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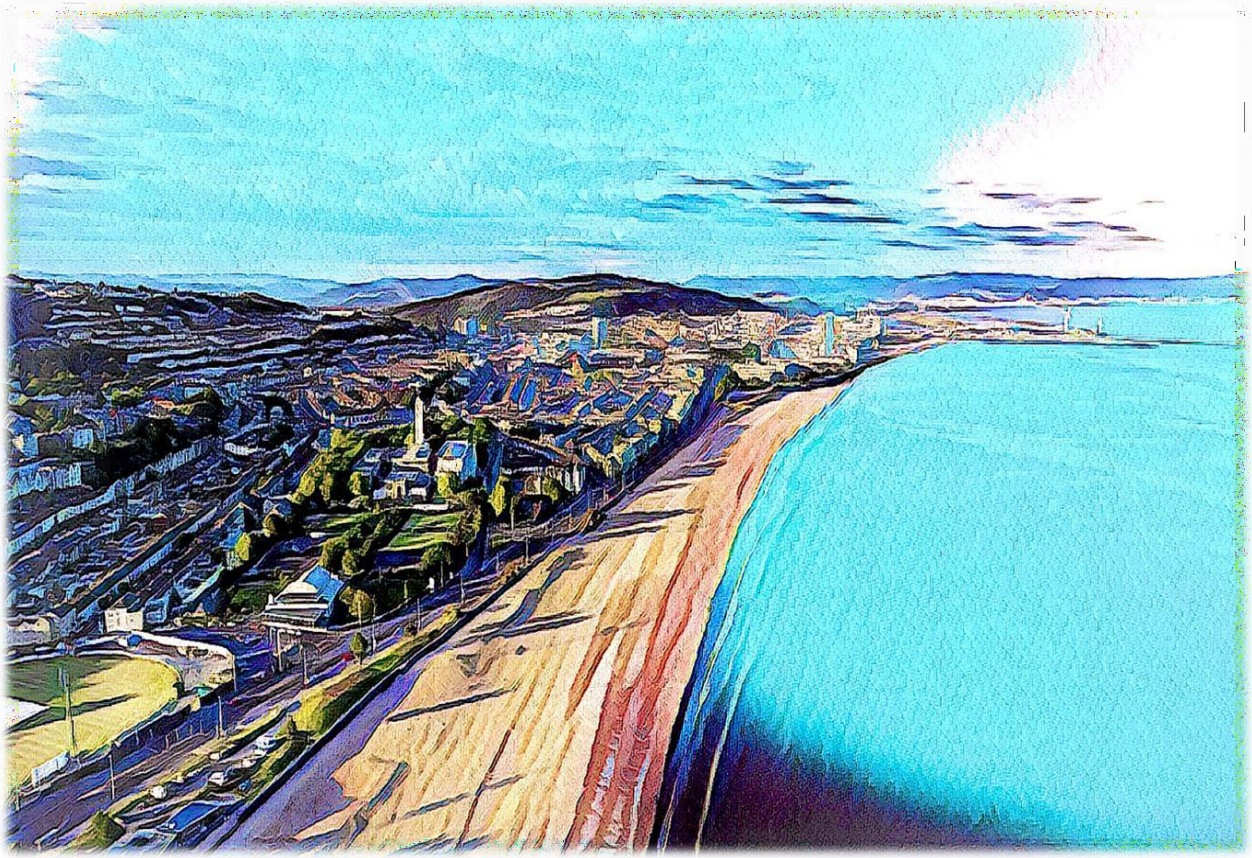
Swansea Bay University Health Board pharmaceutical needs assessment

Final

September 2026



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

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Executive summary

From 1 October 2021, Swansea Bay University Health Board has had 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 the health board's second pharmaceutical needs assessment, and its development has been overseen by a steering group of which Community Pharmacy Wales, Morgannwg Local Medical Committee and Llais were invited to be members.

The pharmaceutical needs assessment:

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

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 current provision of pharmaceutical services

For the purposes of the pharmaceutical needs assessment, "pharmaceutical services" are defined by reference to the NHS Act (Wales) 2006 and the NHS Pharmaceutical Services (Wales) Regulations 2020.

The following services are provided by pharmacies and fall within the definition of "pharmaceutical services".

- Essential services – services which every pharmacy included in the health board's pharmaceutical list must provide. They include the dispensing of medicines, promotion of healthy lifestyles, support for self-care and disposal of unwanted patient medication.

- National community pharmacy and appliance contractor services - services that pharmacy contractors may choose to provide subject to specific accreditation and facilities. The current services are appliance use reviews, clinical community pharmacy service, discharge medicines review service, influenza vaccination, lateral flow test supply, pharmacist independent prescribing service, and stoma appliance customisation.

- Additional clinical services - services that may be commissioned by health boards and the service specifications are drafted at health board or national level. These can be offered to all or selected pharmacies depending on the type of service and the need that it supports. Additional clinical services include the blood borne virus screening, care home support service - level 1 medicines management support visits, access to inhaler review service, needle and syringe programmes, and smoking cessation.

Dispensing appliance contractors provide similar services to the pharmacy essential services and may choose to provide the appliance use review and stoma appliance customisation services. There are no dispensing appliance contractors in the health board's area.

The dispensing service provided by some GP practices also falls within the definition of pharmaceutical services. Two practices dispense from premises in the health board's area.

Essential services

There are 90 pharmacies in Swansea Bay University Health Board all providing the full range of essential services. In 2024/25, 96.2% of all prescription items written by GP practices were dispensed by the pharmacies in the health board's area, 96.0% in the first nine months of 2025/26.

While there is good service provision within the health board area, some residents may choose to access pharmaceutical contractors outside of the health board's area. In 2024/25, 2.4% of prescriptions were dispensed outside of the health board's area (3.1% in the first nine months of 2025/26). Whilst many were dispensed by pharmacy or dispensing appliance contractors elsewhere in Wales, in 2024/25 0.9% of prescriptions were dispensed in England (0.7% in the first nine months of 2025/26), predominantly by dispensing appliance contractors.

The pharmacies provide pharmaceutical services to a population of 394,552, equating to 2.3 pharmacies per 10,000 population, the third highest ratio for health boards in Wales.

The residents of the health board are well served in relation to the number and location of pharmacies, and access to essential services is good with no gaps in the current provision of these services identified.

National community pharmacy and appliance contractor services

All the pharmacies provide the clinical community pharmacy service, and 89 provide

the discharge medicines review service. Whilst 85 of the pharmacies had signed up to provide the influenza vaccination service in 2025/26, only 80 of them had provided it by the end of October 2025.

36 pharmacies provided the pharmacist independent prescribing service in the first six months of 2025/26, however another nine had pharmacists undertaking the independent prescriber training in March 2026 and are due to start providing this service in 2026.

Fewer pharmacies provide the lateral flow test supply service, 24 in the first seven months of 2025/26. However, these tests may only be supplied to eligible patients which may explain the lower uptake of the service.

None of the pharmacies provide either the appliance use review or stoma appliance customisation service, however it is noted that prescriptions for appliances are dispensed by the dispensing appliance contractors in Cardiff and also in England.

Pharmacy contractors were asked if they have capacity to manage an increase in demand for pharmaceutical services and of the 90 pharmacies, 84 responded to this question.

- 74 pharmacies said they have sufficient capacity within their premises to manage an increase in demand, six said they didn't but could make adjustments, and three said they did not and would have difficulty in managing an increase in demand. These pharmacies are located in Bay, City and Cwmtawe clusters.

- 71 pharmacies said they have sufficient capacity within their staffing levels to manage an increase in demand, ten said they didn't but could make adjustments, and two said they did not and would have difficulty in managing an increase in demand. These pharmacies are located in City and Upper Valleys, with the one in City also saying it doesn't have capacity in its premises.

No gaps have been identified in the provision of these services, and none have been identified that may arise during the five-year life of this document.

Additional clinical services

The list of additional clinical services that may be commissioned from pharmacies is set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, and health boards may commission them where there is an identified need. Some service specifications are agreed nationally; others are developed by individual health boards. The number of pharmacies that are commissioned to provide an additional clinical service will vary according to the service and the needs of the local population.

The services that are commissioned by the health board are as follows.

- Blood borne virus screening

- Care home support service – level 1 medicines management support visits
- Inhaler review service
- Medicines administration record service
- Needle and syringe provision
- Help me quit @ pharmacy – levels 2 and 3
- Just in case service (palliative care drugs)
- Supervised administration of medicines service
- Urgent medicines service.

The number of pharmacies commissioned to provide each service, and their location has been reviewed. The conclusion is that there are no current gaps in their provision, and no gaps will arise during the lifetime of this document.

GP dispensing service

Two practices dispense to eligible patients from premises in the health board's area - one of these practices is aligned to Cwm Taf Morgannwg University Health Board but dispenses from premises in Bryn.

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

- in a "controlled locality" – an area which has been determined by the health board, as rural in character,
- more than 1.6km from a pharmacy (measured as a straight line), and
- their GP practice has outline consent and premises approval to dispense to the area they live in.

There is also an option for patients to apply to the health board to be dispensed to by their GP practice. Such applications are granted where the patient can demonstrate that they would have serious difficulty in obtaining their drugs or appliances from a pharmacy because of distances or inadequacy of means of communication.

The assessment process

As part of the process in developing this pharmaceutical needs assessment, the views of stakeholders were gathered. A public engagement questionnaire was promoted to the public for four weeks from 30 March to 27 April 2026. 119 responses were submitted which offered an indication of the public's view on the pharmaceutical services available.

The main points highlighted from the public engagement were as follows.

- The most common reasons to visit a pharmacy were to collect a prescription, or to collect a prescription for someone else.
- Most people visit a pharmacy monthly/every four weeks.
- 35.3% of people did not have a preference as to the most convenient time to visit a pharmacy, 25.2% said between 9.00am and 12 noon, 17.7% said 6.00pm to 9.00pm, and 15.9% said 2.00pm to 6.00pm.

- 47.1% of people did not have a preferred day to use a pharmacy. 26.1% said weekdays in general, and 10.9% said the weekends in general.
- 63.0% of people prefer to use the same pharmacy, 33.6% said they use different pharmacies but prefer to use one most often.
- The most popular reasons for choosing a pharmacy were close to home (67.2%) followed by the location of the pharmacy is easy to get to (48.7%), I like and trust the staff who work there (43.7%, 52 responses) and close to my doctor (42.9%, 51 people).
- The most popular ways of travelling to a pharmacy were by car (66.4%) and then on foot/wheelchair (26.9%).
- With regard to the amount of time it takes to travel to a pharmacy, for 96.6% of respondents the journey is less than twenty minutes.
- Influenza vaccination was the service most people were aware of, followed by the common ailments service, Covid vaccinations, help to stop smoking, and the contraception service.
- The most common services that people had used were the common ailments service, influenza vaccinations, and the pharmacist independent prescribing service.

Analysis of the responses from the public engagement exercise gives an indication that pharmacies and the services they offer are well regarded and valued by the public. Concerns were, however, raised regarding waiting times and queues, drugs shortages and the variability in experience.

The pharmacy contractors were asked to complete a questionnaire which covered areas such as the facilities available, the need for services not currently available in the area, and whether the pharmacy has sufficient capacity to meet an increasing demand for pharmaceutical services. 84 of the pharmacies completed the questionnaire.

- 75 of the pharmacies are wheelchair accessible, as are 73 of the consultation rooms.
- 83 pharmacies have a consultation area that meets the required standards. One failed to fully answer the question.
- 37 pharmacies have Welsh speakers.
- 12 pharmacies have an automated collection point allowing patients to collect their medicines at a time that is convenient for them.

The responses to the questionnaire demonstrate that the pharmacies have a consultation room which is vital for the provision of an expanding range of clinical services. They also demonstrated that the majority of pharmacies have the capacity to manage an increase in demand for pharmaceutical services.

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

The number of patients that are dispensed to by the practice is fairly static due to the criteria set out in the regulations. As at December 2025, the number of patients registered as dispensing patients with the practice was 801. This equates to 0.2% of

the total number of patients registered with a GP practice in the health board's area. It is not known how many residents are registered as dispensing patients with the GP practice that dispenses from premises in Bryn.

The practice advised it has sufficient capacity in premises and staffing levels to manage the increase in demand in their area.

In order to identify whether there are any gaps in the current or future provision of pharmaceutical services within the health board a set of criteria was developed to measure the number and location of pharmacies by locality, opening hours, the availability of services, and travel time to a pharmacy.

- Number of pharmacies open within normal working hours (Monday – Friday 9.00am – 5.30pm)
- Number of pharmacies open outside normal working hours on weekdays
- Number of pharmacies open on weekends
- Availability of national community pharmacy and appliance contractor service
- Availability of additional clinical services
- Location and travel time to pharmacies and dispensing doctor premises.

The localities that have been used for the pharmaceutical needs assessment match the boundaries of the eight primary care clusters within the health board, namely:

- Afan
- Neath
- Upper Valley
- Cwmtawe
- Penderi
- City
- Bay
- Llwchwr

Health planning is done on a cluster basis with each cluster producing a three-yearly integrated medium term plan which is reviewed annually. The integrated medium term plan includes population needs assessments and an asset profile for each cluster; these help to plan services on a population needs basis. They are therefore a natural footprint for the localities within this pharmaceutical needs assessment.

The current and future need for pharmaceutical services in each of the eight localities within Swansea Bay University Health Board were considered against the above criteria.

Conclusions

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

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

A summary of the conclusions is set out below.

- Access to essential services for residents of Swansea Bay University Health Board is good, and no gaps in the current provision of these services have been identified.
- Access to national community pharmacy and appliance contractor services is good, and no gaps in the current provision of these services have been identified.
- Access to additional clinical services is good overall, and no gaps in the current provision of these services have been identified.
- No gaps have been identified in relation to the provision of the GP dispensing service.

The pharmaceutical needs assessment also looks at potential changes during the lifetime of the document. These include projected population growth and housing developments. Given the projected population demographics, housing projects and the distribution of pharmaceutical services across Swansea and Neath Port Talbot Local Authorities, the health board has concluded that the current provision of pharmaceutical services is sufficient to meet the future needs of residents during the five-year lifetime of this document.

Next steps

The pharmaceutical needs assessment will be in effect for a period of five years from 1 October 2026. It may be reviewed within the five years if there are sufficient changes to the need for pharmaceutical services which would necessitate an earlier review.

The pharmaceutical needs assessment will inform decisions to be made by the health board on applications for new pharmacy or dispensing appliance contractor premises. It will also inform the commissioning of additional clinical services from pharmacies and any applications to vary core opening hours.

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

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a health board's area for a period of up to five years. Linking closely with the health board's population needs assessment 2022-2027. 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 relocation for business purposes.

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

If an applicant's purported need is not included in the pharmaceutical needs assessment, then the application must be refused.

1.2 Health board duties in respect of the pharmaceutical needs assessment

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

- Publish revised statements (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 Swansea Bay University Health Board there are 90 pharmacies, and one dispensing doctor practice (February 2026). There are no dispensing appliance contractors in the health board's area.

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

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

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

- National community pharmacy and appliance contractor services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of these services, they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements.
    - Appliance use review service
    - Clinical community pharmacy service
    - Discharge medicines review service
    - Lateral flow test supply service
    - Pharmacist independent prescribing service
    - Seasonal influenza vaccination service
    - Stoma appliance customisation service

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

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

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

- A patient and public involvement programme
- A clinical audit programme
- Collaboration with other healthcare professionals through clusters in order to identify and improve the health and wellbeing of the population service by the pharmacy
- A risk management 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 12 weeks' notice.

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

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

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

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

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

- Stoma appliance customisation service
- Appliance use reviews service

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

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

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

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.

There is one controlled locality within the health board’s area.

1.4 Other NHS services

Other services which are commissioned or provided by Swansea Bay 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

Swansea Bay University Health Board has overall responsibility for the publication of the pharmaceutical needs assessment. It 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 eight primary care clusters within the health board, namely:

- Afan
- Neath
- Upper Valley
- Cwmtawe
- Penderi
- City
- Bay
- Llwchwr

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

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

Health planning is done on a cluster basis with each cluster producing a three-yearly integrated medium term plan which is reviewed annually. The integrated medium term plan includes population needs assessments and an asset profile for each cluster; these help to plan services on a population needs basis.

Pharmacy is one of the primary care contractors and therefore a relevant provider of services within a cluster. Clusters are therefore a natural footprint for the localities within this pharmaceutical needs assessment.

1.5.3 Public engagement

In order to gain the views of the public on pharmaceutical services, a questionnaire was developed and made available via an online survey platform from 30 March 2026 to 27 April 2026. The survey was promoted through the health board’s website,

on all social media platforms and posters were displayed in all pharmacies. The health board informed Llais of the questionnaire prior to it going live.

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

There were 119 responses to the public engagement questionnaire, 113 via the online questionnaire and six as hard copies. 117 responses were in English and two in Welsh.

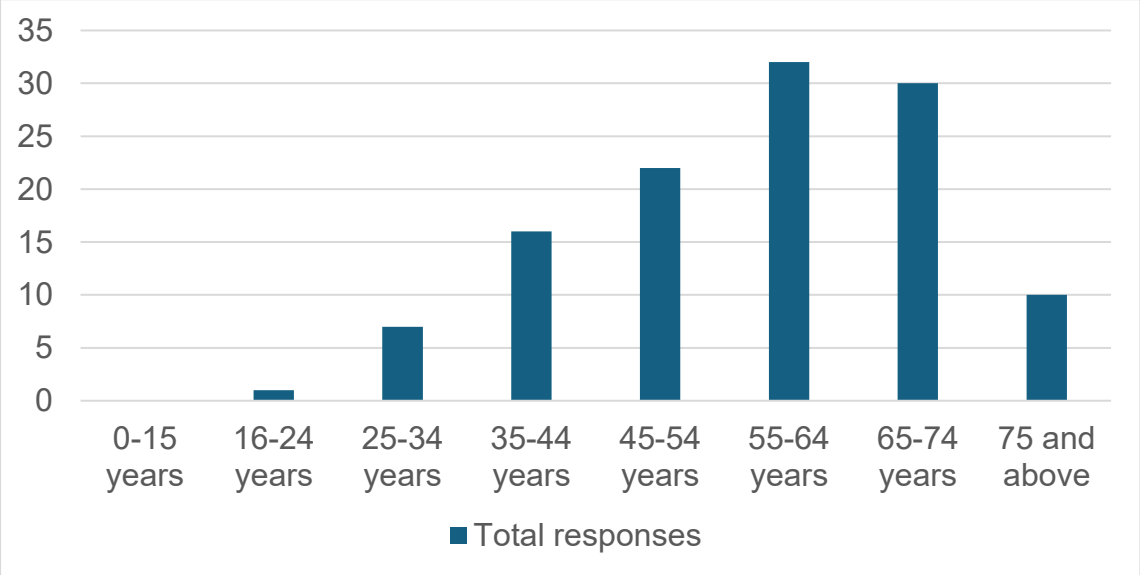
The responses provide useful insight into the public's experience and perceptions of pharmaceutical services; however, the findings should be interpreted with caution. Only 119 responses were received, and respondents were predominantly older adults and English speakers. The survey is therefore unlikely to fully represent the views of all residents, particularly minority ethnic communities, people who are digitally excluded, younger adults and those whose first language is neither English nor Welsh. The survey findings have therefore been considered alongside demographic, health needs and service utilisation data when reaching the conclusions of this assessment.

1.5.3.1 About the respondents

Responses were received from people living across the health board area which was evidenced by the partial postcodes provided.

The majority of respondents were female (96) followed by males (23). The largest groups of respondents were aged 65 – 74 years (26.6%) followed by those aged 55 – 64 years (25.5%).

Figure 1.1: Age range of respondents



97.5% (116 people) said their preferred language was English when accessing services at a pharmacy or GP practice. Only 2.5% (two people) said their preferred language was Welsh.

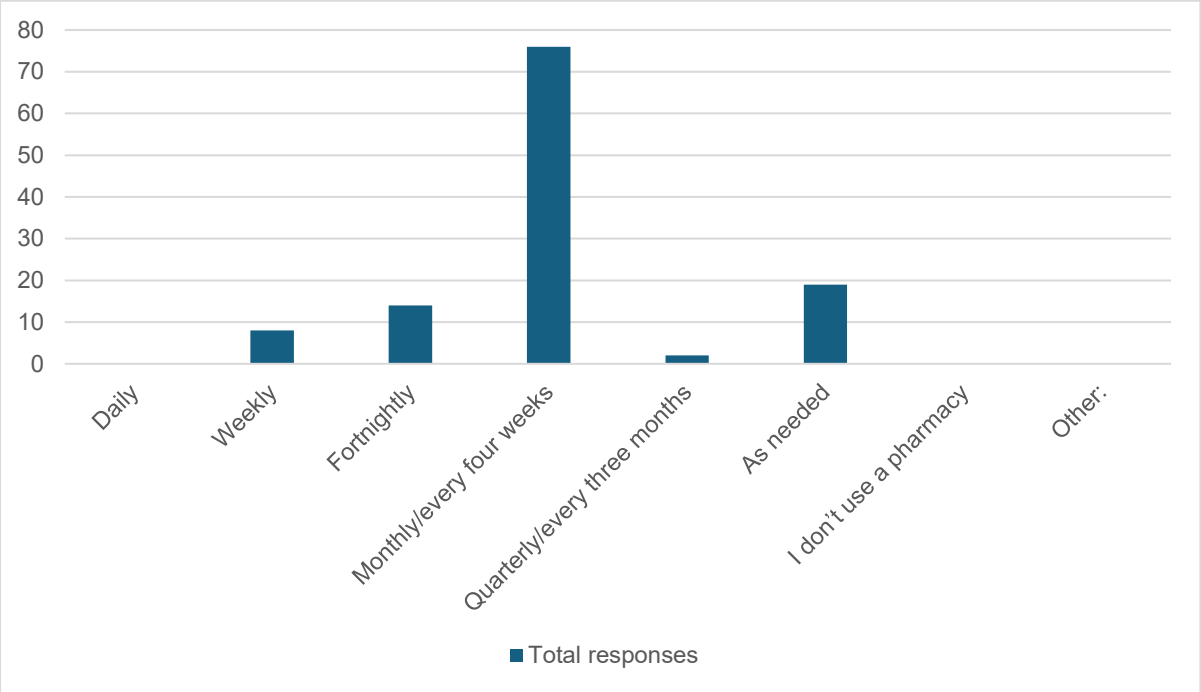
When asked why they usually visit a pharmacy, 119 people answered the question and a total of 378 responses were received. Multiple answers could be given to this question. The majority of responses received show that people visit a pharmacy to get or collect a prescription for themselves (92.4%%, 110 responses) or to get or to collect a prescription for someone else (53.8%, 64 responses).

Table 1.1: Reasons for visiting a pharmacy

Reasons for visiting a pharmacy	Total responses
To get or collect a prescription for myself	110
To buy medicines for myself	61
To get advice for myself	60
For other services such as flu vaccination	30
To get or collect a prescription for someone else	64
To buy medicines for someone else	27
To get advice for someone else	21
I don't visit a pharmacy as I use an online/internet pharmacy	1
I don't visit a pharmacy as I use a dispensing doctor	0
I don't visit a pharmacy as I use an appliance contractor (an appliance contractor supplies medical devices prescribed by a doctor)	0
I don't visit a pharmacy as my medicines are delivered to me	4
I don't go to a pharmacy; someone goes on my behalf	0

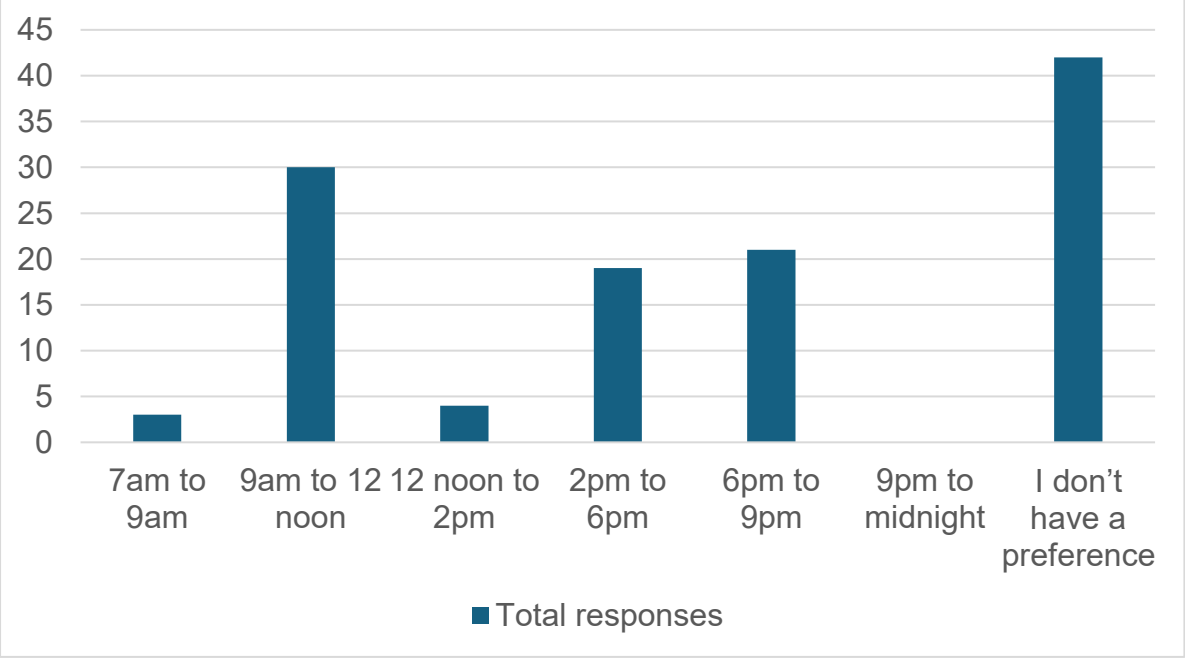
Most respondents (63.9%, 76 people) visit a pharmacy monthly/every four weeks, reflecting the length of their prescription.

Figure 1.2: Frequency of using a pharmacy



The majority of respondents (35.3%, 42 people) did not have a preference about when is the most convenient time to use a pharmacy. Of the remaining responses, 25.2% preferred to use a pharmacy between 9.00am and 12.00pm.

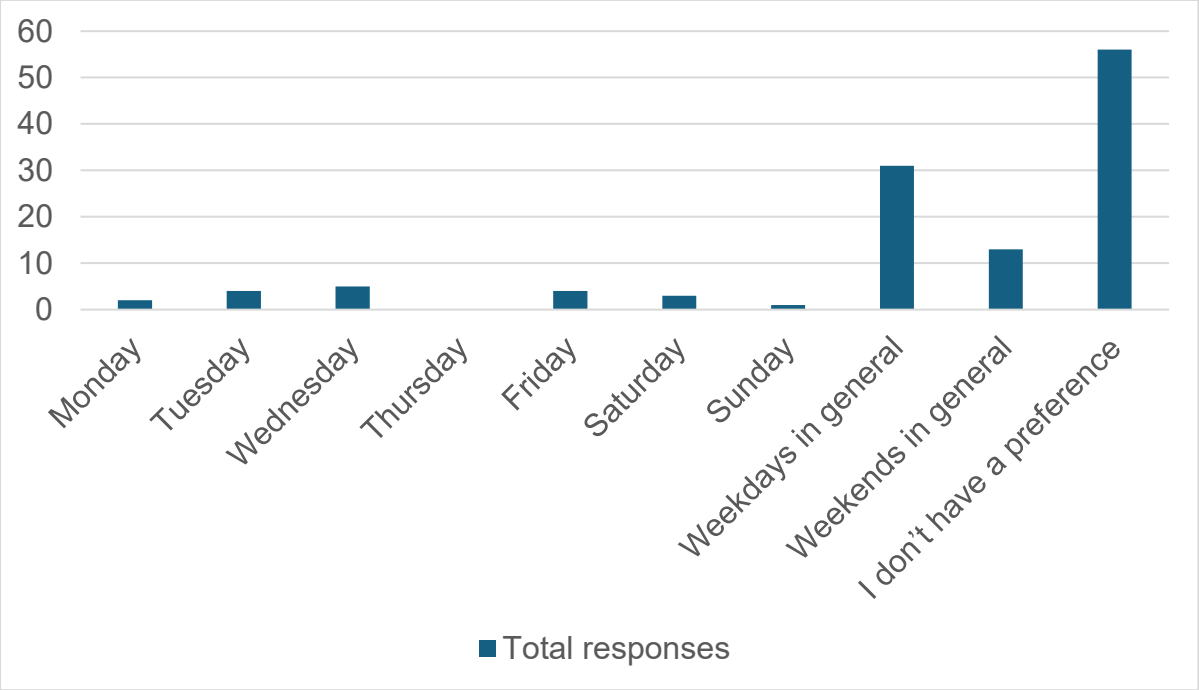
Figure 1.3: The most convenient time to use a pharmacy



Similarly, the majority of respondents (47.1%, 56 people) did not have a preference about the most convenient day to use a pharmacy. Of the remaining responses, 26.1% (31 people) found the weekdays in general the most convenient time to

access a pharmacy and 10.9% (13 people) found the weekends in general the most convenient time to access a pharmacy. Other respondents preferred a specific day of the week.

Figure 1.4: The most convenient day to use a pharmacy

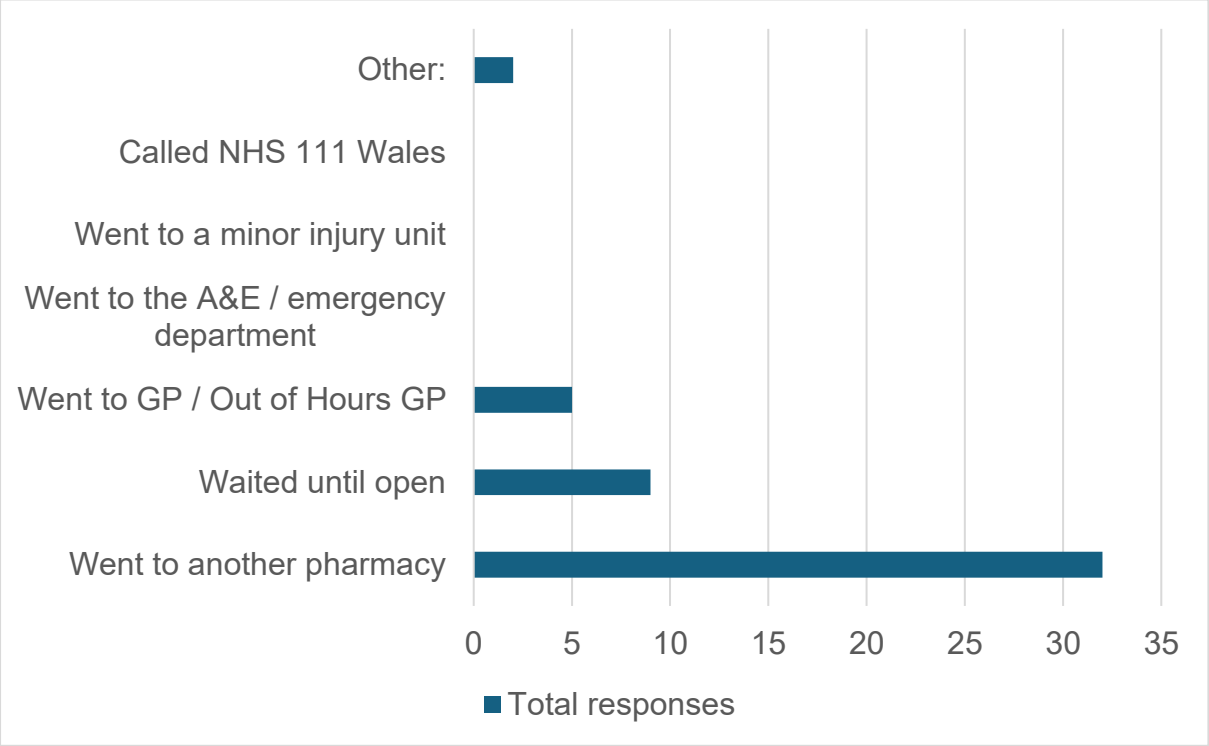


When asked about whether there had been a recent time when they were not able to use their normal pharmacy, 36.1% (43 people) responded 'yes', 56.3% (67 people) responded 'no' and 7.6% (nine people) said the question was 'not applicable'.

When asked what they did, 43 people answered the question and a total of 48 responses were received. Multiple answers could be given to this question. The majority of responses received show that people went to another pharmacy (74.4%, 32 responses) or waited until the pharmacy was open (20.9%, nine responses). 11.6%, five respondents went to my GP/Out of Hours GP.

Of the two people who responded other, only one provided a comment which was "had to go to 4 different ones".

Figure 1.5: What respondents did when they weren't able to use their normal pharmacy



Most respondents prefer to use the same pharmacy. Of the 119 responses received, (75 people, 63.0%) said they always use the same pharmacy and (40 people, 33.6%) said they use different pharmacies but prefer to visit one most often. Three respondents said that they always use different pharmacies, and one respondent said they rarely use a pharmacy.

There are many reasons that influence the choice of pharmacy. Multiple answers (323 responses) were given by the 119 respondents as to what influences choice of pharmacy. The most popular reasons were close to home (67.2%, 80 responses) followed by the location of the pharmacy is easy to get to (48.7%, 58 responses), I like and trust the staff who work there (43.7%, 52 responses) and close to my doctor (42.9%, 51 people).

Table 1.2: Most popular reasons that influence choice of pharmacy

Reasons	Total responses
Close to my home	80
The location of the pharmacy is easy to get to	58
I like and trust the staff who work there	52
Close to my doctor	51
They usually have what I need in stock	48
The pharmacy provides good advice & information	41
The staff know me and look after me	39

Reasons	Total responses
The service is quick	36
There is a private area if I need to talk to the pharmacist	36
The customer service	35
It is easy to park at the pharmacy	33
The pharmacy has good opening hours	31
The pharmacy collects my prescription and/or delivers my medicines	27
I've always used this pharmacy	25
It's not one of the big chains	23
I can order my repeat medicines online or by using their app	22
Close to where I work	15
Close to other shops	14
It's a well-known big chain	11
I can speak to the staff in my preferred language	6
It is accessible eg wheelchair/baby buggy friendly	6
Other:	4
Close to children's school or nursery	3
The pharmacy was recommended to me	3
The staff don't know me	2

Of the four people who replied 'other', three comments were related to the automated collection points. One person said they go to whichever pharmacy has their medication.

When asked if there is a more convenient and/or closer that they don't use, the majority of respondents (65.3%, 77 out of 118 people), said no, whilst six people (5.1%) did not know. However, for 29.7% of respondents (35 people) there was a more convenient or closer pharmacy that they were choosing not to use. When asked why they did not use that pharmacy, 36 people answered the question and a total of 88 responses were received. Multiple answers could be given to this question. The top four reasons provided were around speed of service (16 people) ease of parking (14 people), don't have what I need in stock (12 people), and opening times (10 people).

Table 1.3: Reasons for not using a closer or more convenient pharmacy

Reasons	Total responses
The service is too slow	16
It is not easy to park at the pharmacy	14
They don't have what I need in stock	12
It's not open when I need it	10
The staff don't know me	8

Reasons	Total responses
I have had a bad experience in the past	7
Other:	7
The staff are always changing	6
There is not enough privacy	4
I know the staff and would prefer them not to know what medicines I am taking	3
The pharmacy does not deliver medicines	1
It's not wheelchair/baby buggy friendly	0

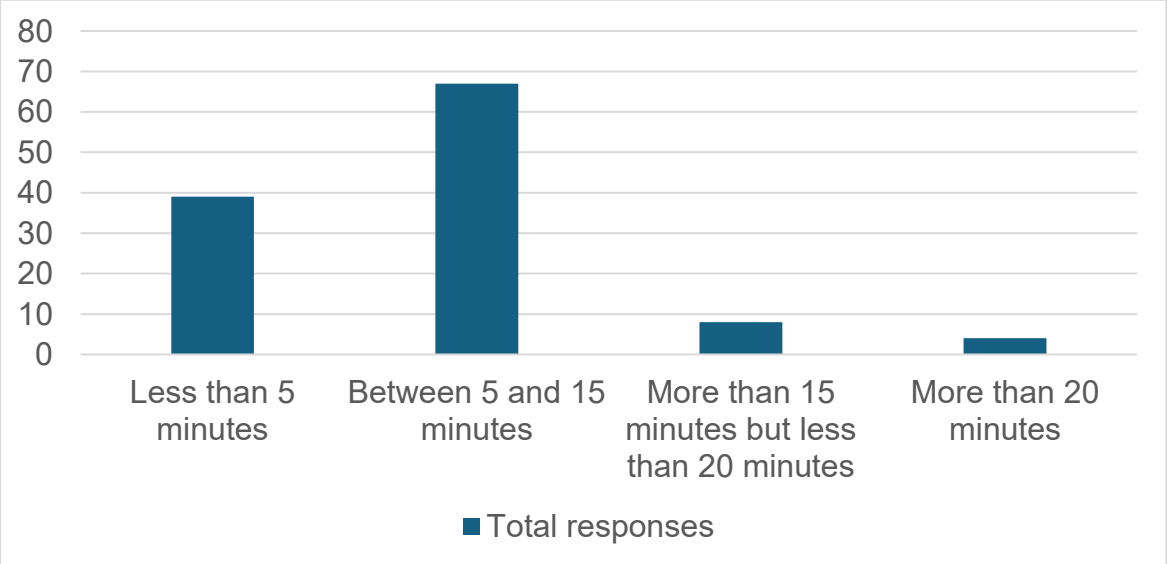
Seven people (19.4%) selected 'other' when responding to this question. The reasons given were:

- I have a good relationship with the pharmacist at my preferred pharmacy
- Staff are rude and service is poor
- Attitude of staff and being told to come back the following day to pick up antibiotics
- Takes days to get medication
- It's too busy
- They don't have a 24 hour dispensing machine for prescriptions
- I've heard bad things from others and so haven't used it

The most popular ways of travelling to a pharmacy are by car (66.4%, 79 people) and then on foot/wheelchair (26.9%, 32 people). 3.4% (four people) travelled by bus and two people by taxi. One person cycled.

With regard to the amount of time it takes to travel to a pharmacy, for 96.6% of respondents the journey is less than twenty minutes.

Figure 1.6: Time taken to travel to a pharmacy



The majority of respondents (90.7%, 108 people) said they didn't have difficulty getting to a pharmacy. Only 5.9% (seven people) replied that they did and 3.4% (four people) said the question was not applicable. Of the seven people who selected other, the reasons why they have difficulty were:

- They take so long to give your medication
- Access and poor opening hours
- I work 9-5
- Parking in the area is non existent
- Depending on taxi availability
- I have kidney failure
- Mobility issues

When asked about the methods or resources used to find out information about a pharmacy such as opening times or the services being offered, 119 people answered the question and a total of 208 responses were received. Multiple answers could be given to this question. Overall, the internet (62.2%, 74 responses) was the most popular way people used to find out information. 30.3% (36 responses) said they would call them, and 24.3% (29 responses) said they would just pop in and ask them. Of the seven people who said 'other':

- Pharmacy own website
- Use the [name] app
- I know of pharmacists in the area due to having to visit them all to get medication
- [name] Pharmacy have a brilliant out of hours dispensing machine
- On text I receive from them
- Google Maps
- Look at notice on door

Table 1.4: Most common ways to find out information on pharmacies

Ways to find out information	Total responses
I would search the internet	74
I would call them	36
I would just pop in and ask them	29
Look in the window	15
I would use social media	14
I would call NHS 111 Wales or use their website	13
I would search the Swansea Bay University Health Board website	13
Other	7
Not applicable	5
I would ask a friend	2
I would find out from reading the local newspaper or magazine	0

10.9%% (13 people) didn't feel able to discuss something private with their pharmacist as opposed to 67.2% (80 people) who did. 17.7% (21 people) had never needed to and 4.2% (five people) responded that they didn't know.

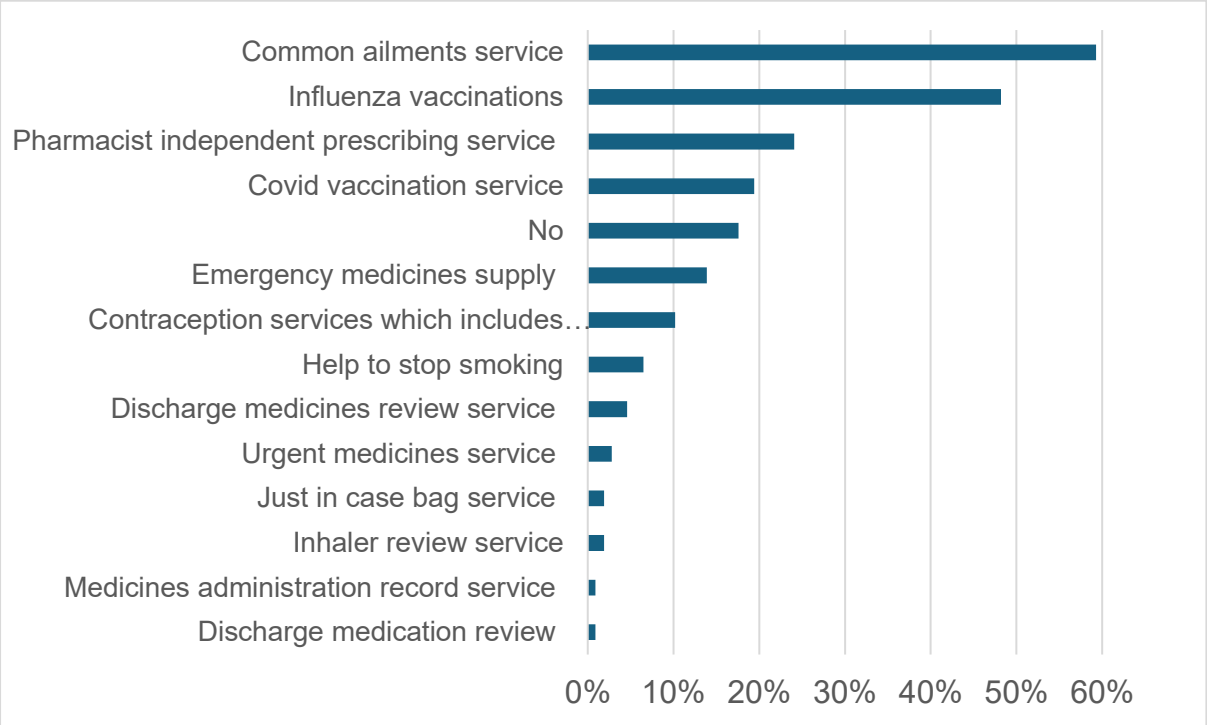
When asked whether they were aware that they may be able to access certain services from pharmacies as part of the NHS, 114 people responded to the question and a total of 617 responses were received. Multiple answers could be given to this question. Influenza vaccinations (87.7%, 100 responses) followed by the common ailments service (84.2%, 96 responses) are the services most respondents are aware of as being offered by pharmacies as part of the NHS. In general, there was limited awareness of the blood-borne virus testing service (6.1%, seven people), care home support service (7.9%, nine people) and appliance use review service (8.8%, ten people), however this specialist service would only be used by those in need of appliances such as stomas and colostomies rather than the wider patient group. 5.3% of respondents (six people) were not aware of any of the services offered from pharmacies as part of the NHS.

Table 1.5: Awareness of availability of pharmacy services as part of the NHS

Awareness of availability of services	Total responses
Influenza vaccinations	100
Common ailments service	96
Covid vaccination service	54
Help to stop smoking	51
Contraception service which includes the 'morning after pill'	50
Pharmacist independent prescribing service	44
Emergency medicines supply	39
Discharge medicines review service	27
Supervised administration of medicines	26
Urgent medicines service	21
Needle and syringe provision	17
Inhaler review service	17
Medicines administration record service	16
Discharge medication review	14
Just in case bag service	13
Appliance use review service	10
Care home support service	9
Blood-borne virus testing	7

The most popular service that respondents said they had used was the common ailments scheme (59.3%, 64 people) followed by influenza vaccinations (48.2%, 52 people). However, 17.6% (19 people) said they had never used any of these services. Multiple answers could be given to this question.

Figure 1.7: Percentage of respondents who have used NHS pharmacy services



When asked if there was anything else respondents would like to share about their experience of their local pharmacy or GP dispensing practice, a total of 96 comments were received. The following are the key themes.

A strong theme from the comments was of the positive staff experience.

- Many respondents praised the friendly, helpful, and knowledgeable staff
- Pharmacists often described as approachable, trusted, and supportive
- Some patients prefer pharmacists over GPs for advice and minor conditions
- Strong appreciation for staff going “above and beyond”

A common theme was long waiting times and queues, with a perception that staff are having to deal with a high workload.

Medication shortages was mentioned, leading to repeat visits in order to collect all dispensed items.

Some people commented on the prescription process and interaction between pharmacies and the GP practices, with poor communication leading to patients being stuck in the middle and having to chase prescriptions.

Variability in experience was noted, with some pharmacies described as excellent, but others as poor or disorganised. Differences were often linked to staffing levels, organisation and process, and management of the pharmacies.

There was positive feedback on being notified via text when medication is ready to be collected, online ordering of repeat prescriptions, and the ability to collect

medication from the automated collection points at a time that is convenient. However, limited opening hours at the weekend, parking difficulties and long queues were also mentioned.

Whilst may see pharmacies as an alternative to making an appointment with a GP, and they are effective in managing common ailments, access to pharmacists and inconsistent availability of service was identified as an issue.

1.5.4 Contractor engagement

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

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

The questionnaire was open from 10 March to Tuesday 7 April 2026 and the results are summarised below. 84 pharmacies in the health board's area responded, a response rate of 93%. The health board is grateful for the support of Community Pharmacy Wales in encouraging contractors to complete the questionnaire.

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

- 75 of the 84 pharmacies confirmed that the pharmacy premises are accessible by wheelchair.
- 73 pharmacies confirmed the consultation room had wheelchair access.

Although nine pharmacies reported that their premises are not fully wheelchair accessible, these pharmacies are predominantly located in urban areas where alternative wheelchair-accessible pharmacies are available in close proximity. No areas have been identified where wheelchair users would be unable to reasonably access pharmaceutical services.

Since April 2005, consultation rooms have become increasingly common in pharmacies as they are a pre-requisite for providing some services. 83 pharmacies confirmed their consultation area meets the required standards:

- Is a closed room,
- Is a designated area where both the patient and pharmacist can sit down together,
- The patient and pharmacist are able to talk at normal volumes without being overheard, and
- Is clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

One pharmacy failed to confirm whether its consultation area meets the final standard; it does meet the other three.

37 pharmacies have Welsh speakers, and 25 pharmacies confirmed that languages in addition to English are spoken.

- Arabic (five pharmacies)
- Punjabi (four pharmacies)
- Urdu (four pharmacies)
- Hindi and Romanian (three pharmacies each)
- Spanish, Portuguese, Bengali, Ukrainian, and Russian (two pharmacies each)
- Dutch, Korean, Kurdish, Nepali, Polish, Czech, Gujarati, Filipino, French, and German (one pharmacy each)

It is noted that from the public engagement questionnaire, only 1.7% of respondents stated that Welsh is their preferred language when accessing pharmacy services.

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

- 76 pharmacies indicated they dispense all types of appliances
- Six pharmacies do not dispense appliances
- One pharmacy dispenses appliances, excluding incontinence appliances
- One pharmacy dispenses dressings only

Although not commissioned services:

- 77 pharmacies said they collect prescriptions from GP practices (although two also provide a paid for service),
- 76 provide a delivery service, free of charge,
- Eight of these provide the service to certain patient groups only eg housebound patients and those eligible for an influenza vaccination,
- Ten restrict the service to certain areas, and
- Ten provide the service for a fee.

Three pharmacies said they are either introducing a fee for the service or are considering doing so.

12 pharmacies confirmed they have an automated collection point, and it is noted from the public engagement responses that this service is appreciated by residents as it allows them to collect their medicines at a time that is convenient for them.

Pharmacies were asked whether there is a requirement for an existing additional clinical service which is not currently provided. Ten pharmacies said there is.

- Blood pressure checks (two pharmacies).
- Phlebotomy service/access to blood tests.
- Covid vaccinations.
- Asthma/inhaler clinic.
- Pharmacist independent prescribing service (two pharmacies).
- There is a large number of preventable deaths from cardiovascular disease. Pharmacy could take part in atrial fibrillation screening if funding allowed.

- The medicines use review service should be reintroduced to reduce medicines wastage.
- Extension of the smoking cessation services to include oral medications such as Champix and Zyban.

When asked if there is a requirement for a new service that is not currently available 12 pharmacies said there is.

- Blood pressure checks (four pharmacies)
- Drug and alcohol testing
- Scheme to check that patients are engaging in the national screening programmes
- Just ask once programme for healthcare
- Asthma/inhaler review (two pharmacies)
- Atrial fibrillation detection service – discussions about this are happening in cluster meetings.
- More vaccination services
- Weight management service
- Funded delivery service
- Screening service for cardiovascular disease
- Diabetes reviews
- Ear wax removal
- Sharps disposal service
- Expansion of pharmacist independent prescribing service conditions.

The range of services offered by community pharmacies has increased and is likely to continue increasing as more services are developed which can be delivered within local communities. The questionnaire sought to determine the current level of capacity within pharmacies.

- 74 pharmacies said they have sufficient capacity within their premises to manage an increase in demand, six said they didn't but could make adjustments, and three said they did not and would have difficulty in managing an increase in demand. These pharmacies are located in Bay, City and Cwmtawe clusters.
- 71 pharmacies said they have sufficient capacity within their staffing levels to manage an increase in demand, ten said they didn't but could make adjustments, and two said they did not and would have difficulty in managing an increase in demand. These pharmacies are located in City and Upper Valleys, with the one in City also saying it doesn't have capacity in its premises.

Forty one pharmacies said they have plans to develop or expand their premises or service provision.

- Increase the number of consultation rooms (some pharmacies said this was dependent on funding being made available) – seven pharmacies
- One pharmacy is about to start a refit of the premises to extend the dispensary

- Start to provide the pharmacist independent prescribing service (some dependent on pharmacists completing the training) – fifteen pharmacies
- Extend provision of the pharmacist independent prescribing service – two pharmacies
- Relaunch and promote the pharmacist independent prescribing service
- Would like to expand the range of services provided if sufficient funding is available
- Update the technology used, including trialling a barcode checking system to free up pharmacist time – seven pharmacies
- Raise awareness of services provided – two pharmacies
- Train additional technicians – seven pharmacies
- Phlebotomy service
- Increase vaccination services eg Shingles
- Start to provide (more) private services to meet patient needs eg ear wax removal, travel vaccinations, weight management – five pharmacies
- Several pharmacies expressed an interest in providing more pharmacies, although concerns were noted about the current pressure on funding.

When asked if they have any plans to amend the opening hours, eight pharmacies said yes.

- One pharmacy will introduce Sunday opening hours from 24 May to 30 August 2026 (Bay locality)
- Two pharmacies would consider amending their opening hours, but this is dependent on the contract negotiations
- One pharmacy is in discussion about a change
- One pharmacy would like to introduce an out of hours satellite clinic as it is located in an area of high out of hours service usage.
- One pharmacy has successful applied to reduce their core opening hours and will introduce the change in June 2026.
- One pharmacy is considering applying to close 30 minutes earlier.

The dispensing practice provided the following information – a copy of the questionnaire can be found in Appendix J.

- The dispensary is open 8.00am to 2.00pm Monday to Thursday, and 8.00am to 11.00am and 2.30pm to 6.30pm on Fridays.
- Only dressings are dispensed.
- A delivery service is provided to housebound patients.
- There are no Welsh speakers and only English is spoken by staff.
- The practice has sufficient capacity with its dispensary and dispensing staff to manage an increase in demand.
- The practice has no plans to extend the dispensary.
- Medication administration review charts, dosette boxes and weekly collections are provided.

1.5.5 Other sources of information

A range of data sources have been used in the drafting of this document and are

referenced throughout the chapters.

1.5.6 Consultation

A report on the consultation is included at appendix K.

2 Overview of Swansea Bay University Health Board

2.1 Introduction

Swansea Bay University Health Board includes the unitary authorities of Swansea and Neath Port Talbot and covers population of around 401,571 (January 2026). Swansea is the second largest city in Wales and the fifth[1] most densely populated authority (666 persons per square kilometre, mid-2024 estimate) in the country after Cardiff, Newport, Torfaen, and Caerphilly. Swansea is the regional commercial centre for South West Wales.

Swansea is approximately 378 square kilometres which equates to 69.1% rural and 30.9% urban.

There are around 20,900 hectares of land farmed in the county with around 380 economically active farms as of June 2020[2]. Swansea contains 31 conservation areas[3] (February 2025), 122 ancient monuments[4] (February 2023) and over 500 listed buildings[5].

Swansea is a university city that is home to Swansea University[6] (Singleton Park and Bay Campus'), and The University of Wales Trinity Saint David[7]. It is also home to a further education college Gower College Swansea[8] with campuses at Tycoch, Gorseinon, and Llwyn Bryn. In total they support around 39,180 full-time students (2022/23)[9].

Swansea is a tourist destination for its coastal walks, water sports, beaches, and nightlife. It is estimated that approximately 4.2 million people visited Swansea Bay in 2022, with tourism worth over £510 million to the local economy[10].

Swansea has 72.2% of working aged residents (16-64) who are economically active, which equates to approximately 120,800 economically active people, of whom around 108,000 are in employment. 7,400 people in Swansea (6.4% of the economically active population age 16 years and over) are unemployed (survey period ending December 2025)[11].

108,000 employees work in Swansea, mostly (88.9%) in the service sectors, with 31.3% (33,700) employed in the public sector. An estimated 25,700 people commute into Swansea each day.

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[1] Office of National Statistics - How the population changed in Swansea: Census 2021
[2] Swansea Council - Key facts Swansea (February 2026)
[3] Swansea Council - Conservation areas Swansea (February 2025)
[4] Swansea Council - Ancient monuments Swansea (February 2023)
[5] Swansea Council - Listed buildings Swansea (February 2023)
[6] Swansea University - Swansea University
[7] University of Wales Trinity Saint David - The University of Wales Trinity Saint David
[8] Gower College Swansea - Gower College Swansea
[9] Swansea Council - Statistics on students in Swansea
[10] Swansea Council - Swansea Destination management plan 2023-2026
[11] Swansea Council - Key facts Swansea (February 2026)

There were 7,325 active businesses in Swansea in 2024, representing a small increase on the previous year. During 2024, 835 new businesses were registered, while 790 businesses closed, indicating a broadly stable business population.[12]

Neath Port Talbot is one of the unitary authority areas of Wales. The main towns are Neath, Port Talbot, Pontardawe, and Glynneath. Neath Port Talbot is the 11th-least densely populated local authority areas in Wales[13].

43% of the land in Neath Port Talbot is covered by forestry with major conifer plantations in upland areas. The coastal land around Port Talbot is mainly low-lying flat land. An extensive dune system stretches along much of the coast, broken by river mouths and areas of development[14]. The modern settlement patterns in the county reflect the industrial history of the area, with towns and villages lining the valleys where the coal industry had developed and at the coming together of the numerous river valleys[15].

Neath Port Talbot has 72.1% of working aged residents (16-64) who are economically active. This equates to around 63,500 people in active employment[16] (survey period December 2025). There were 1,900 unemployed people in Neath Port Talbot, representing around 3.1% of the economically active population between ages 16 and 64.

The largest employment sectors in Neath Port Talbot remain manufacturing, accounting for approximately 18–19% of total employment, and health and social care, which employs around 15% of the workforce.

2.2 Population of Swansea Bay area

2.2.1 Projected population statistics

The Office for National Statistics official census and labour market statistics[17] estimate the total population (2024) of the Swansea Bay University Health Board area at 394,553. For Swansea, the total population estimate is 251,304 and for Neath Port Talbot it is 143,249.

Based on the local authority population projections between mid-year 2022 and mid-year 2032[18] the population of Swansea is estimated to increase by 14,900 (6.1%) and the population of Neath Port Talbot to increase by 4,345 (3.1%).

Swansea has the eighth highest level of projected percentage growth in Wales, with Cardiff being the largest (10.5%).

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[12] Swansea Council - Swansea Economic Profile - Business Activity (February 2026)
[13] Office of National Statistics - How life has changed in Neath Port Talbot: Census 2021
[14] Neath Port Talbot County Borough Council - Local development plan 2011-2026 landscape and seascape, supplementary planning guidance (May 2018)
[15] Neath Port Talbot County Borough Council - Flood risk management plan 2015
[16] Office of National Statistics - Nomis official census and labour market statistics
[17] Office of National Statistics - Nomis official census and labour market statistics
[18] Welsh Government Stats Wales - 2022-based population projections by local authority, age, sex, year and variant

The population of Swansea is expected to increase from 242,812 to 257,712 between 2022 and 2032 (6.1%). The main projected trends are:

- The population of 0-15 years is expected to decrease by 5.7%
- The number of working age people (aged 16-64) is expected to increase by 9.800 people (6.5%).
- By 2032 the number of people aged between 65 and 74 is expected to increase by 12.7%
- The population of over 75s is also expected to increase by 2032, by 17.2% taking the population in this age group from 24,499 to 28,469.

The population of Neath Port Talbot is expected to increase from 142,291 to 146,636 (3.1%). The main projected trends are:

- The population of 0-15 years is expected to decrease by 9.1%
- The number of working age people (aged 16-64) is expected to increase by 1,264 people (1.5%).
- By 2032 the number of people aged between 65 and 74 is expected to increase by 13.8%
- The population of over 75s is also expected to increase by 2032, by 21.6% taking the population in this age group from 14,217 to 17,287.

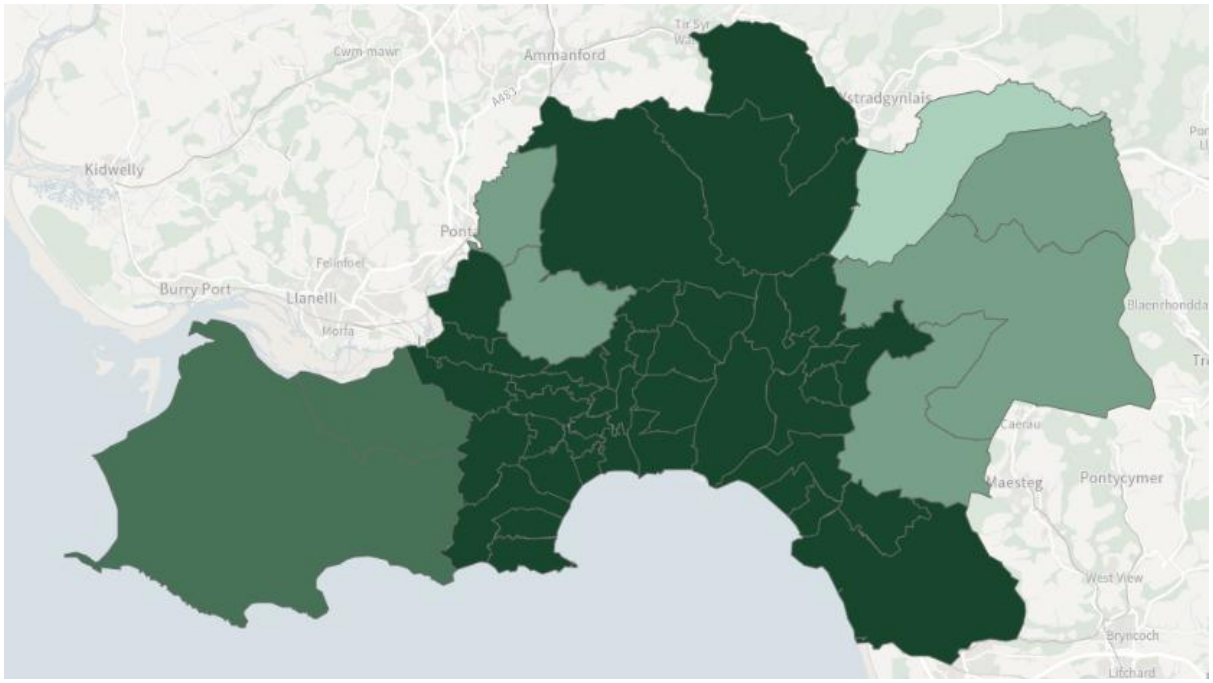
2.2.2 Rural urban classification[19]

The 2021 classification simplifies the landscape into three main types based on the population size of the "built-up area":

1. Urban - areas where most residents live in built-up areas with a population of 10,000 or more.
2. Larger rural settlement - areas dominated by smaller towns and "fringes" (suburbs) of cities with populations under 10,000.
3. Smaller rural settlement - areas dominated by villages, hamlets, and isolated homes

[19] Office of National Statistics - 2021 Rural urban classification - Census 2021

Figure 2.1: Overview of the 2021 rural-urban classification for Swansea Bay by population[20]



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Classification:

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

2.2.2.1 Swansea

Official rural-urban classification statistics suggest that approximately 69.1% of the county's land area is rural and 30.9% urban, although 86.7% of Swansea residents live in areas classified as urban and only 13.3% in rural areas (2021 Census estimates).

The urban area of the county is chiefly focused on Swansea and radiates to the west and north of the city centre - around Swansea Bay to Mumbles; over Townhill to Cwmbwrla, Treboeth, Fforestfach and Penlan; through Uplands, Sketty, Killay and Dunvant; along the Swansea Valley communities of Hafod, Landore, Plasmarl,

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

Morriston to Clydach; and on the east side of the River from St. Thomas to Bonymaen, Llansamlet and Birchgrove.

The second urban focus centres on the small towns of Gorseinon and Loughor in the north-west of the county, together with the nearby communities of Gowerton, Penllergaer, Llangyfelach and Pontarddulais[21].

2.2.2.2 Neath Port Talbot

The County Borough of Neath Port Talbot comprises urban and rural areas. It covers an area of 44,200 hectares, rising from sea level in the west to 600 metres at Craig y Llyn, above Glynneath. Neath Port Talbot is predominantly an upland area dissected by the valleys of the Afan, Neath, Dulais and Tawe rivers which all flow to the sea in Swansea Bay.

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

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

2.2.3 Population age profiles[22]

The age structure of the population varies across the two counties based on 2024 mid-year population estimates (figure 2.2). The most notable difference is in Swansea, where 8.4% of the population are aged 20-24 years compared to 5.2% in Neath Port Talbot. In addition, the population aged 25-29 is slightly higher at 6.5% in Swansea compared to Neath Port Talbot at 5.7%. This difference is due to the university-aged population, primarily based in Swansea (figure 2.2).

There is a slightly higher proportion of the population in the 60-64 age group in Neath Port Talbot (7.0%) than Swansea (6.1%). For the over 65 age group there are 31,236 residents (21.8%) in Neath Port Talbot compared to 50,967 residents in Swansea (20.3%).

The percentage of the population of children and young people aged between 0-14 is very similar with Neath Port Talbot at 15.9% compared with Swansea at 15.6%.

In Swansea, the median age[23] is 40.7 years, which is slightly below the Wales average of 43.0 years. Neath Port Talbot's median age of 43.3 years is very similar to average for Wales.

