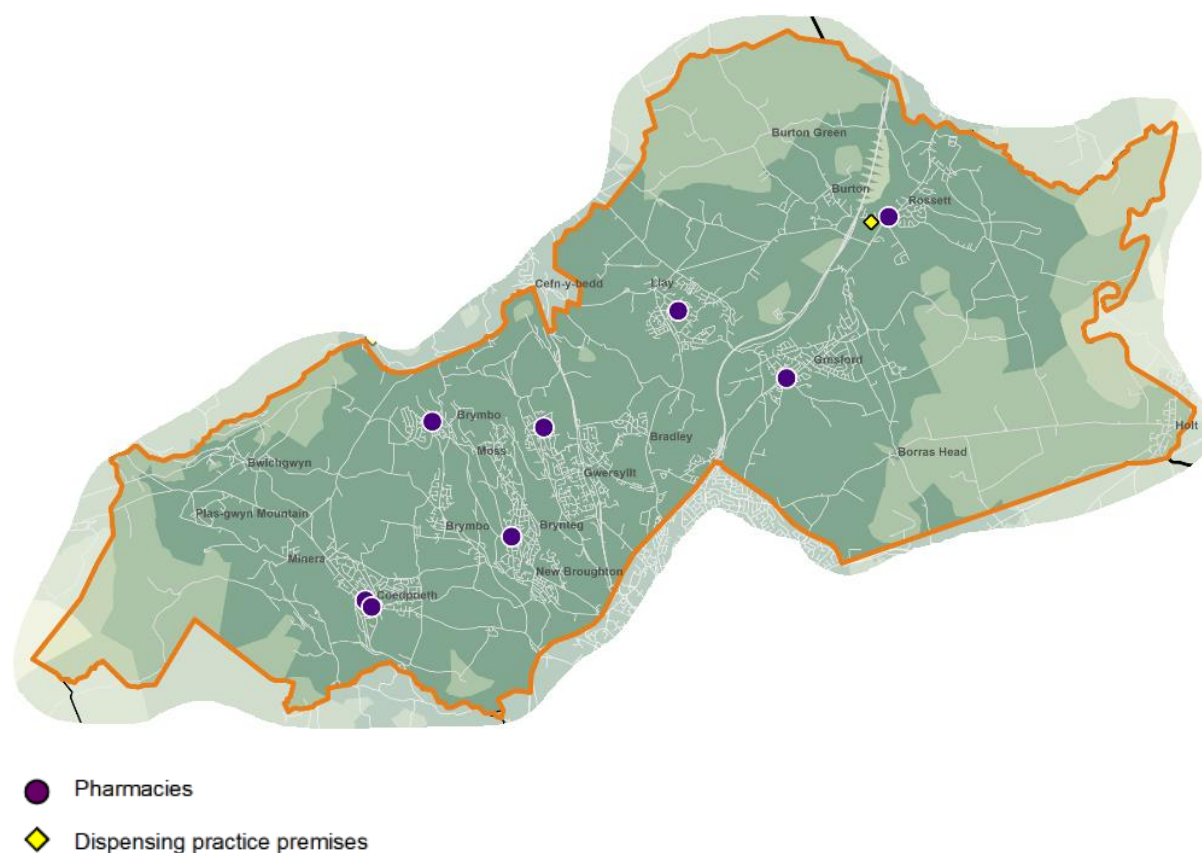


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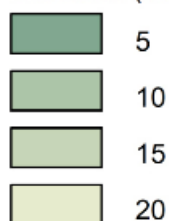
In 2019/20, 79.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practice dispensed or personally administered 2.3% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. As can be seen the entire locality is within a 20-minute drive of a pharmacy or dispensing doctor premises. It should be noted that where premises are close to each other the symbols will overlap.

Map 145 – access to pharmacies and dispensing doctor premises in the locality



Drivetime (mins)



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With regard to when the pharmacies are open:

- Two open Monday to Friday, and
- Six open Monday to Friday, and part of Saturday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Two open at 08.30 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.30.

Seven pharmacies close for lunch at varying times between 13.00 and 14.00. The remaining pharmacy opens all day.

On Saturday, six pharmacies open at 09.00 and all close at 13.00.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Five of the pharmacies are accessible by wheelchair, and of these four have a consultation area that is accessible by wheelchair. All seven of the consultations 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 pharmacy without a consultation area confirmed it has alternative arrangements for confidential discussions.

No pharmacies have staff who can speak Welsh, although one pharmacy has staff who can speak Urdu and Punjabi.

All of the pharmacies dispense prescriptions for all types of appliances.

All of 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,
- two pharmacies restrict the service to specific areas, and
- although only two said they provide a delivery service, four said they restrict the service to specific patient groups (elderly, disabled, shielding, those with a clinical or mobility need, housebound and vulnerable).

There were no suggestions for an existing service that is not currently provided in the area.

One pharmacy was of the opinion that there is a requirement for a new enhanced service which is not currently available, namely a weight management service.

Six pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said they don't but could make adjustments to manage any increase in demand.

Four pharmacies have plans to develop or expand their service provision:

- Extension planned and new services, both NHS and private, are being considered in the near future. Automation is also being considered.
- Plan to provide the independent prescriber services.
- Pharmacist is undertaking the independent prescriber training with a view to offering acute care service.
- Increase provision of common ailments service, smoking cessation, emergency hormonal contraception and discharge medicines review services following the appointment of a regular pharmacist.

The dispensing practice didn't respond to the dispensing doctor questionnaire.

19.2.1 Medicines use review service

In 2018/19 and 2019/20 seven of the pharmacies provided this service, with four providing the maximum number of 400 in 2018/19 and one in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 146 – location of the pharmacies providing the medicines use review service in 2019/20



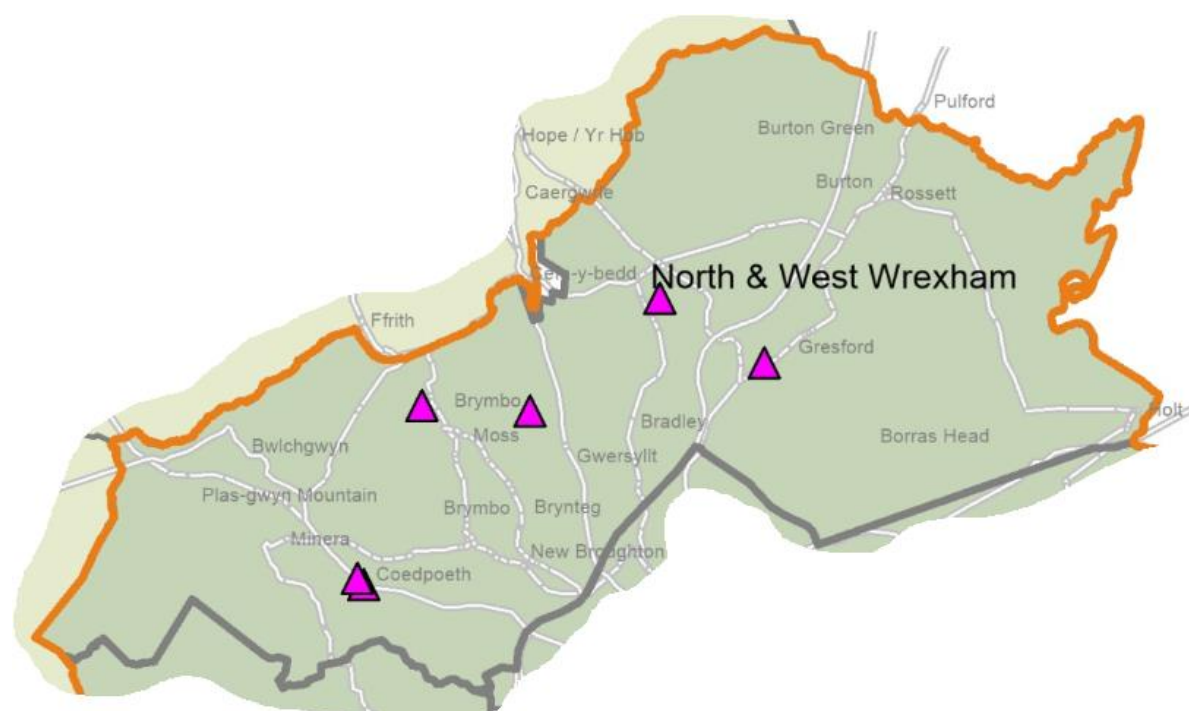
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19.2.2 Discharge medicines review

In 2018/19 six of the pharmacies provided this service, reducing to five in 2019/20, with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 147 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, six of the pharmacies provided a total of 96 reviews.

19.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

19.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

19.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 148 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



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Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven are commissioned in 2021/22.

19.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 149 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



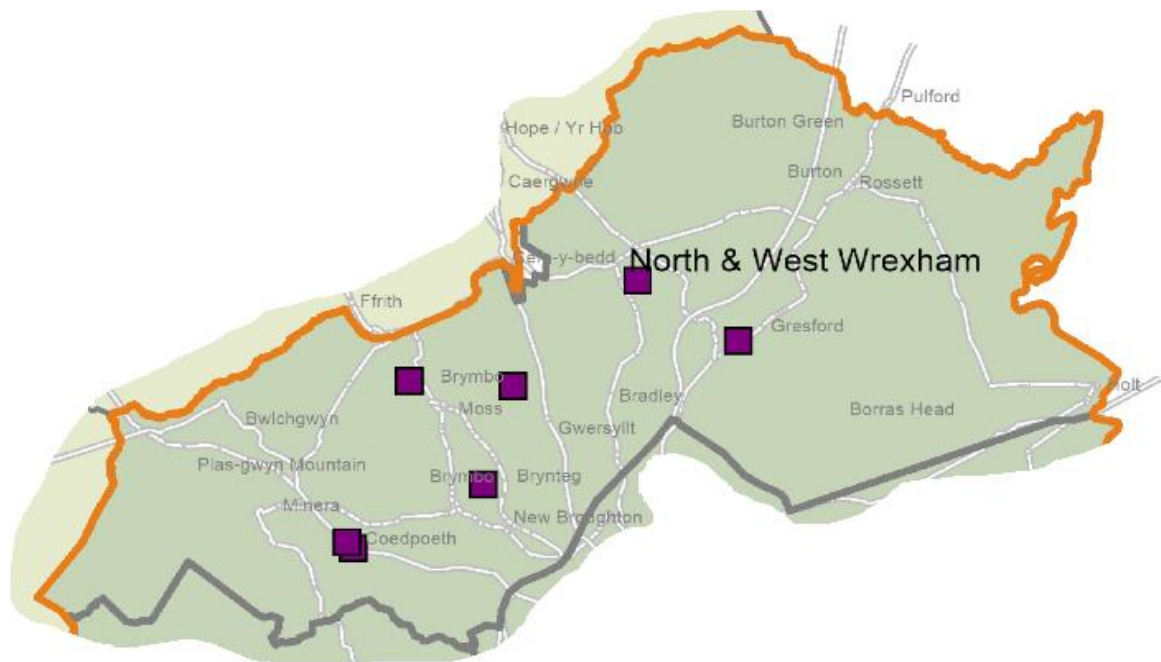
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Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven are commissioned in 2021/22.

19.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 150 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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Six of the pharmacies were commissioned to provide this service in 2020/21, and six are commissioned in 2021/22.

19.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 151 – location of the pharmacies providing flu vaccinations in 2019/20



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Seven of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021 none of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as, or higher than, last year.

19.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 152 – location of the pharmacies providing the common ailment service in 2019/20



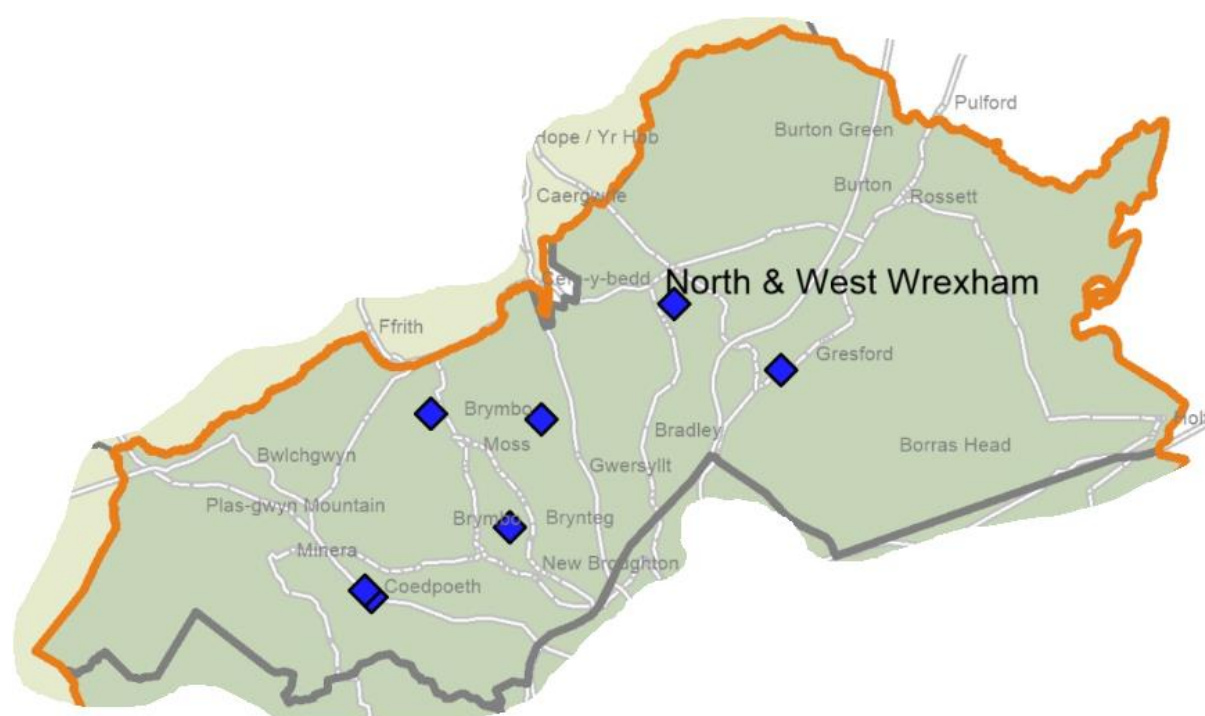
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Seven of the pharmacies were commissioned to provide this service and provided it in 2020/21. Seven are commissioned in 2021/22.

19.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 153 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven are commissioned in 2021/22.

19.2.11 Supervised consumption service

Seven of the pharmacies were commissioned to provide this service in 2020/21, and seven are commissioned in 2021/22.

19.2.12 Syringe and needle exchange service

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

19.2.13 End of life care medicines

None of the pharmacies was commissioned to provide this service in 2020/21, or in 2021/22.

19.2.14 Independent prescriber services

Two pharmacies were commissioned to provide the acute conditions service in 2020/21, and continue to be in 2021/22.

19.2.15 Return of patients sharps boxes

All of the pharmacies were commissioned to provide this service in 2020/21 and continue to be in 2021/22.

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 2019/20 were dispensed by either the eight pharmacies in the locality or the dispensing practice, 17.6% were dispensed outside the locality:

- 9.4% by pharmacies in South Wrexham,
- 4.8% by pharmacies in Central Wrexham,
- 1.6% by contractors in England,
- 1.2% by pharmacies in North East Flintshire, and
- 0.5% 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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,

- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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.

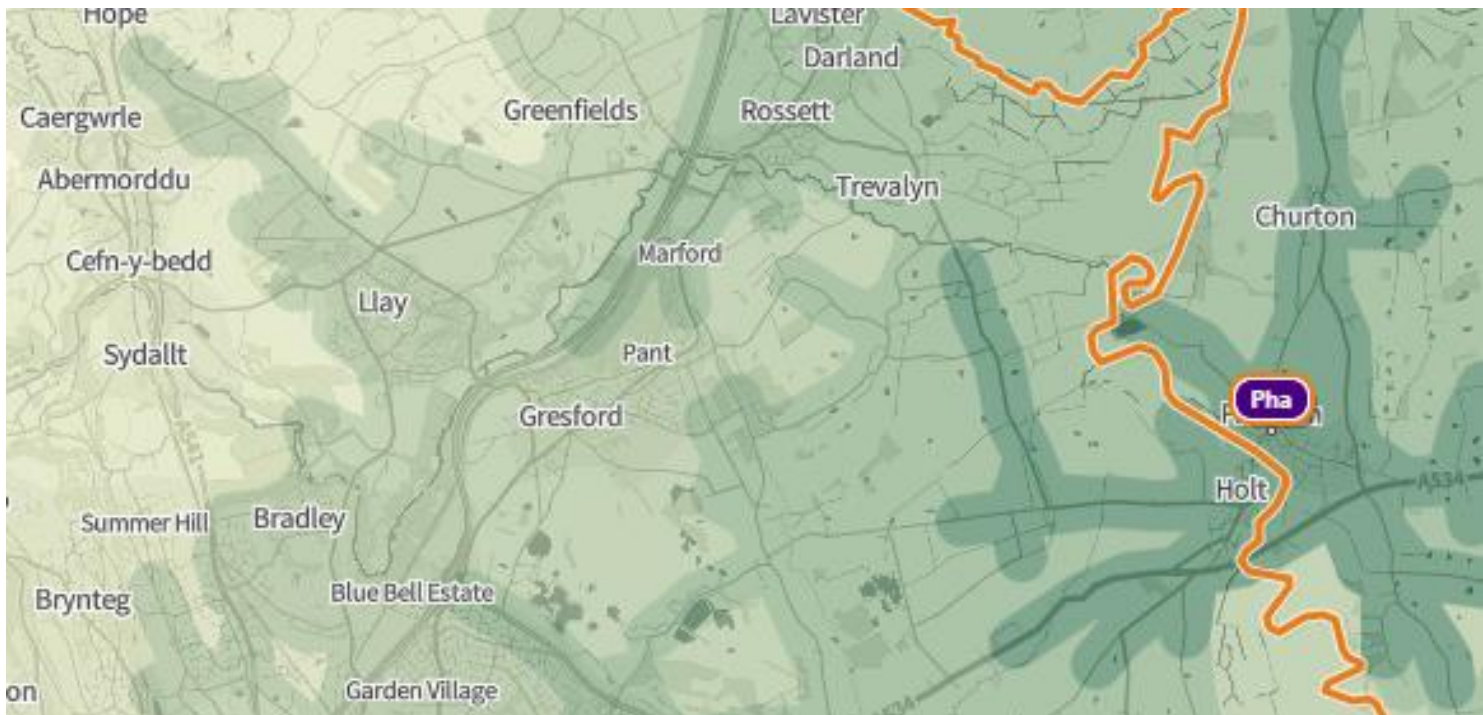
In 2019/20 over 110 contractors dispensed items written by one of the GP practices in this locality, of which:

- eight were located within the locality,
- 90 were located elsewhere within the health board's area,
- 17 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 travel times to those pharmacies.

Map 154 – travel times to the pharmacies in England



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors



Travel times in minutes

19.6.1 Essential services

The health board has noted the following points:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation. The dispensing practice is located in an area of lower population density.
- The entire locality is within a 20-minute drive time of a pharmacy.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.
- None of the GP practices currently have any extended opening hours.

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 in a town/village that is outside of Coedpoeth there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

19.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by seven of the pharmacies.
- Four pharmacies provided the maximum number of medicines use reviews in 2018/19. One did in 2019/20.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Two of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.

- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.6 Emergency hormonal contraception

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21. There is no provision in the north east corner of the locality and the GP branch surgery is not open all day, every weekday.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs in relation to the provision of essential services in this locality.

Based on the above, the health board has identified that there is a gap in the provision of this service in Rossett. The health board will work with the existing pharmacy in connection with the lack of this service in Rossett. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Rossett, six days a week for:

- eight hours a day Monday to Friday, and
- three hours on Saturdays.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Coedpoeth there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

19.6.7 Smoking cessation level 2

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21. There is no provision in the north east corner of the locality.
- Demand for the service is dictated by people wishing to stop smoking.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs in relation to the provision of essential services in this locality.

Based on the above, the health board has identified that there is a gap in the provision of this service in Rossett. The health board will work with the existing pharmacy in connection with the lack of this service in Rossett. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Rossett, six days a week for:

- eight hours a day Monday to Friday, and
- three hours on Saturdays

19.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Six of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.9 Flu vaccination

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.10 Common ailment service

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21. There is no provision in the north east corner of the locality and the GP branch surgery is not open all day, every weekday.
- There are other providers of the service, for example the GP practices.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs in relation to the provision of essential services in this locality.

Based on the above, the health board has identified that there is a gap in the provision of this service in Rossett. The health board will work with the existing pharmacy in connection with the lack of this service in Rossett. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Rossett, six days a week for:

- eight hours a day Monday to Friday, and
- three hours on Saturdays.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Coedpoeth there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

19.6.11 Emergency medicine supply

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21. There is no provision in the north east corner of the locality and the GP branch surgery is not open all day, every weekday.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs in relation to the provision of essential services in this locality.

Based on the above, the health board has identified that there is a gap in the provision of this service in Rossett. The health board will work with the existing pharmacy in connection with the lack of this service in Rossett. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided in Rossett, six days a week for:

- eight hours a day Monday to Friday, and
- three hours on Saturdays.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in a location that is outside of Coedpoeth there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

19.6.12 Supervised consumption service

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.13 Syringe and needle exchange service

The health board has noted the following points:

- One of the pharmacies was commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- None of the pharmacies was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Two pharmacies were commissioned to provide the acute conditions service in 2020/21.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

19.6.16 Return of patients sharps boxes

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two don't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

19.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

20 Central Wrexham locality

20.1 Key facts

- Second largest population at 135,957
- Second greatest population density at 270.2 people per square kilometre
- 19% of the population is aged 15 and under
- Second lowest percentage of adults who speak Welsh at 13.63%
- Second highest proportion of lower super output areas in the top most deprived (7.1%)
- Lowest female life expectancy at 81.4 years
- Lowest healthy life expectancy at birth for males at 62.5 years
- Second highest rate of premature deaths from key non communicable diseases
- Highest proportion of households without a car or van at 22.2%
- Lowest proportion of retired population at 15.2%
- Highest number of rough sleepers
- Highest rate of malignancies per 100,000 population
- Lowest average mental wellbeing score (and lower than the average for Wales)
- Highest proportion of those aged 16 and over who feel lonely (and higher than the average for Wales)
- Highest rate of death from all respiratory diseases per 100,000 population
- Second highest teenage pregnancy rate after Denbighshire
- Lowest percentage of non-drinkers at 21.2%
- Highest percentage of hazardous drinkers at 17.6%
- Lowest percentage of adults reporting physical activity for at least 150 minutes in the previous week (49.2%)
- Highest percentage of people who are overweight or obese at 58.2%

The Wrexham Local Development Plan 2013 to 2028⁶⁷ identifies the need for 8,525 housing units, equating to 568 houses per annum or 2,840 within the lifetime of this pharmaceutical needs assessment. Based on the Annual Monitoring Report 2019, 1,561 of these had been completed. The housing will be split as follows:

- 64% of the total will be delivered in Wrexham Town,
- 22% in the service centres (Acrefair/Cefn Mawr, Chirk, Coedopeth, Gresford/Marford, Gwersyllt, Llay, Ruabon and Rhosllanerchrugog),
- 11% in local service centres (Bangor, Broughton, Brymbo, Glyn Ceiriog, Holt, Overton, Penley, Penycae, Rhostyllen and Rosset), and
- 3% in minor villages and hamlets with 2% in Rhosrobin due to its proximity and accessibility to Wrexham Town.

Two key strategic sites have been identified within the local development plan in Wrexham Town:

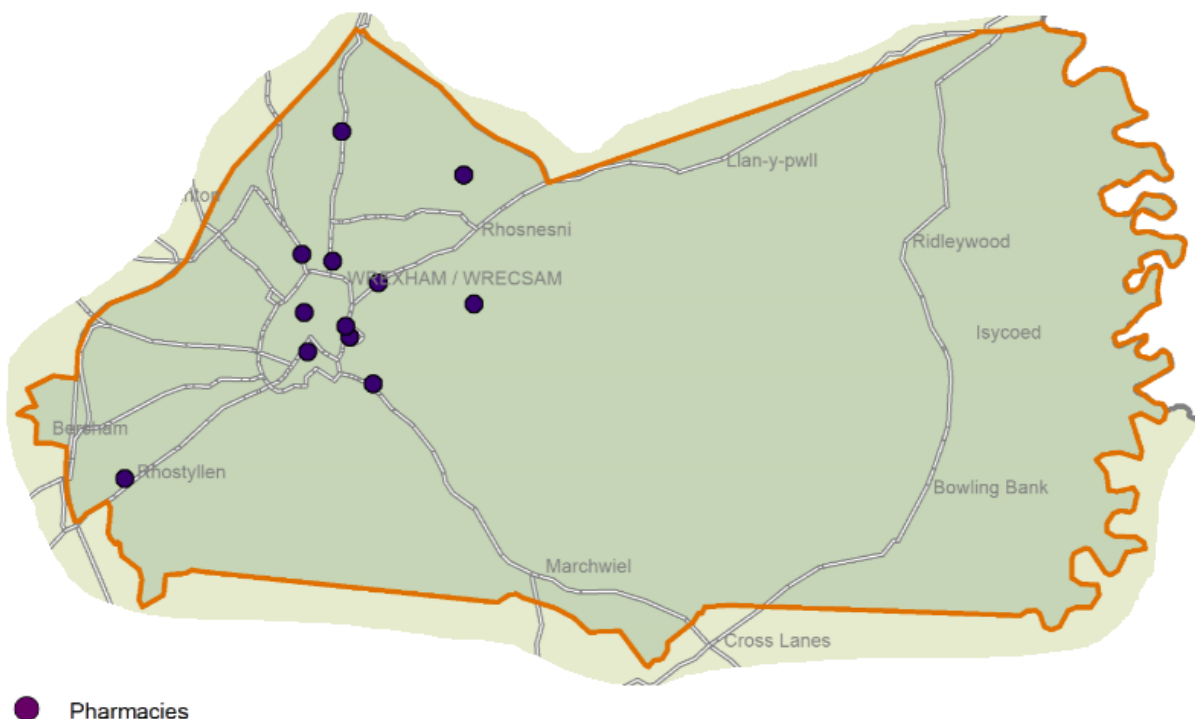
⁶⁷ [Wrexham Local Development Plan 2013 to 2028](#)

- Lower Berse Farm, Ruthin Road, Wrexham – a residential led mixed use scheme with a minimum of 1,500 new homes and a 420 place primary school. Due to the requirement to upgrade junction 4 of the A483, it is anticipated that 200 housing units will be delivered between 2026 and 2028. It is therefore unlikely that many houses will be delivered within the lifetime of this pharmaceutical needs assessment.
- Land east of Cefn Road, Wrexham – a residential led mixed use scheme with a minimum of 1,680 new homes, 1,580 of which will be delivered by 2028.

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. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

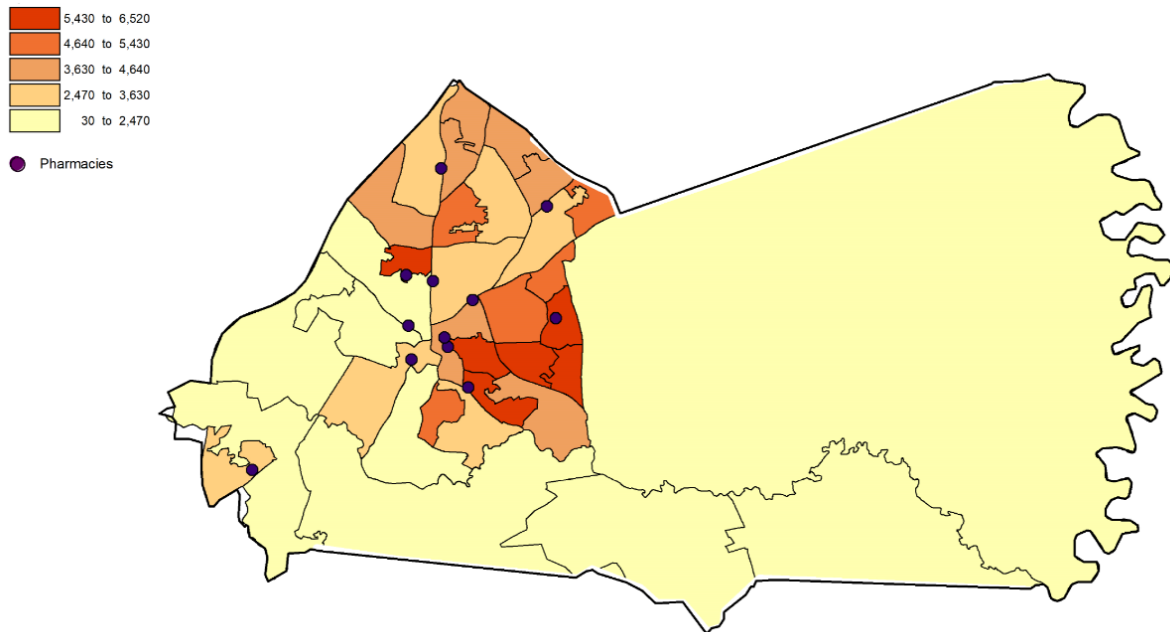
Map 155 – location of pharmacies



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As can be seen from the map below the pharmacies are located in areas of greater population density. It should be noted that where premises are close to each other the symbols will overlap.

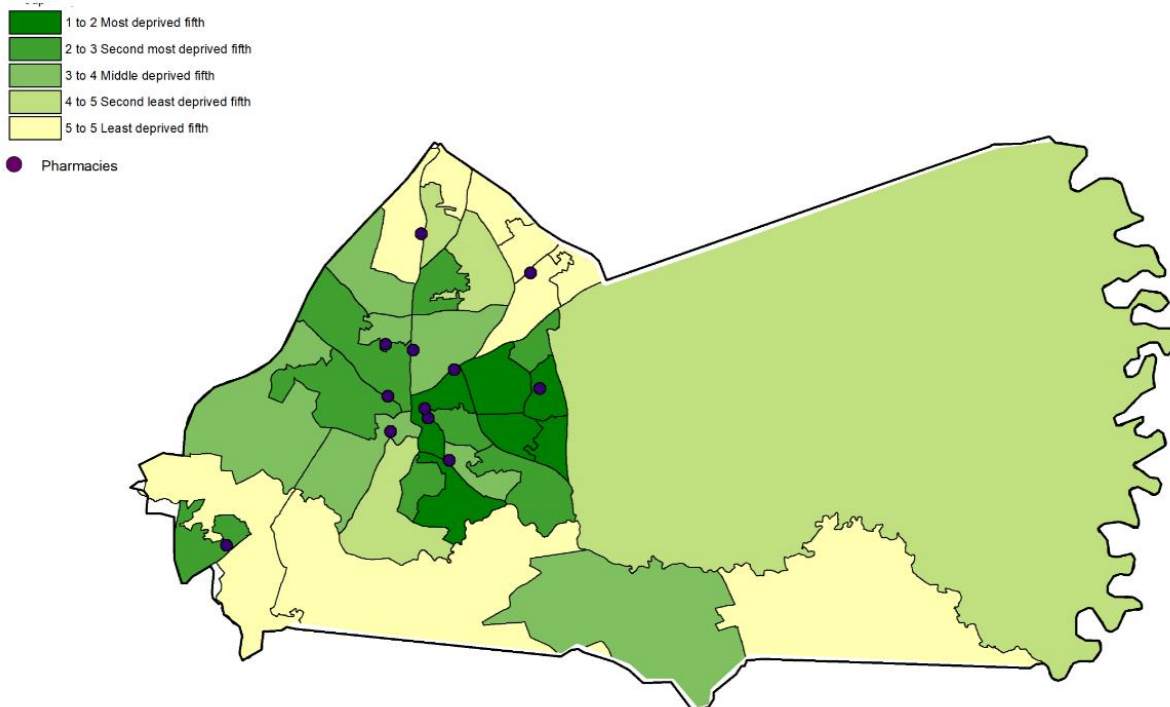
Map 156 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that generally the pharmacies are located in areas of greater deprivation.

Map 157 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019

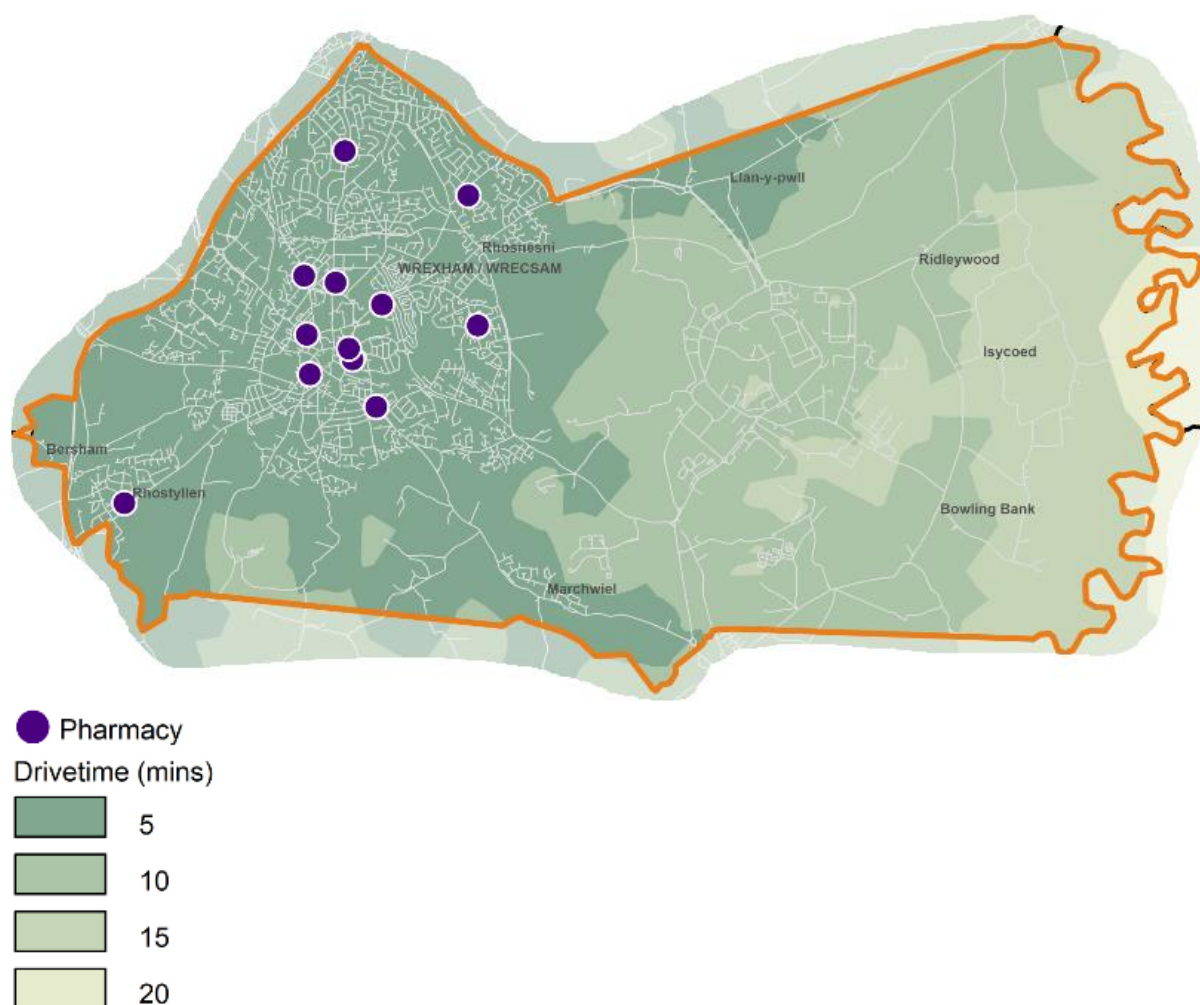


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In 2019/20, 88.9% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality.

The map below shows the drive time to the pharmacies, with the darker the green the shorter the drive. As can be seen the entire locality is within a 20-minute drive of a pharmacy. It should be noted that where premises are close to each other the symbols will overlap.

Map 158 – access to pharmacies and dispensing doctor premises in the locality



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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:

- Three open at 08.30, one opens at 08.45 and the remainder open at 09.00,
- Closing times vary between 17.30 and 18.15 with one pharmacy open until 19.00 on Thursdays and Fridays, and another until 20.00.

11 of the 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, two close for lunch at varying times between 13.00 and 14.00. They close between 17.30 and 20.00.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

11 of the pharmacies are accessible by wheelchair, and of these eight have a consultation area that is accessible by wheelchair. All 12 of the consultations 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 Welsh and Polish are spoken by staff.

All of the pharmacies dispense prescriptions for all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- five provide a free of charge delivery service on request and one provides the service for a fee,
- three pharmacies restricts the service to specific areas, and
- nine said they restrict the service to specific patient groups (shielding, vulnerable and housebound, housebound and enabled/disabled).

There was one suggestion for an existing service that is not currently provided in the area namely the medicines use review service.

No pharmacies were of the opinion that there is a requirement for a new enhanced service which is not currently available.

11 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels 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.

Nine pharmacies have plans to develop or expand their service provision:

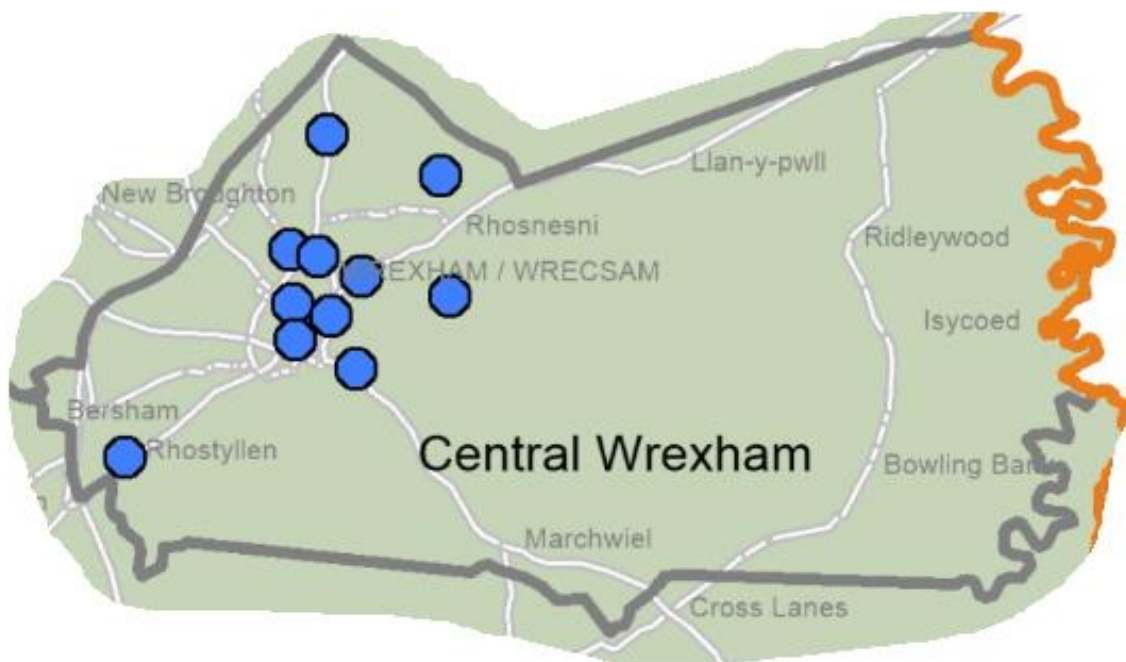
- trial the use of a texting service
- start to provide the emergency hormonal contraception service
- start to provide the smoking cessation service (three pharmacies)
- start to provide independent prescriber acute conditions service (three pharmacies)
- pharmacist to complete the independent prescriber course.