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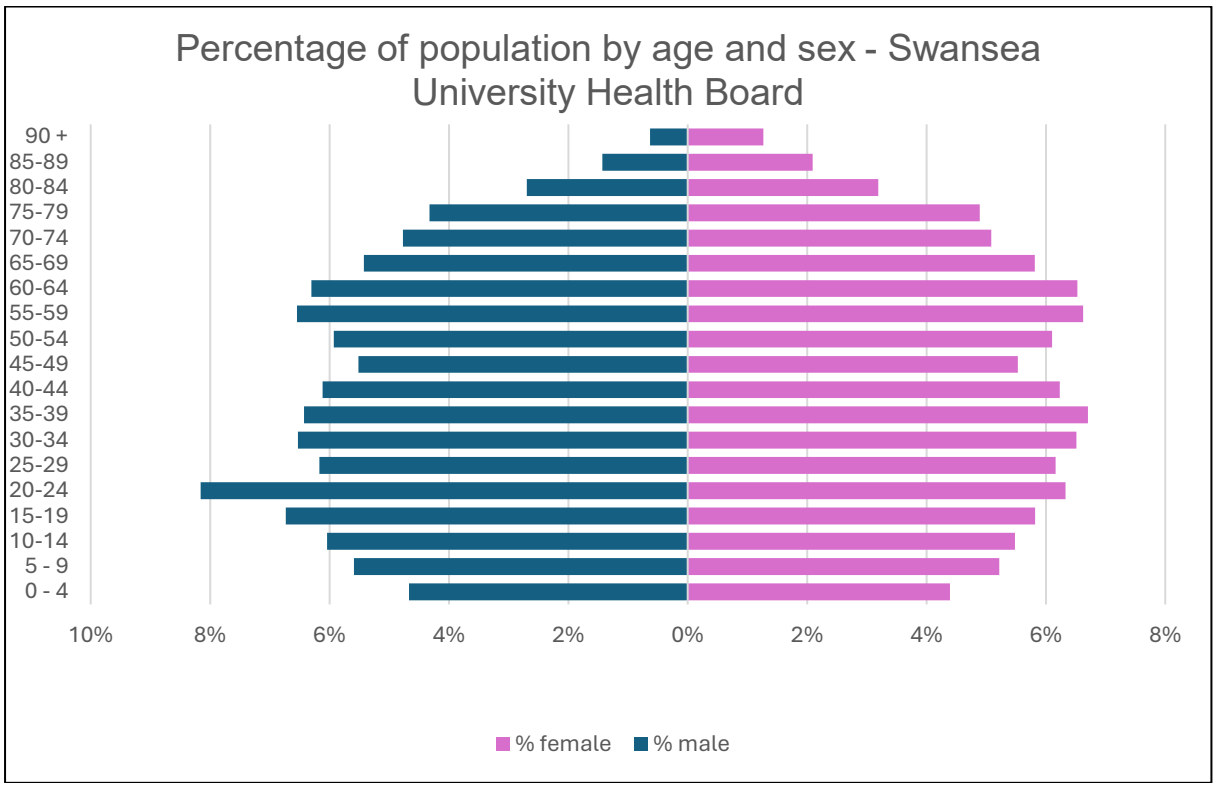
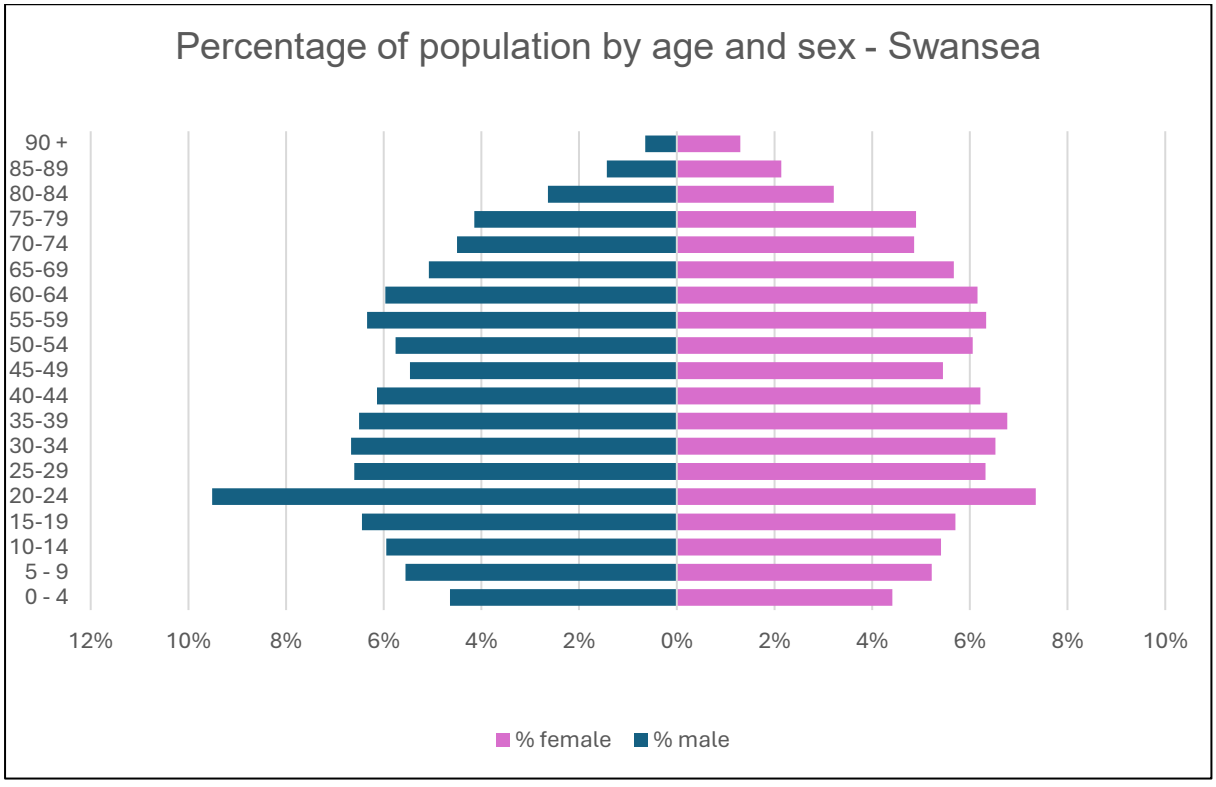
[21] Swansea Council - A summary of the physical geography of our City and County (Swansea)
[22] Nomis - Population estimates - local authority based by single year of age
[23] Office for National Statistics - Population estimates for local authorities in England and Wales (2024)

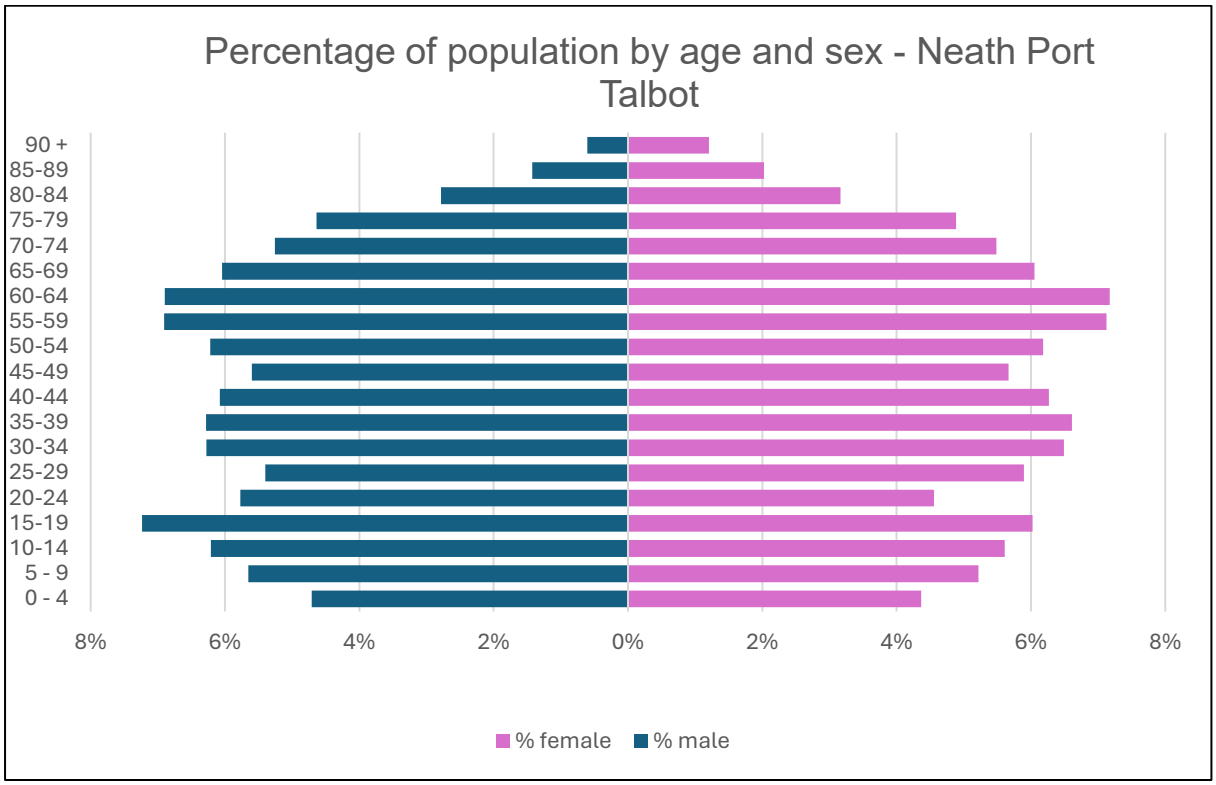
Figure 2.2: Population profile, Swansea Bay University Health Board



Swansea



Neath



2.3 Ethnicity[24]

Data from the 2021 Census shows that the majority of the population in Swansea Bay University Health Board (93.4%) are White British or Irish. Black, Asian and Minority Ethnic groups represent 6.6% of the total Swansea area population. This is higher than the Welsh average (6.2%). The Black, Asian and Minority Ethnic groups represent significantly less 3.4% of the Neath Port Talbot area population.

2.4 Household language

According to the 2021 Census, 96.7% of residents in Wales aged three and older speak English or Welsh as their main language. Polish (0.7%) and Arabic (0.3%) are next most common main languages[25].

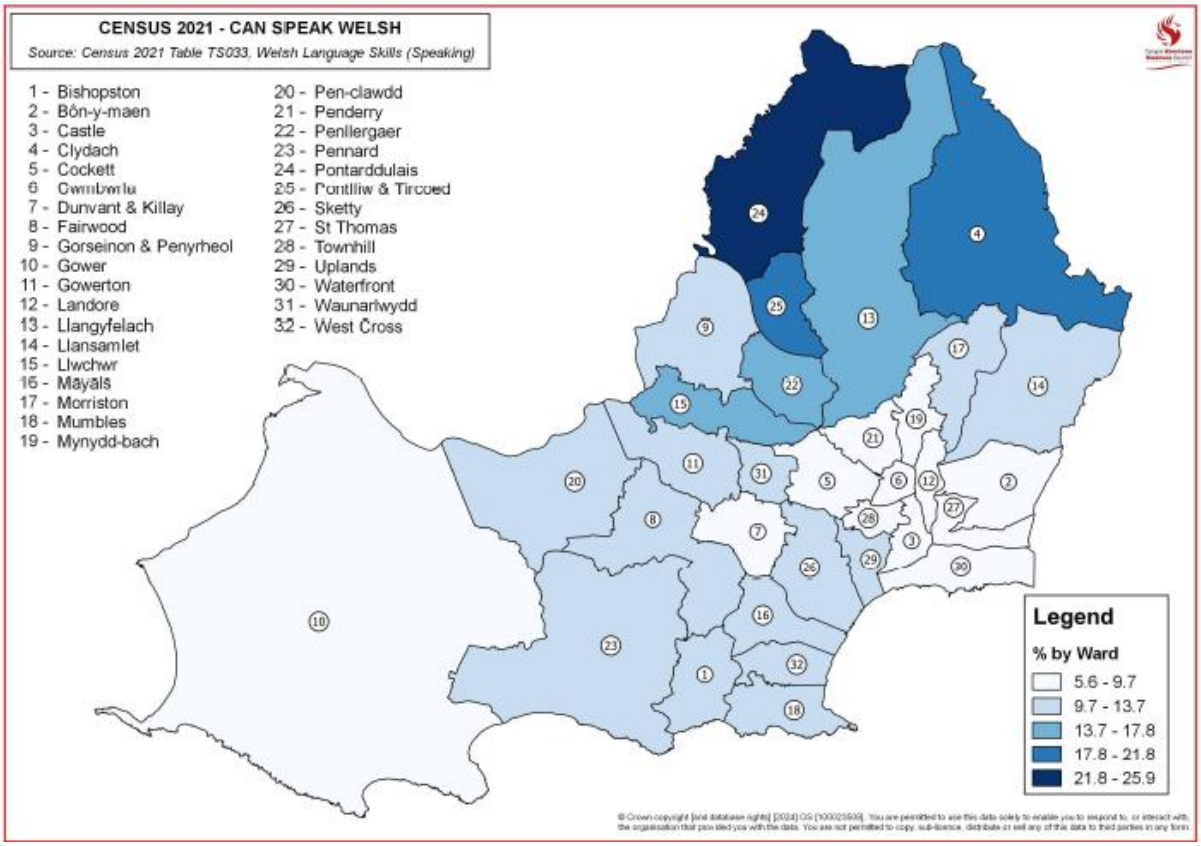
In the year ending September 2025, the Annual Population Survey (APS) estimated that 26.9% (approximately 828,500) of people aged three or older in Wales were able to speak Welsh. This represents a decline from 29.2% (891,800) reported in the year ending September 2023.

Swansea - the 2021 Census[26] highlighted:

[24] Office for National Statistics – Census 2021 - People by ethnic group, for Wales and local authorities
[25] Nomis 2021 Census - language bulletin
[26] Nomis 2021 Census – TS033 – Welsh language skills

- The number of people aged 3 years and above able to speak Welsh in Swansea in 2021 was 25,986. This equates to 11.2% of the population aged 3 years and over
- Between 2011 and 2021 the proportion of people able to speak Welsh in Swansea decreased slightly from 11.4% to 11.2%
- 88.8% (205,903) of the people in Swansea had no Welsh language skills in 2021.
- People are also more likely to speak Welsh if they live in certain local authority areas. Census 2021 data indicate that the proportion of the population able to speak, read and write Welsh remains highest in Mawr, although it has declined slightly since 2011 and is now around 20%–25%.
- In Pontarddulais, the proportion of residents with Welsh language skills is approximately 15%–20%, representing a small decrease compared with Census 2011.
- For Llangyfelach, Penllergaer, Kingsbridge, Upper Loughor, Loughor and Clydach, Census 2021 shows that the percentage of the population able to speak, read and write Welsh generally falls within the 8%–15% range.

Figure 2.3: Percentage of Welsh speakers in the Swansea area[27]



Neath Port Talbot - the 2021 Census highlighted:

[27] Swansea Council – Swansea Welsh language profile, August 2024

- The number of people aged 3 years and above able to speak Welsh in Neath Port Talbot in was 18,662. This equated to 13.5% of the population aged 3 years and over.
- Between 2011 and 2021 the proportion of people able to speak Welsh in Neath Port Talbot decreased from 15.3% to 13.5%
- 86.57% (119,658) of the people in Neath Port Talbot had no Welsh language skills in 2021.Within the communities of Cwmllynfell, Gwaun Cae Gurwen and Lower Brynamman more than half of the population speak Welsh, and these are widely regarded as traditional Welsh speaking areas. Each area has, however, experienced a decline since 2011, consistent with wider national trends, but the decline has not been sufficient to remove their majority-Welsh-speaking status.

Figure 2.4: Map of Welsh sensitive areas in Neath Port Talbot[28]

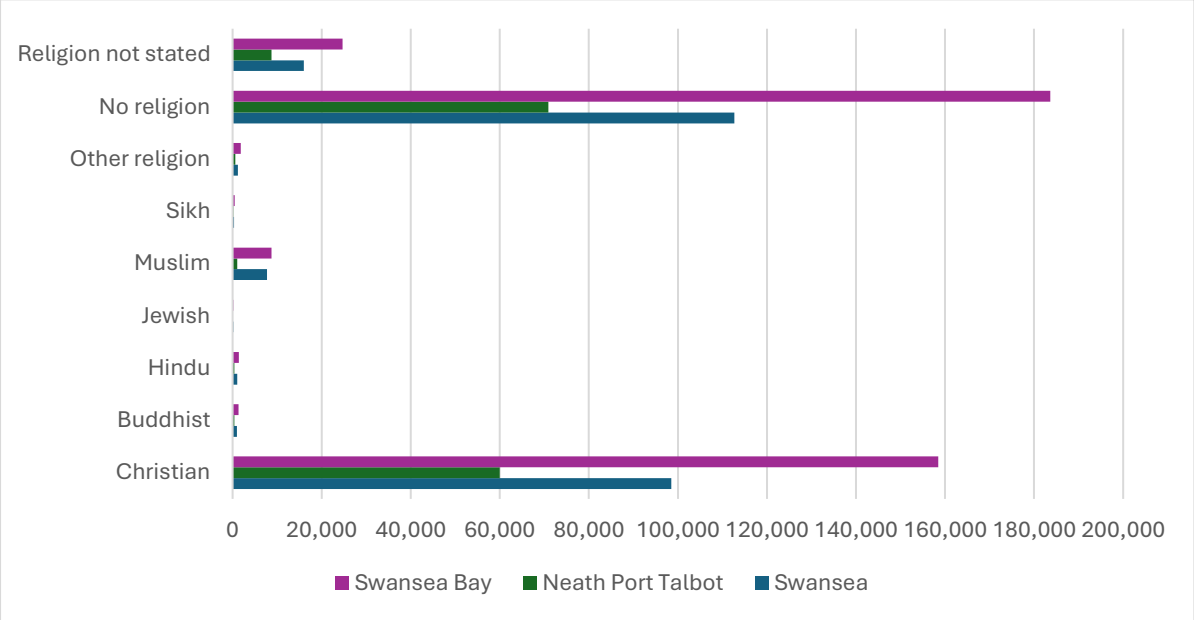
[28] Neath Port Talbot County Borough Council – Development and the Welsh language, supplementary planning guidance (May 2018)

Census data demonstrates that the majority of the population communicates in English or Welsh, although small populations speak Polish, Arabic and other languages. Contractor survey responses identified a range of language skills amongst pharmacy staff, including Arabic, Punjabi, Urdu, Polish, Romanian, Russian and Ukrainian. Whilst pharmacy language skills do not precisely mirror the linguistic profile of the population, the broad range of languages spoken within pharmacies provides some local capacity to support communication with non-English speakers. No evidence has been identified that a gap in pharmaceutical service provision exists as a consequence of language barriers.

2.5 Religion

Based on the 2021 census data, 44.8% of Swansea Bay residents follow one of six main religions. The majority define their religious status as being Christian (41.6%). In contrast, 48.2% of residents state they do not follow any religion (figure 2.5).

Figure 2.5: Swansea Bay University Health Board residents by religion and local authority



2.6 Welsh Index of Multiple Deprivation

Deprivation is a lack of access to opportunities and resources, which we might expect in our society. This can include a lack of material goods or the inability of an individual to participate in the normal social life of the community. The Welsh Index of Multiple Deprivation is the official measure of relative deprivation for small areas in Wales (known as lower layer super output areas). It identifies areas with the highest concentrations of eight different types of deprivation[29]. These are:

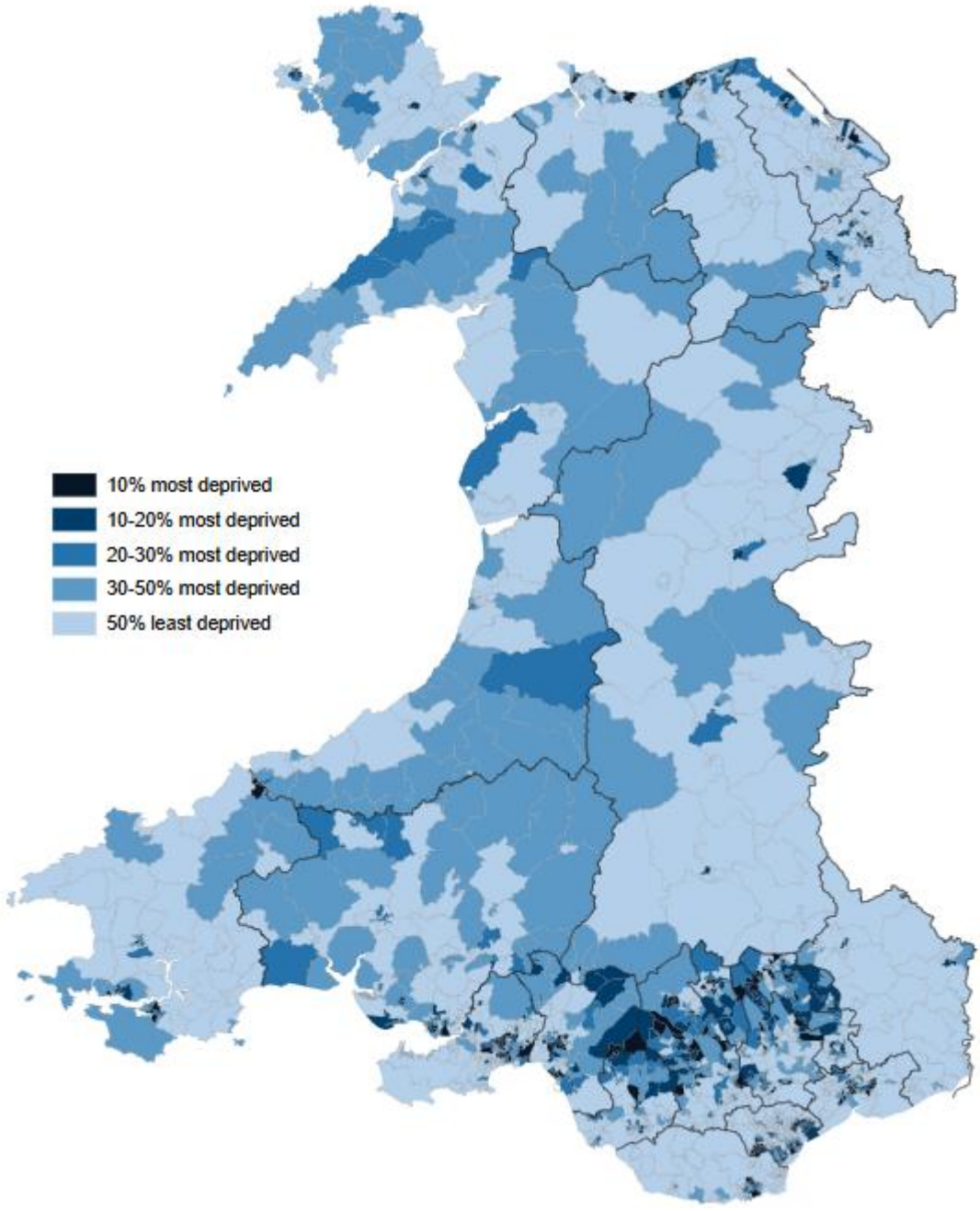
- Income
- Employment

[29] Welsh Government - Welsh Index of Multiple deprivation 2025: guidance

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

There are 1,917 lower layer super output areas defined in Wales, and they have an average population of 1,600.

Figure 2.6: Overview of overall deprivation across lower super output areas, Wales[30]

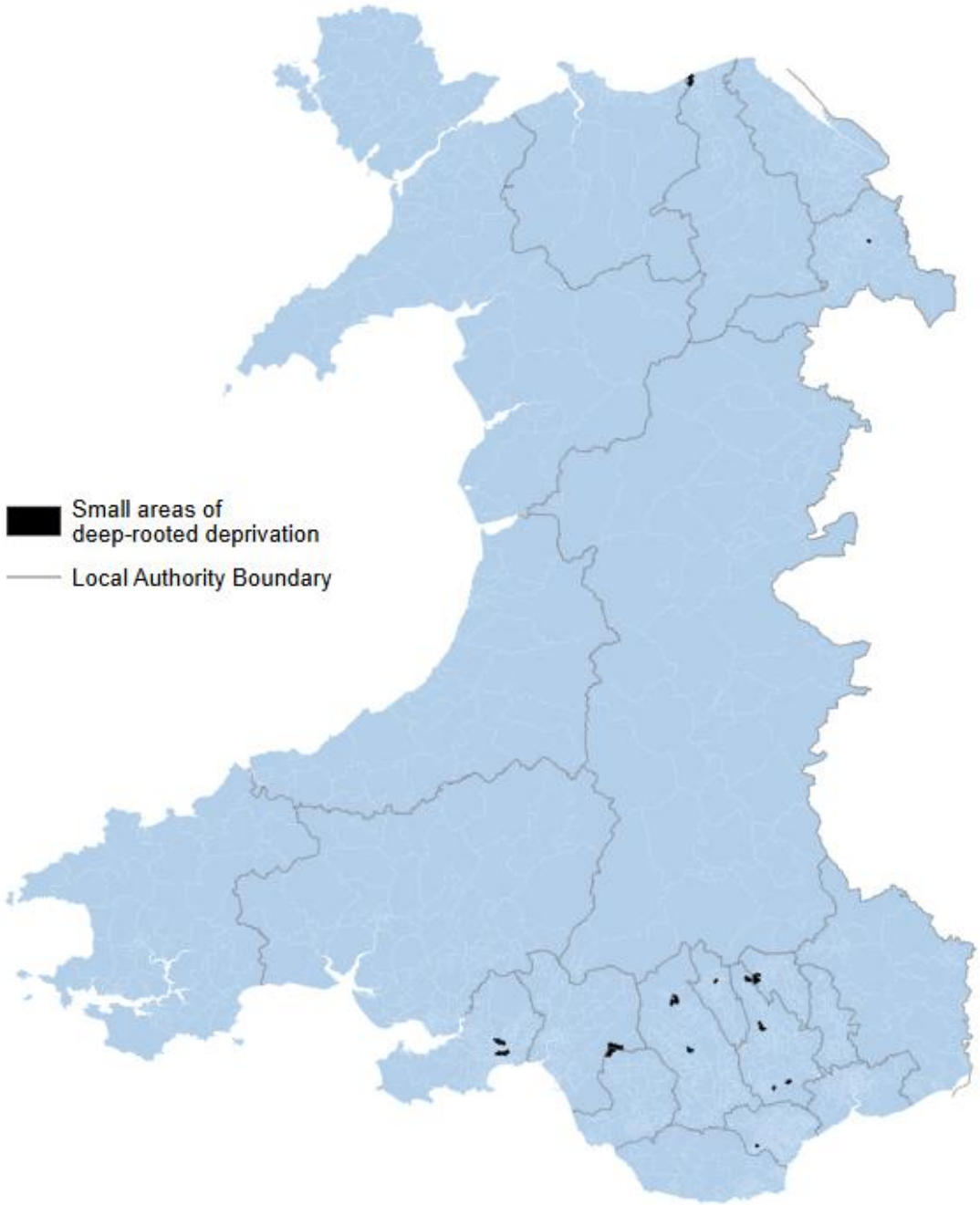


[30] Welsh Government – Welsh Index of Multiple Deprivation 2025 results report

2.6.1 Deep-rooted deprivation[31]

Lower layer super output areas or small areas of ‘deep-rooted’ deprivation are those that have remained within the top 50 most deprived for the last six publications Welsh Index of Multiple Deprivation ranks. There are 22 small areas of deep-rooted deprivation spread across ten Local Authorities in Wales; the highest number of which are found in Swansea.

Figure 2.7: Map of deep-rooted deprivation (2025)



[31] Welsh Government - Welsh Index of Multiple Deprivation Deep rooted deprivation 2025

Table 2.1: Small areas of deep-rooted deprivation, 2025

Lower layer super output area code	Local authority	Lower layer super output area name	Welsh index multiple deprivation 2025 rank
W01000240	Denbighshire	Rhyl West 2	1
W01001421	Caerphilly	St James 3	2
W01000991	Bridgend	Caerau (Bridgend) 1	4
W01000237	Denbighshire	Rhyl South West 2	5
W01000413	Wrexham	Queensway 1	7
W01000239	Denbighshire	Rhyl West 1	9
W01000830	Swansea	Penderry 1	11
W01001428	Caerphilly	Twyn Carno 1	12
W01000833	Swansea	Penderry 4	13
W01001222	Rhondda Cynon Taf	Pen-y-waun 2	14
W01000921	Neath Port Talbot	Cymer (Neath Port Talbot) 2	15
W01001308	Merthyr Tydfil	Penydarren 1	16
W01000863	Swansea	Townhill 2	19
W01000864	Swansea	Townhill 3	20
W01001274	Rhondda Cynon Taf	Tylorstown 1	23
W01001739	Cardiff	Ely 3	24
W01000862	Swansea	Townhill 1	26
W01001339	Caerphilly	Bargoed 4	27
W01000742	Swansea	Castle 1	30
W01001345	Caerphilly	Bedwas Trethomas and Machen 6	31
W01000832	Swansea	Penderry 3	36
W01001479	Blaenau Gwent	Tredegar Central and West 2	44

The eight lower layer super output areas located in Swansea account for almost a third (32%) of those consistently ranking within the top fifty most deprived, almost twice as many as the local authority with the next highest number (Caerphilly, with four small areas). There is one lower layer super output areas located in Neath Port Talbot (Cymmer (Neath Port Talbot) 2) which is included in the areas of deep rooted deprivation (ranked 15 out of 50).

Swansea Bay University Health Board area contains 240 lower layer super output areas 12.5% of the 1,917 total lower layer super output areas in Wales. Of the 240, 35 (18.3%) are in the 10% most deprived in Wales across all eight domains.

Swansea Bay University Health Board has a relatively even distribution between the 240 lower layer super output areas it contains. However, when scaled down to local

authority it can be seen that Neath Port Talbot is generally less deprived than Swansea.

In Swansea, 20 (13.3%) of the 150 lower layer super output areas in the county are in the most deprived 10% in Wales.

Table 2.2: Lower layer super output areas in Swansea ranked by deprivation (2025)

Lower layer super output areas name	Local authority rank	Welsh Index of Multiple Deprivation Rank
Penderry 1	1	11
Penderry 4	2	13
Townhill 2	3	19
Townhill 3	4	20
Townhill 1	5	26
Castle 1	6	30
Penderry 3	7	36
Townhill 6	8	43
Townhill 5	9	51
Morriston 5	10	62
Mynydd-bach 1	11	71
Castle 9	12	80
Bon-y-maen 1	13	95
Penderry 2	14	102
Penderry 5	15	124
Morriston 9	16	142
Cockett and Waunarlwydd 1	17	156
Penderry 6	18	160
Morriston 7	19	171
Cockett 8	20	191

In Neath Port Talbot, 15 (16.7%) of the 90 lower layer super output areas are in the most deprived 10% in Wales.

Table 2.3: Lower layer super output areas in Neath Port Talbot ranked by deprivation (2025)

Lower layer super output areas name	Local authority rank	Welsh Index of Multiple Deprivation rank
Cymer (Neath Port Talbot) 2	1	15
Sandfields West 2	2	39
Briton Ferry West 1	3	47
Sandfields East 2	4	53
Aberavon 4	5	67
Neath North 2	6	75
Gwynfi	7	103
Neath East 1	8	106
Sandfields East 1	9	118
Neath East 2	10	121
Neath South 2	11	151
Neath East 3	12	163
Sandfields West 3	13	165
Aberavon 3	14	166
Tai-bach 2	15	179

2.7 Births[32]

The overall birth rate in Swansea Bay University Health Board has continued to decline since the mid-2010s, consistent with national trends. Across Wales, the crude birth rate fell steadily from around 10.3 per 1,000 population in 2013 to approximately 9.1 per 1,000 population by 2023, reflecting sustained reductions in fertility over the past decade. Swansea Bay's rate has remained slightly below or in line with the Welsh average throughout this period.

For Swansea local authority, the birth rate fell from 9.6 per 1,000 population in 2017–18 to around 9.1 per 1,000 in 2019 and has continued to decline. By 2022–23, Swansea's crude birth rate was below 9 per 1,000 population, reflecting ongoing reductions in the number of live births relative to the population size.

In Neath Port Talbot, a similar but more pronounced pattern has been observed. The birth rate decreased from 10.0 per 1,000 population in 2017–18 to around 8.9 per 1,000 in 2019, with further falls thereafter. By the early 2020s, Neath Port Talbot's birth rate was around the low-to-mid 8s per 1,000 population, remaining below both the Welsh and Swansea rates.

The general fertility rate measures the number of live births to women who are of childbearing age (15 to 44 years of age). In 2023, the general fertility rate for

[32] Office for National Statistics - Births in England and Wales: summary tables

Swansea was 43.2 live births per 1,000 women of child-bearing age, while Neath Port Talbot recorded a higher rate of 46.8 per 1,000 women aged 15–44. Both local authority rates were below the Welsh average, which stood at 48.7 live births per 1,000 women of child-bearing age in the same year. These figures confirm a continued decline in fertility across Swansea Bay and Wales as a whole since 2019. Swansea remains one of the lowest-fertility local authorities in Wales, consistent with patterns of later child-bearing and lower birth rates in more urban areas. Neath Port Talbot continues to have a slightly higher fertility rate than Swansea, but still below the Wales average. The Welsh general fertility rate has fallen markedly over the last decade, reflecting declines among women aged 20–29 in particular.[33]

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

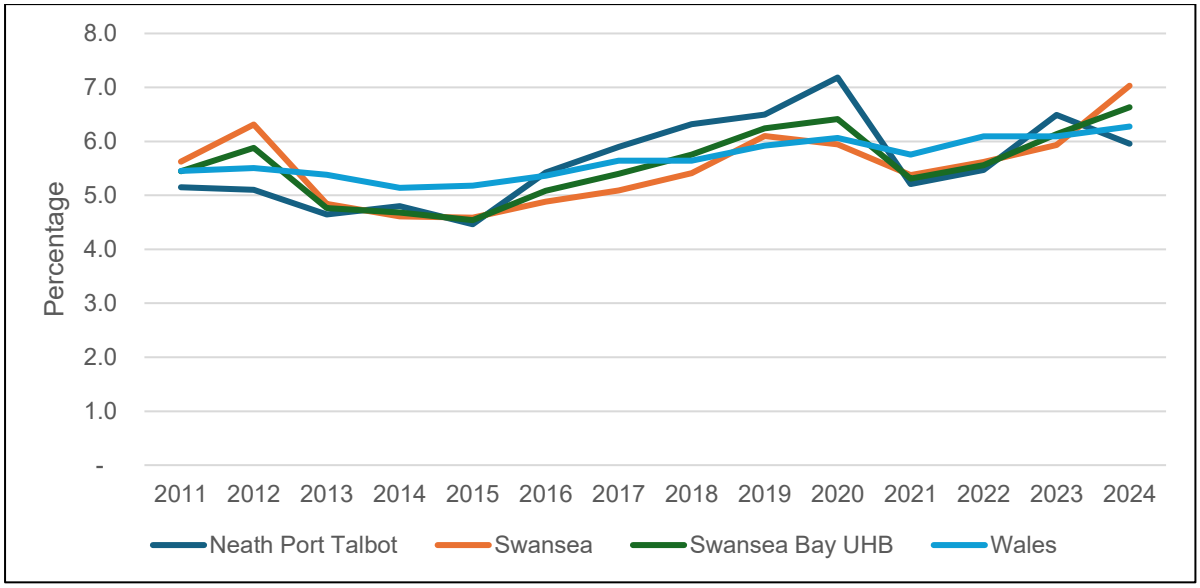
The proportion of low birth weight babies has continued to increase across Wales. In 2023, 6.1% of babies in Wales were born with low birth weight, rising further to 6.3% in 2024, the highest level on record nationally.

Within Swansea Bay University Health Board, the rate is above the Welsh average. In 2024 the rate 7.0% an increase from 5.9% in 2023. Neath Port Talbot rate fell in 2024 to 6.0% from 6.5% in 2023. Neath Port Talbot continues to record a higher proportion of low birth weight babies than Wales overall. Until 2023 Swansea remained close to, but slightly above, the Welsh average, but saw a larger increase in 2024.

Overall, when compared with other health boards in Wales, Swansea Bay University Health Board remains among the higher-ranking areas for low birth weight, continuing to be placed in the upper third of Welsh health boards, consistent with the upward trend observed since the late 2010.[34]

[33] Office for National Statistics - Birth summary tables 2024
[34] Public Health Wales – Public Health Outcomes Framework

Figure 2.8: Low birth weight trends in Swansea Bay University Health Board 2011 – 2024



2.8 Life expectancy

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

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

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

According to a report published in 2020 by Public Health Wales[35], life expectancy in Wales, together with other countries, has been stalling and is a marked change to steady increases in life expectancy seen since the end of the Second World War. Some of the key findings include:

- Between 2001-2003 and 2010–2012, life expectancy in Wales increased substantially (by around 2.6 years for males and 2.0 years for females), but little overall improvement has been seen since 2011, with recent gains only beginning to approach pre-pandemic levels for females and remaining slightly below for males.

[35] Public Health Wales - Life expectancy and mortality in Wales report 2020

- The all-cause mortality rate in Wales fell by nearly 20% between 2002 and 2011, but this downward trend has flattened since 2011, with elevated mortality during the pandemic contributing to further disruption in long-term improvement.
- Inequalities in mortality and life expectancy by deprivation have widened. The gap in life expectancy between the most and least deprived areas of Wales remains sizeable (around 8–10 years) and shows no sustained evidence of narrowing in recent periods.
- Rising mortality from respiratory diseases, dementia, and Alzheimer's disease has had a negative influence on overall life expectancy trends, particularly at older ages.
- Healthy life expectancy has declined, and the gap in healthy life expectancy between the most and least deprived areas continues to widen. In Wales, people in the most deprived areas can now expect to live over 20 fewer years in good health than those in the least deprived areas, with these inequalities having increased since the onset of the COVID-19 pandemic.

Swansea Bay University Health Board follows the all-Wales trend for life-expectancy and is stalling. For males living in Swansea, life expectancy is 76.9 years of age which is slightly lower than the Welsh average at 77.9. For males living in Neath Port Talbot, life expectancy is 76.7. For females, the average is higher. In Swansea it is 81.5, and in Neath Port Talbot it is 80.5. Both are lower than the Wales average of 81.8[36].

Healthy life expectancy is the average number of years a person can expect to live in good health, without being limited by long-term illness or disability, based on current patterns of mortality and health.

Unsurprisingly health life expectancy is much lower than the general life expectancy figures. In Swansea, the male population can expect a healthy life expectancy of 59.9, in Neath Port Talbot it is 59.1. These are both slightly lower than the Wales average of 60.8. For the female population in Swansea the healthy life expectancy is 59.6 and it is 58.5 in Neath Port Talbot. Both are again lower than the Wales average of 60.2.[37]

Table 2.4: Life expectancy and healthy life expectancy at birth by local authority 2020-2022

	Gender	Neath Port Talbot	Swansea	Wales
Life expectancy	Males Females	76.7 80.5	76.9 81.5	77.9 81.8
Healthy life expectancy	Males Females	59.1 58.5	59.9 59.6	60.8 60.2
Percentage of life expectancy in good health	Males Females	77.8% 72.3%	77.9% 73.1%	78.0% 73.6%

[36] Info base Cymru - Life expectancy database
[37] Office for National Statistics - Healthy Life expectancy in Wales

Large inequalities in life expectancy and healthy life expectancy persist in Wales. The gap in healthy life expectancy between the most and least deprived groups exceeds that seen for life expectancy and is wider for women than for men, both at birth and at age 65, highlighting long-standing inequalities in the quality as well as the length of life.

For males, the gap in life expectancy at birth between the most and least deprived in Swansea is 10.9 years. In Neath Port Talbot the gap is 9.1 years. Both are higher than the Wales average of 7.8 years. For females, the gap in life expectancy at birth between the most and least deprived in Swansea is 7.9 years. In Neath Port Talbot it is 6.3 years. Both are higher than the Wales gap in life expectancy which is 6.5 years.

2.9 Deaths

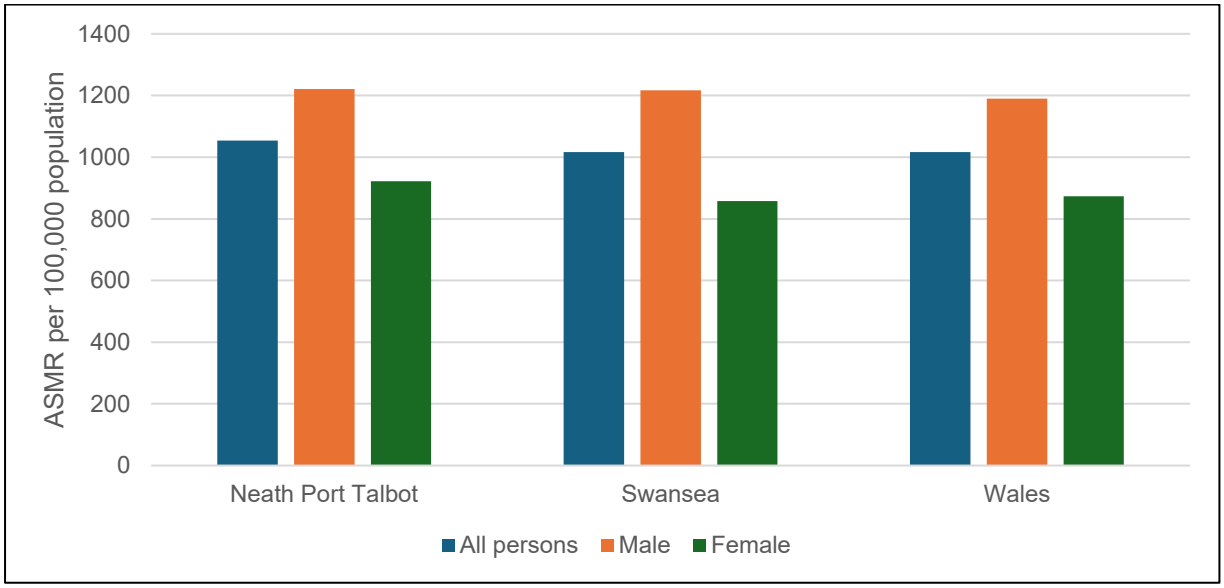
Since the mid-20th century mortality rates in Wales have been falling, due to medical advances in diagnosis, treatment, and improved lifestyles, especially in relation to smoking. However, mortality trends remain strongly shaped by socio-economic conditions and long-term health inequalities.

The numbers of deaths per 100,000 population are influenced by the age distribution of the population as mortality risk rises steeply with age. Areas with older populations therefore tend to record higher crude mortality rates, even where underlying health risk is similar. Age standardized mortality rates adjust for differences in population age distribution by applying the observed age-specific mortality rates for each population to a standard population.

In 2024 the all person rate for Swansea was 1,017, which is the same as the all Wales rate. Neath Port Talbot was slightly higher at 1,054. There are differences between male and female rates which are shown in the graph below[38].

[38] Office for National Statistics - Deaths registered in England and Wales

Figure 2.9: age standardised mortality rate for males and females in Swansea Bay University Health Board (2021)



2.9.1 Avoidable mortality[39]

Avoidable deaths are all those defined as:

- Preventable - all or most deaths from that cause could be avoided through public health intervention eg smoking related deaths.
- Treatable/amenable - all or most deaths from that cause could be avoided through good quality healthcare eg asthma.

Table 2.5 Causes of death considered avoidable, treatable, and preventable, European age-standardised rate per 100,000 person, Swansea Bay University Health Board, 2023

	Rate per 100,000 population – avoidable	Rate per 100,000 population – treatable	Rate per 100,000 population – preventable
All persons	298.9	101.2	197.7
Male	402.9	126.8	276.1
Female	200.9	77.1	123.7

2.10 People with disabilities

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

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

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

The 2021 Census data show that in Wales a smaller proportion and a smaller number of people were disabled (21.6%, 670,264), compared with 2011 (23.4%, 696,000).[40] Neath Port Talbot has the highest proportion of disabled people in Wales, Swansea having the 11th highest proportion of disabled people.

Table 2.6: Proportion of the population registered disabled in Swansea Bay area and Wales, 2021 Census

Area	Disabled under the Equality Act 2010	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Not disabled under the Equality Act
Neath Port Talbot	25.1%	13.2%	11.9%	74.9%
Swansea	22.4%	11.1%	11.3%	76.4%
Wales	21.6%	10.3%	11.3%	78.4%

2.10.1 Long term limiting illness

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

Data from the 2021 census highlighted that Neath Port Talbot had a higher percentage of people whose day to day activities were limited (11.9%%) or limited a lot (13.2%), compared to people in Swansea whose activity was limited (11.3%) or limited a lot (11.1%).

Table 2.7: Limiting long term illness or disability by local authority

Area	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little
Neath Port Talbot	18,753	16,923
Swansea	26,536	26,948
Wales	319,406	350,838

2.10.2 Work limiting disability

Percentage of working age people who are Equality Act core or work-limiting disabled. Equality Act core disabled includes those who have a long term disability

[40] Census 2021- Disability, England and Wales

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

In 2023/24, the disability employment rate in Wales was around 31% lower than for non-disabled people, indicating a persistent and significant disability employment gap.

The annual population survey data for 2024 show that long-term sickness or disability remains the dominant reason for economic inactivity among disabled people in Wales, with many reporting that ill-health:

- limits the amount of work they can do, or
- limits the kind of work they can do, or
- prevents work entirely.

2.11 Sexual orientation

Sexual orientation is an umbrella term, which encompasses several dimensions including sexual identity, attraction, and behaviour. Data on sexual identity is produced by the Office for National Statistics from the Annual Population Survey.

According to the 2024 Annual Population Survey[41]:

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

Due to small sample sizes data are only available at a regional level and not county level.

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

[41] Office for National Statistics - Sexual orientation in the UK in 2024

Table 2.8: Sexual identity in Swansea Bay University Health Board 2021 Census[42]

Local authority	Straight or heterosexual	Gay or lesbian	Bisexual	All other sexual orientation	Not answered
Neath Port Talbot	89.7%	1.6%	1.0%	0.2%	7.5%
Swansea	88.8%	1.6%	1.5%	0.3%	7.8%
Wales	89.4%	1.5%	1.2%	0.3%	7.6%

2.12 Carers

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

The provision of unpaid care is becoming increasingly common as the population ages. When looking at the amount of care individuals provide ONS highlighted (table 2.8) the majority in both counties were providing between 1–19 hours of unpaid care a week, followed by 50+ hours of unpaid care. The least amount of unpaid care in both counties was between 20–49 hours.

Table 2.9: Provision of unpaid care by age, hours of care provided per week, Swansea[43]

Number of hours care provided	Total	Aged 15 years and under	Aged 16 to 24 years	Aged 25 to 34 years	Aged 35 to 49 years	Aged 50 to 64 years	Aged 65 years and over
No unpaid care	202,355	28,887	29,595	26,862	36,950	37,334	42,727
19 hours or less unpaid care per week	11,083	235	810	1,102	2,417	4,592	1,927
20 to 49 hours unpaid care a week	5,110	42	444	641	1,229	1,753	1,001
50 or more hours unpaid care a week	8,515	42	254	700	1,773	2,523	3,223
Total	**227,063**	**29,206**	**31,103**	**29,305**	**42,369**	**46,202**	**48,878**

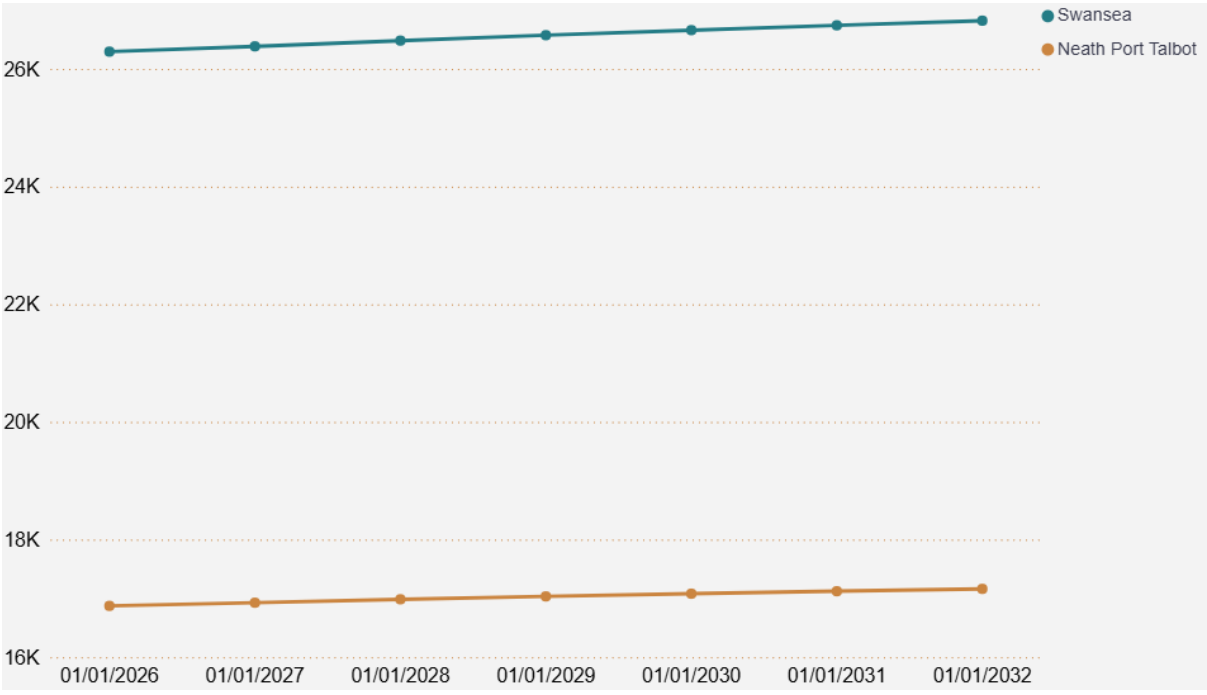
[42] Census 2021 - NOMIS - Sexual orientation
[43] Nomis – Provision of unpaid care by age RM113

Table 2.10: Provision of unpaid care by age, hours of care provided per week, Neath Port Talbot

Number of hours care provided	Total	Aged 15 years and under	Aged 16 to 24 years	Aged 25 to 34 years	Aged 35 to 49 years	Aged 50 to 64 years	Aged 65 years and over
No unpaid care	118,688	17,801	13,911	15,566	21,612	23,836	25,962
19 hours or less unpaid care per week	6,447	171	467	623	1,575	2,501	1,110
Provides 20 to 49 hours unpaid care a week	3,897	35	309	513	931	1,378	731
Provides 50 or more hours unpaid care a week	6,209	55	153	478	1,279	1,914	2,330
Total	**135,241**	**18,062**	**14,840**	**17,180**	**25,397**	**29,629**	**30,133**

The Social Care Wales population projection platform[44] is a tool that can help to plan care services that might be required in local areas across Wales. Using this tool, the projected number of people providing unpaid care by local authority over the lifetime of this document is illustrated in figure 2.11.

Figure 2.10: Projected number of people providing unpaid care by local authority (2026-2032)



[44] Social Care Wales – National social care data portal for Wales projections

3 General health needs of Swansea Bay University Health Board

Health, disability and unpaid care data, are all closely related to age of a population. In more elderly populations, poorer health, more disability and more unpaid care is expected. Therefore, to compare data fairly across areas with different age profiles, age-standardised rates have been used throughout this chapter, unless otherwise stated. This process removes the effect of age, showing what the results would look like if all areas had the same age structure, based on the 2013 European standard population.

Where quality and outcomes framework data has been used, caution should be taken when interpreting the data. Reported quality and outcome framework data is dependent on diagnosis and recording on the general practice clinical systems. If a condition is not coded, for example, it is not counted in the quality and outcome framework register. It is also dependent on the social and demographic characteristics of the population and their readiness to seek healthcare services. Population prevalence (“true” prevalence) often underestimates the actual number of people with a condition who have not yet presented to or been diagnosed by their GP. Therefore, quality and outcome framework data should be seen as a measure of diagnosis and managed care rather than the absolute “true” prevalence of disease in the population.

3.1 Chronic disease

3.1.1 Chronic conditions

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

Table 3.1: Estimated percentage prevalence of chronic condition based on people on GP practice registers by cluster, health board and Wales, 2025[45]

Area	Local authority	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bay Health	Swansea	6.4%	2.8%	1.4%	5.6%	1.4%	2.1%
City Health	Swansea	6.5%	2.9%	2.6%	7.9%	1.4%	2.0%
Cwmtawe	Swansea	6.2%	3.3%	2.0%	8.9%	1.5%	2.3%
Llwchwr	Swansea	7.6%	3.4%	1.9%	8.1%	1.8%	2.3%
Penderi	Swansea	6.8%	3.5%	3.0%	9.0%	1.9%	2.4%
Afan	Neath Port Talbot	7.4%	3.7%	2.7%	9.4%	1.9%	2.2%
Neath	Neath Port Talbot	7.7%	3.5%	2.6%	8.8%	1.5%	2.3%
Upper Valleys	Neath Port Talbot	7.1%	3.9%	2.8%	9.1%	1.9%	2.4%
Swansea Bay University Health Board		7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales		7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

As can be seen, Swansea Bay University Health Board has a lower or an equivalent estimated prevalence of the above chronic health conditions, except for heart failure, than the average for Wales.

Most of the clusters in Swansea either have a lower or equivalent estimated prevalence of chronic health conditions when compared with the health board and Wales, except for the following clusters.

- Asthma – Llwchwr (7.6%) is higher than both the health board (7.0%) and Wales (7.1%) rates.
- Coronary heart disease – Penderi (3.5%) is higher than both the health board (3.3%) and Wales (3.4%) rates.
- Chronic obstructive pulmonary disease – City Health (2.6%) and Penderi (3.0%) are higher than both the health board (2.3%) and Wales (2.3%) rates.

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

- Diabetes – Cwmtawe (8.9%) and Penderi (9.0%) are higher than both the health board (8.1%) and Wales (8.4%) rates.
- Heart failure – Llwchwr (1.8%) and Penderi (1.9%) are both higher than the health board (1.6%) and Wales (1.4%) rates and Cwmtawe (1.5%) is higher than Wales rates.
- Stroke and transient ischaemic attacks – Cwmtawe (2.3%), Llwchwr (2.3%) and Penderi (2.4%) are higher than both the health board (2.2%) and Wales (2.2%) rates.

Neath Port Talbot clusters show estimated prevalence is higher across all chronic health conditions when compared to the health board and Wales, except for the following clusters:

- Asthma - Upper Valleys (7.1%) equal to the rate for Wales.
- Heart failure – Neath (1.5%) lower than the health board (1.6%) rate.
- Stroke and transient ischaemic attacks – Afan (2.2%) equal to both the health board and Wales rates.

The table below shows the recorded prevalence of musculoskeletal conditions through specific indicators osteoporosis (50 years and over) and rheumatoid arthritis (16 year and over) across the clusters. Figures are compared with the Swansea Bay University Health Board and Wales averages.

Table 3.2: Estimated percentage prevalence of osteoporosis (50 years and over) and rheumatoid arthritis (16 year and over) based on people on GP practice registers by cluster, health board and Wales, 2025[46]

Cluster/Area	Local authority	Osteoporosis (50 years and over)	Rheumatoid arthritis (16 year and over)
Bay Health	Swansea	0.6%	0.7%
City Health	Swansea	0.3%	0.6%
Cwmtawe	Swansea	0.5%	0.9%
Llwchwr	Swansea	0.8%	0.9%
Penderi	Swansea	0.8%	0.9%
Afan	Neath Port Talbot	0.5%	1.1%
Neath	Neath Port Talbot	0.7%	1.1%
Upper Valleys	Neath Port Talbot	1.3%	1.1%
Swansea Bay University Health Board		0.7%	0.9%
Wales		0.6%	0.9%

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

As can be seen, the rheumatoid arthritis rate is the same in Swansea Bay University Health Board and Wales, and osteoporosis is slightly higher in Swansea Bay University Health Board then Wales.

Overall, in Swansea, rheumatoid arthritis ranges from 0.6% (City Health) to 0.9% (Cwmtawe, Llwchwr and Penderi), with three of the five clusters equal to the health board and Wales averages (Cwmtawe, Llwchwr and Penderi). For osteoporosis, rates range from 0.3% (City Health) to 0.8% (Llwchwr and Penderi), with three clusters equal to or lower than the health board and Wales rates.

For Neath Port Talbot, rheumatoid arthritis rates for the three clusters are consistent at 1.1%, higher than both the health board and Wales rates. For osteoporosis, rates range from 0.5% (Afan) to 1.3% (Upper Valleys) with only Afan lower than both the health board and Wales rates (0.6% and 0.7% respectively.

3.1.2 Mental health

The table below shows the recorded prevalence of mental health conditions across clusters in Swansea and Neath Port Talbot. Figures are compared with the Swansea Bay University Health Board and the Wales rates.

Table 3.3: Estimated percentage prevalence of patients registered as having a mental health condition by cluster, health board and Wales, 2025[47]

Cluster/Area	Local authority	Mental health condition
Bay Health	Swansea	1.1%
City Health	Swansea	1.5%
Cwmtawe	Swansea	1.1%
Llwchwr	Swansea	1.0%
Penderi	Swansea	1.3%
Afan	Neath Port Talbot	1.6%
Neath	Neath Port Talbot	1.3%
Upper Valleys	Neath Port Talbot	2.2%
Swansea Bay University Health Board		1.3%
Wales		1.1%

Rates of mental health conditions in Swansea Bay University Health Board are higher than the Wales rate.

Across Swansea clusters, recorded prevalence of mental health conditions ranges from 1.0% (Llwchwr) to 1.5% (City Health). One cluster is lower than both the health board and Wales rates (Llwchwr). Three of the five clusters are equal to or higher than the health board and Wales rates (Bay Health, Cwmtawe and Penderi) and one cluster is higher than both the health board and Wales rates (City Health).

For Neath Port Talbot clusters, recorded prevalence of mental health conditions ranges from 1.3% (Neath) to 2.2% (Upper Valleys). One of the three clusters is equal

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

to the health board rate (Neath) and two are higher than the health board rate (Afan and Upper Valleys). All three clusters are higher than the Wales rate, and two are lower than the health board's rate.

As part of the Welsh Government national survey for Wales 2024/25[48], people were asked about their mental wellbeing using the Warwick Edinburgh mental wellbeing scale. The scale consists of 14 self-assessed questions with scores ranging from 14 to 70. A higher score (58 to 70) is classified as having high mental wellbeing, 45 to 57 as medium mental wellbeing, and 44 or lower as low mental wellbeing.

The average Warwick Edinburgh mental wellbeing scale score in 2024/25 was 48.4. 33% of people had low mental wellbeing, 52% had medium mental wellbeing, and 15% had high mental wellbeing. Younger people on average had lower mental wellbeing. Those aged 16 to 44 had a score of 47.5, compared with a score of 49.7 for those aged 65 and over. These figures are all similar to those in 2022/23 except for a decrease in those aged 65 and over (the mean wellbeing score for this group in 2022/23 was 50.7).

The National Survey for Wales for 2024/25 did not measures levels of loneliness in Wales. However, information on loneliness was included in the Welsh Government Wellbeing of Wales 2025[49].

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

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

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

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

[48] Welsh Government - National Survey for Wales headline results: April 2024 to March 2025
[49] Welsh Government - Wellbeing of Wales 2025

In April 2025 Welsh Government published “Understanding: a suicide prevention and self-harm strategy 2025 - 2035[50]” which replaced the “Talk to me 2” strategy 2015 to 2022. This new strategy should be read in connection with the Mental Health and Wellbeing 2025-2035 strategy[51]. The risk factors for poor mental health, self-harm and suicide are similar and sometimes inter-related.

The new strategy is accompanied by Welsh Government three-year delivery plan “Understanding: The Suicide Prevention and Self-harm Delivery Plan for Wales 2025-2028[52]” and builds on the progress made under the previous strategies “Talk to Me” (2009 – 2013) and “Talk to Me 2” (2014 - 2018).

The table below shows the suicide rate at local authority, health board and Wales level for 2020-24[53]. As can be seen the rates for the health board and Swansea local authority are higher than the rate for Wales.

Table 3.4: Suicides, European age-standardised rate per 100,000 people 2020-24[54]

Area	Rate
Neath Port Talbot	12.6
Swansea	14.3
Swansea Bay University Health Board	13.7
Wales	13.1

3.2 Risk factors

3.2.1 Clinical risk factors

Risk factors can be broadly categorised into modifiable and non-modifiable. Modifiable risk factors may be directly within an individual’s control, such as physical activity. They may also be affected by local or national government policy, decisions or legislative change. Public health prevention and health improvement focuses primarily on these modifiable risk factors[55].

Atrial fibrillation and hypertension are both important public health priorities. More than 80,000 people in Wales have been diagnosed with atrial fibrillation, and it is estimated around 750,000 adults in Wales have high blood pressure, with around 540,000 (April 2025[56]) people in Wales on their GP practice’s hypertension register[57].

[50] Welsh Government - Understanding: The Suicide Prevention and Self-harm strategy for Wales (2025-2035)
[51] Welsh Government - The Mental Health and Wellbeing Strategy 2025-2035
[52] Welsh Government - Understanding: The Suicide Prevention and Self-harm Delivery Plan for Wales 2025-2028
[53] Public Health Wales – Public Health Outcomes Framework
[54] NHS Wales Public Health Wales - Public Health Outcomes Framework for Wales reporting tool
[55] Public Health Wales - A summary of trends in risk factors for non-communicable diseases (February 2025)
[56] Welsh Government StatsWales - Disease register for hypertension Wales
[57] British Heart Foundation - Wales Cardiovascular Disease Factsheet (v2) January 2026

In April 2025, Public Health Wales published “Cardiovascular disease prevalence – trends, risk factors, and 10-year projections[58]” which states the following.

Hypertension

- Is a clinical risk factor and the leading modifiable risk for heart and circulatory diseases in Wales.
- Around half of heart attacks and strokes in Wales are associated with high blood pressure.
- Whilst almost 530,000 (April 2024[59]) people in Wales are captured on their GP practice’s hypertension register, it is estimated that as many as 220,000 people could be undiagnosed.
- The number of people on the hypertension register is projected to increase from 529,300 in 2023/24 to 565,900 people in 2033/34. These figures equate to a little over one in six people, an increase of 7%. This follows an increase of 11% between 2009/10 and 2023/24.

Hypertension is a major risk factor for heart disease, stroke, kidney disease, peripheral arterial disease and vascular dementia. Early detection and effective management can prevent progression to cardiovascular disease. Although hypertension is classed as more of a clinical risk factor, its prevention or reduction is affected by life-style choices such as excessive salt intake, poor diet and obesity, excess alcohol consumption, lack of physical activity, mental well-being and stress. The burden of high blood pressure is greatest among individuals from low-income households and those living in deprived areas[60].

The table below shows the recorded prevalence based on the quality and outcomes framework 2025 reported prevalence rates by GP practices for hypertension across the clusters. Figures are compared with the Swansea Bay University Health Board and Wales rates.

[58] Public Health Wales - Cardiovascular disease prevalence – trends, risk factors, and 10-year projections (April 2025)
[59] Welsh Government StatsWales - Disease register for hypertension Wales
[60] Public Health England (2017). Guidance Health matters: combating high blood pressure

Table 3.5: Estimated percentage prevalence of patients registered as having hypertension by cluster, health board and Wales, 2025[61]

Area	Local authority	Hypertension
Bay Health	Swansea	13.3%
City Health	Swansea	12.6%
Cwmtawe	Swansea	14.3%
Llwchwr	Swansea	15.9%
Penderi	Swansea	16.0%
Afan	Neath Port Talbot	17.2%
Neath	Neath Port Talbot	15.2%
Upper Valleys	Neath Port Talbot	17.6%
Swansea Bay University Health Board		14.9%
Wales		16.3%

Swansea Bay University Health Board has a lower prevalence of hypertension than the rate for Wales (14.9% and 16.3% respectively).

As can be seen, across the Swansea clusters, recorded prevalence of hypertension ranges from 12.6% (City Health) to 16.0% (Penderi). Three of the five clusters are lower than both the health board and Wales rates (Bay Health, City Health and Cwmtawe) and two of the five clusters are higher than the health board rate, but lower than the Wales rate (Llwchwr and Penderi).

For the Neath Port Talbot clusters, recorded prevalence of hypertension ranges from 15.2% (Neath) to 17.6% (Upper Valleys). One of the three clusters is higher than the health board rate, but lower than the Wales rate (Neath). Two of the three clusters are higher than both the health board and Wales rates (Afan and Upper Valleys).

Atrial fibrillation[62]

- The most common form of abnormal heart rhythm (arrhythmia) and a major cause of stroke.
- Is a contributing factor to one in five strokes in Wales, and people with atrial fibrillation are five times more likely to have a stroke than people without the condition.
- In 2009/10 there were approximately 53,400 people diagnosed with atrial fibrillation in Wales, this increased to 84,900 in 2023/24 (59% increase). Public Health Wales projections show this could increase to 106,900 in 2033/34 (26% increase).
- Atrial fibrillation is often asymptomatic, frequently undetected and undiagnosed, meaning there are likely to be thousands more affected by the condition across Wales.

[61] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[62] NHS Wales Public Health Wales - Cardiovascular disease prevalence – trends, risk factors, and 10-year projections (April 2025)

Atrial fibrillation is the most common sustained cardiac arrhythmia and is a significant risk factor for stroke and other morbidities. Men are more commonly affected than women and the prevalence increase with age. Hypertension is a risk factor for atrial fibrillation and is the most common cardiovascular condition associated with it.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices for atrial fibrillation across the clusters. Figures are compared with the Swansea Bay University Health Board and Wales rates.

Table 3.6: Estimated percentage prevalence of patients registered as having atrial fibrillation by cluster, health board and Wales, 2025[63]

Area	Local authority	Atrial fibrillation
Bay Health	Swansea	2.8%
City Health	Swansea	1.9%
Cwmtawe	Swansea	2.7%
Llwchwr	Swansea	3.0%
Penderi	Swansea	2.4%
Afan	Neath Port Talbot	2.9%
Neath	Neath Port Talbot	2.7%
Upper Valleys	Neath Port Talbot	2.9%
Swansea Bay University Health Board		2.6%
Wales		2.7%

Swansea Bay University Health Board has a lower prevalence of atrial fibrillation than the Wales rate (2.6% and 2.7% respectively).

Across the Swansea clusters, recorded prevalence of atrial fibrillation ranges from 1.9% (City Health) to 3.0% (Llwchwr). Two of the five clusters are lower than both the health board and Wales rates (City Health and Penderi). Three of the five clusters are higher than the health board rate (Bay Health, Cwmtawe and Llwchwr), two clusters are higher than the Wales rate (Bay Health and Llwchwr) and one cluster is equal to the Wales rate (Cwmtawe).

For the Neath Port Talbot clusters, recorded prevalence of atrial fibrillation ranges from 2.7% (Neath) to 2.9% (Afan and Upper Valleys). All three clusters are higher than the health board rate, two clusters are higher than the Wales rate (Afan and Upper Valley) and one cluster is equal to the Wales rate (Neath).

3.2.2 Adult lifestyle behaviours

In February 2025, Public Health Wales published “A summary of trends on risk factors for non-communicable diseases[64]” which highlights:

- Poor diet, alcohol consumption and physical inactivity are not improving.

[63] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[64] Public Health Wales - A summary of trends in risk factors for non-communicable diseases (February 2025)

- The reductions in prevalence of smoking have slowed down.
- Unhealthy behaviours are generally higher in more deprived areas, except for alcohol consumption.
- Although individuals living in the most deprived areas may consume less alcohol, they tend to suffer worse health outcomes [65]
- The prevalence of adults living with obesity in Wales has increased by 44% in the last 20 years.
- Since 2003/04, the prevalence of adults living with obesity has increased from just under one in five people, to a little over one in four people in 2022/23.
- A multi-pronged approach encompassing education, programmes, services and legislation were successful in reducing the prevalence of smoking. However, this is yet to be replicated to the same extent for other risks factors, such as living with obesity.

The table below presents the percentage of adults aged 16 years and over, in Swansea and Neath Port Talbot who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[66] between 2021 and 2023.

Table 3.7: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023[67]

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five portions of fruit and vegetables the previous day
Swansea Local Authority	209,302[68]	20%	16%	61%	24%	59%	34%
Neath Port Talbot Local Authority	118,891[69]	27%	12%	66%	29%	53%	22%
Wales	2,641,000[70]	20%	16%	62%	25%	56%	29%

3.2.2.1 Smoking

Smoking is extremely damaging to health. It is the cause of death for around half of

[65] Lewer, D., Meier, P., Beard, E. et al. Unravelling the alcohol harm paradox: a population-based study of social gradients across very heavy drinking thresholds. BMC Public Health **16**, 599 (2016)
[66] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[67] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[68] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[69] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[70] Welsh Government July 2025 - Mid-year estimates of the population: 2024

all long-term smokers[71] and the World Health Organisation[72] estimates that tobacco kills more than eight million people each year worldwide.

Smoking remains a major cause of mortality and ill health in Wales. Over the period 2020 – 2022[73]:

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

The table below shows smoking attributable mortality, by European age-standardised rate per 100,000, persons aged 35 years and over by health board and Wales, 2020-22 for the seven health boards in Wales.

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

Table 3.8: Smoking attributable mortality, European age-standardised rate per 100,000, persons aged 35 years and over by health board and Wales, 2020-2022[74]

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

[71] Doll, R., et al. (2004). Mortality in relation to smoking: 50 years' observations on male British doctors
[72] World Health Organization 2022 - Tabacco: Fact sheet (June 2025)
[73] NHS Wales Public Health Wales - Smoking attributable mortality and hospital admissions for Wales, 2020-22 (new analysis)
[74] NHS Wales Public Health Wales - Smoking attributable mortality and hospital admissions for Wales, 2020-22 (new analysis)

Smoking is also known to increase people's risk of developing a wide range of illnesses, which can be fatal or cause irreversible long-term damage to health[75]. These include cancers, respiratory diseases, and cardio-vascular diseases, including strokes, heart attacks and dementia.

Exposure to second-hand smoke has been shown to cause significant harm, increasing non-smokers risks of developing smoking related diseases including lung cancer and cardio-vascular disease[76]. Exposure to second-hand smoke is particularly harmful to children, leading to conditions including middle-ear disease, asthma and allergies[77].
Smoking in pregnancy is known to have a range of impacts on the pregnancy and child in later life, including increased risk of miscarriage, premature birth and sudden infant death syndrome[78].

The table below, shows the average percentage of current smokers (adults 18 years and over) across the 22 local authorities in Wales between 2020 to 2024. (The averages presented are five-year averages, calculated using data from 2020 to 2024, where available.)

The local authorities are ranked based on the average percentage of current smokers. Number one is the lowest average percentage of smokers by local authority and 22 being the highest.

Swansea Local Authority is nineth (12.6%), and Neath Port Talbot Local Authority is 17th (14.2%) out of 22 local authorities.

Table 3.9: The average percentage of current smokers (adults 18 years and over) across the 22 local authorities in Wales between 2020 to 2024[79]

Rank	Local Authority Name	2020 to 2024 Current smokers % (average)
1	Monmouthshire	7.6
2	Vale of Glamorgan	8.5
3	Powys	9.5
4	Carmarthenshire	11.6
5	Cardiff	11.8
6	Ceredigion	11.9
7	Flintshire	12.3
8	Bridgend	12.5
9	Swansea	12.6
10	Isle of Anglesey	12.7

[75] NHS 2018 - What are the health risks of smoking?
[76] Department of Health Scientific Committee on Tobacco and Health (SCOTH) 2004. Secondhand Smoke: Review of the evidence since 1998
[77] Royal College of Physicians London - Passive smoking and children (March 2010)
[78] Royal College of Obstetricians and Gynaecologists - Smoking and pregnancy (2021)
[79] Office of National Statistics - Adult smoking habits in the UK: 2024

Rank	Local Authority Name	2020 to 2024 Current smokers % (average)
11	Conwy	12.7
12	Pembrokeshire	13.3
13	Wrexham	13.4
14	Denbighshire	14.0
15	Caerphilly	14.0
16	Newport	14.0
17	Neath Port Talbot	14.2
18	Gwynedd	14.4
19	Rhondda Cynon Taf	14.4
20	Blaenau Gwent	15.4
21	Torfaen	15.4
22	Merthyr Tydfil	15.7

The table below shows the percentage of adults aged 16 years and over, in Swansea and Neath Port Talbot who have self-reported engaging in smoking and e-cigarettes as recorded by the National Survey for Wales[80] between 2021 and 2023.

Table 3.10: Percentage of adults (aged 16 years and over) who self-reported engaging in smoking and e-cigarettes by local authority and Wales, 2021 to 2023[81]

Area	Population 16 years and over	Percentage of self-reported smokers	Percentage of self-reported e-cigarette users
Swansea Local Authority	209,302[82]	12.0%	8.0%
Neath Port Talbot Local Authority	118,891[83]	17.0%	10%
Wales	2,641,000[84]	13.0%	7.0%

The numbers of young people vaping have risen substantially in Wales in recent years, even though it has been illegal to sell a vape to anyone under 18 years since 2015[85].

The evidence suggests that the availability of disposable devices and the ways in which vapes are marketed have strongly contributed to their appeal amongst young people. Several pieces of legislation have been announced to address rises in

[80] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[81] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[82] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[83] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[84] Welsh Government July 2025 - Mid-year estimates of the population: 2024
[85] NHS Wales Public Health Wales and The School Health Research Network - Vaping and Smoking amongst Learners in Year seven to 11 in Wales - Analysis from The School Health Research Network Student Health and Well-being Survey in secondary schools, 2023

vaping amongst young people, including banning the sale of tobacco products to anyone born after 1 January 2009.

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

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

The table below shows the percentage of 11- to 16-year-olds who were weekly smokers and daily E-cigarette smokers in 2023. The results are taken from Public Health Wales NHS Trust's Secondary School Children's Health and Well-being Dashboard: School Health Research Network Survey Data[86].

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

Table 3.11: Percentage of adolescent weekly smokers and e-cigarette users by local authority, health board and Wales, 2023[87]

Area	Percentage of weekly smokers aged 11 to 16 years	Percentage of weekly e-cigarette users aged 11 to 16 years
Swansea Local Authority	2.2%	6.7%
Neath Port Talbot Local Authority	2.1%	7.2%
Swansea Bay University Health Board	2.2%	6.9%
Wales	2.6%	6.9%

3.2.2.2 Obesity, diet and physical activity

Obesity prevalence is rising in Wales, (as it is globally). Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as some types of cancer, kidney disease, obstructive sleep apnoea, gout, osteoarthritis, and liver disease, among others[88].

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

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

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. 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.

[87] NHS Wales Public Health Wales - Secondary School Children's Health and Well-being Dashboard: School Health Research Network (SHRN) Survey Data
[88] NHS Wales Public Health Wales - Overweight and obesity

The table below shows the percentage of adults aged 16 years and over, in Swansea and Neath Port Talbot who have self-reported lifestyle behaviours, as recorded by the National Survey for Wales[89] between 2021 and 2023.

Table 3.12: Percentage of adults (aged 16 years and over) self-reporting lifestyle behaviours by local authority and Wales, 2021 to 2023[90]

Area	Population 16 years and over[91,92]	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five portions of fruit and vegetables the previous day
Swansea Local Authority	209,302	61%	24%	59%	34%
Neath Port Talbot Local Authority	118,891	66%	29%	53%	22%
Wales	2,641,000	62%	25%	56%	29%

The table below is a comparison of the 22 local authorities in Wales and shows the percentages of adults (16 years and over) who self-reported lifestyle behaviours in the period 2021-2023, and where both Swansea and Neath Port Talbot Local Authorities rank.

Ranking: First (one) equals the local authority with the lowest percentage of adults and 22 is the local authority with the highest.

Table 3.13: Comparison of adults (16 years and over) who self-reported lifestyle behaviors for the period 2021-2023 across the 22 local authorities in Wales, and where Swansea and Neath Port Talbot Local Authorities rank[93]

Lifestyle behaviour	Lifestyle percentage range	Swansea	Neath Port Talbot	Local authority at one (lowest)	Local authority at 22 (highest)
Being overweight (body mass index over 25)	51.0% - 77.0%	12th	17th	Powys	Blaenau Gwent
Being obese (body mass index over 30)	17.0% - 37.0%	Eighth	16th	Denbighshire	Blaenau Gwent

[89] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[90] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[91] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[92] Welsh Government July 2025 - Mid-year estimates of the population: 2024
[93] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)

Being active for 150 minutes in the week	37.0% - 69.0%	16th	11th	Conway	The Vale of Glamorgan
Eating five portions of fruit and vegetables the previous day	14.0% - 41-%	18th	Fifth	Blaenau Gwent	Cardiff

The table below shows the recorded prevalence based on the quality and outcomes framework 2025, reported prevalence rates by GP practices for obesity across the clusters. Figures are compared with the Swansea Bay University Health Board and Wales rates.

Table 3.14: Estimated percentage prevalence of patients registered as having obesity by cluster, health board and Wales, 2025[94]

Area	Local authority	Obesity
Bay Health	Swansea	9.9%
City Health	Swansea	13.0%
Cwmtawe	Swansea	13.7%
Llwchwr	Swansea	12.8%
Penderi	Swansea	17.3%
Afan	Neath Port Talbot	14.1%
Neath	Neath Port Talbot	15.7%
Upper Valleys	Neath Port Talbot	13.4%
Swansea Bay University Health Board		13.4%
Wales		14.4%

Swansea Bay University Health Board has a lower prevalence of obesity than the average for Wales (13.4% and 14.4% respectively).

Across the Swansea clusters, recorded prevalence of obesity ranges from 9.9% (Bay Health) to 17.3% (Penderi). Three of the five clusters are lower than both the health board and Wales rates (Bay Health, City Health and Llwchwr). One cluster is higher than the health board rate but lower than the Wales rate (Cwmtawe) and one cluster is higher than both the health board and Wales rates ((Penderi).

For the Neath Port Talbot clusters, recorded prevalence of obesity ranges from 13.4% (Upper Valleys) to 15.7% (Neath). One of the three clusters is equal to the health board rate, but lower than the Wales rate (Upper Valleys). One cluster is higher than the health board rate, but lower than the Wales rate (Afan), and one cluster is higher than both the health board and Wales rates (Neath).

The table below shows the recorded prevalence range of obesity by local authority areas, compared with health board and Wales rates.

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

Table 3.15: Range of estimated percentage prevalence of obesity based on people on GP practice registers by local authority area, health board and Wales, 2025[95]

Area	Obesity
Swansea	9.9% - 17.3%
Neath Port Talbot	13.4% - 15.7%
Swansea Bay University Health Board	13.4%
Wales	14.4%

3.2.2.3 Alcohol[96] [97]

In 2016, the UK Chief Medical Officer published new guidelines that advise drinking no more than 14 units of alcohol a week to keep health risks low[98]. Alcohol use remains a major public health challenge in Wales. It is associated with the development of many health conditions such as high blood pressure, heart disease, cirrhosis of the liver and cancers of the mouth, throat and breast cancer. It has also been identified as a causal factor (consuming alcohol is a direct or partial cause) in more than 200 medical conditions.

Alcohol misuse is also a cause of falls, accidents, and injuries as well as social problems such as assaults and crimes. In Wales, 49% of all violent crime is alcohol related, as well as contributing to public order and anti-social behaviour in communities, child neglect, domestic and intimate partner violence and the abuse of vulnerable individuals[99].

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

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

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

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

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[95] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[96] NHS Wales Public Health Wales - Alcohol
[97] NHS Wales Public Health Wales - Record high alcohol related deaths in Wales highlight urgent public health concerns (March 2025)
[98] Department of Health and Social Care - UK Chief Medical Officers' Low Risk Drinking Guidelines (2016)
[99] Alcohol Change UK - Alcohol, crime and disorder

The table below presents the percentage of adults aged 16 years and over, in Swansea and Neath Port Talbot who have self-reported engaging in drinking 14 units or more per week, as recorded by the National Survey for Wales[100] between 2021 and 2023.

Table 3.16: Percentage of adults (aged 16 years and over) self-reporting drinking 14 units or more per week, by local authority and Wales, 2021 to 2023

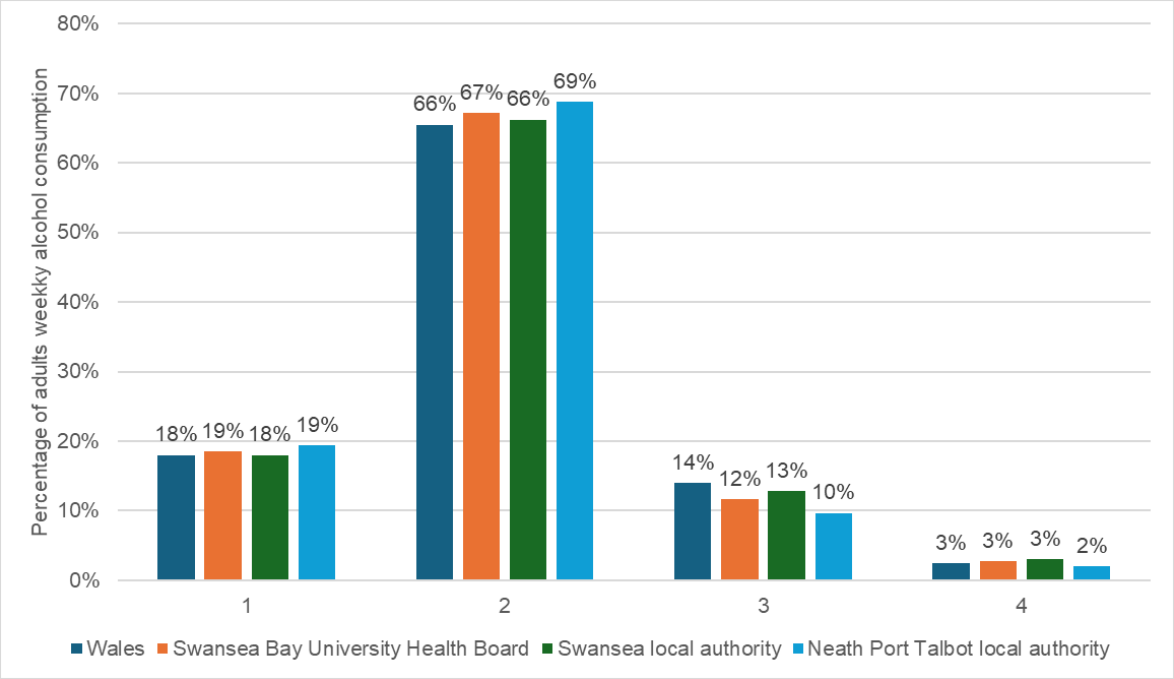
Area	Population 16 years and over[101, 102]	Percentage of adult who self-reported drinking 14 units or more per week
Swansea Local Authority	209,302	16.0%
Neath Port Talbot Local Authority	118,891	12.0%
Wales	2,641,000	16.0%

The percentage of adults who self-reported drinking 14 or more units of alcohol per week in the period 2021-2023, across the 22 local authorities in Wales, showed the lowest percentage of adults were in the Isle of Anglesey Local Authority (12.0%) and the highest percentage was in Monmouthshire Local Authority (24%), Swansea Local Authority ranked 14th and Neath Port Talbot Local Authority ranked second.

The figure below highlights the reported drinking patterns in Swansea Bay University Health Board, Swansea and Neath Port Talbot Local Authorities compared to the average for Wales.

[100] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[101] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[102] Welsh Government July 2025 - Mid-year estimates of the population: 2024

Figure 3.1: Adult weekly drinking levels by local authority, health board and Wales (2021-2023)[103]



Key

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

In 2021-23, the European age-standardised rate of alcohol-attributable mortality in Wales was 54.9 deaths per 100,000 population, an increase of 3.4% compared to 2020-22[104].

The three-year rolling average of deaths from alcohol-specific causes over the most recent five-year reporting period shows that the European age-standardised rate of deaths per 100,000 population increased between 2017-19 and 2021-23. In 2021-23, the three-year rolling average European age-standardised rate was 16.0 alcohol-specific deaths per 100,000 population. This rate has gradually increased in recent years. The rate per 100,000 in Swansea Bay University Health Board area was 18.4. The health board was the second highest of the seven health boards, the highest being Cwm Taf Morgannwg University Health Board (21.0).

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

3.3 Healthy aging

3.3.1 Low birthweight

Low birthweight is defined as a birthweight of less than 2.5kg (around 5.5lbs) and can be associated with health risks in an infant's first year of life[105]. Low birth weight is influenced by maternal lifestyle issues such as smoking. Birth weight is inversely associated with infant mortality, life expectancy, and is predictive of the onset of chronic conditions in adult life[106].

In 2024 Swansea Bay University Health Board had a higher percentage of low birthweights compared to Wales (6.6% and 6.3% respectively), with Swansea local authority higher than Neath Port Talbot (7.0% and 6.0% respectively)[107].

3.3.2 Breastfeeding

Breastfeeding provides the best nutritional start in life for a baby. In 2024, breastfeeding rates in Wales were the highest on record at ten days, six weeks and six months. 64.0% of babies were breastfed at birth. 57.3% of babies were breastfed at ten days, 44.1% at six weeks and 32.5% at six months.

In 2024, the percentage of babies that were breastfed (any breastfeeding) in the health board's area[108] at birth was 66.5%, at ten days 57.3%, at six weeks 44.7% and 32.1% at six months. These percentage rates were comparable with the Wales rate, except for babies breastfed at birth which was 2.5% higher than the Wales rate.

3.3.3 Children living in poverty

In January 2024, Welsh Government published a new "Child Poverty Strategy for Wales 2024[109]"a ten-year strategy, replacing the 2015 version. The strategy sets out the long-term approach to tackling child poverty and achieving better outcomes for children and young people, regardless of their background or circumstances. Providing a strategic framework to make the most of the levers available to contributing to the eradication of child poverty.

In December 2025, Welsh Government published a new "Child Poverty Strategy Monitoring Framework[110]" replacing the 2024 version. The monitoring framework presents robust population-level data across a range of child poverty indicators, offering insight into the impact of actions and the direction of travel in improving outcomes for children and young people.

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[105] Welsh Government - Maternity and birth statistics: 2024
[106] NHS Wales Public Health Wales - Low Birth Weight - Review of risk factors and interventions summary report (2014)
[107] Public Health Wales – Public Health Outcomes Framework
[108] Welsh Government StatsWales - Breastfeeding by age of baby, type of breastfeeding and local health board
[109] Welsh Government - Child Poverty Strategy for Wales 2024
[110] Welsh Government - Child Poverty Strategy Monitoring Framework 2025

In Wales, 32%[111] of children were living in relative income poverty (living in a household with income below 60% of the UK median) in the financial years ending 2023 to 2025. 10% of children were in deep material poverty (more severe measure, indicating households that cannot afford essential items like heating or nutritious food) for the financial year ending 2024/25. This corresponds to 67,000 children of the 650,000 children living in Wales.

In Swansea Bay this translates to approximately 32,500 children aged 0-24 living in real poverty and the numbers continues to rise[112].

3.3.4 Oral health

Tooth decay in young children is largely preventable. It can lead to pain, infections, and difficulties with eating, sleeping and socialising. It is associated with poor nutrition and obesity and is closely linked to social and economic disadvantage. Oral health is an important aspect of a child's overall health status and of their school readiness[113].

In 2024/25, of the 1,219 five-year-olds examined at 87 state-maintained schools across the health board's area[114]:

- 29.2% children were affected by tooth decay, higher than Wales.
- Across Wales, the prevalence of children affected by tooth decay ranged from 20.2% to 36.0%.
- Across local authorities, prevalence in Swansea was 28.0% and Neath Port Talbot 31.6%.
- Approximately one in four children had untreated tooth decay (26.5%), higher than Wales.
- Oral health had a negative impact on 21.5% of the children examined, compared to 17.7% across Wales.

In 2023/24, of 663 12-year-olds examined from 23 state-maintained schools across the health board's area:[115]

- 23.2% (under one in four) children were affected by tooth decay, lower than Wales.
- Across Wales, the prevalence of children affected by tooth decay ranged from 16.8% to 36.4%.
- Across local authorities and Wales, prevalence in Swansea was 27.1%, Neath Port Talbot 20.8% and Wales 25%.
- Approximately one in six children has untreated tooth decay (16.6%).

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[111] Welsh Government - Relative income poverty: April 2023 to March 2025 (Official Statistics in development)
[112] Faith In Families Swansea - Our Commitment to the UN International Day for the Eradication of Poverty
[113] Public Health England. Health Matters: Child dental health. From: Health Matters: Child dental health - Public health matters (blog.gov.uk)
[114] Public Health Wales – Oral health of school year one (5-year-old) children in 2024-25
[115] NHS Wales Public Health Wales - Picture of oral health 2023 - Swansea Bay University Health Board

- Oral health had a negative impact on 8.5% of children examined, compared to 28.1% across Wales.

3.3.5 Sexual health

The Royal College of Midwives published a "Wales state of maternity service 2023"[116] below are some of the findings from this document:

- The demographic makeup of women using maternity service in Wales is changing, for example the majority of women giving birth in Wales are now over 30 years. This is a significant shift over the past decade, where the proportion of births to women aged 30 or older has jumped from 42% (2011) to 53% (2021).
- There were just over 15,000 babies born to women agreed 30 years or older, with just over 13,500 births to younger women and girls.
- Nearly six in ten pregnant women in Wales in 2021 were overweight or obese. Higher body mass index during pregnancy is a significant risk factor, for both women and their babies, and can lead to conditions such as gestational diabetes.
- In 2021 the total number of "live" births in Wales was 28,879 of which 3,315 were in Swansea Bay University Health Board.
- In 2021, the most common ages for mothers in Swansea Bay University Health Board were 25-29 and 30–34. The least common ages were 19 years and under and 40 years and older.

In 2022, out of the 22 local authorities in Wales, Swansea Local Authority was ranked fifth with 12.9 conceptions per 1,000 women 18 years and under, while Neath Port Talbot Local Authority ranked 11th (16.2)[117].

Data from the latest Sexual Health Trends in Wales report[118] show the number of gonorrhoea diagnoses increased by 27.0% in 2023 compared to the previous year, reaching a total of 5,292 cases. Similarly, syphilis diagnoses saw a 20.0% increase, with 507 cases reported, marking a 17.0% rise from the previous peak in 2019[119].

This increase may in part be due to enhanced testing efforts, which have improved case detection. However, it is also likely to represent increased transmission of these diseases in Wales. The introduction of the Test and Post home testing service[120] in 2020 has been important in making confidential sexual transmitted infections testing available to all in Wales. These kits allow individuals to test for sexually transmitted infections at home.

The report outlines that the overall sexually transmitted infections testing is at a

[116] Royal College of Midwives – Wales state of maternity services 2023
[117] Office of National Statistics - Conceptions in England and Wales
[118] NHS Wales Public Health Wales - Sexual Health Trends in Wales: Sexually Transmitted Infections, Emergency and Long-acting Reversible Contraception provision and Termination of Pregnancy Annual report 2024 (Data to end of 2023)
[119] NHS Wales Public Health Wales - Sexual transmitted infection cases climb in Wales: Increases in Gonorrhoea and Syphilis reported (August 2024)
[120] NHS Wales Sexual Health Wales - Test and Post: Home testing for sexually transmitted infections

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

3.3.6 Frailty and falls in older people

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

Falls and fractures in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people.

The causes of having a fall are multifactorial – a fall is the result of the interaction of multiple risk factors. These include:

- Muscle weakness
- Poor balance
- Visual impairment
- Polypharmacy – and the use of certain medicines
- Environmental hazards
- Some specific medical conditions, which might make a person more likely to fall

Falls are events resulting from the presence of risk factors. The likelihood and severity of injury resulting from an event is related to a number of possible factors including bone health, risk of falls, frailty and low weight. Strong bones are important for a person’s health. People with low bone mineral density are more likely to experience a fracture following a fall. Osteoporosis is one of the reasons why people have low bone mineral density.

Over three million people in the UK have osteoporosis and they are at much greater risk of fragility fractures. Fragility fractures are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level (or ‘low energy’) trauma. Hip fractures alone account for 1.8 million hospital bed days and £1.1 billion in hospital costs every year, excluding the high cost of social care.

In the UK, almost a third of people aged over 65 fall at least once and there are an estimated 500,000 fragility fractures each year.

Fragility fractures are most common in bones of the spine, wrists and hips. The risk of osteoporosis starts to increase in women after the menopause because their ovaries no longer produce oestrogen, which helps to protect the bones. People may

also be at increased risk of osteoporosis because it runs in their family or because of the side effects of some medications such as steroid tablets or injections. Therapies and treatments are available to help prevent fractures in people with osteoporosis.

Other factors can also put a person at risk of fractures are:

- Low body weight (body mass index less than 19)
- Diet lacking in calcium and vitamin D
- Poor mobility
- Smoking
- Alcohol
- Diabetes, and
- Certain long-term medications, especially corticosteroids.

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

Table 3.17: Estimated percentage prevalence of patients registered as having osteoporosis (50 years and over) by cluster, health board and Wales, 2025[121]

Area	Local authority	Osteoporosis (50 years and over)
Bay Health	Swansea	0.6%
City Health	Swansea	0.3%
Cwmtawe	Swansea	0.5%
Llwchwr	Swansea	0.8%
Penderi	Swansea	0.8%
Afan	Neath Port Talbot	0.5%
Neath	Neath Port Talbot	0.7%
Upper Valleys	Neath Port Talbot	1.3%
Swansea Bay University Health Board		0.7%
Wales		0.6%

Swansea Bay University Health Board (0.7%) has a higher prevalence of osteoporosis (50 years and over) than the average for Wales (0.6%).

Across the Swansea clusters, recorded prevalence of osteoporosis (50 years and over) ranges from 0.3% (City Health) to 0.8% (Llwchwr and Penderi). Two of the five clusters are lower than both the health board and Wales rates (City Health and Cwmtawe). One of the five clusters is higher than the health board rate, but equal to the Wales rate (Bay Health) and two clusters are higher than the health board and Wales rates (Llwchwr and Penderi)

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

For the Neath Port Talbot clusters, recorded prevalence of osteoporosis (50 years and over) ranges from 0.5% (Afan) to 1.3% (Upper Valleys). One cluster is lower than both the health board and Wales rates (Afan). One cluster is higher than the health board rate, but equal to the Wales rate (Neath), and one cluster is higher than both the health board and Wales rates (Upper Valleys).

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

Table 3.18: Range of estimated percentage prevalence of osteoporosis (50 years and over) based on people on GP practice registers by local authority area, health board and Wales, 2025

Area	Osteoporosis (50 years and over) percentage prevalence range at cluster level
Swansea	0.3% - 0.8%
Neath Port Talbot	0.7% - 1.3%
Swansea Bay University Health Board	0.7%
Wales	0.6%

3.3.7 Dementia

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

Dementia is a major and growing global health challenge[122]. In 2019, an estimated 57 million people worldwide were living with the condition, a figure projected to rise to 153 million by 2050. It is currently the seventh leading cause of death globally and a major contributor to disability among older adults.

Research suggests that up to 45.0% of dementia cases could be prevented by addressing 14 modifiable risk factors across the life course. These include:

- Physical inactivity,
- Smoking,
- Excessive alcohol consumption,
- Untreated hearing and vision loss,
- Social isolation, and
- Conditions such as hypertension, diabetes, and obesity.

This evidence challenges the long-held view that dementia is an unavoidable part of ageing and highlights the importance of early and sustained action to protect brain

[122] NHS Wales Public Health Wales - Almost Half of Dementia Cases Could Be Prevented Through Lifestyle Changes (March 2026)

health.

The table below shows the recorded prevalence based on the quality outcomes framework 2025 reported prevalence rates by GP practices for dementia across clusters in Swansea and Neath Port Talbot. Figures are compared with the Swansea Bay University Health Board and the Wales rates.

Table 3.19: Estimated percentage prevalence of patients registered as having dementia by cluster, health board and Wales, 2025[123]

Cluster/Area	Local authority	Dementia
Bay Health	Swansea	0.8%
City Health	Swansea	0.5%
Cwmtawe	Swansea	0.7%
Llwchwr	Swansea	0.8%
Penderi	Swansea	0.7%
Afan	Neath Port Talbot	1.0%
Neath	Neath Port Talbot	0.8%
Upper Valleys	Neath Port Talbot	0.8%
Swansea Bay University Health Board		0.8%
Wales		0.8%

Swansea Bay University Health Board has the same prevalence of dementia as Wales (0.8%).

Across Swansea clusters, recorded prevalence of dementia ranges from 0.5% (City Health) to 0.8% (Bay Health and Llwchwr). Three of the five clusters are lower than both the health board and Wales rates (City Health, Cwmtawe and Penderi). Two of the five clusters are equal to the health board and Wales rates (Bay Health and Llwchwr)

For Neath Port Talbot clusters, recorded prevalence of dementia ranges from 0.8% (Neath and Upper Valleys) to 1.0% (Afan). Two of the three clusters are equal to both the health board and Wales rates (Neath and Upper Valleys), and one cluster high than both the health board and Wales rates (Afan).

3.4 Cancer and screening

3.4.1 Cancer

The four most common types of cancer in Wales[124] are prostate cancer, breast cancer, lung cancer, and colorectal cancer. These cancer types had between 2,500 and 3,100 new cases each in 2019. Together, they made up more than half of all new cancer cases in Wales (not including non-melanoma skin cancer).

By 2025, Public Health Wales projected that there would be around 24,000 new cancer cases each year among people living in Wales, up from around 20,000 in

[123] Welsh Government StatsWales - Disease registers by local health board, cluster and GP practice
[124] NHS Wales Public Health Wales - Cancer in Wales – trends and projections (September 2025)

2019, This is mostly because there will be more older people than in the past and cancer is more common in older people.

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

In 2015, over 7,000 new cancer cases (around four in ten) in Wales each year were linked to risk factors that can be changed[125]. Lung cancer, colorectal cancer, melanoma skin cancer, and breast cancer together accounted for over three fifths of potentially preventable cancer cases). Some of the most important risk factors for cancer are:

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

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

The most common cancer types in the health board's area are identified in the Public Health Wales Cancer Reporting Tool (March 2026)[126].

The table below shows the incidence of the six most common types of cancer for women between 2020 and 2022.

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

Table 3.20 Cancer incidence by cancer type, European age-standardised rate per 100,000, women, all ages, by health board, local authority and Wales (three-year period, 2020 – 2022)[127]

Area	Breast	Lung	Colorectal	Melanoma of the skin	Uterus	Ovary and fallopian tube
Swansea Local Authority	165.8	71.1	53.5	34.5	24.2	21.2
Neath Port Talbot Local Authority	145.4	79.1	54.9	24.5	36.3	20.1
Swansea Bay University Health Board	157.7	74.2	54.0	30.6	28.8	20.8
Wales	163.3	68.1	58.7	28.4	31.4	21.8

Across the three-year period (2020–2022), Swansea and Neath Port Talbot show different incidence patterns across the cancer types shown for females (all ages) per 100,000.

- Breast cancer incidence was higher in Swansea (165.8 per 100,000) than Neath Port Talbot (145.4). Swansea was higher than the health board (157.7) and Wales rates (157.7 and 163.3 respectively), while Neath Port Talbot was lower than both.
- Lung cancer incidence was higher in Neath Port Talbot (79.1) than Swansea (71.1). Neath Port Talbot was higher than both the health board (and Wales rates (74.2 and 68.1 respectively), while Swansea was lower than the health board, but higher than Wales.
- Colorectal cancer incidence was higher in Neath Port Talbot (54.9) than Swansea (53.5). Neath Port Talbot was higher than the health board rate (54.0), while Swansea was lower. Both local authorities were lower than the rate for Wales (58.7).
- Melanoma cancer incidence was higher in Swansea (34.5) than Neath Port Talbot (24.5). Swansea was higher than both the health board and Wales rates (30.6 and 28.4 respectively), while Neath Port Talbot was below both.
- Uterus cancer incidence was higher in Neath Port Talbot (36.3) than Swansea (24.2). Neath Port Talbot was above both the health board and Wales rates (28.8 and 31.4 respectively), while Swansea was lower than both.
- Ovary and fallopian tube cancer incidence was higher in Swansea (21.2) than Neath Port Talbot (20.1). Swansea was higher than the health board rate (20.8), but lower than Wales (21.8), while Neath Port Talbot was lower than both.

The table below shows the incidence of the six most common types of cancer for men between 2020 and 2022.

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

Table 3.21 Cancer incidence by cancer type, European age-standardised rate per 100,000, men, all ages, by health board, local authority and Wales (three-year period, 2020 – 2022)[128]

Area	Prostrate	Colorectal	Lung	Melanoma of the skin	Head and neck	Urinary tract excluding bladder
Swansea Local Authority	173.8	90.0	78.3	37.8	31.6	30.6
Neath Port Talbot Local Authority	172.5	96.6	89.3	33.7	39.5	27.8
Swansea Bay University Health Board	173.1	92.3	82.5	36.0	34.6	29.5
Wales	164.4	94.0	79.9	32.9	31.8	27.9

Across the three-year period (2020–2022), Swansea and Neath Port Talbot show different incidence patterns across the cancer types shown for men (all ages) per 100,000.

- Prostate cancer incidence was higher in Swansea (173.8 per 100,000) than Neath Port Talbot (172.5). Swansea was higher than both the health board and Wales rates (173.1 and 164.4 respectively), while Neath Port Talbot was lower than both.
- Colorectal cancer incidence was higher in Neath Port Talbot (96.6) than Swansea (90.0). Neath Port Talbot was higher than both the health board and Wales rates (92.3 and 94.0 respectively), while Swansea was lower than both.
- Lung cancer incidence was higher in Neath Port Talbot (89.3) than Swansea (78.3). Neath Port Talbot was higher than both the health board and Wales rates (82.5 and 79.9 respectively), while Swansea was lower than both.
- Melanoma cancer incidence was higher in Swansea (37.8) than Neath Port Talbot (33.7). Swansea is higher than both the health board and Wales rates (36.0 and 32.9 respectively), while Neath Port Talbot is lower than the health board, but higher than Wales.
- Head and neck cancer incidence was higher in Neath Port Talbot (39.5) than Swansea (31.6). Neath Port Talbot was higher than both the health board and Wales rates (34.6 and 31.8 respectively), while Swansea was lower than both.

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

- Urinary tract excluding bladder cancer incidence was higher in Swansea (30.6) than Neath Port Talbot (27.8). Swansea was higher than both the health board and Wales rates (29.5 and 27.9 respectively), while Neath Port Talbot was lower than both.

The table below shows the recorded prevalence rates based on the quality and outcomes framework 2025 of cancer across clusters in Swansea and Neath Port Talbot. Figures are compared with the Swansea Bay University Health Board and the Wales rates.

Table 3.22: Estimated percentage prevalence of patients registered as having cancer by cluster, health board and Wales, 2025[129]

Area	Local authority	Cancer
Bay Health	Swansea	4.0%
City Health	Swansea	2.5%
Cwmtawe	Swansea	3.7%
Llwchwr	Swansea	3.5%
Penderi	Swansea	2.8%
Afan	Neath Port Talbot	3.6%
Neath	Neath Port Talbot	3.6%
Upper Valleys	Neath Port Talbot	4.3%
Swansea Bay University Health Board		3.5%
Wales		3.7%

Swansea Bay University Health Board as a whole has lower prevalence of cancer than Wales (3.5% and 3.7% respectively).

Across the clusters in Swansea, recorded prevalence of cancer ranges from 2.5% (City Health) to 4.0% (Bay Health). Two of the five clusters are lower than both the health board and Wales rates (City Health and Penderi). One cluster is equal to the health board rate but lower than Wales rate (Llwchwr). One cluster is higher than the health board rate but equal to the Wales rate (Cwmtawe) and one cluster is higher than both the health board and Wales rates (Bay Health).

For clusters in Neath Port Talbot, recorded prevalence of cancer ranges from 3.6% (Afan and Neath) to 4.3% (Upper Valleys). Two of the three clusters are higher than the health board rate, but lower than the Wales rate (Afan and Neath) and one cluster is higher than both the health board and Wales rates (Upper Valleys).

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

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

Table 3.23: Cancer death rates (age-standardised per 100,000) for all cancers, all cancers (aged under 75 years), colorectal cancer, female breast cancer, prostate cancer and trachea, bronchus and lung cancer by local authority, health board and Wales (three-year period, 2022 – 2024)[130]

Area	All cancers	All cancers (aged under 75 years)	Colorectal cancer	Female breast cancer	Prostate cancer	Trachea, bronchus and lung cancer
Swansea Local Authority	255.2	132.2	23.3	26.0	46.4	50.8
Neath Port Talbot Local Authority	277.8	132.5	26.0	36.0	44.8	58.4
Swansea Bay University Health Board	263.6	132.4	24.3	29.6	46.0	53.7
Wales	264.1	131.1	28.3	30.7	43.3	51.2

Across the three-year period (2022–2024), Swansea and Neath Port Talbot show different mortality rates across the cancer types shown for males and females (all ages unless stated) per 100,000.

- All-cancer mortality rates were higher in Neath Port Talbot (277.8 per 100,000) than Swansea (255.2). Neath Port Talbot was also above both the health board (263.6) and Wales rates (264.1), while Swansea was below both.
- All cancers in people aged under 75 years mortality rates were very similar in Swansea (132.2), Neath Port Talbot (132.5), and the health board (132.4), and all were higher than Wales (131.1).
- Colorectal cancer mortality rates were higher in Neath Port Talbot (26.0) than Swansea (23.3). Neath Port Talbot was higher than the health board (24.3), but lower than Wales (28.3), while Swansea was lower than both.
- Female breast cancer death mortality rates were higher in Neath Port Talbot (36.0) than Swansea (26.0). Neath Port Talbot was higher than both the health board (29.6) and Wales (30.7), while Swansea was lower than both.
- Prostate cancer mortality rates were higher in Swansea (46.4) than Neath Port Talbot (44.8). Swansea was higher than both the health board (46.0) and Wales (43.3), while Neath Port Talbot was lower than the health board, but higher than Wales.
- Trachea, bronchus, and lung cancer mortality rates were higher in Neath Port Talbot (58.4) than Swansea (50.8). Neath Port Talbot was higher than both the health board (53.7) and Wales (51.2), while Swansea was below both.

[130] NHS Wales Digital Health and Care Wales - Cancer mortality dashboard

The table below is a comparison of the 22 local authorities in Wales and shows cancer mortality rate ranges across the cancer types shown for males and females (all ages (unless stated) per 100,000) across the same three-year reporting period (2022-2024) and where both Swansea and Neath Port Talbot Local Authorities rank.

Ranking: First (one) equals the local authority with the lowest mortality rate and 22 is the local authority with the highest.

Table 3.24: Comparison of cancer mortality rate ranges across the cancer types shown for males and females (all ages (unless stated) per 100,000) across the same three-year reporting period (2022-2024) for the 22 local authorities in Wales, and where Swansea Bay and Neath Port Talbot Local Authorities rank[131]

Cancer type	Cancer mortality rate range	Swansea ranking	Neath Port Talbot ranking	Local authority at one (lowest)	Local authority at 22 (highest)
All cancers	229.5 - 315.4	Sixth	17th	Vale of Glamorgan	Blaenau Gwent
All cancers (aged under 75 years)	104.0 – 155.1	11th	12th	Monmouthshire	Blaenau Gwent
Colorectal cancer	23.3 – 37.9	First	Fifth	Swansea	Blaenau Gwent
Female breast cancer	23.3 – 36.9	Second	20th	Isle of Anglesey	Wrexham
Prostate cancer	29.5 – 61.0	15th	14th	Cardiff	Carmarthenshire
Trachea, bronchus and lung cancer	38.2 – 65.7	13th	18th	Monmouthshire	Blaenau Gwent

3.4.2 Screening

Bowel screening[132]

The table below shows bowel screening uptake for the clusters, health board and Wales in 2023/24.

[131] NHS Wales Digital Health and Care Wales - Cancer mortality dashboard
[132] NHS Wales Public Health Wales - Bowel Screening Wales

Table 3.25: Bowel screening uptake at cluster, health board and all-Wales level for 2023/24[133]

Area	Local authority	Bowel screening uptake
Bay Health	Swansea	68.7%
City Health	Swansea	55.5%
Cwmtawe	Swansea	65.7%
Llwchwr	Swansea	67.5%
Penderi	Swansea	60.9%
Afan	Neath Port Talbot	64.8%
Neath	Neath Port Talbot	63.0%
Upper Valleys	Neath Port Talbot	65.1%
Swansea Bay University Health Board		64.2%
Wales		65.5%

Diabetic eye screening[134]

In 2023/24 uptake in Swansea Bay University Health Board was 76.0%. 11,837 people were invited to attend a diabetic screen appointment and 9,000 people attended.

Cervical screening[135]

Swansea Bay University Health Board cervical screening uptake in 2022/23 for eligible 25 to 49-year-olds was 64.7% and for eligible 50 to 64-year-olds was 69.9%.

Breast screening[136]

Breast screening coverage has increased, at a national level, from 56.1% (31 March 2023) to 70.0% (31 March 2024). This pattern is replicated across all health boards and is due to recovery following the impact of the Covid-19 pandemic. For Swansea Bay University Health Board, the percentage coverage (31 March 2024) for women resident in the health board's area (2022-2024) aged 53-70 years was 71.2%, above the programme target of 70%.

3.5 Prevention of infectious diseases

3.5.1 Childhood vaccination uptake[137]

The annual results for 2024/25 are for one-year cohorts of children living in Wales as of 31 March 2025. Uptake is reported on those reaching their first, second, fourth,

[133] NHS Wales Public Health Wales - Bowel Screening Wales - Programme reports
[134] NHS Wales Public Health Wales - Diabetic Eye Screening Wales Annual Statistical Report 2023-24
[135] NHS Wales Public Health Wales - Cervical Screening Wales Annual Statistical Report 2022-2023
[136] NHS Wales Public Health Wales - Breast Test Wales Annual Statistical Report 2023-24
[137] NHS Wales Public Health Wales - Swansea Bay University Health Board: Childhood Immunisation (December 2025)

fifth birthdays between 1 April 2024 to 31 March 2025. Uptake of vaccinations in those reaching 14, 15 and 16 years of average are presented in the school year[138].

In 2024/25, 6 in 1 DTaP/IPV/Hib/HepB1 vaccine uptake of all three doses in children reaching their first birthday was 94.6% in the health board's area, 95.1% in Swansea and 93.6% in Neath Port Talbot, compared to Wales 94.1%.

Meningococcal serotype B vaccination was introduced in September 2015 for those born 1 May 2015 onwards. Uptake of a complete course in children at two years of age was 92.3% for the average for Wales, with Swansea Bay University Health Board (92.5%). At a local authority level, Swansea (92.8%) and Neath Port Talbot (92.0%).

The percentage of resident children reaching their fourth birthday and who are up to date with all scheduled vaccines was 85.8% for Swansea Bay University Health Board slightly higher than the average for Wales (85.3%). There is variation between the two local authorities with uptake within Swansea Local Authority higher than Neath Port Talbot Local Authority (86.9% and 84.0% respectively).

Measles, mumps and rubella - uptake of two doses in children at five years of age was 90.1% for the health board, compared with the Wales average 89.5%. Two doses in teenagers turning 16 years of age between 1 September 2024 and 31 August 2025 was 92.9% for Wales and 95.1% for Swansea Bay University Health Board - Swansea (94.2%) and Neath Port Talbot (96.5%).

3.5.2 Influenza vaccination uptake

In 2024/25 the influenza vaccination uptake in those aged 65 years and older in Wales was 70.4 % and in Swansea Bay University Health Board was 68.6%[139]. The rate of vaccination in 2021/22 was 78.5% and rates have declined year on year since.

In Wales, 43.7% of children aged two and three years old were immunised against influenza in general practice between 1 September 2024 and 31st March 2025 compared to 36.9% for Swansea Bay University Health Board. Uptake in children aged 4 to 15 years was lower for the health board compared to Wales.

[138] NHS Wales Public Health Wales - Vaccine uptake in children in Wales - COVER annual report 2025- year ending 31 March 2025
[139] Public Health Wales – Annual influenza surveillance and influenza vaccination uptake report 2024/25

4 Identified patient groups – particular health issues

The following patient groups have been identified as living within or visiting the Swansea Bay University Health Board area.

- Those sharing one or more of the following Equality Act 2010 protected characteristics:
    - Age
    - Disability, which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities
    - Pregnancy and maternity
    - Race, which includes colour, nationality, ethnic or national origins
    - Religion (including a lack of religion) or belief (any religious or philosophical belief)
    - Sex
    - Sexual orientation
    - Gender re-assignment
    - Marriage and civil partnership
- University students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Military veterans
- Visitors to the area for business, to visit friends and family, or tourist attractions

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

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

The population of Swansea fell by 0.2% from around 239,000 in 2011 to around 238,500 in 2021. Between the last two censuses, the average (median) age of Swansea increased by two years, from 39 to 41 years of age. A lower average (median) age than nearby Carmarthenshire (46 years) and a slightly lower average (median) age than Wales as a whole (42 years). The number of people aged 65 to 74 years rose by just under 3,700 (an increase of 16.6%), while the number of residents between 35 and 49 years fell by around 4,600 (9.7% decrease)[140].

The population of Neath Port Talbot increased by 1.8% from around 139,800 in 2011 to around 142,300 in 2021; a greater increase than for Wales as a whole which increased by 1.4%, from 3,063,000 to 3,107,000. Between the last two censuses, the average (median) age of Neath Port Talbot increased by one year, from 42 to 43 years of age, a slightly higher average (median) age than Wales as a whole (42 years). The number of people aged 65 to 74 years rose by just under 2,800 (an increase of 19.8%), while the number of residents between 35 and 49 years fell by just under 3,300 (11.4% decrease).[141]

For older people:

- Age is the single biggest factor associated with having a long-term condition with two-thirds (66%) of people aged 65 and over in Wales reporting they have at least one long-term or chronic condition. One third (33%) of older adults (65+) have multiple long-term conditions (multimorbidity) and over. three-quarters of people aged 85+ report having a limiting long-term illness.[142]
- Public Health Wales provided a written response in June 2023 to the Health and Social Care Committee on supporting people with chronic conditions[143] which noted that a "considerable proportion of the burden of disease and ill-health in Wales is preventable" by addressing behavioural (lifestyle) risk factors such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity.
- Unhealthy behaviours are common in older people too, just as with the rest of the population. Behaviours such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are major cause of long-term conditions. In particular, there is concern over significant numbers of older people who drink excessive alcohol.
    - Cigarette smoking is implicated in eight of the top fourteen causes of death for people 65 years of age or older. Smoking causes disabling and fatal disease, including lung and other cancers, heart and circulatory diseases, and respiratory diseases such as emphysema. It also accelerates the rate of decline of bone density during ageing. At age 70 years, smokers have less dense bones and a higher risk of fractures than non-smokers. Female smokers are at greater risk for post-menopausal osteoporosis. Half of long-term smokers die of tobacco related illnesses, most prematurely, and many suffer from a variety of chronic conditions related to smoking.

[140] Census 2021 - How life has changed in Swansea
[141] Census 2021 - How life has changed in Neath Port Talbot
[142] National Assembly for Wales - A profile of long-term conditions in Wales
[143] Health and Social care Committee - Supporting people with chronic conditions Public Health Wales written response June 2023

    - Even modest alcohol use in old age may be potentially harmful as a contributor to falls, compromised memory, medicine mismanagement, inadequate diet and limitations on independent living.
- Falls are a major public health concern, particularly for older adults, with over one-third of people aged 65 years and over falling each year. Over 700 older people in Wales are expected to die from a fall each year, with 7,750 requiring hospital-based treatment, and more than 132,000 experiencing repeated falls in their home. Falls generate significant psychological and physical impact, often leading to isolation, anxiety, and reduced independence.[144]
- Older people, particularly those who are frail, often suffer with a combination of problems that have an impact on the way they connect with others. This could be because they have problems walking steadily, remembering things, or hearing and seeing well. All these things affect people's confidence and ability to get out and about and live their lives.
- Feeling lonely or unconnected to friends can have a very negative effect on wellbeing and health. It is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. The lockdown restrictions imposed during the Covid-19 pandemic in 2020, are likely to have exacerbated these issues across all age groups. Loneliness also has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care. Looking at different ways of making sure that older people stay in touch with the things that matter to them and that there are opportunities for older people to stay active and connected are important.
- Information from the Census 2021[145] showed that 24,293 people aged 66 years and over live alone in Swansea Bay University Health Board's area, which equates to 14.5% of the population. Without the means to leave their homes, or with fewer visits from community workers and service providers, an increasing number of older people will feel lonely and isolated resulting in damaging effects to their mental health.
- Depression is a common mental heal need for older people. Age Cymru hosted an event in April 2024, which highlighted the gap between the current levels of investment in older people's mental health and the pressing needs across Wales. The event spotlighted some key statistics regarding poor mental health among older demographics in Wales including 22% of men and 28% of women over 65 suffering from depression, with 30% of older carers experiencing depression at some point. It also highlighted that older individuals experiencing bereavement are four times more likely to suffer from depression.[146]
- Dementia is the leading cause of deaths in England and Wales. Welsh Government estimates there to be 42,000 people over the age of 65 living with dementia in Wales, but Alzheimer's Society Cymru[147] estimates suggest

[144] Age Cymru - Falls amongst older people can have a devastating impact but they are not an inevitable part of ageing
[145] NOMIS TS003 - Household composition
[146] Age Cymru - Welsh Government consults on mental health and wellbeing, and suicide prevention strategies (2024)
[147] Alzheimer's Society Cymru - A new dementia action plan for Wales (2025)

the total number could be as high as 51,000. This figure is set to rise by 37% to almost 70,000 people by 2040. Developing dementia supportive communities is crucial to the wellbeing of older people, especially the thousands of people living with dementia, regardless of official diagnosis, and the people around them that are also affected. The Welsh Government will be publishing a new Dementia Strategy (2026 – 2036) in 2026, replacing the Dementia Action Plan published in 2018[148], and subsequent Companion Document in 2021. The 2026 Dementia Strategy aims to improve dementia care and support across Wales. Consultation on the draft strategy ended on 6 April 2026.

- Promote and provide influenza vaccination to ensure targets for those over the age of 65 years are met.
- Good physical health has a significant beneficial impact on health and wellbeing in older age; the ability to be physically active improves muscle strength and emotional health whilst reducing risk of falls and isolation.
- A Welsh study[149,150] funded by Health and Care Research Wales in collaboration with Cardiff University, explored how to improve lives of people living with vision impairment. In 2020, over 1,000 people in Wales were formally registered as sight impaired or severely sight impaired. Vision impairment is one of the most common disabling conditions in older people that affects every day lives, including relationships and social connections.
- Sight loss is a significant public health issue, particularly for older people, as it can affect physical and mental health and a person's independence, making people more likely to have a fall or become socially isolated.

For children and young people:

- There is evidence that the first one thousand days of life[151] (this includes before the child is born, up until they are two years old) have a significant effect on the rest of the child's life. As Cymru Well Wales has explained it, "these years have a long-lasting impact on individuals and families. They shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age".
- Children born into poverty are more likely to be adults with poor health than those born into affluence.
- The importance of breastfeeding is well evidenced to provide health benefits for both mother and baby to promote attachment, however young mothers are amongst the groups least likely to breastfeed.
- A baby born to a mother who is obese and smokes throughout pregnancy, is at greater risk of developing unhealthy lifestyles in the future which render them at greater risk of serious chronic conditions which will impact on their quality of life and their life expectancy.

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[148] Welsh Government - Dementia action plan 2018 - 2022
[149] Health and Care Research Wales - Research into pathway for older people with vision impairment to navigate support and services 18 September 2025
[150] Health and Care Research Wales - A preventative approach to ensuring access to a sustainable, whole system pathway for older people with vision impairment (ASSIST)
[151] Public Health Wales - The First 1000 Days programme October 2023

- Some children go through physical, emotional or sexual abuse or live in families where there is parental separation, substance misuse, domestic violence, or mental illness; these are called adverse childhood experiences. Adverse childhood experiences are stressful experiences occurring during childhood that directly harm a child or affect the environment in which the child lives in and can continue to harm the health of children throughout their life.
- In 2016, Public Health Wales published the first Welsh adverse childhood experiences study[152]. It revealed that 47% of adults in Wales experienced at least one adverse childhood experience in their childhood, and 14% suffered four or more. Adverse childhood experiences cause long lasting health harms which continue into adulthood and older age.
- People who have experienced four or more adverse childhood experiences are:
    - four times more likely to be a high-risk drinker,
    - six times more likely to smoke,
    - six times more likely to have had underage sex,
    - six times more likely to have had or caused unintended teenage pregnancy,
    - 11 times more likely to have smoked cannabis,
    - 14 times more likely to have been a victim of violence in the previous 12 months,
    - 15 times more likely to have committed violence against another person in the previous year,
    - 16 times more likely to have used heroin or crack cocaine, and
    - 20 times more likely to be incarcerated during their lifetime.
- In Wales, a quarter (23%) of adults were exposed to verbal abuse as a child; a fifth (20%) to parental separation; 17% to physical abuse; 16% to domestic violence; 14% to mental illness; 14% to alcohol abuse; 10% to sexual abuse; and 5% each to drug use or incarceration of a parent. 'Trauma-informed' services can provide a supportive environment for people who have experienced adverse childhood experiences, encouraging engagement and improved management of conditions.
- Making sure that children are supported to take control of their own lives and wellbeing, will help them to live their best possible lives. Providing clear and easily accessible information about how young people and their families can find out more about what early help is available in their area is important.
- Teenage years are also important and there is strong evidence that lifestyle behaviours that impact on future longer-term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. With many children developing unhealthy behaviours in terms of physical activity and diet, influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.
- On average across Wales, one in four children is either overweight or obese (25.5%). As deprivation levels increase in Wales, so does the percentage of children at risk of becoming obese. For example, just over one in seven children living in the most deprived neighbourhoods are likely to be obese in

[152] Public Health Wales - Adverse Childhood Experiences

the future (14.6%), compared to less than one in ten residing in areas of least deprivation (8.4%)[153]. Obesity Alliance Cymru in their 2025 response to the "Healthy Eating and drinking in maintained schools in Wales" advised studies shown that children and adolescents living with obesity are around five times more likely to live with obesity into adulthood, with 80% of adolescents living with obesity still measuring as having obesity in adulthood[154].

- Public Health Wales collected data across Wales during the 2022-2023 school year – the Child Measurement Programme 2022-2023.[155] The data for Swansea Bay University Health Board showed:
  - the proportion of children categorised as experiencing 'overweight not obesity' was slightly lower at 13.7% compared with 14.2% in the previous year. The proportion with 'overweight not obesity' in 2022/23 was higher in Neath Port Talbot at 15.8% compared with Swansea at 12.5%.
  - the proportion of children categorised as having obesity was 11.8%. This was statistically significantly lower than the previous year at 14.1%. It was also lower than the pre-pandemic reported proportion of 13.0% in 2018/19. The trend from 2020/21 appears to be a stark reduction. However, the 2020/21 observations were during the pandemic where a rise in proportions with obesity were noted. Post pandemic trend must be interpreted with caution until further data observations are added in future years.
- 90% of people who smoke in the UK started before the age of 21[156]. Vaping has become the dominant nicotine behaviour among adolescents in Wales. 5% of children and young people aged 11–16 vape at least weekly (increasing from 3% in 2019).[157]
- Untreated sexually transmitted infections can have longer term health impact including infertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies. Furthermore, it is known that low birth weight can be linked to teenage pregnancy and mothers who smoke while pregnant. To reduce the risk of babies being born early, with a low birth weight, and the risk of disabilities that this brings, it is important that help is available to those who may be at risk.
- Around 50% of lifetime mental illness starts by the age of 14[158]. Children and young people who are at greater risk of mental health problems include those going through family breakdown; those in the Looked After System and those showing behavioural problems; and children who have experienced trauma.
- Wales Centre for Evidence Based Care, Cardiff University (2023) produced the most recent national forecast of long-term conditions across age groups in Wales[159]. The burden of long-term conditions is expected to rise over the next

[153] Chemisy4u - Obesity Statistics Report 2025
[154] Obesity Alliance Cymru Response - Healthy eating and drinking in maintained schools in Wales (2025)
[155] Public Health Wales - Child Measurement Programme 2022-2023
[156] Cancer Research UK - Around 350 young adults start smoking every day in the UK - Cancer News
[157] Public Health Network Cymru - Smoking and vaping
[158] The Children's Society - Children's mental health statistics
[159] Wales Centre for Evidence Based Care - Forecasted prevalence and incidence of long-term conditions in Wales (2023)

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

4.2 Disability

According to the World Health Organization[160], an estimated 1.3 billion people experience significant disability, and this number is growing due to demographic and epidemiological changes in the population (such as ageing and the global increase in chronic health conditions), and health emergencies (such as disease outbreaks, natural disasters, and conflicts).

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

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

Between 2021 and 2023, 12.0% of adults reported being in bad or very bad health in Neath Port Talbot with 7.0% reported for Swansea. 56% of people in Swansea Bay University Health Board's area reported their day to day activities to be 'limited by longstanding illness'.[161]

There are many different types of disabilities. A person with a 'health or physical disability including sensory impairment' may have difficulty carrying out everyday activities as their movement and senses may be limited. Sensory impairment is defined as reduced or loss of sight, hearing or both. A disability may be present from birth or occur during a person's lifetime. The Royal National Institute of Blind People's Sight Loss Data Tool[162] is the UK's biggest collection of eye health datasets. The Swansea Bay University Health Board sight loss briefing published March 2023 estimated the number of people in Swansea Bay University Health Board living with sight loss was 13,470. By 2032 it is expected there will be 15,340 living with sight loss, an estimated increase of 14% over the next decade.

[160] World Health Organization - Disability factsheet 2023

[161] StatsWales - Adult general health and illness by local authority and health board, 2020-21 onwards

[162] Royal National Institute of Blind People - RNIB Sight Loss Data Tool - statistics on sight loss

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

Severity of sight loss	2022	2032
Mild sight loss	8,660	9,850
Moderate sight loss	3,010	3,410
Severe sight loss	1,800	2,090
Total	**13,470**	**15,340**

There are 2,317 people in Swansea Bay University Health Board registered blind or partially sighted.

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

Age band	Registered blind	Registered partially sighted	Total
0-17	24	35	59
18-64	330	292	622
65+	823	813	1,636
Total	**1,177**	**1,140**	**2,317**

The older a person is, the greater their risk of sight loss. The proportion of people aged 75 years and over in Swansea Bay University Health Board's area is similar to the average for Wales - 9.0% of the population are aged 75 and over, compared to 10.0% in Wales. People from different ethnic communities are at greater risk of some of the leading causes of sight loss. The proportion of people from minority ethnic groups is similar to the average for Wale -, 4.5% of the population are from minority ethnic groups, compared to 4.3% across Wales.

The number of people impacted by slight loss and the impact this has on their daily life in Swansea Bay University Health Board's area is as follows.

Only one in four registered blind and partially sighted people of working age are in employment.

Half of blind and partially sighted people are always or frequently limited in the activities that they would like to take part in.

36% of blind and partially sighted people never use the internet or don't have access to it. This is significantly higher than the UK average of 10%.

The estimated numbers for people living with certain sight threatening eye conditions in Swansea Bay University Health Board's area are as follows.

Age-related macular degeneration

Severity of condition	Estimated number of people living with it
Early-stage age-related macular degeneration	18,250
Late-stage dry age-related macular degeneration	1,390
Late-stage wet age-related macular degeneration	2,830
Combined late-stage age-related macular degeneration	4,000

Between 2022 and 2032 it is estimated there will be an increase of 18% in the number of people living with late-stage age-related macular degeneration.

Cataract

Eye condition	Estimated number of people living with it
Cataract	4,420

Between 2022 and 2032 it is estimated there will be an increase of 18% in the number of people living with cataracts.

Glaucoma

Eye condition	Estimated number of people living with it
Ocular hypertension	8,060
Glaucoma	4,330

Between 2022 and 2032 it is estimated there will be an increase of 12% in the number of people living with glaucoma.

Diabetic eye disease

Severity of condition	Estimated number of people living with it
Adults have diagnosed diabetes	25,700
People are living with diabetic retinopathy, of these	7,890
Of those living with diabetic retinopathy, 730 have severe diabetic retinopathy, a later stage of the disease that is likely to result in significant and potentially certifiable sight loss.	730

Between 2022 and 2032 it is estimated there will be an increase of 3.0% in the number of people living with diabetic retinopathy.

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

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

- 1,710 people with sight loss aged over 65 experience a fall per year.
- Of these falls, 800 are directly attributable to sight loss.
- 135 people aged over 65 with sight loss experience a severe fall per year (a severe fall is defined as a fall that results in hospital admission through Accident & Emergency).
- Of these severe falls, 65 are directly attributable to sight loss.

People with learning disabilities are ten times more likely to experience sight loss than the general population. It is estimated in Swansea Bay University Health Board's area that 490 adults have a learning disability and partial sight. A further 140 adults have a learning disability and blindness.

Prevalence of sight loss is higher among people with dementia, especially those living in care homes. In Swansea Bay University Health Board's area, it is estimated that 6,660 people are living with dementia. Within this group it is estimated that 2,360 people have dementia and vision impairment.

It is estimated in Swansea Bay University Health Board's area 43,500 people have moderate or severe hearing impairment, and 960 people have a profound hearing impairment. It is also estimated 2,550 people are living with some degree of dual sensory loss. Of these people, it is estimated that 1,000 are living with severe dual sensory loss (sight and hearing loss).

In 2022 it was estimated that 751 people were included on the local authority hearing impairment register for Neath Port Talbot and 664 people in Swansea[163].

In 2021/22, there were 586 people registered with a learning disability in Neath Port Talbot and 1,108 people in Swansea.[164] People with learning disabilities are more likely to develop both physical and mental health problems when compared with the general population. For example, there is a high prevalence of dementia in people with Down's syndrome. Research suggests people with learning disabilities are 58 times more likely to die before the age of 50. They are also more likely to have diabetes, sensory impairments, mental health problems or epilepsy, and an increased mortality from conditions associated with their learning conditions. People with learning disabilities may also have poorer health resulting from lifestyle issues such as diet and exercise for which they have not received enough advice and support.[165]

[163] StatsWales - Physically/sensory disabled persons by local authority, disability and age range
[164] StatsWales - Persons with learning disabilities by local authority, service and age range
[165] National Institute for Health and Care Excellence - Care and support of people growing older with learning disabilities (2018)

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

In Wales[166], there are:

- 54,000 adults with a learning disability.
- 40,000 adults of working age with a learning disability (18 to 64 years).
- 15,000 children with a learning disability (0 to 17 years).
- 6,000 children aged 0 to 7 years with a learning disability.