20.2.1 Medicines use review service

In 2018/19 11 of the pharmacies provided this service, increasing to all 12 in 2019/20. Seven provided the maximum number of 400 in 2018/19 falling to four in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 159 – location of the pharmacies providing the medicines use review service in 2019/20

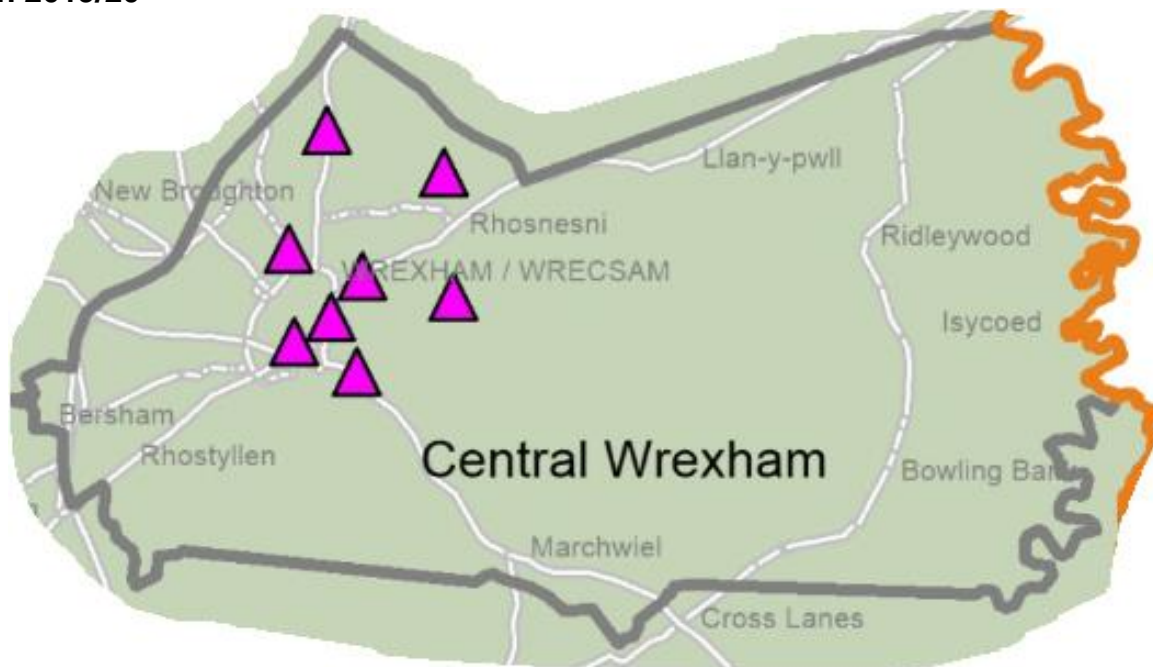


20.2.2 Discharge medicines review

In 2018/19 and 2019/20, nine of the pharmacies provided this service with none providing the maximum number of 140 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 160 – location of the pharmacies providing discharge medicines reviews in 2019/20



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In 2020/21, 11 of the pharmacies have provided a total of 153 reviews.

20.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

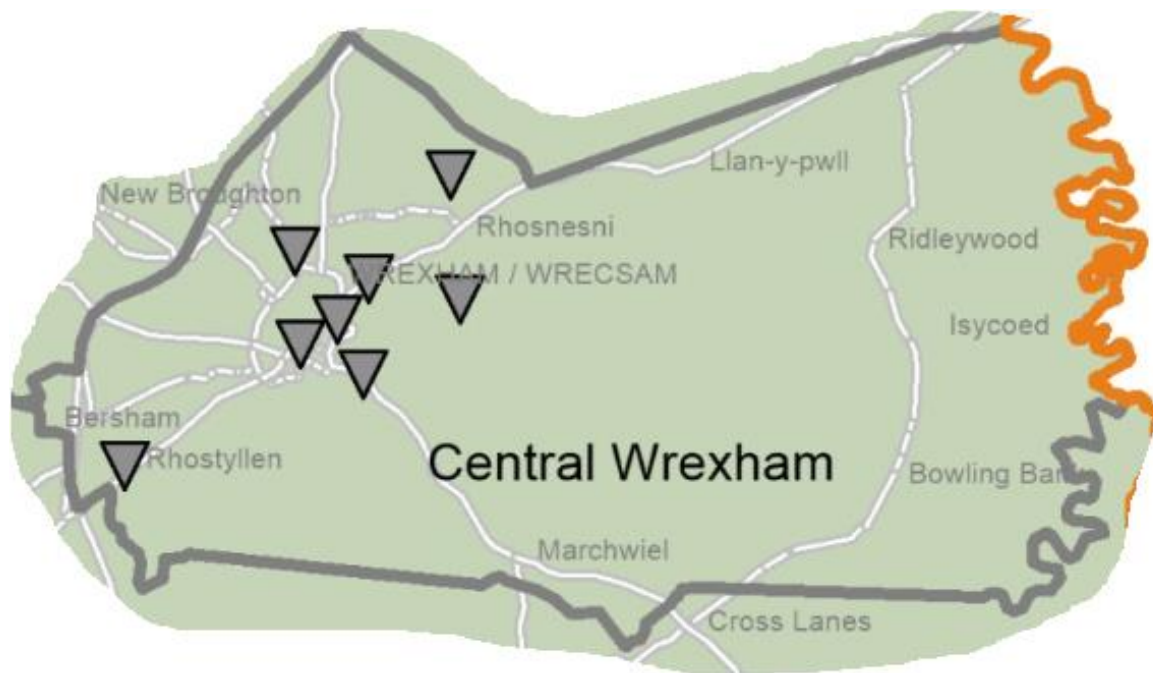
20.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

20.2.5 Emergency hormonal contraception

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 161 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



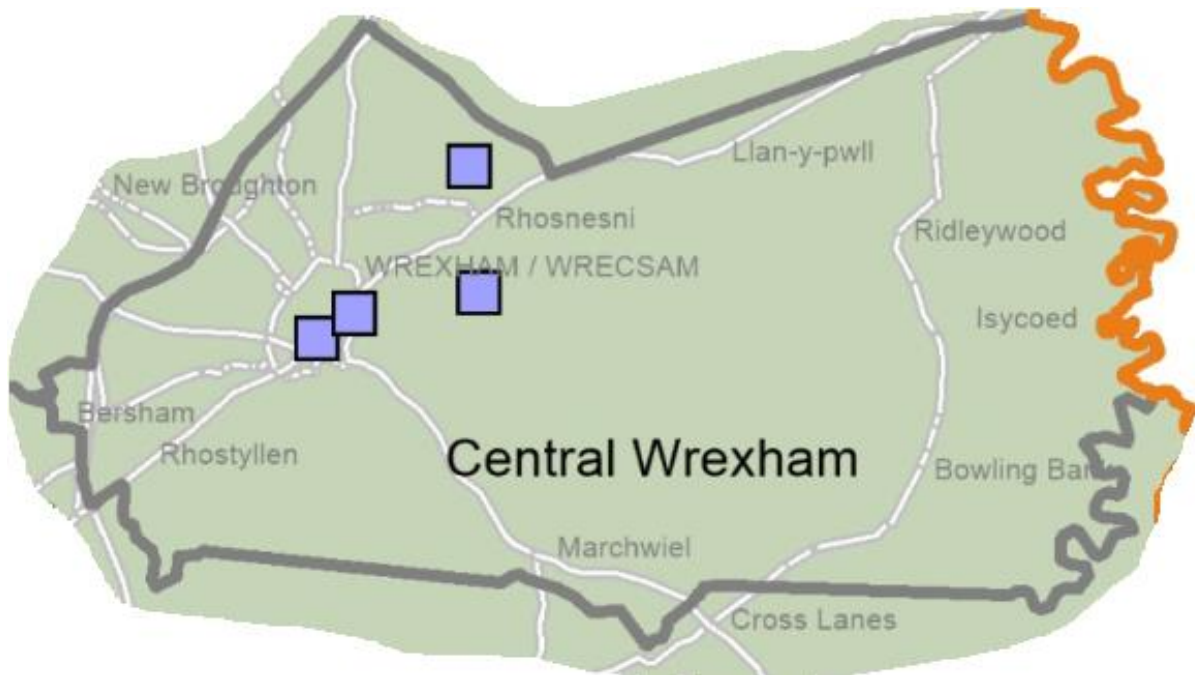
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Ten of the pharmacies were commissioned to provide this service and provided it in 2020/21. 11 are commissioned in 2021/22.

20.2.6 Smoking cessation service level 2

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 162 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



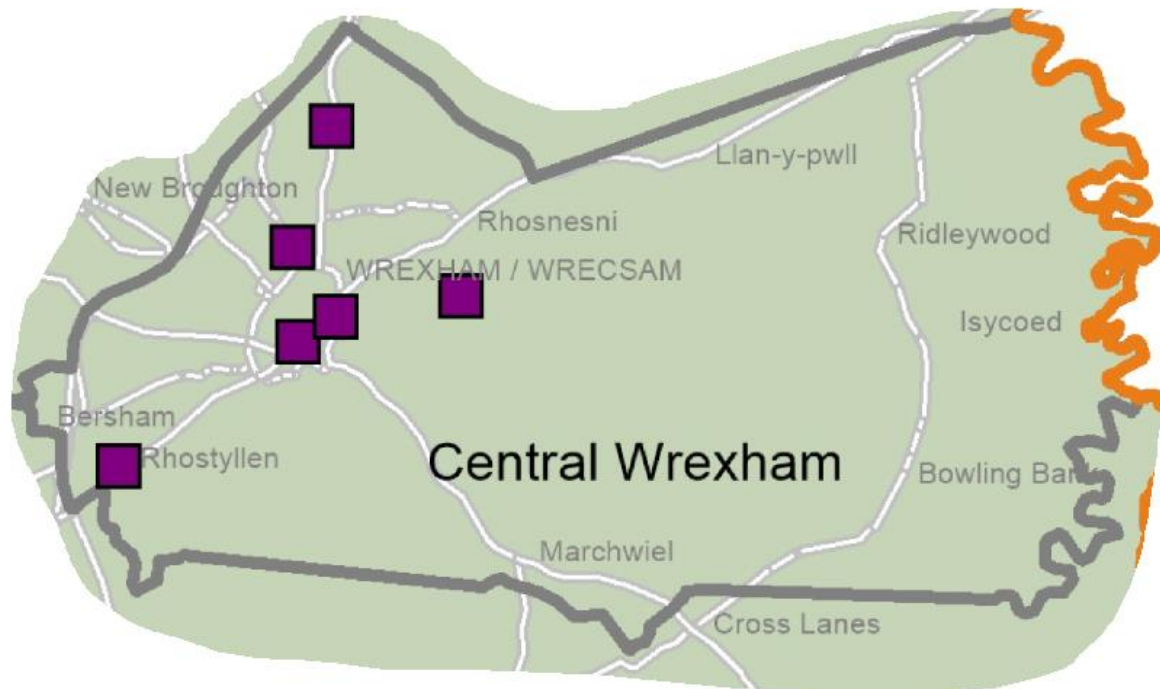
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Seven of the pharmacies were commissioned to provide this service and provided it in 2020/21. This has increased to nine pharmacies in 2021/22

20.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 163 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



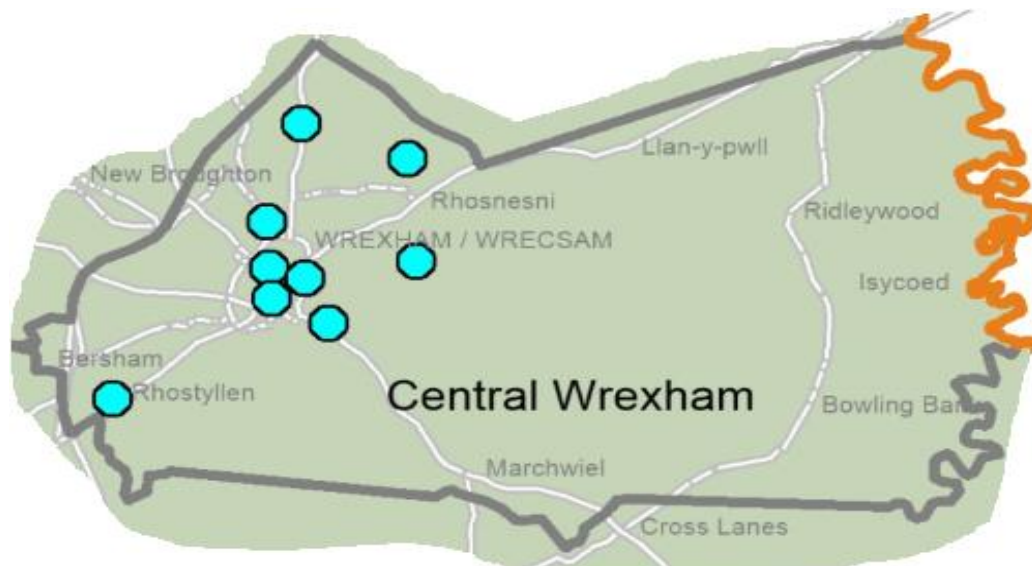
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Ten of the pharmacies were commissioned to provide this service in 2020/21, and ten are commissioned in 2021/22.

20.2.8 Flu vaccination

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 164 – location of the pharmacies providing flu vaccinations in 2019/20



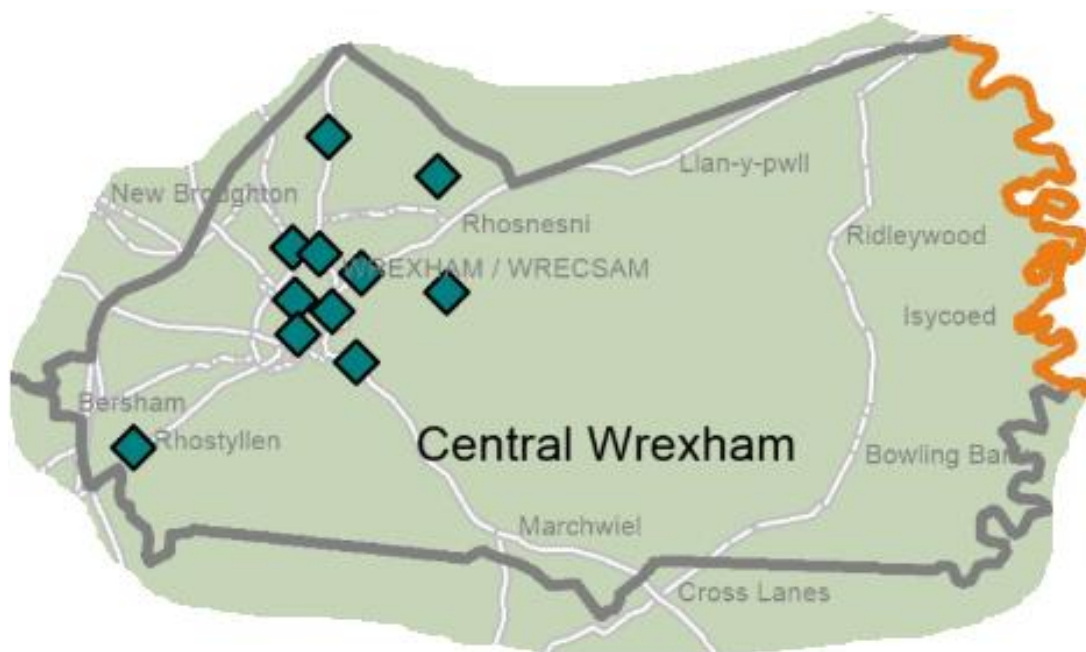
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All of the pharmacies are commissioned to provide this service in 2020/21. As of August 2021 none of the pharmacies had signed up to provide the service, however this is expected to change and the number of pharmacies providing the service in 2021/22 will be the same as last year.

20.2.9 Common ailment service

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 165 – location of the pharmacies providing the common ailment service in 2019/20



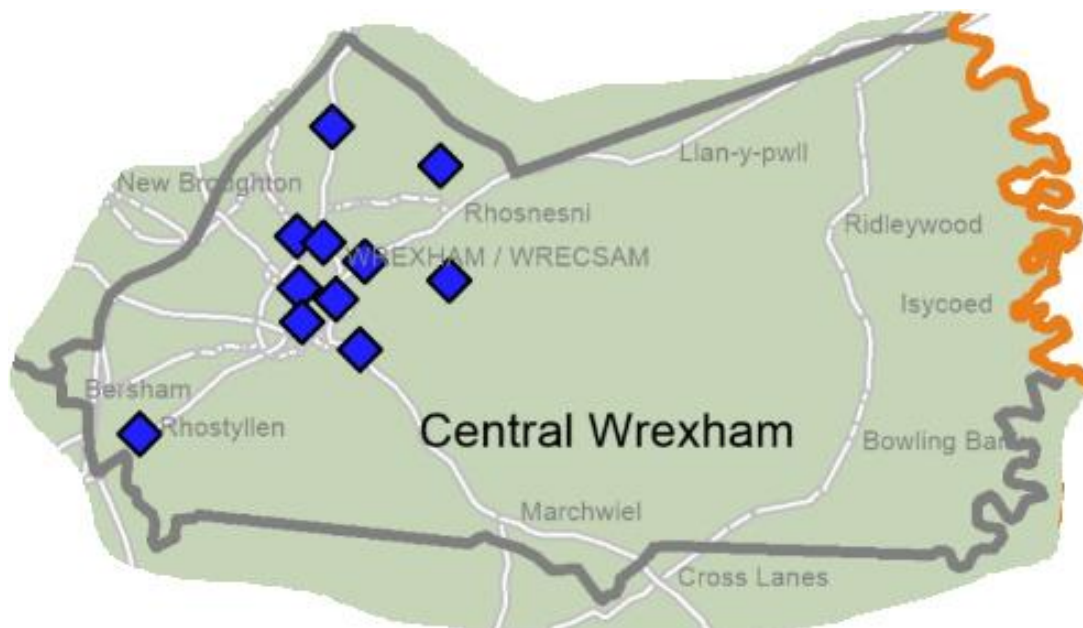
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All of the pharmacies were commissioned to provide this service and provided it in 2020/21. All are commissioned in 2021/22.

20.2.10 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 166 – location of the pharmacies providing the emergency medicine supply service in 2019/20



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All of the pharmacies were commissioned to provide this service and ten provided it in 2020/21. All are commissioned to provide it in 2021/22.

20.2.11 Supervised consumption service

11 of the pharmacies were commissioned to provide this service in 2020/21, and 11 are commissioned in 2021/22.

20.2.12 Syringe and needle exchange service

Eight of the pharmacies were commissioned to provide this service and provided it in 2020/21. Eight are commissioned in 2021/22.

20.2.13 End of life care medicines

One pharmacy was commissioned to provide this service in 2020/21, and one is commissioned in 2021/22.

20.2.14 Independent prescriber services

No pharmacies are commissioned to provide this service in 2021/22.

20.2.15 Return of patients sharps boxes

11 of the pharmacies are commissioned to provide this service in 2020/21, and 11 are commissioned in 2021/22.

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 2019/20 were dispensed by the twelve pharmacies in the locality, 9.7% were dispensed outside the locality:

- 4.2% by contractors in England,
- 2.3% by pharmacies in North and West Wrexham,
- 1.7% by pharmacies in North East Flintshire,
- 1.1% by pharmacies in Central Wrexham, and
- 0.4% 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.

20.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.4% of items prescribed by the GP practices were personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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 2019/20 over 90 contractors dispensed items written by one of the GP practices in this locality, of which:

- 12 were located within the locality,
- 70 were located elsewhere within the health board's area,
- nine were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

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

The health board has noted the following points:

- The pharmacies are located in the western side of the locality, generally in areas of greater population density and higher deprivation.
- The entire locality is within a 20-minute drive time of a pharmacy.
- 64% of the estimated 2,840 houses to be built in Wrexham County Borough Council are to be built within Wrexham Town.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.
- None of the GP practices currently have any extended opening hours.

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 in Garden Village,

Borras, Caia Park or Rhostyllen there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

20.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Seven pharmacies provided the maximum number of medicines use reviews in 2018/19. Four did in 2019/20.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Ten of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.6 Emergency hormonal contraception

The health board has noted the following points:

- Ten of the pharmacies were commissioned to provide this service in 2020/21.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in Garden Village, Borras, Caia Park or Rhostyllen there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

20.6.7 Smoking cessation level 2

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.
- Demand for the service is dictated by people wishing to stop smoking.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Ten of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- Demand for the service is dictated by people wishing to stop smoking.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.9 Flu vaccination

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.10 Common ailment service

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in Garden Village, Borrás, Caia Park or Rhostyllen there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

20.6.11 Emergency medicine supply

The health board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board has identified that should there be a loss of provision of the emergency medicine supply enhanced service by a pharmacy in Garden Village, Borrás, Caia Park or Rhostyllen there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

20.6.12 Supervised consumption service

The health board has noted the following points:

- 11 of the pharmacies were commissioned to provide this service in 2020/21.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Eight of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- One pharmacy was commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

20.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.
- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

20.6.16 Return of patients sharps boxes

The health board has noted the following points:

- 11 of the pharmacies were commissioned to provide this service in 2020/21.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21 South Wrexham locality

21.1 Key facts

- Second largest population at 135,957
- Second greatest population density at 270.2 people per square kilometre
- 19% of the population is aged 15 and under
- Second lowest percentage of adults who speak Welsh at 13.63%
- Second highest proportion of lower super output areas in the top most deprived (7.1%)
- Lowest female life expectancy at 81.4 years
- Lowest healthy life expectancy at birth for males at 62.5 years
- Second highest rate of premature deaths from key non communicable diseases
- Highest proportion of households without a car or van at 22.2%
- Lowest proportion of retired population at 15.2%
- Highest number of rough sleepers
- Highest rate of malignancies per 100,000 population
- Lowest average mental wellbeing score (and lower than the average for Wales)
- Highest proportion of those aged 16 and over who feel lonely (and higher than the average for Wales)
- Highest rate of death from all respiratory diseases per 100,000 population
- Second highest teenage pregnancy rate after Denbighshire
- Lowest percentage of non-drinkers at 21.2%
- Highest percentage of hazardous drinkers at 17.6%
- Lowest percentage of adults reporting physical activity for at least 150 minutes in the previous week (49.2%)
- Highest percentage of people who are overweight or obese at 58.2%

The Wrexham Local Development Plan 2013 to 2028⁶⁸ identifies the need for 8,525 housing units, equating to 568 houses per annum or 2,840 within the lifetime of this pharmaceutical needs assessment. Based on the Annual Monitoring Report 2019, 1,561 of these had been completed. The housing will be split as follows:

- 64% of the total will be delivered in Wrexham Town,
- 22% in the service centres (Acrefair/Cefn Mawr, Chirk, Coedopeth, Gresford/Marford, Gwersyllt, Llay, Ruabon and Rhosllanerchrugog),
- 11% in local service centres (Bangor, Broughton, Brymbo, Glyn Ceiriog, Holt, Overton, Penley, Penycae, Rhostyllen and Rosset), and
- 3% in minor villages and hamlets with 2% in Rhosrobin due to its proximity and accessibility to Wrexham Town.

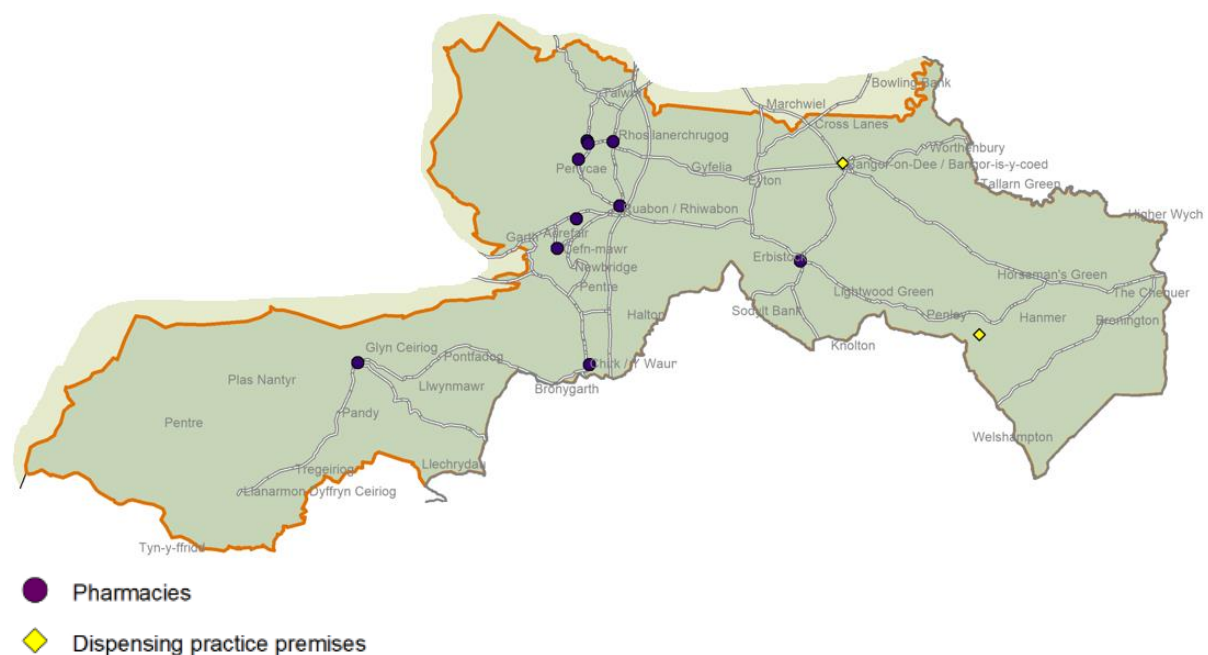
⁶⁸ [Wrexham Local Development Plan 2013 to 2028](#)

21.2 Current provision of pharmaceutical services within the locality's area

There are 11 pharmacies in the locality operated by four different contractors. One of the pharmacies 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 64.0% to 87.4% of the practices' registered populations.

The map below shows the location of the pharmacies and dispensing practice premises. The pharmacies are represented by the purple circles and the dispensing practice premises by the yellow diamonds. It should be noted that where premises are close to each other the symbols will overlap.

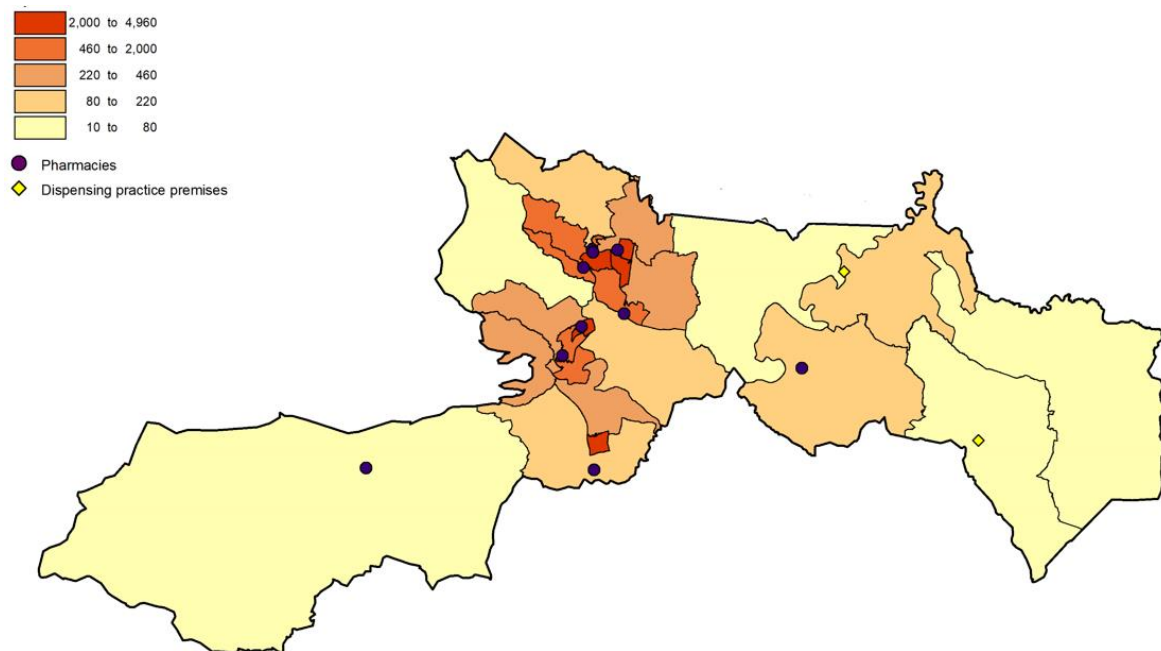
Map 167 – location of pharmacies and dispensing doctor premises



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As can be seen from the map below the pharmacies are generally located in areas of greater population density whereas dispensing practice premises are located in areas of lower population density. It should be noted that where premises are close to each other the symbols will overlap.

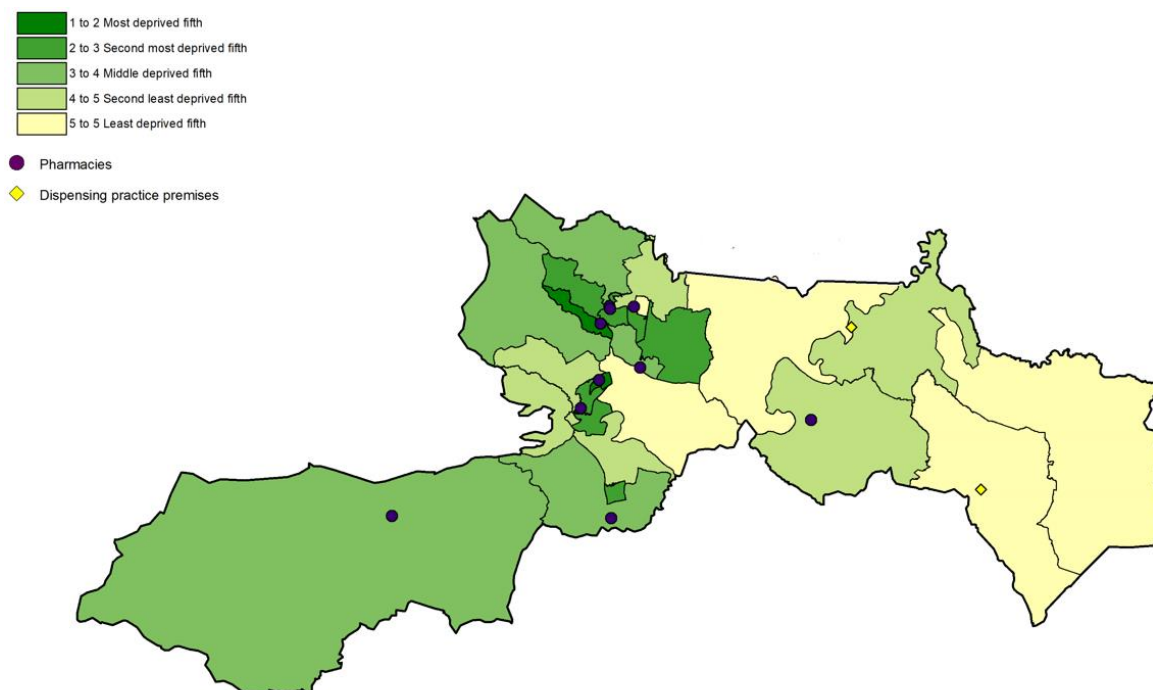
Map 168 – location of pharmacies and dispensing doctor premises compared to population density, per lower super output area



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The map below shows that the pharmacies are generally in areas of greater deprivation, and the dispensing practice premises in areas of less deprivation.

Map 169 – location of pharmacies compared to the level of deprivation, Welsh Index of Multiple Deprivation 2019

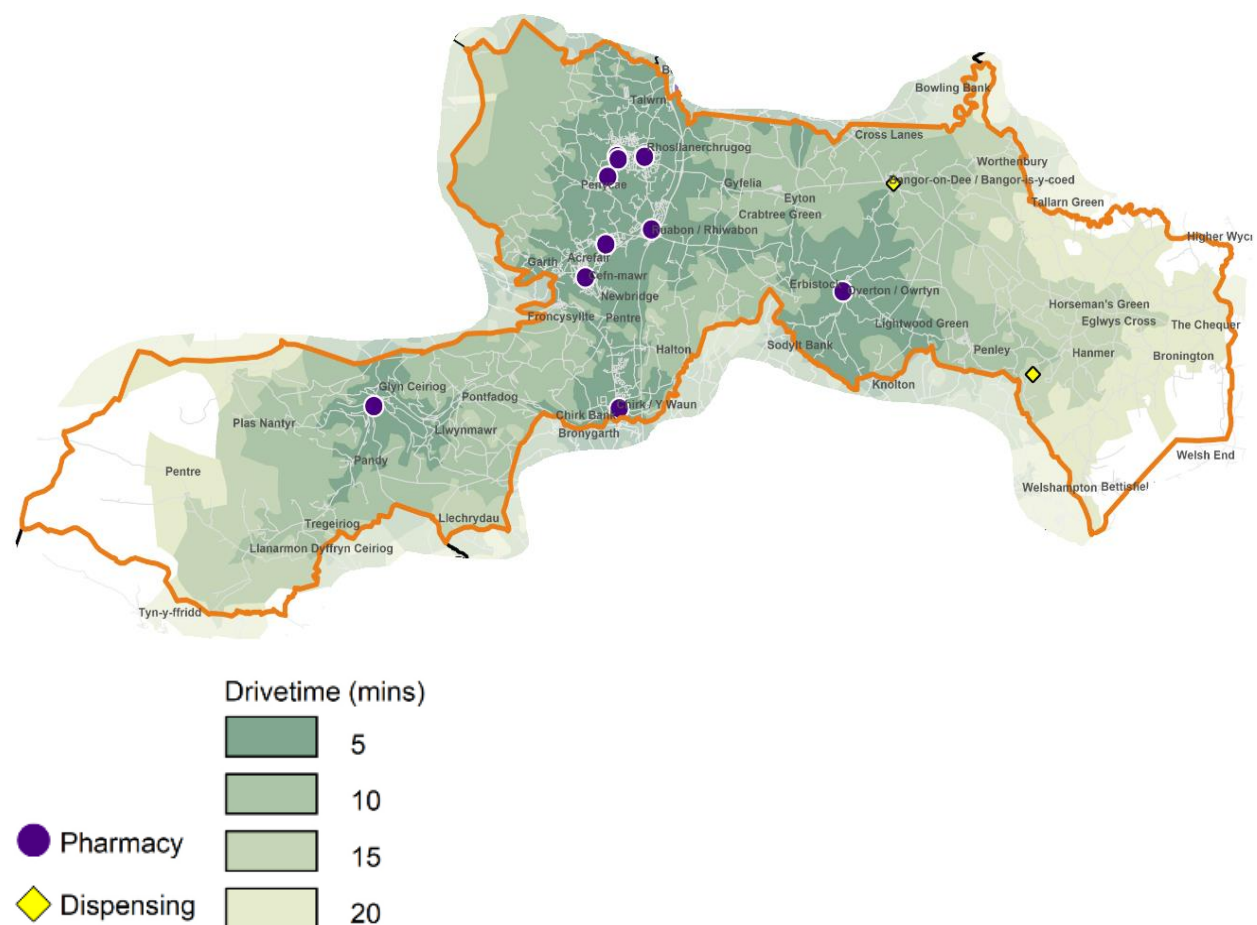


In 2019/20, 73.6% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, and the dispensing practices dispensed or personally administered 8.1% of the prescribed items. Whilst the data available doesn't show the percentage split between dispensed 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.

The map below shows the drive time to the pharmacies and dispensing doctor premises, with the darker the green the shorter the drive. As can be seen there are areas in the west and east which are not within a 20-minute drive of a pharmacy or dispensing doctor premises. It should be noted that where premises are close to each other the symbols will overlap.

The area in the west is hilly countryside with a few scattered houses/farms. The area in the east that is south of Bronington is mostly occupied by Fenn's, Whixall & Bettisfield Mosses National Nature Reserve, although the village of Bettisfield has a resident population in the approximately 150 houses.

Map 170 – access to pharmacies and dispensing doctor premises in the locality



With regard to when the pharmacies are open:

- Four 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 the remainder open at 09.00,
- Closing times vary between 17.00 and 18.30, although one pharmacy closes at 12.30 on Wednesdays.

All but 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.

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.

All of the pharmacies responded to the pharmacy contractor questionnaire and the following information is taken from those responses.

Nine of the pharmacies are accessible by wheelchair, and of these eight have a consultation area that is accessible by wheelchair. All 11 of the consultations 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.

None of the pharmacies have staff who speak Welsh. Two have staff who speak Polish, and one with staff who speak Spanish.

Ten of the pharmacies dispense prescriptions for all types of appliances with the eleventh only dispensing dressings.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- three provide a free of charge delivery service on request,
- one pharmacy restricts the service to specific areas, and
- six restrict the service to specific patient groups (those with clinical or mobility issues, housebound and the vulnerable).

There were no suggestions for an existing service that is not currently provided in the area. Neither were there any suggestions for a new enhanced service which is not currently available.

All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Four pharmacies have plans to develop or expand their service provision:

- refit to extend the dispensary
- Eventually add minor ailments, possibly smoking cessation and emergency hormonal contraception
- launch the independent prescriber acute care service by quarter two
- start to provide the smoking cessation service.

One of the two 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 08.30 to 13.00 and 14.30 to 18.30 Mondays, Tuesdays and Fridays. On Wednesdays and Thursdays it opens 08.30 to 13.00;
- prescriptions for all types of appliances are dispensed;
- delivery service is provided;
- some Welsh is spoken by one member of staff;
- does not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand;
- dispensed items are handed to patients at an exterior door. There are plans to increase the physical capacity of the dispensary.

21.2.1 Medicines use review service

In 2018/19 ten of the pharmacies provided this service increasing to all 11 in 2019/20, with seven providing the maximum number of 400 in 2018/19 and four in 2019/20. At the time of writing the service has been suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

21.2.2 Discharge medicines review

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

[illegible]

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Map 174 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



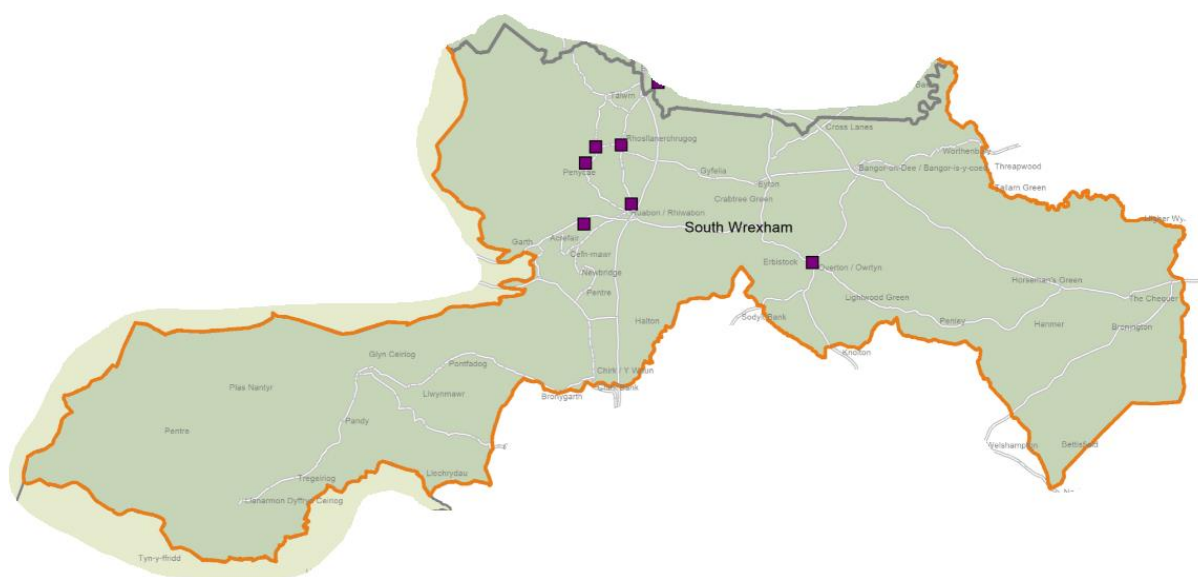
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Seven of the pharmacies were commissioned to provide this service and provided it in 2020/21. This has increased to ten in 2021/22.

21.2.7 Help Me Quit @ Pharmacy

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 175 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



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[illegible]

Nine of the pharmacies were commissioned to provide this service and provided it in 2020/21. This has increased to ten in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

[illegible]

436

Ten of the pharmacies were commissioned to provide this service in 2020/21, and ten are commissioned in 2021/22.

21.2.11 Supervised consumption service

Seven of the pharmacies were commissioned to provide this service in 2020/21. This has increased to ten in 2021/22.

21.2.12 Syringe and needle exchange service

Five of the pharmacies were commissioned to provide this service and provided it in 2020/21. Five are commissioned in 2021/22.

21.2.13 End of life care medicines

No pharmacies were commissioned to provide this service in 2020/21. None are commissioned in 2021/22.

21.2.14 Independent prescriber services

No pharmacies were commissioned to provide these services in 2020/21. None are commissioned in 2021/22.

21.2.15 Return of patients sharps boxes

Nine of the pharmacies were commissioned to provide this service in 2020/21, and nine are commissioned in 2021/22.

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 2019/20 were dispensed by either the 11 pharmacies in the locality or the four dispensing practices, 6.1% were dispensed outside the locality predominantly by contractors in England.

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

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

Less than 2.0% of items prescribed by the GP practices are likely to have been personally administered by the practices.

At the time of drafting, no GP practices have extended opening hours.

Residents will access other NHS services located in this locality or elsewhere in the health board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- Substance misuse service,
- Help Me Quit,
- Alternative treatment scheme,
- Sexual health clinics, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

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.

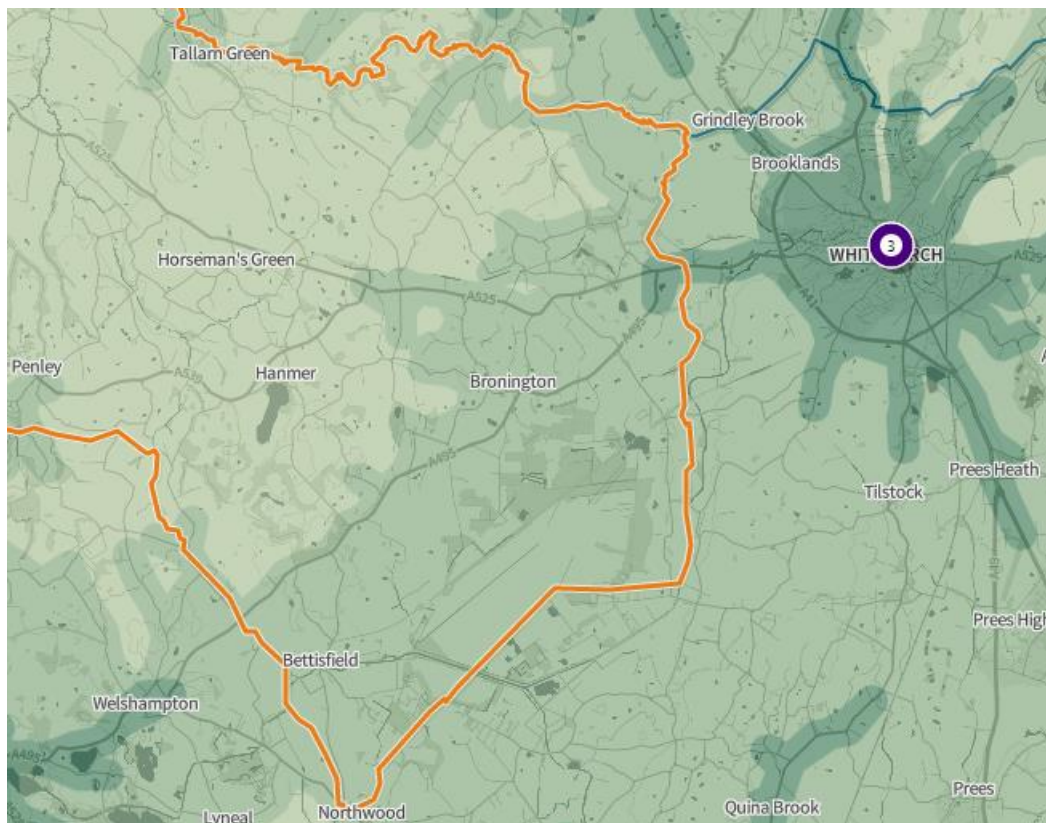
In 2019/20 over 125 contractors dispensed items written by one of the GP practices in this locality, of which:

- 11 were located within the locality,
- 84 were located elsewhere within the health board's area,
- 29 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 travel times to those pharmacies.

Map 179 – travel times to the pharmacies in England



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors



Travel times in minutes

As can be seen, when taking into account the pharmacies in England the area in the east of the locality, south of Bronington, that is not within a 20-minute drive of a pharmacy in the locality is within a ten-minute drive of three pharmacies in England.

21.6.1 Essential services

The health board has noted the following points:

- 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 however other than the village of Bettisfield 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.
- Complaints have been received in the past regarding access to services from the residents of Acrefair due to low levels of car ownership and infrequent public transport. Only one of the three pharmacies in the area is open at the weekend, on Saturday mornings.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.
- None of the GP practices currently have any extended opening hours.

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/village that is outside of Rhosllanerchrugog there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

21.6.2 Medicines use review service

The health board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Seven pharmacies provided the maximum number of medicines use reviews in 2018/19. Four did in 2019/20.

- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.3 Discharge medicines review

The health board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Six of the pharmacies had provided this service in 2020/21, at the point of drafting.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies in all cases. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The health board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.4 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.5 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.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.6 Emergency hormonal contraception

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21. There is no provider of the service in the west of the locality and whilst there is a GP practice in Glyn Ceiriog it is only open on Wednesday afternoons.
- The service is also provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in Glyn Ceiriog in connection with the lack of the provision of this service. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided Monday to Friday as a minimum in Glyn Ceiriog.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Rhosllanerchrugog there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

21.6.7 Smoking cessation level 2

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21. There is no provider of the service in Glen Ceiriog .
- Demand for the service is dictated by people wishing to stop smoking.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in connection with the lack of the smoking cessation level 2 enhanced service in Glyn Ceiriog. However, should this gap not be closed then from 1 April 2023 there will be a future need for these services to be provided in Glyn Ceiriog, Monday to Friday as a minimum.

21.6.8 Help me quit @ pharmacy

The health board has noted the following points:

- Nine of the pharmacies are commissioned to provide this service in 2021/22 at the point of drafting.
- There is no provider of the service in the west of the locality.
- Demand for the service is dictated by people wishing to stop smoking.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in Glyn Ceiriog in connection with the lack of the provision of this service. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided Monday to Friday as a minimum in Glyn Ceiriog.

21.6.9 Flu vaccination

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service, for example the GP practices.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.10 Common ailment service

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21. There is no provider of the service in the west of the locality and whilst there is a GP practice in Glyn Ceiriog it is only open on Wednesday afternoons.
- There are other providers of the service, for example the GP practices.

- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in Glyn Ceiriog in connection with the lack of the provision of this service. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided Monday to Friday as a minimum in Glyn Ceiriog.

The health board has identified that should there be a loss of provision of the common ailment service enhanced service by a pharmacy in a location that is outside of Rhosllanerchrugog there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

21.6.11 Emergency medicine supply

The health board has noted the following points:

- Ten of the pharmacies were commissioned to provide this service in 2020/21. There is no provider of the service in the west of the locality and whilst there is a GP practice in Glyn Ceiriog it is only open on Wednesday afternoons.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current needs for this service within the locality.

The health board will work with the existing pharmacy in Glyn Ceiriog in connection with the lack of the provision of this service. However, should this gap not be closed then from 1 April 2023 there will be a future need for this service to be provided Monday to Friday as a minimum in Glyn Ceiriog.

The health board has identified that should there be a loss of provision of the emergency medicine service enhanced service by a pharmacy in a location that is outside of Rhosllanerchrugog there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

21.6.12 Supervised consumption service

The health board has noted the following points:

- Seven of the pharmacies were commissioned to provide this service in 2020/21.

- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.13 Syringe and needle exchange service

The health board has noted the following points:

- Five of the pharmacies were commissioned to provide this service in 2020/21.
- There are other providers of the service.
- If a pharmacy is asked to provide the service they can approach the health board and asked to be commissioned to provide it.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The health board has not identified any current or future needs for this service within the locality.

21.6.14 End of life care medicines

The health board has noted the following points:

- The service is commissioned on a North Wales basis to ensure that the population is within a 30-minute drive of a pharmacy providing the service.
- None of the pharmacies were commissioned to provide this service in 2020/21.
- The service operates as a back-up so that if the person's normal pharmacy is not open or doesn't have the required items in stock they can still be sourced relatively quickly.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.15 Independent prescriber services

The health board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Currently none of the pharmacies are commissioned however pharmacists are undertaking the required training.

- It can take up to two years from a pharmacist deciding to undertake the training to complete it. It is therefore envisaged that within the lifetime of this document the health board will commission independent prescriber services from the pharmacies in the locality.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

In line with Pharmacy: Delivering a Healthier Wales, the health board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for these services within the locality.

21.6.16 Return of patients sharps boxes

The health board has noted the following points:

- Nine of the pharmacies were commissioned to provide this service in 2020/21.
- All of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the health board has not identified any current or future needs for this service within the locality.

21.6.17 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

22 Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the health board's area alongside the demography and health needs of the population. It has analysed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document.

The health board wishes to see a consistent service offer from pharmacies across its area so that residents are able to access services at convenient locations. To deliver that vision the health board has identified a number of gaps in the provision of services and these are articulated as current and future needs in the following sections of this chapter.

22.1 Current provision

Betsi Cadwaladr University Health Board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential, advanced and enhanced services provided at all premises included in the pharmaceutical lists
- The dispensing service provided by those GP practices included in the dispensing doctor list.

Preceding sections of this document have set out the provision of these services in each locality.

It has also identified the provision of the above services by contractors outside of its area, whether that is in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

22.2 Other NHS services

In undertaking this pharmaceutical needs assessment Betsi Cadwaladr University Health Board considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital services
- Personal administration of items by GPs
- The GP out of hours service
- Minor injury units
- HMP Berwyn pharmacy service
- Substance misuse service
- Help Me Quit
- Services provided by GPs under their General Medical Services contract
- The alternative treatment scheme
- Hospices

- Other community services such as community dentistry, optometrist independent prescribers, the Gypsy and Traveller service, community nurses and dental services, and
- Sexual health clinics

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 the following current needs in relation to the provision of essential services.

22.3.1.1 Anglesey

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.2 Arfon

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.3 Dwyfor

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.4 Meirionnydd

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.5 Conwy West

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,
- Six hours on Saturdays, and
- Six hours on Sundays.

The pharmacy must provide all essential services.

22.3.1.6 Conwy East

The health board has identified that there is a current need for a pharmacy in Towyn to be open six days per week with a minimum of three core opening hours on either Saturday or Sunday.

The pharmacy must provide all essential services.

22.3.1.7 North Denbighshire

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.8 Central and South Denbighshire

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.9 North West Flintshire

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.10 North East Flintshire

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.11 South Flintshire

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.12 North West Wrexham

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.13 Central Wrexham

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.1.14 South Wrexham

The health board has not identified any current needs in relation to the provision of essential services in this locality.

22.3.2 Current access to advanced services

As of September 2021 the medicine use review service continues to be suspended.

The discharge medicines review service was provided by 120 of the pharmacies in 2020/21. It is noted that the number of pharmacies providing the service has fluctuated over the last three years, and the health board has set out its findings as to why that may be in the locality chapters.

The health board has noted that one of the reasons that prescriptions are dispensed by contractors outside of its area is because they are dispensed by dispensing appliance contractors, either elsewhere in Wales or England. Those contractors provide both of the appliance advanced services, and stoma and incontinence nurses will provide equivalent services.

The health board has not identified any current needs for any of the four advanced services.

22.3.3 Current access to enhanced services

22.3.3.1 Anglesey

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.2 Arfon

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.3 Dwyfor

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.4 Meirionnydd

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.5 Conwy West

The health board has identified that there is a current need for a pharmacy in Betws-y-Coed that provides the following enhanced services from the point it is included in the pharmaceutical list:

- emergency hormonal contraception,
- common ailment service, and
- emergency medicine supply service.

22.3.3.6 Conwy East

The health board has identified that there is a current need for a pharmacy in Towyn that provides the following enhanced services from the point it is included in the pharmaceutical list:

- emergency hormonal contraception,
- common ailment service,
- emergency medicine supply service,
- smoking cessation level 2, and
- help me quit @ pharmacy.

22.3.3.7 North Denbighshire

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.8 Central and South Denbighshire

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.9 North West Flintshire

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.10 North East Flintshire

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.11 South Flintshire

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.12 North West Wrexham

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.13 Central Wrexham

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.3.14 South Wrexham

The health board has not identified any current needs in relation to the provision of enhanced services in this locality.

22.3.4 Current access to the GP dispensing service

The health board has noted the dispensing service provided by 37 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 known future developments:

- The forecasted population growth and the ageing population,
- Housing developments, and
- Relocation of GP practices.

In addition it has taken into account Pharmacy; Delivering A healthier Wales which sets out the long-term goals for service transformation to ensure the most health gain from prescribed medicines.

22.4.1 Future access to essential services

The health board has identified that should there be a loss of supplementary opening hours on Saturdays from 1 April 2021 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.

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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced services.

22.4.1.1 Anglesey

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 that is outside of Holyhead and Llangefni there will be a future need for a new pharmacy in

the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.2 Arfon

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 that is outside of Bangor and Caernarfon there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.3 Dwyfor

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 that is outside of Porthmadog and Pwllheli there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.4 Meirionnydd

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 that is outside of Dolgellau and Blaenau Ffestiniog there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.5 Conwy West

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 that is outside of Conwy and Llandudno there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.6 Conwy East

The health board has identified that should there be a loss of essential services due to the withdrawal of the pharmacy from the pharmaceutical list in Rhos on Sea there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.7 North Denbighshire

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 that is outside of Rhyl and Prestatyn (other than Bodelwyddan) there will be a future need for a new pharmacy in the same town/village providing essential services during, as

a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

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.

22.4.1.8 Central and South Denbighshire

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 that is outside of Denbigh and Ruthin there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.9 North West Flintshire

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 that is outside of Holywell and Flint there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.10 North East Flintshire

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 Garden City there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.11 South Flintshire

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 that is outside of Mold and Buckley there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.12 North West Wrexham

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 that is outside of Coedpoeth there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.13 Central Wrexham

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 Garden Village, Borras, Caia Park or Rhostyllen there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.1.14 South Wrexham

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 that is outside of Rhosllanerchrugog there will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.

22.4.2 Future access to advanced services

Taking into account its findings in relation the current provision of the four advanced services the health board has not identified any future needs in relation to them.

22.4.3 Future access to enhanced services

The health board has identified the following future needs in relation to the provision of enhanced services.

22.4.3.1 Anglesey

Due to the increase in population during the holiday season the health board has identified a future need for certain enhanced services to be provided on Sundays in the following locations with effect from 1 April 2023 between April and October:

- Amlwch,
- Benllech,
- Llangefni and
- Rhosneigr.

These services are:

- Emergency hormonal contraception,
- Common ailment service, and
- Emergency medicine supply.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and the emergency medicine supply enhanced services by a pharmacy in a town/village that is outside of Holyhead and Llangefni there will be a future need for these enhanced services to be provided in the same town/village during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.2 Arfon

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and the emergency medicine supply enhanced services by a pharmacy in a location that is outside of Bangor and Caernarfon there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.3 Dwyfor

Due to the increase in population during the holiday season the health board has identified a future need for the emergency hormonal contraception, common ailment service and the emergency medicine supply enhanced services to be provided on Sundays in a town towards the end of the peninsula with effect from 1 April 2023 between April and October.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and the emergency medicine supply enhanced services by a pharmacy in a location that is outside of Porthmadog and Pwllheli there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.4 Meirionnydd

The health board will work with the existing pharmacies in connection with the lack of a pharmacy providing the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services on Sunday afternoons in Dolgellau. However, should this gap not be closed then from 1 April 2023 there will be a future need for these services to be provided on Sunday afternoons in Dolgellau.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, emergency medicine supply enhanced services by a pharmacy in a location that is outside of Dolgellau and Blaenau Ffestiniog there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.5 Conwy West

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, emergency medicine supply enhanced services by a pharmacy in a location that is outside of Conwy and Llandudno there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.6 Conwy East

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services by a pharmacy in a location due to the closure of the pharmacy in Rhos on Sea there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.7 North Denbighshire

The health board will work with the existing pharmacy in connection with the lack of the emergency hormonal contraception, flu vaccination and common ailment service enhanced services in Bodelwyddan. However, should this gap not be closed, then from 1 April 2023 there will be a future need for these services 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.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services service by a pharmacy in a location that is outside of Rhyl and Prestatyn there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.8 Central and South Denbighshire

The health board will work with the existing pharmacy in connection with the lack of the emergency hormonal contraception and smoking cessation level 2 enhanced services in St Asaph. However, should this gap not be closed then from 1 April 2023 there will be a future need for these services to be provided in St Asaph Monday to Friday as a minimum.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services by a pharmacy in a location that is outside of Denbigh and Ruthin there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.9 North West Flintshire

The health board will work with the existing pharmacy in connection with the lack of the emergency hormonal contraception, smoking cessation level 2, help me quit @ pharmacy, common ailment service, flu vaccination, and emergency medicine supply enhanced services in Caerwys. However, should this gap not be closed then from 1

April 2023 there will be a future need for these services to be provided in Caerwys Monday to Friday as a minimum.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services by a pharmacy in a location that is outside of Holywell and Flint there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.10 North East Flintshire

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services by a pharmacy in Garden City there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.11 South Flintshire

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services by a pharmacy in a location that is outside of Mold and Buckley there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.12 North West Wrexham

The health board will work with the existing pharmacy in connection with the lack of the emergency hormonal contraception, smoking cessation level 2, common ailment service, and emergency medicine service enhanced services in Rossett. However, should this gap not be closed then from 1 April 2023 there will be a future need for these services to be provided in Rossett, six days a week for:

- eight hours a day Monday to Friday, and
- three hours on Saturdays.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services by a pharmacy in a location that is outside of Coedpoeth there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.13 Central Wrexham

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency

medicine supply enhanced services by a pharmacy in Garden Village, Borrás, Caia Park or Rhostyllen there will be a future need for these enhanced services to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.3.14 South Wrexham

The health board will work with the existing pharmacy in connection with the lack of the emergency hormonal contraception, smoking cessation level 2, help me quit @ pharmacy, common ailment service, and emergency medicine supply service enhanced services in Glyn Ceiriog. However, should this gap not be closed then from 1 April 2023 there will be a future need for these services to be provided Monday to Friday as a minimum in Glyn Ceiriog.

The health board has identified that should there be a loss of provision of the emergency hormonal contraception, common ailment service, and emergency medicine supply enhanced services by a pharmacy in a location that is outside of Rhosllanerchrugog there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

22.4.4 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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service.

Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in health boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on health boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to health boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 October 2021 had to be satisfied before a health board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services submitted an application to the health board in accordance with the 2013 Regulations. The health board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the health board's decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It is they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located or direct which services must be provided from those locations.

Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (e.g. doctors) and to make recommendations for

changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation “Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992” sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce 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 will require health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (e.g. pharmacies and dispensing doctors). Health boards will use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change will provide contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they do currently. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve, and provide services effectively to address identified pharmaceutical needs.

Policy, legislative framework and regulation

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are essentially dispensing services. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. ‘Additional

pharmaceutical services' are defined as services of a kind that do not fall within section 80 i.e. advanced and enhanced services. Section 81 gives Welsh Ministers the power to give directions to a health board:

- (i) requiring it to arrange for the provision of additional pharmaceutical services, or
- (ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A in to the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of 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 have now 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 have 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 has 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.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.

- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

Appendix C – advanced services

1. Medicines use review and prescription intervention service

Service description

This service includes medicine use reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A medicine use review is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

To improve patient knowledge and use of medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines;
- Identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- Identifying side effects and drug interactions that may affect patient compliance;
- Improving the clinical and cost effectiveness of prescribed medicines thereby reducing medicine wastage.

As of November 2020 this service is currently suspended until further notice.

2. Discharge medicines review service

Service description

The discharge medicines review service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. The service, which builds on the existing medicine use review service, will provide an opportunity to support patients to improve their knowledge and use of drugs.

Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,

- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed thereby reducing wastage of medicines.

Pharmacy contractors may claim a maximum of 140 discharge medicines reviews per pharmacy for the period commencing 1 April and ending 31 March of any financial year.

3. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

4. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient

- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

The total number of appliance use reviews that an appliance or pharmacy contractor may claim fees for is limited to one for every 35 Part IXA (qualifying items), Part IXB and Part IXC prescription items dispensed for the period commencing on 1 April and ending on 31 March in any one year.

Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
 - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
 - The clinical and cost effective use of drugs
 - The proper and effective administration of drugs and appliances in the care home
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
4. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
5. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver drugs and appliances (other than 'specified appliances') to patients at their home.
6. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - Drugs which they are using
 - Their health, and
 - General health matters relevant to them,and where appropriate referral to another health care professional.
7. A medication review service, the underlying purpose of which is for the pharmacy contractor to —
 - Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,

- Advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
 - Where appropriate, to refer the patient to another health care professional.
8. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —
- Assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with special needs, and
 - Offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving their knowledge of, compliance with and use of, such drugs.
9. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
10. A needle and syringe exchange service, the underlying purpose of which is for the pharmacy contractor to —
- Provide sterile needles, syringes and associated materials to drug misusers
 - Receive from drug misusers used needles, syringes and associated materials, and
 - Offer advice to drug misusers and where appropriate referral to another health care professional or a specialist drug treatment centre.
11. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
12. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
13. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply a prescription only medicine to a patient under a patient group direction.
14. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
- The clinical and cost effective use of drugs
 - Prescribing policies and guidelines, and
 - Repeat prescribing.

15. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
- The clinical and cost effective use of drugs in the school
 - The proper and effective administration and use of drugs and appliances in the school
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
16. A screening service, the underlying purpose of which is for the pharmacy contractor to —
- Identify patients at risk of developing a specified disease or condition
 - Offer advice regarding testing for a specified disease or condition
 - Carry out such a test with the patient's consent, and
 - Offer advice following a test and refer to another health care professional as appropriate.
17. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to —
- Advise and support patients wishing to give up smoking, and
 - Where appropriate, to supply appropriate drugs and aids.
18. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.
19. A supplementary prescribing service, the underlying purpose of which is for the pharmacy contractor to prescribe medicines in circumstances specified by the relevant local health board.
20. An anti-viral collection service, the underlying purpose of which is for the chemist to supply anti-viral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in event of or in anticipation of Pandemic disease), to patients for treatment or prophylaxis.
21. An emergency supply service, the underlying purpose of which is to ensure that in cases of urgency, patients, at their request have prompt access to drugs or appliances –
- which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and
 - where in the case of prescription only medicines the requirements of regulation 225(1) of the Human Medicines Regulations 2012 (emergency sale etc by Pharmacist: at patient's request), are satisfied.

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
Executive director primary and community care	Betsi Cadwaladr University Health Board
Assistant director primary care west	Betsi Cadwaladr University Health Board
Assistant director - health strategy	Betsi Cadwaladr University Health Board
Head of engagement	Betsi Cadwaladr University Health Board
Chief finance officer - east area	Betsi Cadwaladr University Health Board
Assistant director primary care contracting	Betsi Cadwaladr University Health Board
Pharmacist, primary care and community care	Betsi Cadwaladr University Health Board
Assistant director communications and engagement	Betsi Cadwaladr University Health Board
Senior cluster co-ordinator	Betsi Cadwaladr University Health Board
Specialty registrar in public health	Public Health Wales
Director of contractor services	Community Pharmacy Wales
	North Wales Local Medical Committee
Deputy chief officer	North Wales Community Health Council
Dispensing GP	
Interim lead nurse	North Wales GP out of hours service
Adviser	Primary Care Commissioning CIC

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 first 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 survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription or 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.

Your views are important to us so please spare a few minutes to complete this questionnaire. There are 29 questions in total in relation to your experience of pharmacies and the dispensing service provided by some GP practices, but you won't need to answer all of them as some of them will not be applicable to you. There are also a number of questions about you. We anticipate it will take you around 15 to 20 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 in any way.

The questionnaire is anonymous; you don't have to 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 Spring next year. Please keep an eye on our [website](#) and social media pages for further details.

We realise that you may have experienced difficulties in going to a pharmacy over the last few months, and that there have been delays beyond the control of the pharmacy staff in dispensing your prescriptions. These will have been due to Covid-19 as well as national drug shortages which have become more of a problem over the last couple of years. We would like to understand your experience of going to a pharmacy before and during the pandemic so that we can best plan for services going forward.

The questionnaire will be open until 09.00 on Tuesday 15 December.

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.

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.

Some people have all or most of their medicines dispensed by their GP practice. Does this apply to you?

- Yes
- No
- I don't know

If you have answered yes, please do complete this questionnaire as we are also seeking views on the dispensing service provided by some GP practices.

Preferred language

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]

How you use your pharmacy - either in person or by having someone else go there for you

1. 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]

2. How often do you use a pharmacy?

- Daily
- Weekly
- Fortnightly
- Monthly
- Quarterly
- 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]

3. 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

4. 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

5. Has there been a time recently when you were not able to use your normal pharmacy?

- Yes

- No
- Not applicable

6. If you answered 'yes' to question 5 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

7. 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?

8. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The 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 provide good advice & information
- The customer service
- It is very accessible i.e. wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- There is a private area if I need to talk to the pharmacist
- 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]

9. Is there a more convenient and/or closer pharmacy that you don't use?

- Yes
- No
- Don't know

10. ...and if you have answered yes to question 9, 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

11. If you go to the pharmacy by yourself or with someone, how do you usually get there?

- On foot
- By bus
- By car
- By bike
- By taxi

- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [insert text box]

12. ...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

13. Would you say that you have difficulty in getting to a pharmacy?

- Yes
- No

14. 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]

Travelling to your GP practice for your medication

15. If your GP practice dispenses your medication for you, how do you usually get to your practice to pick up your medicines?

- On foot
- By bus
- By car
- By bike
- By taxi
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [insert text box]

16. ...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

17. Would you say that you have difficulty in getting to your GP practice's dispensary, i.e. the area within your GP practice's premises where drugs are dispensed?

- Yes
- No

18. If you have difficulty getting to your GP practice's dispensary 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

19. 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 Direct Wales or NHS 111 Wales
- I would use the NHS 111 Wales website
- I would search the internet
- I would use social media
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- I would find out from reading the local newspaper or magazine
- Not applicable
- Other (as this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual) [text box]

20. Do you feel able to discuss something private with your pharmacist?

- Yes
- No
- Never needed to
- Don't know

21. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of.

- Flu vaccinations (for those who are in one of the at risk groups)
- Medicines use review service – this is an opportunity for you to sit down with the pharmacist and discuss all the medicines you are taking to help you get the maximum benefit from them.
- Discharge medicines review service – this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.
- Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.
- Emergency 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.

22. Is there anything else you would like to tell us about your experience of your local pharmacy or GP dispensing services? As this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual.

[Text box]

23. Are there any barriers to you accessing services at your pharmacy or your GP dispensary 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]

Services during Covid-19

24. Did you receive a letter advising you to shield?

- Yes
- No (please move to question 27)

25. If you answered yes to question 24, please can you tell us where you (and this could include a friend, family member or a volunteer) got your medicines from?

- A pharmacy
- My GP practice

26. If you answered yes to question 24, please can you tell us about your experience of getting your medicines whilst you were shielding? As this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual.

27. If you were not a shielding patient, please can you tell us about your experience of getting your medicines during the COVID 19 pandemic lockdown? As this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual.

Equality monitoring

In order to monitor the effectiveness of our Equality Policy and practice, and to ensure our services are delivered in a way that is fair to all and free from bias, we would appreciate your co-operation in providing, on an entirely voluntary basis, the information as requested below. The information is confidential and anonymous, and will be used solely for statistical monitoring purposes. It is separated from any correspondence received from you and will be securely destroyed after we have captured the information.

Age:

Please indicate your age by ticking the appropriate box:	0 – 15 years	<input type="checkbox"/>	16 – 24 years	<input type="checkbox"/>	25 – 34 years	<input type="checkbox"/>
	35 – 44 years	<input type="checkbox"/>	45 – 54 years	<input type="checkbox"/>	55 – 64 years	<input type="checkbox"/>
	65 – 74 years	<input type="checkbox"/>	75 and above	<input type="checkbox"/>		

Sex: Male ☐ Other ☐
 Female ☐ Prefer Not To Say ☐

Ethnic Group: What is your ethnic group? Choose one option that best describes your ethnic group or background.

White British	<input type="checkbox"/>	Black/Black British Caribbean	<input type="checkbox"/>	Asian/Asian British Indian	<input type="checkbox"/>
English	<input type="checkbox"/>	African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Any other	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Black Background		Chinese	<input type="checkbox"/>
Welsh	<input type="checkbox"/>			Asian other	<input type="checkbox"/>
Irish	<input type="checkbox"/>				
Gypsy or Irish Traveller	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Mixed/Mixed British	<input type="checkbox"/>	Other / Other British	<input type="checkbox"/>		
White / Black Caribbean	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
White / Black African	<input type="checkbox"/>	Other (state if required)	<input type="checkbox"/>		
White / Asian	<input type="checkbox"/>				
Any other	<input type="checkbox"/>				
Mixed background					

Sexual Orientation: Which of the following options best describes how you think of yourself?

Heterosexual/Straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Other (state if desired)	<input type="checkbox"/>

Gay Woman/Lesbian <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

Marital Status:	
Are you married or in a same-sex civil partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

Religion or Belief:	What is your religion?			
	Christian (all denominations)	<input type="checkbox"/>	No religion	<input type="checkbox"/>
	Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/>	Other (State)		<input type="checkbox"/>
	Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Atheist <input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>

Disability:	Section 6(1) of the Equality Act 2010 states that a person has a disability if: (a) That person has a physical or mental impairment, and (b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.		
	Using this definition do you consider yourself to be disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	

Gender Identity:	Has your gender identity changed from that assigned at birth?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
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Caring Responsibilities:	Do you look after or give help or support to family members, friends, neighbours or others because of either:		
<ul style="list-style-type: none"> Long term physical or mental ill-health/disability; or Problems related to old age 	Yes No Prefer not to say	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

In submitting this form, I hereby acknowledge and give explicit consent to Betsi Cadwaladr University Health Board to use my personal data, including all sensitive equality data (e.g. sexual orientation/gender reassignment) freely provided by me for the purposes of lawfully monitoring and reporting to comply with equality legislation.

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.

Please tell us your postcode.

Postcode	Number of responses
CH4	7
CH5	18
CH6	7
CH7	36
CH8	12
LL11	40
LL2	1
LL12	19
LL13	12
LL14	18
LL15	13
LL16	7
LL17	6
LL18	28
LL19	22
LL20	3
LL21	6
LL20	18
LL24	2
LL26	4
LL27	1
LL28	10
LL29	22
LL30	17
LL31	7
LL32	15
LL33	4
LL34	5
LL35	1
LL36	1
LL37	1
LL38	1
LL40	3
LL41	6
LL42	1
LL43	1
LL44	1

LL46	6
LL48	2
LL49	1
LL53	6
LL54	5
LL55	30
LL57	18
LL58	6
LL59	6
LL60	4
LL61	12
LL63	1
LL64	2
LL65	31
LL68	7
LL71	2
LL72	1
LL74	2
LL75	1
LL77	10
SY10	1
SY13	1
Chose not to provide	5

Some people have all or most of their medicines dispensed by their GP practice. Does this apply to you?

	Number of responses
Yes	211
No	304
I don't know	9
Chose not to answer	12

Preferred language

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?

Preferred language	Number of responses
English	472
Welsh	58
Other	1
Chose not to answer	5

Where 'other' was selected the person confirmed they are happy to communicate in Welsh or English.

Q1. Why do you usually visit a pharmacy?

	Number of responses
To get a prescription for someone else	284
To buy medicines for myself	196
To get a prescription for myself	186
To get advice for myself	149
To buy medicines for someone else	105
To get advice for someone else	67
I don't go to a pharmacy, someone goes on my behalf	30
Other	19
I don't visit a pharmacy I use an online/internet pharmacy	7
Chose not to answer	7

Where 'Other' was selected the following additional information was provided.

To receive advice, buy over the counter medications
Services rather than visiting my GP
also for my wife
Rarely visit, only for eg plasters
I go to pick up my husband's regular prescription. I went for my Covid job. I go for advice, and to buy goods.
Because of Covid and am deemed vulnerable, my daughter collects my prescription for me
My pharmacy has [other] facilities which I use.
It is also [another service]. It has toiletries and other useful items. I use online too.
To buy gifts as they stock nice things or things like hair bands.
I have medicines delivered but this can take a week or even longer, so if I need something urgently, I go to the local pharmacy
Flu jab
I buy things like rubbing alcohol. I sometimes buy other goods a local pharmacy might sell. Hair slides, toothbrushes or toe separators, for example.
Have not had cause to visit - sister in law helps out if needed.
To get vaccinated + to get a COVID test
My local pharmacy handles my repeat prescriptions and delivers them to me. I also go to buy cosmetics body creams etc
My dispensed prescriptions are delivered to my home

Q2. How often do you use a pharmacy?

	Number of responses
Daily	1
Weekly	34
Fortnightly	54
Monthly	392
Quarterly	30
I don't use a pharmacy	4
Other	15
Chose not to answer	6

Where 'Other' was selected the following additional information was provided:

2 months
As and when required
Every two months
Ad hoc
4 weekly as prescription items are only dispensed in packets of 28
On an ad hoc basis whenever required
Roughly every 6 - 8 weeks.
Yearly
I use the pharmacy at my GP for prescriptions but use local pharmacy for non prescription items and advice, or to use the common ailments scheme.
As and when necessary
2 monthly
As and when required for parent/s

Q3. What time is the most convenient for you to use a pharmacy?

	Number of responses
Before 7am	2
7am to 9am	18
9am to 12 noon	132
12 noon to 3pm	76
3pm to 6pm	92
6pm to 9pm	39
9pm to midnight	0
I don't have a preference	172
Chose not to answer	5

Q4. What day is the most convenient for you to use a pharmacy?

	Number of responses
Monday	18
Tuesday	14
Wednesday	15

Thursday	18
Friday	14
Saturday	34
Sunday	1
Weekdays in general	149
Weekends in general	31
I don't have a preference	233
Chose not to answer	9

Q5. Has there been a time recently when you were not able to use your normal pharmacy?

	Number of responses
Yes	123
No	386
Not applicable	21
Chose not to answer	6

Q6. If you answered 'yes' to question 5 can you tell us what you did?

	Number of responses
I went to another pharmacy	59
I waited until the pharmacy was open	30
I went to my GP	5
I went to the general hospital	2
I went to a minor injury unit	1
I contacted the GP Out of Hours (OOH) service	1
I called NHS Direct Wales or NHS 111 Wales	0
Chose not to answer	4
Other	34

Where 'Other' was selected the following additional information was provided:

Shielding during covid, but they delivered my medication to me
I went without anything and struggled, I work full time and was unable to get to another pharmacy that was open.
Prescription not ready in a timely manner, had to travel 20 miles for available stock
I had to stop visiting because of COVID-19 (shielding)
Waited until there was no queue
I had to send a friend to pick up my prescription as there was long queues at the start of the first lockdown and I can't stand that long
Couldn't use because of the queues outside so had to wait until I could get a babysitter for my child so I could go first thing in the morning and queue
Bought paracetamol from local shop

Asked someone to collect for me
It was too busy so had to wait for another day
Two of my nearest chemists did not have large bandages in stock to cover a large wound, so I had to purchase from a shop instead.
The queue was too long and it was raining heavily and I also have disability
I needed any emergency prescription and GP out of hours tried to fax it to my local pharmacy and email it. I waited an hour but it didn't come through and then the pharmacy closed and they made me leave. The GP out of hours service rang me to ensure that I had received it as they had faxed it 4 times as I hadn't they sent me to the on call pharmacy at [location] and I got my prescription
I went back when it was open. I originally went when they were shut for lunch.
self-isolating asked for items to be delivered
[Pharmacy] closed our smaller pharmacy in [location]. Transfer of prescription records was not as immediate or efficient as required and coincided with the first COVID lockdown.
As in shielding group and in [pharmacy], asked family member to get it.
Had to collect from hospital pharmacy. On another occasion my pharmacy did not stock item
I left it till another time.
My normal pharmacy could not supply the medication so I had to go elsewhere
My pharmacy is not open on Saturday mornings
I am 35 and had a hysterectomy last year and rely on hrt. I've been struggling to get it and the gp would only prescribe for 2 week dose. I went to another pharmacy and they did not have it either. I had to go without for weeks.
Waited outside for over 2:30hrs [pharmacy] with prescription but queue hardly moved. Eventually left without medicine which was not in stock in other pharmacist.
I waited until they had better control of their processes
I had to travel to England to get a COVID-19 PCR Test at a [pharmacy] - it was a 5 hour trip which is not a good use of my previous time
Unable to source items from usual pharmacy
During the pandemic the pharmacy is taking prescriptions to a village shop for pick up
Looking after my wife
I used the wecs service [Welsh Eye Care Services] and got the prescription they gave me from the chemist nearest the opticians
My friend was sick and couldn't collect them
I had to go without my prescription until I was able to go
Not happy with the staff in [pharmacy]. Slow to process prescriptions
I was self isolating
When I was unwell.
Some else went on my behalf.
Start of of the lockdown volunteers delivered my prescription.
I called the Pharmacy to check they were open

Q7. Please could you tell us whether you:

	Number of responses
Always use the same pharmacy	444
Use different pharmacies but I prefer to visit one most often?	69
Always use different pharmacies?	4
Rarely use a pharmacy?	7
Never use a pharmacy	4
Chose not to answer	8

Q8. Please could you tell us why you use this pharmacy?

Reason	Number of respondents
Close to my home	341
Close to my doctor	245
The location of the pharmacy is easy to get to	236
I trust the staff who work there	190
The staff know me and look after me	159
They usually have what I need in stock	159
It is easy to park at the pharmacy	157
The customer service	152
The pharmacy has good opening hours	145
The pharmacy provide good advice & information	142
There is a private area if I need to talk to the pharmacist	141
The service is quick	130
I just like the pharmacy	117
Close to other shops	78
I can speak to the staff in my preferred language	69
Close to work	48
The pharmacy collects my prescription and delivers my medicines	41
The pharmacy delivers my medicines	37
It is very accessible i.e. wheelchair/baby buggy friendly	36
I can order my repeat medicines using their app	28
Other	18
The pharmacy was recommended to me	13
I've always used this pharmacy	1
It's not one of the big chains	1
It's not an online/internet pharmacy and so I can visit it and talk to the staff face-to-face	1

Where 'Other' was selected the following additional information was provided:

Orders script and texts me when ready

The pharmacist is extremely knowledgeable and helpful, friendly yet professional
I submit my repeat prescription to the GP online and the chemist then delivers it
I have had problems with 2 other pharmacies in [location]
They collect the prescription from my surgery
I order repeat prescription online, pharmacy collects my prescription from GP surgery and I collect from the pharmacy
I get a text when my prescription is ready
They automatically see to my repeat medicines, and all my family's. Sometimes, they will speak to my GP's for me if things are not going smoothly.
The local surgery delivers the prescription to the pharmacy.
The surgery dispenses prescriptions for [location] via [pharmacy]
I order my medicines by phone using their designated ordering number
They have been the least likely, recently, to not have my drugs when I go to collect them.
Far better than [pharmacy] whose customer service is poor
They collect my prescription and prepare meds and I call and collect it every month
It's the only one near me
It's the only one in town.
The only one in the town
My nearest pharmacy requires a 5 working day notice (so 9 days in reality)
I didn't choose this pharmacy - my surgery changed my pharmacy through the online service WITHOUT consulting or informing me!
I can drop off my repeat prescription there instead of GP surgery
Dr surgery has a collect service with them
I used to have prescriptions via GP pharmacy but they told me they had made the change to this pharmacy in town. I was given no reason.
I order regular monthly prescriptions on computer from my doctor who sends the prescription electronically to the pharmacy
Doctors will only do my prescriptions at this pharmacy would preferably use one in my village other wise
Text message sent to me when prescription is ready to collect
The GP selected it
I can post my repeat prescriptions there
My prescription is sent to the pharmacy from the Doctor's surgery for me to collect but the service isn't good and I'm presently changing to another pharmacy which is further away
Holds our Rx records
They collect from GP and i just collect from [pharmacy].
Part of GP practice
more personalised service
My GP sends prescriptions to this pharmacy
I can re-order a repeat via them.
Sent automatically from GP to pharmacy so not given a choice
The Health Professionals at my GP practice liaise with the pharmacy I mostly use. If they prescribe something my doctor doesn't have in stock they arrange for the prescription to be collected from the pharmacy,
The pharmacy collects my prescription for my subsequent collection.

use my GP surgery and get meds delivered
They reorder my prescription
They order my meds from GP. They are the only local pharmacy who provides a particular brand of medication I need. They are open on Saturday and until late in the week
I can ring them up and they request repeat prescription from gp.
Dr surgery tell you your prescription has been sent to this specific surgery
The pharmacy is in my doctor's surgery
Pharmacy has links with GP so can order repeat medication directly
I can phone up and order my prescription and they will send it to my gp and collect it again for me
GP is next door and pharmacy collects them and notify s us when they are ready to collect
They reorder my prescription every 4 weeks and let me know when it's ready, always very friendly and helpful.
Repeat prescriptions are done online and when approved by the doctor, are sent to the pharmacy. I collect when I receive a text from the pharmacy telling me it's ready.
It's in my go practice
The pharmacy collects my prescription from the surgery and I collect the medication from the pharmacy
Gp pharmacy do not have a choice
I registered with their repeat prescriptions service, but regularly have problems when collecting and am considering changing to another pharmacy!
You can leave repeat prescription forms with them and they sort it out with the GP
The pharmacy manages the repeat prescription and collects them from the surgery.
GP dispenses our prescriptions
I can order my repeat prescription online and the pharmacy collect it from the GP
Its the only one
Excellent prescribing pharmacist. Very helpful
Routed to it without choice by my GP.