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

4.3 Pregnancy and maternity

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

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

4.3.1 Perinatal mental health[167,168]

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

Key findings[169]:

- At least one in five women experience mental health problems during pregnancy and after birth.

[166] Mencap - How Common Is Learning Disability In The UK?
[167] National Institute for Health and Care Excellence - Antenatal and postnatal mental health: clinical management and service guidance, 2020
[168] Royal College of Midwives - Strengthening perinatal mental health, a roadmap to the right support at the right time
[169] Institute of Health Visiting - Supporting Perinatal Mental Health Through the Power of Reading

- Anxiety and depression are the most common serious maternity health considerations, affecting 10 to 15% of women.
- In Wales, almost 9,000 new mothers experience perinatal mental health problems each year.

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

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

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

In Wales[170]:

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

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

4.3.2 Smoking

Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy. Encouraging pregnant women to stop smoking during pregnancy can help them kick

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

the habit for good, provide health benefits for the mother and unborn child, and reduce children's exposure to second-hand smoke.

In Wales[171]:

- 20% of women who were smokers at the initial assessment were not smokers at birth. This is a decrease of 6.5% since the previous year, and an increase of 2.0% since data was first collected in 2016. The large increase since 2021 may be affected by nearly all data being self-reported, rather than being carbon monoxide monitored and the higher-than-usual amount of missing data in the past two years.
- 14% of pregnant women were recorded as smokers at their initial assessment in 2023 and 12% of women who birthed in 2023 were recorded as being smokers at the time they gave birth. Both rates are similar to the previous two years.
- 28% of pregnant women aged under 20 were recorded as a smoker at initial assessment, compared to 21% aged 20 to 24, and 12% aged 35 or over.
- 27% of pregnant women aged under 20 were recorded as smokers at birth, compared to 19% aged 20 to 24 and 10% aged 35 or older.
- Smoking rates were highest among younger mothers and mothers from White and Mixed ethnic backgrounds.
- The percentage of pregnant women recorded as a smoker differs widely by ethnic group. At initial assessment in 2023, smoking rates varied from 2% of pregnant women from Asian ethnic groups to 16% of pregnant women from White ethnic groups.
- At birth in 2023, smoking rates varied between 1% of pregnant women from Black ethnic groups and 2% of pregnant women from Asian ethnic groups to 14% of pregnant women from both White and Mixed ethnic groups.
- Over the past 5 years the smoking rates have decreased in the White and Mixed ethnic groups, while rates have been broadly similar (but at a much lower level) for pregnant women of Other, Black and Asian ethnic groups.
- Large decrease in smoking rate at initial assessment since 2020 coincide with nearly all data being self-reported, rather than being carbon monoxide monitored. This change in data collection method may explain the sharp falls from this point onwards.

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

4.3.3 Substance and alcohol use

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

A number of risks are associated with drinking alcohol during pregnancy[172], including:

[171] Welsh Government - Wales maternity and birth statistics 2023
[172] Royal College of Obstetricians & Gynaecologists 2018 - Alcohol and pregnancy patient information

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

Being drug-free in pregnancy reduces the risk of:

- early birth,
- underweight birth,
- feeding and breathing problems,
- getting infections,
- having problems with their development and growth,
- miscarriage,
- stillbirth, and
- sudden unexplained death in infancy.

4.3.4 Healthy weight and nutrition

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

In Wales in 2023[173]:

- 32% of pregnant women were classed as obese by their body mass index score at initial assessment. This is an increase of 0.8% from the previous year continuing the upward trend since 2016 - in 2023 it was 5.8% higher than in 2016.
- 33% of pregnant women from Black and 33% of pregnant women from White ethnic groups had a body mass index of 30 or more. The percentage for both ethnic groups only changed marginally from the previous year. There has been an upward trend since data was first collected in 2016.
- 27% of pregnant women from Mixed ethnic groups had a body mass index of 30 or more. This was a small decrease on the previous year, but this group had the steepest longer-term upward trend and was 8.7% higher in 2023 than in 2016.

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

- Pregnant women in the Other and Asian ethnic groups had the lowest proportion of women with a BMI of 30 or more out of all five ethnic groups at 21% and 19% respectively.
- 32% of pregnant women with no stated ethnic group had a BMI of 30 or more.
- There was little variation in the percentage of pregnant women with a body mass index of 30 or more between most age groups. The percentage varied between 30% and 34% in all age groups between 20 to 24 and 40 to 44; while the percentage was markedly lower for the under 16 (5%), the 16 to 19 (21%), and the 45 or over (25%) age groups.

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

4.3.5 Breastfeeding[174]

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

Every child in Wales should receive the best start in life (Wellbeing of Future Generation's act 2015)[175], and breastfeeding can enhance this start. However, breastfeeding may not be every woman's choice. Therefore, it is essential all families have access to sufficient evidence-based information to make an informed choice and subsequently supported in whatever choice they make.

Breastfeeding data for Wales for 2024[176] is based on a mother's intention to breastfeed prior to birth, therefore data is based on mothers who delivered in 2024 rather than children born in 2024.

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

[174] Welsh Government - Breastfeeding data: 2024 (Wales)
[175] Welsh Government - The Wellbeing of Future Generations
[176] Welsh Government - Breastfeeding data: 2024 (Wales)

- 44% of babies were breastfed at six weeks. The percentage has been on an upward trend and is also 9.8% higher than five years ago and 3.4% higher than 2023.
- 32% of babies were breastfed at six months. The percentage has been on an upward trend and is also 10% higher than five years ago and 3.8% higher than 2023.

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

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

4.3.6 General health needs

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

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

4.4 Race

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

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

Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, human immunodeficiency virus, tuberculosis and diabetes.

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

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

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

A report by The King's Fund[177] examined ethnic differences in health outcomes, highlighted the variation across ethnic groups and health conditions, and considered what is needed to reduce health inequalities.

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

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

- Diabetes prevalence in Black groups is up to three times higher than in the white population and they have higher mortality from diabetes. They also have a higher risk of hypertension and stroke but, unlike South Asians, are less prone to heart disease.
- The incidence of cancer overall is generally lower among ethnic minority groups in England than in white groups. Asian, Chinese and Mixed groups have a significantly lower risk (20–60%) of getting cancer than the white group. Smoking rates are generally lower in these groups. Cancer incidence is also lower among Black women compared with white women but similar in Black and White men.

4.5 Religion or belief[178]

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

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

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

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

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

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

4.6 Sex

- The average life expectancy for people born in Swansea for males is 77.8 years and for females is 82.4 years, while in Neath Port Talbot the figures are slightly lower with the average life expectancy for males at 77.0 years and females 81.2 years. This is compared to the Wales average of 80.4.[179]

[178] Government UK - Culture, spirituality and religion: migrant health guide
[179] Swansea Bay University Health Board - Mortality report 2025

- In common with England and Wales, life expectancy at birth across the population of Swansea Bay University Health Board has continued to increase. Not all our communities share the same life chances; our lifestyles are strongly influenced by the material and social circumstances we find ourselves in. Factors like poverty, deprivation and lifestyle choices (smoking, alcohol, drugs, obesity, physical activity and employment status) influence life expectancy and quality of life, as do the natural and physical environment, education and healthy workplaces.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care[180] into the use of pharmacies in 2009 showed men aged 16 to 55 years to be 'avoiders' ie they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet. Results from the public engagement questionnaire showed that 80.7% of responders were female and 19.3% were male.
- In August 2025 the British Heart Foundation Cymru published a Wales Cardiovascular Disease Factsheet[181] which showed:
    - Coronary heart disease is the leading cause of death worldwide and is one of Wales' biggest killers. More than 110,000 people are living with coronary heart disease in Wales and it is responsible for around 3,700 deaths (2,500 men and 1,200 women) in Wales each year, an average of 10 deaths each day or one death every 140 minutes.
    - Cardiovascular disease causes more than one in four (27%) of all deaths in Wales or around 9,700 deaths each year – an average of 27 people per day. Around 2,900 people under the age of 75 in Wales die from cardiovascular disease each year. There are around 340,000 people living with the disease in Wales – an ageing and growing population and improved survival rates from cardiovascular events could see these numbers rise in the future.
    - Since the British Heart Foundation was established the annual number of coronary heart disease and cardiovascular disease deaths in Wales has fallen by half.
- Men are more likely to die from coronary heart disease prematurely and are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- Based on obesity statics from the Welsh Government[182] 25% of men and 27% of women were reported as being obese in 2022/23, with 65% of men and 57% of women regarded as being either overweight or obese. Obesity rates were highest in 45-64 age group (31%) and lowest in the 16-24 and over 75 age groups (19% and 17% respectively).
- Women are more likely to report, consult for, and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-

[180] Pharmacy consumer research - Pharmacy usage and communications mapping – Executive summary. June 2009
[181] British Heart Foundation Cymru Wales - Cardiovascular Disease Factsheet August 2025
[182] Chemist4u - Obesity Statistics Report 2025

diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.

- According to the Welsh Government's 2025 modelling update on alcohol consumption[183] 23% of adult drinkers in Wales drink above the UK low-risk weekly guidelines. This group consumes 70% of all alcohol sold in Wales, highlighting a concentration of consumption among heavier drinkers. Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women.[184]

4.7 Sexual orientation

A report published by the LGBT Foundation in 2023[185] highlighted ten key statistics which it believes most clearly evidence the sequential and significant impact of experiencing inequality over the life course.

- In 2017, 21% lesbian, gay, bisexual, and transgender people reported that they had experienced a homophobic, biphobic, or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.
- 23% of lesbian, gay, bisexual, and transgender people have at one time witnessed anti-lesbian, gay, bisexual, and transgender remarks by healthcare staff.
- In 2017, one in six lesbian, gay, bisexual, and transgender people reported drinking almost every day in the last year; this compares to one in ten adults in the general population who report drinking alcohol on five or more days per week.
- 45% of trans young people (aged 11-19) and 22% of cis lesbian, gay, and bisexual young people have tried to take their own life. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.
- 24% of homeless people aged 16-24 are lesbian, gay, bisexual, and transgender and 69% of these people believe parental rejection was a main factor in becoming homeless.
- 42.8% of lesbian, bisexual, transgender women said that they had experienced sexual violence compared to an estimated 20% of all women in the UK.
- 55% of gay, bisexual, and trans men were not active enough to maintain good health, compared to 33% of men in the general population.
- In 2017, 52% of lesbian, gay, bisexual, and transgender people reported experiencing depression in the previous year. This includes 67% of trans people and 70% of non-binary people.

[183] Welsh Government - New modelling of alcohol pricing policies, alcohol consumption and harm in Wales
[184] Department of Health and Social Care "The Gender and Access to Health Services Study" 2008
[185] LGBT Foundation - Hidden Figures: LGBT Health Inequalities in the UK

- In 2017, 40% of trans people who had accessed or tried to access public healthcare services reported having experienced at least one negative experience because of their gender identity in the previous 12 months.
- 93% of lesbian, gay, bisexual, and transgender specialists and service users consider that more work needs to be done to improve end of life services for lesbian, gay, bisexual, and transgender people.
- LGB+ people are 2.2 times more likely to have self-harmed or attempt suicide than heterosexual people.
- Gay and bisexual men are 2.5 times more likely to attempt suicide.
- Nearly 1 in 5 (18.6%) lesbian, gay and bisexual young people (16–24) have attempted suicide.[186]

4.8 Gender re-assignment[187]

Gender reassignment refers to individuals, who either:

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

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

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

[186] UK wide data from ONS data reported ONS Data: LGB+ Community Facing Higher Mental Health Risks | LGBT HERO
[187] Gender Identity Research and Education Society. From: Trans Health Factsheets

4.9 Marriage and civil partnership

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

4.10 University students[188]

Starting university is an exciting time. For many young people it will be their first time away from home so there is not only the pressure of becoming independent and self-reliant in a new environment. It is a time of transition, and the challenges of university life can impact on health care. Health needs[189] identified include:

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

A UK study undertaken by Transforming Access and Student Outcomes in Higher Education and The Policy Institute Kings College London examined British higher education in 2024[190] and found:

- Almost one fifth (18%) of students reported a mental health issue in 2024, triple the rate in 2017, when it was 6.0%.
- 17.9% of students report mental health challenges, indicating nearly one in five students, or around 300,000 UK students are now experiencing mental health difficulties.
- Anxiety and depression continue to be the primary mental health challenges among students, linked to:
    - cost of living pressures,
    - academic stress,
    - post pandemic effects, and
    - social isolation and loneliness.
- Mental health difficulties are higher amongst lesbian, gay, bisexual, queer and allies. In 2024 bisexual students had the highest rate (30%), followed by lesbian students (29%).
- More than half of non-binary students and queer-identifying students now experience mental health difficulties.

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[188] Unite Students - The New Realists Unite Students Insight Report 2019
[189] Education - Health and Wellbeing Services for Students in UK Universities 2024
[190] Transforming Access and Students outcomes in Higher Education - Report Student mental health in 2024: How the situation is changing for LGBTQ+ students

- Female students are twice as likely to report mental health difficulties (22%) compared to male students (11%), and the gap has increased compared to 2023. Death by suicide is more prevalent among young men than young women, suggesting a highly acute need for support among male students.
- Of 40,810 students asked if they had considered dropping out of university, 11,424 (27.9%) said they had with the most common reason stated as mental health difficulties. This reason was significantly greater than all other reasons, including financial difficulties.
- The 2024 data show the proportion of students who have considered dropping out has fallen after previous years of fairly consistent rates.

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

Swansea Bay University Health Board has one local prison located in its area – His Majesty's Prison (HMP) Swansea. It is a Victorian prison located in the centre of the city of Swansea. As is typical of this type of establishment, the site is cramped, however modernisation and upgrades have occurred including the opening of G Wing (60 places) in September 2015. The prison is a Category B/C. The operational capacity of HMP Swansea (defined as the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) is reported as 475[191].

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

Public Health Wales 2019 response to the Health, Social Care and Sport Committee inquiry into the provision of health and social care in the adult prison estate[192] highlighted the following health needs.

- The rapid movement of men between prisons, and between prison and community, often with very short or not notice has implications for the ability to provide seamless continuity of care.
- Prisons are globally recognised as high-risk settings for communicable disease and should be offering routine screening, treatment, and vaccination.
- Prisons in Wales remain high-risk settings for tuberculosis.
- Variable provision of sexual health services in Wales.
- This in prison are more likely to have used drugs compared with the general population, and they are more likely to have engaged in risky forms of drug use, such as injecting. Although some prisoners do stop or reduce their use of drugs on prison entry, others initiate drug use or engage in more damaging behaviours when they are incarcerated.

[191] HMP Swansea - Annual Report of the Independent Monitoring Board at HMP Swansea (2023)
[192] Public Health Wales - Public Health Wales Response to the Health, Social Care and Sport Committee inquiry into provision of health and social care in the adult prison estate 2019

Work by Public Health Wales[193] highlights the high dental need and significant barriers to receiving dental care faced by people in contact with the criminal justice system. Being in prison offers an opportunity to engage with dental services, often for the first time in many years. However, prisoners may be released before their course of treatment is completed, and it is currently extremely challenging for that treatment to be continued within the community.

A study led by University of Oxford[194] showed that people in prison are in poor physical and mental health, with mental disorders twice as prevalent as in the general population.

- 11.4% had depression, as compared to 6-8% in the general population.
- 9.8% had post-traumatic stress disorder and 3.7% had a psychotic disorder (also at least double the rate in the general population).
- Nearly one in four (23.8%) had an alcohol use disorder and 38.9 per cent had a drug use disorder on entry to prison.

Children and young people in contact with the youth justice system can have more health and wellbeing needs than other children of their age. They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems.

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

On 28 January 2021, the Youth Justice Board published a second set of experimental statistics for 2019/2020[195], (the first report on experimental statistics of the assessed needs of sentenced children in the Youth Justice System in England and Wales was published on 28 May 2020), which showed the number of concerns each child had increased with the severity of the type of sentence received. For five of the 19 concerns, 71% of children were accessed to have a concern present. These were:

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

[193] Welsh Dental Committee - Dental care for vulnerable people in Wales: position statement 2025
[194] University of Oxford - Mental and physical health morbidity among people in prisons: an umbrella review 2024
[195] Youth Justice Board - Assessing the needs of sentenced children in the Youth Justice System 2019/20 England and Wales (2021)

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

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

4.12 Homeless and rough sleepers

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. Research by the homeless charity Crisis[196], found that people who sleep rough are 17 times more likely to be victims of violence than the general public. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.

The average life expectancy for someone sleeping rough in Wales remains at 45 years for men and 43 years for women and has not improved since the 1990s. This is compared to the average life expectancy for the general population of 77.9 for males and 81.8 for females. The overall numbers of people who have died whilst homeless across the UK have increased by 9% with an average of four deaths every day of the year. 90 people died while homeless in Wales in 2024. The majority of homelessness deaths (55%) can now be classed as a 'death of despair' with more deaths by suicide being reported and evidence of a higher rate of drug related deaths. There are significant issues with psychoactive substances such as spice and synthetic opioids[197].

The monthly rough sleeper count is now published by Welsh Government[198]. Recent data shows that Neath Port Talbot had an average of six rough sleepers recorded in the six-month period (February – July 2025), with two rough sleepers reported as the highest number in one month, compared to Swansea which had 76 rough sleepers over the same six-month period, with 16 rough sleepers reported as the highest number in one month.

According to a report by Centrepoint[199], homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many

[196] Crisis, Sanders, B. & Albanese, F. - "It's no life at all" - Rough sleepers' experiences of violence and abuse on the streets of England and Wales (2016)
[197] Museum of Homelessness – The Wallich homeless deaths (2025)
[198] StatsWales - Rough sleepers by local authority
[199] Centrepoint - Toxic Mix: The health needs of homeless young people

have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events.

The key findings of a report by Homeless Link in 2022[200] were as follows.

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

[200] Homeless Link - The unhealthy state of homelessness 2024: Findings from the homeless health needs audit

Groundswell's study Healthy Mouths[201] reveals that homeless people suffer extremely poor oral health compared to the general population.

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

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

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

4.13 Gypsies and Travellers communities[202]

Gypsies and Travellers are among the UK's longest established minority ethnic populations. Romani Gypsies and Irish Travellers are recognised racial groups under Equality Act 2010. In the 2021 Census 3,630 people identified as Gypsy or Irish Traveller in Wales, representing 5.1% of the total Gypsy/Irish Traveller population across England and Wales This is approximately 0.12% of the Welsh population and is an increase of 845 people from the 2011 Census[203].

[201] Groundswell - Healthy Mouths
[202] Welsh Government - Travelling to Better Health Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers (2015)
[203] Census 2021 Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics

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

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

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

A presentation to the Doncaster Health and Wellbeing Board in November 2023[204] highlighted the following facts:

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

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

    - digital exclusion,
    - lack of education,
    - poverty,
    - transport, and
    - unconscious bias/staff attitude.
- The Evidence for Equality National Survey[205] in 2023 revealed that more than a third of people from ethnic and religious minority groups had experienced some form of racist assault. The survey had the largest number of Gypsy, Roma and Traveller participants in any national survey to date and revealed:
    - 62% of Gypsies and Travellers had experienced racial abuse, which was the highest out of all minority ethnic groups surveyed,
    - 47% of Roma people had been racially assaulted, and
    - 37% of Roma people have been physically attacked.
- The wide effects of discrimination include:
    - poor housing, limited access amenities,
    - Gypsy, Roma and Traveller people experience the highest levels of social and economic deprivation,
    - more than half of Gypsy, Roma and Traveller people having no educational qualifications,
    - 85% of Gypsy or Traveller men and 65% of Roma men were in precarious employment, compared with 19% of white British men, and
    - the Gypsy Roma Traveller community accounts for 6% of the prison population.
- In relation to Gypsy Roma Traveller children and young children:
    - they are statistically the most vulnerable of any group in UK,
    - 86% reported bullying as their biggest challenge at school,
    - leave school early,
    - approximately 50% are persistent non-attenders,
    - they have the lowest attainment of all ethnic groups, and
    - make up 15% secure training units.

4.14 Asylum seekers, refugees and migrants

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

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

A migrant is an umbrella term which does not have a legal definition under international law. It usually describes a person who has left their home, either within their country or across borders. This can be temporary or permanent and be due to

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

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

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

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

Many asylum seekers will have complex health and social care needs. Pregnant women, unaccompanied children, those with significant mental health problems, and those who have experienced traumatic events such as rape or torture, are likely to be particularly vulnerable. Although, many of their health requirements are the same as those of the local community, asylum seekers may also have different health and health related problems[206]. These may include:

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

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

There is evidence of higher levels of depression and anxiety among asylum seekers and refugees compared with the national population, and much research has focused on the physical and mental impact of conflict and war in countries of origin.

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

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

In January 2019, the Welsh Government launched Nation of Sanctuary Refugee and Asylum Seeker Plan[207], which seeks to address key issues of refugees and asylum seekers.

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

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

4.15 Military veterans[208]

A veteran is defined as anyone who has served for at least one day in His Majesty's armed forces (Regular or Reserve), as well as Merchant Mariners or who have seen duty on legally defined military missions.

The 2021 Census in England and Wales[209] was the first to ask people if they had previously served in the UK armed forces. People aged 16 years and over were asked whether they had previously served in the regular or reserve UK armed forces, or both. People currently serving in the UK armed forces and those who had never served were both advised to tick "no".

The Census data indicates:

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

[207] Welsh Government - Nation of Sanctuary – Refugee and Asylum Seeker Plan (2019)
[208] Ministry of Defence - Veterans Key Facts
[209] Census 2021 - UK armed forces veterans, England and Wales - Office for National Statistics

and over. This is almost 1 in 25 people aged 16 years and over in England and Wales.

- Over three-quarters of UK armed forces veterans residing in Wales had previously served in the regular armed forces only (88,000 people, 76.3%), while 22,000 (19.3%) had served in the reserve armed forces only. The remaining 5,000 (4.5%) had served in both the regular and the reserve armed forces.
- The proportion of UK armed forces veterans was higher in Wales (4.5% of the population aged 16 years and over, 115,000) than it was in England (3.8%, 1.7 million).
- Across Wales, the local authorities with the highest percentage of veterans were Conwy (5.9%, 6,000 people), Pembrokeshire (5.7%, 6,000 people) and the Isle of Anglesey (5.6%, 3,000 people). These local authorities all contain or are located near military establishments, suggesting that UK armed forces veterans tend to stay in the same areas after they have left the service.
- Cardiff had the lowest proportion of veterans with less than 2.9% of the population.
- 13,199 residents of Swansea Bay University Health Board identified as previously served in the UK armed forces[210] (either regular and/or reserve) with the age distribution of the ex-service population skewed towards those over retirement age. However, the predicted decline in this group, and the changes[211] currently occurring in the UK armed forces, mean that a greater proportion of the veteran population will be made up of younger people. As such their health needs are likely to be different than those of the older veteran population.
- 48.7% of UK veterans are disabled[212] (self-reported, weighted estimate). Disabled veterans were significantly more likely to report poor wellbeing, loneliness, and barriers accessing services. Musculoskeletal problems[213] are the most common long-term health issues among UK veterans, often arising from heavy physical demands during service.

These conditions are strongly linked to:

- chronic pain,
- mobility problems,
- reduced independence, and
- increased risk of depression and loneliness.

In September 2024, Kings Centre for Miliary Health Research published a report[214] covering data collected from serving and ex-serving UK armed forces personnel. 4,104 responded to a detailed questionnaire exploring symptoms of common mental disorders, probable post-traumatic stress disorder, complex post-traumatic stress disorder and alcohol misuse. This data showed that:

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

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

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

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

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

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

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

The first national data published on veteran suicide in England and Wales[215] showed that in 2021, 253 UK armed forces veterans died by suicide of which 93.7% were male and 6.3% were female. 5.9% of the 253 UK armed forces veterans' suicides in 2021 were in Wales.

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

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

Suicide after leaving the UK armed forces 1996–2018: a cohort study[216,217] published in 2023 found UK armed forces veterans are at their highest risk of suicide in their first two years of leaving the armed forces. Factors associated with higher risk of suicide are:

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

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

The United Kingdom armed forces Veteran's Health and Gambling Study was published in 2021[218] and found that veterans are significantly more likely to struggle with gambling problems than non-veterans in the UK. Veterans who responded to the survey were more than ten times more likely than non-veteran respondents to experience gambling harm. They were also four times more likely to have gambled recently, and on more activities than non-veteran respondents. Veterans' gambling was seven times more likely to be motivated by a need to escape or avoid distress and were also found to be at a much greater risk of poor mental health outcomes including depression, anxiety, post-traumatic stress disorder, and to have an alcohol and/or nicotine dependence.

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

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

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

Swansea Bay offers a mix of city culture and stunning coastline, with the beautiful beaches of the Gower Peninsula (Rhossili Bay and Three Cliffs Bay) perfect for walking, surfing or just relaxing, historic Oystermouth Castle, Mumbles Pier, green spaces like Clyne Gardens (botanical gardens), Plantasia Tropical Pyramid (indoor rainforest experience) and city attractions such as the National Waterfront Museum, Swansea Market, and the Dylan Thomas Centre.

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

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

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

5 Provision of pharmaceutical services

5.1 Current provision within Swansea Bay University Health Board

There are 90 pharmacies included in the pharmaceutical list for the area of the health board (April 2026), operated by different contractors. Based on a population of 394,552, this equates to one pharmacy per 4,384 people. The ratio of pharmacies per 10,000 population is 2.28.

There are no dispensing appliance contractors providing services in the health board's area.

There are two GP practices that dispense from premises in the health board's area – see section 5.1.6 for further information.

The map below shows the location of the pharmacy and GP dispensing practice premises with the health board's area. It should be noted that where premises are close to each other the symbols will overlap. The dispensing practice premises are represented by black symbols.

Map 5.1: Location of pharmacies and dispensing practice premises

Map data © 2026 Google

The pharmaceutical needs assessment published on 1 October 2021 noted that the pharmacies are predominantly located in areas of greater population density, for

example Swansea, Neath, Aberavon and Port Talbot, whilst the dispensing practice premises were in areas of lower population density. The 2021 pharmaceutical needs assessment also noted that pharmacies are also mainly located in areas of greater deprivation.

Whilst the overall number of pharmacies has reduced by three since the 2021 pharmaceutical needs assessment was published the three that closed were in close proximity to other pharmacies. The health board is therefore satisfied that the pharmacies are still predominantly located in areas of greater population density and deprivation.

In 2024/25, 96.2% of items prescribed by GP practices in the health board's area were dispensed by pharmacies within the health board's area. It is not possible to quantify the total number of items that were personally administered by GP practices as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, the GP dispensing practices in the health board's area dispensed or personally administered 1.1% of items.

In the first nine months of 2025/26, 96.0% of items prescribed by GP practices in the health board's area were dispensed by pharmacies within the health board's area. It is not possible to quantify the total number of items that were personally administered by GP practices as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, the GP dispensing practices in the health board's area dispensed or personally administered 0.5% of items.

5.1.2 Access to premises

It was agreed by the pharmaceutical needs assessment steering group that the maximum travel time by car for residents in Swansea Bay University Health Board to access pharmaceutical services, should be no more than 20 minutes. Large areas of the two counties are rural in character, and it is not unusual to travel for 20 minutes to access other primary care services such as dental and optical practices. In the areas of larger population density, travel time is less than 20 minutes due to the increased number of pharmacies available and shorter distances to travel.

The 2021 pharmaceutical needs assessment concluded that the majority of residents are within a 20-minute drive of a pharmacy. Those areas that were not within a 20-minute drive had little or no resident population as they are nature reserves (eg Whiteford National Nature Reserve), mountainous areas (eg Mynydd Y Gwair), and woodland and parks (eg Afan Forest National Park).

Whilst the overall number of pharmacies has reduced by three since the 2021 pharmaceutical needs assessment was published the three that closed were in close proximity to other pharmacies. The health board is therefore satisfied that residents are still within a 20-minute drive of a pharmacy.

Responses to the public engagement questionnaire show that 66.4% of respondents stated that they travel to the pharmacy by car followed by 26.9% on foot.

Respondents noted the length of travel time to a pharmacy is:

- Less than five minutes - 33.1%
- Between five and 15 minutes - 56.8%
- More than 15 minutes but less than 20 minutes - 6.8%
- More than 20 minutes - 3.4%

Accessibility has primarily been assessed through pharmacy location, distribution, opening hours and travel time analysis. Detailed public transport journey modelling has not been undertaken as part of this assessment. However, the majority of pharmacies are located within established population centres and are served by local public transport networks. Public engagement responses indicated that only a small proportion of respondents reported difficulty accessing a pharmacy.

5.1.3 Access to essential services

The majority of people access a pharmacy following a visit to their GP or other healthcare professional, however many will visit for self-care purposes or to access a specific service offered by the pharmacy.

There will be occasions when individuals may need access to pharmaceutical services when their GP practice is not open, for example this may be to have a prescription dispensed after presenting to a GP out of hours service, or after contacting NHS Wales 111. Individuals may also want to access a service that is specifically provided by a pharmacy outside of a person's normal working day.

When asked if there is a time that is most convenient to use a pharmacy:

- 35.3% said they do not have a preference,
- 25.2% said 9.00am to 12 noon,
- 17.7% said 6.00pm to 9.00pm, and
- 15.9% said 2.00pm to 6.00pm.

When asked if they have a preferred day to use a pharmacy:

- 47.1% said they don't have a preference,
- 26.1% said weekdays in general, and
- 10.9% said weekends in general.

Appendix L provides information on the pharmacies opening hours as of 31 March 2026 and at that point in time there were:

- Five pharmacies open seven days a week
- Five pharmacies open Monday to Saturday
- 31 pharmacies open Monday to Friday, and part of Saturday
- Two pharmacies close at 1.00pm one on a Tuesday and one on a Wednesday
- 49 pharmacies that open Monday to Friday

- Two pharmacies close 1.00pm one on a Tuesday and one on a Thursday

The health board commissions a Sunday rota service to ensure that there is sufficient cross-cluster provision during the out of hours period, aligned to demand and proximity to the GP out of hours services for example at Morriston Hospital and Neath Port Talbot Hospital. In addition, it commissions a Monday to Saturday evenings rota service from a pharmacy in Penderi to open Monday to Saturday until 10.30pm.

5.1.4 Access to national community pharmacy and appliance contractor services

5.1.4.1 Access to appliance use reviews service

None of the pharmacies provide this service.

5.1.4.2 The clinical community pharmacy service

There are three elements to this service:

- common ailments,
- emergency contraception, and
- emergency medicines supply.

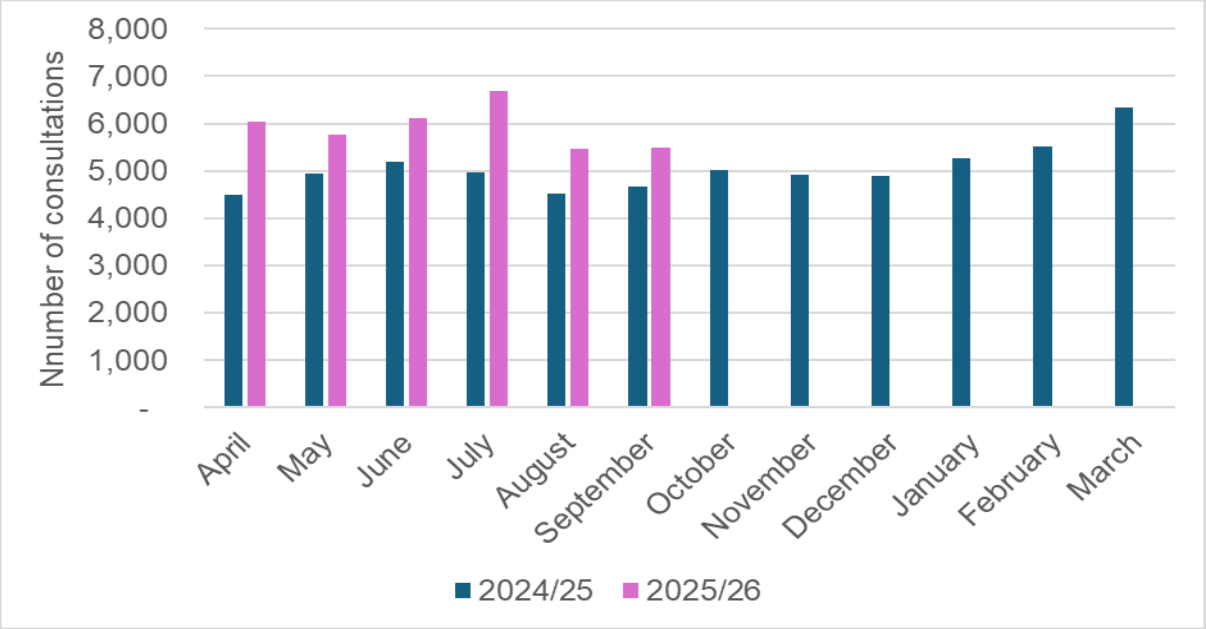
All three elements must be provided.

All the pharmacies have signed up to provide the clinical community pharmacy service.

5.1.4.2.1 Access to the common ailment service

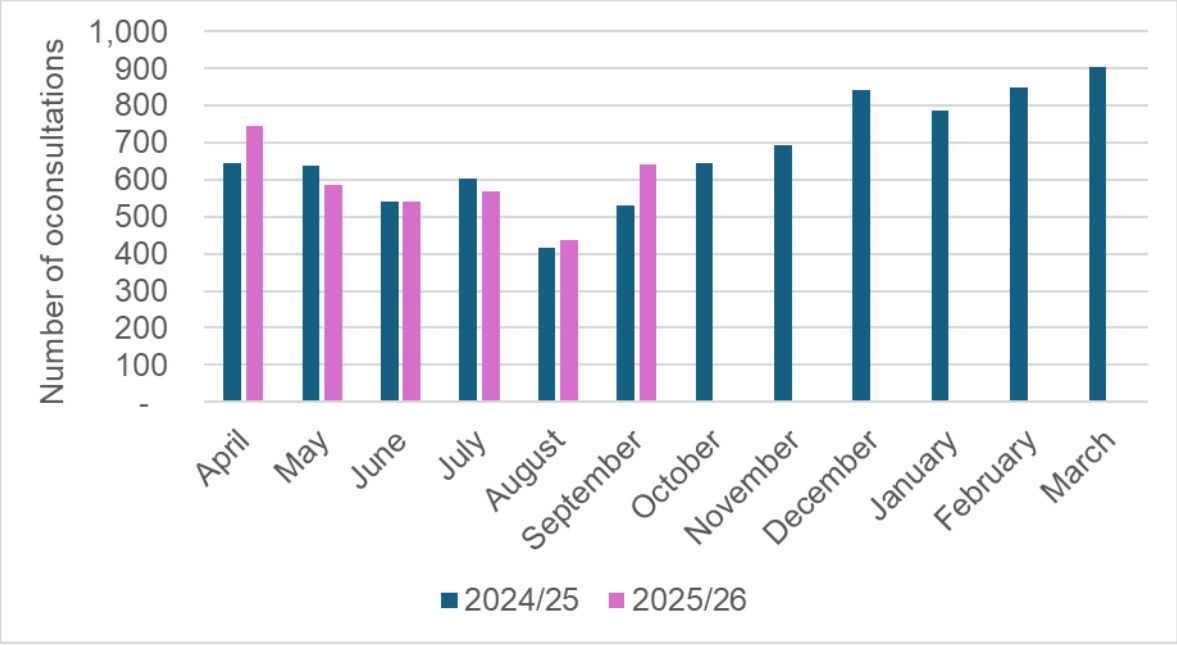
All pharmacies provided the common ailments service in 2024/25 providing a total of 60,746 consultations. In the first six months of 2025/26, they provided a total of 35,564 consultations.

Figure 5.1: Total number of common ailment consultations claimed between April 2024 and September 2025



76 pharmacies provided a total of 8,093 sore throat, test and treat consultations in 2024/25, and in the first six months of 2025/26, 85 pharmacies provided a total of 3,521 sore throat, test and treat consultations.

Figure 5.2: Total number of sore throat, test and treat consultations claimed between April 2024 and September 2025

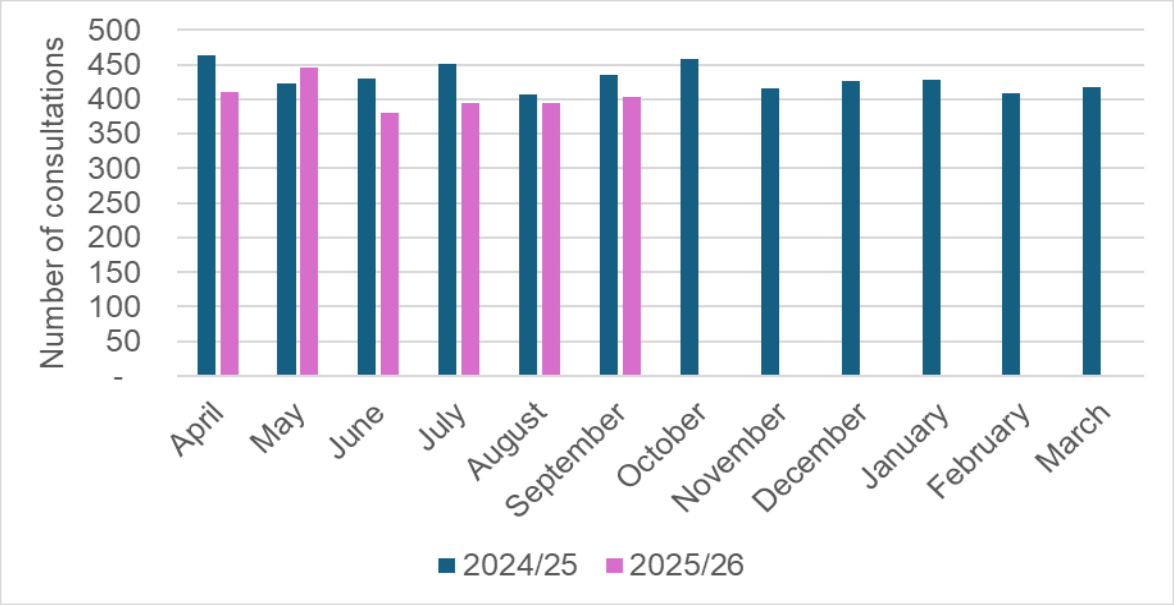


5.1.4.2.2 Access to the emergency contraception service

88 pharmacies provided a total of 5,164 consultations in 2024/25, and in the first six

month of 2025/26, 89 pharmacies provided a total of 2,430 consultations.

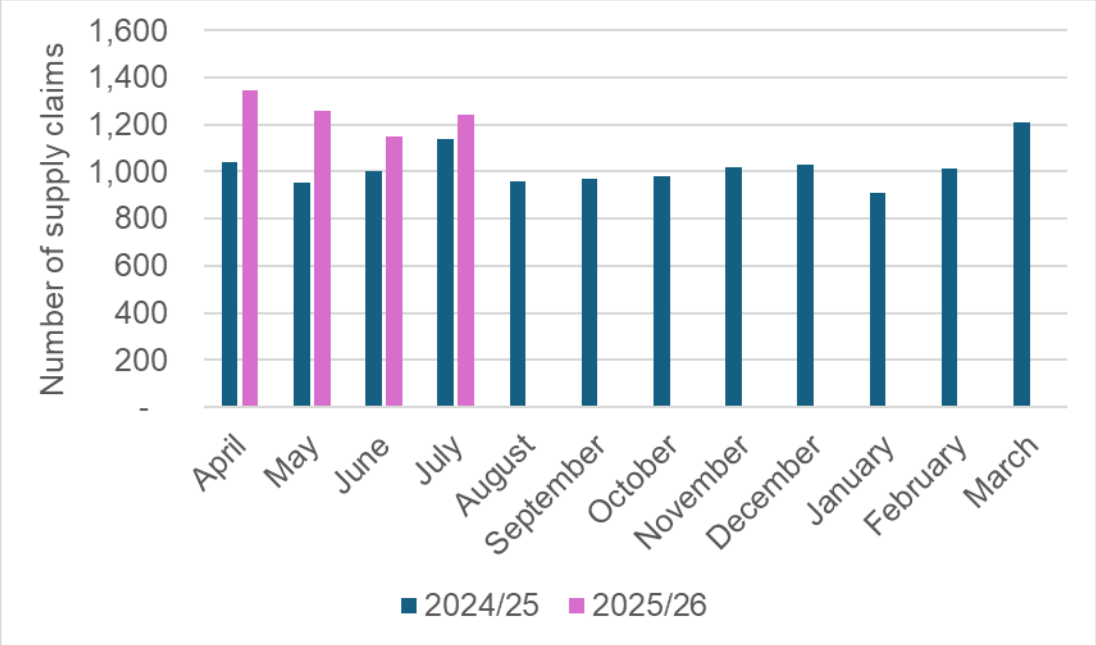
Figure 5.3: Total number of emergency contraception consultations claimed between April 2024 and September 2025



5.1.4.2.3 Access to the emergency medicines supply service

All 90 pharmacies provided the emergency medicines supply service, providing a total of 12,232 consultations in 2024/25 and in the first six months of 2025/26 provided a total of 4,999 consultations.

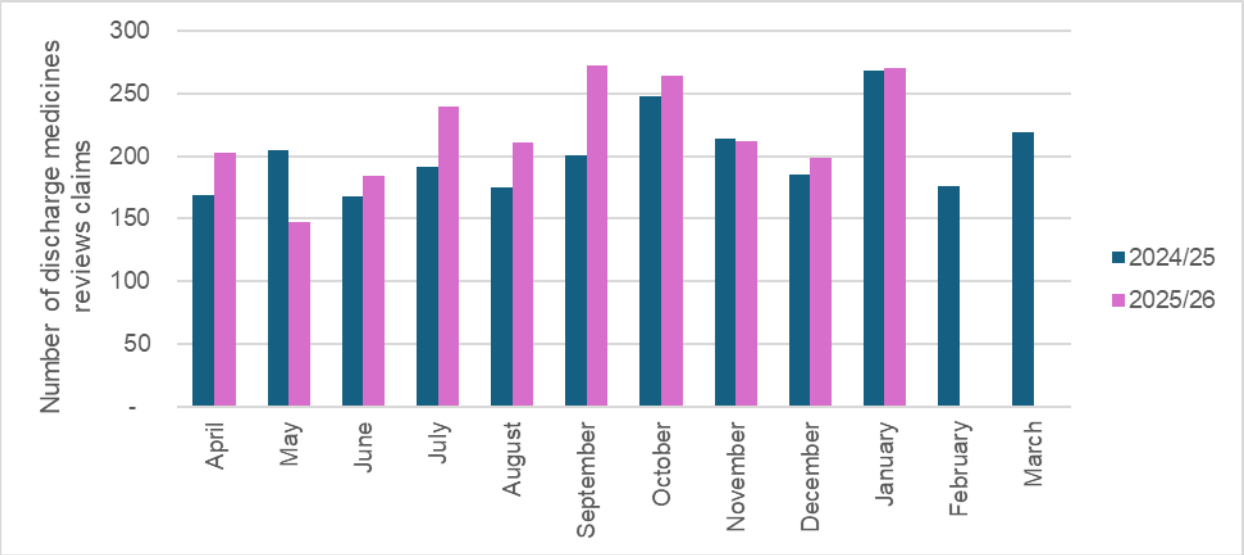
Figure 5.4: Total number of emergency medicine supply consultations claimed between April 2024 and July 2025



5.1.4.3 Access to the discharge medicines review service

89 of the pharmacies have signed up to provide this service providing a total of 2,419 full-service interventions in 2024/25. In the first ten months of 2025/26, 79 pharmacies provided a total of 2,202 full-service interventions.

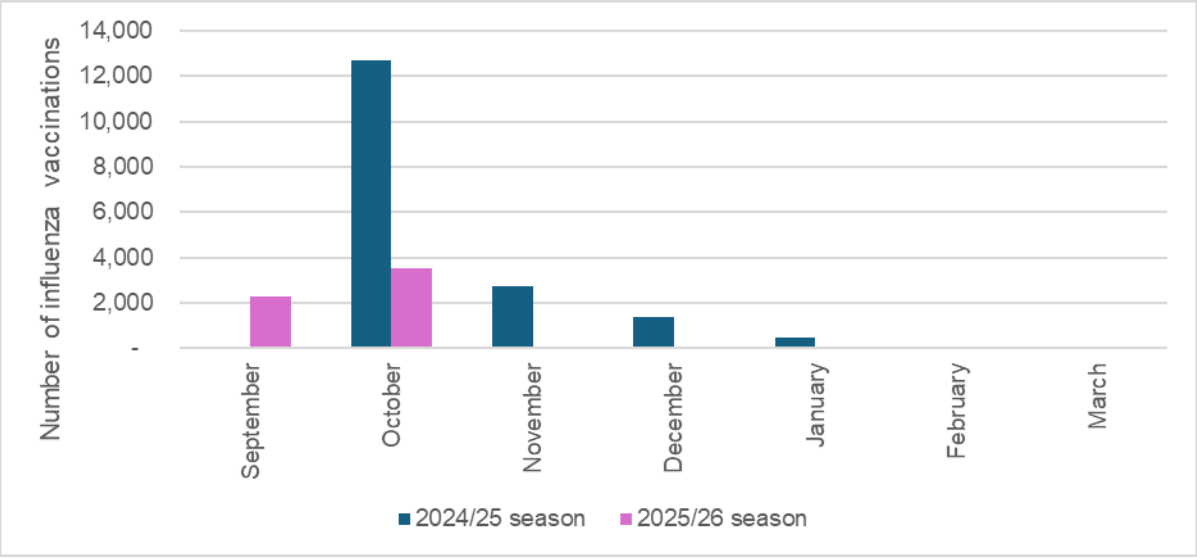
Figure 5.5: Total number of discharge medicines reviews claimed between April 2024 and January 2026



5.1.4.4 Access to the influenza vaccination service

85 of the pharmacies have signed up to provide this service. 84 pharmacies provided the service in 2024/25 providing a total of 17,339 vaccinations. In the first two months of the 2025/26 season, 80 pharmacies provided a total of 5,796 vaccinations.

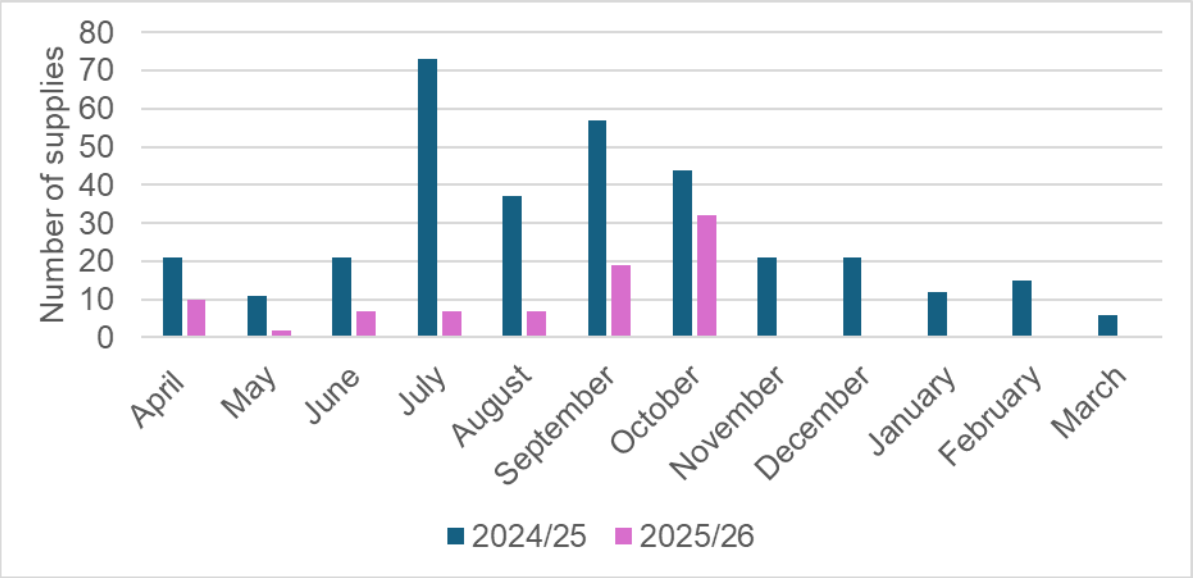
Figure 5.6: Total number of influenza vaccinations claimed between September 2024 and October 2025



5.1.4.5 Access to lateral flow test supply service

The figure below shows the total number of test kits supplied and claimed (432) under the lateral flow test supply service by pharmacies in the health board's area between April 2024 and October 2025. 40 pharmacies provided the service in 2024/25 and 24 provided it in the first seven months of 2025/26.

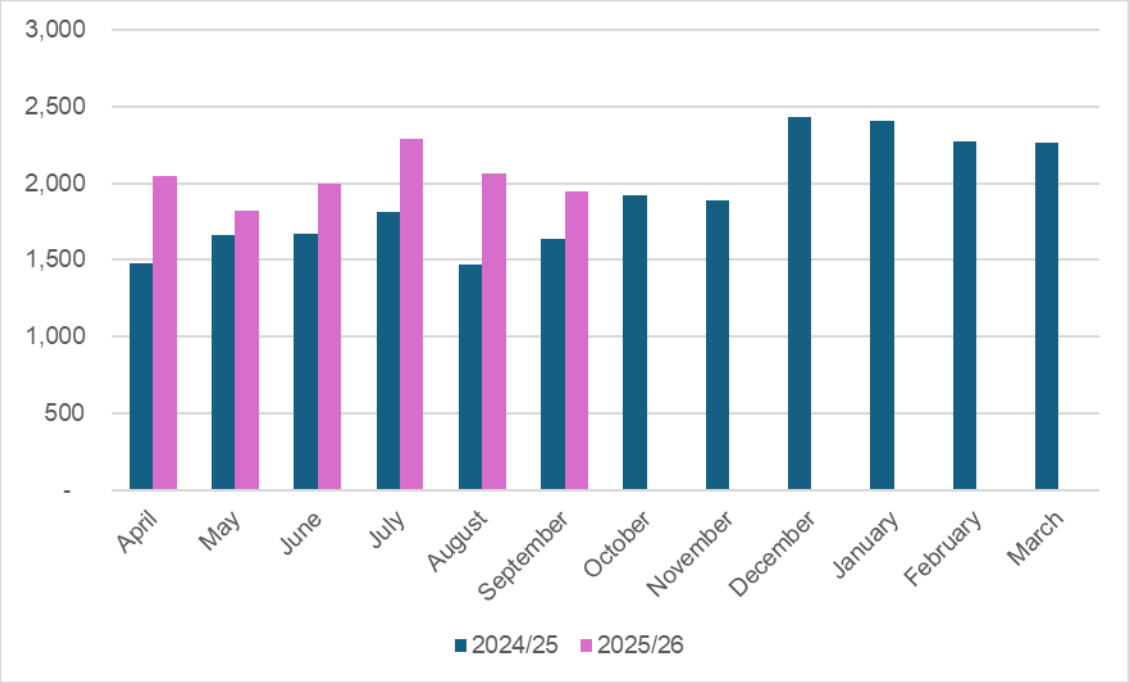
Figure 5.7: Total number of lateral flow test kits supplied in April 2024 and October 2025



5.1.4.6 Access to pharmacist independent prescribing service

31 pharmacies provided the service in 2024/25 providing a total of 22,902 consultations and in the first six months of 2025/26, 36 pharmacies provided a total of 12,163 consultations.

Figure 5.8: Total number of pharmacist independent prescribing consultations between April 2024 and September 2025



5.1.4.7 Access to stoma appliance customisation service

None of the pharmacies provided this service.

5.1.5 Access to additional clinical service

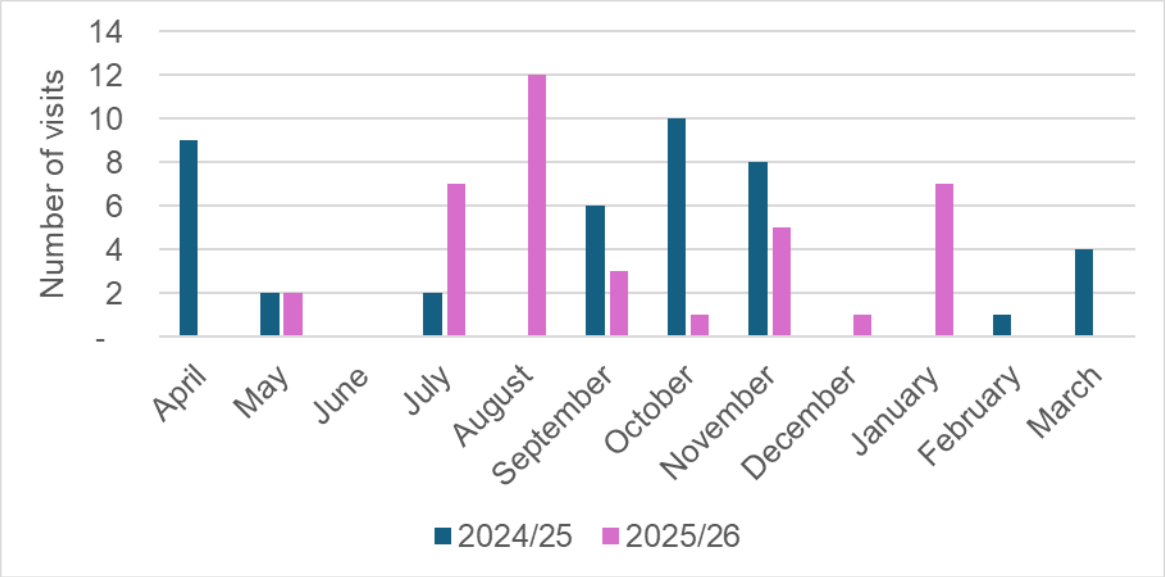
5.1.5.1 Access to blood borne virus screening

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

5.1.5.2 Access to care home support service - level 1 medicines management support visits

20 of the pharmacies have signed up to provide this service. In 2024/25, six pharmacies provided a total of 42 support visits and in the first ten months of 2025/26, five pharmacies provided a total of 38 support visits.

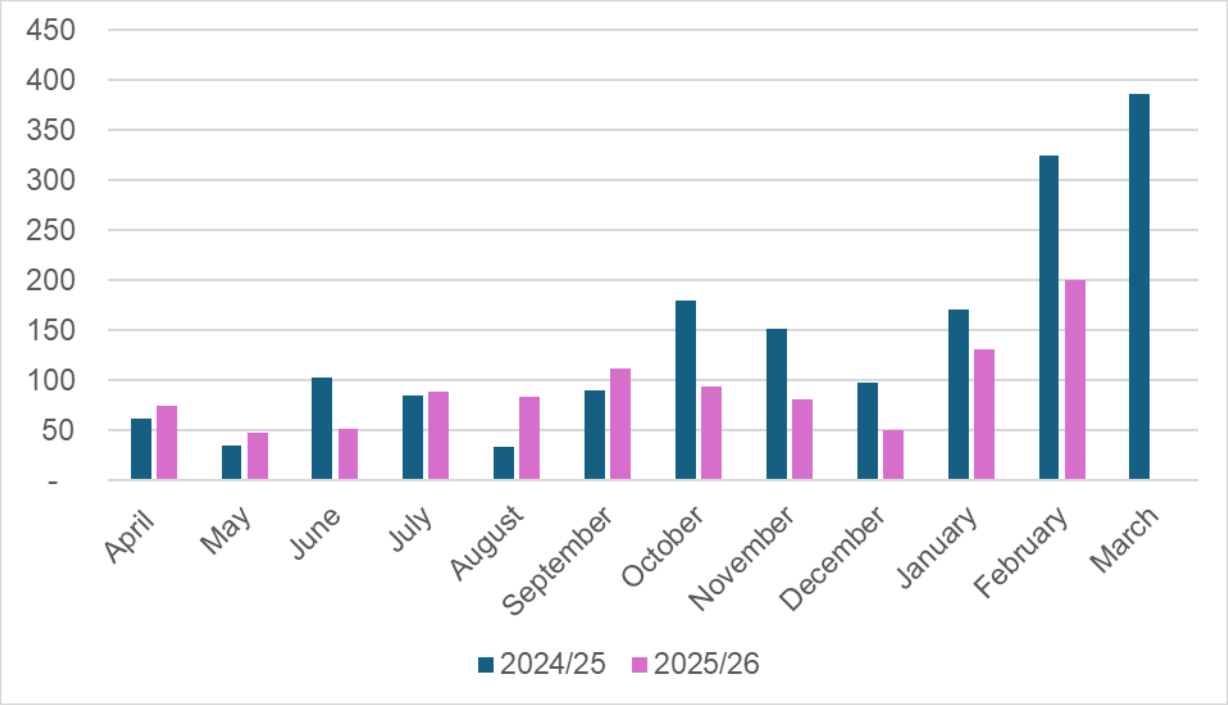
Figure 5.9: Total number of care home support visits claimed between April 2024 and January 2026



5.1.5.3 Access to inhaler review service

46 of the pharmacies have signed up to provide this service. In 2024/25 35 pharmacies provided a total of 1,719 reviews, and 31 provided 1,013 reviews between April 2025 and February 2026.

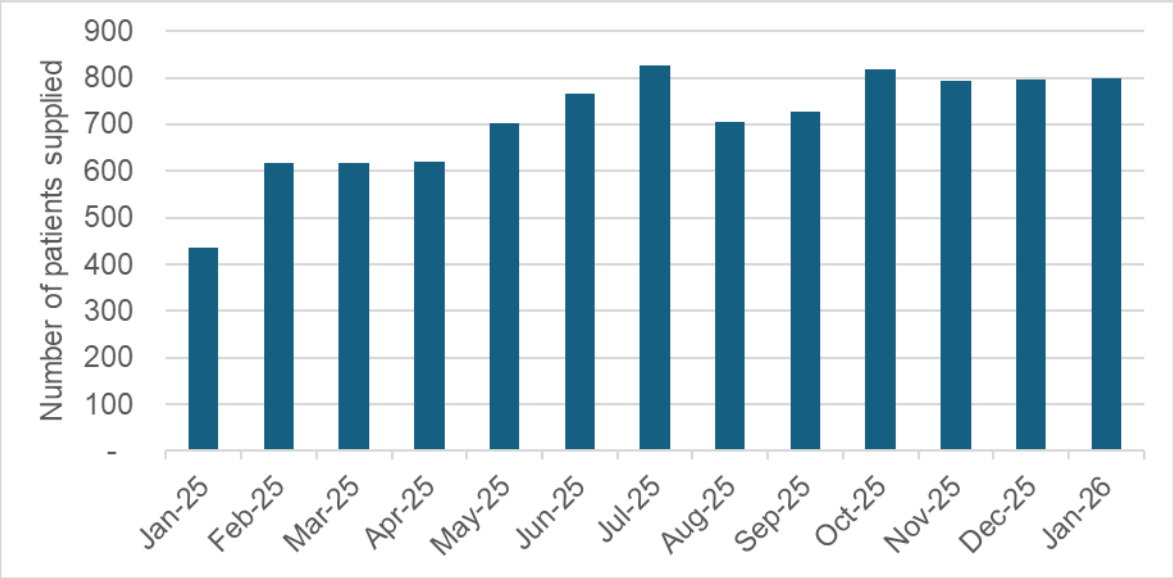
Figure 5.10: Total number of inhaler reviews claimed between April 2025 and February 2026



5.1.5.4 Access to the medicines administration record service

77 of the pharmacies have signed up to provide this service. In 2024/25, 60 pharmacies provided a total of 1,669 record charts and in the first ten months of 2025/26, 77 pharmacies provided a total of 7,551 record charts.

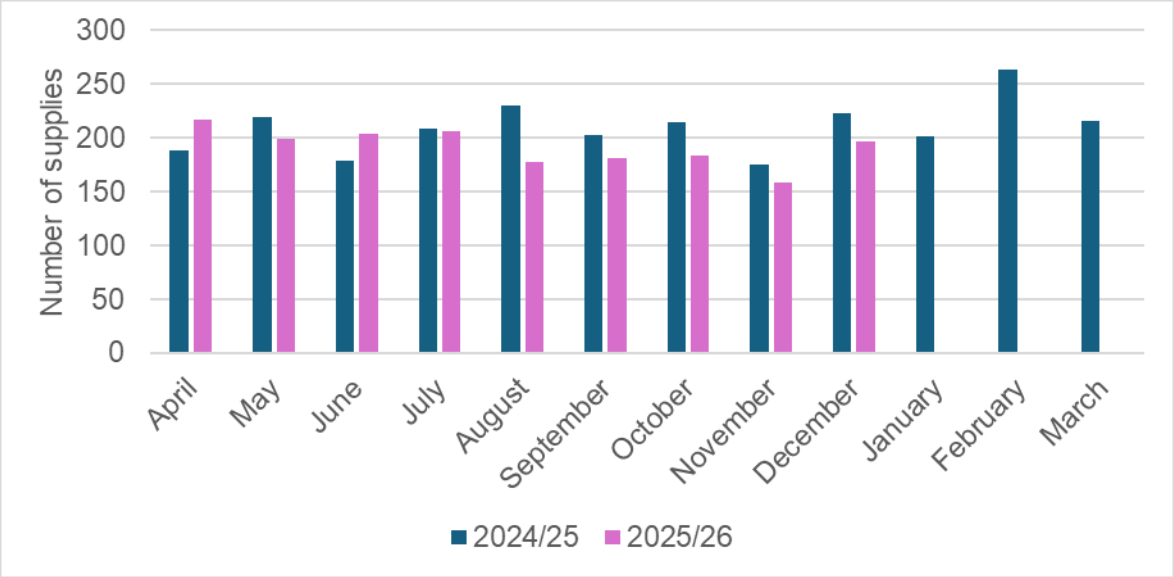
Figure 5.11: Total number of patients supplied with a medicines administration record chart, between January 2025 and January 2026



5.1.5.5 Access to needle and syringe programmes

22 of the pharmacies have signed up to provide this service. In 2024/25, 14 pharmacies provided a total of 2,303 needle and syringe packs and in the first ten months of 2025/26, 16 pharmacies provided a total of 1,938 needle and syringe packs.

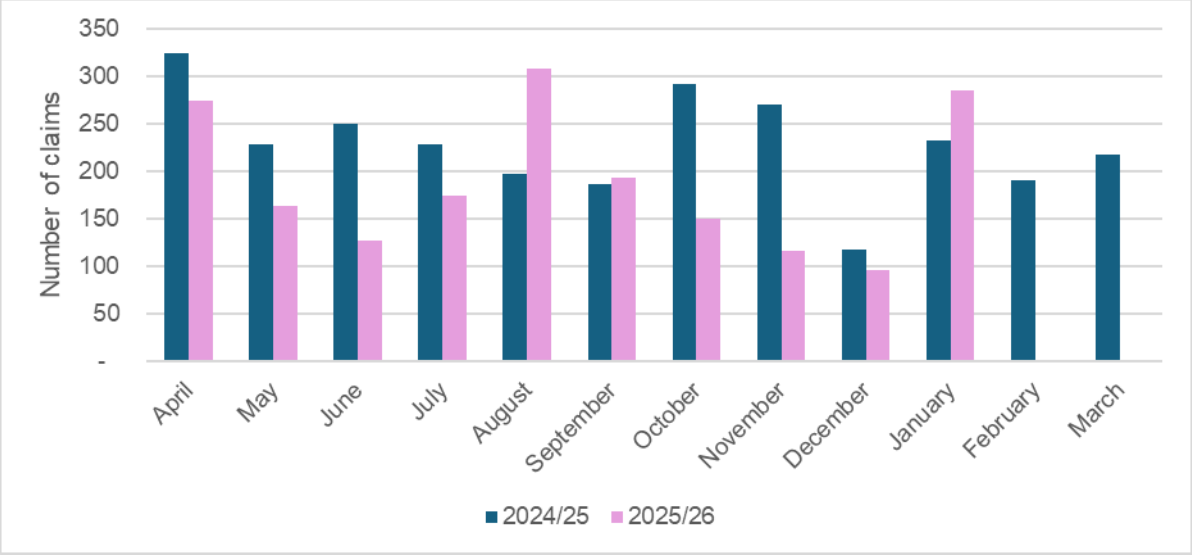
Figure 5.12: Total number of needle and syringe packs supplied between April 2024 and January 2026



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

86 of the pharmacies have signed up to provide this service. In 2024/25, 74 pharmacies provided a total of 2,739 level 2 smoking cessation consultations and in the first ten months of 2025/26, 67 pharmacies provided a total 1,888 level 2 smoking cessation consultations.