Q9. Is there a more convenient and/or closer pharmacy that you don't use?

	Number of responses
Yes	159
No	350
Don't know	17
Chose not to answer	10

Q10. ...and if you have answered yes to question 9, please could you tell us why you do not use that pharmacy?

	Number of responses
Other	56
I have had a bad experience in the past	26
The service is too slow	24
It is not easy to park at the pharmacy	23
They don't have what I need in stock	10

The pharmacy does not deliver medicines	5
It's not open when I need it	5
There is not enough privacy	4
The staff don't know me	3
The staff are always changing	2
I know the staff and would prefer them not to know what medicines I am taking	2

Where 'Other' was selected the following additional information was provided:

Only dispensed part of my prescription and blamed it on surgery. When I had to re—order a flag was raised by GP for over ordering which was the fault of the pharmacy! They were fine until outsourced prescription to another company.
We didn't get a choice our GP just told us to go the other other one.
Had to change pharmacy as my regular pharmacy gave me the wrong medication
Im getting on now and walking from [locations] is becoming more difficult in the winter I think I will need to change soon to the village pharmacy
Use GP Pharmacy
It's not in the same village as my Gp surgery
use pharmacy attached to gp practice
Slow service, staff are always changing, keep losing prescriptions, rude staff, never have my medications in.
Both [pharmacies] ALWAYS deliver bad service. [Pharmacy] staff rude, insulting and lazy. "Lose" prescription almost every month. [Pharmacy] always late - up to 2 weeks late! Never have everything in stock. Always make you wait, and wait, and wait. Neither pharmacy employs a prescribing pharmacist. So even with my limited mobility, I travel on the bus to [pharmacy] - where the service is beyond excellent, in every way!
Having to queue and when you get to counter prescription not ready and have to queue again next day or so having given a week since it was ordered.
I prefer my usual Pharmacy
It's a chain
5 working day notice is too long and inconvenient
As above - my surgery sent me to [pharmacy] instead of my choice at the start of lockdown. Done on My Health Online
Surgery delivers prescription there and near to my surgery
Poor service. Indifferent staff, slow, often do not have what I require.
Despite being owned by the same firm, [pharmacy], the level of service is not as good as the one I use.
Too small and if I need to buy items they are bit more expensive than [pharmacy]
I shall be moving to nearest pharmacy because they deliver.
Mine is nearer the doctors but I use it occasionally for items other than prescription
It's just convenient to go to the pharmacy near the GP and pickup the prescription having already parked
Never have items in and a couldn't care less attitude
[Pharmacy]

The GP pharmacy is more convenient as my partner's medications are collected from there. We were not given a choice.
changing pharmacy might cause problems with my prescription - that is what happened last time
My Doctors are in town i live in a small village so they will not use my local pharmacy i have to travel by car into town to collect.
I am not eligible to use the pharmacy within the GP surgery
Used a pharmacy regularly then moved home but continued to use that one as I liked it and they held all of my information
Prefer to use my usual chemist.
Chose to go to a bigger pharmacy
THE PHARMACY I USE IS EXCELLENT
Service very unsatisfactory - prescriptions are sent to [location] to be made and take up to a week before I can collect - and then more often than not they aren't right - but then I'm told it's always either my fault or the Surgery - never themselves !!
Is a smaller premises so has required people to queue outside during COVID restrictions.
Its attached to my GP practice i did use another in my village but the current one moved and in doing so provided a more accessable property and within the doctors surgery
It's not open on Saturday, when I sometimes need to pick up my medicine
Its always too busy with people queuing outside
Easier get my medication at my preferred pharmacy.
Not close to my gp
It is in the GP practice and if you live nearby you are not allowed to use it!!!
No reason just prefer the one I use
It's a large chain
It is a bit further away from my home
know the staff at my usual chemist
I have always used my current pharmacist and have reason to change. The difference between the two pharmacies is negligible.
Prefer to use small local independent community pharmacist which is not attached to a medical practice
Just prefer other
As said before dr surgery tell you they have sent prescription to particular surgery
It is not attached to my GP surgery
I don't know if there is another 1
Friendlier service,more personal
Always a long Queue if drug users outside & inside seem to be given preferential treatment by jumping queue without social distancing.
Gp pharmacy
[Pharmacy]- too expensive.
Not happy with the staff in [pharmacy]. Slow to process prescriptions
If I have needed to visit the GP, there is a Pharmacy attached to the surgery, but they often don't have the items on the prescription and that means another journey to collect the item(s). As it's further from my home than the local pharmacy I stop on the way home from the GP at my local pharmacy to fill any prescription and I

now ask for repeat prescriptions to be sent through to the pharmacy near home who rarely let me down.
Pharmacy is always busy compared to the one I go to.
I use the one closer to get other things.
No reason, I just always go to the one closer to the doctor's surgery
[Pharmacy], slow service, prescriptions not always ready and sometimes wrong, also I did not feel safe in there at the start of the pandemic
Also, in the morning there are about 10/15 drug users, getting their medication. THis is totally unacceptable, drinking in the pharmacy etc.. there should be a separate place where the towns drug users can go. its a disgrace!!!
My practice is outside the town
I have a regular prescription that I think I'd have difficulties getting.

Q11. If you go to the pharmacy by yourself or with someone, how do you usually get there?

	Number of responses
By car	359
On foot	134
No response	21
By bus	9
Other	9
By bike	3

Where 'Other' was selected the following additional information was provided:

Son collects
by wheelchair
Walk or by car - depending on weather
I normally drop off the prescription on foot because I can post it through the door while walking my dog but I collect by car
During Covid19 issue the pharmacy delivers my prescription
Get a lift. I can't drive at present and its too far to walk with current physical condition [condition]
Some else goes for me
Friend collects my prescription
My Prescription is delivered.

Q12. ...and how long does it usually take to get there?

	Number of responses
Less than 5 minutes	155
Between 5 and 15 minutes	275
More than 15 minutes but less than 20 minutes	56
More than 20 minutes	29
Chose not to answer	21

Q13. Would you say that you have difficulty in getting to a pharmacy?

	Number of responses
Yes	65
No	446
Chose not to answer	25

Q14. If you have difficulty getting to a pharmacy please tell us why.

During shielding yes
Because I work full time, often the pharmacy closes before I can get there or I have to wait for time off to go.
Ill Health
Can't stand in the queue as I have peripheral Artery Disease
We have to depend on a relative as my husband is housebound and I have mobility problems
Getting older
Opening times are not suitable and service is shocking.
Need to be at home to take care of partner following a stroke
Poor mobility
I have limited mobility (for a number of reasons). By the time I get home with my meds, I am in excruciating pain, huffing like a steam train, and totally exhausted. But, like so many people, my nerves can't cope with the customer abuse constantly meted out by [pharmacy 1] and [pharmacy 2]. To be fair to the [pharmacy 1] staff, it is not their fault, it is the fault of higher management.
At the moment it's parking and trying to go when I haven't got the kids with me due covid restrictions and trying to take kids anywhere at the moment is stressful
mobility problems
My husband is not able to get to the pharmacy for his prescriptions, but I can.
Because I am housebound.
I am becoming increasingly disabled.
Pharmacy collect prescription from surgery
Parking nearby is an issue
As my husband and I are now 80, we do not go out if the weather is bad
Currently isolating - awaiting operation
Mobility problems.
without a car it would be a 20 min walk or 2 bus journeys
Occasionally under current Covid restrictions if too many people in the shop, car park sometimes full.
Parking issues (also a busy working/ family life means that having to visit every month to pick up a repeat prescription is stressful)
the opening hours have changed and i can't there before i go to work.
No buses from my village partner works shifts so have to wait till car is available
Sole carer for fragile person.
I have osteoporosis/arthritis and much more, walking is not good.
Would be too far to walk from home so have to use my car.

The pharmacy is not open when I leave for work and is closed when I return home, however, it is the only pharmacy in the village and so I have no option other than to use it and ask others to collect my medication. I can phone and order my meds.
Now because of covid I will not go. At other times, half my list is missing sometimes or some of it in [practice 1] and some in [practice 2]. Also previously if I ask to pick it up in [practice 2], it's in [practice 1] which is about 6 miles further. It would be so much easier if I could use a chemist that delivers to my door. Although the surgery pharmacy have delivered during covid, one staff member made it clear she didn't approve and another turned me down. That was extremely stressful for me.
Dont drive and no buses pass pharmacy
My mobility isn't that good anymore
I have mobility problems and don't drive so reliant on someone else to take me or pick up prescription for me.
i'm disabled
I don't but only because I have a car.
If I didn't have a lift I would struggle
I would if I had to walk
Can't walk there
My back starts hurting and I have stop on the way
mobility in legs is weak
I have to walk and I have COPD
Mobility issues, I cant walk far and cant drive but cant get delivery
I have severe mental health conditions and as a result of the pandemic must stand outside for around 20-30 mins to queue as it is a one in one out process.
It's a long walk from the car park into the shopping centre then through the store.
Badly positioned with poor parking
Live outside of [location] up the Conwy Valley
my health limits going out often
Simply I am becoming less mobile.
Queues
My medical condition
Working from home now means I have to make a specific journey to pharmacy rather than going there on my way home
Can't drive and medical condition.
My health
Self isolating and working hours
The opening times are very limited
I am unable to due to my mobility difficulties. I have my medication delivered.
Mobility Problems and the pharmacy is not in my village.
Sometimes have to walk down.
You have pay for parking outside the Chemist.
It's because I have to drive and some days I am unwell and can't leave the house.
Difficulty walking.
Having to queue with drug users, totally not acceptable
Not open at the weekends
Without a car I couldn't make the trip. There is meant to be a pharmacy run by my GPs practice in the village where I live, but they never turn up.

Q15. If your GP practice dispenses your medication for you, how do you usually get to your practice to pick up your medicines?

	Number of responses
Chose not to answer	364
By car	110
On foot	32
Other	24
By bus	4
By bike	1
By taxi	1

Where 'Other' was selected the following additional information was provided:

Sent by GP straight to pharmacy
My husband is housebound and I have mobility problems
Pharmacy
GP surgery and pharmacy adjacent
I take my repeat prescription to my local chemist and they take it to the surgery for me
Have them delivered
Use 'My Health Online' from home
Under the present circumstances, I email the prescription to the practice and they forward it to my preferred pharmacy
delivered to my home
I don't it's a repeat prescription
Our GPS won't let us use the practice pharmacy as to let people who live out of [location] to use it . We should be able to use it it be a lot easier.
Repeat prescription sent to pharmacy but if I need something different I collect from GP to take to pharmacy. This can be a nuisance but have to collect as waiting for GP to send it to pharmacy and waiting for pharmacy takes up to 10 working days which is not efficient enough.
Medication is delivered
Friend.
Deliver
My medication is delivered.
GP doesn't dispense medication.

Q16. ...and how long does it usually take to get there?

	Number of responses
Less than 5 minutes	37
Between 5 and 15 minutes	91
More than 15 minutes but less than 20 minutes	24
More than 20 minutes	13
Chose not to answer	371

Q17. Would you say that you have difficulty in getting to your GP practice's dispensary, i.e. the area within your GP practice's premises where drugs are dispensed?

	Number of responses
Yes	28
No	143
Chose not to answer	365

Q18. If you have difficulty getting to your GP practice's dispensary please tell us why.

Mobility problems
During winter especially in poor weather
No information on the pharmacy at the GP.
The local branch of my practice has been unavailable since lockdown
Parking
If I didn't have a car then it would be awkward
Always a queue and very busy
Frequently flooded carpark. Also always full of cars - some going to High Street shops not surgery.
there is no direct bus route, so if i am unwell, due to the nature of my illness I am unable to drive.
I have to get the car out and drive there. And often things are missing so I have to go again - that is pre covid.
Its a long walk in bad weather
Because my mobility isn't that good anymore
I have mobility problems and don't drive so reliant on someone else to take me or pick up prescription for me.
parking
If I didn't have a lift
as above. stairs at surgery cause problem
I struggle to walk
Takes too long to process repeat prescriptions
The Gp dispensary won't dispense my medication as I live within 1 mile away.
Covid restrictions.
It is because I am not living near my GP Surgery at the moment.
location.
parking

Q19. We would like to know how you find out information about a pharmacy such as opening times or the service being offered.

	Number of responses
I would call them	201
I would search the internet	157

Look in the window	122
I would just pop in and ask them	113
I would use social media	54
I would ask a friend	42
Not applicable	20
I would use the NHS 111 Wales website	16
Chose not to answer	11
Other	8
I would call NHS Direct Wales or NHS 111 Wales	7
I would find out from reading the local newspaper or magazine	5

Where 'Other' was selected the following additional information was provided:

Google
Flyer posted through door with relevant information on it was very useful.
Would read the notice while shopping
Both branches of [pharmacy] are a nightmare the one in the High Street always has their fax machine on so cannot get through to them and the other has dispensed my medication wrong on two occasions. Their national complaints line you get never get through to.
Use their repeat order line which gives any variation to normal services
I would not they have basic service GP pharmacy in [location]
Online
I would ask the person that delivers my medication
Public knowledge an well known as we know the staff.
GP Health Centre.

Q20. Do you feel able to talk about something private/sensitive with a pharmacist?

	Number of responses
Yes	294
No	76
Never needed to	135
Don't know	20
Chose not to answer	11

Q21. Are you aware that you may be able to access the following services from pharmacies as part of the NHS?

	Number of responses
Flu vaccinations (for those who are in one of the at risk groups)	432
Common ailments scheme – pharmacists can provide you with advice and free treatment for	388

common minor illnesses and ailments so that you do not need to see a GP.	
Medicines use review service – this is an opportunity for you to sit down with the pharmacist and discuss all the medicines you are taking to help you get the maximum benefit from them.	272
Help to stop smoking	214
Emergency hormonal contraception, also referred to as the 'morning after pill'	188
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.	107
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.	56
Chose not to respond	55

Q22. Is there anything else you would like to tell us about your experience of your local pharmacy or GP dispensing services?

The pharmacy took over 5 days to get my last repeat prescription and I ran out of insulin and I had to call the doctors to get some. They tried to say I had only given the prescription in two days earlier which I hadn't and this upset me.
Very useful and much needed service in this area
They work really hard and must have been very difficult for them during lock down
Fantastic much easier than trying to get a Gp appointment which is horrendous
My local pharmacy is extremely small, no room even before Covid for more than 3 people. I would not feel comfortable asking for advice as other patients would be able to hear. I also do not like reading my address aloud for people to hear.
There were very long queues in the Spring, but since then it has been better. We can queue outside if there are already 2 people inside. I get a text message to tell me when the prescription is ready, but have not been able to get it delivered. I feel nervous going to the chemist.
COVID 19 rules meaning only 1 in at a time, however the chemist is large enough to hold at least 2. A lot of elderly waiting outside in winter. They are not the fastest and I have been waiting for 34 minutes once in the cold and wet
[Pharmacy] has a very poor service, long queues even before covid average time in the queue 1 hour. Frequently don't order on time repeat prescription or can't find them.
[Pharmacy] are so helpful and accommodating.
Prescriptions normally go from Dr to pharmacy within two days but it can take up to 10 days for them to issue the meds. we have to ring them to prompt them and collect the next day.

They are to busy to even fill your prescription never mind talking
Takes too long. The queue has been up to 3 ours long outside during covid. I usually spend anywhere between 10 minutes and 25 minutes getting the prescriptions once I've reached the front of the queue and been served. I tried the managed service but some months they forgot to process it. I have had a few times were items are missing and I've had to go back to resolve it. I work full time and have young children, I dread collecting the prescriptions because of the queuing time and the time it takes the staff to pass me the prescriptions, and then if there is also something missing.
Always very helpful
Under the current "climate" my local pharmacy has been outstanding
They are absolutely fabulous.
Weve had delays in receiving the prescriptions many times for reasons like the doctor needed to do a review, then the doctor forgot to record the review so after trying many times to collect the prescription eventually phoned the doctor (which takes a while to get through with the phone messages) the doctor had forgot to record the review so had to do the review again. Another time the doctor did the review but then forgot to print the prescriptions, again we only found this out after trying to collect the prescriptions and then having to phone the doctors to find out what's happened. The prescriptions have also been sent to the wrong pharmacy, again only found this out after queuing for some time at the pharmacy, they told us to go to the other pharmacy after queueing again it wasn't there either, so then had to phone the doctor to find out it hadn't been printed. It's gone to the wrong pharmacy a couple of times. Weve also had the pharmacy not have items in stock so weve had to queue again the next day. Weve also had a couple of times i've phoned the doctors to ask them to print the prescriptions, then when I've gone to collect them, there is no record of me phoning and asking them to be printed. The pharmacy also send them away to bd processed so there is a delay in collecting the prescriptions once asking them to be printed of a few days
The staff are lovely!
Hard working staff great customer service
First class and friendly service
In times of covid they need to have an undercover area when queuing outside as only 1 person at a time in [pharmacy], especially in bad weather as sometimes you can be here a while as the service is generqly quite slow. Maybe operate a pick up window and go inside for advice etc - speed it up.
No
Too many mistakes are made. More often than not something isn't included that means another trip to get it. The other day meds were sent to another surgery in the group! These meds and collection point haven't changed in 6 years.
One pharmacy I used would not have my prescription I spent more time going back and forth despite my doctors having sent it over in time. I changed in the end very bad service they said it was due to staff shortage.
I do also collect other medication through [pharmacy] who will only deliver to my home or a [pharmacy] which isn't my local pharmacy
Use generic a lot changing my inhalers which caused problems with my Asthma.
I use [pharmacy] as they are far superior to the other 2 in [location]

We use 'My Health On Line' to order repeat prescriptions; I don't understand why the pharmacy insists that we order a week before.
[Pharmacy] have been neglectful in their practice
Increasingly failing to be able to provide items - as most regular medicines are on repeat dispensing prescriptions, can't take them elsewhere so am having to request additional prescriptions from GP for alternatives
I usually find any problems stem from my surgery and then the pharmacies are the ones who have to resolve the problems . Maybe you need to do the same survey for GP surgeries
[Pharmacy] service is shocking! Turn around of prescription repeats is at least a wk. You have to try at least 4 different times to collect it. It's so bad I no longer use them and my parents collect it for me in a different area.
Pharmacy is understaffed and wait times are ridiculous
Extreamly busy, always out of stock of meds
Both local pharmacy shops have been very helpful pre and during pandemic.
Terrible long queues waiting outside, having to return another day.
Endlessly patient, friendly and kind. Nothing is too much trouble and they have a pro active problem solving attitude.
My pharmacy is useless - always losing prescriptions / not ready or can't find my medicine- the staff including the pharmacist are always changing and they be ever stick to the same process when the staff team changes - it's chaos in there
The pharmacy is too small, s only allows one customer at a time. Standing outside in a queue with 9 people ahead of me, in the pouring rain is not conducive to good humour. There must be a better way to access prescriptions, bot this has been the system since March.
Staff are extremely helpful and knowledgeable but, are sometimes very busy and prescriptions not always ready meaning around a 15/20 minute wait.
Not always helpful. Lost some prescriptions, big queue, only lets 2 at a time, but lets the other individuals that need methadone to skip the queue
Regularly do not have the medications our prescription not ready and asked to return another day
My GP and associated pharmacy are excellent. It's the [pharmacy] that's a total disgrace.
Pharmacy have recently been dispensing some of my prescription off-site which adds to the delay between online order and availability to collect
Staff are friendly and efficient. [Pharmacy]
Never know if prescription will be delivered or not, very difficult to contact by phone and often end up running out or very low on medication
Fantastic service , helpful obliging staff
[Pharmacy]are excellent in every way. Occasionally, I will use [Pharmacy]. Again, very good - just not quite as convenient for me (across a busy road, and no room to queue inside in Covid times.)
Pharmacy unable to cope with increase in local home deliveries during Covid, difficult for shielders on regular medications. I've been collecting prescriptions for shielders. No extra delivery slots added to alleviate this problem.

They are not user friendly and there is always a queue. It is also not private and confidential. They have a captured audience by being next door to the doctors surgery and it is not right how they treat their customers!
Fortunate to have such an excellent pharmacy with such helpful staff
Since C19 local services have been dreadful. Shorter opening hours whilst people of all ages queue outside in the cold and rain. Absolutely inhuman and like the third world.
[Pharmacy] offer an excellent, friendly service. Nothing is ever too much trouble.
never had a problem with [Pharmacy] friendly staff and always good advice when needed
Always give a good service
Due to covid it is very difficult to get a prescription in a timely manner. The local pharmacy have struggled with lack of staff and this affects customers. Queues have been horrendous and taken 30 mins to then be told item has not been dispensed even though they've had prescription for a week. Its not qkrking
Long queues outside with no shelter they need to put up a temporary structure so people don't get wet in the rain
New pharmacy I use is brilliant
They are fabulous, they sort out the mistakes made by the surgery when it comes to sending prescriptions. Often the person who writes up the repeat scripts is away and we have to wait until they return from leave. The pharmacist contacts them to get them to pull thier finger out.
All staff polite and friendly. Always goes out of their way to help
Why does the [Pharmacy] take 5 days to process a prescription? When other pharmacies on island don't have this policy!
pharmacy are very efficient and helpful
The surgery gives all the above information in no.22 on its answer service
Excellent service
Friendly and knowledgeable Y
They did deliver then stopped and we phone for repeat prescription now we have cannot phone have to take prescription in week before(10mile journey) very often it is not there so have had to make 2 journeys. Also very long wait for service even before epidemic.
It took 55 attempts to contact my [Pharmacy] to reorder my meds!... By phone. Waiting in long queus outside as only one allowed inside. Ridiculous state of affairs. Needs sorting
In my opinion there isn't enough staff in my pharmacy. It shouldn't take 5days for my prescription to be done.
It has not been good during and after lockdown
Recently changed to a hub in England to dispense medication. This now delivered in plastic bags and takes a week's lead time.
Moving here from England I was amazed that my medicines are dispensed monthly...I was used to getting a two month supply which must save GP time
They provide an excellent service
Too often drugs are not available at the pharmacy and on return, they 'have just arrived' or 'they are just being made up/checked off', no matter how many days one waits before returning.
Not sure there is a GP service

Find that our local family rn pharmacy is far superior to our [pharmacy] in all respects
It takes too long for repeat scripts to process from gp through pharmacy to patient up to a week. Until this week no forward planning around repeat scripts. Suddenly sorted now though.
Prescriptions for long term chronic medications should be valid for longer than 1 month. It is an unnecessary burden of work and expense that my repeat request must go to the surgery for approval every month. Six monthly would enable control and review to take place. The current policy is inefficient
I praise their patience and efficiency
Recently both my husband and I have had missing item on our regular repeat prescriptions not sure if this is the fault of the pharmacy or the doctors surgery. Repeat prescriptions are requested online from the pharmacy
Pharmacy has been very organised given the difficulties with COVID-19. Good with social distancing and hand sanitisers.
Doctors are not open enough to usefully dispense prescriptions and they are most unhelpful so I don't use them. [Pharmacy] is terrible at this COVID time slow service, long queues, no floor social distancing markings no ventilation and boiling hot.
I find the pharmacy staff and especially the chief pharmacist,informative and helpful.The Gp dispensary has been helpful in the past. I
My local pharmacy were forever handing out incomplete Rx which required multiple visits which is why I switched
The local pharmacies are slow over worked and struggle to deal with capacity. It's hard to find a pharmacy that can fill a prescription straight away without a 30 minute wait. And when you come back if you leave it with then you still have to wait.
Seem to be short of staff. Often only two staff working in a busy [pharmacy]
I really object to my GP surgery changing my preferred pharmacy online (My Health Online) to one that is not as convenient, further away and in a busy supermarket so a high risk for me. I was with a small private pharmacy for 5 years before this! This was done in March during lockdown.
I am disappointed that the only pharmacy in the town nearest to me and the G surgery have decided to automate routine/repeat prescriptions from a warehouse in England and it means that there is at least a week before the prescription is ready for collection after GP request.
All good
Excellent services provided by the local pharmacy
None of them are particularly approachable or helpful. Privacy is an issue in all. Not patient centred care - more staff centred generally. Very little evidence of disability awareness and often lack customer service skills.
Always helpful
The pharmacy struggled to deal with the demands made of them during the early months of the pandemic and I saw staff struggle to hide their emotions when customers made complaints about minor issues. It got better over time but I think a plan needs to be put in place to offer better support to pharmacies who are battling to help everyone and receiving little thanks.
My local pharmacist and the staff there are brilliant but we have had to adjust to extremely long waits because not all medicines are dispensed on the premises. It

is [Pharmacy] and now medicines are delivered from outside the area. Before this I would have my prescription in 2 days but now I have to wait up to a week and a half.
Staff at the chemist in [location] are brilliant
I use the pharmacy as one of two in my town. Neither are efficient, often not having stock of the medication, etc but it is the better of the two. The pharmacist I have no issue with but some of the staff are rude, incapable of dealing well with people with mental health issues and treat people as if they are wasting time.
The amount of people has now increased and makes it harder and sometimes impossible to get perscriptions
Sometimes they don't have items in stock and there is a couple of days wait.I had to go to a different pharmacy to get my flu vaccine
I work full time and in another town. Getting to the pharmacy in a weekday, for my repeat prescriptions is tricky, I have to leave work early, or arrive late. I do have conditions requiring regular prescriptions. So a service till 6.30 one weekday a week would be so useful.
I used to use a branch of a national pharmacy for many years. The company changed its policy for branch manager training resulting in a high turn over and quality of manager, Worse still - if you asked to speak to the pharmacy manager, you were referred to the shop manager who had no training in pharmaceutical skills besides generalist customer care. I cnged my pharmacy.
Repeat prescriptions are
Excellent service - no complaints
Always very helpful
With the pharmacy in [location] we now need to wait at least 5 days for prescriptions to be dispensed once left at GP surgery. They now come in wasteful plastic bags and are not recycleable.
They work extremely hard
Nothing is to much trouble le, helpful beyond words, cannot praise them enoygh, always have what I need.
From putting in the script, it takes nearly 10 days for all items to be available for collection. I have been 3 times to collect this latest prescription items but they are never ready. Why can't they send a simple test reminder to say you items are ready for collection so as to stop all these unnecessary trips. They tell you not to ring up as they are too busy to answer the phones.
Our local pharmacy team have worked tirelessly since March 2020 to offer an excellent service in our village [location] and my family is extremely grateful to them for this.
[Pharmacy] is closer to me however the lack of staff and the slowness of staff present mean that you could be waiting up to a hour to collect your prescription- absolutely useless!
Communication between GP dispensing service and the local pharmacy / myself is not always good.
always very helpful and efficient
There is always a big queue and it takes ages for them to find the repeat prescription - I often have to liaise with the GP practice
they have been excellent during Covid/lockdown and now deliver my prescriptions/medication so I don't have to go out and enter the shop

My pharmacist told me he had received training to deal with a wide range of health issues so I would choose there before the GP
Having to pick up every month a prescription which has been prescribed for nearly 20 years seems not a great use of the pharmacist's time. Why can't we have a 3 month prescription, rather than monthly?
[Pharmacy] is a lovely pharmacy but i need them to open as they were 9-5.30 and not 10-1 and 3-5pm as i can't get there due to work commitments
It is mainly positive although they have had trouble getting some prescription medications at times.
I would think in general it would be so much better if you could get your prescription at the nearest pharmacy to your home address
Wonderful Pharmacy, all the staff are helpful and thoughtful. Wonderful delivery service and knowledgeable pharmacist who is helpful and patient. Coupled with a [service] which means 2 fantastic services in one building.
always extremely helpful and efficient
GP and Pharmacy liaise, I order repeat prescription on line and pharmacy collect it and makes it us, typical village service.
So very slow
They always get things wrong and blame the doctors
If an item is out of stock and prescribed a week or so later it puts out of sync with your normal monthly repeats i.e you have to remember to order two prescriptions a month
I have always ordered by medication online which is convenient and reliable. However over the last few months the ordering medication process has changed. I continue to order some items online and the remainder of items I have to tick the boxes on the green prescription slip and drop it off at the pharmacy. As I have two chronic conditions I have to order my medication regularly. When I went to collect my medication this week. The order that I placed with the go had been completed but the order with the pharmacy had not been completed due to the volume of Prescription. I had to return on the same day to collect. I feel that the ordering of prescriptions has regressed as I now have 2 separate processes to follow and I have to make 1 extra visit to drop the prescription off. This month I have visited 3 times. I also follow the same process for my mums prescription so I visit 5 times.
always a good service from my local pharmacy and GP
Can be a bit slow sometimes
The pharmacy is local, the staff are very professional, knowledgeable, helpful and friendly.
very helpful -phone me if there is an issue with the prescription
I use the online myhealthonline for repeat prescriptions and it is brilliant
my local chemist is amazing and serves our community brilliantly
The pharmacy needs to be open longer into the evening or needs to open at the weekends. It is ridiculous that with only one pharmacy and no direct public transport links that people are unavle to access the pharmacist, this will put additional pressure on other services such as A and E during the evenings or weekends.
Excellent customer service, friendly and efficient
Rarely have my medication in stock. Long waiting times.

ALWAYS HAD THE MOST EXCELLENT SERVICE FROM VERY KIND, CHEERFUL AND CARING STAFF [Pharmacy]
Its always too slow
Service between the GP practice and surgery sometimes is not seamless. I need blood test for my medication, i write on prescription when done, quite often comes back needs blood test, and been done and accesible. Missing items in pack. More recently in last 3 months, appears to be must smoother during covid, and auto repeats help with a text to inform.
I only have praise for both GP practice and Pharmacy they are helpful and i feel i can relay on them
I collect my own tablets and my husbands monthly. I have had many instances where tablets haven't been ready, even though I have allowed 7 working days, from putting the prescription in the box in the pharmacy, and picking up the tablets. On one occasion my husband had to do without his blood pressure tablets and his injections for diabetes for several days, until a new prescription could be organised and delivered to the pharmacy. At the time, the pharmacy blamed the surgery, and the surgery blamed the pharmacy, neither of which helped my husbands situation.
No except to say on the whole I a well cared for.
pharmacist ensures a good service at all times
I wanted to book flu jabs for myself and my disabled son but told I had to go online this this year and no appointments available online. Medication not available and no alte4native offered.
Is there a chemist locally that delivers to my door?
Always had excellent service
I have asked my pharmacist for advice on a number of occasions but he doesn't commit himself. He always says ask the doctor.
Great staff although since Covid a lot of prescriptions have been changed to cheaper options.
Feel local pharmacies offer an excellent service
Sometimes it is close due to not having a pharmacist in attendance. Very annoying as can't get my prescription or drop one off. Never any notice - just not open.
Takes too long a get a repeat prescription to be dispensed. Only open Monday-Friday, closes for lunch time.
The pharmacy in [location] is most useful
[Pharmacy] in the village is very slow in getting prescriptions ready, they ask for a week! Often cannot find the prescription when they have texted to say it's ready, very inefficient!
They text me when my prescription has arrived.
poorly managed and lack of organisation.
I use [Pharmacy] to pick up my mother's medications but not for myself as they often do not have what I need. I use The Pharmacy in [location] as they always have what I need, recommend alternatives when there are national shortages e.g. HRT and are very welcoming and accommodating. They are really lovely there and if there is a chance to pass this on, please do. Their customer service is the best I have known in a pharmacy.
Satisfied with the service

Sometimes long wait outside to collect prescriptions which is not good in cold or wet weather. Nowhere to sit and wait currently. Not good for sick and elderly. Sometimes prescribed medicines not available
Under the present circumstances it is taking up to 3 working days for the prescription to get from the Surgery to the Pharmacy, then up to a further week for dispensing.
They are always very helpful and will deliver if I am unable to collect my prescription, they delivered while I was shielding.
Seems very inefficient. We drop it off at the pharmacy they have to send it to the doctor's surgery and await for it to be returned to them. Often get lost 'en route'.
Our pharmacy staff go out of their way to be helpful - nothing is too much trouble. May be a bit slow but worth the wait
They seem to regularly change pharmacists so it is quite difficult to actually get to know them.
normally ok but once or twice been given the wrong medicine
Unfortunately the chemist is closed at weekend's
Helpful staff
Very pleased with the service I receive from my local pharmacy.
I live in a rural area. If I didn't have a car it would be very difficult to get to any pharmacy at all.
confusion between Gp and pharmacy with repeat prescription
NO THEY ARE ALL GREAT
They get my prescriptions wrong almost every time. I changed pharmacy during lockdown because they deliver
I like that the same staff have been there for a long while. There's two pharmacies in my area and I opt for my preferred one because I'm familiar with the staff.
Concern about the length of time to dispense medicines
The most convenient pharmacy for me is next door to 2 x GP surgeries however because they get so much custom from there I believe they don't try to help with script issues. Therefore I travel to one that will order in the brand of medication I require. The problem with this is the pharmacy I use don't deliver so I was forced to leave my house during a 14 day COVID isolation period to collect essential repeat prescription. I phoned the pharmacy first but they don't have a delivery service.
Opening hours have changed at the pharmacy I normally use - no longer suitable for people who have full time jobs. Service is exceptionally bad these days, prescription is rarely ready and I've gone without medication due to this. Going to collect my prescription has become a real ordeal and I'd switch pharmacies except they don't have decent opening hours either.
Queuing in the cold is awful, dispensary is closed for long periods, times are wrong online, there needs to be pick up slots
Before COVID always fine
[Very good]
Just extremely poor service from both chemists in [location], both run by [pharmacy].
Excellent service, thank you
Very helpful, friendly staff, very informative

GP dispensing services can be very poor. Nearly every month they have items missing from repeat scripts. They treat this as acceptable and just expect you to easily come back which is not easily possible if you live at a distance, have limited income to pay for travel, or just need the medicine as you have run out. Nearly every month i have to stand in public reception to discuss my private medications with them. They have poor customer service and can be quite rude, making it into my problem that the script isnt ready. Often they havenot been able to get a certain medication yet the pharmacy in the same village can get it with no problem. Frequently the Gp pharmacy just routinely removes items from the script without informing you beforehand. This then involves stress upset and unneededgp time to get sorted. Imust say that my experience of gp dispensing services have been very poor. I have also been lied to by practice managers telling me that i cant movemy dispensing to a private pharmacy. Pressurising so they keep funding? Thats how it feels. I have also had big problems using the common ailments scheme. In small village pharmacies i have been told twice that the scheme is only for "poor people", whilst in [pharmacy] which displayed leaflets about the scheme the pharmacists were completely unaware of the scheme or how it worked a simple request turned into an hour appt at which i had to teach them about the scheme and show them how to find and fill in information in their online system. Then they also told me it was for poor people only. This will put people off asking and does not inspire confidence.
No flu jabs available. With common ailments scheme we find that staff give any excuse NOT to give medication without a prescription eg. Eye drops, thrush, even for children. I feel they are very reluctant when you say 'common ailment scheme'
Not at this time.
They are very poor at dispensing repeat prescriptions
I would like to Thank my Pharmacy for the care and attention during the Pandemic and the Service they provide
My local Oharmacy are doing a fantastic job under staffed poor pay amd seeing more patients then the gps have done in the last 12 months
Pharmacists are not always available to talk, and not mostly refer me to the GP.
Excellent caring staff.
In view if the existence of a great number of Covid tests (PCR and fast "lateral flow") I find it extremely annoying that [pharmacy] dies not find it necessary to offer this service in North Wales at all. Thanks to Holyhead ferry harbour we have a lot of travellers in North Wales - and I'm convinced, the virus could be kept under control better if there was more testing available (because all the NHS drive-in testing facilities are only for people with symptoms)
Yes . I know covid made things slower but I pick up my prescription from [pharmacy] in [location] monthly and it never ready I end up waiting from an 1 to 2 hours why ?
Not enough room, too smal for number of patients, have to queue outside no protection
Need to have electronic prescribing in Wales. We had a problem when an elderly relative from England stayed with us and ran out of medication.his English GP surgery could not send emergency script to my local pharmacy electronically and no longer had a fax Luckily the local pharmacist did an emergency 7 day repeat but would then have had to chases the pharmacy in England for a script. As a prescriber myself in England before I moved here I know the benefits of electronic

prescribing for patients,family's and carers,pharmacists ,prescribers andbthe Health boards/CCGs.cant believe it is still not available in wales
Awful queues, not enough staff. Lost repeat prescription. Rude staff
It's much better now the panic is over. Had to stand in long queues for long times before. Sometime had to go back again. Or to another pharmacy.
Excellent service , friendly pharmacist and staff , much quicker service than from the GP surgery . Prescription requests take ages from the surgery to reach the pharmacy but once there are sorted out immediately. I would not use the GP dispensing service as I believe the staff are not qualified to do such work, much rather use the qualified staff at the pharmacy
This year has been a difficult time, they've remained very professional and helpful as well as keeping everyone safe.
There are only 2 Pharmacies, 5 miles away or 8 miles away and the same [pharmacy] so there is no choice. [Pharmacy] have introduced a policy which means prescriptions have to be ordered at least 7 days in advance which is a backward step in the modern environment when things tend to be quicker not slower. I thlnk [Pharmacy] have done this to increase profits as it frees their Pharmacist to see patients which they get paid for which in turn means less GPs so is privatisation of the NHS. I believe if someone is ill they should be able to see a GP and when they need medicine see a Pharmacist.
They leave you standing waiting for ages without even acknowledging you! Hate going, can't get prescriptions online so no choice
They provide a good service, especially during the pandemic
Always helpful.
When my partner and I proved positive for Covid and were prescribed medication by the G.P. friends and family had to self isolate and we had no one to get the medication from the pharmacy. We tried to ring the pharmacy to ask if in the circumstances they could deliver but the phone wasn't answered which was very distressing. Also when going to pick up a prescription the queues can be long outside the pharmacy and it's not pleasant having to wait outside in the cold and rain
Excellent.
Would like to order more than 1 month at a time for my long term medication
Great service now that the prescriptions are taken to our local village shop for pickup
Staff keep you waiting a long time or prescription not ready when it's on repeat
Most of the staff listen to us and have a very friendly approach.
Fabulous service by GP practice. Nothing is too much trouble. Supportive, helpful, friendly.
Staff are very nice
Counter staff have no patience
We have to wait in a queue outside for sometimes up to an hour to order our repeat prescriptions then again to collect them. Often the medicines are not in stock. Have changed pharmacies but the queing is still unacceptable especially for 80 year olds in winter!
I've asked 6 times (every month for 6 months) for them to deliver my medication on a Monday as I run out on Monday morning and need to take the next dose on Tuesday morning. Each time they say they will try to deliver on the Monday, but

they never do, so I have to take my medication after I get home from work on the Tuesday (the instructions are to take it in the morning on an empty stomach).
Excellent service
Since CoVID there is always a long queue to go into the pharmacy. It takes much longer for staff to find my prescription. I can't understand why- thus was never the case before. Maybe a notice would be beneficial in phatmacies to explain why things are raking longer now.
Excellent service provided by my pharmacy since civic 19, don't need to go to GP just pharmacy each month to collect medication
They lose your prescription sometimes and it causes a delay in receiving my medication.
Both my husband and I have our medicines delivered. The pharmacy comes 3 different times in a month and to save petrol and for the environment they could streamline their delivery schedule
Gp dispensary in [location] stifles health care in the area as independent pharmacist are prevented in opening in the area. Independent pharmacist tend to offer many easy to access and convenient services. GP pharmacist has limited opening hours. The current service is a monopoly and benefits mainly the surgery and GPS salary.
I hope my answers say it all.
Not helpful.
Having to wait 7 days for a repeat prescription because it is dispensed from a central depot, and which obviously does not work, because on resceipt I collect 2 bags of medication 1 of which has been posted to the local pharmacy. Need to revert back to previous system.
They're very helpful.
[Practice] - first class service.
I have had difficulty with my medication being delivered last week, they where late delivering and had the medication the next day. This is a knock on effect on my following week of medication as I have no medication to take today (Monday) This stresses me out and happens regularly.
GP sends my repeat script to my local pharmacy every 28 days and pharmacy delivers to my home
Cannot access home delivery
No, always on time and helpful.
[Pharmacy]have excellent service
No, we appreciate the situation an difficulty and hiccups but reasonable staff.
Quite often my monthly prescription is short on quantity with a note saying to follow. This is not highlighted on collection not am I notified when it is back in stock. We are only available on a Saturday to collect monthly prescriptions but they have limited opening times and items quite often are not ready for collection even when they have had the script for days.
Very happy with the service.
The pharmacy in [location] is excellent. Helpful Pharmacist and staff.
Sometime the medication isn't ready when I go there and then have to wait a long time.
Everything is fine.