Figure 5.13: Total number of level 2 smoking cessation consultations claimed between April 2024 and January 2026

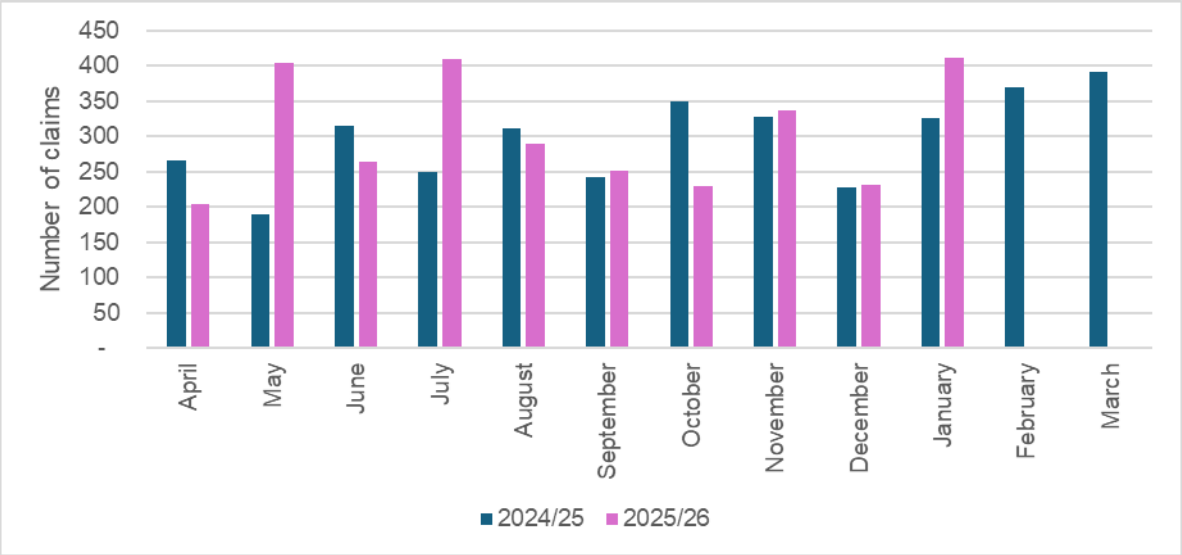


5.1.5.7 Access to the help me quit @ pharmacy (level 3 smoking cessation) service

67 of the pharmacies have signed up to provide this service. In 2024/25, 50

pharmacies provided a total of 3,565 level 3 smoking cessation consultations and in the first ten months of 2025/26, 53 pharmacies provided a total of 3,033 level 3 smoking cessation consultations.

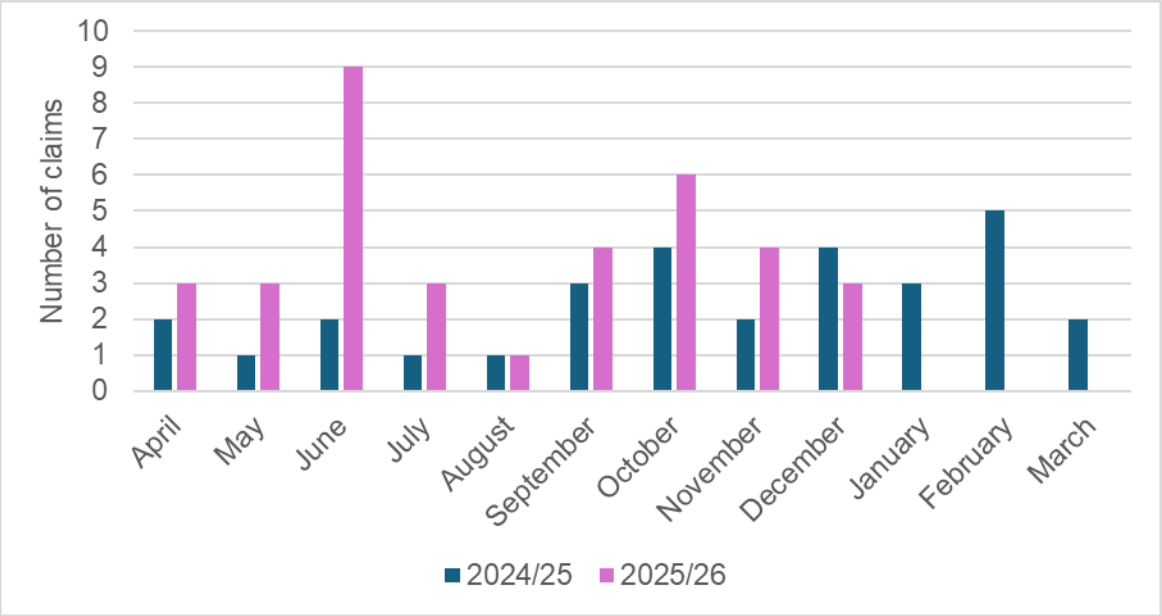
Figure 5.14: Total number of level 3 smoking cessation consultations claimed between April 2024 and January 2026



5.1.5.8 Access to just in case service (palliative care service)

62 of the pharmacies signed up to provide this service. In 2024/25, seven pharmacies provided a total of 28 packs and in the first ten months of 2025/26, eight pharmacies provided a total of 38 packs.

Figure 5.15: Total number of just in case packs supplied and claimed between April 2024 and January 2026



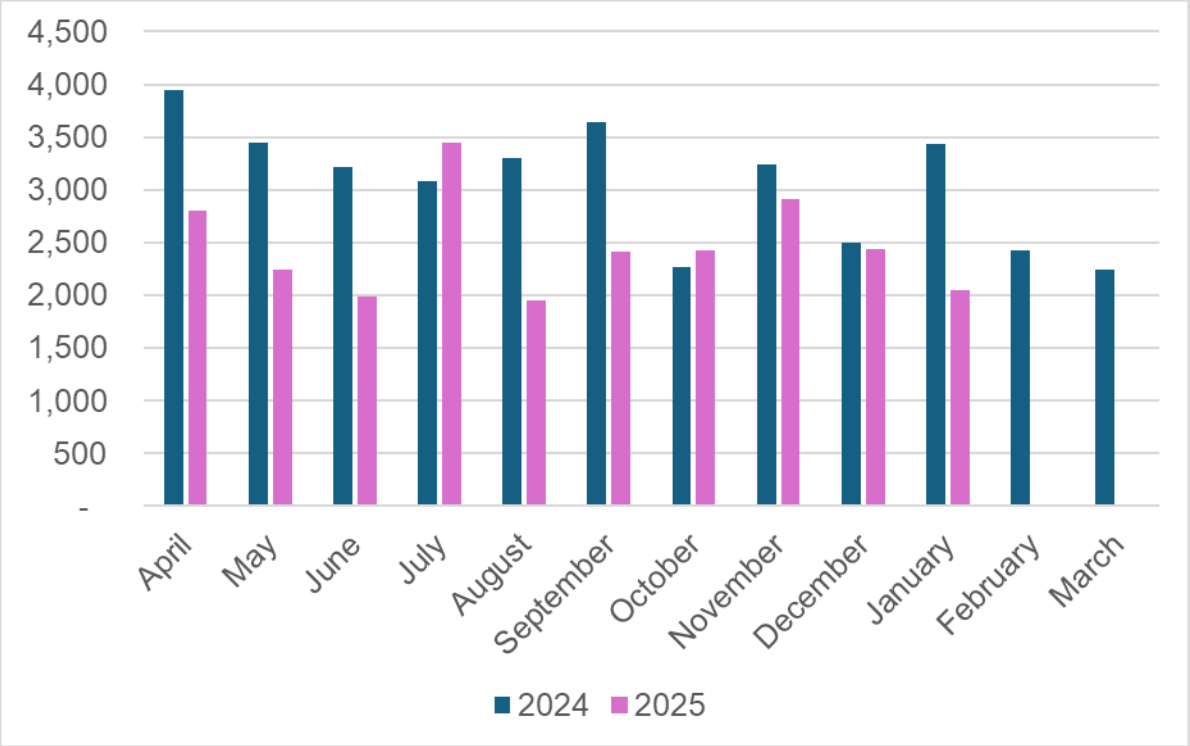
5.1.5.9 Supervised administration of medicines service

82 of the pharmacies have signed up to provide this service. In 2024/25, 67 pharmacies supported 3,771 individuals and provided a total of 36,766 supervised administration doses and in the first ten months of 2025/26, 62 pharmacies supported 2,629 individuals and provided a total of 24,660 supervised doses.

Figure 5.16: Total number of individuals supported under the supervised administration of medicines service April 2024 and January 2026

The figure below shows the total number of supervised administration doses claimed (61,426) under the service by pharmacies between April 2024 and January 2026.

Figure 5.17: Total number of supervised administration doses claimed between April 2024 and January 2026



5.1.5.10 Access to urgent medicines service

20 of the pharmacies have signed up to provide the urgent medicines service.

5.1.5.11 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 are not required to open on these days, though some will choose to do so. In the lead up to each bank holiday information is gathered to ascertain which pharmacies intend to open, in order to provide details to NHS Wales 111, GP out of hours and A&E departments etc. This supports signposting of patients appropriately to pharmaceutical services. This information is also published on the health boards website. If there are no pharmacies open in a specific county, the health board has the option of commissioning a pharmacy to open for a limited time as part of an additional clinical service.

5.1.6 Dispensing service provided by some GP practices

Of the 44 GP practices in the health board's area, one dispenses to eligible patients. The number of patients that are included in the practice's dispensing list is 801[219] (December 2025). This is 0.2% of the population of the health board and 29.0% of the practice's list size.

[219] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice

In addition, a practice that is based in Cwm Taf Morgannwg University Health Board's area dispenses from premises in the Afan cluster. Whilst the practice dispenses to 6.6% of its registered patients it is not possible to identify how many of them live within Swansea Bay University Health Board's area.

5.2 Current provision outside Swansea Bay University Health Board area

5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their home, their GP practice, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of the health board's area are dispensed within the same area although the vast majority of items are.

In 2024/25, 2.4% of items prescribed by GP practices were dispensed outside of the health board's area, of which 1.5% were dispensed elsewhere in Wales by 624 different contractors, and 0.9% were dispensed by contractors in England.

Of the 163,866 items dispensed elsewhere in Wales:

- 77,580 items were dispensed by 104 pharmacies in Cwm Taf Morgannwg University Health Board's area
- 49,382 items were dispensed by 94 pharmacies in Hywel Dda University Health Board's area
- 24,575 items were dispensed by 19 pharmacies in Powys Teaching Health Board 's area
- 10,850 items were dispensed by 97 pharmacies in Cardiff and Vale University Health Board's area
- 1,312 items were dispensed by 99 pharmacies in Aneurin Bevan University Health Board's area
- 167 items were dispensed by 49 pharmacies in Betsi Cadwaladr University Health Board's area

In the first nine months of 2025/26, 3.1% of items were dispensed outside of the health board's area, of which 2.5% were dispensed elsewhere in Wales by 446 different contractors, and 0.7% were dispensed in England.

Of the 202,695 items dispensed elsewhere in Wales:

- 119,569 items were dispensed by 90 contractors in in Hywel Dda University Health Board's area
- 57,746 items were dispensed by 106 contractors in Cwm Taf Morgannwg University Health Board's area
- 17,495 items were dispensed by 17 contractors in Powys Teaching Health Board 's area

- 5,875 items were dispensed by 87 contractors in Cardiff and Vale University Health Board's area
- 1,805 items were dispensed by 110 contractors in Aneurin Bevan University Health Board's area
- 205 items were dispensed by 36 contractors in Betsi Cadwaladr University Health Board's area

5.2.2 Access to national community pharmacy and appliance contractor services

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

5.2.3 Access to additional clinical service services

As with national community pharmacy and appliance contractor services, information on the provision of additional clinical services by pharmacies outside the health board's area to its residents is not available. It can be assumed however that residents of the health board's area will access these services from contractors outside of the area. Also, patients from other health boards will access services from Swansea Bay University Health Board pharmacies, though this cross border activity is likely to be small. The greatest level of cross border activity is likely to be in the Afan, Llwchwr and Upper Valleys localities where their boundaries overlap with other health board areas.

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 90 pharmacies, operated by 33 different contractors. Outside of the health board's area residents chose to access a further 624 pharmacies in 2024/25 and 446 pharmacies in 2025/26 in Wales alone, although many were not used on a regular basis.

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

- close to home (67.2%),

- the location of the pharmacy is easy to get to (48.7%),
- I like and trust the staff who work there (43.7%),
- close to my doctor (42.9%) and
- they usually have what I need in stock (40.3%).

Please note that more than one option could be selected.

63.0% said that they always used the same pharmacy and 33.6% said that they use different pharmacies but prefer to use one most often.

6 Other NHS services

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

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions for hospital only drugs will be dispensed by a hospital pharmacy.
- Minor injury units – can prescribe medication which may need dispensing in pharmacies which would increase the need for the dispensing essential service however pre-packed medication are also are supplied via patient group directions which would reduce the need for the dispensing essential service.
- Prison pharmacies – reduce the demand for the dispensing essential service as the inhouse pharmacy department provides pharmaceutical services to the resident prison population. However, on occasion a WP10/WP10MDA may need to be issued to a prisoner which would need to be dispensed at a pharmacy, in the event of an unplanned release.
- Homecare medicines delivery services are services that deliver ongoing medicine supplies initiated by hospital prescribers, direct to patient's homes and reduce demand for the dispensing essential service.
- Hospital 2 Home - delivery of enteral feeds directly to patient's homes. Patients have a choice whether to have their prescription for enteral feeds dispensed in a pharmacy or through Hospital 2 Home. If patients decide to have their prescription delivered directly to them via Hospital 2 Home, this will reduce the need for the dispensing essential service.
- Outpatient clinics and acute hospital sites – WP10HP prescriptions are issued by outpatient clinics which need to be dispensed at pharmacies thus increasing the need for the dispensing essential service. Alternatively, prescription recommendations are sent to the patient's GP which, if actioned by the GP, will also result in an increased need for the dispensing essential service in pharmacies. Prescriptions can also be issued following visits to acute hospital sites for example Accident and Emergency
- Community mental health teams – generate prescriptions for patients with mental health conditions which increases the need for the dispensing essential service.
- Sexual health clinics can arrange both planned and emergency contraception for women, which reduces the need for the contraception element of the clinical community pharmacy service.
- GP out of hours service/Urgent primary care centres – patients may be given a full or part course of treatment directly from the out of hours service, depending on the condition/treatment needed which reduces the need for the dispensing essential service. Alternatively, patients may be provided with a prescription to be dispensed in a pharmacy which increases the need for the dispensing essential service.
- NHS Wales 111 - patients who contact NHS Wales 111 may be signposted if appropriate to a pharmacy which can increase the need for some of the national community pharmacy and appliance contractor services and

additional clinical services for example the emergency supply service and the common ailments service.

- Provision of drugs, medicines and appliances for immediate treatment or personal administration of items by GPs – reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice or provided to the patient for their immediate treatment.
- Provision of services by GP practices under their general medical services contract increases the need for the dispensing essential service as prescriptions are issued. However, it will also reduce the need for the provision of some of the national community pharmacy and appliance contractor services and additional clinical services
- Provision of general dental services may result in a prescription which will need to be dispensed in a pharmacy.
- Optometrists offer WGOS 2, acute eye care services which every optometry practice must provide for acute eye care issues and post-operative cataract assessments, and as a result may refer patients to pharmacies to access the common ailments service element of the clinical community pharmacy service. In addition, optometrists offer the independent prescribing service and as a result will increase the need for the dispensing essential service.
- Healthy bowel and bladder service - prescriptions are ordered via the continence service and are authorised by a specialist continence nurse. Patients can choose whether their prescriptions are sent to a pharmacy, dispensing appliance contractor or to their home. This service affects the need for the dispensing essential service.
- Dressings supplied for patients seen under the district nursing and wound care services – dressings are supplied directly from stock held within the service which reduces the need for the dispensing essential service. Patients needing dressings who self-care, are seen by a practice nurse/GP or are resident in a care home will be supplied with a prescription to be dispensed by pharmacy. This increases the need for the dispensing essential service.
- There are specialist substance misuse agencies within the health board's area which can result in prescriptions needing to be dispensed in a pharmacy. These may also require doses to be taken under supervision, as part of the supervised administration of medicines service.
- Local stop smoking services based in the community, provide face-to-face, telephone, text and online support and hospital support, including maternity and mental health, support patients to quit smoking. Prescription requests for prescription only medication can be sent from smoking advisors to the patient/client address, who needs to contact their GP to obtain agreement for the dispensing of the products, if appropriate the GP will issue a prescription to be dispensed at a pharmacy. Smoking advisors can also refer patients to the pharmacy level 2 smoking cessation service where they can receive a choice of nicotine replacement therapy. Other healthcare professionals can also signpost patients into the level 3 smoking cessation service.

6.1 Hospital pharmacies

There are four main hospitals in Swansea Bay, each with a pharmacy department. Hospital pharmacies can dispense prescriptions written by hospital clinicians for

patients under their care. In 2024/25 125,739 items were dispensed for outpatient prescriptions. As these prescriptions are not written on WP10 forms, they cannot be dispensed in a pharmacy.

Morriston Hospital Pharmacy Department
Heol Maes Eglwys, Swansea, SA6 6NL
Opening hours
Monday - Friday 9.00am - 5.00pm
Saturday 9.00am - 1.00pm
Sunday 9.00am - 12.00pm

Singleton Hospital Pharmacy Department
Sketty Lane, Sketty, Swansea, SA2 8QA
Opening hours
Monday - Friday 8.30am - 5.00pm
Saturday- 9.00am -12.30pm
Sunday - closed

Neath Port Talbot Hospital Pharmacy
Department Baglan Way, Port Talbot, SA12 7BX
Opening hours
Monday - Friday 8.30am - 5.00pm
Saturday - 9.00am - 12.00pm
Sunday – closed

Cefn Coed Hospital Pharmacy Department Cockett,
Sketty, Swansea, SA2 0GH
Opening Hours
Monday - Friday 8.30am -5.00pm
Saturday & Sunday – closed

6.2 Minor injuries unit

The minor injuries unit can treat patients with minor injuries. Patients do not need to make an appointment and will be seen by a registered nurse. The minor injuries unit can supply courses of treatment via patient group directions or provide a prescription to be dispensed a pharmacy.

Minor injury unit - Neath Port Talbot
Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX
Telephone: 01639 862160
Opening hours: 7.30am - 11.00pm

6.3 Prison pharmaceutical services

There is one prison in the health board’s area, HMP Swansea. Pharmaceutical services are provided by the health board to the prison population from an in-house pharmacy department. These services include the supply of medication to prisoners, clinical pharmacy services and strategic medicines management.

HMP Swansea
200, Oystermouth Road Swansea
SA1 3SR

6.4 Homecare Medicines Delivery services

Homecare Medicines delivery services are third party providers that deliver ongoing medicine supplies initiated by hospital prescribers, direct to patient's homes.

6.5 Hospital 2 Home

The Hospital 2 Home service delivers enteral feeds directly to patient's homes. 95% of patients supplied with enteral feeds receive them directly through the Hospital 2 Home service whereas only 5% of patients receiving enteral feeds obtain them via a pharmacy.

6.6 Outpatients and acute hospital sites

Patients may be provided with a WP10HP prescription following a visit to an outpatient clinic to be dispensed at a pharmacy. Alternatively, prescription recommendations are sent to the patient's GP, who may then write a prescription which would need to be dispensed at a pharmacy. Prescriptions can also be issued following visits to acute hospital sites for example Accident and Emergency to be dispensed at a pharmacy.

6.7 Community mental health teams

Community mental health teams support people living in the community who have complex or serious mental health conditions. They can issue prescriptions for patients which are then dispensed in pharmacies. There are four community mental health teams in the area:

- Central Clinic, Orchard Street, Swansea, SA1 5AT
- Ty Einon, Princess Street, Gorseinon, Swansea SA4 4US
- Forge Centre, Forge Road, Port Talbot SA13 1PA
- Tonna CMHT, Tonna Hospital, Tonna Neath SA11 3LX

6.8 Sexual health services

Sexual health services can be accessed by completing a self-referral form or by phoning the helpline (0300 5550279). Clients will receive a telephone consultation and then be provided with the most appropriate service provision for their needs. Services provided include sexually transmitted infection testing and treatment, human immunodeficiency virus services, pre and post exposure, contraceptive advice, provision and emergency contraception, vaccinations, pregnancy advisory service and psychosexual counselling. The sexual health clinics listed below are fully stocked with all necessary medications, creams, and contraceptive devices required for contraception, sexually transmitted infections management, and general genitourinary medicine services, supported by the pharmacy team.

Asymptomatic testing is available from Frisky Wales, this can be ordered online, and a kit will be sent out. They provide testing for chlamydia, gonorrhoea, syphilis, human immunodeficiency virus and hepatitis B and C. The sexual health service will be informed of any positive result and will arrange treatment. Pregnancy advisory services (termination of pregnancy) patients can self-refer or can be referred via their GP on 01792 200303.

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

Swansea clinics

- Singleton Sexual Health Clinic, Singleton Hospital, Sketty Lane, Sketty, Swansea SA2 8QA
- Pontardawe Health Centre, Alloy Industrial Estate, Pontardawe, Swansea, SA8 4JU

Neath Port Talbot clinic

- Sexual Health clinic, Neath Port Talbot Hospital, Baglan Way, Port Talbot SA2 7BX
- Dyfed Road Clinic, Dyfed Road, Neath, SA11 3AW

Outreach services

Outreach services are provided by the outreach team at a number of locations across the health board's area, in order to support a range of organisations and specific patient groups.

6.9 GP out of hours service and NHS Wales 111

The GP out of hours service is available for patients with urgent medical needs that cannot wait until their own surgery is open. It is available between 6:30pm and 8:00am Monday to Friday, and 24 hours a day on Saturdays, Sundays, and public and bank holidays.

Access to the GP out of hours service is via NHS Wales 111. Where appropriate, patients are transferred to the out of hours service for a telephone consultation and if required the patient can be:

- seen in one of the treatment centres,
- allocated a home visit,
- prescribed a medication, or
- given self-care advice.

There are two treatment centres available, and patients will be directed to the nearest one:

- Neath Port Talbot Hospital, Port Talbot, SA12 7BX
- Morriston Hospital, Swansea, SA6 6NL

NHS Wales 111 can also directly refer patients to a pharmacy if they may need to access additional clinical services, as appropriate.

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

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

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

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

For these items, the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Wales Shared Services Partnership at the end of the month.

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

In 2024/25, 118,973 items were personally administered or provided for immediate treatment by practices that do not dispense in the way outlined above. In the first nine months of 2026/26, 42,345 were personally administered or provided for immediate treatment by the non-dispensing practices.

6.11 Services provided by GPs under their general medical services contract

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

- Provision of advice and issuing prescriptions in relation to emergency hormonal contraception

- Influenza and Covid-19 vaccinations
- Advice and treatment for common ailments
- Disposal of sharps, just in case packs, and rescue packs
- Inhaler reviews.

6.12 General dental services

There are 53 dental practices in Swansea Bay University Health Board. There are 36 located in Swansea providing general dental services. A further two in Swansea are orthodontic practices and another two are oral surgery practices. There are 17 practices providing general dental services in Neath Port Talbot. Some dental appointments will result in prescriptions being issued and these will be dispensed in pharmacies. In 2024/25, there were 27,011 NHS prescription items dispensed in pharmacies written by dentists. In the first ten months of 2025/26 20,788 items prescribed by dentists were dispensed in pharmacies.

6.13 Welsh general ophthalmic services

There are 32 opticians located in Swansea Bay University Health Board. There are 22 based in Swansea and 10 within Neath Port Talbot. Welsh general ophthalmic services 2 forms a core part of Wales general ophthalmic services and provides enhanced eye-care examinations for patients presenting with urgent or more complex ocular needs, including acute symptoms such as sudden vision changes, red or painful eyes, or referrals from other healthcare professionals. It also covers further investigations following a routine sight test to help determine whether a hospital referral is necessary and offers follow-up care after urgent assessments or post-operative cataract treatment.

Welsh general ophthalmic services 2 provides rapid assessment and management of urgent eye problems, often preventing unnecessary referrals to GP or hospital services, pharmacies may experience a reduction in patient requests for over-the-counter eye-care products for undiagnosed acute symptoms, as more patients are signposted to optometry for clinical assessment.

In 2024/25, there were 7,150 consultations for conjunctivitis as part of the common ailment scheme. It is unknown how many of these consultations were as a result of signposting/referral by opticians, or how frequently patients are signposted to a pharmacy for over the counter products. In 2024/25 there were 1,415 items prescribed in optometry practices across Swansea Bay University Health Board. 3,641 were prescribed in the first ten months of 2025/26.

6.14 Healthy bowel and bladder service

This is a continence product prescription service whereby prescriptions are ordered via the continence service and authorised by a specialist continence nurse. Patients can choose whether their prescriptions are sent to a pharmacy, dispensing appliance contractor or to their home (the patient can then choose whether to take the prescription to be dispensed at a pharmacy or to send to a dispensing appliance contractor). Out of 978,448 items ordered through the prescription ordering continence service in 2024/25, 93.2% of the items were dispensed by a dispensing

appliance contractor, 6.0% were dispensed by a pharmacy and 0.7% of patients chose to have the prescription sent to their home.

6.15 District nursing and wound care services

Dressings are supplied directly from stock held within the district nursing and wound care services (patients needing dressings who self-care or who are resident within a care home, are seen by a practice nurse/GP and will be supplied with a prescription to be dispensed by a pharmacy). These services will affect the number of prescriptions needing to be dispensed at a pharmacy.

6.16 Substance misuse

Substance misuse services may be accessed through specialist clinics or through GPs with a special interest in substance misuse. Prescriptions issued by these services will be dispensed in the pharmacies and if instructed by the prescriber, the pharmacy will supervise the doses being consumed under the supervised administration of medication additional clinical service.

The number of items issued by specialist substance misuse services in Swansea Bay University Health Board in 2024/25 was 22,686. GP practices prescribed 3,039 items in 2024/25 for drugs that are most commonly prescribed for opioid dependence and were dispensed in the pharmacy.

6.17 Local stop smoking services

There are a number of services that patients can access to assist in an attempt to quit smoking.

The health board's Help Me Quit team offers a programme of smoking cessation support for smokers who wish to stop, consisting of a combination of pharmacotherapy with specialist behavioural support. The service spans hospital and community settings, can be provided in groups or individually, and is available by telephone, video link or face to face.

Advisors can discuss available pharmacotherapy options and help smokers to make an informed choice on the products they wish to use. This includes advice on the most appropriate products for their individual needs and how to use their chosen products correctly.

Clients accessing the service who wish to receive Nicotine Replacement Therapy will have a letter advising products, which can be supplied at a pharmacy offering the level 2 smoking cessation service. For clients opting for other medications which are only available on prescription, such as bupropion, a letter addressed to their GP will be provided.

If clinically appropriate the client's GP can issue a prescription to be dispensed in a pharmacy or, if a dispensing practice, dispense it at the practice.

Higher cessation rates are achieved with a combination of pharmacotherapy and specialist behavioural support however some clients may not wish to receive the full programme of support and prefer to access appropriate pharmacotherapy via their GP. GPs may prescribe items without the recommendations from the service outlined above that can be dispensed via pharmacies or dispensing doctors.

6.18 Summary

There are other NHS services within Swansea Bay University Health Board that can affect the need for pharmaceutical services. Other NHS services influence the number of prescriptions dispensed in pharmacies, some increasing prescription items, and the need for other pharmaceutical services while others decrease the need for the dispensing essential service and other pharmaceutical services.

7 Health needs that can be met by pharmaceutical services

Pharmaceutical services can play an important role in meeting a variety of health needs of the population. According to the 'Pharmacy Advice Audit'[220] carried out by Community Pharmacy Wales in September/October 2020 there are estimated to be over 11,000 advice consultations carried out per day in community pharmacies in Wales. These provide a valuable opportunity to support behaviour change through making every one of these contacts count.

Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight, and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services commissioned by the health board.

Community pharmacies offer a range of services over and above the dispensing of medication. Pharmaceutical services can meet the needs of patients through planned services, unscheduled services and promoting self-care as discussed below. Where a service is not available at a particular location, there is a requirement that community pharmacies signpost to another provider of that service.

All pharmacies are commissioned to provide the essential services (see chapter 5 and appendix B for further information on these). The health board commissions a range of national community pharmacy services and additional clinical services which can offer support for health needs of the population as detailed below.

Whilst the pharmaceutical needs assessment does not cover the full range of additional clinical services that could be commissioned from pharmacies, the continued development of such services by the health board during the lifetime of this document will support the management of the population's health challenges.

7.1 Planned services

Patients can access pharmaceutical services for a wide variety of non-urgent health needs, in a planned way.

7.1.1 Dispensing

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

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

provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors. Whilst there are no dispensing appliance contractors in the health board's area, residents will access services provided by such contractors either elsewhere in Wales, or in England.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both the health board and pharmacies have a duty to ensure that

people living at home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal. Dispensing GP practices can also accept unwanted medication for disposal as their sites are included in the health board's contract with a waste contractor for the safe removal and destruction of medication.

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

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

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

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

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

7.1.2 Smoking

The provision of a smoking cessation level 2 and 3 additional clinical service by community pharmacies can offer:

- Improved choice of NHS stop smoking services under the NHS Help me Quit service, national branding, and increased access to nicotine replacement therapy.
- Reduction in the number of people smoking, through provision of successful quit support in pharmacies.

- Improved cost-effectiveness of nicotine replacement therapy provision through targeted phased supply, accompanied by appropriate support and advice.
- Improved overall up take of smoking cessation services as a result of accessibility and convenience of pharmacy locations and to support the health board in achieving national targets on accessing smoking cessation services.
- Improved integration of community pharmacy into wider public health stop smoking strategy.

In addition to the levels 2 and 3 additional clinical services there are elements of essential service provision which will help address this health need:

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

7.1.3 Harm reduction

The provision of a supervised administration of medicines – substance misuse additional clinical service by pharmacies can:

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

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

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

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

The take home naloxone service allows clients to receive a supply of naloxone which is used to reverse the effects of opioid overdose. Clients receive initial and refresher training on the safe and effective use of take home naloxone at the pharmacy. Clients are also provided with educational material and may be referred to other substance misuse services.

The blood borne virus additional clinical service aims to improve access to blood borne virus screening, associated treatments, and health advice by increasing the number of people tested and to reduce the personal and public health risks associated with infection by hepatitis B and C and human immunodeficiency virus[221,222,223].

The service supports the detection and early diagnosis of those at risk from blood borne viruses such as human immunodeficiency virus, hepatitis B and C using dried blood spot testing, and ensures treatment is commenced at an early stage, preventing further virus transmission. The group of clients considered to be at risk of infection are regularly accessing services provided by pharmacies such as needle and syringe provision and supervised administration of medicines.

Pharmacists can link into existing networks for harm reduction, sexual health, and blood borne virus services so that clients can be referred on rapidly where appropriate. An appropriate individual (eg human immunodeficiency virus specialist nurse/health blood borne virus lead pharmacist) attends results appointments to support pharmacists and patients in giving a positive result. The patient is then referred to the appropriate service for confirmatory testing and further management and treatment.

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

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

Provision of the clinical community pharmacy service, discharge medicines review, pharmacist independent prescribing service, seasonal influenza vaccination, blood borne virus testing, just in case pack smoking cessation, care home service, inhaler review service, supervised administration of medicines, needle and syringe provision additional clinical services will also assist people to manage their long-term conditions in order to maximise their quality of life.

Under the inhaler review additional clinical service patients can be provided with two levels of review of their inhaler use within the community pharmacy. Level 1 is a technical assessment of the patient's inhaler technique and Level 2 consists of an assessment of the patient's symptom control, inhaler use and adherence to therapy.

7.1.5 Immunisations

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

Influenza, also known as flu, is a key factor in NHS Wales' resilience, impacting patient health and service demand. The annual vaccination programme reduces unplanned admissions and pressures on A&E. The health board commissions community pharmacies to provide the seasonal influenza vaccination service which focuses on patients aged 18 – 64 with a long term health condition, carers and care workers specifically working in care homes. Patients aged 65 and over can also access influenza vaccinations at a pharmacy if more convenient than attending their

GP practice. The vaccination can be arranged at a convenient time and location improving uptake and supporting health and wellbeing.

7.1.6 Palliative care

The community pharmacy palliative care service provision covers both planned (through the supply of a “just in case” pack) and unscheduled care (through the dispensing of urgent prescriptions for palliative care medications which are held by the commissioned pharmacies – this service is detailed in 7.2).

“Just in case” packs provide medication that is commonly prescribed for palliative patients for whom it is anticipated their medical condition may deteriorate into the terminal phase of illness. This anticipatory prescribing minimises future delays in supply and administration.

7.1.7 Medicines management in care homes

The medicines management support for care homes additional clinical service has the primary aim of improving patient safety for care home residents. A medicines management audit is undertaken within the care home by a pharmacist or pharmacy technician and is used to provide a systematic review of all medicines management processes in the home. Medicines reconciliation and support with ordering of medication is also provided by the pharmacist or technician.

7.1.8 Medicine administration record service

The aim of this service is to support and enable care workers to manage and safely administer medicines to their service users. The community pharmacist, on receipt of a medicines administration record referral form from an appropriate professional, conducts an initial assessment to review the service user’s pharmaceutical requirements. The pharmacy will then provide medicines administration record charts for each medicine prescribed, which is used by care workers to aid safe and effective medicines administration. The community pharmacist provides ongoing support to service users which will include liaison with health and social care professionals to resolve medicines management issues.

7.1.10 Tuberculosis service

This service requires a pharmacist to supervise the administration of prescribed medicines for the treatment of Tuberculosis at the point of dispensing in the pharmacy. This ensures that the dose has been administered to the patient in accordance with their individual care plan. The aim of the service is to ensure patients are compliant with their Tuberculosis treatment plan.

7.2 Unscheduled care services

Unscheduled care services deal with health needs that arise unexpectedly. There are a number of pharmaceutical services that offer support for unscheduled health care needs, some of these also meet the need for self-care as detailed in 7.3. The needs currently being met by unscheduled care service through pharmacies are:

- emergency contraception,
- support for self-care which includes the common ailment service,
- emergency medication supply,
- the rota service,
- independent prescribing for acute conditions, and
- palliative care medication service.

7.2.1 Sexual health and teenage pregnancy

Community pharmacies are provided with emergency contraception business sized cards to hand to patients or encourage them to self-select. These provide details of which pharmacies offer the service and details of sexual health clinics. These cards use QR codes to allow discreet access to information about emergency contraception. There are also QR boards displayed in each pharmacy. These provide access to information on a range of services through a smart phone or device with one of the QR codes linking to sexual health services and information within the health board's area.

Alongside the clinical community pharmacy service, which includes an emergency, Bridging and QuickStart contraception service, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to four public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the health board and could include sexually transmitted infections and human immunodeficiency virus.
- Where the pharmacy does not provide the clinical community pharmacy service, signposting people using the pharmacy to other providers of sexual health services, including sexually transmitted infections screening kits.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.2.2 Out of hours rota

The aim of the service is to provide a robust dispensing service during the rota operating times, namely during weekends, evenings, and public and bank holidays. Advice from the pharmacist on duty and provision of over the counter medications are also available during the rota hours. The service is designed to ensure patients have access to medicines and advice during the out of hours period.

7.2.3 Palliative care medication service

In addition to the "just in case" pack service, the health board commissions a palliative care medication service from a number of pharmacies during their normal opening hours. Each locality has between two and six pharmacies providing the service (depending on the size of the locality), to ensure the service is accessible across the health board's area. Pharmacies are selected based on location and opening hours and are required to hold a stock of medication that is often used in palliative care. The service provides assurances that specific medication will be

accessible via a standard prescription written by an appropriate clinician, where it is often needed urgently.

7.2.4 Low molecular weight heparin supply service

The service aims to improve urgent access to low molecular weight heparin for patients receiving anticoagulants for mechanical heart valve replacements in primary care where a sub-therapeutic international normalized ratio is identified during routine monitoring at their GP practice. Pharmacies are remunerated to hold a specified list of strengths of Enoxaparin and will dispense them in response to NHS prescriptions presented to them.

7.3 Support for self-care

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

7.3.1 Emergency medicines supply service

The emergency medication supply service is part of the clinical community pharmacy service and provides the supply of urgently required previously prescribed medication to an individual where they are unable to obtain a prescription before they need to take their next dose. This service supports individuals who are on holiday and have forgotten their medication or patients who run out of medication, and it is not practicable for the individual to obtain the previously prescribed medicines in a clinically appropriate timeframe via the usual route.

7.3.2 Pharmacist independent prescribing service

Pharmacist independent prescribers may prescribe any licensed medicine for any medical condition, within their therapeutic area of competence. This currently excludes three controlled drugs for the treatment of addiction. The Welsh Pharmaceutical Committee plan 'Pharmacy: Delivering a Healthier Wales (2019)'[224], sets the goal that by 2030, there will be an independent prescriber in every community pharmacy and an increased focus on prevention and early detection of illness.

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

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

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

7.4 Health promotion

Under the pharmaceutical services contractual framework community pharmacies must participate in health promotion campaigns which can be tailored to include many of the above health needs. They must ensure that patients are effectively signposted to relevant services. The health board has developed QR health information boards which are available in those community pharmacies that have agreed to display them, and information which can be accessed via mobile devices. The information behind each QR code can be updated virtually meaning that no information goes out of date and new information can be added as required. The QR boards include health related information, such as links to alcohol and substance misuse services, NHS weight management information and advice on living well. The boards also include links for support on chronic condition (eg diabetes, asthma) and an encyclopaedia of conditions via NHS Wales 111.

Figure 7.1 – community pharmacy health information board

7.5 Summary

The provision of pharmaceutical services plays a pivotal role in meeting many health needs of the population. The daily advice consultations that are carried out by pharmacy staff on a regular basis are a key opportunity to support behaviour change through making every contact count. The information above highlights the range of services that are currently commissioned by the health board and the ways in which pharmaceutical services can play an important role in meeting the health needs of the population. It is anticipated that with the development and training of independent

prescribing pharmacists, there will be a greater range of services available through community pharmacy in the years to come.

8 Bay Health locality

8.1 Key facts

- The Bay Health locality serves a registered population of 75,635[225] (January 2026) and is the largest locality by registered population in the health board and the largest of the five localities in Swansea.
- Approximately 23.8% of the locality's registered population (18,033) are aged 65 years and over, above the Wales average (21.9%).
- The number of Welsh speakers in Swansea remained at 11.2% in the 2021 Census, with approximately 350 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 1,100.[226]
- Swansea local authority population is projected to increase by 6.1% by the year 2032.[227]
- There are 240 lower layer super output areas in the health board's area; 150 lower layer super output areas fall within Swansea local authority, and 20 (around 13%) are in the 10% most deprived in Wales.[228]
- Of the 20% most deprived lower layer super output areas in Wales, 34 are within Swansea. Of the 45 lower layer super output areas in the locality one is found within the 20% most deprived.
- The locality has a large proportion of students, including those from diverse ethnic backgrounds with specific cultural and linguistic requirements.
- Sketty 4 is the most deprived lower layer super output area in this locality and is in the 10% most deprived lower layer super output areas in Wales in both the employment and income domains, but much less deprived in terms of physical environment, housing, and access to services.
- The locality is served by:
    - 16 community pharmacies operated by seven contractors
    - nine dental practices that offer NHS treatment
    - five optical practices
    - eight GP practices (six of which operate branch surgery sites)
- There is one hospital in the locality - Singleton Hospital, Sketty Lane, Sketty, Swansea SA2 8QA.
- There are 27 care home services within the locality of which ten provide services to adults with nursing, and 17 to adults without nursing.

8.2 Key population features

8.2.1 Population projections 2022 to 2032

The population of Swansea is projected to increase by up to 6.1% between 2022 and 2032, an increase of 14,894 people.

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[225] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[226] Office of National Statistics - How life has changed in Swansea: Census 2021
[227] Welsh Government November 2025 - Local authority population projections: 2022-based
[228] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles

It is projected by 2032[229] that Swansea local authority will see:

- a decrease in the number of people aged 0 to 15 years,
- an increase in the working age population aged 16 to 64 years (one of eight local authorities that will see the largest increases),
- an increase in the population aged 65 years, and
- an increase in the population aged 75 years and over.

The population is projected to continue to age in the local authority over this period.

8.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Swansea local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 8.1).
- Healthy life expectancy[230], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Swansea, healthy life expectancy stands at 59.9 years for males and 59.6 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Swansea enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Swansea is 10.9 years for males and 7.9 years for females.[231]

Table 8.1: Total life expectancy at birth for females and males, 2020 to 2022[232]

Area	Female at birth (years)	Male at birth (years)
Swansea	81.5	76.9
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

8.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the five localities in Swansea, Bay Health has the lowest proportion of people living in the most deprived areas in Wales (8.3%), compared with Llwchwr (8.4%), Cwmtawe (22.0%), City Health (47.1%), Penderi (49.7%), and the health board as a whole

[229] Welsh Government - Local authority population projections: 2022-based
[230] Office of National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[231] Public Health Wales - Public Health Outcomes Framework 2025
[232] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

(27.8%). There are, however, small areas of “deep-rooted” deprivation[233] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications of the Welsh Index of Multiple deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

Table 8.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[234]

Area	Percentage
Bay Health	8.3%
Swansea Bay University Health Board	27.9%

8.2.4 Health profile

The table below shows that the locality has lower estimated prevalence of chronic conditions than both the health board and Wales averages in asthma (0.6% and 0.7% lower respectively), coronary heart disease (0.5% and 0.6% lower respectively), chronic obstructive pulmonary disease (0.9% lower), and diabetes (2.5% and 2.8% lower respectively). Heart failure aligns with the Wales average and is lower than the health board average (0.2% lower), and stroke and transient ischaemic attack is lower than both the health board and Wales average (0.1% lower).

Table 8.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[235]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bay Health locality	6.4%	2.8%	1.4%	5.6%	1.4%	2.1%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

[233] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index
[234] Public Health Wales - Primary care localities dashboard
[235] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It shows the rates in mental health align with the Wales average and is lower than the health board average (0.2% lower) and dementia aligns with both the health board and Wales average.

Table 8.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[236]

Area	Mental health	Dementia
Bay Health locality	1.1%	0.8%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

The table below shows that the locality is above the health board and Wales averages for atrial fibrillation (0.2% and 0.1% higher respectively). Hypertension is lower than the averages for the health board and Wales (1.6% and 3.0% lower respectively).

Table 8.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[237]

Area	Atrial fibrillation	Hypertension
Bay Health locality	2.8%	13.3%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Swansea who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[238] between 2021 and 2023. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

[236] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[237] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[238] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)

Table 8.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Swansea local authority	209,302[239]	20%	16%	61%	24%	59%	34%
Wales	2,641,000[240]	20%	16%	62%	25%	56%	29%

Overall, the adult lifestyle behaviours in Swansea are broadly in line with the Wales average for smoking, drinking above recommended limits, and maintaining a healthy weight. However, Swansea performs better than the Wales average for physical activity and in eating five portions of fruit and vegetables a day.

8.3 Current provision of pharmaceutical services within the locality

There are 16 pharmacies in the locality operated by seven different contractors.

The availability of pharmaceutical services within the locality per 10,000 registered population is 2.1, which is slightly lower than the health board average of 2.3.

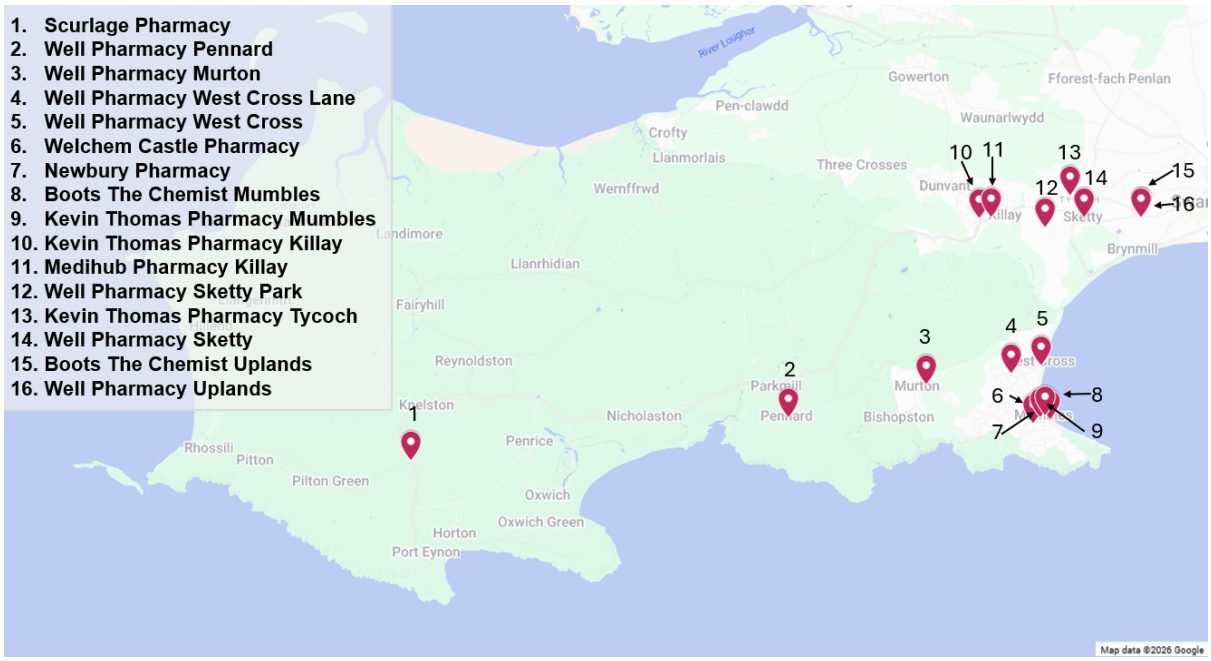
In 2024/25, 76.4% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

In 2025/26, 77.7% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

The map below shows the pharmaceutical provision within the area. It should be noted that where premises are close to each other the symbols will overlap.

[239] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[240] Welsh Government July 2025 - Mid-year estimates of the population: 2024

Map 8.1: Locations of the pharmacy premises within the locality



The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this locality were mainly located in areas of greater population density. In addition, all residents were able to access a pharmacy within 20 minutes by car. Those areas that were not within a 20-minute drive of a pharmacy did not have a resident population. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes.

Looking at the opening hours for the 16 pharmacies:

- Two pharmacies open from Monday to Saturday,
- Five pharmacies open Monday to Friday and Saturday morning, one of which is commissioned to also open on Sundays
- One pharmacy opens Monday to Friday and is commissioned to also open on Sundays, and
- Eight pharmacies open Monday to Friday.

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing times are shown in the table below. For the purposes of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 8.7: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday, Tuesday, Thursday and Friday	8.30am to 9.00am	5.00pm to 6.00pm
Wednesday	8.30am to 9.00am	1.00pm to 6.00pm
Saturday	9.00am to 9.30am	12.00pm to 5.30pm
Sunday	1.30pm	6.00pm

- Two pharmacies open at 8.30am Monday to Friday
- Between nine and 11 pharmacies close at 6.00pm Monday to Friday – some pharmacies may close earlier on certain days
- One pharmacy closes at 1.00pm on a Wednesday (half day closure)
- Seven pharmacies are open on Saturday:
    - Four pharmacies close at 12.00pm
    - One pharmacy closes at 1.00pm
    - Two pharmacies close at 5.30pm

Some pharmacies across the health board's area are commissioned to open at certain times of the day, on top of their usual core and supplementary opening hours. For this locality:

- One pharmacy (location: Killay) is commissioned to be open on a Sunday 4.00pm to 6.00pm
- One pharmacy (location: Mumbles) is commissioned to be open on a Sunday 1.30pm to 3.30pm.

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the contractor questionnaire to which 15 of the pharmacies responded.

The 15 pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All 15 consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Four pharmacies confirmed they have Welsh speakers in their staff. One pharmacy confirmed it has staff that speak Arabic, another Bengali and a third has staff that speak Punjabi.

The 15 pharmacies confirmed they dispense prescriptions for all types of appliances.

Although non-commissioned services:

- all 15 pharmacies collect prescriptions from GP practices,
- 13 provide a free of charge delivery service on request, with another providing a free service to specific groups,
- two restrict the service to certain areas,
- three provide a delivery service for a fee, and
- three have an automated collection point at their premises with a fourth installing one in April 2026.

One pharmacy is of the opinion that a phlebotomy additional clinical service is required.

13 of the pharmacies have sufficient capacity within their premises to manage an increase in demand, one doesn't but could make adjustments, and one doesn't have sufficient capacity and would have difficulty in managing an increase in demand.

14 pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and one doesn't but could make adjustments.

Seven pharmacies have plans to develop or expand their premises or service provision.

- One plans to introduce a prescribing pharmacist.
- As well as installing an automated collection point another pharmacy is expanding the pharmacist independent prescribing service to five days a week.
- One pharmacy plans to introduce a travel health service, a phlebotomy service, and increase its vaccination services.
- One pharmacy is trailing a bar code checking system with a view to reducing the potential for errors and to release pharmacist time.
- One pharmacy is training a pharmacy technician who will then be able to assist in service provision.
- One pharmacy has a trainee independent prescriber.
- One pharmacy is seeking to expand its pharmacist independent prescriber service through advertising and GP engagement. It also plans to offer an NHS blood testing service.

One pharmacy plans to introduce Sunday opening for Summer 2026.

8.3.1 National community pharmacy and appliance contractor services

8.3.1.1 Appliance use review service

None of the pharmacies provide this service.

8.3.1.2 Clinical community pharmacy service

All the pharmacies have signed up and provide this service:

In 2024/25 the pharmacies provided:

- 9,120 consultations for common ailment consultations (range at pharmacy level 35 to 1,704)
- 784 consultations for sore throat test and treat consultations (range at pharmacy level one to 260)
- 715 consultations for emergency contraception consultations, (range at pharmacy level two to 244)
- 2,108 emergency medicines supplies (range at pharmacy level 18 to 394)

In the first six months of 2025/26 the pharmacies provided:

- 5,934 consultations for common ailment consultations (range at pharmacy level 36 to 999)
- 342 consultations for sore throat test and treat consultations (range at pharmacy level two to 80)
- 358 consultations for emergency contraception consultations (range at pharmacy level one to 144)
- 845 emergency medicines supplies (range at pharmacy level three to 131)

8.3.1.3 Discharge medicines review service

All the pharmacies have signed up to provide this service.

14 pharmacies provided this service in 2024/25, providing a total of 408 reviews (range at pharmacy level four to 72)

All pharmacies provided this service in the first ten months of 2025/26, providing a total of 324 reviews, (range at pharmacy level two to 49)

8.3.1.4 Influenza vaccination service

All the pharmacies have signed up to provide this service.

All pharmacies provided this service in 2024/25, providing a total of 4,455 vaccinations (range at pharmacy level 43 to 999).

All pharmacies provided this service in 2025/26, providing a total of 1,400 vaccinations (range at pharmacy level six to 333).

8.3.1.5 Lateral flow test supply service

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

Six pharmacies provided this service in 2024/25, supplying 37 kits (range at pharmacy level three to 15).

Three pharmacies provided this service in the first seven months of 2025/26, providing seven kits (range at pharmacy level one to three)

8.3.1.6 Pharmacist independent prescribing service

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

Six pharmacies provided this service in 2024/25, providing a total of 2,553 consultations (pharmacy range eight to 1,299).

Seven pharmacies provided this service in the first six months of 2025/26, providing a total of 1,611 consultations, (range at pharmacy level 47 to 606).

8.3.1.7 Stoma customisation service

None of the pharmacies provide this service.

8.3.2 Additional clinical services

8.3.2.1 Blood borne virus screening service

None of the pharmacies provide this service.

8.3.2.2 Care home support service - Level 1 medicines management support visits

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

One pharmacy provided the service in 2024/25, providing a total of one visit.

One pharmacy provided this service in the first ten months of 2025/26, providing a total of three visits.

8.3.2.3 Access to inhaler review service

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

Eight pharmacies provided this service in 2024/25, providing a total of 465 reviews (range at pharmacy level three to 101).

Seven pharmacies provided this service between April 2025 and February 2026, providing a total of 321 reviews (range at pharmacy level nine to 97).

8.3.2.4 Just in case service (palliative care packs)

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

Three pharmacies provided this service in 2024/25, supplying a total of 14 packs (range at pharmacy level one to 12).

Three pharmacies provided this service in the first ten months of 2025/26, supplying a total of nine packs (range at pharmacy level one to seven).

8.3.2.5 Medicines administration record service

All the pharmacies have signed up to provide this service.

11 pharmacies provided the service in 2024/25, providing charts to a total of 228 patients (range at pharmacy level two to 44).

All the pharmacies provided the service in the first ten months of 2025/26, providing charts to 1,412 patients (range at pharmacy level six to 109)

8.3.2.6 Needle and syringe programmes

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

One pharmacy provided the service in 2024/25, providing a total of 153 provisions and 201 provisions in the first ten months of 2025/26.

8.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

All the pharmacies have signed up to provide this service.

10 pharmacies provided the service in 2024/25, supporting 150 people (range at pharmacy level five to 49).

10 pharmacies provided this service in the first ten months of 2025/26, supporting 111 people (range at pharmacy level four to 16).

8.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

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

Six pharmacies provided the service in 2024/25, supporting 299 people (range at pharmacy level 14 to 91)

Eight pharmacies provided this service in the first ten months of 2025/26, supporting 293 people (range at pharmacy level one to 78).

8.3.2.9 Supervised administration of medicine

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

In 2024/25, nine pharmacies provided this service to 314 clients (range at pharmacy level five to 111), supervising a total of 1,884 doses (range at pharmacy level 29 to 674).

In the first ten months of 2025/26, nine pharmacies provided this service to 410 clients (range at pharmacy level two to 109), supervising a total of 3,430 doses (range at pharmacy level 46 to 1,360).

8.3.2.10 Urgent medicines service

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

8.4 Current provision of pharmaceutical services outside the locality

Some residents may choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (76.4%), with 21.9% dispensed outside the locality.

- 17.3% by pharmacies in City Health locality
- 2.2% by pharmacies in Penderi locality
- 1.3% by pharmacies in Llwchwr locality
- 0.7% by contractors in England
- 0.2% by pharmacies in Cwmtawe locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board
- 0.1% by pharmacies in Hywel Dda University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (77.7%), with 21.7% dispensed outside the locality.

- 17.1% by pharmacies in City Health locality
- 2.1% by pharmacies in Penderi locality
- 1.3% by pharmacies in Llwchwr locality
- 0.7% by contractors in England
- 0.2% by pharmacies in Cwmtawe locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board
- 0.1% by pharmacies in Hywel Dda University Health Board

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

8.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.3 and 8.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 387 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the locality, of which 296 were outside of the health board's area. 10,142 prescription items were dispensed in England.

A total of 328 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the locality, of which 239 were outside of the health board's area. 7,397 prescription items were dispensed in England.

8.7 Housing developments

Work is underway in preparing a new local development plan for Swansea which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out below although this is subject to further detailed assessment so may change as the plan is finalised.

- Cefn Coed Hospital, Cockett – 170 dwellings. Assuming an average occupancy rate of 2.5 this equates to 425 people.
- Waunarlwydd/Fforestfach – 500 dwellings. Assuming an average occupancy rate of 2.5 this equates to 1,250 people. This site also falls within Penderi locality.

8.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that of the pharmacies in the locality:

- 13 pharmacies have sufficient capacity within their premises to manage an increase in demand, one doesn't but could make adjustments, and one doesn't have sufficient capacity and would have difficulty in managing an increase in demand.
- 14 pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and one doesn't but could make adjustments.

8.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact residents are able to access a pharmacy by car within 20 minutes. Whilst noting that not all

households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The scale of the known housing developments.
- The opening hours of the pharmacies.

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

8.8.2 National community pharmacy and appliance contractor services

8.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide this service. However, there are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GPs in the locality in 2024/25 and 2025/26. One of these contractors provides this service. In addition, of the items dispensed in England in 2024/25, 84.3% were dispensed by dispensing appliance contractors, and 83.5% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

8.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up and provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

8.8.2.3 Discharge medicines review service

The health board has noted all the pharmacies have signed up and provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

8.8.2.4 Influenza vaccination service

The health board has noted all the pharmacies have signed up and provide this

service. As a result, the health board has not identified any current or future needs for this service within the locality.

8.8.2.5 Lateral flow test supply service

The health board has noted 13 of the pharmacies have signed up to this service and six pharmacies provide it. It has also noted that this service is only available to specified patient groups. If a pharmacy providing the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

8.8.2.6 Pharmacist independent prescribing service

The health board has noted seven of the pharmacies have signed up to provide this service and provided it in 2025/26 and that two more pharmacies have pharmacists training to become independent prescribers.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

8.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the four dispensing appliance contractors Cardiff and Vale University Health Board's area.

However, of the items dispensed in England in 2024/25, 84.3% were dispensed by dispensing appliance contractors, 83.5% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients. Based on the above, the health board has not identified any current or future needs for this service within the locality.

8.8.3 Additional clinical services

8.8.3.1 Blood borne virus screening service

The health board has noted none of the pharmacies have signed up to provide this service. However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales

or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

8.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted five of the pharmacies have signed up to provide this service, and two pharmacies provide it. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

8.8.3.3 Inhaler review service

The health board has noted eight of the pharmacies have signed up to provide this service and provide it. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

8.8.3.4 Just in case service (palliative care packs)

The health board has noted 14 of the pharmacies have signed up to provide this service, and four pharmacies provide it.

Services are available within the locality through several other providers in the health board’s area, such as through the health board’s palliative care team.

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

8.8.3.5 Medicines administration record service

The health board has noted all the pharmacies have signed up to provide this service, and all pharmacies provide it. The health board has therefore not identified any current or future needs for this service within the locality.

8.8.3.6 Needle and syringe programmes

The health board noted two of the pharmacies have signed up to provide this

service, and one pharmacy provides it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

8.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted all the pharmacies have signed up to provide this service, and 12 pharmacies provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

8.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted 13 of the pharmacies have signed up to this service, and eight pharmacies provide it.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

8.8.3.9 Supervised administration of medicines service

The health board has noted 14 of the pharmacies have signed up to provide this service, and 11 pharmacies provide it. The health board is satisfied that there is a good spread of pharmacies across the locality who do, or could, provide the service if required.

The health board has therefore not identified any current or future needs for this service within the locality.

8.8.3.10 Urgent medicines service

The health board has noted three of the pharmacies have signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board’s geography.

The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

9 City Health locality

9.1 Key facts

- The largest area within the locality is around the city centre, the adjacent wards of Cwmbwrla and Uplands (6,800 people per square kilometre, the highest density in the county), and in Townhill and Penderi.
- The City Health locality serves a registered population of 55,915[241] (January 2026) and is the third largest locality by registered population in the health board and the second largest of the five localities in Swansea.
- The locality has a registered population of 8,505 aged 65 years and over (15.5%) which is lower than the Welsh average of 21.9%.
- The number of Welsh speakers in Swansea remained at 11.2% in 2021 with approximately 350 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 1,100.[242]
- Swansea local authority population is projected to increase by 6.1% by the year 2032.[243]
- There are 240 lower layer super output areas in the health board's area; 150 lower layer super output areas fall within Swansea local authority, and 20 (around 13%) are in the 10% most deprived in Wales.[244]
- Of the 20% most deprived lower layer super output areas in Wales, 34 are within Swansea, with 10 found within the City Health Locality.
- The area consists of 24 lower layer super output areas in the city centre area and adjacent urban areas to the north, west and east; across both sides of the River Tawe.
- The locality is served by:
    - 14 community pharmacies operated by six contractors
    - seven dental practices that offer NHS treatment
    - six optical practices
    - eight GP practices (four of which operate branch surgery sites)
- There are six care home services within the locality of which three provide services to adults with nursing, and three to adults without nursing.

9.2 Key population features

9.2.1 Population projections 2022 to 2032

The population of Swansea is projected to increase by up to 6.1% between 2022 and 2032, an increase of 14,894 people. It is projected by 2032[245] that Swansea local authority will see:

[241] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[242] Office of National Statistics - How life has changed in Swansea: Census 2021
[243] Welsh Government November 2025 - Local authority population projections: 2022-based
[244] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles
[245] Welsh Government - Local authority population projections: 2022-based

- a decrease in the number of people aged 0 to 15 years,
- an increase in the working age population aged 16 to 64 years (one of eight local authorities that will see the largest increases),
- an increase in the population aged 65 years, and
- an increase in the population aged 75 years and over.

The population is projected to continue to age in the local authority over this period.

9.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Swansea local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 9.1).
- Healthy life expectancy[246], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Swansea, healthy life expectancy stands at 59.9 years for males and 59.6 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Swansea enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Swansea is 10.9 years for males and 7.9 years for females[247].

Table 9.1: Total life expectancy at birth for females and males, 2020 to 2022[248]

Area	Female at birth (years)	Male at birth (years)
Swansea	81.5	76.9
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

9.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the five localities in Swansea, City Health has a high proportion of people living in the most deprived areas in Wales (47.1%), compared with Bay Health (8.3%), Llwchwr (8.4%), Cwmtawe (22.0%) and Penderi (49.7%), and the health board as a whole (27.9%). There are, however, small areas of "deep-rooted" deprivation[249] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications of Welsh Index of Multiple deprivation ranks.

[246] Office of National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[247] Public Health Wales - Public Health Outcomes Framework 2025
[248] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)
[249] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index

Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

Table 9.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[250]

Area	Percentage
City Health locality	47.1%
Swansea Bay University Health Board	27.9%

9.2.4 Health profile

The table below shows that the locality has a lower estimated prevalence of chronic conditions than both the health board and Wales averages in asthma (0.5% to 0.6% lower respectively), coronary heart disease (0.4% to 0.5% lower respectively), diabetes (0.2% to 0.5% lower respectively) and stroke and transient ischaemic attack (0.2% lower). Heart failure matches the Wales average but is lower than the health board average (0.2% lower), while chronic obstructive pulmonary disease is higher than both the health board and Wales average (0.3% higher).

Table 9.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[251]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
City Health locality	6.5%	2.9%	2.6%	7.9%	1.4%	2.0%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It shows the rate of mental health conditions is higher than both the health board and Wales averages (0.2% and 0.4% higher respectively) and dementia is lower than both the health board and Wales average (0.3% lower).

[250] Public Health Wales - Primary care localities dashboard
[251] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

Table 9.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[252]

Area	Mental health	Dementia
City Health locality	1.5%	0.5%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

The table below shows that the locality is lower in atrial fibrillation than both the health board and Wales averages (0.7% and 0.8% lower respectively). Hypertension is much lower than the averages for the health board and Wales (2.3% and 3.7% lower respectively).

Table 9.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[253]

Area	Atrial fibrillation	Hypertension
City Health locality	1.9%	12.6%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Swansea who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[254] between 2021 and 2023. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

Table 9.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Swansea local authority	209,302[255]	20%	16%	61%	24%	59%	34%
Wales	2,641,000[256]	20%	16%	62%	25%	56%	29%

[252] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[253] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[254] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[255] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[256] Welsh Government July 2025 - Mid-year estimates of the population: 2024

Overall, the adult lifestyle behaviours in Swansea are broadly in line with the Wales average for smoking, drinking above recommended limits, and maintaining a healthy weight. However, Swansea performs better than the Wales average for physical activity and in eating five portions of fruit and vegetables a day.

9.3 Current provision of pharmaceutical services within the locality

There are 14 pharmacies in the locality operated by six different contractors. The majority of pharmacies are located in the centre and residential suburbs.