I have put my number down to receive texts to say when my prescription is ready but never get a text to say.
Satisfied with the service.
I am happy with the service.
Happy with the service
The service is atrocious at best now that the prescriptions are fulfilled off site. It now takes at least a week for prescriptions to be ready. How can this be an improvement. I have no choice as I can't pick up my prescription from the doctors surgery to take elsewhere. The medication is always the cheapest option, this is not good. Not all medications work the same. I've had battles to get a different brand/generic type. There's nothing worse than picking up your prescriptions and your heart sinks because you know that particular generic version doesn't work for you. The service has definitely disintegrated
A friendly pharmacist, able to discuss matters and get good advice from him .
The pharmacy I now use [pharmacy] is very good and fulfills my needs, I wish they offered a text service so I knew when my prescription is ready
Our local Chemist is excellent
Happy with the service.
Would like to see more Doctors in the surgery
Have had a fantastic experience so far with the pharmacy.
can be very slow sometimes
They have always been very helpful and friendly.
as above, drug users in the queue, often with elderly vulnerable people who often feel scared because of their drinking, swearing etc. This needs addressing.
often have issues with my pharmacist [pharmacy] not having my medication ready when needed and/or forgetting to order
No but they are very helpful.
Local pharmacy now texting to say when prescription requested online is filled and ready for collection. Excellent service/innovation.
Brilliant personal service
Very friendly and efficient service
i wait 10 days often for my medication and too often they have not included some medication
Pharmacy provides a great friendly service
Should be open until after GP surgery closes and at weekends
communication between GP and pharmacy to be improved. IT systems to talk to each other. e.g if prescription has not been received by pharmacy they could check with GP and request it rather than me phoning the Gp to see where my script is.
Pharmacy always running late with dispensing. Seem to have a big back log.
Always friendly and helpful
The staff seem to forget they are providing a service - at times unpleasant.
Superb pharmacy - professional pharmacist and courteous and courteous staff

Q23. Are there any barriers to you accessing services at your pharmacy or your GP dispensary that you have not mentioned?

"No" or "none" or "N/A" - 111 people
Long queues
Just the staff
Long waits in the cold and wet at times due to Covid regs. Waiting was always bad enough but now you freeze as well.
Opening times. Awkward staff at the pharmacy.
As above. In addition the pharmacy often misplace prescriptions
Long waits in queue
Every time we need to collect our prescriptions it costs us petrol and carparking money, and there is no guarantee that we will get our medication within an hour, so have to psy for two hours each time.
My pharmacy shares a premises with [service]. This has particularly been a nuisance during the current epidemic as the queues to get into the pharmacy have sometimes been very long - particularly frustrating when having to queue outside in heavy rain.
cant get a doctor appointment
Lunchtime closing,
The Pharmacy is always welcoming and helpful . The surgery is like breaking into fort knox.
Please see above
can't get inside on a wheelchair
Phone at pharmacy goes on answerphone and you are asked to use ring back... Charged for the service! 55 attempts by phone before someone answered the phone. 40 minutes wait in queue in pouring rain outside to pick up. Appalled
Not enough staff in the pharmacy
GP reception is atrocious!
Why can't GP pharmacy dispense medicines ?
Would be better if I could pick up prescriptions before/after work, not just between 9-5
Feel like im putting pressure on staff who are clearly overworked and understaffed.
Yes I do not wish to enter a large supermarket when I only want to collect my prescription
Inflexible approach to opening hours, insensitive to diverse needs of population groups and cumbersome/restrictive communication options for anyone wishing to discuss their medication
They never open on time.very inconsiderate staff.
The amount of new developments allowed by Welsh assembly has increased people needing access to gp and chemist by hundreds as the latest development in [location] is 99 houses add that to another huge estate up and running Gp and chemist are at breaking point Go and chemist staff are wonderful but covid has meant it's not as easy to access either
parking is often limited. chemist closes at lunchtime and is not open at weekends - its only because I drive I can get there after work without having to leave work earlier. Sat AM opening would be good - or late night opening one night per week.
Only weekend as they are not open. Recently had to go 10 miles to get that particular medicine

Its a small pharmacy so we have to wait outside and queue 2 metres apart. this was OK in the summer but not now in the winter. There is always a queue as only one member of staff working on the counter.
[Pharmacy] is a nightmare - most times they have a problem locating my repeat prescription. They need a better computer system instead of using ice cream boxes to store prescriptions!!
opening times
Yes the unwillingness to send the prescription to my Local pharmacy
If GP dispensary available the carpark is flooded frequently and is invariably also full of cars some occupants of which are shopping in High Street.
Only that they don't open on a Saturday
The attitude of the staff sometimes is quite nasty
As above
Availability of GP's appreciate they are busy during this time -but were busy before the pandemic - difficulty accessing GP Services as only operate core hours of 8-6pm Mon-Fri - needs to be more accessible outside of normal working hours and some availability over weekends would be helpful
I am working from home so I have no issues about opening hours as I can take a break and walk along anytime during the day. Previously I would have to leave work early and stop on the way home from the office.
opening hours once I return to work will be an issue for me
I have to drive to access or get somebody else to pick up for me.
I had to make an appointment to see the GP, and was encouraged to fill in an online questionnaire, however as my symptom wasn't on the questionnaire the online form wouldn't let me proceed until I had put in an appropriate answer. I ended up phoning the surgery for an appointment and had to hang on for 40 minutes, until I was connected to a receptionist. My husband had the same problem, when he tried to make an appointment for his flu jab.
No privacy to discuss anything
I am a full time carer for someone that is bed bound, and I find it extremely difficult to get out and about, because I would have to leave the person I care for alone
Currently as stated the pandemic
Having to queue up outside
I would not seek advice about anything personal as the setting is not at all confidential
The section on preferred times was difficult. My local pharmacy isn't open on Saturday and has an early closing day. It would be useful if it was open 7 full days a week. These answers would have been different before Covid. I'm working from home now. It makes a big difference.
location
NOT REALLY
VERY BUSY
no window and only opens limited hours
Yes, ther is a real issue with phoning GPs and Pharmacy when there is a problem. It has taken me 3 days of repeated phone calls to get an answer (phoning hurly) at [pharmacy] and getting any info on the phone is impossible from GPs these days with 'online' services - which is no service at all.

My husband and I collect from different pharmacies as both require different things from each. This makes it a longer trip for one of us to collect the monthly prescriptions. I do not understand why we can't collect 2 or 3 months prescriptions in one go especially as we are both on long term medications.
Poor parking, opening times, access and having to stand around for long periods out in the cold
Not open at the weekend
Cannot get through to them on the phone.
The only barriers using chemist is actually getting in the shop since Covid because of the queues.
Incredibly slow service regardless of COVID 19.
No online facility
I collect my husbands medication as he is house bound. Some of it comes by courier. Sometimes things get mixed up.
No , no probs with using the pharmacy
Time and availability of the pharmacist, especially during this pandemic, resources are very limited
Nothing. I've never had any issues - quite the contrary intact. Cannot praise them enough.
Just a time delay. From requesting repeat prescription from GP to collection takes up to 10 days which I think is unacceptable but that is what we are expected to wait for.
Opening hours. Hospital Rx [prescriptions] have to be dispensed from another pharmacy.
Opening times
Physical accessibility as. Wheelchair user
I have to hand my prescription in 7 days before it is needed this has been difficult due to being in hospital and self isolating.
I would not feel comfortable discussing private matters with the staff.
Location
have shortened their opening hours on a Saturday
Yes, as above. I drive 30 minutes to get my prescription due to the above.
GP dispensary not open at the weekends, sometimes have to go 2 days without meds if forget to pick up on a Friday
None now I can order my repeat prescription online
full day saturday opening would be more beneficial with working full time - makes it difficult to collect script.
Local practice to dispense.

Q24. Did you receive a letter advising you to shield?

	Number of responses
Yes	95
No	428
No response	13

Q25. If you answered yes to question 24, please can you tell us where you (and this could include a friend, family member or a volunteer) got your medicines from?

	Number of responses
A pharmacy	78
My GP practice	17

Q26. If you answered yes to question 24, please can you tell us about your experience of getting your medicines whilst you were shielding?

My wife would and up for an hour and half for are neighbour s as well
Great the pharmacy team brought the medication and dressings to my home
BAD
My carer collects
The pharmacy was excellent and added me to their home delivery service.
No problem relative got them
no problem
Family obtained
No problem family collected it
Very difficult, and extremely hard to contact by phone often takes days to get through
Some items not in stock although I have a monthly repeat which means visiting the next day or so to collect item owed. Very annoying.
My daughter shielded tho' her letter from the NHS never arrived. (just the one from the local supermarket telling her she was priority.) Luckily she still lives with us and I was able to get her everything she needed .
Someone else would go to [pharmacy] for me. Always traumatic - wrong drugs, or out of stock, and long, long queues. But at least the staff are polite, even if untrained and under unbelievably bad management.
Asked for all my medication to be dispensed at the same time (even though "the system" said one wasn't due) to cut down on the need for visits to the pharmacy.
Dreadful inhumane service. Queueing in the cold and pouring rain. Why? They have had eight months to sort themselves out and failed.
Used car , driver was the person shielding so didnt get out. I collected our meds from the pharmacy
No issues as family member was able to pick up prescription
[pharmacy] was excellent through out and I never had to wait for any of my prescriptions
The letter was requested by me (not automatically sent) for the purposes of requesting food delivery from a supermarket. However, there was no option to use it to get a slot on their site, so I mixed online shopping and travelling to shop. Also continued to go to pharmacy for my drugs, otherwise stayed at home.
Excellent service (poor from [pharmacy])
I had a routine weekly appointment and nurse got my meds for me.
I arranged to collect my meds from the pharmacy's doorstep by phoning them from my vehicle first time, but went in after that as not extremely clinically vulnerable
My friend collected my prescription monthly
Husband picks my medication up

No problem
My partner collected them.
No problem - family collected
More beauracracy to navigate at the GP even though they are routine medicines that I have been on for a long time.
A local coach firm collected and delivered them
I had no problems obtaining my medicines from my usual pharmacy.
I picked up my medicines in person
I still had to queue for the pharmacy and was not offered a delivery service. I tried to collect in a morning as it was quieter but often my prescription was not available till the afternoon.
Had volunteer to collect
Earlier on - hit and miss. More recently much smoother.
I have Parkinsons Disease and a number of other conditionsso received emails from different supermarkets telling me that my name was on a list to be able to have recurring slots because of my medical problems and discussed with consultant and Parkinson's nurse.
Had medicines delivered
No problems had them delivered
my pharmacy delivered medication to me
My daughter collected my prescription
Family collected prescription
It was no problem. It was not possible to stay at home all the time so I kept my distance when going out.
Local pharmacy was closed for a few months due to lack of pharmacist my husband had to go all the way across town. Eventually they did offer a delivery service but it was only for the last 2 months of the first lockdown.
Easy
I go by car to collect for my husband
Very difficult for the first 5-6 months due to communication between Surgery and Pharmacy. Now oK
My husband collected them for me
My partner collected my prescriptions.
Difficult because of poor supply
Just collected as usual. I was only shielding pre and post op.
Relatives got them for me
Excellent service.
No problems meds delivered
Family went to get my medication
had to wait longer
Volunteer went to fetch them
DELIVERY
Daughter got it
I picked up my wife's medication during this time as I was not experiencing any of the three main symptoms of COVID 19.
Friend delivered my medication
Volunteer went to get my medicines

Really difficult, especially when mix ups happened. I could go days without meds before it was fixed
Collected by another person and repeat prescriptions left at pharmacy who liaise with GP Surgery
No problem
Nightmare for the reasons above.
All quite straightforward.
Awful
Delivered
Ok - I had to go to GP Surgery anyway
I had my medicine delivered which was great.
No problem
Had to rely on someone getting medicines for me
During shielding the service was good, and they used to deliver the medication every month on the Monday.
Arranged with the staff who bought my medicine to the car park of the pharmacy.
As usual - making two visits to surgery/pharmacy and waiting 7 days.
Nothing
I couldn't access my prescription
Nothing changed during covid, they where delivered as normal.
Not smooth, problems coming up often but they do usually get sorted in the end.
I received my medication on time.
I was happy with the service I received.
Service excellent
I had no difficulties.
The service was very good.
I would pick them up from the chemist.
Was very easy as daughter got them and the pharmacist was very helpful
My son or daughter picked my prescription.
Had to wait outside the pharmacy for over an hour each visit.
had to attend to collect
I had to que outside the shop and only two people where allowed in at once.
No problems, my wife went and they were brought out to carpark, put down and then could go and collect them, no contact!
No problems
difficult, as I or my partner or daughter had to Queue outside. Was offered home delivery, but it only happened once.
No issues. Either me or my son collects them.

Q27. If you were not a shielding patient, please can you tell us about your experience of getting your medicines during the COVID 19 pandemic lockdown?

The processing time has increased. It used to always be two days for repeat prescriptions but now 5 days wasn't enough time and I ran out of insulin.
Repeat prescriptions just took longer

Opening hours shortened but they ordered earlier from GP so other than queueing there was no delay
My GP was concerned that I was not shielding as he felt I should have received a letter....my husband had to collect medication ordered online
No real issues, just a slightly longer wait
Found no problem getting meds.
I would phone to say what I required and they would deliver.
Medicines were delivered.
No issues whatsoever the pharmacy were fantastic - unlike the GP which was really challenging
It's been ok busy with queuing outside but ok.
Very hard, there are massive ques, even late on when I get there.
Very long ques, most the time the repeat prescription wasn't available on the date that was given so had to go out again to get it unessasarraly. People on methadone got to skips ques which is very un fair
An absolute nightmare trying to get my Mum's blister packs monthly.
My experience has been ok, but longer queues, and not being able to tick what i need on next prescriptions has led to not getting the right meds, or wrong meds being received.
A support worker from mental health team collected.
As above, I feel very nervous due to being vulnerable if I caught Covid. In the spring, I asked a volunteer and the taxi driver to collect my prescription. Although I didn't get a shielding letter, my GP told me to very cautious due to underlying health problems
Long wait, and at times repeat not ready in it's entirety
Had to queue for quite a long time
Great
I ordered from the doctor online and collected from the pharmacy.
Hasn't really been a problem, apart from the detail above.
Generally it went well. They were busy and I allowed more time between ordering the medication from my GP's practice and picking it up at the pharmacy. One had to wait longer to be served because of the restrictions resulting from the pandemic. But I fully understood these and appreciated the service I received.
A little bit longer waiting and queuing but other than this not really.
Please see question 22 for this answer, horrendous, slow, painful, time wasting, really poor. I dont blame the staff at all as I think they are friendly, professional and really try their best, but the process is very poor and out dated. I can collect purchases from commercial shops much more efficiently, quickly and securely. The whole process needs modifying and updating to cope with the demand.
no problem
It was delivered by volunteers to my home
My medicines are on a repeat script. I receive a text message from the pharmacy to say my medicines are ready I was identified as a vulnerable person I assume because of my age
Pharmacy opening hours at my GP surgery were reduced but didn't present a problem....I just went when they were open.
There were long queues

It just takes so long, so long to queue, so long to wait while they dispense them, so many problems in just getting the prescriptions from the doctors to the pharmacy ready to collect. So hard to fit in around working full time and being a parent.
Slight wait but that's understandable. Clean safe environment.
My husband has been in isolation since 3 March as he suffers from Ataxia, we depend on my sister but would prefer to receive medication by mail
Had to revisit numerous times as queues too long
No problems
Script sent through from GP Surgery as normal, Queued & was served. It took longer because of current situation but not a problem.
Waited an hour in the queue
My pharmacy had volunteers who delivered
No problems.Chemist runs self distancing.
OK longer wait
Same errors.
Had to queue each time sometimes for 30 mins but was not the chemist fault. Only 5 allowed in each time.
Queues were horrendous so I couldn't go and wait . Also the [pharmacy] are driver had to wait too to deliver my medication to the pharmacy. Queues at my local pharmacy were awful too
The queues are awful have waited more than 30 minutes at times. There is no shelter when the weather is bad feel that this could cause issues for older people.
No problems
as above no problem
I think my pharmacy has been fantastic, the wait he obviously been longer but the measures put in place due to the pandemic have been sensible and have contributed towards me feeling safer
As said in 23 there can be long waits in the cold and wet while waiting for prescriptions. On one occasion I waited 40 minutes in the rain. When I eventually got in I found that not all medications had been sorted and had to return the next day to queue again. There must be a better system.
[Pharmacy] went above and beyond to make sure that vulnerable patients received their medication during the lockdown. They need to be commended for their hard work.
Have continued to collect prescriptions from (outside) GP surgery and have taken them to pharmacy. As one item always has to be ordered, I collect a couple of days later on a shopping trip. On a couple of occasions, a family member collected for me instead when only going out once a week
My chemist restricted access to two customers at a time and put a one way system in place , provided hand sanitiser , screens , and increased their delivery service for shielding patients
A nightmare, stressful and awkward staff who are supposed to be caring and professional.
As with all chemists/pharmacies you had to queue and wait but the staff were amazing and helpful. It was very stressful for them and they deserve high praise in the way they handle some difficult people.
Big queus outside
I only had to get prescriptions for other family members.

<p>Took a lot longer in first lockdown and queued outside for 45 minutes on 2 occasions but now system runs smoothly and rarely have to wait more than 20 minutes or so.</p>
<p>I should have been a shielding patient according to my work risk assessment but My GP practice is so unhelpful that didn't bother - now I need a flu jab and they've run out for the under 65 - it's like living in a third world country.</p>
<p>During the first lockdown, we were able to have medicines delivered free by a local taxi firm. Since that finished with the end of the first lockdown, we are finding the queuing outside the pharmacy to be a trial of endurance. Before covid we were never kept waiting, and the pharmacy was never over busy.</p>
<p>No problem at all</p>
<p>Early in the first lockdown my pharmacy seemed overwhelmed, although this did improve quite quickly.</p>
<p>No issues, as before lockdown</p>
<p>No problem</p>
<p>I order any repeat prescriptions on the surgery website, I've had to wait at least over 5 days sometimes. That is why I now order the medicine at least a week before</p>
<p>Understandably, things were a little slower than they would usually have been. The text to notify that prescription ready didn't happen.</p>
<p>No problems other than that stated above, ie pharmacy having to share the premises with [service].</p>
<p>No change apart from following the chemists rules I.e only 3 in the shop at one time and use one way system</p>
<p>no problems</p>
<p>Awful. Long queues outside in the rain and cold, usually between 30 to 60 minutes. Then they will just say they are closing without notice as too busy and tell you come back. Refused over the counter Paracetamol as they were too busy and wanting to close. Waiting over 7 days before prescription is ready.</p>
<p>Sometimes a long wait outside but this is to be expected so try to visit at less busy times - and wear a coat. Can't praise the local Pharmacy enough for their efforts and care during lockdown</p>
<p>No noticeable difference - provided I ordered online in plenty of time</p>
<p>Arranged for a local bus service to pick up our prescriptions as we were self isolating</p>
<p>Fine, apart from the pharmacy operating restricted opening hours</p>
<p>Have not noticed any change other than masks & social distancing</p>
<p>Apart from queueing, distancing and wearing a mask, no difference. The chemists I use have been exemplary.</p>
<p>went to pharmacy</p>
<p>I've been picking prescriptions up for shielding neighbours because their pharmacy has not increased delivery slots to cope with increased delivery demand during Covid. The large chain that I use personally close for lunch, but this can vary from day to day.</p>
<p>Stressful because I was not advised as to how I was going to get my prescriptions.</p>
<p>Service has remained the same: no problems</p>
<p>https://www.google.com/amp/s/www.bbc.co.uk/news/amp/uk-wales-54807878</p>
<p>No problem.</p>
<p>No difference. Service excellent as is availability.</p>

It's been difficult. For example having a text to say that my medicine is ready for pick up on a certain date. Planning my day around that pharmacy visit (due to trying to get there without the children). Only to get to the pharmacy to not only be told that my medicine isn't ready that the prescription isn't even there. Then suddenly a few days later you go back and the prescription is magically there. It's happened a couple of times during this pandemic. It's just a complete lack of communication and there's just no excuse when the system is computerised. If their dispensing is a couple of days behind then that's what they need to say and it would avoid wasted time and frustration.
It is a longer process to get your medication as clearly the staff are under huge pressure, people were queuing for a long time and i saw staff receive alot of abuse, the poor staff were trying their best but i dont think they could keep up with volume and demand.
No real issues other than wear a mask and Buber limit within, no issues with this
Nightmare. Gp sends to pharmacy direct so have to go with them but they have been suffering lack of staff and other technical issues so everytime I have to queue outside for 30 mins or more and then its not always ready despite giving 7 days notice . Its a shambles
I understand we have to queue outside but there's no shelter and elderly and vulnerable people have to stand in the cold and rain
Wait times are a little longer but the service is still very good
Always used a local chemist in [location]. Then lockdown hit and chemist couldn't cope. Lovely staff was not their fault. Queuing for ages prescriptions not ready after giving a weeks notice. My husband and I told our local surgery to move our prescriptions to a chemist on [location]. Best thing we did. They reorder prescriptions for us from our surgery in [location]. Only thing is we have to travel by car were as we could walk to local chemist.
Our car was off the road due to an accident and the pharmacy delivered, in really bad weather, without me having to ask them. Very pleased with thier excellent service.
Had to queue outside in bad weather no ideal bu understandable
No problem at all
pharmacy took charge of my husband's prescription, so my husband could order pills through them(they work with local surgery)
The service continued as before.
No issues. Just continued as normal.
No problems at all
No problem
They now do not deliver and we are unable to phone for repeat have to travel 10 miles to drop in box and return week later often it is not there or something missing.
Drop off repeat prescriptions in post box outside surgery door, and then recieve text message few day later when ready for collection
Very difficult
It takes much longer for my medications to be ready
All ok
Husband sheilding so we both had medicines delivered after phoning, which was excellent
Difficult and takes a long time queuing. Is generally taking over a week from ordering them to them being available.

No problems
Only one person allowed in pharmacy at a time. Long queues to collect medicine, sometimes in inclement weather. No way of dropping off prescription and collect later when a queue has formed.
The first time was not easy (long queues) but soon developed an excellent service with all COVID precautions in place
No problems whatsoever
I just felt nervous waiting outside in the queue. I knew it was safer that way! If it was too busy outside I would call again! Staff were friendly and professional.
Asked GP reception to send prescription to [pharmacy]. GP reception advised that this process would take weeks!
Same good service when required.
Hard to get certain GP's to fax prescriptions to pharmacy so they can be dispensed that day, others would do it straight away.
Should have had a letter apparently but didn't get one because A. LOT of confusion at gp surgery. A relative has been doing shopping and going between gp and pharmacy. Lots of to-ing and fro- ing but finally this month (Nov) all sorted.
The only problem was it took much much longer for the meds to be dispensed
I have found it easy to submit repeat prescription requests online to my GP surgery. It is passed direct to pharmacy and I receive a text message from the pharmacy when it is ready to collect.
They have been delivered by the pharmacy
No problems, just 2 allowed in shop at one time, masks to be worn and screen in place with measured spots to stand on
I did have to self isolate on returning from Spain I phoned the Pharmacy and they delivered my repeat Prescription Since then I am able to collect it myself from the Pharmacy
Chaotic, with missing items
At first, when everyone was unsure and social distancing was a new thing, the pharmacy staff were a bit sharp in telling the customers where to stand and what to do, but as time has gone on this has been less of a problem. They are all usually polite and friendly.
n/a
Doctors are not open enough to usefully dispense prescriptions and they are most unhelpful so I don't use them. [Pharmacy] in [location] is terrible at this COVID time slow service, long queues, no floor social distancing markings no ventilation and boiling hot.
I don't need medication
A bit of a nightmare. Have tried visiting at different times of the day but there was always a long queue (outside). Not too bad during the summer months but a different entirely now that it is cold and quite often wet!
No different
Delivery service is usually very reliable and was offered to us at the start of lockdown. We are very grateful for it,
Not at all comfortable having to stand in queues outside in all weather during the pandemic - felt very anxious being in a queue.
No problems encountered
Easily and notification by text from pharmacy.
Used the delivery service as I had just had hip replacement surgery, very helpful.

Delivery by pharmacy, not requested.
It was more difficult to access my medicines as the pharmacy was extremely busy at the time
Pharmacy was brill, easy to access, unable to access gp or receive tests to see if medication is working needed.
As above surgery changed my pharmacy to large supermarket - I am over 70 so high risk. Not happy.
The pharmacy did deliver prescriptions to my home which although appreciated I felt unnecessary use of volunteers
Nothing to report
Excellentlly arranged and organised
Home delivery
Had no problems at all
Absolutely fine
Very efficient service delivering meds throughout Covid period up to the end of August. No longer available.
Sometimes have to queue, outside in all weathers. This can take a long time.
No problem, positive experience, masks to be worn, only 2 people in at any time, staff masked and behind a screen, hand cleaner available.
I got my medication on time. There were no problems.
Queues for the pharmacy were long and they were struggling to cope with the increased demand. There didn't seem to be enough bank staff available to allow every one the chance of a break without an interruption to service. This caused a great deal of anger and resent ment among customers who were worried and afraid of what was happening around them. This in turn meant the staff were often dealing with verbal abuse whilst trying to keep everyone calm and provided with the medication they needed.
We had to wait 2 weeks for repeat medication at one point. I ran out as a result. This was not anything that the pharmacist could control, he is brilliant but the fact that the medicines are prepared elsewhere is just too slow. I have family who put in repeat requests elsewhere and they have their meds delivered to the house the same day, sometimes the next day
No change
I was buying what I could find from the internet even from other countries. Only recently have I found that you can email a prescription in to gp. However collecting from the pharmacy next door is terrible at times with big queues and nowhere to park. I do not know how to nominate another pickup pharmacy.
No problem
Same as usual. Had go put in prescription earlier to make sure it is ready in time.
As I order via the pharmacy and collect there, I experienced no change apart from longer waiting times.
It has been easy, GP practice have posted my prescription to avoid me having to collect
fine - as normal. But couldn't get flu jab due to them not being able to get the stocks of vaccines. (I am pregnant so needed one) I went to my GP instead.
We have had no issues with our pharmacy. All staff have been brilliant. However, our GP service has been a nightmare. [Practice].

I collect medicines for my nan who is elderly. I have found during the pandemic the pharmacists are not available and the bell to ring for them is blocked off due to covid. This makes it a much longer process.
opening hours were restricted only
Same as usual
Waiting times were slightly longer but no other issues.
Although not shielding my conditions make me vulnerable. A friend collected them for me and left items on my doorstep.
Quite easy, was delivered as normal
No problem
Although I did not have a letter, due to recovering from the removal of my Kidney and Sepsis I did shield, luckily my daughter could get my prescriptions for me
Easy system in place - the only issue was with service users not adhering to the rules and regulations about social distancing or reading the signage put up in the store!!
Not a problem - no change.
By visiting the pharmacy as all precautions were in place
My experience was very positive, with signage on the window advising the wearing of masks and how many were allowed in at one time. I didn't queue for long and everyone in the queue adhered to social distancing
Long cues and because our pharmacy is very small, cueing was outside.
As usual - took to surgery and the collected from pharmacy. Cut 56 day prescription to 28 so now need to get more often
No problems
Requested repeat prescriptions by pushing request through Surgery door and then prescription was available at the pharmacy for me to collect a week later
It has been fine, they are trying their best trying to make it efficient. Maybe there could be a booking system to say when you are going to collect the prescription, ie day and/or pm so they can be a bit more prepared and make their life easier.
signs in reception window were not particularly clear on what to do or where to go. They have improved during second lockdown
Asked the Doctor and was given the letter
Its a small pharmacy so we have to wait outside and queue 2 metres apart. this was OK in the summer but not now in the winter. There is always a queue as only one member of staff working on the counter.
Our pharmacy continued to dispense as usual and GP practice set up an online repeat prescription service. This has worked very well.
Had a queue outside which was fine
No problems experienced
[Pharmacy] constantly had a huge queue and very often when I got to the front of the queue there was a problem with them finding the repeat prescription or having the medicine in stock - I dreaded having to get my prescription as each time it seemed to be a big drama.
they have been excellent during Covid/lockdown and now deliver my prescriptions/medication so I don't have to go out and enter the shop
Always busy and always a queue. I felt that the pharmacists were unable to keep on top of repeat prescriptions and you often had to wait whilst it was prepared after queuing which was frustrating.

Normal system but have to queue outside the shop if more than 2 people are in there and everyone wears a mask.
We managed ok, however it was very sad to see old and ill people having to wait in a long queue for their prescription.
Opening hours changed and i have been unable to get my medication on time and so i have missed taking my antidepressants. Service has been slower either from the GP side or the pharmacy side
No problem, instructions were easy to understand
Long queues then when you get in there no prescription even though you have left it a week before trying to collect been better since they have been texting you when prescription is ready .
Husband frail and had debilitating stroke so meds delivered from pharmacy without fail throughout pandemic. No problems encountered at all.
Not an issue with my repeat prescription or my new prescription, issued by my GP.
As usual, order and collect from pharmacy
it was very choatic and frustrating at the beginning but now that has eased I have found it to be much better.
No problem but would have liked to get a coupke of months supply rather than 1 month's supply
no problems
No problems
The village organised volunteers and they would collect prescriptions and anything else we needed and delivered them to us.
It has been hard as the queues are so long. As I'm a carer, I am heavily relied up and don't have the time to stand for 45minutes at a time. Sometimes I will go without mediation as it's just so hard to pick it up. If queues weren't as long it would be much better. Where there is a queue the person who has been seen should be asked to wait outside and it will be brought to them when ready and this helps to quicken the queue up
Everything was fine and very well managed
Having to que to even put my repeat prescription in and then waiting 7working days for it to come back and then que again to collect it
More difficult as had to queue to get into the pharmacy. Small problem as would rather this than be in a confined space with too many people
There was only one occasion there was a slight delay on one prescription
No issues with getting my medication
In vulnerable group so had them delivered
My husband has fetched my prescriptions as I self isolated for months, he still collects my prescriptions
No worse than normal
collected at local pharmacy
No difficulty for myself or my father.
Easy. Telephone appointment with GP and prescription then available at pharmacy. On one occasion the specific medicine was not available, but pharmacy spoke to GP surgery and obtained an alternative prescription
Only 2 people allowed inside at any time.
NO PROBLEM

Had to queue, but this was no trouble, felt like the pharmacy was protecting its customers by placing controls in the pharmacy itself - no more than two inside at any time, still fast and friendly service. Often go to pharmacy for advice as they are very knowledgeable. Think more people should be referred to pharmacy instead of GP and although there have been campaigns to encourage this, more awareness could be raised of the amazing range of services and advice that pharmacists can offer, GPs are blocked up with appointments for common ailments that could be resolved effectively and efficiently by visiting a chemist / pharmacy
It took longer than usual, but the pharmacy worked hard to set up a new system which works well
they have been so helpful
GP prescribed two months medication at a time, far better.
I found it difficult due to waiting times . I was told it would take 7 days when it used to be 48 hours. Then I was told I put my prescription in too early and it was cancelled (it was early by 2 days). Now the Gp has agreed to put me on six months review so it is at the Pharmacy every four weeks. Much better for me.
I felt safe going in, following all guidelines
Ordered via the surgery website, prescription delivered to pharmacy and I received a text when it was ready
I travel from Wales to a pharmacy in England because it always has my medication in stock, unlike local pharmacy.
No problem at all. Had to queue, but pharmacy staff very quickly streamlined their procedures for collecting prescriptions.
NO ISSUES WHAT SO EVER
No difference.
requested delivery
Other than the teething problems when records weren't transferred effectively from [pharmacy] to [pharmacy] and which meant a gap of 2-3 days without medication, there has been a further delay in repeat Rx's being dispensed on time. I was told that this was due to delays in receipt of the Rx from our GP surgery.
Even slower than normal, queueing outside with little/no indication of when it was ok to go in other than someone else walking out. Staff more non communicative than normal
HELL!! Ridiculously busy not a good system to start with. it did adjust as we went on but there was a good 1 - 2 hour wait at times!
FINE- NO ISSUES AT ALL
I was self shielding due to my age and my children visited the pharmacy they had no problem collecting my med's
I transferred from the pharmacy I would normally use as I was working from home, going to the pharmacy in [location] would mean time off work whereas the pharmacy nearer to my home i can walk to
I had no problems, but my husband did. His prescription didn't turn up at the pharmacy, and we couldn't get through to the surgery to explain the situation. After letting the phone ring for over an hour, I managed to get in touch with a receptionist, who arranged to have my husband's prescription resubmitted, which we picked up a day or so later. In the meantime he had to do without medication for a couple of days.
Wonderful - everything has carried on as usual - thank you!
Excellent delivered promptly every month.

The pharmacy was closed between 12 noon and 2pm People had to queue 2 metres apart from each other (lines taped onto the floor)
still picked up at the pharmacy
It was very well organised.
Same as usual, just walked to pharmacy.
Rang Dr's as usual and then collected prescript as normal
No problem, other than queuing in the rain!
No problems
I think they missed me off the vulnerable list. I am asthmatic and diabetic 2. They delivered my medicines during covid. And they very kindly got another patient to deliver the last prescription to me.
Big problem had to stand outside for a long time in all weathers
In the first weeks of the initial lockdown a neighbour collected them for me. Since then I have collected them myself. No problems at any time
The GP surgery & pharmacy had strict processes in place which made me feel safe to order & collect prescriptions. I have serious chronic underlying conditions, & am working from home, so this was welcomed.
During COVID19 there was a change to pharmacy dispensing regime which i feel should have been postponed to lockdown had finished. There was a lot of uncertainty , lack of communication and in particular little communication between GP practices and Pharmacies. Patients were left unsure as to whether their medicines were ordered or left the most vulnerable and the elderly anxious at a time when uncertainty was already high.
Difficult and a very slow process
No problems at all. Pharmacy is very efficient
No problem
I would have liked double prescriptions so I didn't have to visit the pharmacist so often
Not necessary
Just restrictions on opening times and queues
I am still shielding but as I have both Insulin & CD's I have to pick up my meds myself
Had no problem at all other than making sure I submitted my repeat prescriptions well before requiring them. i.e.7 days
No problem
I would order on line and go and pick it up
No problem
Same as always
My granddaughter collected them for me.
Difficult because of poor organisation at the pharmacy
Difficult sometimes had to make three visits one week but this has improved, they now text when ready
Having to queue for pharmacy in same queue to see GP. Social distancing appears to be ignored whilst waiting in queue.
I order my prescription on line and it is delivered to the Pharmacy next door. I usually get a text to inform me the prescription is ready. This has not happened lately and I take a chance that my items are available. It can be a long process waiting outside, when I am uncertain that my meds will be ready.

No issues. Some queuing in the early days but this seems to have calmed down.
No problem
Sometimes long queues outside, not ideal for sick or elderly. My relative did not get a shielding letter despite being 85 years old with underlying medical conditions.
Just recieved repeat prescriptions without any gp review whi h is unusual
Our local pharmacy was closed for a while and we were diverted to another at the far side of town.
Same as before
No problem - ordered and picked up after queueing outside pharmacy
I applied online for my repeat prescriptions and my GP practice forwarded the prescription to my preferred pharmacy. I then allowed about 5 to 7 days before going to collect my prescription. If I went earlier it tended to not be ready. This was not a problem for me given the situation.
easy thepharnacy orders my medication i just pick it up
It wasn't straight forward,had to wait longer
Tried to choose a quieter time to go to the pharmacy as they are exceptionally busy.
Went to the pharmacy during quieter times and the systems in place for waiting were excellent
Having to wait in a very long que in the rain/cold outside, staff not having much time for you, very unsettling having to wait your turn with a lot of people waiting.
I am Shielding my husband so a relative collected our medication
Safety measures at pharmacy are excellent, apart from the person delivering pharmacy goods who pushed past everyone in the pharmacy, standing shoulder to shoulder with the pharmacist. This was at the beginning of the first lockdown.
No problems apart from having to queue for ages
I had enough to tide me over.
No problem my friend went for me
Was a slight delay but this was at the GP end and not the pharmacy. The pharmacy chased and the problem was resolved quickly.
not applicable
Delivered
I used to collect them but needed a pharmacy who could deliver in order to shield other members of my household
home delivery service offered
As I understand the situation it was acceptable to visit pharmacy/ GP during lockdown as it was allowed for "health reasons". Always provided that I did not have COVID 19 symptoms.
delivered to my home by the surgery
Our medicines are delivered by the Pharmacist.
No problems
Has been fine. For speed I opt to collect the script from my GP and take it to the pharmacy, rather than rely on the collection service. There have been occasions where I have had to queue outside for some time, but my preferred pharmacy is also the [service] and so had a high number of customers, and understandably they have to limit customers inside the premises. I feel that my preferred pharmacy has been very well managed through the pandemic.

No real change. Pharmacy limits number of customers at any one time which sometimes results in short queues outside, but that's not really an inconvenience.
Awful, I have to queue up. I have queued for up to 45 mins.
No issues. I went in late afternoon. Observed the one in one out.
Felt very safe and medicines always available
Very slow and long waiting time having to stand outside in all weather before been able to go into the shop
During lockdown the GP was writing the scripts for 2 months but the pharmacies only allow collection monthly - therefore medically vulnerable people like us are having to leave the house several times each month, the GP will also not sync all the meds to be collected on the same day. I also had to leave home to collect my pills during a 14 day period of isolation (member of my family was ill) because the pharmacy doesn't have a delivery service - despite me telling them I was isolating.
Rang pharmacy
The pharmacy genuinely seems unable to cope with the patients / prescriptions. Service was never particularly great but has become shockingly bad this year.
Hey reliable until recently. My prescription was not being delivered and was required to ring both the pharmacy and surgery.
Had to queue sometimes up to an hour, & even though they had sent me a text to say my prescription was ready it never was. I still had to wait when it was my turn
Difficult, usual pharmacy closed due to staffing issues. Long queues at alternative pharmacy which also had reduced opening hours. Had to queue over 90 mins to collect repeat prescriptions end of April and May
No change - well organised and structured access.
No problem
No problem, I ordered repeat meds over the phone and collected them a week later, safely, with all covid precautions in place
used gp dispensing as normal, except no real system was put in place. People were expected to just guess that you had to stand next to a bottom opening window and then shout so anyone could hear you were waiting. They couldn't be bothered just to fit a new window to make it easy for public. Plus no real signage telling you what to do where to go etc. Normal pharmacies in town were fine and organised.
Very busy, but expected as everyone ordered their medication at the same time. In a panic
Nightmare! Queued over 2:30hrs outside pharmacy. Queue hardly moved. I went home without antibiotics as felt too unwell to wait any longer. A friend who was in the queue actually took my prescription to drop with hers & I picked up 2 days later.
The medication was very hard to access, required 3 attempts sometimes, and then I was given wrong medicine !!
I have had no problem
My pharmacy try their up most to get my medication and if they can't they will ring around their other shops to see if they have it and then offer it to be delivered
They were delivered to me throughout the first lockdown.
No problems at all. Had them delivered for a few months due to hip replacement surgery.
Extremely easy. Brilliant service by both pharmacies that me and my extended family use.
Queuing outside in the rain for a long time. This could have been made more comfortable.