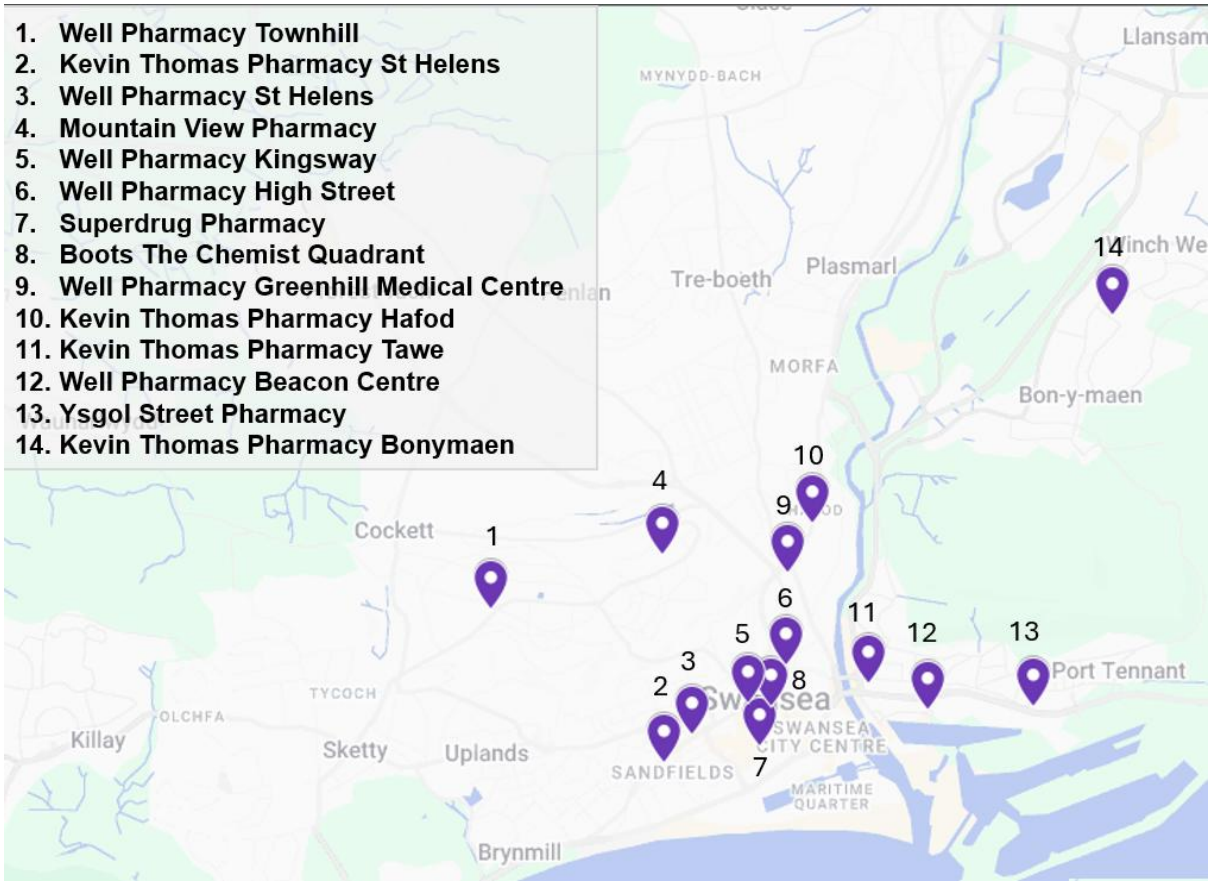
The availability of pharmacy services within the locality per 10,000 registered population is 2.5, which is higher than the health board average of 2.27.

In 2024/25, 79.7% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

In 2025/26, 79.3% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

The map below shows the pharmaceutical provision within the area. It should be noted that where premises are close to each other the symbols will overlap.

Map 9.1: Locations of the pharmacy premises within the locality



The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this locality were mainly located in areas of greater population density. In addition, all residents of the locality were able to access a pharmacy within 20 minutes by car. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- One pharmacy is open seven days a week,
- One pharmacy is open from Monday to Saturday,
- Two pharmacies are open Monday to Friday and on Saturday mornings, and
- Ten pharmacies are open Monday to Friday.

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below. For the purposes of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 9.7: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00am	5.30pm to 6.00pm
Thursday	8.00am to 9.00am	1.00pm to 6.00pm
Saturday	9.00am	12.00pm to 5.30pm
Sunday	10.30am	4.30pm

- One pharmacy opens at 8.00am Monday to Friday
- Ten pharmacies close at 6.00pm Monday, Tuesday, Thursday and Friday
- Eight pharmacies close at 6.00pm on a Thursday.
- One pharmacy closes at 1.00pm
- Four pharmacies are open on Saturday:
    - One pharmacy closes at 12.00pm
    - One pharmacy closes at 1.00pm
    - Two pharmacies close at 5.30pm
- One pharmacy is open on a Sunday

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the contractor questionnaire which all the pharmacies responded to.

11 of the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and

- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Seven pharmacies confirmed they have Welsh speakers in their staff. Six pharmacies confirmed they have staff that speak other languages.

- Arabic (two pharmacies)
- Punjabi (two pharmacies)
- Dutch
- Hindi
- Korean
- Nepali
- Romanian
- Russian
- Ukrainian
- Urdu

All the pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services:

- all the pharmacies collect prescriptions from GP practices
- 13 provide a free of charge delivery service on request, although one limits the service to those who may have conditions which make collecting their medicines from the pharmacy difficult, and
- two have an automated collection point at their premises.

One pharmacy is of the opinion that a Covid vaccination additional clinical service is required as well as asthma/inhaler clinics. Another pharmacy is of the opinion that the following services are required.

- Drug and alcohol testing
- A scheme to check if patients have participated in the national screening programmes e.g. cervical/breast/prostate cancer, aortic aneurysm screening etc
- A “just ask once” programme for healthcare.

Ten of the pharmacies have sufficient capacity within their premises to manage an increase in demand, three don’t but could make adjustments, and one doesn’t have sufficient capacity and would have difficulty in managing an increase in demand.

11 pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, two don’t but could make adjustments, and one doesn’t have sufficient capacity and would have difficulty in managing an increase in demand.

The pharmacy that said it doesn’t have capacity in either its premises or staffing levels said that it would like to be able to expand.

Five pharmacies have plans to develop or expand their premises or service provision.

- One will begin to provide the pharmacist independent prescribing service once the pharmacist has qualified and the consultation room upgraded,

another has a pharmacist training to become an independent prescriber, and another plans to start providing the service from May 2026.
- One pharmacy is currently trialling a bar code checking system in one of its branches to free up pharmacist and technician time. It is also increasing its technician employees and supporting pharmacist training as independent prescribers so it can increase service provision in the future.
- One pharmacy has already expanded its premises and has recently commenced providing the pharmacist independent prescribing service five days a week.

One pharmacy is considering applying to close at 5.30pm instead of 6.00pm.

9.3.1 National community pharmacy and appliance contractor services

9.3.1.1 Appliance use review service

None of the pharmacies provide this service.

9.3.1.2 Clinical community pharmacy service

All the pharmacies have signed up and provide this service:

In 2024/25 the pharmacies provided:

- 7,364 consultations for common ailment consultations (range at pharmacy level 160 to 1,171)
- 1,004 consultations for sore throat test and treat consultations (range at pharmacy level four to 277)
- 1,574 consultations for emergency contraception consultations (range at pharmacy level four to 842)
- 2,007 emergency medicines supplies (range at pharmacy level nine to 349)

In the first six months of 2025/26 the pharmacies provided:

- 3,933 consultations for common ailment consultations (range at pharmacy level 87 to 766)
- 375 consultations for sore throat test and treat consultations (range at pharmacy level seven to 93)
- 655 consultations for emergency contraception consultations (range at pharmacy level six to 355)
- 701 emergency medicines supplies (range at pharmacy level 23 to 499)

9.3.1.3 Discharge medicines review service

All the pharmacies have signed up to provide this service.

13 pharmacies provided this service in 2024/25, providing a total of 269 reviews (range at pharmacy level two to 67). 11 pharmacies provided this service in the first

ten months of 2025/26, providing a total of 257 reviews (range at pharmacy level two to 87).

9.3.1.4 Influenza vaccination service

All the pharmacies have signed up to provide this service.

14 pharmacies provided this service in 2024/25, providing a total of 1,770 vaccinations (range at pharmacy level one to 618). 11 pharmacies provided this service in 2025/26, providing a total of 511 vaccinations (range at pharmacy level one to 253).

9.3.1.5 Lateral flow test supply service

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

Five pharmacies provided this service in 2024/25, supplying 26 kits (range at pharmacy level one to 11). One pharmacy provided this service in the first seven months of 2025/26, providing three kits.

9.3.1.6 Pharmacist independent prescribing service

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

Two pharmacies provided this service in 2024/25, providing a total of 680 consultations (pharmacy range one to 679). Two pharmacies provided this service in the first six months of 2025/26, providing a total of 236 consultations, (range at pharmacy level four to 232).

9.3.1.7 Stoma customisation service

None of the pharmacies provide this service.

9.3.2 Additional clinical services

9.3.2.1 Blood borne virus screening service

None of the pharmacies provide this service.

9.3.2.2 Care home support service - Level 1 medicines management support visits

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

One pharmacy provided the service in 2024/25, providing a total of 26 visits. One pharmacy provided this service in the first ten months of 2025/26, providing a total of 23 visits.

9.3.2.3 Access to inhaler review service

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

Five pharmacies provided this service in 2024/25, providing a total of 400 reviews (range at pharmacy level 36 to 100). Three pharmacies provided this service between April 2025 and February 2026, providing a total of 141 reviews (range at pharmacy level 16 to 94).

9.3.2.4 Just in case service (palliative care packs)

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

No pharmacies provided this service in 2024/25. One pharmacy provided this service in the first ten months of 2025/26, supplying a total of one pack.

9.3.2.5 Medicines administration record service

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

Seven pharmacies provided the service in 2024/25, providing charts to a total of 152 patients (range at pharmacy level seven to 48). Ten pharmacies provided the service in the first ten months of 2025/26, providing charts to a total of 812 patients (range at pharmacy level 15 to 148)

9.3.2.6 Needle and syringe programmes

One of the pharmacies has signed up to provide this service.

No pharmacy provided the service in 2024/25. One pharmacy provided the service in the first ten months of 2025/26 providing a total of five provisions.

9.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

All the pharmacies have signed up to provide this service.

12 pharmacies provided the service in 2024/25, supporting 383 people (range at pharmacy level five to 73). 12 pharmacies provided this service in the first ten months of 2025/26, supporting 385 people (range at pharmacy level two to 108).

9.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

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

Nine pharmacies provided the service in 2024/25, supporting 641 people (range at pharmacy level 19 to 150). Nine pharmacies provided this service in the first ten months of 2025/26, supporting 354 people (range at pharmacy level seven to 100).

9.3.2.9 Supervised administration of medicine

All the pharmacies have signed up to provide this service.

In 2024/25, 12 pharmacies provided this service to 1,066 clients (range at pharmacy level 20 to 205), supervising a total of 9,854 doses (range at pharmacy level 227 to 2,487). In the first ten months of 2025/26, 12 pharmacies provided this service to 657 clients (range at pharmacy level 30 to 125), supervising a total of 5,304 doses (range at pharmacy level 74 to 1,165).

9.3.2.10 Urgent medicines service

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

9.4 Current provision of pharmaceutical services outside the locality

Some residents may choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (79.7%), 19.3% were dispensed outside the locality.

- 7.2% by pharmacies in Penderi locality
- 5.8% by pharmacies in Bay Health locality
- 4.9% by pharmacies in Cwmtawe locality
- 0.5% by pharmacies in Llwchwr locality
- 0.5% by contractors in England
- 0.1% by pharmacies in Afan locality
- 0.1% by pharmacies in Neath locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board
- 0.1% by pharmacies in Hywel Dda University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (79.3%), with 20.3% dispensed outside the locality.

- 7.9% by pharmacies in Penderi locality
- 5.9% by pharmacies in Bay Health locality
- 5.0% by pharmacies in Cwmtawe locality
- 0.6% by contractors in England
- 0.5% by pharmacies in Llwchwr locality
- 0.1% by pharmacies in Afan locality
- 0.1% by pharmacies in Neath locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board

- 0.1% by pharmacies in Hywel Dda University Health Board

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

9.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

9.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.3 and 9.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 278 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the locality, of which 185 were outside of the health board's area. 8,242 prescription items were dispensed in England.

A total of 249 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the locality, of which 155 were outside of the health board's area. 6,159 prescription items were dispensed in England.

9.7 Housing developments

Work is underway in preparing a new local development plan for Swansea which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out below although this is subject to further detailed assessment so may change as the plan is finalised.

- Swansea central area and City waterfront – 200 dwellings. Assuming an average occupancy rate of 2.5 this equates to 500 people.
- SA1 Swansea waterfront – 200 dwellings. Assuming an average occupancy rate of 2.5 this equates to 500 people.
- Tawe riverside corridor and Hafod Morfa copper works - 200 dwellings. Assuming an average occupancy rate of 2.5 this equates to 500 people. It is to be noted that this site also falls within Penderi locality.

9.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that of the pharmacies in the locality:

- Ten of the pharmacies have sufficient capacity within their premises to manage an increase in demand, three don't but could make adjustments, and one doesn't have sufficient capacity and would have difficulty in managing an increase in demand.
- 11 pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, two don't but could make adjustments, and one doesn't have sufficient capacity and would have difficulty in managing an increase in demand.
- The pharmacy that doesn't have capacity in either its premises or staffing levels said that it would like to be able to expand.

9.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact residents are able to access a pharmacy by car within 20 minutes, and for many the journey time is shorter.
- Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The scale of the known housing developments.
- The opening hours of the pharmacies.

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

9.8.2 National community pharmacy and appliance contractor services

9.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide this service. However, there are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GPs in the locality in 2024/25 (0% in the first nine months of 2025/26). One of these contractors provides this service.

In addition, of the items dispensed in England in 2024/25, 84.9% were dispensed by dispensing appliance contractors and 86.1% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

9.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up and provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

9.8.2.3 Discharge medicines review service

The health board has noted all the pharmacies have signed up to provide this service, and 13 pharmacies provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

9.8.2.4 Influenza vaccination service

The health board has noted all the pharmacies have signed up to provide this service, and all pharmacies provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

9.8.2.5 Lateral flow test supply service

The health board has noted ten of the pharmacies have signed up to provide the service, and five pharmacies provide it. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

9.8.2.6 Pharmacist independent prescribing service

The health board has noted two of the pharmacies have signed up to provide this service and provided it in 2025/26, and three more plan to commence provision.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

9.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the four dispensing appliance contractors Cardiff and Vale University Health Board's area. However, of the items dispensed in England in

2024/25, 84.9% were dispensed by dispensing appliance contractors and 86.1% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients. Based on this, the health board has not identified any current or future needs for this service within the locality.

9.8.3 Additional clinical services

9.8.3.1 Blood borne virus screening service

The health board has noted none of the pharmacies have signed up to provide this service.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across the health board. Several pharmacies across the health board hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

9.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted five of the pharmacies have signed up to provide this service, and one pharmacy provides it. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

9.8.3.3 Inhaler review service

The health board has noted six of the pharmacies have signed up to provide this service, and five pharmacies provide it. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

9.8.3.4 Just in case service (palliative care packs)

The health board has noted 11 of the pharmacies have signed up to provide this service, and one pharmacy provides it.

Services are available within the locality through several other providers in the health board's area, such as through the health board's palliative care team.

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

9.8.3.5 Medicines administration record service

The health board has noted 11 of the pharmacies have signed up to provide this service, and ten pharmacies provide it. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

9.8.3.6 Needle and syringe programmes

The health board has noted one of the pharmacies have signed up to provide this service, and one pharmacy provides it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

9.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted all the pharmacies have signed up to provide this service, and 13 pharmacies provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

9.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted ten of the pharmacies have signed up to provide this service, and nine pharmacies provide it.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

9.8.3.9 Supervised administration of medicines service

The health board has noted all the pharmacies signed up to provide this service, and 12 pharmacies provide it. The health board has therefore not identified any current or future needs for this service within the locality.

9.8.3.10 Urgent medicines service

The health board noted two of the pharmacies signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography. The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

10 Cwmtawe locality

10.1 Key facts

- The locality geographically covers the wards of Bonymaen, Clydach, Landore (part), Llangyfelach (part), Llansamlet, Morriston, Mynyddbach (part). The Cwmtawe locality serves a registered population of 43,442[257] (January 2026) and is the fourth smallest locality by registered population in the health board and the second smallest of the five localities in Swansea.
- The locality has a registered population of 9,103 aged 65 years and over (21.0%) which is slightly lower than the Welsh average of 21.9%.
- The number of Welsh speakers in Swansea remained at 11.2% in 2021 with approximately, 350 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 1,100.[258]
- Swansea local authority population is projected to increase by 6.1% by the year 2032.[259]
- There are 240 lower layer super output areas in the health board's area; 150 lower layer super output areas fall within Swansea local authority, and 20 (around 13%) are in the 10% most deprived in Wales.[260]
- Of the 20% most deprived lower layer super output areas in Wales, 34 are within Swansea, with nine found within the locality.
- The locality is served by:
    - nine community pharmacies operated by five contractors
    - seven dental practices that offer NHS treatment
    - four optical practices
- Three GP practices (one of which operates two branch surgery sites). There is one hospital within the locality - Morriston Hospital, Heol Maes Eglwys, Swansea SA6 6NL
- There are 21 care home services in the locality, of which four provide services to adults with nursing, and 17 to adults without nursing.

10.2 Key population features

10.2.1 Population projections 2022 to 2032

The population of Swansea is projected to increase by up to 6.1% between 2022 and 2032, an increase of 14,894 people. It is projected that by 2032[261] Swansea local authority will see:

- a decrease in the number of people aged 0 to 15 years,

[257] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[258] Office of National Statistics - How life has changed in Swansea: Census 2021
[259] Welsh Government November 2025 - Local authority population projections: 2022-based
[260] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles
[261] Welsh Government - Local authority population projections: 2022-based

- an increase in the working age population aged 16 to 64 years (one of eight local authorities that will see the largest increases),
- an increase in the population aged 65 years, and
- an increase in the population aged 75 years and over.

The population is projected to continue to age in the local authority, over this period.

10.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Swansea local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 10.1).
- Healthy life expectancy[262], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Swansea, healthy life expectancy stands at 59.9 years for males and 59.6 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Swansea enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Swansea is 10.9 years for males and 7.9 years for females[263].

Table 10.1: Total life expectancy at birth for females and males, 2020 to 2022[264]

Area	Female at birth (years)	Male at birth (years)
Swansea	81.5	76.9
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

10.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the five localities in Swansea, Cwmtawe has a moderately high proportion of people living in the most deprived areas in Wales (22.0%), compared with Bay Health (8.3%), Llwchwr (8.4%), City Health (47.1%), and Penderi (49.7%), and the health board as a whole (27.9%). There are, however, small areas of "deep-rooted" deprivation[265] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications of the Welsh Index of

[262] Office of National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[263] Public Health Wales - Public Health Outcomes Framework 2025
[264] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)
[265] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index

Multiple deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

Table 10.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[266]

Area	Percentage
Cwmtawe locality	22.0%
Swansea Bay University Health Board	27.9%

10.2.4 Health profile

The table below shows that the locality has lower estimated prevalence of chronic conditions than both the health board and Wales averages in asthma (0.8% and 0.9% lower respectively) and chronic obstructive pulmonary disease (0.8% and 0.9% lower respectively). Coronary heart disease aligns with the health board average but is lower than the Wales average (0.1% lower) and heart failure is lower than the health board average (0.1% lower) but higher than the Wales average (0.1% higher). Diabetes is higher than both the health board and Wales averages (0.8% and 0.5% higher respectively) and higher in stroke and transient ischaemic attack than both the health board and Wales average (0.1% higher).

Table 10.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[267]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Cwmtawe locality	6.4%	2.8%	1.4%	5.6%	1.4%	2.1%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It shows the rates in mental health align with the Wales average and is lower than the health board average (0.2%). Dementia is lower than both the health board and Wales average (0.1% lower).

[266] Public Health Wales - Primary care localities dashboard
[267] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

Table 10.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[268]

Area	Mental health	Dementia
Cwmtawe locality	1.1%	0.7%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

The table below shows that the locality is higher in atrial fibrillation than the health board average (0.1% higher) and aligns with the Wales average. Hypertension is lower than the averages for the health board and Wales (0.6% and 2.0% lower respectively).

Table 10.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[269]

Area	Atrial fibrillation	Hypertension
Cwmtawe locality	2.7%	14.3%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Swansea who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[270]. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

Table 10.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Swansea local authority	209,302[271]	20%	16%	61%	24%	59%	34%
Wales	2,641,000[272]	20%	16%	62%	25%	56%	29%

Overall, the adult lifestyle behaviours in Swansea are broadly in line with the Wales

[268] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[269] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[270] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[271] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[272] Welsh Government July 2025 - Mid-year estimates of the population: 2024

average for smoking, drinking above recommended limits, and maintaining a healthy weight. However, Swansea performs better than the Wales average for physical activity and in eating five portions of fruit and vegetables a day.

10.3 Current provision of pharmaceutical services within the locality

There are nine pharmacies in the locality, with five of these being in Morriston town operated by five different contractors.

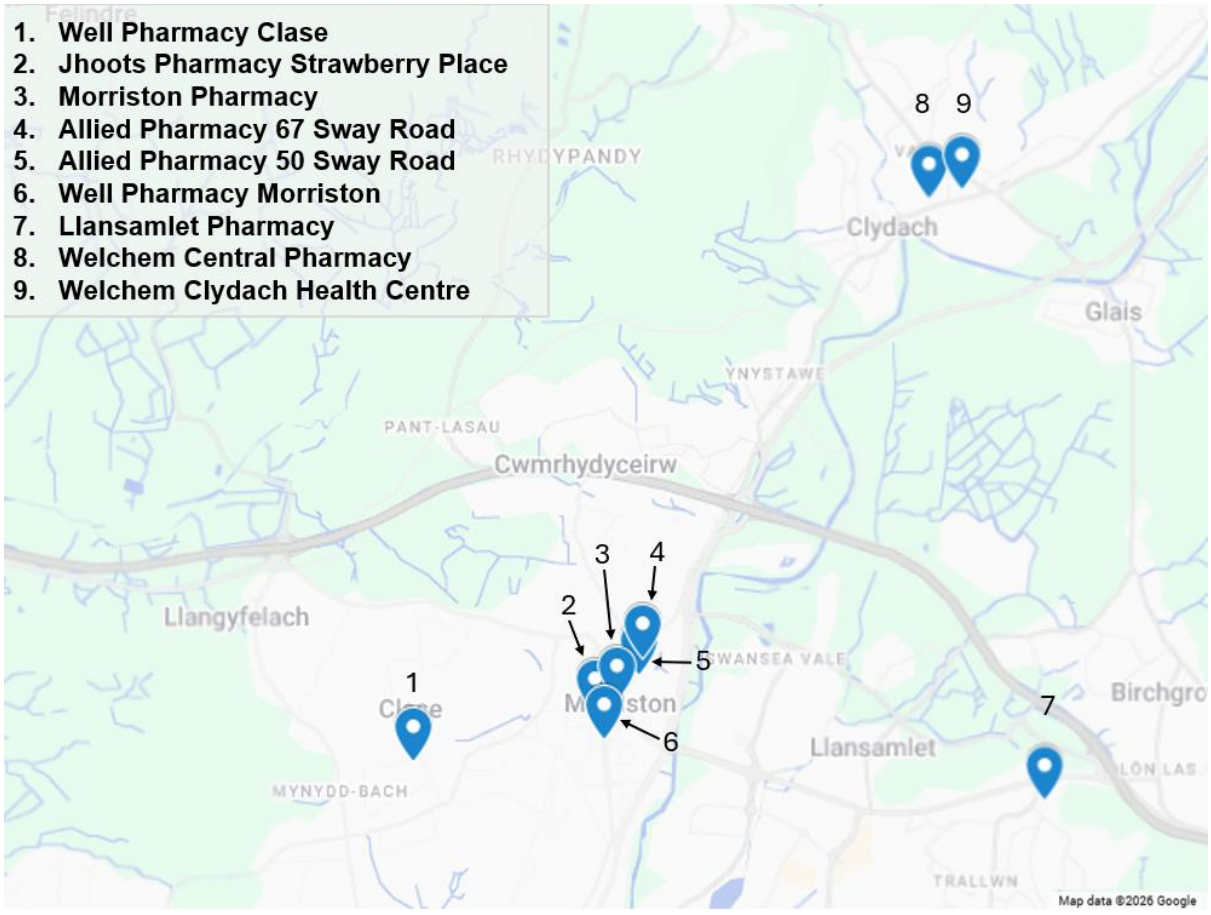
The availability of pharmaceutical services within the locality per 10,000 registered population is 2.1 which is below the health board average of 2.3.

In 2024/25, 89.6% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

In 2025/26, 89.2% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

The map below shows the pharmaceutical provision within in the area. It should be noted that where premises are close to each other the symbols will overlap.

Map 10.1: Locations of the pharmacy premises within the locality



The health board has noted the pharmaceutical needs assessment published on 1

October 2021 concluded that the pharmacies in this locality were mainly located in areas of greater population density. In addition, all residents could access one of the pharmacies within 20 minutes by car. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours for the pharmacies in this locality:

- Four pharmacies are open Monday to Friday and Saturday morning, one of which is commissioned to also open on Sundays, and
- Five pharmacies are open Monday to Friday.

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing times are shown in the table below. For the purposes of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 10.7: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 6.00pm
Saturday	9.00am	12.00pm to 1.00pm
Sunday	5.00pm	6.00pm

- Two pharmacies open at 8.30am Monday to Friday
- Five pharmacies close at 5.30pm Monday to Friday
- Four pharmacies close at 6.00pm Monday to Friday
- Three pharmacies open on a Saturday:
    - Two pharmacies close at 12.00pm
    - One pharmacy closes at 1.00pm

Some pharmacies across the health board's area are commissioned to open at certain times of the day, on top of their usual core and supplementary opening hours. For this locality one pharmacy (location: Swansea) is commissioned to be open on a Sunday between 5.00pm and 6.00pm.

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the contractor questionnaire to which all the pharmacies responded.

Six pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and

- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Four pharmacies confirmed they have Welsh speakers in their staff. Two pharmacies confirmed they have staff that speak other languages:

- Arabic
- Bengali

Six pharmacies said they dispense prescriptions for all types of appliances. The other three do not dispense any appliances.

Although non-commissioned services:

- six pharmacies collect prescriptions from GP practices, and
- all provide a free of charge delivery service on request.

One pharmacy is of the opinion that a blood pressure testing additional clinical service is required.

Eight of the pharmacies have sufficient capacity within their premises to manage an increase in demand, and one doesn't and would have difficulty in managing an increase in demand. All the pharmacies have sufficient capacity within their staffing levels to manage an increase in demand.

Four pharmacies have plans to develop or expand their premises or service provision.

- One plans to install extra consultation rooms in order to expand service provision and to also provide vaccination services.
- Another is refitting the premises in order to extend the dispensary.
- One pharmacy has a pharmacist who has applied to become an independent prescriber.
- One contractor is trialling a bar code checking system in one of its pharmacies to improve patient safety and free up pharmacist time. It is also hoping to provide the pharmacist independent prescribing service in 2026.

10.3.1 National community pharmacy and appliance contractor services

10.3.1.1 Appliance use review service

None of the pharmacies provide this service.

10.3.1.2 Clinical community pharmacy service

All the pharmacies have signed up and provide this service:

In 2024/25 the pharmacies provided:

- 5,672 consultations for common ailment consultations (range at pharmacy level 131 to 1,393)
- 738 consultations for sore throat test and treat consultations (range at pharmacy level 14 to 294)
- 220 consultations for emergency contraception consultations (range at pharmacy level seven to 45)
- 728 emergency medicines supplies (range at pharmacy level 18 to 232)

In the first six months of 2025/26 the pharmacies provided:

- 2,914 consultations for common ailment consultations (range at pharmacy level 81 to 650)
- 321 consultations for sore throat test and treat consultations (range at pharmacy level seven to 106)
- 127 consultations for emergency contraception consultations (range at pharmacy level four to 29)
- 374 emergency medicines supplies (range at pharmacy level 12 to 124)

10.3.1.3 Discharge medicines review service

All the pharmacies have signed up to provide this service.

Seven pharmacies provided this service in 2024/25, providing a total of 135 reviews (range at pharmacy level one to 42). Eight pharmacies provided this service in the first ten months of 2025/26, providing a total of 169 reviews, (range at pharmacy level seven to 50)

10.3.1.4 Influenza vaccination service

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

Eight pharmacies provided this service in 2024/25, providing a total of 1,536 vaccinations (range at pharmacy level 42 to 435). Seven pharmacies provided this service in 2025/26, providing a total of 449 vaccinations (range at pharmacy level 13 to 199).

10.3.1.5 Lateral flow test supply service

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

Three pharmacies provided this service in 2024/25, supplying 16 kits (range at pharmacy level one to 12). One pharmacy provided this service in the first seven months of 2025/26, providing five kits.

10.3.1.6 Pharmacist independent prescribing service

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

Four pharmacies provided this service in 2024/25, providing a total of 2,874 consultations (pharmacy range 100 to 1,579). Five pharmacies provided this service

in the first six months of 2025/26, providing a total of 1,357 consultations (range at pharmacy level 31 to 685).

10.3.1.7 Stoma customisation service

None of the pharmacies provide this service.

10.3.2 Additional clinical services

10.3.2.1 Blood borne virus screening service

One of the pharmacies has signed up to provide this service.

10.3.2.2 Care home support service - Level 1 medicines management support visits

Three of the pharmacies have signed up to provide the service.

No pharmacies provided the service in 2024/25. One pharmacy provided this service in the first ten months of 2025/26, providing a total of four visits.

10.3.2.3 Access to inhaler review service

Seven of the pharmacies have signed up to provide this service

Four pharmacies provided this service in 2024/25, providing a total of 208 reviews (range at pharmacy level one to 90). Three pharmacies provided this service between April 2025 and February 2026, providing a total of 81 reviews (range at pharmacy level two to 77).

10.3.2.4 Just in case service (palliative care packs)

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

No pharmacy provided this service in 2024/25. No pharmacy provided this service in the first ten months of 2025/26.

10.3.2.5 Medicines administration record service

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

Five pharmacies provided the service in 2024/25, providing charts to 238 patients (range at pharmacy level 12 to 89). Six pharmacies provided the service in the first ten months of 2025/26, providing charts to 730 patients (range at pharmacy level eight to 227).

10.3.2.6 Needle and syringe programmes

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

No pharmacy provided the service in 2024/25. One pharmacy in the first ten months of 2025/26 provided a total of five provisions.

10.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

All the pharmacies have signed up to this service.

All pharmacies provided the service in 2024/25, supporting 336 people (range at pharmacy level one to 77). Six pharmacies provided this service in the first ten months of 2025/26, supporting 220 people (range at pharmacy level eight to 120).

10.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

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

Five pharmacies provided the service in 2024/25, supporting 369 people (range at pharmacy level 19 to 154). Seven pharmacies provided this service in the first ten months of 2025/26, supporting 419 people (range at pharmacy level 13 to 131).

10.3.2.9 Supervised administration of medicine

All the pharmacies have signed up to provide this service.

In 2024/25, seven pharmacies provided this service to 526 clients (range at pharmacy level three to 171), supervising a total of 5,349 doses (range at pharmacy level 34 to 2,046). In the first ten months of 2025/26, eight pharmacies provided this service to 317 clients (range at pharmacy level ten to 68), supervising a total of 3,368 doses (range at pharmacy level 144 to 775).

10.3.2.10 Urgent medicines service

None of the pharmacies provide this service.

10.4 Current provision of pharmaceutical services outside the County's area

Some residents may choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (89.6%), around 8.9% were dispensed outside the locality.

- 3.8% by pharmacies in City Health locality
- 3.5% by pharmacies in Penderi locality
- 0.5% by pharmacies in Llwchwr locality

- 0.4% by pharmacies in Upper Valleys locality
- 0.4% by contractors in England
- 0.1% by pharmacies in Bay Health locality
- 0.1% by pharmacies in Neath locality
- 0.1% by pharmacies in Hywel Dda University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (89.2%), with 10.1% dispensed outside the locality.

- 4.0% by pharmacies in City Health locality
- 3.9% by pharmacies in Penderi locality
- 0.6% by pharmacies in Llwchwr locality
- 0.6% by pharmacies in Upper Valleys locality
- 0.4% by contractors in England
- 0.2% by pharmacies in Hywel Dda University Health Board
- 0.1% by pharmacies in Afan locality
- 0.1% by pharmacies in Bay Health locality
- 0.1% by pharmacies in Neath locality

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.

10.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

10.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.3 and 10.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 241 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the locality, of which 150 were outside of the health board's area. 4,766 prescription items were dispensed in England.

A total of 216 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the locality, of which 126 were outside of the health board's area. 3,835 prescription items were dispensed in England.

10.7 Housing developments

Work is underway in preparing a new local development plan for Swansea which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out below although this is subject to further detailed assessment so may change as the plan is finalised.

- Felindre – 800 dwellings. Assuming an average occupancy rate of 2.5 this equates to 2,000 people.
- Morriston – 600 dwellings. Assuming an average occupancy rate of 2.5 this equates to 1,500 people.
- Penllergaer – 850 dwellings. Assuming an average occupancy rate of 2.5 this equates to 2,125 people. It is to be noted that this site also falls within Llwchwr and Penderi localities.
- Llangyfelach/Penderry – 1,950 dwellings. Assuming an average occupancy rate of 2.5 this equates to 4,875 people. It is to be noted that this site also falls within the Penderi and Cwmtawe localities.

10.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that of the pharmacies in the locality:

- Eight of the pharmacies have sufficient capacity within their premises to manage an increase in demand, and one doesn’t and would have difficulty in managing an increase in demand.
- All the pharmacies have sufficient capacity within their staffing levels to manage an increase in demand.

10.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact all residents are able to access one of the pharmacies within 20 minutes by car and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The scale of the known housing developments.
- The opening hours of the pharmacies.

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need

for essential services by those moving into the new housing will be met by the existing pharmacies.

10.8.2 National community pharmacy and appliance contractor services

10.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide this service. However, of the items dispensed in England in 2024/25, 78.5% were dispensed by dispensing appliance contractors and 67.4% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

10.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up and provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

10.8.2.3 Discharge medicines review service

The health board has noted all the pharmacies have signed up to provide this service, and eight pharmacies provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

10.8.2.4 Influenza vaccination service

The health board has noted eight of the pharmacies have signed up to provide this service, and eight pharmacies provide it. In addition, the service is provided by the GP practices. As a result, the health board has not identified any current or future needs for this service within the locality.

10.8.2.5 Lateral flow test supply service

The health board has noted seven of the pharmacies have signed up to provide this service, and four pharmacies provide it. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn’t provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

10.8.2.6 Pharmacist independent prescribing service

The health board has noted six of the pharmacies have signed up to provide this

service, and six pharmacies provide it. In addition, two more pharmacies anticipate starting to provide it.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

10.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the four dispensing appliance contractors Cardiff and Vale University Health Board's area.

However, of the items dispensed in England in 2024/25, 78.5% were dispensed by dispensing appliance contractors and 67.4% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients. Based on this, the health board has not identified any current or future needs for this service within the locality.

10.8.3 Additional clinical services

10.8.3.1 Blood borne virus screening service

The health board has noted one of the pharmacies has signed up to provide this service and provides it.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across Swansea Bay. Several pharmacies across Swansea Bay hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

10.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted three of the pharmacies have signed up to provide this service, and one pharmacy provides it. If approached by a pharmacy wishing to

provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

10.8.3.3 Inhaler review service

The health board has noted seven of the pharmacies have signed up to provide this service, and four pharmacies provide it. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

10.8.3.4 Just in case service (palliative care packs)

The health board has noted seven of the pharmacies have signed up to provide this service. No service was provided.

Services are available within the locality through several other providers in the health board's area, such as through the health board's palliative care team.

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

10.8.3.5 Medicines administration record service

The health board has noted eight of the pharmacies have signed up to provide this service, and seven pharmacies provide it. The health board has therefore not identified any current or future needs for this service within the locality.

10.8.3.6 Needle and syringe programmes

The health board has noted three of the pharmacies have signed up to provide this service and provide it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

10.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted all the pharmacies have signed up to provide this service, and nine pharmacies provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

10.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted eight of the pharmacies have signed up to provide this service, and seven pharmacies provide it.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

10.8.3.9 Supervised administration of medicines service

The health board has noted all the pharmacies have signed up to provide this service, and eight pharmacies provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

10.8.3.10 Urgent medicines service

The health board has noted none of the pharmacies have signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography. The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

11 Llwchwr locality

11.1 Key facts

- The locality geographically covers the wards: Cockett (part), Gorseinon, Gowerton, Kingsbridge, Llangyfelach (part), Lower Loughor, Mawr, Penclawdd, Penllergaer, Penyrheol, Pontardulais, Upper Loughor.
- The Llwchwr locality serves a registered population of 49,920[273] (January 2026) and is the fourth largest locality by registered population in the health board and the third largest of the five localities in Swansea.
- The locality has a registered population of 11,091 that are 65 years and over (22.2%), slightly above the Welsh average of 21.9%.
- The number of Welsh speakers in Swansea remained at 11.2% in 2021 with approximately 350 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 1,100[274].
- Swansea local authority population is projected to increase by 6.1% by the year 2032[275].
- There are 240 lower layer super output areas in the health board's area, 150 lower layer super output areas fall within Swansea local authority, and 20 (around 13%) are in the 10% most deprived in Wales[276].
- Of the 20% most deprived lower layer super output areas in Wales, 34 are within Swansea, with four found within the locality[277].
- This area comprises mostly the district centres to the north-west and around the Loughor estuary/river, and the rural north ofthe county. It consists of 28 lower layer super output areas.
- The locality is served by:
    - nine pharmacies operated by six contractors
    - six dental practices that offer NHS treatment
    - four optical practices
    - four GP practices (one of which operates two branch surgery sites)
- There is one hospital within the locality, Gorseinon Community Hospital, Brynawel Road, Gorseinon, Swansea SA4 4UU
- There are ten care home services within the locality of which four provide services to adults with nursing, and six to adults without nursing.

11.2 Key population features

11.2.1 Population projections 2022 to 2032

The population of Swansea is projected to increase by up to 6.1% between 2022 and

[273] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[274] Office of National Statistics - How life has changed in Swansea: Census 2021
[275] Welsh Government November 2025 - Local authority population projections: 2022-based
[276] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles
[277] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles

2032, an increase of 14,894 people. It is projected that by 2032[278] Swansea local authority will see:

- a decrease in the number of people aged 0 to 15 years
- an increase in the working age population 16 to 64 years (one of eight local authorities that will see the largest increases)
- an increase in the population aged 65 years
- an increase in the population aged 75 years and over

The population is projected to continue to age in the local authority over this period.

11.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Swansea local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 11.1).
- Healthy life expectancy[279], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Swansea, healthy life expectancy stands at 59.9 years for males and 59.6 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Swansea enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Swansea is 10.9 years for males and 7.9 years for females[280].

Table 11.1: Total life expectancy at birth for females and males, 2020 to 2022[281]

Area	Female at birth (years)	Male at birth (years)
Swansea	81.5	76.9
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

11.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the five localities in Swansea, Llwchwr has a low proportion of people living in the most deprived areas in Wales (8.4%), compared with Bay Health (8.3%), Cwmtawe (22.0%), City Health (47.1%) and Penderi (49.7%), and the health board as a whole

[278] Welsh Government - Local authority population projections: 2022-based
[279] Office of National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[280] Public Health Wales - Public Health Outcomes Framework 2025
[281] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

(27.9%). There are, however, small areas of “deep-rooted” deprivation[282] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications of the Welsh Index of Multiple deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows, the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

Table 11.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[283]

Area	Percentage
Llwchwr	8.4%
Swansea Bay University Health Board	27.9%

11.2.4 Health profile

The table below shows that the locality has lower estimated prevalence of chronic conditions than both the health board and Wales averages in chronic obstructive pulmonary disease (0.4% lower), coronary heart disease is lower than the health board average (0.1% lower) and aligns with the Wales average, diabetes aligns with the health board average but lower than the Wales average (0.3% lower). Compared with higher rates than both the health board and Wales averages in asthma (0.6% and 0.5% higher respectively), heart failure (0.2% and 0.4% higher respectively) and stroke and transient ischaemic attack (0.1% higher)

Table 11.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[284]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Llwchwr locality	7.6%	3.4%	1.9%	8.1%	1.8%	2.3%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It

[282] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index
[283] Public Health Wales - Primary care localities dashboard
[284] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

shows the rates in mental health are lower than both the health board and Wales averages (0.3% and 0.1% lower), and for dementia aligns with both the health board and Wales average.

Table 11.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[285]

Area	Mental health	Dementia
Llwchwr locality	1.0%	0.8%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

The table below shows that the locality is higher in atrial fibrillation than the health board and Wales averages (2.6% and 2.7% lower respectively). Hypertension is higher than the health board average (1.0% higher), but lower than the Wales average (0.4% lower).

Table 11.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[286]

Area	Atrial fibrillation	Hypertension
Llwchwr locality	3.0%	15.9%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Swansea who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[287] between 2021 and 2023. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

[285] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[286] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[287] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)

Table 11.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Swansea local authority	209,302[288]	20%	16%	61%	24%	59%	34%
Wales	2,641,000[289]	20%	16%	62%	25%	56%	29%

Overall, the adult lifestyle behaviours in Swansea are broadly in line with the Wales average for smoking, drinking above recommended limits, and maintaining a healthy weight. However, Swansea performs better than the Wales average for physical activity and in eating five portions of fruit and vegetables a day.

11.3 Current provision of pharmaceutical services within the locality

There are nine pharmacies in the locality operated by six different contractors.

The availability of pharmaceutical services within the locality per 10,000 registered population is 1.8, which is lower than the health board average of 2.3.

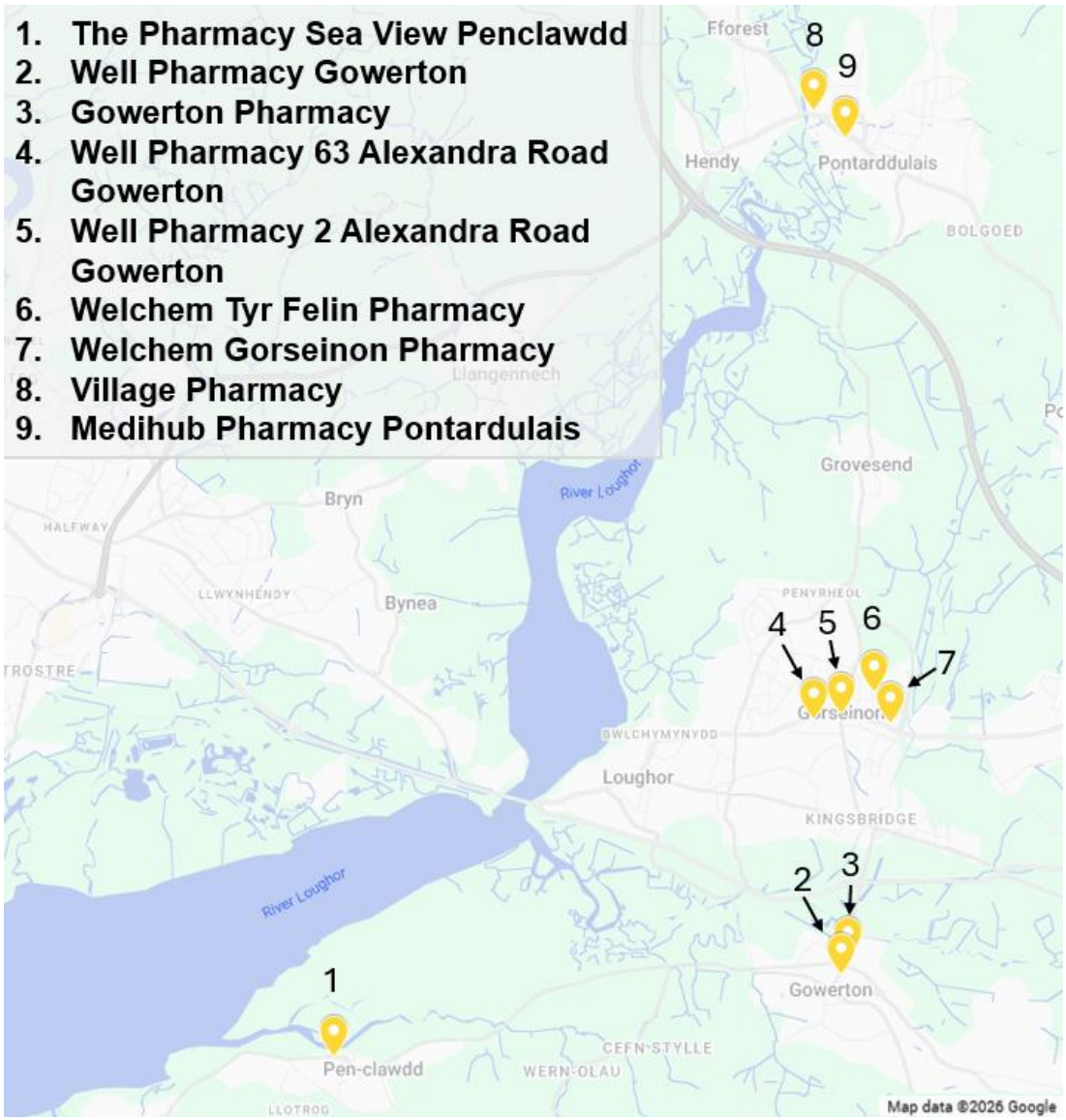
In 2024/25, 95.1% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

In 2025/26, 95.4% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

The map below shows the pharmaceutical provision within the area. It should be noted that where premises are close to each other the symbols will overlap.

[288] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[289] Welsh Government July 2025 - Mid-year estimates of the population: 2024

Map 11.1: Locations of the pharmacy premises within the locality



The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this locality were located in areas of greater population density. In addition, all residents were able to access a pharmacy within 20 minutes by car. The one area that was not within a 20-minute drive of a pharmacy did not have a resident population. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- One pharmacy is open from Monday to Saturday,
- Four pharmacies are open Monday to Friday and Saturday morning, and one is commissioned to open on Sundays, and
- Four pharmacies are open Monday to Friday only.

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below. For the purposes of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 11.7: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 6.00pm
Saturday	9.00am	12.00pm to 4.00pm
Sunday	11.00am	1.00pm

- Two pharmacies open at 8.30am Monday to Friday
- Two pharmacies close at 5.30pm Monday to Friday
- Seven pharmacies close at 6.00pm Monday to Friday
- Five pharmacies open on a Saturday:
    - Two pharmacies close at 12.00pm
    - Two pharmacies close at 1.00pm
    - One pharmacy closes at 4.00pm

Some pharmacies across the health board's area are commissioned to open at certain times of the day, on top of their usual core and supplementary opening hours. For this locality one pharmacy (location: Swansea) is commissioned to be open on a Sunday from 11.00am to 1.00pm.

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the contractor questionnaire to which all nine responded.

All the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Six pharmacies confirmed they have Welsh speakers in their staff. Two pharmacies confirmed that other languages are spoken by staff. One pharmacy has staff that speak Gujarati and Filipino, and the other has staff that speak French and German.

All the pharmacies dispense prescriptions for all types of appliances, although one noted that it uses an agency scheme for some appliances.

Although non-commissioned services:

- all the pharmacies collect prescriptions from GP practices,

- six provide a free of charge delivery service on request although one only provides it two days a week to housebound patients, and
- one pharmacy also provides a delivery service for a fee, and
- three pharmacies have an automated collection point at their premises.

One pharmacy stated that the medicines use review service should not have been decommissioned due to the level of medicines wastage.

One pharmacy stated that the inhaler review service needs to be reviewed.
Eight of the pharmacies have sufficient capacity within their premises and staffing levels to manage an increase in demand, and one doesn't but could make adjustments.

Six pharmacies have plans to develop or expand their premises or service provision.

- One is currently training its technicians to aid the pharmacist to provide services and has a trainee technician.
- One pharmacy is hoping to increase provision of the pharmacist independent prescribing service. A pharmacy technician NVQ level 4 started in April 2026 and will support service provision. There is space to add at least one more consultation room in the premises.
- Two more pharmacies have trainee technicians to aid with service provision.
- One contractor is trialling a bar code checking system in one of its pharmacies to free up pharmacist time for services. It is training a member of staff to become a NVQ level 4 technician and anticipates that they will help with service provision. It is planning to introduce an additional consultation room for the pharmacist who has completed training as an independent prescriber.
- One pharmacy plans to provide more private services.

One pharmacy has considered closing on Saturdays, but due to an increase in demand no longer plans to.

11.3.1 National community pharmacy and appliance contractor services

11.3.1.1 Appliance use review service

None of the pharmacies provide this service.

11.3.1.2 Clinical community pharmacy service

All nine pharmacies have signed up and provide this service:

In 2024/25 the pharmacies provided:

- 8,700 consultations for common ailment consultations (range at pharmacy level 151 to 1,860)
- 1,365 consultations for sore throat test and treat consultations (range at pharmacy level two to 384)

- 360 consultations for emergency contraception consultations (range at pharmacy level 16 to 94)
- 1,718 emergency medicines supplies (range at pharmacy level 14 to 545)

In the first six months of 2025/26 the pharmacies provided:

- 5,217 consultations for common ailment consultations (range at pharmacy level 44 to 1,434)
- 606 consultations for sore throat test and treat consultations (range at pharmacy level one to 162)
- 161 consultations for emergency contraception consultations (range at pharmacy level five to 62)
- 840 emergency medicines supplies (range at pharmacy level nine to 270)

11.3.1.3 Discharge medicines review service

All nine pharmacies have signed up to provide this service.

Nine pharmacies provided this service in 2024/25, providing a total of 265 reviews (range at pharmacy level one to 63). Eight pharmacies provided this service in the first ten months of 2025/26, providing a total of 177 reviews (range at pharmacy level two to 123).

11.3.1.4 Influenza vaccination service

All nine pharmacies have signed up to provide this service.

All pharmacies provided this service in 2024/25, providing a total of 2,338 vaccinations (range at pharmacy level 25 to 922). All pharmacies provided this service in 2025/26, providing a total of 1,054 vaccinations (range at pharmacy level 13 to 301).

11.3.1.5 Lateral flow test supply service

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

Eight pharmacies provided this service in 2024/25, supplying 55 kits (range at pharmacy level one to 17). Four pharmacies provided this service in the first seven months of 2025/26, providing 13 kits (range at pharmacy level one to nine).

11.3.1.6 Pharmacist independent prescribing service

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

Four pharmacies provided this service in 2024/25, providing a total of 5,376 consultations (pharmacy range 113 to 2,622). Five pharmacies provided this service in the first six months of 2025/26, providing a total of 1,896 consultations, (range at pharmacy level four to 607).

11.3.1.7 Stoma customisation service

None of the pharmacies provide this service.

11.3.2 Additional clinical services

11.3.2.1 Blood borne virus screening service

One of the pharmacies has signed up to provide this service.

11.3.2.2 Care home support service - Level 1 medicines management support visits

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

Two pharmacies provided the service in 2024/25, providing a total of 11 visits (range at pharmacy level one to ten). Two pharmacies provided this service in the first ten months of 2025/26, providing a total of eight visits (range at pharmacy level two to six).

11.3.2.3 Access to inhaler review service

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

Six pharmacies provided this service in 2024/25, providing a total of 151 reviews (range at pharmacy level one to 98). Four pharmacies provided this service between April 2025 and February 2026, providing a total of 73 reviews (range at pharmacy level three to 53).

11.3.2.4 Just in case service (palliative care packs)

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

One pharmacy provided this service in 2024/25, supplying a total of two packs. One pharmacy provided this service in the first ten months of 2025/26, supplying a total of four packs.

11.3.2.5 Medicines administration record service

All nine pharmacies have signed up to provide this service.

Eight pharmacies provided the service in 2024/25, providing charts to 210 patients (range at pharmacy level three to 69). All pharmacies provided the service in the first ten months of 2025/26, providing charts to 917 patients (range at pharmacy level eight to 392).

11.3.2.6 Needle and syringe programmes

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

Three pharmacies provided the service in 2024/25, providing a total of 195 provisions (range at pharmacy level 33 to 89) and in the first ten months of 2025/26 providing a total of 216 provisions (range at pharmacy level 14 to 116).

11.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

All nine pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, supporting 241 people (range at pharmacy level five to 65). Eight pharmacies provided this service in the first ten months of 2025/26, supporting 169 people (range at pharmacy level nine to 40).

11.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

All nine pharmacies have signed up to provide this service.

Seven pharmacies provided the service in 2024/25, supporting 431 people (range at pharmacy level 37 to 125). Eight pharmacies provided this service in the first ten months of 2025/26, supporting 350 people (range at pharmacy level 23 to 67).

11.3.2.9 Supervised administration of medicine

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

In 2024/25, six pharmacies provided this service to 221 clients (range at pharmacy level ten to 61), supervising a total of 1,767 doses (range at pharmacy level 203 to 527). In the first ten months of 2025/26, six pharmacies provided this service to 120 clients (range at pharmacy level two to 35), supervising a total of 820 doses (range at pharmacy level eight to 412).

11.3.2.10 Urgent medicines service

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

11.4 Current provision of pharmaceutical services outside the locality

Some residents may choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (95.1%), 3.4% were dispensed outside the locality.

- 1.2% by pharmacies in Hywel Dda University Health Board
- 0.8% by pharmacies in Bay Health locality
- 0.7% by pharmacies in Penderi locality

- 0.4% by pharmacies in England
- 0.3% by pharmacies in City Health locality

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (95.4%), with 3.9% dispensed outside the locality.

- 1.4% by pharmacies in Hywel Dda University Health Board
- 0.9% by pharmacies in Bay Health locality
- 0.7% by pharmacies in Penderi locality
- 0.5% by contractors in England
- 0.3% by pharmacies in City Health locality

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.

11.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

11.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.3 and 11.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 208 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the locality, of which 122 were outside of the health board's area. 5,996 prescription items were dispensed in England.

A total of 188 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the locality, of which 110 were outside of the health board's area. 4,836 prescription items were dispensed in England.

11.7 Housing developments

Work is underway in preparing a new local development plan for Swansea which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out below although this is subject to further detailed assessment so may change as the plan is finalised.

- Pontarddulais – 654 dwellings. Assuming an average occupancy rate of 2.5 this equates to 1,635 people.
- Garden Village/Gorseinon – 705 dwellings. Assuming an average occupancy rate of 2.5 this equates to 1,763 people.
- Penllergaer - 850 dwellings. Assuming an average occupancy rate of 2.5 this equates to 2,125 people. It is to be noted that this site also falls within Penderi and Cwmtawe localities.

11.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that eight of the pharmacies have sufficient capacity within their premises and staffing levels to manage an increase in demand, and one doesn't but could make adjustments.

11.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact residents are able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The scale of the known housing developments.
- The opening hours of the pharmacies.

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

11.8.2 National community pharmacy and appliance contractor services

11.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide this service. However, there are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GPs in the locality in 2024/25 and 2025/26. One of these contractors provides this service. In addition, of the items dispensed in England in 2024/25, 92.5% were dispensed by dispensing appliance contractors, and 90.9% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

11.8.2.2 Clinical community pharmacy service

The health board has noted that all the pharmacies have signed up and provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

11.8.2.3 Discharge medicines review service

The health board has noted that all the pharmacies have signed up to provide this service, and all provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

11.8.2.4 Influenza vaccination service

The health board has noted that all the pharmacies have signed up to provide this service, and all provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

11.8.2.5 Lateral flow test supply service

The health board has noted eight of the pharmacies have signed up to this service and provide it. It has also noted that this service is only available to specified patient groups. If the pharmacy that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

11.8.2.6 Pharmacist independent prescribing service

The health board has noted five of the pharmacies have signed up to this service and provide it. In addition, another is due to start providing it.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

11.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the four dispensing appliance contractors Cardiff and Vale University Health Board's area.

However, of the items dispensed in England in 2024/25, 92.5% were dispensed by dispensing appliance contractors, and 90.9% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients. Based on this, the health board has not identified any current or future needs for this service within the locality.

11.8.3 Additional clinical services

11.8.3.1 Blood borne virus screening service

The health board has noted one of the pharmacies has signed up to provide this service.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across Swansea Bay. Several pharmacies across Swansea Bay hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

11.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted three of the pharmacies have signed up to provide this service and provide it. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

11.8.3.3 Inhaler review service

The health board has noted six of the pharmacies have signed up to provide this service and pharmacies provide it. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

11.8.3.4 Just in case service (palliative care packs)

The health board has noted eight of the pharmacies have signed up to provide this service, and one pharmacy provides it.

Services are available within the locality through several other providers in the wider health board area, such as through the health board's palliative care team.

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

11.8.3.5 Medicines administration record service

The health board has noted that all the pharmacies have signed up to provide this service, and nine pharmacies provide it. The health board has therefore not identified any current or future needs for this service within the locality.

11.8.3.6 Needle and syringe programmes

The health board has noted four of the pharmacies have signed up to provide this service, and three pharmacies provide it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

11.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted that all the pharmacies have signed up to provide this service and provide it. The health board has therefore not identified any current or future needs for this service within the locality.

11.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted that all the pharmacies have signed up to provide this service, and eight provide it.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for

those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

11.8.3.9 Supervised administration of medicines service

The health board has noted seven of the pharmacies have signed up to provide this service and provide it. The health board is satisfied that there is a good spread of pharmacies across the locality who do, or could, provide the service if required.

The health board has therefore not identified any current or future needs for this service within the locality.

11.8.3.10 Urgent medicines service

The health board has noted three of the pharmacies have signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography. The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

12 Penderi locality

12.1 Key facts

- The locality geographically covers the wards: Castle (part), Cockett (part), Cwmbwrla, Mynyddbach (part), and Penderry.
- The Penderi locality serves a registered population of 37,719[290] (January 2026) and is the second smallest locality by registered population in Swansea Bay University Health Board and is the smallest of the five localities in Swansea.
- The locality has a registered population of 6,911 aged 65 years and over (18.3%) which is lower than the Welsh average of 21.9%.
- The number of Welsh speakers in Swansea remained at 11.2% in 2021. Approximately 350 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 1,100[291].
- Swansea local authority population is projected to increase by 6.1% by the year 2032.[292]
- There are 240 lower layer super output areas in the health board, 150 lower layer super output areas fall within Swansea local authority, and 20 (around 13%) are in the 10% most deprived in Wales[293].
- Of the 20% most deprived lower layer super output areas in Wales, 34 are within Swansea, with ten found within the locality.
- Consisting of 23 lower layer super output areas, this area includes the urban areas to the north-west of the city and is adjacent to four of the other five areas. It has the smallest land area of the Swansea localities. Penderi is the most deprived locality in Swansea.
- The locality is served by:
    - nine community pharmacies operated by seven contractors
    - four dental practices that offer NHS treatment
    - three optical practices
    - five GP practices
- There are 15 care home services within the locality of which three provide services to adults with nursing, and 12 to adults without nursing.

12.2 Key population features

12.2.1 Population projections 2022 to 2032

The population of Swansea is projected to increase by up to 6.1% between 2022 and 2032, an increase of 14,894 people.

[290] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[291] Office of National Statistics - How life has changed in Swansea: Census 2021
[292] Welsh Government November 2025 - Local authority population projections: 2022-based
[293] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles

It is projected by 2032[294] that Swansea local authority will see:

- a decrease in the number of people aged 0 to 15 years,
- an increase in the working age population 16 to 64 years (one of eight local authorities that will see the largest increases),
- an increase in the population aged 65 years, and
- an increase in the population aged 75 years and over.

The population is projected to continue to age in the local authority, over this period.

12.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Swansea local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 12.1).
- Healthy life expectancy[295], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Swansea, healthy life expectancy stands at 59.9 years for males and 59.6 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Swansea enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Swansea is 10.9 years for males and 7.9 years for females[296].

Table 12.1: Total life expectancy at birth for females and males, 2020 to 2022[297]

Area	Female at birth (years)	Male at birth (years)
Swansea	81.5	76.9
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

12.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the five localities in Swansea, Penderi has the highest proportion of people living in the most deprived areas in Wales (49.7%), compared with Bay (8.3%), Llwchwr (8.4%), Cwmtawe (22.0%) and City (47.1%), and the health board as a whole (27.9%).

[294] Welsh Government - Local authority population projections: 2022-based
[295] Office of National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[296] Public Health Wales - Public Health Outcomes Framework 2025
[297] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)

There are, however, also small areas of “deep-rooted” deprivation[298] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications (2005, 2008, 2011, 2014, 2019 and 2025) of Welsh Index of Multiple deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

Table 12.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[299]

Area	Percentage
Penderi locality	49.7%
Swansea Bay University Health Board	27.9%

12.2.4 Health profile

The table below shows that the locality has lower estimated prevalence of chronic conditions than both the health board and Wales averages in asthma (0.2% and to 0.3% lower respectively). However, it has higher rates than both the health board and Wales in coronary heart disease (0.2% and 0.1% higher respectively), chronic obstructive pulmonary disease (0.7% higher), diabetes (0.9% and 0.6% higher respectively), heart failure (0.3% and 0.5% higher respectively) and stroke and transient ischaemic attack (0.2% higher).

Table 12.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[300]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Penderi locality	6.8%	3.5%	3.0%	9.0%	1.9%	2.4%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It shows the rates in mental health align with the health board but is higher than the

[298] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index
[299] Public Health Wales - Primary care localities dashboard
[300] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

Wales average (0.2% higher). Dementia is lower than both the health board and Wales average (0.1% lower).

Table 12.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[301]

Area	Mental health	Dementia
Penderi locality	1.3%	0.7%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

The table below shows that the locality is lower in atrial fibrillation than the health board and Wales average (0.2% and 0.3% lower respectively). Hypertension is higher than the health board average (1.1% higher), but lower than the Wales average (0.3% lower).

Table 12.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[302]

Area	Atrial fibrillation	Hypertension
Penderi locality	2.4%	16%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Swansea who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[303] between 2021 and 2023. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

[301] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[302] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[303] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)

Table 12.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Swansea local authority	209,302[304]	20%	16%	61%	24%	59%	34%
Wales	2,641,000[305]	20%	16%	62%	25%	56%	29%

Overall, the adult lifestyle behaviours in Swansea are broadly in line with the Wales average for smoking, drinking above recommended limits, and maintaining a healthy weight. However, Swansea performs better than the Wales average for physical activity and in eating five portions of fruit and vegetables a day.

12.3 Current provision of pharmaceutical services within the locality

There are nine pharmacies in the locality operated by seven different contractors.

The availability of pharmacy services within the locality per 10,000 registered population is 2.4, which is higher than the health board average of 2.3.

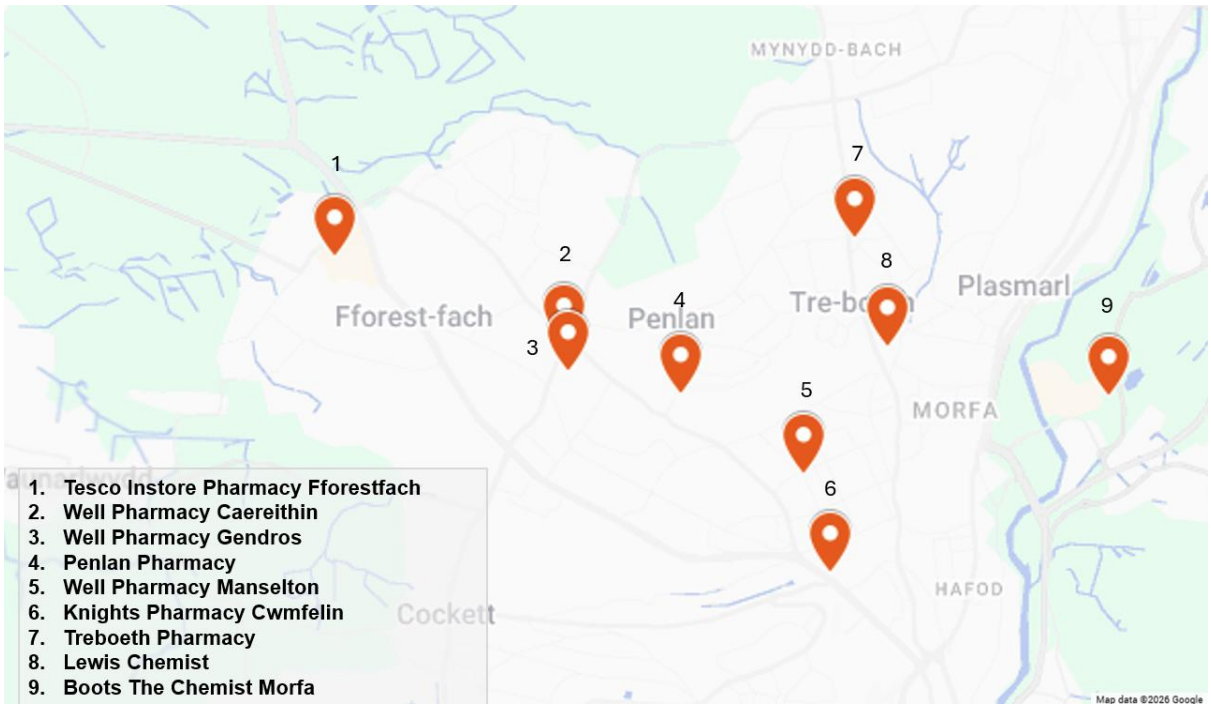
In 2024/25, 85.6% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

In 2025/26, 86.6% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

The map below shows the pharmaceutical provision in the area. It should be noted that where premises are close to each other the symbols will overlap.

[304] Office of National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[305] Welsh Government July 2025 - Mid-year estimates of the population: 2024

Map 12.1: Locations of the pharmacy premises within the locality



The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this locality were located in areas of greater population density. In addition, all residents were able to access a pharmacy within 20 minutes by car. Those areas that were not within a 20-minute drive of a pharmacy did not have a resident population. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours of the pharmacies:

- Two pharmacies are open seven days a week
- Seven pharmacies are open Monday to Friday only

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below. For the purposes of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 12.7: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.30am	5.30pm to 9.00pm
Saturday	9.00am to 9.30am	8.00pm to 9.00pm
Sunday	10.00am to 11.00am	4.00pm to 5.00pm

- One pharmacy opens at 8.00am Monday to Friday
- Two pharmacies open at 8.30am Monday to Friday

- Between six and seven pharmacies close at 5.30pm Monday to Friday – some pharmacies may close earlier on certain days
- One pharmacy closes at 5.30pm on a Thursday
- One pharmacy closes at 8.00pm Monday to Saturday
- One pharmacy closes at 10.30pm Monday to Saturday
- Two pharmacies are open on a Sunday

Some pharmacies across the health board's area are commissioned to open at certain times of the day, on top of their usual core and supplementary opening hours. For this locality one pharmacy (location: Swansea) is commissioned to be open Monday to Saturday evenings between 9.00pm and 10.30pm.

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the contractor questionnaire to which eight of the pharmacies responded.

The eight pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Four pharmacies confirmed they have Welsh speakers in their staff. Five pharmacies confirmed other languages are spoken.

- Portuguese – two pharmacies
- Arabic
- Czech
- Hindi
- Punjabi
- Urdu

The eight pharmacies dispense prescriptions for all types of appliances.

Although non-commissioned services:

- all eight pharmacies collect prescriptions from GP practices, and
- seven provide a free of charge delivery service on request and one provides it for a fee. Two pharmacies stated that they are reviewing whether they will continue to provide this service for free.

Seven of the pharmacies have sufficient capacity within their premises to manage an increase in demand, and one doesn't but could make adjustments.

Five pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and two don't but could make adjustments. One pharmacy didn't answer this question.

Four pharmacies have plans to develop or expand their premises or service provision.

- One pharmacy would like to develop the back room with the use of technology and more staff to be able to dispense more items. Also, freeing up the current dispensing area for more consultation rooms.
- One pharmacy plans to relaunch the pharmacist independent prescribing service following the appointment of a new pharmacy. To support this, it will be raising customer awareness of the service.
- Another pharmacy has a pharmacist completing the independent prescribing training.
- One plans to offer a private travel service.

One pharmacy would like to offer an out of hours satellite clinic as it is located in area of high out of hours service usage.

12.3.1 National community pharmacy and appliance contractor services

12.3.1.1 Appliance use review service

None of the pharmacies provide this service

12.3.1.2 Clinical community pharmacy service

All the pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 7,675 consultations for common ailment consultations (range at pharmacy level 365 to 1,544)
- 1,142 consultations for sore throat test and treat consultations (range at pharmacy level 49 to 471)
- 1,031 consultations for emergency contraception consultations (range at pharmacy level 24 to 529)
- 1,902 emergency medicines supplies (range at pharmacy level six to 549)

In the first six months of 2025/26 the pharmacies provided:

- 4,042 consultations for common ailment consultations (range at pharmacy level 180 to 675)
- 480 consultations for sore throat test and treat consultations (range at pharmacy level 18 to 116)
- 503 consultations for emergency contraception consultations (range at pharmacy level ten to 249)
- 710 emergency medicines supplies (range at pharmacy level five to 232)

12.3.1.3 Discharge medicines review service

All the pharmacies have signed up to provide this service.

Seven pharmacies provided this service in 2024/25, providing a total of 265 reviews (range at pharmacy level three to 142). Seven pharmacies provided this service in the first ten months of 2025/26, providing a total of 228 reviews (range at pharmacy level six to 129)

12.3.1.4 Influenza vaccination service

All the pharmacies have signed up to provide this service.

Eight pharmacies provided this service in 2024/25, providing a total of 1,659 vaccinations (range at pharmacy level 30 to 823). All pharmacies provided this service in 2025/26, providing a total of 519 vaccinations (range at pharmacy level eight to 229).

12.3.1.5 Lateral flow test supply service

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

Five pharmacies provided this service in 2024/25, supplying 47 kits (range at pharmacy level six to 19). Four pharmacies provided this service in the first seven months of 2025/26, providing six kits (range at pharmacy level one to three).

12.3.1.6 Pharmacist independent prescribing service

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

Four pharmacies provided this service in 2024/25, providing a total of 1,028 consultations (pharmacy range 165 to 386). Four pharmacies provided this service in the first six months of 2025/26, providing a total of 626 consultations, (range at pharmacy level 107 to 215).

12.3.1.7 Stoma customisation service

None of the pharmacies provide this service.

12.3.2 Additional clinical services

12.3.2.1 Blood borne virus screening service

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

12.3.2.2 Care home support service - Level 1 medicines management support visits

One of the pharmacies has signed up to provide this service.

One pharmacy provided the service in 2024/25, providing a total of one visit. No pharmacy provided this service in the first ten months of 2025/26.

12.3.2.3 Access to inhaler review service

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

Five pharmacies provided this service in 2024/25, providing a total of 150 reviews (range at pharmacy level two to 84). Five pharmacies provided this service between April 2025 and February 2026, providing a total of 103 reviews (range at pharmacy level one to 41).

12.3.2.4 Just in case service (palliative care packs)

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

One pharmacy provided this service in 2024/25, supplying a total of one pack. Two pharmacies provided this service in the first ten months of 2025/26, supplying a total of five packs (range at pharmacy level one to four).

12.3.2.5 Medicines administration record service

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

Five pharmacies provided the service in 2024/25, providing charts to 133 patients (range at pharmacy level four to 50). Seven pharmacies provided the service in the first ten months of 2025/26, providing charts to 679 patients (range at pharmacy level 24 to 186)

12.3.2.6 Needle and syringe programmes

One of the pharmacies has signed up to provide this service.

One pharmacy provided the service in 2024/25, providing a total of 905 provisions and in the first ten months of 2025/26 providing a total of 810 provisions.

12.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

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

Five pharmacies provided the service in 2024/25, supporting 255 people (range at pharmacy level 17 to 120). Five pharmacies provided this service in the first ten months of 2025/26, supporting 274 people (range at pharmacy level 12 to 131).

12.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

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

Two pharmacies provided the service in 2024/25, supporting 218 people (range at pharmacy level 16 to 49). Two pharmacies provided this service in the first ten months of 2025/26, supporting 296 people (range at pharmacy level of 88 to 208).

12.3.2.9 Supervised administration of medicine

All the pharmacies have signed up to provide this service.

All the pharmacies provided the service in 2024/25, supporting 667 people (range at pharmacy level two to 150). Eight pharmacies provided this service in the first ten months of 2025/26, supporting 473 people (range at pharmacy level 11 to 115).

12.3.2.10 Urgent medicines service

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

12.4 Current provision of pharmaceutical services outside the locality

Some residents may choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (85.6%), around 13.3% were dispensed outside the locality.

- 7.1% by pharmacies in City Health locality
- 3.2% by pharmacies in Cwmtawe locality
- 1.2% by pharmacies in Bay Health locality
- 1.0% by pharmacies in Llwchwr locality
- 0.7% by contractors in England
- 0.1% by pharmacies in Hywel Dda University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (86.6%), with 12.9% dispensed outside the locality.

- 7.1% by pharmacies in City Health locality
- 2.7% by pharmacies in Cwmtawe locality
- 1.1% by pharmacies in Bay Health locality
- 1.0% by pharmacies in Llwchwr locality
- 0.7% by contractors in England
- 0.1% by pharmacies in Hywel Dda University Health Board

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

12.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

12.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.3 and 12.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 201 contractors that were trading in Wales during 2024 to 2025, dispensed items written by one of the GP practices in the locality, of which 113 were outside of the health board's area. 6,872 prescription items were dispensed in England.

A total of 187 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the locality, of which 100 were outside of the health board's area. 5,553 prescription items were dispensed in England.

12.7 Housing developments

Work is underway in preparing a new local development plan for Swansea which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out below although this is subject to further detailed assessment so may change as the plan is finalised.

- Waunarlwydd/Fforestfach – 500 dwellings. Assuming an average occupancy rate of 2.5 this equates to 1,250 people. It is to be noted that this site also falls within Bay locality.
- Tawe riverside corridor and Hafod Morfa copper works - 200 dwellings. Assuming an average occupancy rate of 2.5 this equates to 500 people. It is to be noted that this site also falls within City locality.
- Penllergaer - 850 dwellings. Assuming an average occupancy rate of 2.5 this equates to 2,125 people. It is to be noted that this site also falls within Llwchwr and Cwmtawe localities.
- Llangyfelach/Penderry – 1,950 dwellings. Assuming an average occupancy rate of 2.5 this equates to 4,875 people. It is to be noted that this site also falls within Cwmtawe locality.

12.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that of the pharmacies in the locality:

- Seven of the pharmacies have sufficient capacity within their premises to manage an increase in demand, and one doesn't but could make adjustments.

- Five pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and two don't but could make adjustments. One pharmacy didn't answer this question.

12.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact residents are able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The scale of the known housing developments.
- The opening hours of the pharmacies.

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

12.8.2 National community pharmacy and appliance contractor services

12.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide this service. However, of the items dispensed in England in 2024/25, 53.9% were dispensed by dispensing appliance contractors and 52.7% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

12.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up and provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

12.8.2.3 Discharge medicines review service

The health board has noted all the pharmacies have signed up to provide this service, and seven pharmacies provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

12.8.2.4 Influenza vaccination service

The health board noted all the pharmacies have signed up to provide this service, and all pharmacies provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

12.8.2.5 Lateral flow test supply service

The health board has noted eight of the pharmacies have signed up to provide this service, and five pharmacies provide it. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

12.8.2.6 Pharmacist independent prescribing service

The health board has noted five of the pharmacies have signed up to provide the service, and four pharmacies provide it, and that two more pharmacies intend to start providing it.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

12.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the four dispensing appliance contractors Cardiff and Vale University Health Board's area. However, of the items dispensed in England in

2024/25, 53.9% were dispensed by dispensing appliance contractors and 52.7% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients. Based on this, the health board has not identified any current or future needs for this service within the locality.

12.8.3 Additional clinical services

12.8.3.1 Blood borne virus screening service

The health board has noted two of the pharmacies have signed up to provide this service.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across Swansea Bay. Several pharmacies across Swansea Bay hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

12.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted one of the pharmacies has signed up to provide this service and provides it. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

12.8.3.3 Inhaler review service

The health board has noted five of the pharmacies have signed up to provide this service and five provide it. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

12.8.3.4 Just in case service (palliative care packs)

The health board has noted seven of the pharmacies have signed up to provide this service, and three pharmacies provide it.

Services are available within the locality through several other providers in the health board's area, such as through the health board's palliative care team.

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

12.8.3.5 Medicines administration record service

The health board has noted seven of the pharmacies have signed up to provide this service and provide it. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

12.8.3.6 Needle and syringe programmes

The health board has noted one of the pharmacies has signed up to provide this service and provides it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

12.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted seven of the pharmacies have signed up to provide this service, and five pharmacies provide it.

The health board has noted that there are other providers of the service in the locality.

The health board has therefore not identified any current or future needs for this service within the locality.

12.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted three of the pharmacies have signed up to provide this

service, and two pharmacies provide it.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

12.8.3.9 Supervised administration of medicines service

The health board has noted all the pharmacies have signed up to provide this service and provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

12.8.3.10 Urgent medicines service

The health board has noted three of the pharmacies have signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography. The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

13 Afan locality

13.1 Key facts

- The Afan locality serves a registered population of 37,935[306] (January 2026) and is the third smallest locality by registered population in the health board and the second smallest of the three localities in Neath Port Talbot.
- Approximately 22.1% of the locality's registered population (8,397) are aged 65 years and over, above the Wales average of 21.9%.
- The number of Welsh speakers in Neath Port Talbot decreased from 15.3% in the 2011 to 13.5% in 2021, with approximately 2,000 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 5,100[307].
- Neath Port Talbot local authority population is projected to increase by 3.1% by the year 2032[308].
- There are 240 lower layer super output areas in the health board's area; 90 lower layer super output areas fall within Neath Port Talbot local authority, and 15 (17%) are in the 10% most deprived in Wales[309]. Of the 20% most deprived lower layer super output areas in Wales, 14 are within Neath Port Talbot, with 12 found within the locality.
- This area consists of 33 lower layer super output areas; 5.8% of the population live in a lower layer, super output area that is classified as rural
- The locality is served by:
    - 13 pharmacies operated by eight different contractors
    - six dental practices that offer NHS treatment
    - three optical practices
    - five GP practices, one of which dispenses from one of its premises. In addition, another practice whose main surgery is in another locality also provides services from premises in this locality.
- There are 14 care home services within the locality of which five provide services to adults with nursing, and nine to adults without nursing.
- There is one hospital within the locality - Neath Port Talbot Hospital, located at Baglan Way, Port Talbot SA12 7BX.

13.2 Key population features

13.2.1 Population projections 2022 to 2032

The population of Neath Port Talbot is projected to increase by up to 3.1% between 2022 and 2032, an increase of 4,344. It is projected by 2032[310], Neath Port Talbot local authority will see:

[306] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[307] Office for National Statistics - How life has changed in Neath Port Talbot: Census 2021
[308] Welsh Government November 2025 - Local authority population projections: 2022-based
[309] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles
[310] Welsh Government - Local authority population projections: 2022-based

- a decrease in the number of people aged 0 to 15 years,
- an increase in the population aged 65 years, and
- an increase in the population aged 75 years and over.

The population is projected to continue to age in the local authority, over this period.

13.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Neath Port Talbot local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 13.1).
- Healthy life expectancy[311], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Neath Port Talbot, healthy life expectancy stands at 59.1 years for males and 58.5 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Neath Port Talbot enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Neath Port Talbot is 9.1 years for males and 6.3 years for females[312].

Table 13.1: Total life expectancy at birth for females and males, 2020 to 2022[313]

Area	Female at birth (years)	Male at birth (years)
Neath Port Talbot	80.5	76.7
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

13.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the three localities in Neath Port Talbot, Afan has the highest proportion of people living in the most deprived areas in Wales (52.4%), compared with Neath (36.4%), Upper Valleys (5.6%), and Swansea Bay as a whole (27.9%). There are, however, small areas of "deep-rooted" deprivation[314] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications of the Welsh Index of Multiple Deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

[311] Office for National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[312] Public Health Wales - Public Health Outcomes Framework 2025
[313] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)
[314] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index

The table below shows the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

Table 13.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[315]

Area	Percentage
Afan locality	52.4%
Swansea Bay University Health Board	27.9%

13.2.4 Health profile

The table below shows the locality has a higher estimated prevalence of chronic conditions than the health board and Wales averages in asthma (0.4% and 0.3% higher respectively), coronary heart disease (0.4% and 0.3% higher respectively), chronic obstructive pulmonary disease (0.4% higher), diabetes (1.3% and 1.0% higher respectively) and heart failure (0.3% and 0.5% higher respectively). Stroke and transient ischaemic attack align to both the health board and Wales average.

Table 13.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[316]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Afan locality	7.4%	3.7%	2.7%	9.4%	1.9%	2.2%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It shows the rates in Afan are higher than the health board and Wales average in mental health (0.3% and 0.5% higher respectively) and dementia (0.2% higher).

[315] Public Health Wales - Primary care localities dashboard
[316] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

Table 13.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[317]

Area	Mental health	Dementia
Afan locality	1.6%	1.0%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

The table below shows that the locality is above the health board and Wales averages in atrial fibrillation (0.3% and 0.2% higher respectively) and hypertension (2.3% and 0.9% higher respectively).

Table 13.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[318]

Area	Atrial fibrillation	Hypertension
Afan locality	2.9%	17.2%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Neath Port Talbot who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[319] between 2021 and 2023. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

[317] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[318] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[319] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)

Table 13.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Neath Port Talbot local authority	118,891[320]	27%	12%	66%	29%	53%	22%
Wales	2,641,000[321]	20%	16%	62%	25%	56%	29%

Overall, Neath Port Talbot shows lower levels of excessive drinking than the Wales average (0.4% lower), but continues to face challenges with smoking, weight management, physical activity and consuming fruit and vegetable (eating five fruit and vegetables) daily compared with the Wales averages.

13.3 Current provision of pharmaceutical services within the locality

There are 13 pharmacies in the locality operated by eight different contractors. Of the five GP practices, one dispenses from a single premises site. The level of dispensing is 29.0% of the practice's registered population.

There is also a GP dispensing practice that operates a branch surgery located within the boundaries of the health board; the GP practice itself belongs to Cwm Taf Morgannwg University Health Board. This arrangement means that patients attending the branch surgery are within the health board's area, while the practice remains under the governance of Cwm Taf Morgannwg University Health Board.

The availability of pharmaceutical services within the locality per 10,000 registered population is 3.4, higher than the health board average of 2.3.

In 2024/25, 91.5% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality, and 2.3% were dispensed by the dispensing practice. It is not possible to identify the level of dispensing for residents of the locality who are registered with the Cwm Taf Morgannwg University Health Board.

In 2025/26, 93.1% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality, and 2.6% were dispensed by the dispensing practice. It is not possible to identify the level of

[320] Office for National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[321] Welsh Government July 2025 - Mid-year estimates of the population: 2024

dispensing for residents of the locality who are registered with the Cwm Taf Morgannwg University Health Board.

The map below shows the pharmaceutical provision within the area. The dispensing practice premises are represented by black symbols. It should be noted that where premises are close to each other the symbols will overlap.

Map 13.1: Location of the pharmacy and dispensing doctor premises within the locality

The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this locality were mainly located in areas of greater population density. In addition, all residents were able to access a pharmacy within 20 minutes by car. Those areas that were not within a 20-minute drive of a pharmacy did not have a resident population. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes.

Looking at the opening hours for the pharmacies:

- One pharmacy is open seven days a week,
- One pharmacy is open Monday to Saturday,
- Five pharmacies open Monday to Friday and Saturday morning, and
- Six pharmacies open Monday to Friday only.

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below. For the purposes of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 13.7: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday, Tuesday, Wednesday and Friday	8.30am to 09.00am	5.00pm to 7.00pm
Thursday	8.30am to 9.00am	4.00pm to 7.00pm
Saturday	09.00am to 09.30am	11.30am to 5.30pm

- One pharmacy opens at 8.30am Monday to Friday
- One pharmacy closes at 5.00pm Monday, Wednesday and Thursday
- Two pharmacies close at 5.00pm Tuesday and Friday
- Four pharmacies close at 5.30pm Monday, Tuesday, Thursday and Friday
- Five pharmacies close at 5.30pm on a Wednesday
- Seven pharmacies close at 6.00pm Monday and Thursday
- Six pharmacies close at 6.00pm Tuesday, Wednesday and Friday
- One pharmacy closes at 7.00pm Monday to Friday
- One pharmacy closes at 5.00pm on a Saturday
- One pharmacy closes at 5.30pm on a Saturday

Some pharmacies across the health board's area are commissioned to open at certain times of the day, on top of their usual core and supplementary opening hours. For this locality one pharmacy (location: Port Talbot) is commissioned to be open on a Sunday between 11.00am and 2.00pm and 5.00pm to 10.00pm.

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the pharmacy contractor questionnaire to which 11 pharmacies responded.

Nine of the pharmacies are accessible by wheelchair and eight have a consultation area that is accessible by wheelchair. All the consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Four pharmacies confirmed they have Welsh speakers in their staff. Three pharmacies said they have staff that speak other languages.

- Urdu (two pharmacies)
- Hindi

- Kurdish
- Punjabi
- Spanish

Eight of the pharmacies dispense prescriptions for all types of appliances, and three do not dispense appliances.

Although non-commissioned services:

- eight pharmacies collect prescriptions from GP practices
- ten provide a free of charge delivery service on request, three to specific patient groups and two to specific areas,
- two provide a delivery service for a fee, and
- one has an automated collection point at its premises.

One pharmacy is of the opinion that there is a need for a blood pressure checking additional clinical service, and another for an independent prescribing service.

In relation to new services that are not currently available:

- one pharmacy said that ear wax removal is often requested,
- Another said that there is a need for a hypertension service, more vaccination services, a weight management service, and a prescription delivery service for specific patient groups.

All 11 pharmacies have sufficient capacity within their premises to manage an increase in demand. Ten pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and one didn't answer this question.

Seven pharmacies have plans to develop or expand their premises or service provision.

- One plans to increase the number of consultation rooms, update technology, train additional technicians, and provide a wider range of services.
- Two pharmacies have pharmacists training to be independent prescribers.
- One pharmacy is considering providing the pharmacist independent prescribing service.
- One pharmacy will continue to raise awareness of the services it provides to patients and is planning to install a new patient medication record system to free up pharmacist time.
- One pharmacy has developed its systems, operational set-up, and staff skillset over the last year and has the right level of technicians to provide more services.
- One pharmacy is introducing more private services – ear wax removal, travel vaccinations, and weight management.

One of the two dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from that response.

- The dispensary is open 8.00am to 2.00pm Monday to Thursday, and 8.00 to 11.00am and 3.30pm to 6.30pm on Fridays.
- The practice dispenses prescriptions for dressings only.
- The practice provides a delivery service to housebound patients.
- There are no Welsh speakers, and no languages other than English are spoken by staff,
- The practice has sufficient capacity within both its premises and staffing levels to manage an increase in the demand for the dispensing service.
- The practice has no plans to expand its premises, or its dispensary opening hours.
- As part of the dispensing service, the practice provides medication administration record charts, dosette boxes and a weekly collection service.

The opening hours of the other dispensary, as provided by Cwm Taf Morgannwg University Health Board, are 9.00am to 2.00pm Monday to Wednesday and Friday, and 12.00pm to 5.00pm on Thursdays.

13.3.1 National community pharmacy and appliance contractor services

13.3.1.1 Appliance use review service

None of the pharmacies provide this service.

13.3.1.2 Clinical community pharmacy service

All the pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 11,793 consultations for common ailment consultations (range at pharmacy level 136 to 5,203)
- 1,356 consultations for sore throat test and treat consultations (range at pharmacy level four to 818)
- 558 consultations for emergency contraception consultations (range at pharmacy level seven to 179)
- 2,035 emergency medicines supplies (range at pharmacy level seven to 746)

In the first six months of 2025/26 the pharmacies provided:

- 7,058 consultations for common ailment consultations (range at pharmacy level 38 to 2,950)
- 679 consultations for sore throat test and treat consultations (range at pharmacy level one to 401)
- 265 consultations for emergency contraception consultations (range at pharmacy level five to 94)
- 929 emergency medicines supplies (range at pharmacy level one to 344)

13.3.1.3 Discharge medicines review service

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

10 pharmacies provided this service in 2024/25, providing a total of 377 reviews (range at pharmacy level four to 147). 11 pharmacies provided this service in the first ten months of 2025/26, providing a total of 401 reviews, (range at pharmacy level three to 79)

13.3.1.4 Influenza vaccination service

All the pharmacies have signed up to provide this service.

All pharmacies provided this service in 2024/25, providing a total of 3,220 vaccinations (range at pharmacy level 14 to 945). All pharmacies provided this service in 2025/26, providing a total of 1,137 vaccinations (range at pharmacy level two to 264).

13.3.1.5 Lateral flow test supply service

All the pharmacies have signed up to provide this service.

Six pharmacies provided this service in 2024/25, supplying 105 kits (range at pharmacy level one to 59). Five pharmacies provided this service in the first seven months of 2025/26, providing 36 kits (range at pharmacy level one to 21).

13.3.1.6 Pharmacist independent prescribing service

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

Three pharmacies provided this service in 2024/25, providing a total of 4,604 consultations (pharmacy range 37 to 2,830). Four pharmacies provided this service in the first six months of 2025/26, providing a total of 3,266 consultations, (range at pharmacy level seven to 2,077).

13.3.1.7 Stoma customisation service

None of the pharmacies provide this service

13.3.2 Additional clinical services

13.3.2.1 Blood borne virus screening service

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

13.3.2.2 Care home support service - Level 1 medicines management support visits

None of the pharmacies provide this service.

13.3.2.3 Access to inhaler review service

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

Two pharmacies provided this service in 2024/25, providing a total of 126 reviews (range at pharmacy level 26 to 100). Four pharmacies provided this service between April 2025 and February 2026, providing a total of 52 reviews (range at pharmacy level one to 19).

13.3.2.4 Just in case service (palliative care packs)

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

One pharmacy provided this service in 2024/25, supplying a total of one pack. No pharmacy provided this service in the first ten months of 2025/26.

13.3.2.5 Medicines administration record service

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

Nine pharmacies provided the service in 2024/25, providing charts to 259 patients (range at pharmacy level seven to 50). 11 pharmacies provided the service in the first ten months of 2025/26, providing charts to 1,124 patients (range at pharmacy level four to 211)

13.3.2.6 Needle and syringe programmes

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

No pharmacy provided the service in 2024/25. One pharmacy provided the first ten months of 2025/26 a total of one provision.

13.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

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

Nine pharmacies provided the service in 2024/25, supporting 586 people (range at pharmacy level four to 193). Eight pharmacies provided this service in the first ten months of 2025/26, supporting 232 people (range at pharmacy level three to 97).

13.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

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

Six pharmacies provided the service in 2024/25, supporting 729 people (range at pharmacy level 16 to 315). Six pharmacies provided this service in the first ten months of 2025/26, supporting 524 people (range at pharmacy level 20 to 173).

13.3.2.9 Supervised administration of medicines

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

In 2024/25, ten pharmacies provided this service to 404 clients (range at pharmacy level eight to 108), supervising a total of 5,378 doses (range at pharmacy level 31 to 1,472). In the first ten months of 2025/26, nine pharmacies provided this service to 227 clients (range at pharmacy level three to 68), supervising a total of 2,814 doses (range at pharmacy level 83 to 544).

13.3.2.10 Urgent medicines service

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

13.4 Current provision of pharmaceutical services outside the locality

Some residents may choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (91.5%), 5.6% were dispensed outside the locality.

- 3.0% by pharmacies in Cwm Taf Morgannwg University Health Board
- 1.4% by pharmacies in City Health locality
- 0.5% by pharmacies in Neath locality
- 0.3% by contractors in England
- 0.1% by pharmacies in Upper Valleys locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (93.1%), with 3.9% dispensed outside the locality.

- 1.6% by pharmacies in City Health locality
- 1.4% by pharmacies in Cwm Taf Morgannwg University Health Board
- 0.3% by pharmacies in Neath locality
- 0.3% by contractors in England
- 0.1% by pharmacies in Aneurin Bevan University Health Board
- 0.1% by pharmacies in Cardiff and Vale University Health Board

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

13.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

13.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.3 and 13.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 205 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the locality, of which 160 were outside of the health board's area. 4,453 prescription items were dispensed in England.

A total of 208 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the locality, of which 132 were outside of the health board's area. 3,043 prescription items were dispensed in England.

13.7 Housing developments

Work is underway in preparing a new local development plan for Neath Port Talbot which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out in the table below although this is subject to further detailed assessment so may change as the plan is finalised.

Table 13.8: Potential housing developments 2023 to 2038 in the locality

Site name	Cluster	Total number of units in plan period	Maximum number of people
Blaenbaglan	Neath, Afan	141	361
Blaenbaglan remainder	Neath, Afan	200	515
Land adjacent to the Willows Option A/B, & Land adjacent to B4282, Bryn) Bryn	Afan	30	83
Land off Heol y Bwlch	Afan	62	165
Land North of Former Bryn Primary School Option A and B	Afan	30	80
Abbotts Close	Afan	30	80
Land at Forest Lodge Lane	Afan	12	34
Land R/O Goytre Road	Afan	25	72

Site name	Cluster	Total number of units in plan period	Maximum number of people
Land adjacent to Menai Avenue (Croeserw)	Afan	10	29
Former Cymmer Comprehensive School	Afan	25	71
Coed Hirwaun	Afan, Feeds to Cwm Brombil and Porthcawl	600	1547

13.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that of the pharmacies in the locality:

- 11 pharmacies have sufficient capacity within their premises to manage an increase in demand.
- Ten pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and one didn't answer this question.

13.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact all residents of the locality are able to access a pharmacy within 20 minutes by car. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- There is one known housing developments in Harbourside, Port Talbot due within the lifetime of this document which will deliver up to 385 dwellings with a minimum on 198 dwellings being built in the locality for 495 residents (2.5 per household) in 2025/26.
- The scale of the potential housing developments.
- The opening hours of the pharmacies.

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

13.8.2 National community pharmacy and appliance contractor services

13.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide this service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this locality in 2024/25. One of these contractors provides this service.

In addition, of the items dispensed in England in 2024/25, 84.3% were dispensed by dispensing appliance contractors and 86.6% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

13.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up and provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

13.8.2.3 Discharge medicines review service

The health board has noted 12 of the pharmacies have signed up to provide this service, and 11 pharmacies provide it. The health board has not identified any current or future needs for this service within the locality.

13.8.2.4 Influenza vaccination service

The health board has noted all the pharmacies have signed up to provide this service and provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

13.8.2.5 Lateral flow test supply service

The health board has noted all the pharmacies have signed up to provide this service, and seven pharmacies provide it. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

13.8.2.6 Pharmacist independent prescribing service

The health board has noted five of the pharmacies have signed up to provide this

service, and four pharmacies provide it, that two more are due to start providing it, and one is considering providing it.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

13.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the dispensing appliance contractors Cardiff and Vale University Health Board's area.

However, of the items dispensed in England in 2024/25, 84.3% were dispensed by dispensing appliance contractors and 86.6% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients. Based on this, the health board has not identified any current or future needs for this service within the locality.

13.8.3 Additional clinical services

13.8.3.1 Blood borne virus screening service

The health board has noted three of the pharmacies have signed up to provide this service.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across Swansea Bay. Several pharmacies across Swansea Bay hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

13.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted none of the pharmacies have signed up to provide this service. If approached by a pharmacy wishing to provide the service for the care

homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

13.8.3.3 Inhaler review service

The health board has noted six of the pharmacies have signed up to provide this service and two pharmacies provide it. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

13.8.3.4 Just in case service (palliative care packs)

The health board has noted three of the pharmacies have signed up to provide this service and one provides it.

Services are available within the locality through several other providers and in the health board's area, such as through the health board's palliative care team.

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

13.8.3.5 Medicines administration record service

The health board has noted 11 of the pharmacies have signed up to provide this service, 11 pharmacies provide it. The health board has therefore not identified any current or future needs for this service within the locality.

13.8.3.6 Needle and syringe programmes

The health board has noted three of the pharmacies have signed up to provide this service, and one pharmacy provides it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

13.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted 11 of the pharmacies have signed up to provide this service, and nine pharmacies provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

13.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board noted eight of the pharmacies have signed up to provide this service, and six pharmacies provide it.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

13.8.3.9 Supervised administration of medicines service

The health board has noted 11 of the pharmacies have signed up to provide this service, and ten pharmacies provide it. The health board is satisfied that there is a good spread of pharmacies across the locality who do, or could, provide the service if required.

The health board has therefore not identified any current or future needs for this service within the locality.

13.8.3.10 Urgent medicines service

The health board has noted three of the pharmacies have signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography. The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

13.8.3.11 GP dispensing service

The health board has noted that one of the practices dispenses to eligible patients from one of its premises and that a practice aligned to Cwm Taf Morgannwg University Health Board dispenses from premises in the locality.

The health board has not identified any current or future needs for this service within the locality.

14 Neath locality

14.1 Key facts

- The Neath locality serves a registered population of 69,705[322] (January 2026) and is the second largest locality by registered population in the health board and the largest of the three localities in Neath Port Talbot.
- Approximately 22.3% of the locality's registered population (15,500) are aged 65 years and over, slightly higher than the Wales average (21.9%).
- The number of Welsh speakers in Neath Port Talbot decreased from 15.3% in the 2011 Census to 13.5% in 2021 with approximately, 2,000 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 5,100[323].
- Neath Port Talbot local authority population is projected to increase by 3.1% by the year 2032[324].
- There are 240 lower layer super output areas in the health board's area; 90 lower layer super output areas fall within Neath Port Talbot local authority, and 15 (17%) are in the 10% most deprived in Wales.
- Of the 20% most deprived lower layer super output areas in Wales, 33 are within Neath Port Talbot, with 12 found within the locality.
- The locality consists of 35 lower layer super output areas. 0.3% live in a lower layer super output area that is classified as rural.
- The locality is served by:
    - ten pharmacies operated by six contractors.
    - five dental practices that offer NHS treatment.
    - five optical practices.
    - seven GP practices. In addition, one practice whose main surgery is in Afan locality provides services from a branch surgery in this locality.
- There are 24 care home services within the locality of which four provide services to adults with nursing, and 20 to adults without nursing.

14.2 Key population features

14.2.1 Population projections 2022 to 2032

The population of Neath Port Talbot is projected to increase by up to 3.1% between 2022 and 2032, an increase of 4,344. It is projected that by 2032[325] Neath Port Talbot local authority will see:

- a decrease in the number of people aged 0 to 15 years,
- an increase in the population aged 65 years, and
- an increase in the population aged 75 years and over.

The population is projected to continue to age in the local authority, over this period.

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[322] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[323] Office of National Statistics - How life has changed in Neath Port Talbot: Census 2021
[324] Welsh Government November 2025 - Local authority population projections: 2022-based
[325] Welsh Government - Local authority population projections: 2022-based

14.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Neath Port Talbot local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 14.1).
- Healthy life expectancy[326], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Neath Port Talbot, healthy life expectancy stands at 59.1 years for males and 58.5 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Neath Port Talbot enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Neath Port Talbot is 9.1 years for males and 6.3 years for females[327].

Table 14.1: Total life expectancy at birth for females and males, 2020 to 2022[328]

Area	Female at birth (years)	Male at birth (years)
Neath Port Talbot	80.5	76.7
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

14.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the three localities in Neath Port Talbot, Neath has a high proportion of people living in the most deprived areas in Wales (36.4%), compared with Afan (52.4%) and Upper Valleys (5.6%), and the health board as a whole (27.9%). There are, however, small areas of "deep-rooted" deprivation[329] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications of the Welsh Index of Multiple deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

[326] Office of National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[327] Public Health Wales - Public Health Outcomes Framework 2025
[328] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)
[329] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index

Table 14.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[330]

Area	Percentage
Neath locality	36.4%
Swansea Bay University Health Board	27.9%

14.2.4 Health profile

The table below shows that the locality has a higher estimated prevalence of chronic conditions than both the health board and Wales averages in asthma (0.7% and 0.6% higher respectively), coronary heart disease (0.2% and 0.1% higher respectively), chronic obstructive pulmonary disease (0.3% higher), diabetes (0.7% and 0.4% higher respectively) and stroke and transient ischaemic attack (0.1% higher). Heart failure is lower than the health board average (0.1% lower) but higher than the Wales average (0.1% higher).

Table 14.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[331]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Neath locality	7.7%	3.5%	2.6%	8.8%	1.5%	2.3%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It shows the rates in mental health align with the health board average, but higher than the Wales average (0.2% higher). Dementia aligns with both the health board and Wales average.

Table 14.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[332]

Area	Mental health	Dementia
Neath locality	1.3%	0.8%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

[330] Public Health Wales - Primary care localities dashboard
[331] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[332] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

The table below shows that the locality is above the health board average in atrial fibrillation (0.1% higher) and aligns with the Wales average. Hypertension is higher than the health board average (0.3% higher) and lower than the Wales average (1.1% lower).

Table 14.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[333]

Area	Atrial fibrillation	Hypertension
Neath locality	2.7%	15.2%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Neath Port Talbot who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[334] between 2021 and 2023. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

Table 14.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Neath Port Talbot local authority	118,891[335]	27%	12%	66%	29%	53%	22%
Wales	2,641,000[336]	20%	16%	62%	25%	56%	29%

Overall, Neath Port Talbot shows lower levels of excessive drinking than the Wales average (0.4% lower), but continues to face challenges with smoking, weight management, physical activity and consuming fruit and vegetables (eating five portions a day) daily compared with the Wales averages.

[333] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[334] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)
[335] Office for National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[336] Welsh Government July 2025 - Mid-year estimates of the population: 2024

14.3 Current provision of pharmaceutical services within the locality

There are ten pharmacies in the locality operated by six different contractors.

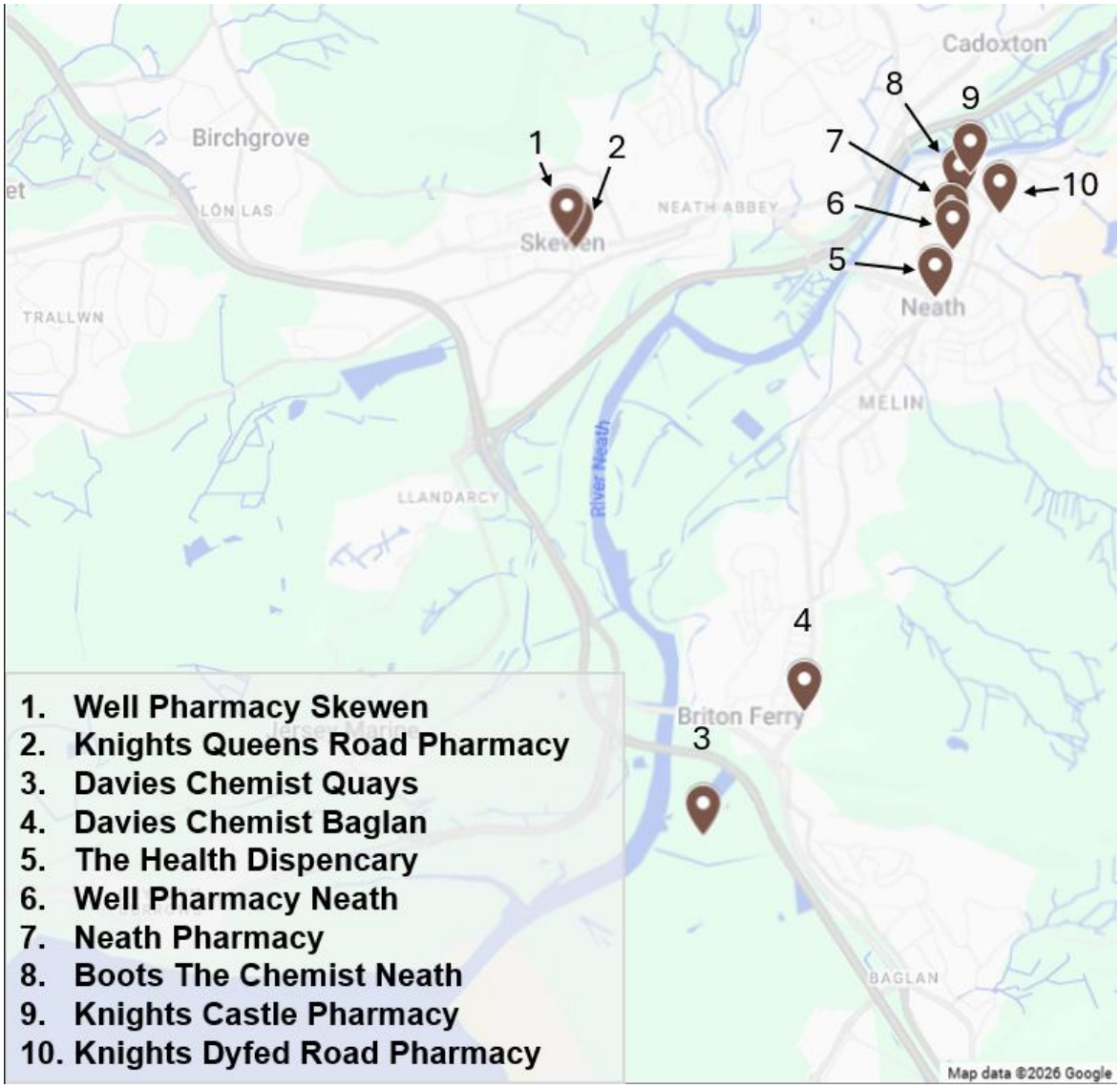
The availability of pharmaceutical services within the locality per 10,000 registered population is 1.4, which is lower than the health board average of 2.3.

In 2024/25, 74.8% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

In 2025/26, 68.6% of items on prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality.

The map below shows the pharmaceutical provision within the area. It should be noted that where premises are close to each other the symbols will overlap.

Map 14.1: Location of the pharmacy within the locality



The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this locality were located in areas of greater population density. In addition, all residents were able to access a pharmacy within 20 minutes by car. The one area that was not within a 20-minute drive of a pharmacy did not have a resident population. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter.

Looking at the opening hours for the pharmacies:

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

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below. For the purposes of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 14.7: Pharmacy opening and closing hours

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.30am	5.30pm to 6.00pm
Saturday	9.00am to 9.30am	11.30am to 5.00pm
Sunday	10.00am	4.00pm

- Two pharmacies open at 8.30am Monday to Friday
- Five pharmacies close at 5.30pm Monday to Friday
- Five pharmacies close at 6.00pm Monday to Friday
- Four pharmacies open on a Saturday:
    - One pharmacy closes at 11.30am
    - One pharmacy closes at 12.00pm
    - One pharmacy closes at 12.30pm
    - One pharmacy closes at 5.00pm
- One pharmacy is open on a Sunday

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the pharmacy contractor questionnaire to which ten pharmacies responded.

Nine pharmacies are accessible by wheelchair and seven have a consultation area that is accessible by wheelchair. There are steps to the entrance of one pharmacy and a request to make external adjustments to address them was refused by the council. All the consultation areas are:

- closed rooms,

- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

One pharmacy confirmed it has Welsh speakers in among their staff. Four pharmacies confirmed they speak other languages.

- Romanian (two pharmacies)
- Polish
- Russian
- Spanish
- Ukrainian

Eight pharmacies confirmed they dispense prescriptions for all types of appliances, one doesn't dispense incontinence appliances, and one just dispenses dressings.

Although non-commissioned services:

- all ten pharmacies collect prescriptions from GP practices
- all ten provide a free of charge delivery service on request, three to specific areas,
- two provide a delivery service for a fee, and
- two have an automated collection point at their premises.

One pharmacy thought a period delay additional clinical service may be required.

In relation to new services that aren't currently available, two pharmacies stated that a blood pressure checking/monitoring service is required, and one pharmacy said an ear wax removal service is required.

All ten pharmacies have sufficient capacity within their premises to manage an increase in demand.

Seven pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and three don't but could make adjustments.

Four pharmacies have plans to develop or expand their premises or service provision.

- One has the capacity to deliver more services, but it depends on the affordability of them.
- One has recently introduced the pharmacist independent prescribing service and is looking to further develop service delivery.
- One plans to install a second consultation room, depending on the national contract negotiations.
- One pharmacy has started to provide the pharmacist independent prescribing service.

Two pharmacies said they are open to discussions about changes to their opening hours, depending on the national contract negotiations.

14.3.1 National community pharmacy and appliance contractor services

14.3.1.1 Appliance use review service

None of the pharmacies provide this service.

14.3.1.2 Clinical community pharmacy service

All the pharmacies have signed up and provide this service:

In 2024/25 the pharmacies provided:

- 3,942 consultations for common ailment consultations (range at pharmacy level 35 to 1,181)
- 667 consultations for sore throat test and treat consultations (range at pharmacy level one to 233)
- 529 consultations for emergency contraception consultations (range at pharmacy level one to 296)
- 428 emergency medicines supplies (range at pharmacy level one to 151)

In the first six months of 2025/26 the pharmacies provided:

- 2,392 consultations for common ailment consultations (range at pharmacy level 13 to 763)
- 254 consultations for sore throat test and treat consultations (range at pharmacy level four to 86)
- 248 consultations for emergency contraception consultations (range at pharmacy level three to 129)
- 151 emergency medicines supplies (range at pharmacy level four to 59)

14.3.1.3 Discharge medicines review service

All pharmacies provided this service in 2024/25, providing a total of 352 reviews (range at pharmacy level one to 191). Seven pharmacies provided this service in the first ten months of 2025/26, providing a total of 270 reviews, (range at pharmacy level three to 191).

14.3.1.4 Influenza vaccination service

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

Seven pharmacies provided this service in 2024/25, providing a total of 598 vaccinations (range at pharmacy level one to 203). Seven pharmacies provided this service in 2025/26, providing a total of 240 vaccinations (range at pharmacy level nine to 69).

14.3.1.5 Lateral flow test supply service

All the pharmacies have signed up to provide this service.

Four pharmacies provided this service in 2024/25, supplying 33 kits (range at pharmacy level two to 16). Four pharmacies provided this service in the first seven months of 2025/26, providing 11 kits (range at pharmacy level two to four).

14.3.1.6 Pharmacist independent prescribing service

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

Four pharmacies provided this service in 2024/25, providing a total of 735 consultations (pharmacy range 18 to 389). Four pharmacies provided this service in the first six months of 2025/26, providing a total of 548 consultations, (range at pharmacy level 40 to 190).

14.3.1.8 Stoma customisation service

None of the pharmacies provide this service.

14.3.2 Additional clinical services

14.3.2.1 Blood borne virus screening service

None of the pharmacies provide this service.

14.3.2.2 Care home support service - Level 1 medicines management support visits

None of the pharmacies provide this service.

14.3.2.3 Access to inhaler review service

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

Two pharmacies provided this service in 2024/25, providing a total of 146 reviews (range at pharmacy level 30 and 116). Two pharmacies provided this service between April 2025 and February 2026, providing a total of 120 reviews (range at pharmacy level 23 and 97).

14.3.2.4 Just in case service (palliative care packs)

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

No pharmacies provided this service in 2024/25, and no pharmacies provided this service in the first ten months of 2025/26.

14.3.2.5 Medicines administration record service

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

Five pharmacies provided the service in 2024/25, providing a total of 229 charts to patients (range at pharmacy level ten to 71). Seven pharmacies provided the service in the first ten months of 2025/26, providing a total of 1,094 chart to patients (range at pharmacy level 37 to 344)

14.3.2.6 Needle and syringe programmes

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

Four pharmacies provided the service in 2024/25, providing a total of 983 provisions (range at pharmacy level 11 to 671). Three pharmacies in the first ten months of 2025/26, provided a total of 752 provisions (range at pharmacy level 35 to 413).

14.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

All the pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, supporting 487 people (range at pharmacy level five to 125). Nine pharmacies provided this service in the first ten months of 2025/26, supporting 320 people (range at pharmacy level one to 71).

14.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

Nine of the pharmacies have signed up to provide the service.

Nine pharmacies provided the service in 2024/25, supporting 508 people (range at pharmacy level 13 to 142). Seven pharmacies provided this service in the first ten months of 2025/26, supporting 445 people (range at pharmacy level 12 to 145).

14.3.2.9 Supervised administration of medicines

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

In 2024/25, seven pharmacies provided this service to 465 clients (range at pharmacy level 13 to 117), supervising a total of 5,711 doses (range at pharmacy level 188 to 1,470). In the first ten months of 2025/26, six pharmacies provided this service to 362 clients (range at pharmacy level eight to 94), supervising a total of 4,412 doses (range at pharmacy level 88 to 1,434).

14.3.2.10 Urgent medicines service

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

14.4 Current provision of pharmaceutical services outside the locality

Some residents may choose to access contractors outside both the locality and the

health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (74.8%), 24.1% were dispensed outside the locality.

- 17.1% by pharmacies in Afan locality
- 1.7% by pharmacies in Cwm Taf Morgannwg University Health Board
- 1.6% by pharmacies in Upper Valleys locality
- 1.4% by pharmacies in City Health locality
- 1.0% by pharmacies in Cwmtawe locality
- 0.7% by contractors in England
- 0.4% by pharmacies in Penderi locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board
- 0.1% by pharmacies in Hywel Dda University Health Board

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (68.6%), with 31.0% dispensed outside the locality.

- 22.3% by pharmacies in Afan locality
- 2.9% by pharmacies in Cwm Taf Morgannwg University Health Board
- 1.9% by pharmacies in the Upper Valleys locality
- 1.3% by pharmacies in City Health locality
- 1.1% by pharmacies in Cwmtawe locality
- 0.6% by contractors in England
- 0.5% by pharmacies in Penderi locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board
- 0.1% by pharmacies in Hywel Dda University Health Board

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

14.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

14.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.3 and 14.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the

health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 231 contractors that were trading in Wales during 2024/25, dispensed items written by one of the GP practices in the locality, of which 208 were outside of the health board's area. 13,347 prescription items were dispensed in England.

A total of 288 contractors that were trading in Wales during 2025/26 (up to December 2025) dispensed items written by one of the GP practices in the locality, of which 193 were outside of the health board's area. 8,275 prescription items were dispensed in England.

14.7. Housing developments

Work is underway in preparing a new local development plan for Neath Port Talbot which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out in the table below although this is subject to further detailed assessment so may change as the plan is finalised.

Table 14.8: Potential housing developments 2023 to 2038 in the locality

Site name	Locality	Total number of units in plan period	Maximum number of people
Lieros Parc, Bryncoch	Neath	258	Unknown
Land east of Heol y Glo (Tonna)	Neath	30	84
Elba Crescent	Neath	150	388
Blaenbaglan	Neath, Afan	141	361
Blaenbaglan remainder	Neath, Afan	200	515
Land at Giants Grave, Hillside Wood, Briton Ferry, Neath	Neath	20	55
Land adjoining Bryn Teg, Briton Ferry	Neath	14	40
Crymlyn Parc	Neath	150	388
Tudor Inn - Phase 2	Neath	80	212
Land at Pen y Bryn	Neath	10	27
Main Road Cilfrew	Neath	18	52
Fforest Farm, Aberdulais	Neath	300	773
Coed Darcy	Neath	300	773

14.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that of the pharmacies in the locality:

- ten pharmacies have sufficient capacity within their premises to manage an increase in demand.
- Seven pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and three don't but could make adjustments.

14.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact all residents are able to access a pharmacy by car within 20 minutes and for many the travel time will be shorter. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The scale of the potential housing developments.
- The opening hours of the pharmacies

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

14.8.2 National community pharmacy and appliance contractor services

14.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide the service. There are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GP practices in this locality in each of 2024/25 and 2025/26. One of these contractors provides this service.

In addition, of the items dispensed in England in 2024/25, 67.3% were dispensed by dispensing appliance contractors and 75.6% in in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

14.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up and provide this

service. As a result, the health board has not identified any current or future needs for this service within the locality.

14.8.2.3 Discharge medicines review service

The health board has noted all the pharmacies have signed up to provide this service and do so. As a result, the health board has not identified any current or future needs for this service within the locality.

14.8.2.4 Influenza vaccination service

The health board has noted nine of the pharmacies have signed up to provide this service and do so. The health board has noted that GP practices also provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

14.8.2.5 Lateral flow test supply service

The health board has noted all the pharmacies have signed up to provide this service, and five pharmacies provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

14.8.2.6 Pharmacist independent prescribing service

The health board has noted five of the pharmacies have signed up to provide this service, and five pharmacies provide it and that two more pharmacies will start to provide it.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

14.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the four dispensing appliance contractors Cardiff and Vale University Health Board's area.

However, of the items dispensed in England in 2024/25, 67.3% were dispensed by dispensing appliance contractors and 75.6% in in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients. Based on this, the

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

14.8.3 Additional clinical services

14.8.3.1 Blood borne virus screening service

The health board has noted none of the pharmacies have signed up to provide this service.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across Swansea Bay. Several pharmacies across Swansea Bay hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

14.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted none of the pharmacies have signed up to provide this service. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

14.8.3.3 Inhaler review service

The health board has noted two of the pharmacies have signed up to provide this service and do so. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

14.8.3.4 Just in case service (palliative care packs)

The health board has noted four of the pharmacies have signed up to provide this service, however none have provided it.

Services are available within the locality through several other providers in the health board's area, such as through the health board's palliative care team.

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

14.8.3.5 Medicines administration record service

The health board has noted nine of the pharmacies have signed up to provide this service, and seven pharmacies provide it. The health board has not identified any current or future needs for this service within the locality.

14.8.3.6 Needle and syringe programmes

The health board has noted four of the pharmacies have signed up to provide this service, and four pharmacies provide it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

14.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted all the pharmacies have signed up to provide this service and do so.

The health board has therefore not identified any current or future needs for this service within the locality.

14.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted nine of the pharmacies have signed up and provide this service.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

14.8.3.9 Supervised administration of medicines service

The health board has noted eight of the pharmacies have signed up to provide this

service, and seven pharmacies provide it. The health board is satisfied that there is a good spread of pharmacies across the locality who do, or could, provide the service if required.

The health board has therefore not identified any current or future needs for this service within the locality.

14.8.3.10 Urgent medicines service

The health board has noted three of the pharmacies have signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography. The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

15 Upper Valleys locality

15.1 Key facts

- The Upper Valleys locality serves a registered population of 32,300[337] (January 2026) and is the smallest locality by registered population in the health board and is the smallest of the three localities in Neath Port Talbot.
- Approximately 23.6% of the locality's registered population (7,636) are aged 65 years and over, higher than the Wales average of 21.9%.
- The number of Welsh speakers in Neath Port Talbot decreased from 15.3% in the 2011 Census to 13.5% in 2021 with approximately 2,000 fewer Welsh-speaking residents aged over three years compared with 2011 Census. The number of non-Welsh speaking residents increased by 5,100[338].
- Neath Port Talbot local authority population is projected to increase by 3.1% by the year 2032[339].
- There are 240 lower layer super output areas in the health board; 90 lower layer super output areas fall within Neath Port Talbot local authority, and 15 (17%) are in the 10% most deprived in Wales[340].
- Of the 20% most deprived lower layer super output areas in Wales, 33 are within Neath Port Talbot, with three found within the locality.
- The locality consists of 17 lower layer super output areas. 11.8% of the locality population live in a lower layer super output area classified as rural.
- The locality is served by:
    - ten pharmacies operated by nine contractors
    - four dental practices that offer NHS treatment
    - two optical practices
    - four GP practices, one of which operates three branch sites.
- There are 17 care home services within the locality of which four provide services to adults with nursing, and 13 to adults without nursing.

15.2 Key population features

15.2.1 Population projections 2022 to 2032

The population of Neath Port Talbot is projected to increase by up to 3.1% between 2022 and 2032, an increase of 4,344. It is projected that by 2032[341], Neath Port Talbot local authority will see:

- a decrease in the number of people aged 0 to 15 years,
- an increase in the population aged 65 years, and
- an increase in the population aged 75 years and over.

[337] NHS Wales Shared Services Partnership - GP practice analysis and patient registrations by practice
[338] Office for National Statistics - How life has changed in Neath Port Talbot: Census 2021
[339] Welsh Government November 2025 - Local authority population projections: 2022-based
[340] Welsh Government StatsWales - Welsh Index of Multiple Deprivation 2025 local authority deprivation profiles
[341] Welsh Government - Local authority population projections: 2022-based

The population is projected to continue to age in the local authority over this period.

15.2.2 Total life expectancy, healthy life expectancy and the 'inequality gap' (2020 to 2022)

- Neath Port Talbot local authority has a lower total life expectancy at birth for females and for males when compared to the average for Wales (table 15.1).
- Healthy life expectancy[342], defined as the number of years a person can expect to live in good health, is measured at local authority level. In Neath Port Talbot, healthy life expectancy stands at 59.1 years for males and 58.5 years for females. Comparatively, the Wales average is slightly higher at 60.8 years for males and 60.2 years for females. This indicates that both males and females in Neath Port Talbot enjoy fewer years of good health than the average across Wales.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Neath Port Talbot is 9.1 years for males and 6.3 years for females[343].

Table 15.1: Total life expectancy at birth for females and males, 2020 to 2022[344]

Area	Female at birth (years)	Male at birth (years)
Neath Port Talbot	80.5	76.7
Wales	81.8	77.9

Disclaimer: Whilst the data presented in healthy life expectancy show figures for 2024, data from the years 2020 to 2022 have been used to ensure consistency and comparability across all years.

15.2.3 Deprivation

The link between deprivation and poor health is well documented. Of the three localities in Neath Port Talbot, Upper Valleys has the lowest proportion of people living in the most deprived areas in Wales (5.6%), compared to Afan (52.4%) and Neath (36.4%), and Swansea Bay as a whole (27.9%). There are, however, small areas of "deep-rooted" deprivation[345] that have remained within the top 50 most deprived areas, roughly equal to the top 2.6% of small areas in Wales for the last six publications of the Welsh Index of Multiple deprivation ranks. Where areas of deprivation exist, the population is likely to be experiencing the poorest health.

The table below shows the estimated percentage of people living in the most deprived 20% areas in the locality, compared with the health board.

[342] Office for National Statistics Census 2021 - Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024
[343] Public Health Wales - Public Health Outcomes Framework 2025
[344] InfoBaseCymru data for an intelligent Wales - Life expectancy in males and females (2020 to 2022)
[345] Welsh Government December 2025 - Welsh Index of Multiple Deprivation 2025 results report: overall index

Table 15.2: Estimated percentage of people living in the most deprived 20% of areas in the locality and the health board (2025)[346]

Area	Percentage
Upper Valleys locality	5.6%
Swansea Bay University Health Board	27.9%

15.2.4 Health profile

The table below shows that the locality has higher estimated prevalence of chronic conditions than both the health board and Wales averages in coronary heart disease (0.6% and 0.5% higher respectively), chronic obstructive pulmonary disease (0.5% higher), diabetes (1.0% and 0.7% higher respectively), heart failure (0.3% and 0.5% higher respectively) and stroke and transient ischaemic attack (0.2% higher). Asthma is higher than the health board average (0.1% higher) but aligns with the Wales average.

Table 15.3: Estimated percentage prevalence of chronic condition based on people on GP practice registers by locality, health board and Wales, 2025[347]

Area	Asthma	Coronary heart disease	Chronic obstructive pulmonary disease	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Upper Valleys locality	7.1%	3.9%	2.8%	9.1%	1.9%	2.4%
Swansea Bay University Health Board	7.0%	3.3%	2.3%	8.1%	1.6%	2.2%
Wales	7.1%	3.4%	2.3%	8.4%	1.4%	2.2%

The table below compares the percentage of people registered with a mental health condition and dementia in the locality with the health board and Wales averages. It shows the rates in mental health are lower than the health board average (0.1% lower), and higher than the Wales average (0.1% higher). Dementia aligns with both the health board and Wales average.

[346] Public Health Wales - Primary care localities dashboard
[347] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice

Table 15.4: Percentage of people registered as having a mental health condition, and dementia by locality, health board and Wales, 2025[348]

Area	Mental health	Dementia
Upper Valleys locality	1.2%	0.8%
Swansea Bay University Health Board	1.3%	0.8%
Wales	1.1%	0.8%

The table below shows that the locality is above the health board and Wales averages in atrial fibrillation (0.3% and 0.2% higher respectively) and hypertension (2.7% and 1.3% higher respectively).

Table 15.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on people on GP practice registers by locality, health board and Wales, 2025[349]

Area	Atrial fibrillation	Hypertension
Upper Valleys locality	2.9%	17.6%
Swansea Bay University Health Board	2.6%	14.9%
Wales	2.7%	16.3%

The table below presents the percentage of adults aged 16 years and over, in Neath Port Talbot who have self-reported engaging in six key lifestyle behaviours, as recorded by the National Survey for Wales[350] between 2021 and 2023. This information offers valuable insight into the common habits and lifestyle choices among the adult population in the area.

[348] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[349] Welsh Government StatsWales - Disease registers by local health board, locality and GP practice
[350] InfoBaseCymru data for an intelligent Wales - Adults reporting lifestyle behaviours (2021 to 2023)

Table 15.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority and Wales, 2021 to 2023

Area	Population 16 years and over	Smoking (including e-cigarettes)	Drinking more than 14 units per week	Overweight with a body mass index of 25+	Obese with a body mass index of 30+	Physical activity for 150 minutes per week	Eating five a day
Neath Port Talbot local authority	118,891[351]	27%	12%	66%	29%	53%	22%
Wales	2,641,000[352]	20%	16%	62%	25%	56%	29%

Overall, Neath Port Talbot shows lower levels of excessive drinking than the Wales average (0.4% lower), but continues to face challenges with smoking, weight management, physical activity and consuming fruit and vegetable (eating five fruit and vegetables) daily compared with Wales averages.

15.3 Current provision of pharmaceutical services within the locality

There are ten pharmacies in the locality operated by eight different contractors.

The availability of pharmacy services within the locality per 10,000 registered population is 3.1, which is significantly higher than the health board average of 2.3. The locality has the highest availability per population of pharmacy services within Swansea and Neath Port Talbot. However, this could be linked to Upper Valleys being the least populated locality within Swansea and Neath Port Talbot.

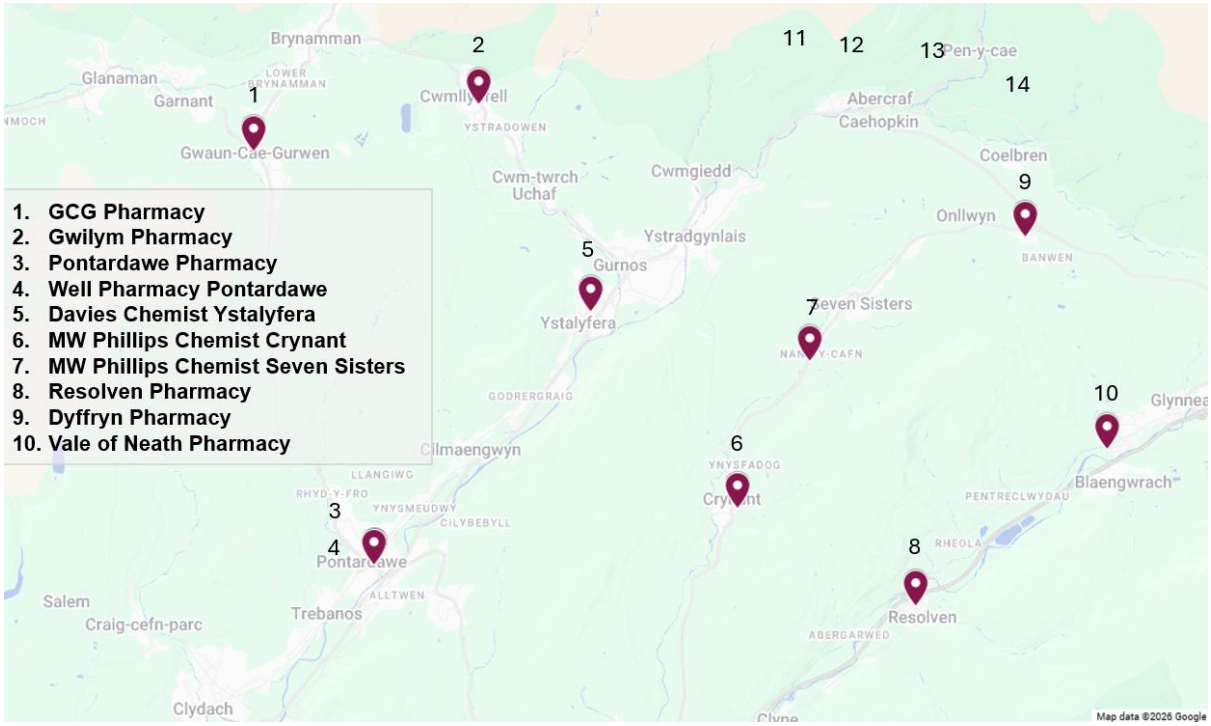
In 2024/25, 89.0% of prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality and 1.0% were personally administered by GP practices. 93.3% of prescriptions were dispensed by pharmacies within the health board.

In 2025/26, 82.2% of prescriptions written by the GP practices in the locality were dispensed by one of the pharmacies within the locality and 0.4% were personally administered by GP practices. 85.3% of prescriptions were dispensed by pharmacies within the health board.

The map below shows the pharmaceutical provision within the area. It should be noted that where premises are close to each other, the symbols will overlap

[351] Office for National Statistics Census 2021 - Population estimates for England and Wales: mid 2024
[352] Welsh Government July 2025 - Mid-year estimates of the population: 2024

Map 15.1: Location of the pharmacy premises within the locality



The health board has noted the pharmaceutical needs assessment published on 1 October 2021 concluded that the pharmacies in this locality were mainly located in areas of greater population density. In addition, all residents were able to access a pharmacy within 20 minutes by car. Those areas that were not within a 20-minute drive of a pharmacy did not have a resident population. Noting the locations of the pharmacies have not changed, the health board is satisfied this conclusion remains valid; residents are still able to access a pharmacy by car within 20 minutes.