Long queue at times at pharmacy near our home - along pavement in built up area. Decided not to use anymore and use one near GP as queueing in quad outside pharmacy.
I have used the pharmacy/medicines section of my local supermarket superstore as there were restrictions and queues at the nearest pharmacy.
No problem
I find it very disturbing that I cannot be seen by a doctor (GP) at all and that I literally have to be dying in order to be seen by a doctor at a hospital.
Bloody awful have to wait never have my perspiration ready even though I have a repeat . I waste 1 to 2 hours waiting for it at [pharmacy] in [location] it not on . Please address this thankyou
No problem apart from queuing
The pharmacy's reduced hours meant I couldn't pick up my prescription on a work day meaning I had to make an extra trip out at the weekend
Pharmacy will need to provide some shelter come bad weather
My pharmacy continued to deliver my prescriptions as usual
Queues even to drop off a script. Would help if staff came out to colkce t.
Huge queues, meds not always ready, having to go to another pharmacy,
No problem
There has been no problem from the pharmacy I use. I understand that the other pharmacy in town has had problems
No problem, collected from pharmacy.
No problem
Surgery takes ages to sort out your prescription request
Customers and staff have worked well together, from queueing, to wearing masks and using hand sanitizer, I've not heard anyone complain at all.
As usual but limited access to the Pharmacy and masks worn.
Long long queues in the cold and rain
I give more notice for my repeat prescriptions as it now takes about a week to be ready
Although not extremely vulnerable, I am clinically vulnerable and shielded anyway. Husband collected my prescriptions. It would have helped enormously if the clinically vulnerable could have had their medicines delivered during lockdown.
Continued as normal.
Long queues and medication not ready due to high demand
Bit awkward as GP sent prescriptions to the pharmacy further away and this was very inconvenient to me.
Efficient. Village support group.
Same as usual.
Only allowed to get medication between 2-5pm & must ring the bell & stay outside under a shelter.
Good
Prescriptions can be collected from local village shop
Collected from pharmacy
Delivered to the door.
GP practice issued clear and concise instructions. No adverse impact on obtaining meds.

As the pharmacy is only small & now limiting the number of customers allowed in other customers are having to queue outside in the bad weather.
At the start of lockdown the service went even slower for collection prescriptions but now it is running slightly smoother.
Queuing system too long
Very difficult as noted in question 22
Easy no difference
Always a long queue to go into pharmacy- took much longer than usual for some reason
As stated previously in questionnaire. Service improved greatly sine pandemic
I did shield and my daughter collected my medication.
Sometimes there were queues at the pharmacy and either I waited or returned at a less busy time
No good have to stand outside in all weather with some who are there for drug substitute, who behave in an unsociable manner
No change all medicine was delivered
As normal
no change except social distancing in store
As normal
No problem - the surgery was sensibly organised.
no problems have medicines delivered every 28 days by pharmacy
Sometimes a bit off a wait for prescription to be dispensed, 2 or 3 days. Difficulty queueing in the wind and rain as well
Service has been normal
I couldn't access my prescription
NOT REQUIRED
Apart from the medications not being ready for collection for various reasons, the inconvenience of having to wait long periods while the staff sort out their inefficiency! Always late checking the items or completely forgotten to reorder!, i now phone them to advise them that I will be collecting the prescriptions the day prior! I have also advised them that I will change the pharmacy if it happens again!, at my wits end now with them.
Visited [pharmacy], felt very safe as all regulations regarding covid were adhered too
Great difficulty due to them having reduced opening times and unable to contact them due to busy telephone to check script is ready. Regularly not having a fully dispensed monthly prescription
stocks are sometimes low, but usually in the next day
I take repeat prescriptions to the pharmacy, they liaise with the GP. Generally speaking this works well.
I was getting support with collecting my medication.
I was happy with the service the GP and Pharmacy where very helpful.
No problems.
I carried on as usual.
Took a lot longer to receive the medication as the prescription was automatically sent direct to the pharmacy and then the medicine ready in a weeks time
We had no problem at all.

Generally very good although I did move Pharmacies for the reasons set out in Question 10
No problems
I did not agree at the beginning at of the pandemic that people had to que to get their chemist and some people did not wear a mask.
Was still a great service. I used to phone up to order my prescription and was always served quite quickly.
practice had sent across 3 months of scripts and not told us. Picked up some one month then the three months appeared after that but we order ourselves and they were issued as well!!
Pharmacy were very good during lockdown. They delivered all medication through local volunteers.
my medication was delivered to me by the chemist, which has been an amazing service
Volunteers have been helping me with delivering my prescription.
Totally unacceptable,
My son collected as I was still working and at the start of the lockdown there was often a queue but this got better during the lockdown as people. I now collect myself after work and find there is not usually a queue. Pharmacy is very well organised and 'Covid secure'.
Delivery service from the pharmacy I use was EXCELLENT.
i order online but have had no problems
I order from the doctor on line now. He sends the prescription to the chemist. No engagement with the surgery any more.
n/a
No real problem, some queing outside but nothing problematic
Collected from GP surgery as usual but with Covid safety measures in place, no change to quality of service
There was a delay in getting prescriptions due to social distancing and increase demand in the Pharmacy - but I did not mind waiting as I understood the situation. The Pharmacy did change their opening times slightly - but I just adapted to the change. The pharmacy and staff were very helpful and friendly considering the pressure they were experiencing and I think it has been handled very well and continues to do so in regards to the restrictions and social distancing rules in place
Stressful, long queues, stock not available
Not as easy as there seemed to be some problems with the GP surgery putting the prescription through to the pharmacy and some times ordering the wrong thing and leaving out another of my drugs
Had no trouble, dropped prescription in an outside box and picked it up 2 days later
Not a problem - ordered repeat prescription online and collected from dispensary who had good safety measures in place
same as usual just longer queue
local pharmacy did not display rules about no. of persons allowed in the premises until you were inside which defeats the object - shuld have displayed this info on the window outside. longer waiting times to wait for prescription to be ready.
Lots of items out of stock. General antibiotics out of stock. Medicines that should be there out of stock. Unsure why.
fortunately very little problem
No problem

surgery delivered to my house
It was fine. A few hiccups where I had to wait until the next day due to the pharmacist not being there
No problems - one-way system in store and 2 people at a time

Equality monitoring

Please indicate your age range by selecting the appropriate option:	Number of responses
0-15 years	0
16-24 years	3
25-34 years	19
35-44 years	53
45-54 years	91
55-64 years	148
65-74 years	163
75 and above	54
Chose not to answer	5

Sex	Number of responses
Male	135
Female	381
Prefer not to say	11
Other	2
Chose not to answer	7

Ethnic group	Number of responses
White British	236
White English	48
White Northern Irish	1
White Scottish	2
White Welsh	225
White Irish	3
White Gypsy or Irish	
White Traveller	
White other	2
Black/Black British Caribbean	1
Black/Black British African	
Black/Black British any other Black background	1
Asian/Asian British Indian	1
Asian/Asian British Bangladeshi	
Asian/Asian British Pakistani	
Asian/Asian British Chinese	
Asian/Asian British Asian other	1
Mixed/Mixed British White/Black Caribbean	2

Mixed/Mixed British White/Black African	
Mixed/Mixed British White/Asian	2
Mixed/Mixed British any other Mixed background	
Other/Other British Arab	
Other/Other British other (state if required)	Wrexham – 1 British/Indian/Chinese Malay - 1
Prefer not to say	4
Chose not to answer	5

Sexual orientation: which of the following options best describes how you think of yourself?	Number of responses
Heterosexual/straight	478
Gay man	5
Gay woman/lesbian	3
Bisexual	1
Other (state if desired)	5
Prefer not to say	23
Chose not to answer	21

Where “other” was selected the following additional information was provided:

- “I never see the relevance of this. I happen to be straight.”

Marital status: are you married or in a same-sex civil partnership?	Number of responses
Yes	330
No	161
Prefer not to say	28
Chose not to answer	17

Religion or belief: what is your religion?	Number of responses
Christian (all denominations)	324
Buddhist	1
Hindu	
Muslim	
Sikh	
Jewish	2
Atheist	13
No religion	123
Other (state)	8
Prefer not to say	34
Chose not to answer	31

Where “other” was selected the following additional information was provided:

- Scotch Baptist
- Buddhist
- Unitarian
- Quaker
- Christian
- Pagan - Witch
- Methodist

Disability: section 6(1) of the Equality Act 2010 states that a person has a disability if: a) That person has a physical or mental impairment, and b) The impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities. Using this definition do you consider yourself to be disabled?	Number of responses
Yes	113
No	380
Prefer not to say	14
Chose not to answer	29

Gender identity: has your gender identity changed from that assigned at birth?	Number of responses
Yes	12
No	480
Prefer Not To Say	13
Chose not to answer	31

Caring responsibilities: do you look after or give help or support to family members, friends, neighbours or others because of either: <ul style="list-style-type: none"> • Long term physical or mental ill-health/disability, or • Problems related to old age? 	Number of responses
Yes	172
No	334
Prefer not to say	10
Chose not to answer	20

The questionnaire was promoted on the health board’s Facebook page and the following comments were left on the post. As with the responses to the questionnaire all comments are verbatim and have not been edited other than to anonymise pharmacies, GP practices, people and locations.

Comment	"Like" count
Done but object strongly to [Pharmacy] advertising Vypes.....	1
Honestly dont know what we'd do without [Pharmacy],[location]...they deserve recognition for services they provide! Excellent, Kind caring staff !	4
[Pharmacy] [location]	1
[Pharmacy], [location] have given excellent service throughout this pandemic.	6
Thank you so much [Pharmacy], [location] especially big thank you to [names] xx	10
My Husband is a Pharmacist and to be Absolutely Honest Pharmacy Staff have Not had the Recognition they Deserve for Working Tirelessly for 60+ hours just to provide an Excellent Service for vulnerable scared people.	26
Thanks to [Pharmacy], [location] working flat out but always with a smile	8
[Pharmacy], [location] is very good x	4
[Pharmacy], [location], fantastic service. And very caring	1
[Pharmacy], [location]	2
[Pharmacy] in [location] is awful, I would love to be able to use the surgery.	0
[Pharmacy], [location] 👍👍	3
[Pharmacy], [location]	4
[Pharmacy] in [location] are brilliant the staff are so nice and helpful x	5
[Pharmacy], [location] brilliant	1
Uh	1
[Name] your all doing a fab job👏👏[Pharmacy], [location] always good	2
Couldn't agree more	1
[Name] doing the job of the GPs... Just saying 😊	6
I get mine from [GP practice]. I applaud all pharmacists who are helping to keep things running. 👏	1
Would be great if Welsh pharmacies and doctors could catch up with england and use the EPS [electronic prescription service] so much better than the snail trail of FP10's [prescriptions]	4
[Pharmacy] have been absolutely fantastic and the staff have been so helpful under difficult and stressful circumstances 🙏🙏	3
[Pharmacy], [location] have been absolutely fantastic	4
A big thank you for all the pharmacies in North Wales. Your staff have done an amazing job. Much appreciated.	7
[Name] took words right out of many ppl mouths !!	3
[Pharmacy], [location], brilliant xx Thank you 👏👏	3
[Name] thank you xx	2
Dentistry the big problem BUHB [Betsi Cadwaladr University Health Board] needs to sort out with some urgency	7

[Pharmacy] is brilliant, helpful, friendly and efficient. They work so hard to help. Thank you	4
[Pharmacy], [location], thank you	5
They are doing excellent job but are overloaded with work.Suggest you send some of your senior staff to help out????(Learn what real life is)	2
[Pharmacy] in [location] ate small but mighty!	1
[Names]. (Hope not missed anyone!) 🙏🙏	2
[Pharmacy] in [location] always going above and beyond, they have worked tirelessly throughout.	1
Chemist in [location] are great 👍	2
Excellent service from both [location] & [location]	1
Especially [name] and the team at [pharmacy] at the [location],	1
[Pharmacy] in [location] are amazing and have been fantastic through this pandemic.	4
[Pharmacy] are very helpful and patient 🙏 in [location]	1
[Pharmacy] in [location] especially [name]. He would go above and beyond to help you. 🙏	2
[Pharmacy] in [location]i have been fantastic, thank you .	1
[Names] at [pharmacy] are and always have been amazing, you always come from there feeling uplifted. Well done girls 🥰	0
Pretty good, that is if you like standing on the pavement for an hour with other poorly people.	1
Online ordering is the future.	
[Pharmacy] [location] have been life♥savers, doing everything they can to reassure and accommodate patients. I trust them more than my GP practice! Thank you everyone. 🥰🥰	0
Both [Pharmacy] in [location] and [Pharmacy] in [location] are excellent, always friendly and efficient	1
A great big thank you to [pharmacy] they have been a revelation in these trying times	0
Excellent...our practice has an in-house provision. Nearest chemist has good safety measures in place. Thanks NHS 👍	0
[Pharmacy] [location] excellent service & always very helpful	4
Excellent service from [pharmacy] in [location] but I wish they would put some sort of temporary structure up for people queuing in the cold and rain a lot of elderly people standing outside freezing!	6
[Pharmacy] in [location] are fantastic	1
Both chemists in [location] under pressure, queue time between 1/2 to 1 hour, not good as weather gets worse	1
[Pharmacy] in [location] is better than excellent. I can't praise them enough. But both [pharmacies] in [location] are horrifically bad, in every way.	0
I'd like to thank the staff of [Pharmacy], [location], who have been a great support during this stressful time. They take time to help and	2

resolve any problems .💗 Form completed.	
[Pharmacy] [location]excellent service	0
[Pharmacy],is a very helpful pharmacy, the Staff are wonderful Don't no what we in the village would do without it been there for use all 👍 Excellent	2
[Pharmacy] gets 10/10 from me, and [name] is brilliant diolch.	3
Staff at [Pharmacy] [location] are great	0
Very satisfactory. [Locations]. The staff at at [GP practice] deserve a big pat on the back too.	0
[Pharmacy] is always helpful nothing is tooand offers much troublee	2
[Pharmacy] in [location]. The staff their are under so much pressure attached to 2 surgeries but always try to have a smile and a welcome	3
[Name] I second that, brilliant happy place and knowledgeable staff ❄❄	1
[Pharmacy] in [location] is amazing and [name] their assistant is fantastic xxxx	0
[Pharmacy] really bad in [location]	0
I agree with [name], thank you	1
Excellent - I order on line and delivered within 2 days from lovely [location]	0
[Pharmacy] very poorly stocked. Can't get a lot of regular items , not in stock.	0
[Name] miss him still bechod. gobeithio cadw oce 🏠	1
[Pharmacy] in [location] have been brilliant	0
[Name] How true! They have been superb. I am one of the vulnerable scared people who has been so well cared for by our local pharmacy staff.	1
Cymraeg?	0
Horrendous- wait in the pouring rain, get in there to find they have been unable to fill the whole of your script, go back on the said date, 4 days later, again a wait in the rain, to find they out of the 3 items they only have 2 and the item missing is the most important of all - blood pressure tablets, go back again wait this item in the cold, and find out they can't get the tablets, and won't write a script, so it's back on the phone to the GP for another script, an hour later the GP receptionist rings back to say she has spoken to the original chemist and they will issue a script .. by this time you have had no blood pressure tablets for 9 days, go to the chemist wait in the rain to get in again, argue with the pharmacist about the GPs call, finally get a script and start the process at another pharmacy who had to order the meds in - 3 days later you wait again in the rain collect your meds and after 10 days your blood pressure which has been at hypertension levels for 12 days starts coming down slowly...	0
With brexit on the horizon my experience is probably going to be	

wide spread with meds shortages, maybe pharmacies should start co-ordination with others and start sharing meds so there are no long waiting times? Later on, Speaking to [pharmacy] about my experience they said they always have a stock of the meds I was desperate for, the chemist that made me wait is less than 5 min walk... talk to each other.	
Shout out for [Pharmacy], [location]. Very helpful staff. Always easy to talk to and get support with items in the shop as well and meds etc.	0
[Pharmacy] in [location] could not be bettered, thank you	0
[Pharmacy] in [location] are fantastic. They collect our prescriptions and deliver them regularly . We really appreciate their wonderful service.	1
The very best thank you so lucky very much appreciated	0
[Pharmacy] [location]. FABULOUS!!	0
[Pharmacy] in [location] very good	0
[Pharmacy] [location] have been brilliant. Well done.	0
I was banned from my local [pharmacy] after a counter person threatened to quit after my doctor put me back on suicide watch and had to pickup my prescription three times a week. The member of staff also spread a rumour that I was selling my medication (buprenorphine) when in fact I was getting a monthly injection of Buvidal. All because of a comment on social media about a totally unrelated matter. I'm humiliated about this,as is my doctor and I'm now seeking legal advise as I've never been banned from anywhere in all my 58 years	0
[Pharmacy] [location] are absolutely fantastic	1
Our pharmacy in [location] is brilliant . They collected our medication and during lock down delivered our medication to our home. Thank you to all pharmacists .	0
I use the pharmacy in my GP Surgery at [location] and occasionally [Pharmacy] at [location]. Excellent service at both.	0
[Pharmacy] in [location] What a fantastic team they have there. Always helpful and friendly even under the immense pressure of the current Covid situation . A big thanks. Thank goodness for people like them	0
Cannot praise [Pharmacy] in [location] enough. They are always helpful friendly and efficient. They must have worked their socks off during this pandemic but never complain just get on with the job in hand. They were fantastic before the virus and have maintained their very high standard of support and work despite the extra pressure they are under	0
Quite agree amazing service well done to the [name] team!!	0
Thank you to [pharmacy] always very good and so kind and friendly even in the midst of all the pressure...	0
[Pharmacy] at [location] deserve a mention.	1

[Pharmacy] [location] are absolutely fantastic lovey helpful staff always with a smile xx	0
I'm wondering what exactly is behind these surveys, cadwaladr do tell?	0
A big Thank you to all staff in our small and friendly pharmacy in [location]. Always helpful and good advice available when needed. Invaluable service during a difficult year👍	0
[Pharmacy] [location]...absolutely brilliant...professional caring staff..nothing is too much trouble...and keeping us all safe..thank you so much..x	0
[Pharmacy] in [location] and [location], excellent	1
[Pharmacy], [location]	0
[Pharmacy] in [location] have worked very hard to help us all.	0
[Pharmacy] in [location], the staff are amazing	0
[Pharmacy] always there for you diolch	0
[Pharmacy] [location] excellent service, everyone so helpful.	1

Appendix I – pharmacy contractor questionnaire

Premises details

Contractor code (ODS code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of pharmacy	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the health board store the above information and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consultation facilities

Are the premises accessible by wheelchair? Yes/No

There is a consultation area (tick as appropriate)

No, or	<input type="checkbox"/>
Available (including wheelchair access), or	<input type="checkbox"/>
Available (without wheelchair access), or	<input type="checkbox"/>
Planned within the next 12 months, or	<input type="checkbox"/>
Other (specify)	
Where there is a consultation area;	
Is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a designated area where both the patient and pharmacist can sit down together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is no consultation area are there alternative arrangements for confidential discussions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken (in addition to English)	
---	--

Services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

In your opinion is there a requirement for an existing enhanced service which is not currently provided in your area? If so, what is the particular requirement and why.	
In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.	

Capacity

The demand for pharmaceutical services in general is increasing. Thinking of your pharmacy do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

Business development

Do you have any plans to develop or expand your premises or service provision?
Yes/No

If yes, please can you provide details?

Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

Appendix J – dispensing practice questionnaire

Betsi Cadwaladr University Health Board is preparing its first pharmaceutical needs assessment or PNA which is due to be published by 1 October 2021 and we need your help to gather some information to support its development.

In developing the questionnaire we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until 11 November 2020 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email charlotte.goodson@pcc.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:

--

1 Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.

	Address -	Address –
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2 Are appliances dispensed from the premises?

Range of appliances: one answer 'yes' only	YES
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
None	

3 Delivery of dispensed items

Does the dispensary provide any of the following?

Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

4 Which languages are available to patients from staff at the premises every day – please list the main languages spoken

List of languages spoken:

5 Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only, do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

6 Other dispensing related services

Please can you provide details of any other activities that you provide related to your dispensing service, for example MARs charts, 'just in case packs' and patient sharps.

--

7 Provision of services post Covid-19

We recognise that you will have made a number of changes to how your dispensing service is provided as a result of Covid-19. Please can you give us information on those changes that you will be taking into the 'new normal'?

--

8 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:

Appendix K – consultation report

1 Introduction

As part of the pharmaceutical needs assessment process the health board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the health board's area are accurately reflected in the final pharmaceutical needs assessment document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

2 Consultation process

In order to complete this process the health board has consulted with those parties identified under regulation 7 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, to establish if the draft pharmaceutical needs assessment addresses issues that they considered relevant to the provision of pharmaceutical services:

- Community Pharmacy Wales
- North Wales Local Medical Committee
- Contractors included in the pharmaceutical list
- GPs included in the dispensing doctor list
- GP practices
- North Wales Community Health Council
- 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
- Care Forum Wales
- The North Wales Cancer Patient Forum
- Transforming Cancer Services - Service Users
- Association of Voluntary Organisation in Wrexham
- Denbighshire Voluntary Services Council
- Conwy Voluntary Services Council
- Flintshire Local Voluntary Council
- Mantell Gwynedd
- Medrwn Mon
- Keep the Beats
- Age Connects
- Newcis
- Centre for Sight and Sound

- British Red Cross
- Carers Trust
- Hearing Loss UK
- Alzheimer's Association
- British Liver Trust
- South Denbighshire Community Partnership
- Mind
- Help Call line
- Multiple Sclerosis Society
- Conwy Disability Access Group
- Plas Menai Health Centre
- North Wales Police
- Golygfa Gwydyr
- Wales Cooperative Centre
- BAWSO
- Versus Arthritis
- Digital Health Pocket Medic
- Carers outreach
- Community Health Council
- ActifWoodsGwynedd
- Welsh Ambulance Service NHS Trust
- North Wales Crossroads
- National Carer Involvement
- Public Health Wales rsbc.org.uk
- lifestorynetwork
- Grwp Cynefin
- Gisda
- Department of Work and Pensions Gwynedd and Anglesey
- Shine charity
- Bangor University
- Action on hearing loss Cymru
- British Heart Foundation
- Macmillan
- Shelter Cymru
- Amcan Wales
- Citizens Online
- Fire Service
- Carers Wales
- Royal Voluntary Service
- Deafblind society
- Caniad
- Gorwel
- Building Community Trust
- Stroke Association
- CtauK
- Groundwork North Wales
- Epilepsy action

- Rhyl City Strategy
- British Liver Trust
- Community Pharmacy Wales
- All Wales BAME (Black Asian Minority Ethnic) Engagement Programme
- St David's hospice
- Tros Gynnal Plant
- Ddrws i Ddrws – Community Transport Group
- Tan Y Maen Wellbeing Centre
- Health and Care Research Wales
- Citizens Advice Bureau Gwynedd and Anglesey
- Hafan Cymru
- Digital Communities Wales
- CAIS
- Race Council Cymru & Portuguese Dispora
- North Wales Artificial Limb and Appliance Service
- Aura Wales – Libraries & Leisure
- Clwyd Alyn Housing
- Dynamic, Wrexham
- Glyndwr University
- North Wales Crossroads
- Association of Voluntary Organisations in Wrexham and BAME Skills group
- Coleg Cambria
- Book of You
- British Red Cross
- Wrexham Community Agents
- Rowlands Pharmacies
- Groundwork North Wales
- Rainbow Centre, Penley
- Parkfields Community Centre
- Wrexham Over Fifties Group
- 50+ Action Group, Flintshire
- Barnardos
- Mencap
- Natural Resources Wales
- Alzheimers
- Stroke UK
- British Liver Trust
- Pennaf Housing
- Wales Co-op
- Wales Bowls
- North Wales Bowel Cancer Group
- Care Homes Activity Coordinators Group, Wrexham
- Shine UK (Spinabifida)
- Department of Work and Pensions
- Travelling Ahead
- Care and Repair
- KIM Inspire, Wrexham and Flintshire

An email was sent to the above organisations, inviting them to submit their views on the pharmaceutical needs assessment. Weblinks to the pharmaceutical needs assessment, executive summary and questionnaire were included in the email. In addition the consultation was promoted through the health board's social media channels and website.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online. Both the pharmaceutical needs assessment and the questions were available in Welsh and English. One response was made in Welsh.

The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 4 June to 4 August 2021.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

The consultation received 15 responses, which identified as follows.

Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	47%	7
On behalf of an organisation	27%	4
A personal response	20%	3
Chose not to respond	7%	1
Answered question		15

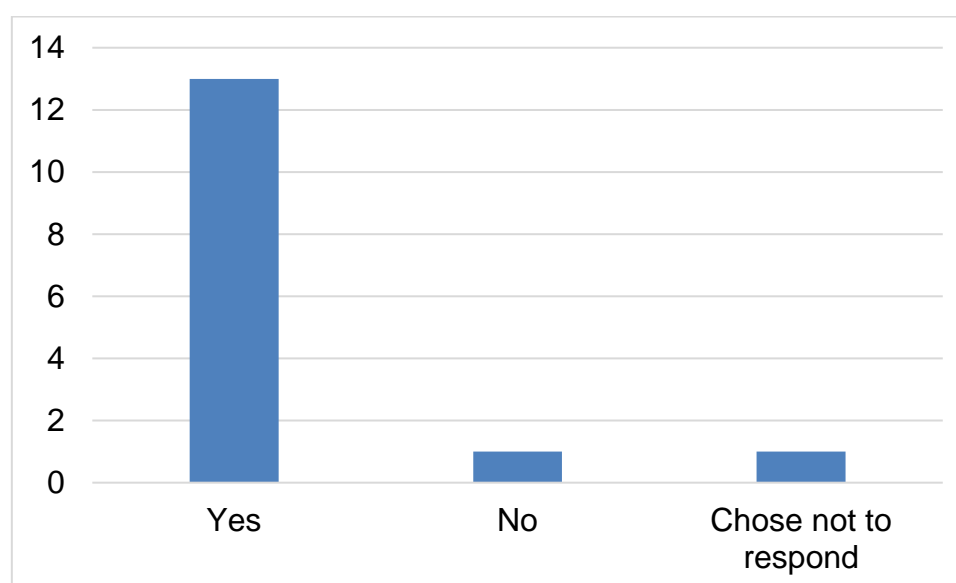
In addition, one off-system response was received from Community Pharmacy Wales who provided comments on the consultation questions, and two contractors commented on the need for a pharmacy in Betws-y-Coed.

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 13 people said "Yes".

Figure 36 – Has the purpose of the pharmaceutical needs assessment been explained?



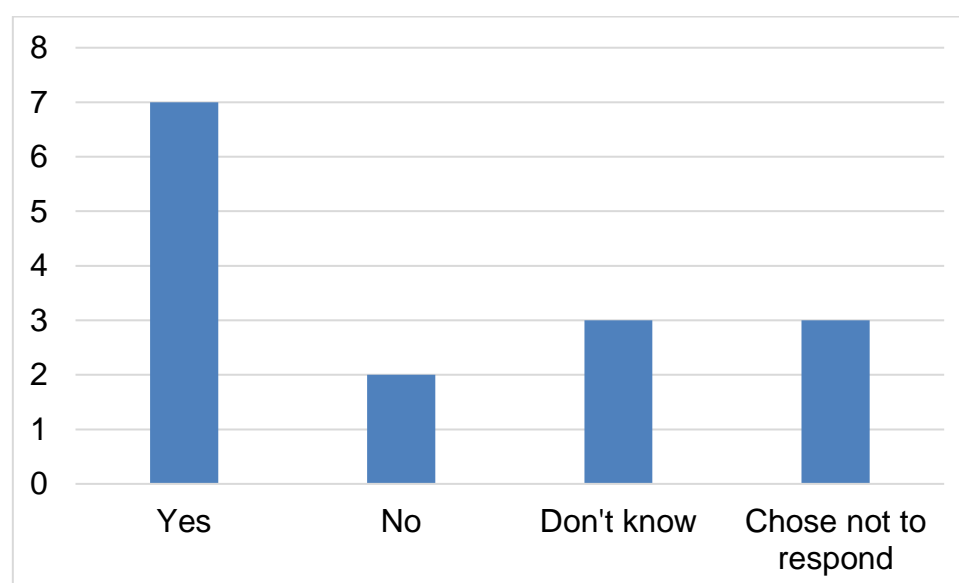
The person who said “No” did not respond upon their response. Six comments were made by those who said “Yes”.

- I have read a summary of the pharmaceutical needs assessment supplied by [name] (BCUHB - Workforce & Organisational Development) by email.
- Details sent with this link. although it is over wordy
- We complete this every year and are familiar with it requirements.
- Clear explanation given.
- We are concerned at the language used throughout the PNA. One example is the phrase “in general, their application must offer to meet a need set out in the PNA”. Applications for new pharmacies under the regulations in Wales must be to fill a gap in needs highlighted in the PNA or subsequent supplementary statement; the use of “in general” implies other routes to apply such as the unforeseen benefits application process seen in England which is clearly not available in Wales. We suggest that this section is re-worded to remove this implication.
- I have read the document
- The executive summary summarises the purpose of the assessment and main findings.

The health board has noted the comment regarding the use of “in general, their application must offer to meet a need set out in that health board’s pharmaceutical needs assessment” and has amended the document to confirm that there are only two exceptions to this rule for pharmacies, namely changes of ownership and relocations for business reasons.

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 only two people said “No”.

Figure 37 – Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?



Six comments were made in response to this question.

- Maesgeirchen has a population of almost 4000 people and no pharmacy. It is an area of low car ownership, larger families and high public transport costs (£1 each, each way into Bangor, often needing to bring large families along) as well as health inequalities that make walking difficult for some and is an area of high deprivation. It comes up often in community discussion that there is a need for a pharmacy on the estate.
- Don't know - Wrexham based
- Yes - Information is very detailed and thorough
- No - [A pharmacy in Wrexham] and [a pharmacy in Wrexham], DO NOT NEED TO BE OPEN SATURDAYS. We carried out a Cost-Benefit analysis and found that due to lack of need, the Saturday morning openings were NOT VIABLE. This is continually reviewed annually.
- Don't know - The absence of any contractor-provided data in the draft PNA means that this is difficult to confirm. We recognise that the Health Board has used information supplied to it using the AWPDP and contractor questionnaires. We therefore have to take it on trust that this data has been supplied correctly and analysed appropriately.
However, we have noticed some discrepancies in the data. For example on page 6 it is stated that there are 37 dispensing practices operating out of 46 sites. Yet on page 12 it is stated that there are 40 dispensing practices and on page 32 that there are 39 dispensing practices. This type of error does cause us to question whether the draft PNA truly reflects pharmaceutical needs and therefore whether the conclusions that are drawn from it are valid.
- No - [pharmacy] had signed up to provide the service of Smoking Cessation Level 2 on the 10/5/2021.

In relation to Maesgeirchen, the health board has noted an application to open a pharmacy in this housing estate was refused in March 2011. The reasoning for this decision was as follows.

“It was noted that Bangor contained five general medical practices and five community pharmacies. It was noted that there was no provision of general medical services or pharmaceutical services within the defined neighbourhood. The Committee agreed that pharmaceutical services were easily accessible in the adjacent neighbourhoods, with regular bus services running from Maesgeirchen to Bangor every fifteen minutes on weekdays until 4.30pm, and thereafter every thirty minutes. In addition it was noted that the Health Board had not received any reports of difficulties from patients in respect of accessing pharmaceutical services in the neighbourhood. The Committee was satisfied that no evidence had been submitted to suggest that pharmaceutical services in the neighbourhood were inadequate.

The application was therefore refused on the basis that it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood.”

It has also noted that there is a limited range of facilities within the estate and therefore residents regularly travel outside of it for work, education and leisure purposes, and also to access GP and other health services. The need for a pharmacy was not identified within the patient and public engagement survey, and the health board is satisfied that there is no requirement to amend the pharmaceutical needs assessment in order to identify the need for a pharmacy in the estate.

The cost benefit analysis undertaken by two pharmacies has not been provided to the health board, however the commercial decision not to open has been noted whilst recognising that this does not indicate that there is no need for pharmaceutical services on Saturdays. An analysis of the top ten reasons for people contacting the GP out of hours service in July and August 2021 showed that requests for repeat medications was the second most popular reason.

The health board has noted that it has three options with regard to extended pharmacy opening hours:

- Commission an out of hours enhanced service from existing pharmacies,
- Direct a pharmacy or pharmacies to open for longer, or
- Identify a need within the pharmaceutical needs assessment.

Taking this into account, and the other comments that have been received in relation to pharmacy extended opening hours, the health board has determined that the more appropriate way to meet the needs of patients outside of normal pharmacy opening hours would be to commission an out of hours enhanced service. This would then provide the required information on the level of demand for pharmaceutical services outside of normal pharmacy opening hours in order to inform a future version of the pharmaceutical needs assessment and whether or not there is a need to identify a need for pharmaceutical services to be provided during extended hours. Consequently, the pharmaceutical needs assessment has been

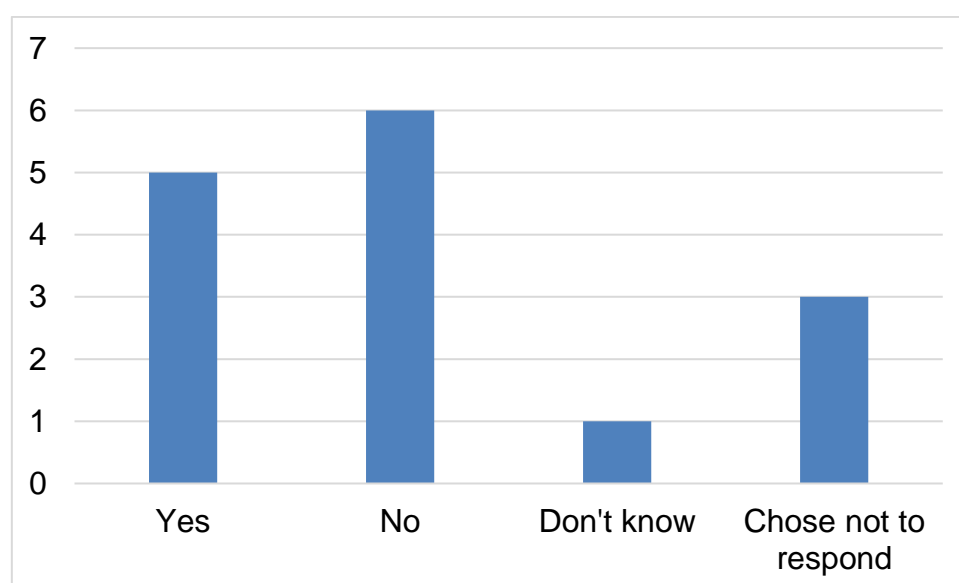
amended to remove the identified needs for the provision of pharmaceutical services for up to three hours at the weekend or on weekday evenings.

The health board acknowledges the discrepancies in the number of dispensing practices. This was due to some initially inaccurate data and the closure of some practices whilst the pharmaceutical needs assessment was being drafted, but this has now been corrected and it can be confirmed that there are 37 dispensing practices providing pharmaceutical services at 46 premises.

In relation to the final comment, the pharmaceutical needs assessment has been updated to reflect the provision of enhanced services in 2021/22. Identified needs for enhanced services have been amended where an existing pharmacy has signed up to provide the relevant enhanced service.

When asked “Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?” five people said “Yes”.

Figure 38 – Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?



Five comments were made in response.

- There is a shortage of pharmacies willing to provide medicines in compliance aids (blister packs) in the Mold area which is wasting time "phoning around" to find one with a space and resulting in worse outcomes for patients where none are willing to accept. Some pharmacies report being "full" or will not accept new patients without weekly prescriptions irrespective of whether the patient is needing medicines on a weekly or monthly basis. It would perhaps be helpful for an additional "compliance aid" service to be trialled to recognise the additional time and organisational burden these patient place on pharmacies. Given the ageing population demand for these will only increase.

- The assessment highlights health issues affecting people with learning disabilities. It does not give details of any reasonable adjustments being made to the service to make it more accessible to people with a learning disability. Are pharmacies required to provide information and letters about medication in an easy read format for people who are on the social services learning disability register? I am particularly concerned about people who may be independent enough to live away from the family home and who are not in supported living i.e. living alone with minimal if any outside support. Such people may be very able in many areas of their lives. They may, however, still be unable to understand instructions on medication as to how to take it, or how to read any other guidance around using a pharmacy that is not available in easy read format, either on physical leaflets or online.
- transport is always an issue out of hours whilst provision may have been made it remains difficult (access) and costly for some residents to travel
- [Pharmacy] provides (1) Extended pharmaceutical services - ie 9:00 - 22:00 daily, 7 days a week including all bank holidays, (2) End of Life Care Medicines Hubs.
- The assessment doesn't state how housebound and without family to get medicines from pharmacy will access them.
We're aware that a number of practices have a transport service but many have terminated in many areas without assessing how people will access medicines. This puts more pressure on 3 sector and care services by LA
There is no reference to distribution of blister packs etc for administering to patients who are unable to do so for themselves. This service has come to an end in a number of pharmacies recently. This increases pressure on home care staff who are expected to administer without the skills and knowledge to do so.

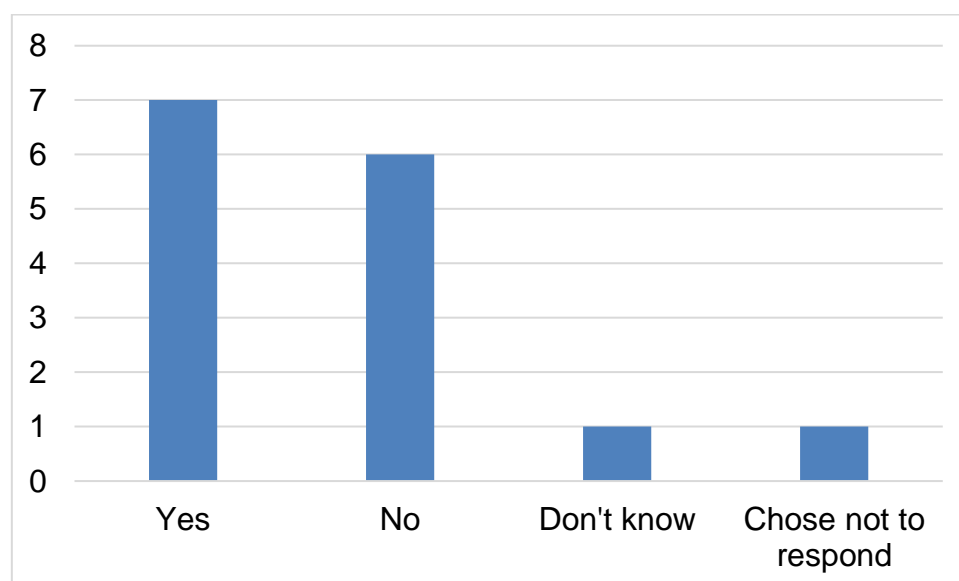
Under the Equalities Act 2010 pharmacies are required to make reasonable adaptations to their service, and there is an element of funding for this within the monthly allowance known as the practice payment that is paid to pharmacies. However, where a patient or their representative requests the provision of medication in a compliance aid for convenience, or for a reason that falls outside of the provisions of the Act, then pharmacies are not required to provide this under the Act and it is a private service for which a fee may be charged. Those with a learning disability are also covered by the Act and a number of easy read leaflets are available on the NHS 111 Wales website.

GP practices are under the same statutory obligation and should therefore consider the instructions that are included in the prescription.

The GP out of hours service is able to provide a course of medication where a patient needs to start taking the medication before it can be provided by a pharmacy. This therefore reduces the need for someone to travel to a pharmacy after having been seen by the GP out of hours service.

When asked whether the document reflects the needs of the population seven people said it did although six said it didn't.

Figure 39 – Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?



Eight comments were made in response.

- No - If a chemist opens in Betws y Coed the GP surgery will close as it will be unviable. There will be a big problem with no general medical cover in the area.
- No – see previous answer [in relation to people with learning disabilities, above]
- Yes - greater use could be made of pharmacies as flu vaccine sites etc
- No - [A pharmacy in Wrexham] and [a pharmacy in Wrexham]DO NOT NEED TO BE OPEN SATURDAYS. We carried out a Cost-Benefit analysis and found that due to lack of need , the Saturday morning openings were NOT VIABLE. This is continually reviewed annually.
- No - The draft PNA reaches a number of conclusions regarding minor “needs” for provision. We believe that the Health Board has made a fundamental error in the way it has drafted the PNA in this regard. Many of the “needs” identified are desires for extended service and not “needs” as intended by the PNA regulations which are designed mainly for market entry purposes. The Health Board has to ask itself if the contractor in those locations chose not to fill that “need” is the Health Board really prepared to resort to another pharmacy opening in that location? By definition, if a “need” is not filled it creates a “gap” and it invites an application for a new pharmacy. This could result in both pharmacies being, ultimately, non-viable and leading to complete loss of pharmaceutical services in some areas.

We note that “needs” have been identified for extended hours and summer opening. This would come at a considerable cost for contractors. If it was economically feasible for a contractor to open these extended hours then the business case would be overwhelming and the pharmacy would open; the fact that it isn’t presumably means that such a compelling business case does not exist. Indeed, the PNA is silent on the evidence-base used to identify these

“needs”. If it exists the Health Board will need to state, clearly, the business case behind this identification.

In addition, if the Health Board requires this opening then it will need to direct these opening hours and, as a result, pay for that through the usual rota process. It is unacceptable (and, we believe, a breach of Health Board powers) to, effectively, threaten contractors with a competing application in order to get them to fund a service on the Health Board’s whim when there is no evidence of the need (other than the 6 people across the whole of the Health board area who suggested that opening hours were inconvenient).

This potential breach of Health Board powers is also reflected in statements such as “The health board has identified that should there be any loss of supplementary opening hours on Saturdays from 1 April 2021 there will be a future need for three core opening hours on Saturdays in the towns where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00”. This statement restricts the ability for contractors to control costs even if data confirmed that there is no need for those continued opening hours.

Because of the above, we believe that, if included in the final PNA, the Health Board could find itself with a legal challenge to the PNA.

A number of extended hours “needs” are stated for Anglesey. We find it extraordinary that the Health Board has stated this as, until a few years ago, there was a longer rota in place in a number of these locations which the Health Board reduced as it was “easy for patients to access extended hours services in Holyhead and Bangor”. The current rota in Amlwch, Beaumaris, Benllech and Cemaes Bay runs from 17.30 to 18.00. We assume that the reduction in rota brought into effect in 2013 is intended to reverse by identifying this “need” and that the Health Board has made provision to extend this rota payment? To expect contractors to fund something for which the Health Board relatively recently decided that there was no need is absurd. Furthermore, the PNA provides no evidence that these extended hours are required nor any indication of any volume of activity which may occur which may make it economic for a contractor to open these extended hours and the Health Board to fund them. Worst of all, by declaring these as “needs” the Health Board is, as stated above, inviting contract applications should these “needs” not be filled even if with Health Board funding. This is also true of the “need” to open on Sundays in the summer; where is the evidence that this is required and how will it be funded? It seems to us to be based purely on an assumption that it would be ‘a good thing’.

We note that the Health Board has used a standard 20-minute travel time throughout the PNA. We believe that this may have led to some of the questionable conclusions regarding extended opening in rural areas. Residents of rural areas are used to, and would expect to, travel further for services. While 20 minutes may be appropriate for urban areas we believe that a travel time of 30 minutes would be more appropriate for rural areas; often people in rural areas live there to be more isolated from centres of significant population. A 30-minute travel time was used in the design of the

End of Life Care Service so it is unclear why a shorter time has been selected for the PNA.

A number of sections have wording such as “The Health Board has identified that should there be a loss of provision of the emergency hormonal contraception enhanced service by a pharmacy in a location that is outside of Bangor and Caernarfon there will be a future need for this enhanced service to be provided during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them”. This (and other) statements are purely speculative. Is the Health Board really suggesting that if this situation does occur it would invite an additional pharmacy to open purely because a service had become unavailable? In addition, no reference is made as to whether this needs to be a permanent situation or a temporary one. A service may be lost if a pharmacist goes on extended sick leave and the locum(s) cannot provide the service; would that really warrant a further contract application? What happens when the pharmacist comes back and there’s now two pharmacies competing for the same patients as a single pharmacy previously? The statement also does not take into account other providers of the service in the locality; for example, GPs and sexual health clinics providing access to Emergency Contraception. Without fully considering the situation that exists at the time the service is lost and how users could access that service both through alternate pharmacies and other providers (as well as any demographic changes) such a blanket statement is inappropriate.

Furthermore, 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 LHB’s speculative statements are conjecture and should be removed from the PNA.

While we agree that as many pharmacies as possible should offer as many services as possible for as long as possible, the use of the PNA to bully contractors into offering them is inappropriate when there is clearly a wider economic consideration that needs to be taken into account. We believe, therefore, that the majority of these “needs” should be identified as opportunities which the Health Board will work with the current network of contractors to assess the need and viability of implementation. In this way, the Health board is limiting its exposure to future problems.

On page 9/10 there is the statement “in relation to the dispensing service provided by some GP practices, 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 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”. We are deeply concerned about this statement as replacing like-for-like without reassessing rurality, general demographics and without assessing if a pharmacy contractor would be viable would seem both incorrect and a lost opportunity. Just like pharmacies, Dispensing Doctors do not have an automatic right to exist.

The following statement is made in a variety of places in the draft PNA: "As pharmacies are one of a number of providers of this service the health board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters". This statement appears to be a tautology; either there is capacity or there isn't.

In the Central Wrexham section, para 20.6 is titled "Gaps in Provision". However, this section then goes on to refer to a non-NHS pharmacy operated at Plas Coch Retail Park. We believe it is completely inappropriate to highlight this pharmacy in this section of the PNA; there should be a separate section in the draft PNA and/ or the Central Wrexham locality where this pharmacy and other non-NHS/ private provision is referenced.

Finally, we would like to highlight that a number of the required maps are missing from the draft PNA (e.g. pages 95 and 97) or are of particularly poor quality (e.g. page 265). In addition, reference is made in some locality sections to pharmacies which do not appear on that section's maps (e.g. Caerwys is included on the Flintshire maps but services from the pharmacy are discussed in Central and South Denbighshire).

- No - "Due to the increase in population during the holiday season the health board has identified a future need for certain enhanced services to be provided on Sundays in the following locations with effect from 1 April 2022 between April and October: Amlwch, Benllech, Llangefni and Rhosneigr."
- No - Across Conwy there is acknowledgement that there is not enough provision rurally and would echo this. Also access to Welsh language- no commitment for training however in Conwy east as an example 3 of 12 pharmacies have access to a welsh speaker. (25% yet recognition that 37% of the adult population speak Welsh). Would like to see a commitment to Welsh lessons/ Welsh language within the assessment.
- Don't know - Difficult to know if assessment meets needs of Gwynedd as the last assessment was done in 2017 so may not reflect 2021.
There is no mention of Covid or the lockdown period in the assessment and the impact of this on population of the area. The pandemic has changed the needs of the population to a large extent and therefore detailed consideration needs to be given to this.
Also it is likely that a number of issues we are stating will become more prominent over coming years with the increase in the older population as well as more people with more needs being cared for at home.

The health board has responded to the need for a pharmacy in Betws y Coed in section 4 below.

In relation to the new issues raised in response to this question, the pharmaceutical needs assessment sets out the health board's aspirations for the provision of pharmaceutical services. The data are not available at locality level and so cannot be included, however, taking the emergency hormonal contraception enhanced services the health board knows that this service will be required by female residents and must be accessible. Similarly, there are smokers living in all parts of the health

board's area and as giving up smoking is the greatest intervention for improving someone's health then the smoking cessation enhanced service must also be accessible.

The health board's preference is for its existing pharmacies to provide the identified enhanced services and it will work with those that are not currently providing the services to understand why this may be. The health board has therefore amended the identified needs for the following specified enhanced services to reflect this:

- Smoking cessation levels 2 and 3,
- Emergency medicine supply service,
- Common ailment service, and
- Emergency hormonal contraception.

However, should there still be gaps in the provision those services by 1 April 2023 then these will become identified future needs.

In relation to the needle and syringe exchange service, more contractors have come forward to provide this service. Therefore the identified needs for this service in four of the localities have been removed from the pharmaceutical needs assessment as the health board is now confident that, once the service review is complete, sufficient sites can be commissioned to address the needs for this service.

The health board acknowledges the comment made regarding a dispensing doctor ceasing to dispense to a particular area or areas. Whilst the majority of the areas that doctors dispense to are rural with a low population density that is not always the case and a pharmacy may be able to operate. The pharmaceutical needs assessment has therefore been amended to say:

"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 of the essential services, and
 - the emergency hormonal contraception, common ailment service, smoking cessation level 2, help me quit @ pharmacy, and emergency medicine supply enhanced service."

In relation to the missing maps, the only map that the regulations require to be included is a map showing the locations where pharmaceutical services are provided. There are therefore no missing "required maps". Whilst the health board had intended to include maps in chapter 5 showing the locations at which various services are provided these were not available and reference to them has now been deleted.

With regard to the comment about the Welsh language, this is outside the remit of the pharmaceutical needs assessment and the health board is therefore satisfied no

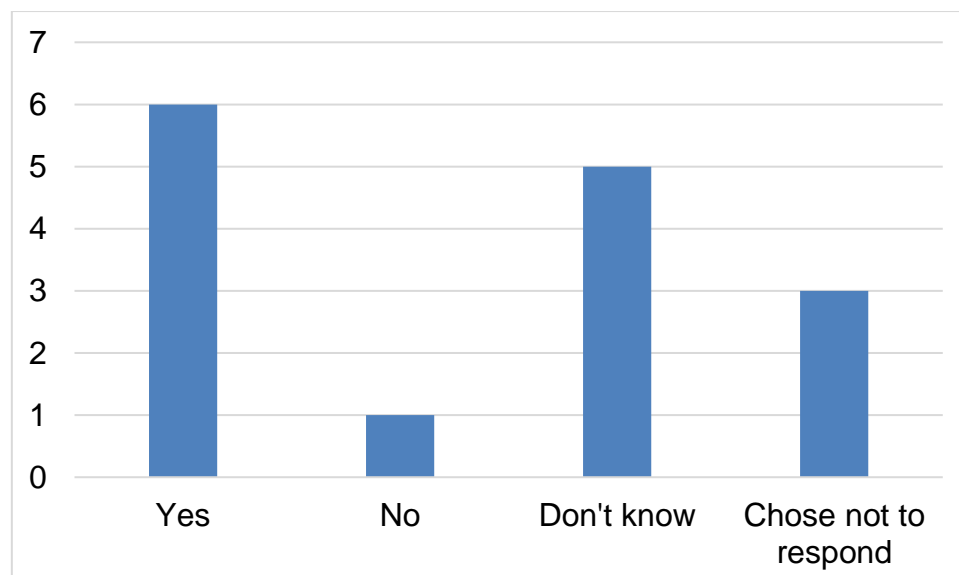
amendment needs to be made. There are some requirements within the pharmacy terms of service in relation to the Welsh language and these include:

- where a new sign or notice is displayed in connection with pharmaceutical services, the text must be in English and Welsh, and the contractor may utilise the health board's translation service for this purpose;
- where staff are able to speak Welsh, contractors are required to encourage them to wear a badge, provided by the health board, to advise people of that; and
- staff are to be encouraged to utilise information and/or attend training courses and events provided by the health board so that they can, for example, develop an understanding of how the Welsh language can be used in connection with the provision of pharmaceutical services.

As no information as to how the pandemic has changed the needs of the population specifically in relation to pharmaceutical services has been provided the health board has been unable to consider what changes may be required to the pharmaceutical needs assessment.

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 only one person said "No", although five people said they didn't know.

Figure 40 – Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?



Four people expanded upon their response.

- Yes - But this is a mistake in the case of Betws y Coed. It has not taken into account that the population already access dispensing services via the GP Practice - which would have to shut if a chemist opened.
- Don't know – do you expect an answer!
- Yes – Very clear conclusions for each area
- No - As indicated in our response to question 4 we are extremely concerned at the way that this PNA has been phrased. We believe that by identifying minor and un-evidenced needs in the draft PNA which would all come at cost for contractors (since the Health Board has not indicated in the draft PNA that they would be willing to pay for opening hour extensions through directed hours or rotas) the Health Board is inviting anarchy into the Market Entry process. It is also setting itself up for significant confrontations with contractors and possibly even legal challenge all of which could/ would be avoided if more care was taken with wording. Accurately identifying what are required needs (e.g. new pharmacies) and what are 'nice-to-haves' (e.g. minor opening hour extensions) would eliminate most of this contention.

As the PNA is currently drafted if any contractor does not comply with the most minor of identified needs then a new contract application opportunity would be triggered. We don't believe that this is the intention of the Health Board (or Welsh Government) and therefore suggest a fundamental re-working of the draft PNA wording.

We recommend 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 the service, rather than identify a formal "gap in the provision of pharmaceutical services". The PNA is an official document to establish control of entry arrangements. It was not designed to be a process to 'bully' contractors to improve service delivery and it is not appropriate for it to be used as such. This further supports our assertion (in question 4) in response to the statement that the loss of a dispensing practice automatically triggers the need for a like-for-like replacement.

The Health Board area also has some extremely rural areas. We find it odd that there are no maps indicating controlled localities contained in the draft PNA. Without the inclusion of maps of controlled localities there is no assurance that patients receiving pharmaceutical services from their doctor reside in properly determined controlled localities (and there is considerable disquiet about this already). Furthermore, there has been a lot of development on the outskirts of rural towns and areas that were thought to be controlled localities may no longer be.

In addition, unless the Health Board is able to provide evidence by way of a delineated map of their controlled areas the Health Board will not be able to take any action on any application it receives until it has been determined that the application is in a controlled area or not. Given the distinct possibility of new applications due to the drafting of the PNA this is likely to be required in the near future and in very many areas.

The draft PNA suggests a pharmacy is required in Betwys-y-Coed. Should this recommendation appear in the final PNA it will invite applications. The rurality of the area (along with maps) will need to be determined. We would have thought that this should have occurred alongside the suggestion of a gap and that the outcome of that determination should be documented in the PNA. We are not aware that any such redetermination of rurality has taken place.

We also question the need for a pharmacy in Towyn. The draft PNA indicates that "...there are likely to be substantial numbers of long-term caravan residents...". We find it extraordinary that, without any firm data and built upon a supposition, a gap has been identified in this location. Furthermore, temporary residents are, by definition, mobile which would allow them to access services nearby. For any long-term residents who are not particularly mobile it is highly unlikely that they would not be registered with nearby practices or receiving services at a distance (e.g. through the provision of medicines from a Distance Selling Pharmacy via their GP in England). Again there is no data in the draft PNA which would help determine this. As previously, the absence of data or business case means that the basis of this identification of need is 'flaky' at best.

The health board has responded to a number of these points above.

The health board has noted the non-statutory guidance which indicates that maps of controlled localities should (rather than must) be included in the pharmaceutical needs assessment. It has noted that to do so is not a statutory requirement. As the pharmaceutical needs assessment will be in the public domain for up to five years, and sections cannot be updated on an as required basis, there is a risk that including the current controlled locality maps means that they will remain in the public domain even if they are subsequently amended following a determination under regulation 13(2) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

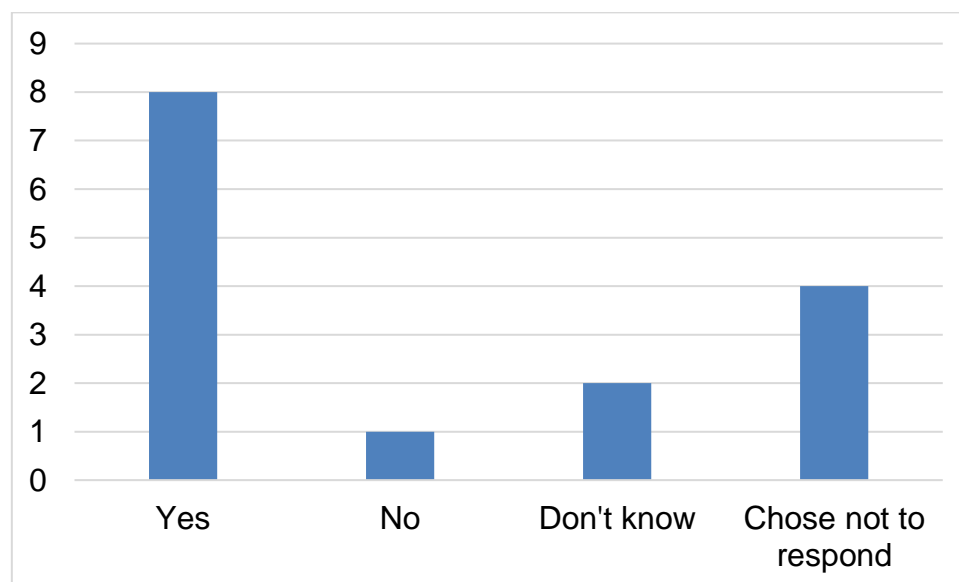
The pharmaceutical needs assessment is not the tool to use to establish whether or not practices are only dispensing to eligible patients. If there are concerns regarding this matter they should be raised with the health board separately.

With regard to the comment "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", it is noted that this is no different to the position that has existed prior to the new regulations taking effect. It is not appropriate to undertake speculative controlled locality determinations on the off chance that applications may be made. It is noted that the experience in England is that applications may be submitted even where there is no identified need in the pharmaceutical needs assessment as the applicant has misunderstood the basis for market entry. The health board is of the opinion that it is more appropriate to undertake controlled locality determinations as and when (or indeed, if) applications for new premises are received.

The health board has responded to the needs for new pharmacies in section 4 below.

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 eight people said it has.

Figure 41 – Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in the health board’s may be commissioned in the future?



The person who said “No” expanded upon their answer.

- In sections 5.1.18 and 19 there is statement that the care homes and STTT [sore throat test and treat] services are suspended due to the pandemic. However there is no indication given regarding the scale of the ambition for these services once pandemic restrictions are lifted.

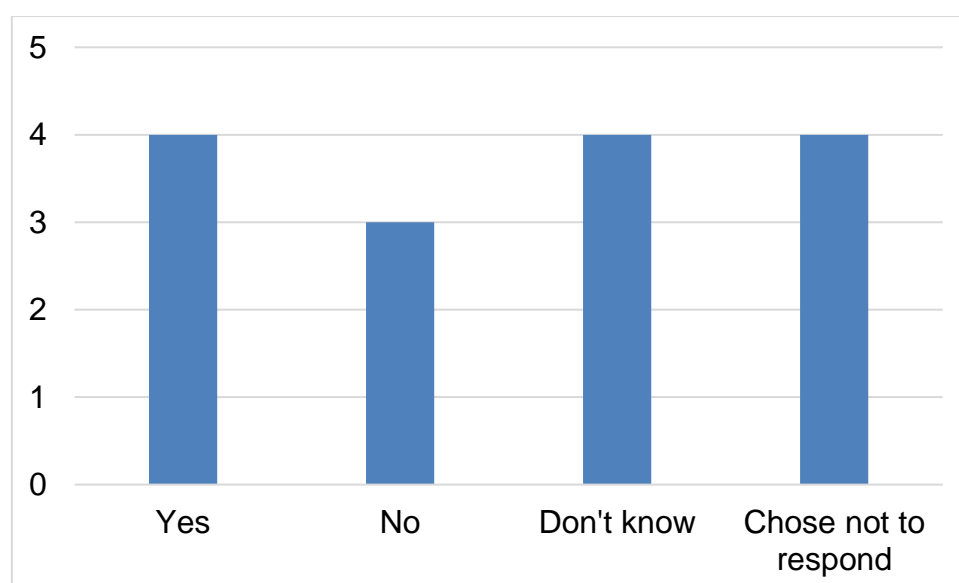
While not expressly stated in the draft PNA, we are aware of the desire within the Health Board for more outpatient prescriptions to be dispensed by community pharmacy. If it is the intention of the Health Board to divert prescription items in this way then this should be referenced. But consideration also needs to be given to the increased volume of items that would be dispensed by community pharmacy at a time when Welsh Government are actively considering proposals to reduce prescription volume to create capacity for service delivery; something which the Health Board also clearly wants.

We are aware of some early discussions regarding the provision of Pre-Exposure Prophylaxis for HIV (PrEP) from community pharmacies. If this proceeds then it may be that, during the lifetime of the PNA, this could become a reality and we suggest referencing this as part of the sexual health strategy.

At the moment it is not clear when the care home and sore throat test and treat services will be fully re-commissioned, but the health board can confirm that they will be commissioned within the lifetime of this pharmaceutical needs assessment. There are also no confirmed plans for more outpatient prescriptions to be dispensed within primary care or for the provision of pre-exposure prophylaxis for human immunodeficiency virus. The health board is therefore satisfied that no amendment to the pharmaceutical needs assessment is required.

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 three people said “No.”

Figure 42 – Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?



Three comments were made in response to this question.

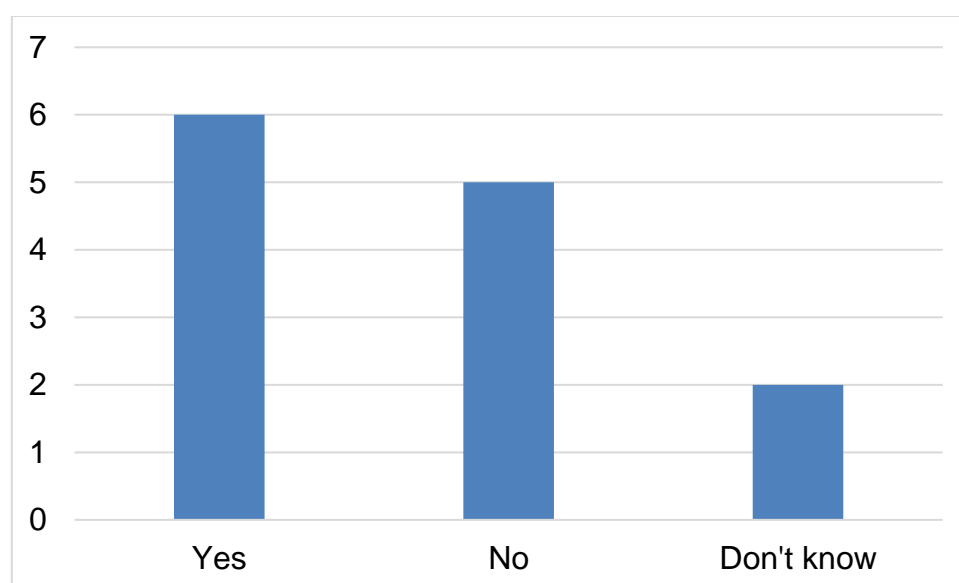
- No information on future plans for dispensing doctors
- [A pharmacy in Wrexham] and [a pharmacy in Wrexham] DO NOT NEED TO BE OPEN SATURDAYS. We carried out a Cost-Benefit analysis and found that due to lack of need , the Saturday morning openings were NOT VIABLE. This is continually reviewed annually.
- The draft PNA is very much a statement of the here-and-now and into the short term future. There are no longer-term aspirations in the PNA (e.g. developments for years 3, 4 or 5) which would enable contractors (existing and new) to understand the direction of travel of the Health Board’s ambition.

The health board can confirm that it has not identified any gaps in the provision of the GP dispensing service at this point of time. Unlike pharmacies, the dispensing service is the only service provided by some of the GP practices that falls within the legal definition of pharmaceutical services.

With regard to the longer-term aspirations of the health board these will be partly dependent upon the evolution of the community pharmacy contractual framework. As this is subject to national negotiations each year it is not possible to envisaged what new essential, advanced or enhanced services may be added to the framework, nor whether any services will move from being enhanced to advanced services, or advanced to essential services. The current direction of travel for the health board is to ensure a core range of enhanced services is provided at accessible locations at times that meet the needs of patients and other likely users of pharmacies.

The consultation then asked whether there are any pharmaceutical services that could be provided in the future by pharmacies that have not highlighted. The health board has noted that no-one has identified such services.

Figure 43 - Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?



The following pharmaceutical services were suggested.

- See question 3 [compliance aids in the Mold area]
- All of the currently provided services, but with information available in easy read format.
- in areas that pharmacies are not attached to a GP practice there should be more use of pharmacist/nurse satellite clinics ie for non-urgent conditions
- On pages 30 and 31, contractors have fed back to the Health Board a number of suggestions regarding new or extended services. However, the draft PNA contains no assessment of these suggestions nor any indication whether any may be commissioned in the lifetime of the PNA.

We note the statistics concerning increasing prevalence of obesity and alcohol consumption. However the PNA is silent on any services that could be designed to allow community pharmacy to contribute to slowing and, hopefully, reversing these trends.

Within Conwy East it discusses blister packs within pharmaceutical responses but not as an action. This benefits not only the aged population but people with additional needs and would like consideration as to whether this service could be redelivered.

Homeless people & Veterans- both are highlighted within the needs analysis however I was unable to see how those needs specifically will be addressed and more of an acknowledgement that they may need additional support.

GP hours- recognises that there needs to be extended hours in some areas inclusive of Betws y Coed however I wonder whether this is to meet tourist provision rather than local provision. Could consider looking at all rural areas as often there are shared services etc which limit opening hours and the accessibility of rural wales.

In relation to online services there is often a different set of rules per pharmacist and I wonder whether this has missed an opportunity to set a minimum set of standards in relation to this. It feels like this is an expansion on traditional pharmaceutical services rather than the modernisation of it. As it mentions with COVID things have changed and the embedding of online services within this could prove more cost effective in the future.

Linking advice from pharmacies to prevention services in local authorities such as telecare

No reference is made to www.dewis.wales as the resource for communities to navigate services

No reference to telehealth or telemedicine or to digital inclusion – online ordering or script navigation would assist, use of automated non-blister pack medication dispensing.

- Necessary to consider distribution of medicines to carers, but this maybe happening already if they are housebound. With regard to reviewing use of medicines this service is very important to carers and it will be good when pharmacies re-start providing. Note some pharmacies only provide the first service even though they can provide the second.

It is important to have a rota in each area to ensure pharmacy open on Sunday and Bank holidays.

The health board has responded to some of these comments above.

In respect of the services proposed by pharmacies as part of the contractor questionnaire, these will be considered by the health board but there are currently no plans to commission them.

The regulations require the pharmaceutical needs assessment to consider the needs of both the resident and visiting population.

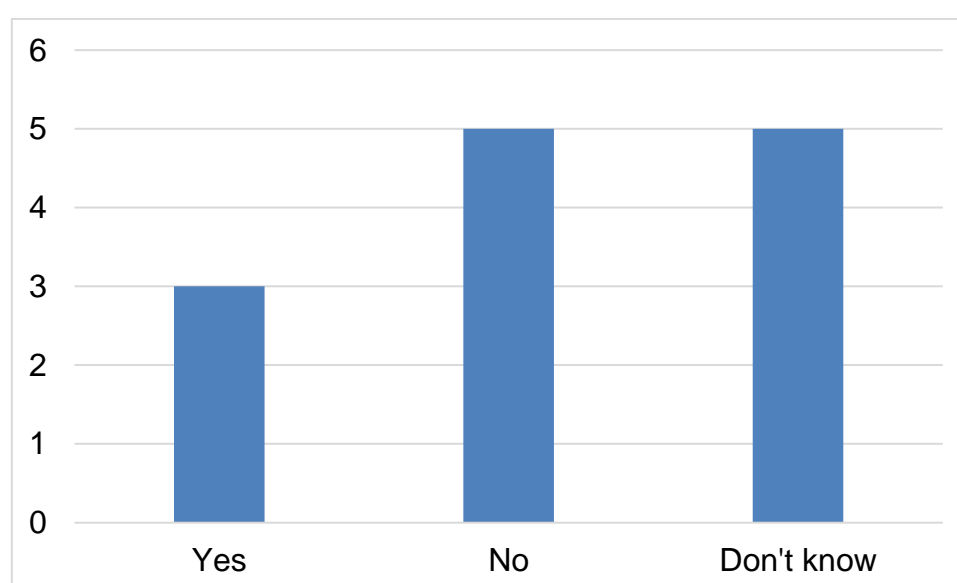
There is no requirement within the pharmacy terms of service for the online provision of pharmaceutical services. Therefore it is not possible for the health board to set a minimum set of standards for any such provision.

The health board currently has no plans to commission a blister pack or delivery service, although it has noted that these may be offered as private services by some pharmacies.

The health board can confirm that there is either a weekend rota in each locality or there are pharmacies that open on Sundays. It is acknowledged that not there isn't a pharmacy open in every town on Sundays though and this is due to a lack of robust evidence of the level of demand.

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 boards has noted that three people said "Yes".

Figure 44 - Are there any developments that will arise within the lifetime of the pharmaceutical needs assessments that have not been identified?



- [Pharmacy] has been trying to relocate to a new premise due to the need of a consultation room to provide essential services such as emergency hormonal contraception, flu vaccination and common ailment service; these service can not be provided because of no consultation room in the present shop. Currently there is no premise available in the market in [location], but negotiation is ongoing and I hope the matter can be resolved within 6 months and the pharmacy can provide all 3 essential services listed above.
- For Conwy CB, the needs plan refers to residential development proposed via the Replacement LDP [local development plan] on Strategic allocated sites only. There are additional sources of housing land supply in the area. In

addition, the RLDP will not be adopted until 2023/24 and some of these sites are phased for later in the plan period.

The 2019 study is available here (<https://www.conwy.gov.uk/en/Resident/Planning-Building-Control-and-Conservation/Strategic-Planning-Policy/Joint-housing-land-availability-studies-JHLAS.aspx>) and shows all sources of housing land supply anticipated to be developed in the 2019-24 period. Other sites have since been granted permission since this study.

We are currently in the process of updating our housing land supply database. This is normally an annual study, however, due to Covid restrictions last April, it was not updated. The last study is from 2019, but is the latest we currently have available. The update will be published on our website once complete.

Also worth noting is that the RLDP only covers areas of Conwy CB which fall outside of Snowdonia National Park, who have their own LDP and planning authority.

- Health and social care Centre Penygroes
Health and social care centre Bangor
Extra care housing Pwllleli
Care home at Penrhos Pwllheli.

In addition to the above it is important to consult with housing associations as they will also have long term plans to develop.

Gwynedd and Anglesey LDPs are being reviewed over the next few years, the current plan was agreed in 2017 and the stakeholders need to input into this consultation.

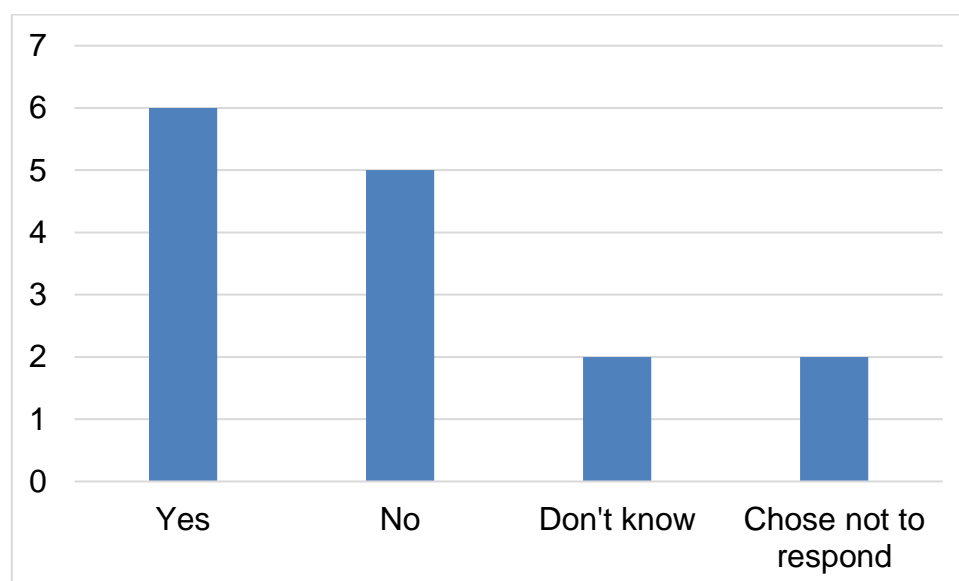
LDP data being collected annually. Getting info from housing associations about their development timescale would provide more certainty about specific developments.

If more detail about developments in any area is required there would be a way of getting it.

The health board has taken account of the current local development plans and notes that most will be reviewed during the lifetime of the 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 six said "Yes" and five said "No".

Figure 45 - Do you agree with the conclusions of the pharmaceutical needs assessment?



- For reasons mentioned above- if a chemist opens in Betws, the GP practice will become unviable as it depends on dispensing income. The area will be faced with closure of the practice and no general medical gp cover for its local population.
- [A pharmacy in Wrexham] and [a pharmacy in Wrexham] DO NOT NEED TO BE OPEN SATURDAYS. We carried out a Cost-Benefit analysis and found that due to lack of need , the Saturday morning openings were NOT VIABLE. This is continually reviewed annually.
- As indicated elsewhere in this response, we do not believe that this draft PNA is fit for purpose:
 - We have grave concerns around the use of the word “needs” in the draft PNA. Most of these so-called “needs” are not evidenced and are speculative. Furthermore, for most it would seem perverse to classify these as “needs” as, in the regulatory sense, this would invite applications if not met; does the LHB really want pharmacy applications if a pharmacy does not open for an extra 30 minutes per day and risk disrupting the pharmacy network as a whole?
 - The phraseology surrounding the implication that all pharmacies need to provide EHC, CAS and Stop Smoking effectively makes these services Essential Services. This is NOT how they are commissioned. While it may be desirable that all pharmacies offer these services (and we would agree), to mandate this through the PNA is, in effect, changing the Contractual Framework and represents a further abuse of power if published as written
- [Pharmacy] is planning to provide all the three essential services needed once a consultation room is installed, so there is no requirement for a new pharmacy for the area.
- See above answer to question 4. [Future need for certain enhanced services on Sundays in certain locations with effect from 1 April 2022 between April and October – Rhosneigr.]

In response to the new issues raised, the health board is aware of the implications of identifying needs for services and welcomes the opportunity to be able to influence the location of new pharmacies and service provision rather than the system of control of entry that has been in place until this point in time.

Finally, those responding to the consultation were asked whether they had any further comments. Seven people did.

- It would be a big mistake to allow a chemist to open in Betws- it will lead to the closure of the GP Practice there.
- There will need to be a lot of work to provide crossover care for chronic conditions to pharmacies e.g. access to records, pharmacist competency. Having clinical staff in the GP surgery providing medication reviews allows more comprehensive and holistic care, as well as more continuity.
- [A pharmacy in Wrexham] and [a pharmacy in Wrexham] DO NOT NEED TO BE OPEN SATURDAYS. We carried out a Cost-Benefit analysis and found that due to lack of need , the Saturday morning openings were NOT VIABLE. This is continually reviewed annually.
- Having reviewed English PNA and some of the other draft PNA around Wales the phraseology in this draft is dangerous. We do not believe that the Health Board has given due thought to the implications of what they have written and the impact it will have on the existing network which is already struggling financially; seeking to add considerable extra costs onto the network under the threat of new pharmacy applications is grossly irresponsible.
- Due to the extended opening hours of [Pharmacy], the needs for a bigger and better premise is our priority task, but with covid 19 pandemic in the past 16 months, it makes the relocation impossible. [Pharmacy] will provide all three essential services as soon as we can install a consultation room and I hope the health board will consider a new pharmacy in the area is not necessary.
- Not all questions were relevant to my role in CCBC [Conwy County Borough Council] and so have been left blank.

The document is passive rather than forward thinking – we would have anticipated it would describe opportunities for development.

As many maps are missing and there is no overlay showing how the services may be more concentrated in one service or another it is less easy to understand how the services overlap or can be accessed by people.

- Carers give feedback on regular problem of receiving wrong drugs or finding on going to pharmacy not available.' Come back tomorrow isnt always an option and in any case make life more difficult.

One carer noted the moved pharmacy because of these issue but this isn't always an option.

There is a need to consider what's important to carers e.g.

- Accessible pharmacy
- Opening times consistent with GP
- Transport service available

- Easier access to repeat prescription
- System in place for emergency prescription, e.g. forgotten, leave etc

Also need an easier read questionnaire for learning disability clients.

The health board has noted the comment about comparing this pharmaceutical needs assessment and others. It does not believe it is appropriate to compare it to English pharmaceutical needs assessment due to:

- the many differences in the two sets of regulations,
- the fact that a far narrower range of enhanced services is commissioned by NHS England and NHS Improvement, and
- England has the 'unforeseen benefits' type of application which means that an application for a pharmacy could be granted even where the pharmaceutical needs assessment does not identify the need for one. As such, if the only pharmacy in an area closes there is not the same pressure to produce the next pharmaceutical needs assessment in order to identify the need for a new pharmacy that provides a specified range of services. In Wales, if a pharmacy closes the health board would have to produce its next pharmaceutical needs assessment, consult on it for 60 days, consider any amendments that need to be made, publish it, and then wait for applications to be submitted, all of which will take many months. As such the health board felt it was appropriate to try and future-proof this pharmaceutical needs assessment as much as possible in order to reduce the amount of time between a pharmacy closing and a new one being able to apply.

The health board is also aware that some English pharmaceutical needs assessments have identified the need for extended opening hours, despite opening hours not being a pharmaceutical service.

The pharmaceutical needs assessment will be used by existing and new contractors rather than members of the public and for that reason an easy read version will not be produced.

4 Off-system responses

A GP practice submitted representations on one specific element, namely the identified need for a pharmacy in Betws-y-Coed. Their comments have been included verbatim.

"Please see our comments regarding Pharmaceutical needs assessment in Betws-y-Coed. These have not changed since Boots UK Ltd Made an application in 2013.

Our submission is based around the fact that a further dispensing service is not necessary and is not likely to benefit patient care. Indeed it will prove detrimental to existing primary care provision in Betws y Coed.

Currently we dispense to 90% of our list of 2,703 patients. The patients to whom we do not currently dispense live within a mile of the pharmacy in Llanrwst. We currently

dispense to all patients living within the indicated neighbourhood of the proposed pharmacy.

Based on current legislation if the pharmacy were to open in Betws y Coed we would lose the right to dispense to a significant proportion of our patients, this would of course result in a drop in practice income. However in order to continue to dispense safely, efficiently and effectively to our remaining patients we would need to maintain existing staff levels (two trained staff must always be available for checking procedures). It is possible to envisage a situation where it would not be financially viable to continue to provide dispensing services. This would result in a loss of services for all patients.

The income generated for dispensing services lost would also be no longer available to reinvest in the practice. This income allows what is a small General Practice to provide an excellent service which has been highly rated by patients, the Community Health Council and the Betsi Cadwalader [sic] University Health Board amongst others.

We would no longer be able to continue the employment of many of our staff. Some of these staff not only work in the Dispensary but also in other areas such as Healthcare Support. Therefore services to all patients would suffer.

We have recently employed an additional salaried GP to increase the number of available Doctors appointments. This move many also have to be reversed. Central funding to General Practice is set to fall in the next few years due to the withdrawal of minimum practice income guarantee money and this is also in the face of arising work load and increasing patient expectation. It is a reality that a further loss of income from loss of dispensing would severely jeopardise the viability of General Practice in Betws y Coed.

We would strongly argue that the loss of Dispensary Services within the practice would be detrimental to patient care in general. We currently provide an excellent efficient safe and economical service to our patients. The practice prescribes efficiently and safely as shown by our participation in both the local prescribing enhanced service and the dispensary enhanced services. We prescribe and dispense within our budget and make savings as required year on year. We always meet all of the targets set by the Prescribing Team at the Betsi Cadwalader [sic] University Health Board which highly rate our Practice. Most importantly the patients receive excellent and timely service because we are a "One Stop Shop".

Prescriptions given in consultations are dispensed to most patients immediately without the need for a further journey; parking of car etc (the practice has excellent provision for parking with a large Car Park). Queries raised by patients are answered immediately as the Doctors are on site and any discrepancies can be sorted out in a timely manner. It is very easy to see a scenario, where, if we were no longer a dispensing practice, a patient would have to travel as far as ASDA in Llandudno to obtain urgent medication. Because of the close contact between prescribing and dispensing we provide a very efficient and safe Repeat Prescribing Service. The turn around for requests for repeat medication is two working days. We ensure via this close contact that patients only order and receive the medication that they actually need rather than automatically receiving everything on their repeat medication list.

This leads to safe prescribing with minimum wastage. We are aware that this is not always the case where commercial dispensaries are involved.

Surgery Staff know the patients very well, something that the locum staff often used in local commercial dispensaries are unlikely to have the advantage of. This knowledge of patients leads to improved patient service and often safer prescribing particularly to vulnerable patients in the Community. The practice provides a free delivery service both of prescriptions to the Pharmacy in LLanrwst for Non-Dispensing patients and also of medication to elderly and house bound patients. This would be threatened if we were to lose dispensary funding.

Our dispensary is fully open from 8am to 6pm Monday to Friday, we do not close for lunch and medicines can be dispensed at all times between those hours. Patients are able to order repeats prescriptions in person, on line, by post, Email or by fax. We would argue that any advantage a chemist may highlight of longer opening hours particularly at weekends should be set against the fact that any Pharmacist working in the Boots Pharmacy would by law have to have one hour lunch break when dispensing would not be available. It is likely that the actual hours when dispensing would be available in a Commercial Pharmacy would be less than that which is provided currently by the Practice.

Holiday makers would still need a prescription for anything other than very small quantities of emergency supplies and would therefore need to visit the surgery for a prescription. Basic over the counter medications are already widely available in the Village seven days a week.

Many of the services are already freely available at the Surgery, for example Health Checks, Smoking Cessation Advice, Contraceptive Advice etc and as we are currently able to provide easy same day access to either a Doctor or a Prescribing Nurse we would argue that this provides little advantage to the local population. It would seem that the further provision of such services by a Commercial venture is not necessary and would be at the cost to General Practice Services in Betws y Coed as a whole.

In summary we submit there is no need for additional dispensary services in Betws-y-Coed. These services are already provided by a high performing, modern, convenient, accessible, patient centred practice. The granting of permission for Pharmacy. to provide pharmaceutical services would at worse lead to the demise of Primary Care Services in Betws-y-Coed or at best leave the practice struggling to survive and only able to provide lesser services to patients."

A pharmacy contractor also made representations on this point.

"We believe Community Pharmacy Wales will respond to the consultation on behalf of all pharmacy contractors in the Health Board's area and raise any matters relevant to all contractors. We do however wish to take this opportunity to submit specific comments with regards to the need identified within the draft PNA for a pharmacy within the village of Betws-y-Coed in the Conwy West locality.

The map on page 219 of the draft PNA shows the dispensing practice in Betws-y-Coed and the nearest pharmacy which is the Boots Pharmacy in Llanrwst. Our pharmacy in Llanrwst is open all day, six days a week and provides an extensive range of services to meet the needs of both the resident and visiting population as the maps on the subsequent pages in the PNA show. Llanrwst has a population of approximately 3,300 which is below the national average of patients per pharmacy.

Given the presence of a dispensing practice in the village of Betws-y-Coed, we believe the wider area of Betws-y-Coed has been classified previously as a controlled locality, and as the population of the village itself stands at only approximately 560 people, may therefore be considered to be a reserved location. We understand that an application in a reserved locality is not be subject to the 'prejudice test' that applies in controlled localities (Regulation 16(3)).

Whilst we appreciate that the priority for the LHB must be to meet the needs of patients in its area, we believe it is possible that granting an application in Betws-y-Coed could have an effect on the existing provision of pharmaceutical services in the area in the long term.

In summary, we respectfully ask that when reviewing the draft pharmaceutical needs assessment, the LHB consider whether granting a new pharmacy application in Betws-y-Coed could possibly prejudice the provision of pharmaceutical services from the nearest providers to such an extent that it may lead to the reduction in patient access to pharmaceutical services in the wider area at some point in future."

The health board has noted all the comments received regarding the identified need for a pharmacy in Betws y Coed that provides a range of specified services, seven days a week. Most focus on the provision of just one service, namely the dispensing service. However, the health board has identified the need for a wider range of services to be provided to the resident and visiting population, especially at times when the practice is closed. As such the pharmacy would complement rather than replace all or part of the range of services provided by the GP practice.

If an application was received then the health board is required to consider whether or not it is a reserved location as Betws y Coed is part of a larger controlled locality. If it determined that the pharmacy is within a reserved location, the application was granted and the pharmacy opened then those living within 1.6km of it would remain as dispensing patients and would be able to continue to be dispensed to by their GP practice. If it was determined that the pharmacy was not within a reserved location then the health board would have to consider the prejudice test and based on the information in front of it decide whether granting the application would prejudice the proper provision of pharmaceutical services, primary medical services and the GP dispensing service. If the health board was of the opinion that granting would cause prejudice then it would be directed to refuse the application. It is therefore not the case that if an application is received that the practice would definitely lose any dispensing patients, or that the application would be granted.

Community Pharmacy Wales provided a comprehensive response to the consultation questions. Its comments have been included verbatim.

4.1 Has the purpose of the pharmaceutical needs assessment been explained?

In the introduction in 1.1 Purpose of the Pharmaceutical Needs Assessment it is stated: *“In general, their application must offer to meet a need set out in the Health Board’s PNA”*.

The words “in general” could possibly be misinterpreted to mean there is an exceptional scenario that could allow someone to apply for a new pharmacy; similar to the Unforeseen Benefit in England, where even if a PNA does not identify a current or future need for a new pharmacy an application can be made to secure improvements or better access to services.

It may be beneficial to outline in Chapter 1 the types of application which are determined against the PNA to avoid any confusion.

Application for changes of ownership and relocations for business type reasons (e.g. lease has expired and need new premises) under Reg 15(1)9b) (ii) aren’t determined against PNA so it may be worth making this clear.

The health board has noted this comment and amended the pharmaceutical needs assessment accordingly.

4.2 Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

Betsi Cadwaladr University Health Board (BCUHB) has used the information submitted by pharmacy contractors as part of the All-Wales Pharmacy Database (AWPD) exercise completed last year to determine current community pharmacy provision. Whilst the detail of which pharmacy contractor provides each of the Advanced and Enhanced services is not contained within the PNA, we trust that BCUHB has robustly analysed the data and will update any changes prior to publication.

The health board confirms that the document has been updated to take account of any changes to opening hours and the commissioning of enhanced services that have occurred since the consultation version was drafted. Information on the changes that have been made can be found in section 7 below.

4.3 Are there any gaps in service provision, i.e. when, where and which services are not available that have not been identified in the pharmaceutical needs assessment?

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, available including the AWPD. CPW is not in a position to verify this information.

4.4 Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

BCUHB has identified unmet needs in relation to the following:

- Current provision of Essential Services at certain times of the day or on certain days of the week
- Current provision of certain Enhanced Services in certain localities during normal opening hours and extended hours, including weekends; predominantly Emergency Hormonal Contraception (EHC), Common Ailment Service (CAS) and Emergency Medicine Supply (EMS), although current needs for the smoking cessation, flu vaccination, and syringe and needle exchange services have also been identified.
- Future provision of Essential and Enhanced Services at certain times of the day or on certain days of the week or on certain months of the year

BCUHB has also made statements in relation to the speculative loss of:

- Essential Services on certain days of the week due to changes to supplementary hours.
- Essential Services due to pharmacy closures outside of specific towns.
- Enhanced Services due to pharmacy closures outside of specific towns.
- Doctor Dispensing Services

CPW comments in more detail on the aforementioned identified needs and speculative needs below.

Firstly, as an overarching principle CPW feels it is important that the in reaching a conclusion on the need for any of the above pharmaceutical services is clear Health Board that a service is necessary as opposed to desirable.

Whilst for convenience it is desirable to have these services provided in all pharmacies, including outside of normal hours, the Health Board should seriously consider whether not having a particular service in an area at a set time is a need. To identify it as an unmet need creates a gap and a consequent invitation for applications to provide that service.

Where an unmet need is identified, robust evidence for that need should be included in the PNA and reasons for the existing pharmacy contractors failure to provide the service explored.

a) CURRENT PROVISION OF ESSENTIAL SERVICES AT CERTAIN TIMES OF THE DAY OR ON CERTAIN DAYS OF THE WEEK

In a number of the localities BCUHB has identified a need for some pharmacies to be open to provide essential services on Mondays to Fridays until 18:30; on Saturdays for 3 hours or on Sundays for 3 hours.

The Health Board has chosen a travel time of 20 minutes by car as an appropriate access standard, irrespective of the rurality of the area or day of the week. In rural

areas such as Merionydd people are used to, and expect to, travel some distance to access services and amenities such as supermarkets, leisure centres and even medical services. Whereas in a highly populated areas such as Flintshire the population are accustomed to conveniently accessing services close to home during normal hours; however, at weekends, again it would be acceptable for the majority to travel for a longer period of time in order to access certain services. In rural areas and between 9am-5pm on a Saturday it may be that for 90% of the population it would not be unreasonable to access a pharmacy within a 30 minute driving travel time; possibly longer on a Sunday. It is difficult to understand why in an area with such diverse geography, ranging from some of the most rural parts of the UK to heavily industrialised urban areas, the same driving travel time access standard has been applied.

Other points of note:

- During the development of the End Of Life Care service a 30 minute drive-time was agreed and;
- It is unclear whether access to dispensing doctors has been mapped. If not, why not?

If a gap in provision is identified the Health Board is reminded that there is provision to secure the additional hours required by way of commissioning a Rota Enhanced Service; where this isn't an option, the Health Board may Direct opening hours.

It is noted that a number of rotas currently operate, including at several sites on Anglesey, from 17:30 to 18:00; in these locations if additional hours until 18:30 are required, the Rota Service would need to be extended until that time.

It is understood that in the past a Rota Service operated in a number of the areas identified as now having a need for additional hours. Many of the Evening Weekday Rota and Sunday Rota Services were decommissioned following an activity audit by pharmacies and a review of the service by the Health Board in 2013. The Health Board now appears to be reversing its decision without having undertaken any type of audit or review of the service to establish what has changed since the last review. It is noted that only six patients across the whole of the area complained about access to pharmacies because of opening times.

A robust review of the current situation would need to be undertaken before the need for additional hours is identified. If following a review, it is established that additional hours are required it would be appropriate to recommission the Rota Service and evidence of what has changed in the period since the service was decommissioned should be included in the PNA

CPW recommends that the Health Board reviews its driving travel time standards, undertakes a robust review of the need for additional hours and rewords the PNA to reflect where any need for additional hours is identified outside of a pharmacy's core hours, in the first instance a Rota Enhanced Service will be commissioned using the usual enhanced services

commissioning mechanisms. Where this is not possible hours may be directed.

b) CURRENT PROVISION OF CERTAIN ENHANCED SERVICES IN CERTAIN LOCALITIES DURING NORMAL OPENING HOURS AND EXTENDED HOURS, INCLUDING WEEKENDS; PREDOMINANTLY EMERGENCY HORMONAL CONTRACEPTION (EHC), COMMON AILMENT SERVICE (CAS) AND EMERGENCY MEDICINE SUPPLY (EMS), ALTHOUGH CURRENT NEEDS FOR THE SMOKING CESSATION, FLU VACCINATION, AND SYRINGE AND NEEDLE EXCHANGE SERVICES HAVE ALSO BEEN IDENTIFIED.

It is felt that the evidence and reasoning in the PNA is not robust enough to support the identification of the unmet need. For Example:

In section 15.6.6 (page 306)

Emergency hormonal contraception: The health board has noted the following points:

- *Six pharmacies were commissioned to provide this service in 2020/21. There is no pharmacy providing the service in the north of the locality.*
- *The service is also provided by GP practices and sexual health clinics*
- *There is a growing focus on long-acting reversible contraception for eligible females.*
- *Seven of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One doesn't but could make adjustments to do so.*

Based on the above, the health board has identified that there is a current need for this service to be provided in Caerwys and St Asaph, Monday to Friday as a minimum.

CPW makes a number of observations in relation to the above:

- The pharmacy in Caerwys is not identified on *Map 101 - location of pharmacies and dispensing doctor premises* or any of the subsequent maps.
- It is stated that “*The service is also provided by GP practices and sexual health clinics*”. In Section 15.4 - Other NHS services – it is stated that “*The GP practices in the locality provide the following services which affect the need for pharmaceutical services: Provision of emergency hormonal contraception*”. It is difficult to deem the absence of a particular enhanced service leaves an unmet need when there are other providers of the service; a need should only identified where there is no provision.
- There is no indication of the driving travel times to other pharmacies which may provide an EHC service including pharmacies outside of the locality such as those in Mold and Rhyl.
- There is no detail on the specific populations of Caerwys or St. Asaph. What is the age demographic? Whilst it is stated that this locality has the highest teenage pregnancy rate does this statistic transfer to these particular

settlements? Would teenagers use their local pharmacy in a very small village to obtain EHC?

The above is just one example. When considering needs it is suggested that the Health Board as a minimum analyses and evidences:

- Other providers of the service including GPs , specialist clinics and GP OOH etc. It is difficult to deem the absence of a particular enhanced service leaves an unmet need when there are other providers of the service; a need should only identified where there is no provision within a reasonable travel time.
- The driving travel time to other pharmacies and other providers of the service both within and outside the locality: If 90 % of a population can access a service within a 20 minute driving travel time during normal working hours it is difficult to say there is a need. The travel time in rural area and outside of normal working hours would be expected to be longer eg 30 mins.
- The demographics of the population and need for any particular patient group to avail of the service from a very specific location.

Whilst CPW advocates all pharmacy contractors providing these services wherever possible, it is important that the Health Board understands why existing contractors may not be providing the service. Possible reasons may include: the service is not financially viable as there is no local demand for it; insufficient referrals to the service; workforce issues etc.

Some of the needs for enhanced services have been identified as being required outside of normal hours e.g. on Sundays. Again, the need for these services must be robustly evidenced and where a need is proved a Rota Service commissioned as addressed in point a) above.

Bearing in mind the above points we recommend that the Health Board re-assesses the need for Enhanced Services and where a need is identified beyond doubt, robustly evidences this in the PNA.

Whilst CPW supports the Health Board in its ambition to have the key Enhanced 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.

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 the service, rather than identify a formal “gap in the provision of pharmaceutical services”.

c) FUTURE PROVISION OF ESSENTIAL AND ENHANCED SERVICES ON CERTAIN DAYS OF THE WEEK at CERTAIN MONTHS OF THE YEAR

BCUHB has identified a need for a pharmacy in Llangefni to provide essential services on Sunday afternoons between April and October each year with effect from the 1st of April 2022, due to an increase in population during the holiday season.

Needs have also been identified in Amlwch, Benllech, Llangefni and Rhosneigr on Sundays between April and October, with effect from 1st April 2022, for Emergency Hormonal Contraception, Common Ailment Service, and Emergency Medicine due to the increase in population during the holiday season.

Again, as outlined in points a) and b) above, the Health Board will need to evidence the need for these services and in addition evidence the reasons that the holiday population specifically requires a Sunday afternoon service (eg an increase in the number of OOH requests for emergency medicines supplies). when the resident population will be expected to manage without one from November to March.

If a gap in provision is then identified the Health Board is reminded that there is provision to secure the additional hours required by way of commissioning a Rota Enhanced Service; where this isn't an option the Health Board may direct opening hours.

CPW recommends that the Health Board reviews its driving travel time standards, undertakes a robust review of the need for additional hours and services during the holiday period, and rewords the PNA to reflect where any need for additional hours is identified outside of a pharmacy's core hours, in the first instance a Rota Enhanced Service will be commissioned using the usual enhanced services commissioning mechanisms. Where this is not possible hours may be directed.

d) BCUHB HAS MADE STATEMENTS IN RELATION TO THE SPECULATIVE LOSS OF: ESSENTIAL SERVICES ON CERTAIN DAYS OF THE WEEK DUE TO CHANGES TO SUPPLEMENTARY HOURS; ESSENTIAL SERVICES DUE TO PHARMACY CLOSURES OUTSIDE OF SPECIFIC TOWNS; ENHANCED SERVICES DUE TO PHARMACY CLOSURES OUTSIDE OF SPECIFIC TOWNS and DOCTOR DISPENSING SERVICES.

As part of its assessment of future need BCUHB has undertaken an exercise which has looked speculatively at the impact of the loss supplementary hours; loss of essential services and enhanced services and, the cessation of Doctor Dispensing Services and made the following statements:

- *Loss of supplementary opening hours in any locality on Saturdays from 1 April 2021 - There will be a future need for three core opening hours on Saturdays in the town/village where the reduction in supplementary opening hours has occurred, between 09.00 and 17.00.*
- *Loss of essential services due to the closure of a pharmacy outside of specific towns - There will be a future need for a new pharmacy in the same town/village providing essential services during, as a minimum, the same core and supplementary opening hours as the pharmacy that has closed.*
- *Loss of provision of the emergency hormonal contraception, common ailment service, and the emergency medicine supply enhanced services by a*

pharmacy in a town/village that is outside of specific towns - There will be a future need for these enhanced services to be provided in the same town/village during, as a minimum, the same core and supplementary opening hours as the pharmacy that has ceased to provide them.

- *Should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for 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*

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 conjecture and should be removed from the PNA. In addition the non-statutory guidance 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. However, the LHB does not need to go through that process, if to do so would be a disproportionate response to the changes. In coming to that decision on proportionality, the LHB will need to have regard to the fact that if the changes are to needs, the LHB will not have the option of a supplementary statement, but if the changes are to the availability of services, the LHB will have that option.

If any of the changes above occur, at the time of the occurrence the Health Board will be required to assess the change of circumstance and decide if a revised assessment or supplementary statement is required.

e) DISPENSING DOCTOR SERVICES CESSATION

Section 10.6.17 states "*should a GP practice cease to dispense to an area for which it has outline consent there will be a future need for a GP to dispense....*" CPW does not believe there should be an automatic "approval" for a Dispensing Doctor to dispense in that same area. **A process of assessing any changes to the controlled area and pharmaceutical needs should be undertaken which may determine that a pharmacy best meets the pharmaceutical needs.**

f) NON-NHS SERVICES

Within Section 20.6 Gaps in Provision:

The Health Board states it is 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.*

The relevance of the non- NHS Contract pharmacy has not been fully explained and it is not clear why it is referenced in a section on Gaps In Provision. Health Boards may have regard to other services that whilst falling outside the definitions of pharmaceutical services and other NHS services will affect the need for pharmaceutical services within their area. However, care should be taken in placing too much weight on such services as they can be withdrawn at any point in time and cannot be contractually ensured. The same may be said for delivery services. It may be better to detail these services within a section entitled Non-NHS Services

g) BCUHB HAS IDENTIFIED A NEED FOR NEW PHARMACIES TO PROVIDE A RANGE OF PHARMACEUTICAL SERVICES

The draft PNA has identified a future need for a new pharmacy to provide pharmaceutical services in both Betws-y-coed and Towyn (it is noted that Towyn does not appear in the Executive Summary).

Betwys-y-coed [sic]

Betwys-y-coed [sic] is a very rural area. As advised by the NHS (Pharmaceutical Services) (Wales) Regulations 2020 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 would trust that the underpinning regulations have been 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. If it has not, inclusion in the PNA will have been premature.

Towyn

Section 13.6.1 Essential Services identifies *that there is a current need for a pharmacy in Towyn to open six days per week with a minimum of three core opening hours on either Saturday or Sunday.*

In the preceding points on page 256 the only statement that has been made that may support this is that:

The population of the locality increases during the holiday season due to an influx of visitors and tourists

In an earlier Chapter *Temporary Residents* are mentioned. In *Section 2.3.1 Long-term Caravan Residents* it is stated that:

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.

CPW makes the following observations in relation to the aforementioned:

- It would appear that there are two types of Caravan park residents; those who go on short holidays and those who are long-term residents. No evidence has been put forward to suggest that either of these populations increase the demand for pharmaceutical services.
- Many caravan residents (both long and short term) are part of transient populations and are likely to be mobile and able to easily access services along the coast e.g. in Kinmel Bay or further afield when needed.
- The Health Board makes an assumption, based on a study in Lincolnshire, that in a significant number of the caravan's residents are long term dwellers and that this population does not appear in any of the census data etc so there is little indication of how many people may require health services. There is no evidence to suggest that this is case in Towyn. CPW would expect if residents of these caravans are staying long term they would be registered with the local GP and this information should be available to the Health Board. If they are not registered with a local GP they are likely to be shorter term residents and will be registered with a GP elsewhere and may possibly be accessing pharmaceutical services from a distance.
- There is a pharmacy in Kinmel Bay which is distance of 1.1 miles away; a 5min drive or a 22 minute walk across flat terrain, from the centre of Towyn. It is also on a bus route with buses running every 15 minutes.
- CPW is aware of the closure of a pharmacy in Towyn in January 2020 and that GP branch surgeries closed sometime before this. The viability of any pharmacy may be in question.

The above factors and the lack of demographic evidence presented in the draft PNA do not appear to be strong enough to support the case for a pharmacy in Towyn.

The health board has considered all the comments made regarding the identified needs and has amended or removed many of them accordingly.

With regard to the identified need for a pharmacy in Towyn, the health board has noted that there is a large increase in the population during the holiday season due to the number of visitors to the area. In addition, the pharmacies in Kinmel Bay are the third and fourth busiest pharmacies in relation to the provision of the emergency medicine supply enhanced service. As with the identified need for a pharmacy in Betws y Coed, the health board has identified the need for a pharmacy in Towyn that provides a wide range of services and not just a dispensing service. In relation to other points made:

The pharmacy in Caerwys is not included in map 101 but it is included in map 113. It has been noted that the needs identified in Caerwys should be in the North West

Flintshire locality rather than the Central and South Denbighshire locality and this has been corrected.

In relation to other providers of services such as emergency hormonal contraception, pharmacies often have longer opening hours and therefore there will be periods of time when pharmacies are open but other providers are closed.

Not all of the required data is available at the level suggested is required. However it is to be expected that there will be people who need to access the enhanced services throughout the health board's area, and in relation to some of the services the health board is of the opinion that they need to be accessible.

The health board has noted the comment that the pharmaceutical needs assessment should be reworded so as to reflect the need for the pharmacies and health board to work together to increase the availability of services. It has also noted that some pharmacies have now signed up to provide new services. The health board is of the opinion that there is no requirement to amend the pharmaceutical needs assessment in this way, and has taken note of the approach adopted in England by NHS Resolution when it determines appeals on application for inclusion in a pharmaceutical list.

In summary, NHS Resolution is of the view that if a pharmaceutical needs assessment contains statements such as "there is no need for a new pharmacy" or "there is a need for the service to be provided by the existing pharmacies" this does not automatically mean that any application offering to meet the identified need must be refused.

Whilst the health board's preference is for the existing pharmacies to provide the identified services it is aware that pharmacies may choose, for a variety of reasons, not to do so.

The health board has noted the comment regarding the private pharmacy in Plas Coch retail park and the suggestion it is included in a section entitled non-NHS services. The health board is not persuaded that that is necessary, but has moved the paragraph regarding this pharmacy into the preceding section. It can confirm that it has placed no weight on the location of this pharmacy and has only included it for completeness, in the same way that it has included some of the private services provided by pharmacies and dispensing doctors.

4.5 Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor, and applications from dispensing doctor?

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.

We recommend 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 the service, rather than identify a formal “gap in the provision of pharmaceutical services”. The PNA is an official document to establish control of 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.

b) The PNA needs to contain copies of designated controlled area maps if it is to meet this requirement. Considering the rural nature of large parts of the BCUHB area CPW is surprised these have not been included.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 non-statutory guidance⁶⁹ states:

*Page 15 **Pharmaceutical Services Provision by GPs** –Within their PNA, LHBs will need to include information on the area or areas that their dispensing doctors have outline consent to dispense to, along with information on which premises those doctors have premises approval for. It is suggested that LHBs either include maps of their controlled localities within their PNA or provide the web link (URL) to where they are published on the LHB’s website.*

*Page 36 **Maps of Controlled Localities** - Under Paragraph 7 of Schedule 3 of the Regulations, LHBs continue to be under a duty to precisely delineate the boundary of any controlled locality that is determined on a map, or to remove the delineated boundary of a locality that has ceased to be a controlled locality. Such maps are to be made available for inspection and should be included in the LHB’s PNA. It is important that the boundaries of controlled localities are clearly marked, using appropriate geographical markers, for example rivers, not simply the squared off grid markings overprinted on Ordnance Survey maps. They should also be at a sufficient level of detail to enable any enquirer to tell whether any particular location falls within a controlled locality or not.*

Page 36 Determination that an area is a controlled locality

Changes can occur to the appropriate designation of an area, particularly where an urban area is expanding into the surrounding countryside, or where there has been a substantial development permitted in what has hitherto been a controlled locality. The reverse is much rarer but can happen, for example, where an industrial area in the country (for example mining) ceases.

Without the inclusion of maps of controlled localities there is no assurance that patients receiving pharmaceutical services from their doctor, reside in properly determined controlled localities; there has been a lot of development on the outskirts of rural towns and, areas that were thought to be controlled localities may no longer be. In addition, **unless the Health Board is able to provide evidence by way of a delineated map**

⁶⁹ Guidance to support the new NHS (Pharmaceutical Services) (Wales) Regulations 2020

<https://gov.wales/pharmaceutical-needs-assessment-guidance-local-health-boards>
<https://llyw.cymru/asesu-anghenion-fferylloI-canllawiau-ar-gyfer-byrddau-iechyd-lleol>

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; this is particularly relevant as there will potentially be application for new pharmacies in Betw-Y-Coed and Towyn.

CPW reserves the right to inspect maps of controlled area in line with Paragraph 7 of Schedule 3 of the Regulations and, to request a determination as to whether or not an area is controlled in line with Regulation 13 (2).

The health board has noted the non-statutory guidance which indicates that maps of controlled localities should (rather than must) be included in the pharmaceutical needs assessment. It has noted that to do so is not a statutory requirement. As the pharmaceutical needs assessment will be in the public domain for up to five years, and sections cannot be updated on an as required basis, there is a risk that including the current controlled locality maps means that they will remain in the public domain even if they are subsequently amended following a determination under regulation 13(2) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Should copies of the controlled locality maps be required they can be provided by the health board.

4.6 Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in the health board's area may be commissioned in the future?

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

It is unclear whether a robust exercise will now be undertaken to match the significant opportunities to meet the health needs of local patients with the underutilised capacity in the local community pharmacy network.

The health board is pleased to note that there is underutilised capacity with pharmacies.

4.7 Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies, dispensing appliance contractors and dispensing doctors?

- a) In section 1.5.4 P32, the PNA has assessed pharmacy contractors' ability to increase capacity should there be an increase in demand for pharmaceutical services via the pharmacy contractor questionnaire (AWPD exercise). The exercise confirmed that 124 pharmacies (82%) said that they have sufficient capacity within their existing premises and staffing levels to meet an increase in demand, with an additional 20 pharmacies (13%) saying they didn't but could make adjustments in order to do so. It

was also pleasing to note that a significant part of the network was also investing in the future with 13 pharmacies having plans to develop or expand their premises or service provision. These extremely high numbers should provide the health board with the confidence to develop the contribution made by its pharmacy network.

- b) It is noted that not all dispensing doctors responded to the dispensing doctor questionnaire. The absence of answers to the Dispensing Doctor questionnaire leads to a hiatus in the understanding of the: the delivery options made available by dispensing doctors; capacity to cope with additional demand and the availability of other dispensing related services in some areas.

Section 5.1.1 (page 91) It also appears that access to dispensing doctor practices in terms of the 20 minute driving travel time has not been assessed.

- c) The PNA does include information on new developments and Local Development plans where applicable. GP Practice mergers and relocations have also been considered. At the time of drafting it is noted that there are no known GP practice mergers or relocations, although it is anticipated that there may be some within the lifetime of the document.

If any mergers or relocations do arise within the lifetime of the PNA their impact upon the need for pharmaceutical services well need to be examined

The Health Board has noted these comments.

4.8 Are there any pharmaceutical services that could be provided in the pharmacy setting in the future that have not been highlighted?

The PNA reviews the provision of Essential, Advanced and Enhanced Services in each of the 14 localities. The review of enhanced services however has been undertaken with reference to the current list of commissioned services and has not looked more broadly at those services that could be put in place to meet identified population needs.

In Section 7, P113 the health board confirms that *‘each health related visit to a pharmacy provides a valuable opportunity to support behaviour change through making each 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 the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental well-being. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services’.*

This suggests a broader ambition where the needs of the population are assessed and those that can be delivered effectively and competently by the community

pharmacy network should be treated as 'pharmaceutical services'. CPW shares this broader view and would encourage the health board to look again at population health and wellbeing needs that could be met by community pharmacy.

For example in Section 3.8, P71, excess alcohol consumption is recognised as a major cause of death and illness. Across BCUHB area 57.7% of adults were confirmed as moderate drinkers, 15.2% as hazardous drinkers and 2.7% as harmful drinkers. Reduction of alcohol consumption is therefore clearly a significant opportunity to improve the health of the population.

In addition, in Section 3.9 pages 72-3, the PNA notes that being overweight together with physical inactivity are the third and fourth leading causes of ill-health, with over half the population (55.4%) of adults in North Wales categorised as overweight or obese. This is clearly another opportunity area where improving lifestyle choices can have a direct and significant payback in health improvement and reduced health expenditure.

Helping someone to reduce their alcohol consumption, lose weight and increase physical activity is an exercise in change management and is no different to helping someone to quit smoking. Over many years the pharmacies in North Wales have demonstrated their ability to change the behaviour of smokers and yet the skills of the network and the accessibility of the network has not been leveraged to improve lifestyle choices. In section 1.5.4 where community pharmacies were asked to identify opportunities for services based on known local demand, weight management and alcohol services were among those put forward.

In relation to respiratory disease, Section 3.6 identifies that in North Wales respiratory diseases were the third main cause of mortality in 2018 with Denbighshire having a higher rate than the Wales average. Smoking is one of the key causes of respiratory disease and a major cause of concern as the smoking rate in North Wales is again above the Wales average. There is a significant opportunity for community pharmacies, as the most accessible part of the BCUHB healthcare offer, to continue to drive down smoking rates and to improve the management of asthma and COPD. The provision of Respiratory Rescue Medicines and the Varenicline Stop Smoking Service were reported as opportunity areas in the PNA's survey of community pharmacies.

Section 3.7, P70 identifies that *'in 2017, the teenage pregnancy rate per 100,000 females aged under 18 for Wales was 20.2. Gwynedd has the lowest rate (19.5) of all Local Authority in North Wales and is the only one whose rate is lower than the average for Wales. Denbighshire has the highest rate at 26.9, closely followed by Wrexham at 26.6.'* In their response to opportunities community pharmacies reported a need to become involved in testing for sexually transmitted infections (STIs) and providing contraception services.

While these needs are fairly universal across North Wales it is interesting to note that in Section 4.9, P83, the PNA identifies that screening for, and treating sexually transmitted infections together with smoking cessation are the top two health needs for the student populations at the two universities in Bangor and Wrexham.

The above are just some examples of health needs that can be effectively met by greater utilisation of the community pharmacy network. As pharmacies have confirmed their capacity to take on more services, CPW feels that an opportunity should not be lost to utilise the excellent work undertaken in conducting the PNA in order to develop a comprehensive list of local services to be introduced in the years ahead so that pharmacy capacity and local population needs can be better aligned

The health board will continue to develop the range of services that it commissions from pharmacies and will consider the services that were suggested by contractors.

4.9 Are there any developments that will arise within the lifetime of the pharmaceutical needs assessments that have not been identified?

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 Community Pharmacy Wales is not aware of any developments that have been missed.

4.10 Do you agree with the conclusions of the pharmaceutical needs assessment?

CPW cannot agree with the conclusions of the pharmaceutical needs as it is felt that unmet needs have not been sufficiently demonstrated for reasons outlined in Question 4.

We recommend 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 the service, rather than identify a formal “gap in the provision of pharmaceutical services”.

BCUHB is reminded that identifying an unmet need creates a gap and a consequent invitation for applications to provide that service. A high number of applications may arise in response to each need and this will create a significant workload for the Health Board in responding to these applications.

The health board has noted Community Pharmacy Wales’ position and has reworded and amended some of the identified needs.

4.11 Do you have any other comments?

Locality Chapters – it would be helpful for the reader if a list of the pharmacies and their addresses were contained within each locality’s chapter.

Many of the maps are not easily discernible and are missing some of the pharmacies, towns and villages e.g. Nefyn and Caerwys. In addition, there are sections stating [Insert map] indicating maps are missing.

There are also data discrepancies such as the doctor dispensing numbers change several times. It is suggested that BCUHB checks for accuracy and consistency of data before publication.

Section 10.6.15 – Page 188 – the IP service in Dwyfor is referred to as a “fledging service”. There are 3 of the 9 pharmacies in Dwyfor offering a full IP service – that is 33% availability. CPW is curious why this service is termed “fledging”

In section 1.5.3, Page 25 it is noted that ‘when asked if they are aware of the other services that pharmacies provide as part of the NHS, the awareness of flu services was good at over 80%, under 40% were aware of the stop smoking support available in community pharmacies and 65% of the population were not aware that they could access the morning after pill at their local pharmacy.

As awareness of community pharmacy services is not as high as it could be, CPW would suggest that this identifies a need to step up communications and marketing within the Health Board area if transfer of workload away from GP practices, and other less appropriate providers, is to be achieved. CPW would encourage the health board to embark on a local marketing and awareness raising campaign to encourage the local population to Choose Well.

The health board responds to these comments as follows.

This information is available in appendix L.

This is partly due to the mapping software and cannot be resolved. However, the maps have been checked to ensure they reflect where services are, or were, provided.

The word ‘fledgling’ is used to describe a service that is currently immature and underdeveloped as it is relatively new and is still being rolled out and embedded across the health board’s area.

The health board has noted this comment. Part of the challenge in promoting services provided by pharmacies is the variation in take-up of services and it is partly for this reason that the health board would like to see a core range of enhanced services provided by all pharmacies. It is noted that, as part of the system of clinical governance, pharmacies are required to publicise the NHS services that are available at or from their premises.

4.12 Conclusion

CPW recognises the work undertaken by BCUHB to produce their first Pharmaceutical Needs Assessment.

CPW is concerned that the document reflects a desire for uniformly convenient services rather than identifying the actual population needs for some of the services under consideration.

Where a gap is identified, robust evidence for that need should be included in the PNA and reasons for the existing pharmacy contractors failure to provide the service explored. Speculative needs should not be included in the PNA.

To identify an unmet need creates a gap and a consequent invitation for applications to provide that service. A high number of applications may arise in response to each need and this will create a significant workload for the Health Board in responding to these applications.

CPW will work with contractors and the Health Board to improve provision of services and will seek to help pharmacies who are not commissioned become commissioned. Where pharmacies are commissioned but not providing the necessary services CPW will seek to establish the barriers/reasons for non-provision.

We recommend that the Health Board revisits each of the enhanced services identified as an unmet need and examines 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 the service, rather than identify a formal “gap in the provision of pharmaceutical services”.

The PNA is an official document to establish control of 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 the PNA requirements are specifically set in legislation then a deviation from the legislative framework by the Health Board runs the risk of a challenge via a judicial review.

CPW would encourage the health board to take advantage of the work undertaken, by using the health and needs data within the PNA to inform the development of the community pharmacy network going forward.

5 Summary conclusions

The health board notes that a number of concerns have been identified with regard to the identified needs and has taken those comments on board. As such it has amended a number of the needs and removed others where the current pharmacies have signed up to provide the identified services.

6 Equalities monitoring

Three of the 15 responses were from members of the public. Of these:

- Two stated that their preferred language when accessing services at a pharmacy or GP practice is Welsh, with one stating English.
- One is 25 to 44 years old, two are 55 to 64 years old.
- Two are male and one is female.
- One describes themselves as British, one as Welsh and one preferred not to say.
- With regard to sexual orientation, all three said they are heterosexual/straight.
- All three are married or in a same-sex civil partnership.

- With regard to religion, one said they are Christian (all denominations), one said they have no religion and one preferred not to say;
- All three said that their gender identity has not changed from that assigned at birth.
- Two said that they 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 problems related to old age. One said they do not.

7 Amendments

The following amendments have been made to the pharmaceutical needs assessment:

- General typographical errors corrected as required.
- References to the number of pharmacies updated to the position as of August 2021. The total number remains the same at 152. Information on the number of items dispensed by pharmacies or personally administered or dispensed by GP practices added for 2020/21 in the relevant sections.
- Information on the number and percentage of people dispensed to by their GP practice as of May 2021 added to the relevant sections to replace the previous information as of January 2021.
- Executive summary updated to reflect the changes made to the identified needs.
- Section 1.1. amended to clarify that there are only two types of application that are not based on needs identified in the pharmaceutical needs assessment.
- Section 1.2 and page 32 corrected to reflect the fact there are 37 dispensing practices.
- Section 1.5.6 and appendix K updated to reflect the fact the consultation report has been added to appendix K.
- Section 5.1.2 and locality chapters amended to reflect the opening hours as of August 2021.
- Section 5.1.3 amended to reflect the fact the medicines use review service remains suspended.
- Sections 5.1.4 to 5.1.6 and the locality chapters updated to reflect the outturn position for the advanced services in 2020/21.
- Chapter 5 and the locality chapters updated to reflect the outturn position for the number of pharmacies providing each of the enhanced services in 2020/21, and the number commissioned to provide each service in 2021/22.
- Section 5.2.1 updated to reflect the number of items dispensed outside of the health board's area in 2021/22.
- Section 5.3 updated to reflect the number of pharmacies in Wales that dispensed prescriptions written in the health board's area.
- Chapter 6 updated to include information on the number of items prescribed in 2020/21 and where they were dispensed.
- The current needs for additional weekday evening opening have been removed from the relevant locality chapters.
- The future needs for additional weekend opening have been removed from the relevant locality chapters.

- The future need arising from the closure of a pharmacy outside of specified towns and villages in each locality chapter has been amended to clarify that this refers to the situation whereby a pharmacy withdraws from the pharmaceutical list.
- The future need arising for a loss of supplementary opening hours on Saturdays from 1 April 2021 in each locality chapter has been amended so that a future need only arises if the reduction of supplementary opening hours results in less than three hours of provision of pharmaceutical services within the town or village where the loss occurs.
- The future need arising from a dispensing practice ceasing to dispense to an area for which it has outline consent has been amended in each locality chapter. The need, should the situation arise, is for either a GP dispensing service or a pharmacy providing a range of specified services.
- The current need for specified enhanced services in certain localities has been amended as it is the health board's preference for the existing pharmacies to provide a core range of enhanced services. The health board will work with the existing pharmacy or pharmacies that do not current provide the specified services to understand the reason for non-provision. However, should the gap not be closed then from 1 April 2023 there will be a future need for the service or services.
- The identified need for the syringe and needle exchange service in certain localities has been removed as existing pharmacies have come forward to provide the service.
- The identified need for specified enhanced services to be provided in the Anglesey and Dwyfor localities to be provided with effect from 1 April 2022 has been amended to read with effect from 1 April 2023 to provide consistency in relation to all the identified future needs for enhanced services.
- The identified need in section 14.6.7 has been removed as it has now been met.
- References to identified needs in Caerwys have been moved from chapter 15 to chapter 16 as it is in the North West Flintshire locality and not Central and South Denbighshire. References to the total number of pharmacies in the two localities have been amended, as have the number of pharmacies providing each service.
- Reference to the private pharmacy in section 20.6 has been moved to section 20.5.
- The identified need in section 21.6.7 in relation to Ruabon and Overton on Dee has been removed as it has now been met.
- Chapter 22 has been amended in light of the above changes to identified needs.

Appendix L – opening hours



BCUHB PNA
appendix L v2.xlsx