Looking at the opening hours for the pharmacies:

- Eight pharmacies are open Monday to Friday and Saturday morning, and one is commissioned to open on Sundays, and
- Two pharmacies are open Monday to Friday only

Within the locality when looking at the total pharmacy opening hours, the range of opening and closing hours are shown in the table below. For the purposes of the pharmaceutical needs assessment normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

Table 15.7: Pharmacy opening and closing hours

Days	Opening hours	Closing hours
Monday, Wednesday, Thursday and Friday	9.00am	5.00pm to 6.00pm
Tuesday	9.00am	1.00pm to 6.00pm
Saturday	8.30am to 9.00am	11.00am to 1.00pm

- Two pharmacies close at 1.00pm on a Tuesday (half day closure)
- One pharmacy closes at 5.00pm on a Wednesday
- One pharmacy opens at 8.30am on Saturday
- Eight pharmacies open on a Saturday:
    - One pharmacy closes at 11.00am
    - Two pharmacies close at 11.30am
    - Four pharmacies close at 12.00pm
    - One pharmacy closes at 1.00pm

Some pharmacies across the health board's area are commissioned to open at certain times of the day, on top of their usual core and supplementary opening hours. For this locality one pharmacy (location: Glynneath) is commissioned to be open on a Sunday between 3.00pm and 5.00pm.

Full details of pharmacy opening times can be found in Appendix L.

The following information was taken from responses to the contractor questionnaire to which eight pharmacies responded.

All eight pharmacies are accessible by wheelchair and seven have a consultation area that is accessible by wheelchair. The eight consultation areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Seven pharmacies confirmed they have Welsh speakers in their staff. No other languages are spoken, other than English.

The eight pharmacies confirmed they dispense prescriptions for all types of appliances.

Although non-commissioned services:

- the eight pharmacies collect prescriptions from GP practices,
- they provide a free of charge delivery service on request, although two are considering introducing a charge, and
- one has an automated collection point at its premises.

Two pharmacies are of the opinion that there is a requirement for an existing additional clinical service.

- One pharmacy stated there is a large number or preventable deaths from cardiovascular disease in the locality. It stated that it would consider providing an atrial fibrillation service, subject to funding.
- One pharmacy stated that the stop smoking service should be extended to include oral medications such as Champix and Zyban.

With regard to requirements for a new service that is not currently available:

- One pharmacy said there have been discussions in cluster meetings regarding the application to use cluster funds in the next cycle to undertake an atrial fibrillation detection service through pharmacies. The reason being that undiagnosed atrial fibrillation increases the likelihood of stroke, vascular dementia and heart failure, and increased mortality etc. While roughly 1.5%–2% of the general population has atrial fibrillation, this rises to 5% in those over 65 and up to 10% in those over 75. With the Upper Valleys cluster's ageing population, it is a suitable service for area. A second pharmacy echoed the need for a cardiovascular disease screening service.
- Diabetes review service where pharmacies have access to pathology.
- Sharps bin disposal service
- Extend the pharmacist independent prescribing service conditions.

Seven of the pharmacies have sufficient capacity within their premises to manage an increase in demand, and the eighth didn't answer this question.

Seven pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and one doesn't but could make adjustments.

Five pharmacies have plans to develop or expand their premises or service provision.

- One contractor plans to start limiting services and hours across its group as the cost limitations are not financially viable.
- One pharmacy plans on applying for a Welsh Government grant to improve the premises by adding a second consultation room, and making the consultation rooms wheelchair accessible. It would like to provide the influenza vaccination service and introduce a technician-led discharge medicines review service thereby freeing up pharmacist time. It is considering introducing private weight loss, microsuction and travel vaccines services.
- One pharmacy will start to provide the pharmacist independent prescribing service.

15.3.1 National community pharmacy and appliance contractor services

15.3.1.1 Appliance use review service

None of the pharmacies provide this service.

15.3.1.2 Clinical community pharmacy service

All the pharmacies have signed up and provide this service.

In 2024/25 the pharmacies provided:

- 6,480 consultations for common ailment consultations (range at pharmacy level 47 to 2,070)

- 1,037 consultations for sore throat test and treat consultations (range at pharmacy level 28 to 491)
- 177 consultations for emergency contraception consultations (range at pharmacy level five to 57).
- 1,306 emergency medicines supplies (range at pharmacy level three to 445)

In the first six months of 2025/26 the pharmacies provided:

- 4,074 consultations for common ailment consultations (range at pharmacy level 16 to 1,038)
- 464 consultations for sore throat test and treat consultations (range at pharmacy level two to 175)
- 113 consultations for emergency contraception consultations (range at pharmacy level four to 36).
- 449 emergency medicines supplies (range at pharmacy level four to 144)

15.3.1.3 Discharge medicines review service

All the pharmacies have signed up to provide this service.

Nine pharmacies provided this service in 2024/25, providing a total of 348 reviews (range at pharmacy level one to 199). All pharmacies provided this service in the first ten months of 2025/26, providing a total of 376 reviews, (range at pharmacy level two to 182)

15.3.1.4 Influenza vaccination service

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

Eight pharmacies provided this service in 2024/25, providing a total of 1,763 vaccinations (range at pharmacy level 27 to 901). Seven pharmacies provided this service in 2025/26, providing a total of 486 vaccinations (range at pharmacy level 20 to 197).

15.3.1.5 Lateral flow test supply service

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

Four pharmacies provided this service in 2024/25, supplying 20 kits (range at pharmacy level one to nine). Two pharmacies provided this service in the first seven months of 2025/26, providing three kits (range at pharmacy level one to two).

15.3.1.6 Pharmacist independent prescribing service

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

Four pharmacies provided this service in 2024/25, providing a total of 20 consultations (pharmacy range one to nine). Two pharmacies provided this service in the first six months of 2025/26, providing a total of three consultations (range at pharmacy level one to two).

15.3.1.7 Stoma customisation service

None of the pharmacies provide this service.

15.3.2 Additional clinical services

15.3.2.1 Blood borne virus screening service

One of the pharmacies has signed up to provide this service.

15.3.2.2 Care home support service - Level 1 medicines management support visits

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

One pharmacy provided the service in 2024/25, providing a total of three visits. No pharmacy provided this service in the first ten months of 2025/26.

15.3.2.3 Access to inhaler review service

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

Three pharmacies provided this service in 2024/25, providing a total of 73 reviews (range at pharmacy level ten to 27). Three pharmacies provided this service between April 2025 and February 2026, providing a total of 122 reviews (range at pharmacy level 33 to 46).

15.3.2.4 Just in case service (palliative care packs)

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

One pharmacy provided this service in 2024/25, supplying a total of ten packs. One pharmacy provided this service in the first ten months of 2025/26, supplying a total of 19 packs. (Same pharmacy that provided it in 2024/25)

15.3.2.5 Medicines administration record service

All the pharmacies have signed up to provide this service.

All pharmacies provided the service in 2024/25, providing a total of 220 charts to patients (range at pharmacy level five to 62). All pharmacies provided the service in the first ten months of 2025/26, providing a total of 783 charts to patients (range at pharmacy level 14 to 146)

15.3.2.6 Needle and syringe programmes

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

Three pharmacies provided the service in 2024/25, providing a total of 18 provisions (range at pharmacy level three to 11). Three pharmacies in the first ten months of 2025/26 providing a total of 24 provisions (range at pharmacy level two to 13).

15.3.2.7 Help me quit @ pharmacy (level 2 smoking cessation) service

All the pharmacies have signed up to provide this service.

Nine pharmacies provided the service in 2024/25, supporting 301 people (range at pharmacy level two to 104). Nine pharmacies provided this service in the first ten months of 2025/26, supporting 177 people (range at pharmacy level two to 33).

15.3.2.8 Help me quit @ pharmacy (level 3 smoking cessation) service

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

Six pharmacies provided the service in 2024/25, supporting 370 people (range at pharmacy level 22 to 98). Six pharmacies provided this service in the first ten months of 2025/26, supporting 352 people (range at pharmacy level 22 to 90).

15.3.2.9 Supervised administration of medicine

All the pharmacies have signed up to provide this service.

In 2024/25, six pharmacies provided this service to 108 clients (range at pharmacy level two to 41), supervising a total of 1,044 doses (range at pharmacy level 88 to 451). In the first ten months of 2025/26, four pharmacies provided this service to 63 clients (range at pharmacy level four to 31), supervising a total of 317 doses (range at pharmacy level 83 to 234).

15.3.2.10 Urgent medicines service

Three of the pharmacies have signed up to provide this service

15.4 Current provision of pharmaceutical services outside the locality

Some residents may choose to access contractors outside both the locality and the health board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by the pharmacies in the locality (89%), 9.8% were dispensed outside the locality.

- 2.5% by pharmacies in Hywel Dda University Health Board
- 2.5% by pharmacies in Powys Teaching Health Board
- 1.3% by pharmacies in City Health locality

- 1.2% by pharmacies in Cwmtawe locality
- 0.7% by pharmacies in Penderi locality
- 0.4% by pharmacies in Bay Health locality
- 0.4% by contractors in England
- 0.4% by pharmacies in Neath locality
- 0.2% by pharmacies in Cwm Taf Morgannwg University Health Board
- 0.1% by pharmacies in Afan locality
- 0.1% by pharmacies in Llwchwr locality

In the first nine months of 2025/26 the majority of prescriptions written by the GP practices were dispensed by the pharmacies in the locality (82.2%), 17.4% were dispensed outside the locality.

- 11.8% by pharmacies in Hywel Dda University Health Board
- 2.0% by pharmacies in Powys Teaching Health Board
- 1.2% by pharmacies in City Health locality
- 0.8% by pharmacies in Cwmtawe locality
- 0.5% by pharmacies in Penderi locality
- 0.4% by contractors in England
- 0.2% by pharmacies in Bay Health locality
- 0.2% by pharmacies in Neath locality
- 0.1% by pharmacies in Afan locality
- 0.1% by pharmacies in Cardiff and Vale University Health Board

In addition, residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the health board's area; however, it is not possible to quantify this activity from the recorded data.

15.5 Other NHS services

Details of the NHS services which affect the need for pharmaceutical services can be found in chapter six.

15.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 15.3 and 15.4, those living within the 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. Those that look outside the locality usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 212 contractors that were trading in Wales during 2024/25 dispensed items written by one of the GP practices in the locality, of which 127 were outside of the health board's area. 4,016 prescription items were dispensed in England.

A total of 184 contractors that were trading in Wales during 2025/26 (up to December 2025), dispensed items written by one of the GP practices in the locality,

of which 96 were outside of the health board's area. 3,581 prescription items were dispensed in England.

15.7. Housing developments

Work is underway in preparing a new local development plan for Neath Port Talbot which will cover the period 2023 to 2038. The following strategic regeneration and placemaking areas are expected to be included in the plan period and the estimated capacity for new housing provision is set out in the table below although this is subject to further detailed assessment so may change as the plan is finalised.

Table 15.8: Potential housing developments 2023 to 2038 in the locality

Site name	Locality	Total number of units in plan period	Maximum number of people
Land East of Rhos, Rhos	Upper Valleys	200	Unknown
Land off Neuadd Road, Gwaun Cae Gurwen	Upper Valleys	45	131
Land off Leyshon Road, Gwaun Cae Gurwen	Upper Valleys	20	59
Land off Glyn Road / Heol Godfrey	Upper Valleys	30	86
Land at Brook Terrace, Tairgwaith	Upper Valleys	10	31
Glynneath Business Park	Upper Valleys	50	145
Land off Commercial Road and Heol Gwrhyd, Rhydyfro	Upper Valleys	50	142
Land to the south of the GMF Building, Ystalyfera	Upper Valleys	40	116
Land off Tirbach Washery (Former Tirbach Washery)	Upper Valleys	40	116
Site name	**Locality**	**Total number of units in plan period**	**Maximum number of people**
Former Swelco Factory, Rear of Heol y Gors, Cwmgors	Upper Valleys	30	89
Former Y Wern Primary School, Ystalyfera	Upper Valleys	10	30
Gelligron, Pontardawe	Upper Valleys	25	72
St David's Road, Tairgwaith	Upper Valleys	10	29
Land at Bryn Brych Farm, Rhos	Upper Valleys	90	254

15.8 Gaps in provision

When considering if there are any gaps in the provision of pharmaceutical services the health board has noted that of the pharmacies in the locality:

- Seven of the pharmacies have sufficient capacity within their premises to manage an increase in demand, and the eighth didn't answer this question.
- Seven pharmacies have sufficient capacity within their staffing levels to manage an increase in demand, and one doesn't but could make adjustments.

15.8.1 Essential services

The health board has noted:

- The location of pharmacies across the locality and the fact all residents can access a pharmacy by car within 20 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.
- The scale of the potential housing developments.
- The opening hours of the pharmacies.

The health board has not identified any current gaps in the provision of the essential services.

The health board has considered the known housing developments that will deliver housing in the locality during the lifetime of this document. It is satisfied that the need for essential services by those moving into the new housing will be met by the existing pharmacies.

15.8.2 National community pharmacy and appliance contractor services

15.8.2.1 Appliance use review service

The health board has noted none of the pharmacies have signed up to provide this service. However, there are four dispensing appliance contractors in Cardiff and Vale University Health Board's area which dispensed 0.1% of the items prescribed by GPs in the locality in 2024/25 and 2025/26. One of these contractors provides this service. In addition, of the items dispensed in England in 2024/25, 84.9% were dispensed by dispensing appliance contractors and 88.6% in the first nine months of 2025/26.

Individuals requiring the appliance use review service are likely to access this service from the contractor that dispenses their prescriptions for appliances or may access it from other healthcare providers such as stoma nurses.

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

15.8.2.2 Clinical community pharmacy service

The health board has noted all the pharmacies have signed up and provide this

service. As a result, the health board has not identified any current or future needs for this service within the locality.

15.8.2.3 Discharge medicines review service

The health board has noted all the pharmacies have signed up to provide this service and all provide it. As a result, the health board has not identified any current or future needs for this service within the locality.

15.8.2.4 Influenza vaccination service

The health board has noted eight of the pharmacies have signed up to provide this service and provide it. The health board has noted that GP practices also provide this service. As a result, the health board has not identified any current or future needs for this service within the locality.

15.8.2.5 Lateral flow test supply service

The health board has noted seven of the pharmacies have signed to provide this service, and five pharmacies provide it. It has also noted that this service is only available to specified patient groups. If one of the pharmacies that doesn't provide the service identified a need for it, the health board would commission the service from that pharmacy. As a result, the health board has not identified any current or future needs for this service within the locality.

15.8.2.6 Pharmacist independent prescribing service

The health board has noted six of the pharmacies have signed up to provide this service, and five pharmacies provide it, and another is due to start providing it.

Welsh Government's ambition is for each pharmacy to have an independent prescriber by 2030. The health board has noted that from 2026 it is anticipated that all newly qualified pharmacists will also qualify as independent prescribers on completion of their undergraduate programme.

Noting the above, the health board is of the opinion that the remaining pharmacies will sign up to provide this service during the lifetime of this pharmaceutical needs assessment. As a result, the health board has not identified any current or future needs for this service within the locality.

15.8.2.7 Stoma appliance customisation service

The health board has noted none of the pharmacies have signed up to provide this service and neither have the four dispensing appliance contractors Cardiff and Vale University Health Board's area. However, of the items dispensed in England in 2024/25, 84.9% were dispensed by dispensing appliance contractors and 88.6% in the first nine months of 2025/26.

It is therefore anticipated that these contractors will be customising stoma appliances as required before dispatching or delivering them to patients.

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

15.8.3 Additional clinical services

15.8.3.1 Blood borne virus screening service

The health board has noted one of the pharmacies has signed up to provide this service.

However, blood borne virus screening services are available through several other providers in the health board's area, such as sexual health clinics, GP practices, ordering online home test and post screening kits via Sexual Health Wales or collecting screening kits from community venues across Swansea Bay. Several pharmacies across Swansea Bay hold a stock of the test and post screening kits, ensuring convenient access for those who may prefer a more discreet or flexible option.

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

15.8.3.2 Care home support service - Level 1 medicines management support visits

The health board has noted four of the pharmacies have signed up to provide this service, and one pharmacy provides it. If approached by a pharmacy wishing to provide the service for the care homes it serves as it has identified there is a need for the service, the health board would commission the service from that pharmacy.

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

15.8.3.3 Inhaler review service

The health board has noted seven of the pharmacies have signed up to provide this service, and three provide it. It has also noted that GP practices will provide the service which reduces demand for the service to be provided by pharmacies. If a pharmacy identified that the service is required by its users, the health board would commission the service from that pharmacy.

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

15.8.3.4 Just in case service (palliative care packs)

The health board has noted eight of the pharmacies have signed up to provide this service, and one pharmacy provides it.

Services are available within the locality through several other providers in the health board's area, such as through the health board's palliative care team.

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

15.8.3.5 Medicines administration record service

The health board has noted all the pharmacies have signed up to provide this service and all provide it. The health board has therefore not identified any current or future needs for this service within the locality.

15.8.3.6 Needle and syringe programmes

The health board has noted four of the pharmacies have signed up to provide the service, and three pharmacies provide it.

The health board has noted that this service is also provided by other providers and that demand for it has decreased across the full range of providers, reflecting changes in service user behaviour. No complaints have been received by the health board regarding discarded needles and syringes in public spaces. If a pharmacy wished to subsequently provide the service due to an increase in demand the health board would commission the pharmacy accordingly.

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

15.8.3.7 Help me quit @ pharmacy (level 2 smoking cessation) service

The health board has noted all the pharmacies have signed up to provide this service, and ten pharmacies provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

15.8.3.8 Help me quit @ pharmacy (level 3 smoking cessation) service

The health board has noted nine of the pharmacies have signed up to provide this service and provide it.

The health board has noted that service user behaviour and needs are changing, with more people using vapes instead of smoking tobacco. The service is not appropriate for those who wish to stop vaping. The service is also not appropriate for those who are heavy smokers and who have smoked for a number of years as the drugs they require to stop smoking are not available under this service.

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

15.8.3.9 Supervised administration of medicines service

The health board has noted all the pharmacies signed up to provide this service, and six pharmacies provide it.

The health board has therefore not identified any current or future needs for this service within the locality.

15.8.3.10 Urgent medicines service

The health board has noted three of the pharmacies signed up to provide this service. Due to the nature of the service, it is commissioned to ensure a good geographical spread of pharmacies providing it across the health board's geography. The health board continues to monitor provision of the service and would commission more pharmacies to provide if required.

The health board has therefore not identified any current or future needs for this service within the locality.

16 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 and specifically 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 potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

16.1 Current provision

The health board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential services, the national community pharmacy and appliance contractor services, and the additional clinical services provided at premises included in the pharmaceutical list.
- The dispensing service provided by those GP practices included in the dispensing doctor list

Preceding sections of this document have set out the provision of these services in each locality.

The health board has also identified the provision of the above services by contractors outside of its area, whether that is elsewhere in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

16.2 Other NHS services

In undertaking this pharmaceutical needs assessment the health board has considered the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital pharmacies
- Minor injury units
- Prison pharmacy
- Homecare delivery services
- Outpatient clinics and hospital sites
- Community mental health teams
- Sexual health clinics
- GP out of hours/urgent primary care centres
- NHS Wales 111
- Provision of drugs, medicines and appliances for immediate treatment or personal administration of items by GPs
- Provision of services by GP practices under their general medical services contract
- Provision of services by dental practices under their general dental services contract

- Provision of services by optometrists under their general ophthalmic services contract
- Health bowel and bladder service
- Dressings supplied by the district nursing and wound care services
- Substance misuse services
- Stop smoking services

Further details on these can be found in chapter 6.

16.3 Current gaps in provision

16.3.1 Current access to premises

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.

In order to determine the level of access to pharmaceutical services the following criteria were considered:

- The number of pharmacies per 10,000 population
- Travel time to pharmacies or dispensing practices
- Opening hours of pharmacies and dispensing practices

There are 90 pharmacies and two GP practices that dispense from premises in the health board's area providing pharmaceutical services to a population of 394,552, equating to 2.3 pharmacies per 10,000 population, the third highest ratio for health boards in Wales. When including dispensing GP practices the ratio per 10,000 population increases to 2.4.

Table 16.1: Number of pharmacies and dispensing doctor premises per 10,000 population by locality

Locality	Pharmacies per 10,000 population	Pharmacies and dispensing doctor premises per 10,000 population
Bay	2.1	-
City	2.5	-
Cwmtawe	2.1	-
Llwchwr	1.8	-
Penderi	2.4	-
Afan	3.4	4.0
Neath	1.4	-
Upper Valleys	3.1	-

There are three localities that are below the health board average - Bay, Cwmtawe, and Llwchwr.

The health board has reviewed the travel time conclusions in the pharmaceutical needs assessment published on 1 October 2021 which identified that there were some areas that were not within a 20-minute drive but concluded that there was little or no resident population as they are nature reserves (eg Whiteford National Nature Reserve), mountainous areas (eg Mynydd Y Gwair), and woodland and parks (eg Afan Forest National Park).

The health board has noted that although there are now three fewer pharmacies, the ones that have closed were in close proximity to other pharmacies. It is therefore satisfied that all residents are able to access a pharmacy within 20 minutes by car, and for many the travel time is less.

The health board has concluded that there are no gaps in the geographical distribution of pharmacies across its area.

16.3.1.1 Access to essential services during normal working hours

Contractors are required to ensure that pharmaceutical services are provided at their premises for not less than 40 hours each week unless the health board has previously agreed to less eg where a pharmacy serves a branch surgery only. For the purpose of the pharmaceutical needs assessment, normal working hours have been defined as Monday to Friday 9.00am - 5.30pm.

Table 16.2: Number of pharmacies open during normal working hours, Monday to Friday, by locality

Locality	Number of pharmacies	Number open Monday to Friday 9.00am - 5.30pm	Closes for a half-day	Closes earlier than 5.30pm, one or two days per week
Bay	16	13	1	2
City	14	12	1	1
Cwmtawe	9	9	-	-
Llwchwr	9	9	-	-
Penderi	9	9	-	-
Afan	13	11	-	2
Neath	10	10	-	-
Upper Valleys	10	7	1	2

35.3% of people who responded to the public engagement questionnaire said they did not have a preferred time when they visit a pharmacy. 25.2% said 9.00am to 12 noon, and 15.9% said 2.00pm to 6.00pm. 47.1% of people said they do not have preferred day whilst 26.1% said weekdays in general.

80 of the 90 pharmacies in the health board meet the working hours criteria of being open weekdays from 9.00am - 5.30pm.
The health board has concluded that there are no current needs for the provision of essential services during normal working hours, Monday to Friday.

16.3.1.2 Access to essential services outside normal working hours

To measure access to essential services outside of the defined normal working hours three separate criteria were applied:

- Pharmacies open after 5.30pm, Monday to Friday
- Pharmacies open on Saturdays
- Pharmacies open on Sundays

Table 16.3: Number of pharmacies open outside of normal working hours, Monday to Friday, by locality

Locality	Number open until 6.00pm, each weekday	Number open until 6.30pm each weekday	Number open later than 6.30pm each weekday
Bay	8	-	-
City	8	-	-
Cwmtawe	4	-	-
Llwchwr	7	-	-
Penderi	6		2
Afan	6		1
Neath	5	-	-
Upper Valleys	4	-	-

Two pharmacies in Penderi locality have extended opening hours with one closing at 8.00pm Monday to Friday, and another closing at 10.30pm.

17.7% of people who responded to the public engagement questionnaire said their preferred time to visit a pharmacy is 6.00pm to 9.00pm.

The health board has concluded that there are no current needs for the provision of essential services outside normal working hours, Monday to Friday.

Table 16.4: Number of pharmacies open on Saturdays by locality

Locality	Number of pharmacies that close at or before 1.00pm Saturdays	Number of pharmacies open after 1.00pm Saturdays
Bay	5	2
City	2	2
Cwmtawe	3	0
Llwchwr	4	1
Penderi	0	2
Afan	6	1
Neath	3	1
Upper Valleys	8	0

41 of the 90 pharmacies are open on Saturdays. 32 are open for up to half a day, typically 9.00am - 1.00pm and nine open for a full day typically 9.00am - 5.30pm.

10.9% of people who responded to the public engagement questionnaire said their preferred day to visit a pharmacy is weekends in general.

The health board has concluded that there are no current needs for the provision of essential services on Saturdays.

Table 16.4: Number of pharmacies open on Sundays by locality

Locality	Number of pharmacies that are open on Sundays
Bay	2
City	1
Cwmtawe	1
Llwchwr	1
Penderi	2
Afan	1
Neath	1
Upper Valleys	1

Ten pharmacies are open on Sundays, seven due to the out of hours rota.

Noting that the majority of people who responded to the public engagement questionnaire either didn't have a preferred day to visit a pharmacy or said weekdays in general, the health board has concluded that there are no current needs for the provision of essential services on Saturdays.

16.3.2 Current access to national community pharmacy and appliance contractor services

The provision of these services is described in chapter 5 and the locality chapters. The health board has reviewed the number of pharmacies that have signed up to provide each service, and the activity data.

Whilst no pharmacies provide the stoma appliance customisation or appliance use review services, the health board has noted that prescriptions are dispensed by dispensing appliance contractors elsewhere in Wales and also in England. The health board is therefore satisfied that these services are being provided by those contractors.

Based on the conclusions in section 16.3.1 with regards to access to pharmacies, the number of pharmacies providing these services, and their activity levels, the health board has not identified any current needs for the provision of these services.

16.3.3 Current access to additional clinical services

The provision of these services is described in chapter 5 and the locality chapters. The health board has reviewed the number of pharmacies that are commissioned to provide each service and their locations.

Some of the services are commissioned in order to meet the needs of a particular patient group and therefore there is not a need for them to be provided by each pharmacy, for example the access to urgent medicines service. For others, there are other providers of the service, for example the blood borne virus screening, just in case, and inhaler review services.

Based on the conclusions in section 16.3.1 with regards to access to pharmacies, the number of pharmacies providing these services and their locations, the health board has not identified any current needs for the provision of these services

16.3.4 Current access to dispensing GP practice services

There are two GP practices that dispense from premises in the health board's area. The NHS (Pharmaceutical Services) (Wales) Regulations 2020 govern who a practice and can dispense to and therefore not all patients registered with these practices will be eligible to be dispensed to.
Noting the location of pharmacies across its areas, the health board has not identified any current needs for the provision of the GP dispensing service.

16.4 Future gaps in provision

The health board has taken into account the following known developments:

- The forecasted population growth
- Housing development information from the two local authorities
- Pharmacy: Delivering a Healthier Wales

16.4.1 Future access to essential services

16.4.1.1 Access to essential services during normal working hours

The health board has reviewed the information available on the known housing developments that will deliver new dwellings during the lifetime of this document. It has considered their location, the number of dwellings that will be created and estimated the number of people that will move into them. It has noted that the population of the two local authorities is projected to increase by 19,245 between 2022 and 2032, and therefore not everyone moving into these new dwellings currently lives outside of the health board's area.

84 of the pharmacies responded to the contractor questionnaire and the health board has noted that:

- 74 pharmacies said they have sufficient capacity within their premises to manage an increase in demand, six said they didn't but could make adjustments, and three said they did not and would have difficulty in managing an increase in demand. These pharmacies are located in Bay, City and Cwmtawe clusters.
- 71 pharmacies said they have sufficient capacity within their staffing levels to manage an increase in demand, ten said they didn't but could make adjustments, and two said they did not and would have difficulty in managing

an increase in demand. These pharmacies are located in City and Upper Valleys, with the one in City also saying it doesn't have capacity in its premises.

The health board has noted that if a contractor wishes to change the core opening hours of its pharmacy it must first apply to the health board and such applications are determined against the test in The NHS (Pharmaceutical Services) (Wales) Regulations 2020. As part of their application the contractor must provide the health board with sufficient information to demonstrate that the proposed opening hours are necessary to meet the needs of people in the neighbourhood, or other likely users of the pharmacy, for pharmaceutical services.

The health board does not expect any applications to curtail pharmacy opening hours during normal working hours over the lifespan of this pharmaceutical needs assessment. However, should any be received, they will be considered in relation to the regulatory test and the conclusions of this document.

Taking the above into account, the health board is satisfied that there is sufficient capacity within the existing pharmacies to manage the increase in demand created by these developments. It has therefore not identified any future needs for the provision of essential services.

16.4.1.2 Access to essential services outside normal working hours

The health board has noted that 28 pharmacies have core opening hours on Saturdays. Two have core opening hours on Sundays and a further six pharmacies open on Sundays under a rota.

It is possible that notifications to revise supplementary opening hours for pharmacies will be submitted to the health board during the lifespan of this pharmaceutical needs assessment. Supplementary opening hours are usually those that relate to after 5.30pm on weekdays and weekend opening.

Notifications to change supplementary hours require a period of three months' notice from the contractor. The health board cannot refuse changes to supplementary opening hours, but it can review the availability of pharmaceutical services in the area as a result of any changes.

Taking the above into account, the health board has not identified any future needs for the provision of essential services.

16.4.2 Future access to national community pharmacy and appliance contractor services

Based on the conclusions reached with regard to access to pharmacies, the number of pharmacies providing these services, their activity levels, and the reported capacity to manage an increase in demand, the health board has not identified any future needs for the provision of these services.

16.4.3 Future access to enhanced services

Based on the conclusions reached with regard to access to pharmacies, the number of pharmacies providing these services, their activity levels, and the reported capacity to manage an increase in demand, the health board has not identified any future needs for the provision of these services.

16.4.4 Future access to the GP dispensing service

Based on the conclusions reached with regard to the provision of pharmaceutical services by pharmacy contractors, and the restrictions within the regulations as to who can be dispensed to by their GP practice, the health board has not identified any future needs for the provision of the GP dispensing 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 was they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located, or direct which services must be provided from those locations.

Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (e.g. doctors) and to make recommendations for

changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation “Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992” sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However, it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce PNAs.

The Public Health (Wales) Act 2017 (the 2017 Act) inserted section 82A into the 2006 Act which makes provision for a new duty for health boards in Wales to prepare and publish an assessment of need for pharmaceutical services. Section 82A gave the Welsh Ministers powers to make regulations setting out the requirements for pharmaceutical needs assessments in Wales.

Intended effect and beneficial outcomes

The intended effect of introducing pharmaceutical needs assessments is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This requires health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (e.g. pharmacies and dispensing doctors). Health boards use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change provides contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they did previously. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve and provide services effectively to address identified pharmaceutical needs.

Policy, legislative framework and regulation

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are the essential services now set out in Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. 'Additional pharmaceutical services' are defined as services of a kind that do not fall within section 80 i.e. the national community pharmacy and appliance contractor services (previously referred to as the 'advanced services', and the community pharmacy additional clinical services (previously referred to as the 'enhanced services'). Section 81 gives Welsh Ministers the power to give directions to a health board:

(i) requiring it to arrange for the provision of additional pharmaceutical services, or
(ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A into the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of pharmaceutical needs assessments. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers made subordinate legislation setting out requirements for pharmaceutical needs assessments in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 imposes the legal requirements on health boards to complete pharmaceutical needs assessments.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1st October 2020 and health boards had until 1 October 2021 to publish their first pharmaceutical needs assessment.

In summary the NHS (Pharmaceutical Services) (Wales) Regulations 2020 set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health boards are free to include any other information that they feel is relevant)
- Date by which health boards must publish their first pharmaceutical needs assessment

- Requirement on health boards to publish further pharmaceutical needs assessments on a five yearly basis
- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the health board is to have regard to when producing its pharmaceutical needs assessment.

Once a health board has published its first PNA it is required to produce a revised pharmaceutical needs assessment within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition, a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

Developing the detailed requirements

A working group was established in November 2015 to develop the detailed requirements for conducting a PNA and to review and amend the tests and procedures as they apply to the provision of NHS pharmaceutical services. The group, which met on a number of occasions, consisted health board pharmacy leads with knowledge of the previous control of entry system and expertise in community pharmacy, NHS Shared Services Partnership primary care (pharmacy) leads, who have expertise in the process of determining control of entry applications, and Welsh Government staff. The group made a significant contribution to the development of Welsh Government's policy on pharmaceutical needs assessments, including the resultant proposals contained within the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Review of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

From May to July 2024 Welsh Government undertook a review of the regulations to evaluate the introduction of pharmaceutical needs assessments in order to assess whether their introduction is working as intended and to identify any unintended consequences of the policy.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to be suffering from, or at risk of development, an adverse health issue and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

Appendix C – national community pharmacy and appliance contractor services

1. The clinical community pharmacy service

Service description

The clinical community pharmacy service comprises three components.

- A common ailments service,
- An urgent contraception service, and
- An emergency medicine supply service.

In order to provide the service, pharmacy contractors must provide all three components.

Aims and intended outcomes

- To deliver prudent healthcare using a ‘community pharmacy first’ model of care, for patients who can be appropriately managed in the community pharmacy setting, thereby increasing access to timely care from an appropriate healthcare professional.
- To help tackle health inequalities through increasing access (both temporally and geographically) to services that meet patient need for unplanned care, contraception, or advice on sexually transmitted infections.

Common ailments service

Under this service, patients register with the pharmacy of their choice in order to receive advice and treatment on a specified list of common ailments which includes urinary tract infection and sore throat. This may include the supply of one or more medicines listed on the national formulary.

Contraception service

This service is for patients aged 13 to 54 years old, are of childbearing potential and either:

- have had unprotected sexual intercourse in the past five days, or
- wish to QuickStart contraception using a progestogen-only contraceptive.

Where the patient is aged 13, 14 or 15 years old the service will be offered in accordance with Gillick competence, Fraser guidance and any guidance issued by the Welsh Government in relation to the provision of confidential sexual health advice and/or treatment for patients aged 13 years or over.

Where assessment determines that it is appropriate to supply emergency contraception, the relevant medicine will be supplied via a patient group direction for immediate consumption on the premises.

Emergency medicines supply

This service will normally only be provided where the pharmacy contractor believes that it would not be practicable for the patient to obtain the previously prescribed medicines they require in a clinically appropriate timeframe via the usual route.

In order to make a supply, the pharmacy contractor must interview the patient and be satisfied that:

- that there is an immediate need for the medicine supplied, and
- that it is impracticable to obtain a prescription without undue delay; and
- that treatment with the medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; and
- as to the dose which in the circumstances it would be appropriate for that person to take.

2. Discharge medicines review service

Service description

The discharge medicines review service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (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 comprises two stages.

- The first stage requires the pharmacist or pharmacy technician at the pharmacy to check the medicines prescribed in one care setting match those prescribed by the patient's GP or relevant primary care team when the patient moves to another care setting, which may be their home. If there are any discrepancies these are raised with the GP practice, relevant primary care team, care setting patient or carer as applicable.
- The second stage provides an opportunity for the patient to have a discussion with a pharmacist and/or pharmacy technician to establish a picture of the patient's use of their medicines or onward referral to an appropriate setting for further review. The review will also help patients understand their medicines and will identify any problems they are experiencing along with possible solutions.

Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,

- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed and reducing wastage of medicines.

3. Pharmacist independent prescribing service

Service description

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service. It comprises three components:

- The prescribing of routine contraception,
- The management of common ailments, not normally managed by the national common ailment service, and
- The provision of a prescribing service agreed by the relevant local health board.

Aims and intended outcomes

The underlying purposes of this service are:

- to provide access to prescription only medicines for the treatment of common ailments that require treatment with prescription only medicines that are not available under the clinical community pharmacy service,
- to provide access to emergency or regular contraception where those needs cannot be met under the clinical community pharmacy service; and
- for the provision of any other service which the pharmacy contractor agrees with the relevant local health board to provide.

4. Seasonal influenza vaccination service

Service description

Any pharmacy contractor wishing to provide this service must also be providing the clinical community pharmacy service.

Aims and intended outcomes

The underlying purpose of the service is for the registered pharmacist or pharmacy technician to administer an influenza vaccination to a patient under a patient group direction or administer an influenza vaccination to a patient under a protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations).

5. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

6. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

7. Lateral flow test supply service

Service description

This service is only for patients who are potentially eligible for COVID-19 treatments. Under the service, pharmacy contractors make a supply of lateral flow tests to

eligible patients or their representatives for the tests to be self-administered by the patient away from the pharmacy.

Aims and intended outcomes

To offer access to lateral flow tests for patients who have a health condition that makes them eligible for COVID-19 treatment, to enable testing at home for COVID-19, following symptoms of infection. A positive lateral flow test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

Appendix D – additional clinical services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
- The clinical and cost effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

4. An emergency pandemic treatment and prophylaxis supply service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

5. An emergency pandemic vaccination service-

- The underlying purpose of which is for the pharmacy contractor to administer a vaccination to a patient under a patient group direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 (Protocols relating to coronavirus and influenza vaccinations and immunisations), and
- If a pharmacy contractor arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the local health board.

6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to patients' homes-

- Drugs, and
- Appliances, other than specified appliances within the meaning of regulation 2(1) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

8. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- Drugs which they are using
- Their health,
- General health matters relevant to them, and
- where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for the pharmacy contractor to —

- Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's patient care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
- Advise and support the patient regarding the use of their drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- Where appropriate, to refer the patient to another health care professional.

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —

- Assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with additional learning needs, and
- Offer advice, support and assistance to vulnerable patients and patients with additional learning needs regarding the use of drugs with a view to improving their knowledge of, compliance with and use of, such drugs.

11. A needle and syringe supply service, the underlying purpose of which is for the pharmacy contractor to —

- Provide sterile needles, syringes and associated materials to drug misusers
- Receive from drug misusers used needles, syringes and associated materials, and
- Offer advice to drug misusers and where appropriate refer the drug misuser to another health care professional or a specialist drug treatment centre.

12. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

13. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

14. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

15. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost effective use of drugs
- Prescribing policies and guidelines, and
- Repeat prescribing.

16. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

17. A screening service, the underlying purpose of which is for the pharmacy contractor to —

- Identify patients at risk of developing a specified disease or condition
- Offer advice regarding testing for a specified disease or condition
- Carry out such a test with the patient's consent, and
- Offer advice following a test and refer to another health care professional as appropriate.

18. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to—

- Advise and support patients wishing to give up smoking, and
- Where appropriate, to supply appropriate drugs and aids.

19. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.

20. A prescribing service, the underlying purpose of which is for the pharmacy contractor who is an independent prescriber, or who employs or engages an

independent prescriber, to prescribe medicines in circumstances specified by the relevant local health board.

21. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in the event of or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

22. A waste minimisation service, the underlying purpose of which is to identify prescribed medicines or appliances which are not required by the patient at the point of supply.

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service includes the requirements that are additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient

- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

3. Home delivery service

Service description

To provide a home delivery service in respect of certain appliances.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice by a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to NHS Direct Wales

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not staffed callers must be given a telephone number or website contact details for NHS Direct Wales who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – pharmaceutical needs assessment steering group membership

Name	Role	Organisation
Judith Vincent	Clinical director pharmacy and chair of the group	Swansea Bay University Health Board
Sam Page	Head of primary care and vice chair of the group	Swansea Bay University Health Board
Kelly Jones-Lewis	Head of primary care	Swansea Bay University Health Board
Lowri Lowe	Primary care manager (community pharmacy and general dental services)	Swansea Bay University Health Board
Elinor Morgan	Primary care development manager	Swansea Bay University Health Board
Rhian Newton	Head of medicines management	Swansea Bay University Health Board
Jordan Morgan-Hughes	Welsh language services	Swansea Bay University Health Board
Dr Penelope Cresswell-Jones	Specialty registrar in public health/acting consultant in public health	Swansea Bay University Health Board
Jayne Howard	Associate director contractor services	Community Pharmacy Wales
		Llais
		Morgannwg Local Medical Committee

Membership of the group during the lifetime of the project as follows.

- Judith Vincent left the health board.
- Sam Page took over as chair of the group following Judith's departure.

Although members of the group and were therefore sent the papers, Llais and Morgannwg Local Medical Committee chose not to attend the meetings.

Appendix G – public engagement questionnaire

We are inviting you to tell us about pharmacy services in your area. This is to help us plan for services for our patients now and in the future to make sure they meet your needs, using a process called a 'pharmaceutical needs assessment'.

Your answers will help us identify if there are any service gaps, for example whether a pharmacy (also called a 'chemist') is needed in a particular area, or whether more pharmacies need to provide a particular service.

Looking to the future, we will look at what may change over the next five years and whether there will be enough pharmacies in the right places, providing the services that people need as, for example, more houses are built.

Your views are important to us so please spare a few minutes to complete this questionnaire. We estimate it will take you about 10 to 15 minutes to complete. The questionnaire is anonymous and any information you give will not be linked to you.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please contact SBU.CommunityPharmacyOffice@wales.nhs.uk with "PNA public engagement questionnaire" in the subject header.

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

About you

Please tell us your postcode

By providing us with the first four digits of your postcode, you are consenting for us to use this information to understand which part of Swansea Bay University Health Board you live in. This information will only be used for the purposes of this questionnaire so that we can identify whether we have received responses from across the health board area or from particular areas. Please do not provide us with your full postcode.

For example, if your postcode is SA12 9XL just type SA12 in the box below.

Preferred language

1. Please could you tell us your preferred language when you access services at a pharmacy?

- Welsh
- English
- Other [text box]

How you use your pharmacy – either in person or by having someone else go there for you

2. Why do you usually visit a pharmacy? Please tick any or all that apply.

- To get or collect a prescription for myself
- To buy medicines for myself
- To get advice for myself
- For other services such as flu vaccination
- To get or collect a prescription for someone else
- To buy medicines for someone else
- To get advice for someone else
- I don't visit a pharmacy as I use an online/internet pharmacy
- I don't visit a pharmacy as I use a dispensing doctor
- I don't visit a pharmacy as I use an appliance contractor
- I don't visit a pharmacy as my medicines are delivered to me
- I don't go to a pharmacy; someone goes on my behalf
- Other [text box]

3. How often do you use a pharmacy?

- Daily
- Weekly
- Fortnightly
- Monthly/every four weeks
- Quarterly
- As needed
- I don't use a pharmacy
- Other [text box]

4. What time is the most convenient for you to use a pharmacy?

- 7am to 9am
- 9am to 12 noon
- 12 noon to 2pm
- 2pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

5. What day is the most convenient for you to use a pharmacy?

- Monday
- Tuesday
- Wednesday
- Thursday

- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don’t have a preference

6. Has there been a time recently when you were not able to use your normal pharmacy?

- Yes
- No
- Not applicable

7. If you answered ‘yes’ to question 6, can you tell us what you did? Please tick all statements that apply.

- I went to another pharmacy
- I waited until the pharmacy was open
- I went to my GP
- I went to the A&E / emergency department
- I went to a minor injury unit
- I called NHS 111 Wales
- Other [text box]

Your choice of pharmacy

8. Please could you tell us whether you:

- Always use the same pharmacy
- Use different pharmacies but I prefer to visit one most often
- Always use different pharmacies
- Rarely use a pharmacy
- Never use a pharmacy

9. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

- Close to my home
- Close to where I work
- Close to my doctor
- Close to children’s school or nursery
- Close to other shops
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- I can speak to the staff in my preferred language
- I like and trust the staff who work there
- The staff know me and look after me

- The staff don’t know me
- I’ve always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and/or delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provides good advice & information
- The customer service
- It is accessible eg wheelchair/baby buggy friendly
- It’s a well-known big chain
- It’s not one of the big chains
- There is a private area if I need to talk to the pharmacist
- I can order my repeat medicines online or by using their app
- Other [text box]

10. Is there a more convenient and/or closer pharmacy that you don’t use?

- Yes
- No
- Don’t know

11...and if you have answered yes to question 10, please could you tell us why you do not use that pharmacy?

- It is not easy to park at the pharmacy
- I have had a bad experience in the past
- The service is too slow
- The staff are always changing
- The staff don’t know me
- I know the staff and would prefer them not to know what medicines I am taking
- They don’t have what I need in stock
- The pharmacy does not deliver medicines
- There is not enough privacy
- It’s not open when I need it
- It’s not wheelchair/baby buggy friendly
- Other [text box]

Travelling to a pharmacy

12. If you go to the pharmacy by yourself or with someone, how do you usually get there?

- On foot
- By bus
- By car
- By bike

- By taxi
- By mobility scooter
- Other [text box]
- Not applicable

13. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- 20 minutes or more

14. Would you say that you have difficulty in getting to a pharmacy?

- Yes
- No
- Not applicable

15. If you have difficulty getting to a pharmacy, please tell us why.

[Text box]

Pharmacy services in general

16. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.

- I would call them
- I would call NHS 111 Wales or use their website
- I would search the Swansea Bay University Health Board website
- I would search the internet
- I would use social media
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- I would find out from reading the local newspaper or magazine
- Not applicable
- Other [text box]

17. Do you feel able to discuss something private with your pharmacist?

- Yes
- No
- Never needed to
- Don’t know

18. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of.

- Flu vaccinations (for those who are in one of the at risk groups)
- Discharge medicines review service – this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.
- Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.
- Contraception services which includes 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, for example sore throats and urinary tract infections, so that you do not need to see a GP.
- Needle and syringe programme – this is a substance misuse harm reduction service where pharmacists can supply sterile injecting equipment packs and dispose of used equipment
- Supervised administration of medicines – this service is to support people receiving treatment for substance misuse
- Emergency medicines supply – this service enables people to access emergency supplies of their medication through their pharmacy
- Pharmacist independent prescribing service
- Covid vaccination service
- Blood-borne virus testing
- Care home support service
- Discharge medication review
- Inhaler review service
- Just in case bag service
- Medicines administration record service
- Urgent Medication service
- No

19. Have you used any of the services listed in question 18?

- Flu vaccinations (for those who are in one of the at risk groups)
- Discharge medicines review service
- Appliance use review service
- Contraception services
- Help to stop smoking
- Common ailments scheme
- Needle and syringe exchange
- Supervised administration of medicines
- Emergency medicines supply
- Pharmacist independent prescribing service
- No

20. Is there anything else you would like to tell us about your experience of your local pharmacy services?

[Text box]

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?

[Text box]

Equality monitoring

In order to monitor the effectiveness of our Equality Policy and practice, and to ensure our services are delivered in a way that is fair to all and free from bias, we would appreciate your cooperation in providing, on an entirely voluntary basis, the information as requested below. The information is confidential and anonymous and will be used solely for statistical monitoring purposes. It is separated from any correspondence received from you and will be securely destroyed after we have captured the information.

In submitting this form, I hereby acknowledge and give explicit consent to SB UHB to use my personal data, including all sensitive equality data (e.g. sexual orientation/ gender reassignment) freely provided by me for the purposes of lawfully monitoring and reporting to comply with equality legislation.

22. Age - please indicate your age range by ticking the appropriate box

- 0-15 years
- 16-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 and above

23. Gender identity - at birth were you described as:

- Male
- Female
- Intersex
- Prefer not to say
- Other (please state): [text box]

24. Gender identity - which of the following describes how you think of yourself

- Male
- Female
- Intersex

- Prefer not to say
- Other (please state): [text box]

25. Pregnancy and maternity - are you currently pregnant, or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say

26. Pregnancy and maternity: Have you taken maternity leave within the past year?

- Yes
- No
- Prefer not to say

27. National identity - how would you describe your national identity?

- Welsh
- English
- Scottish
- Northern Irish
- Irish
- British
- Prefer not to say
- Other (please state): [text box]

28. Ethnic group - what is your ethnic group?

- White
- Mixed / Mixed British
- Black / Black British
- Asian / Asian British
- Arab
- Prefer not to say
- Other (please state): [text box]

29. Sexual orientation - which of the following options best describes how you think of yourself?

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Prefer not to say
- Other (please state): [text box]

30. Religion or belief - what is your religion?

- Christian (all denominations)
- Buddhist
- Hindu
- Muslim
- Sikh
- Jewish
- Atheist
- No Religion
- Prefer not to say
- Other (please state): [text box]

31. Marital status - are you married or in a civil partnership?

- Yes
- No
- Prefer not to say

32. Disability - do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

33. Language - what is your preferred language?

- English
- Welsh
- Prefer not to say
- Other (please state): [text box]

34. Language - can you understand, speak, read or write Welsh?

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None of the above
- Prefer not to say

35. Caring responsibilities - do you look after or give help or support to family members, friends, neighbours or others because of either (a) long term physical or mental ill health or disability or (b) problems relating to old age?

- Yes
- No
- Prefer not to say

Appendix H – full results of the patient and public survey

By providing us with the first four digits of your postcode, you are consenting for us to use this information to understand which part of Swansea Bay University Health Board you live in. This information will only be used for the purposes of this questionnaire so that we can identify whether we have received responses from across the health board area or from particular areas. Please do not provide us with your full postcode. For example, if your postcode is SA12 9XL just type SA12 in the box below**.**

Location of survey responses

Postcode	Number of responses
SA1	8
SA2	14
SA3	4
SA4	16
SA5	7
SA5	1
SA6	11
SA6	1
SA7	5
SA8	9
SA9	1
SA10	11
SA11	16
SA12	6
SA13	2
SA18	4
Skipped	3
Total	**119**

Please note that all responses are verbatim and have not been edited other than to anonymise pharmacies, GP practices and locations.

1. Please could you tell us your preferred language when you access services at a pharmacy?				
Answer Choices			**Response Percent**	**Response Total**
1	Welsh		1.7%	2
2	English		98.3%	116
3	Other:		0.0%	0
			answered	118
			skipped	1

2. Why do you usually visit a pharmacy? Please tick any or all that apply.				
Answer Choices			**Response Percent**	**Response Total**
1	To get or collect a prescription for myself		92.4%	110
2	To buy medicines for myself		51.3%	61
3	To get advice for myself		50.4%	60
4	For other services such as flu vaccination		25.2%	30
5	To get or collect a prescription for someone else		53.8%	64
6	To buy medicines for someone else		22.7%	27
7	To get advice for someone else		17.7%	21
8	I don’t visit a pharmacy as I use an online/internet pharmacy		0.8%	1
9	I don’t visit a pharmacy as I use		0.0%	0

2. Why do you usually visit a pharmacy? Please tick any or all that apply.				
	a dispensing doctor			
10	I don’t visit a pharmacy as I use an appliance contractor (an appliance contractor supplies medical devices prescribed by a doctor)		0.0%	0
11	I don’t visit a pharmacy as my medicines are delivered to me		3.4%	4
12	I don’t go to a pharmacy; someone goes on my behalf		0.0%	0
13	Other:		0.0%	0
			answered	119
			skipped	0

3. How often do you use a pharmacy?				
Answer Choices			**Response Percent**	**Response Total**
1	Daily		0.0%	0
2	Weekly		6.7%	8
3	Fortnightly		11.8%	14
4	Monthly/every four weeks		63.9%	76
5	Quarterly/every three months		1.7%	2
6	As needed		15.9%	19

3. How often do you use a pharmacy?				
7	I don’t use a pharmacy		0.0%	0
8	Other:		0.0%	0
			answered	119
			skipped	0

4. What time is the most convenient for you to use a pharmacy?				
Answer Choices			**Response Percent**	**Response Total**
1	7am to 9am		2.5%	3
2	9am to 12 noon		25.2%	30
3	12 noon to 2pm		3.4%	4
4	2pm to 6pm		15.9%	19
5	6pm to 9pm		17.7%	21
6	9pm to midnight		0.0%	0
7	I don’t have a preference		35.3%	42
			answered	119
			skipped	0

5. What day is the most convenient for you to use a pharmacy?				
Answer Choices			**Response Percent**	**Response Total**
1	Monday		1.7%	2
2	Tuesday		3.4%	4
3	Wednesday		4.2%	5
4	Thursday		0.0%	0
5	Friday		3.4%	4
6	Saturday		2.5%	3

5. What day is the most convenient for you to use a pharmacy?				
7	Sunday		0.8%	1
8	Weekdays in general		26.1%	31
9	Weekends in general		10.9%	13
10	I don't have a preference		47.1%	56
			answered	119
			skipped	0

6. Has there been a time recently when you, or a person on your behalf, were not able to use your usual pharmacy?				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		36.1%	43
2	No		56.3%	67
3	Not applicable		7.6%	9
			answered	119
			skipped	0

7. Can you tell us what you did? Please tick all statements that apply.				
Answer Choices			**Response Percent**	**Response Total**
1	I went to another pharmacy		74.4%	32
2	I waited until the pharmacy was open		20.9%	9
3	I went to my GP / Out of Hours GP		11.6%	5
4	I went to the A&E / emergency department		0.0%	0

7. Can you tell us what you did? Please tick all statements that apply.				
5	I went to a minor injury unit		0.0%	0
6	I called NHS 111 Wales		0.0%	0
7	Other:		4.7%	2
			answered	43
			skipped	76

Other: (2)

1		Blank
2		Had to go to 4 different ones

8. Please could you tell us whether you:				
Answer Choices			**Response Percent**	**Response Total**
1	Always use the same pharmacy		63.0%	75
2	Use different pharmacies but I prefer to visit one most often		33.6%	40
3	Always use different pharmacies		2.5%	3
4	Rarely use a pharmacy		0.8%	1
5	Never use a pharmacy		0.0%	0
			answered	119
			skipped	0

9. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.				
Answer Choices			**Response Percent**	**Response Total**
1	Close to my home		67.2%	80
2	Close to where I work		12.6%	15
3	Close to my doctor		42.9%	51
4	Close to children's school or nursery		2.5%	3
5	Close to other shops		11.8%	14
6	The location of the pharmacy is easy to get to		48.7%	58
7	It is easy to park at the pharmacy		27.7%	33
8	I can speak to the staff in my preferred language		5.0%	6
9	I like and trust the staff who work there		43.7%	52
10	The staff know me and look after me		32.8%	39
11	The staff don't know me		1.7%	2
12	I've always used this pharmacy		21.0%	25
13	The service is quick		30.3%	36
14	They usually have what I need in stock		40.3%	48
15	The pharmacy has good opening hours		26.1%	31
16	The pharmacy collects my prescription and/or delivers my medicines		22.7%	27
17	The pharmacy was recommended to me		2.5%	3

9. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.				
18	The pharmacy provides good advice & information		34.5%	41
19	The customer service		29.4%	35
20	It is accessible eg wheelchair/baby buggy friendly		5.0%	6
21	It's a well-known big chain		9.24%	11
22	It's not one of the big chains		19.3%	23
23	There is a private area if I need to talk to the pharmacist		30.3%	36
24	I can order my repeat medicines online or by using their app		18.7%	22
25	Other:		3.4%	4
			answered	119
			skipped	0

Other: (4)

1		Can collect 24/machine in wall
2		Which ever pharmacy can give me my medication. Lately it's been days to wait for medication. One pharmacy told me 4 days to get an asthma pump which I needed to help me breathe. That visit I had to go to 4 pharmacy's
3		Vending Machine Collection
4		Dispensing machine which can be accessed out of hours

10. Is there a more convenient and/or closer pharmacy that you don't use?				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		29.7%	35

10. Is there a more convenient and/or closer pharmacy that you don't use?				
2	No		65.3%	77
3	Don't know		5.1%	6
			answered	118
			skipped	1

11. Please could you tell us why you do not use that pharmacy?				
Answer Choices			**Response Percent**	**Response Total**
1	It is not easy to park at the pharmacy		38.9%	14
2	I have had a bad experience in the past		19.4%	7
3	The service is too slow		44.4%	16
4	The staff are always changing		16.7%	6
5	The staff don't know me		22.2%	8
6	I know the staff and would prefer them not to know what medicines I am taking		8.3%	3
7	They don't have what I need in stock		33.3%	12
8	The pharmacy does not deliver medicines		2.8%	1
9	There is not enough privacy		11.1%	4
10	It's not open when I need it		27.8%	10
11	It's not wheelchair/baby buggy friendly		0.0%	0

11. Please could you tell us why you do not use that pharmacy?			
12	Other:	19.4%	7
		answered	36
		skipped	83

Other: (7)

1		Takes days to get medication
2		Staff are rude & service is poor
3		It’s too busy
4		Attitude of staff and being told to come back the following day to pick up antibiotics
5		They dont have a 24 hour dispensing machine for prescriptions
6		I have a good relationship with the pharmacist at my preferred pharmacy.
7		I've heard bad things from others and so haven't used it.

12. If you go to the pharmacy by yourself or with someone, how do you usually get there?			
Answer Choices		**Response Percent**	**Response Total**
1	On foot/wheelchair	26.9%	32
2	By bus	3.4%	4
3	By car	66.4%	79
4	By bike	0.8%	1
5	By taxi	1.7%	2
6	By mobility scooter	0.0%	0
7	Not applicable	0.8%	1
8	Other:	0.0%	0
		answered	119
		skipped	0

13. ...and how long does it usually take to get there?				
Answer Choices			**Response Percent**	**Response Total**
1	Less than 5 minutes		33.1%	39
2	Between 5 and 15 minutes		56.8%	67
3	More than 15 minutes but less than 20 minutes		6.8%	8
4	More than 20 minutes		3.4%	4
			answered	118
			skipped	1

14. Would you say that you usually have difficulty in getting to a pharmacy?				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		5.9%	7
2	No		90.8%	108
3	Not applicable		3.4%	4
			answered	119
			skipped	0

15. If you have difficulty getting to a pharmacy please tell us why			
Answer Choices		**Response Percent**	**Response Total**
1	Open-Ended Question	100.0%	7
1		Depending on taxi availability	
2		They take so long to give your medication	
3		Parking in the area is non existent	

15. If you have difficulty getting to a pharmacy please tell us why		
4		Access and poor opening hours
5		I work 9-5
6		I have kidney failure
7		Mobility issues
	answered	7
	skipped	112

16. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.				
Answer Choices			**Response Percent**	**Response Total**
1	I would call them		30.3%	36
2	I would call NHS 111 Wales or use their website		10.9%	13
3	I would search the Swansea Bay University Health Board website		10.9%	13
4	I would search the internet		62.2%	74
5	I would use social media		11.8%	14
6	I would ask a friend		1.7%	2
7	I would just pop in and ask them		24.4%	29
8	Look in the window		12.6%	15
9	I would find out from reading the local newspaper or magazine		0.0%	0
10	Not applicable		4.2%	5
11	Other:		5.9%	7
			answered	119

16. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.		
	skipped	0

Other: (7)

1		Pharmacy own website
2		Use the [name] app
3		I know of pharmacists in the area due to having to visit them all to get medication
4		[name] Pharmacy have a brilliant out of hours dispensing machine
5		On text I receive from them
6		Google Maps
7		Look at notice on door

17. Do you feel able to discuss something private with your pharmacist? Please tick one.				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		67.2%	80
2	No		10.9%	13
3	Never needed to		17.7%	21
4	Don’t know		4.2%	5
			answered	119
			skipped	0

18. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of				
Answer Choices			**Response Percent**	**Response Total**
1	Flu vaccinations		87.7%	100
2	Discharge medicines review service		23.7%	27

18. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of				
3	Appliance use review service		8.8%	10
4	Contraception service which includes the 'morning after pill'		43.9%	50
5	Help to stop smoking		44.7%	51
6	Common ailments scheme		84.2%	96
7	Needle and syringe provision		14.9%	17
8	Supervised administration of medicines		22.8%	26
9	Emergency medicines supply		34.2%	39
10	Pharmacist independent prescribing service		38.6%	44
11	Covid vaccination service		47.4%	54
12	Blood-borne virus testing		6.1%	7
13	Care home support service		7.9%	9
14	Discharge medication review		12.3%	14
15	Inhaler review service		14.9%	17
16	Just in case bag service		11.4%	13
17	Medicines administration record service		14.0%	16
18	Urgent Medication service		18.4%	21
19	No		5.3%	6
			answered	114

18. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of		
	skipped	5

19. Have you used any of the services listed?				
Answer Choices			**Response Percent**	**Response Total**
1	Flu vaccinations		48.2%	52
2	Discharge medicines review service		4.6%	5
3	Appliance use review service		0.0%	0
4	Contraception services which includes the ‘morning after pill’		10.2%	11
5	Help to stop smoking		6.5%	7
6	Common ailments scheme		59.3%	64
7	Needle and syringe programme		0.0%	0
8	Supervised administration of medicines		0.0%	0
9	Emergency medicines supply		13.9%	15
10	Pharmacist independent prescribing service		24.1%	26
11	Covid vaccination service		19.4%	21
12	Blood-borne virus testing		0.0%	0

19. Have you used any of the services listed?				
13	Care home support service		0.0%	0
14	Discharge medication review		0.9%	1
15	Inhaler review service		1.9%	2
16	Just in case bag service		1.9%	2
17	Medicines administration record service		0.9%	1
18	Urgent Medication service		2.8%	3
19	No		17.6%	19
			answered	108
			skipped	11

20. Please tell us about your experience of your local pharmacy services.			
Answer Choices		**Response Percent**	**Response Total**
1	Open-Ended Question	100.0%	95
1		Problems with collection/delivery of repeat prescriptions from GP to pharmacy. Would like to see adoption of electronic prescriptions by every gp practice	
2		Quick and efficient	
3		Some great, some terrible. Poor communication. Difficult to get some medicines which are required quickly. Refusal by many to dispense aspirin during pregnancy without prescription despite it being written my doctors and midwives in my notes	
4		Very busy pharmacy. And I feel sorry for staff but always friendly. Had a few issues with out of stock medication due to stock shortages. But usually sorted for me.	
5		My local pharmacy is ok but I wouldn't say brilliant. I use it for convenience	

20. Please tell us about your experience of your local pharmacy services.		
6		Friendly girls
7		My pharmacy doesn’t open Saturdays. Parking is awful and queues to be served are long
8		Get better service from my chemist than from my GP.
9		The staff are helpful, know me, and are usually quick to attend to my pre ordered prescription
10		I have had to go to a variety of chemist shops to fill a prescription. Been told they shorted my tablets and on going to collect them been told I’d left it too late to complete the prescription which has left me short. Never been asked if I would like an emergency supply of shorted medication
11		We have great service in ours
12		Great staff, always polite and incredibly helpful should you have any questions or issues.
13		Excellent service
14		Excellent knowledge by pharmacists, excellent customer service
15		Excellent service and open 7 days a week
16		Very polite and professional, easy to talk to for advice.
17		They have the best team. From the pharmacist to the counter staff they are amazing
18		Long winded with questions. First wait ages to see a pharmacist, then long time to discuss needs and give details then wait again another 20 to 30 mins for medicines
19		Very helpful and pleasant staff, Chemist and staff always very busy but are happy to stop and help if I have a question.
20		Easy
21		Not many local pharmacys cover all of the common ailments scheme... Needed to travel to further pharmacy to be able to utilise as GP would not see me
22		Bit bit and miss
23		Excellent. At [name] pharmacies

20. Please tell us about your experience of your local pharmacy services.		
24		[name] pharmacy are absolutely fantastic. The staff always go above and beyond. They've always got a smile on their face and nothing is every an issues. I've had to speak to the manager [name] the pharmacist regarding my husband's medications on a few occasions and nothing has ever been any trouble for them. Would not use another pharmacy.
25		Excellent! [name] in [name] pharmacy is amazing always so helpful and knows the people who come in. I also use Hywel dda pharmacies [name] and [name] and they are equally as lovely and helpful.
26		Fabulous service! Wouldn't be without them. So helpful
27		I use independent pharmacy in [location]. The staff are very helpful and the pharmacist.
28		I very rarely go to the pharmacy. But I do get my blood pressure checked there at least twice a year.
29		Hardly any stock, many times have to go to alternative pharmacy
30		I have had very good service from my local [name] Pharmacy for many years. Hopefully it will not change with the new electronic service starts.
31		Excellent always receive text within 7 days that meds are in machine
32		I went in to discuss issue to see if there was any over the counter cream that could be suggested but even though the pharmacist was in the pharmacy they wouldn’t come out and speak to me as they were too busy
33		Shambles Constant change of staff Lack of supplies All ways keep you waiting or to callback next day When asked about the common aliements scheme I’m being told different things , have to make N appt to speak to a pharmacist to discuss common ailments as never one available
34		Generally good but long waiting times, prescriptions not ready and chasing back and forward between surgery and chemist are common. Common ailment scheme is good. Staff are lovely and happy to help but seems to lack organisation at times.

20. Please tell us about your experience of your local pharmacy services.		
35		The local pharmacy(next to surgery) had supply problems with prescriptive medicines and finally closed for several months without notice. I now use a different pharmacy.
36		The pharmacist at the Gp is slow and you have to knock an external window to access it. Even during extreme weather. The service intakes days to get your medication and they are very unhelpful
37		Excellent
38		The staff recognise me and are always helpful. If there is a shortage of medicine they will explain my options. They will contact my GP is there is an issue with a prescription.
39		Always on time, very helpful when needed and easy to access both online and over the telephone.
40		They provide an excellent, efficient and friendly service in general. The pharmacists provide an excellent service under the common ailment and prescribing scheme which is easy to access and a brilliant way of being seen quickly without ‘wasting’ a GPs appointment if not necessary. They diagnosed and treated me for shingles enabling me to commence anti vitals very quickly which, I feel, lessened the impact of the infection. I have seen them several times for other issues and always received advice every bit as expert and effective as seeing my GP.
41		Excellent
42		Well run and efficient
43		I love my local pharmacy but they don't alway have all my medication in stock and I often have to make several trips to collect my missing medication
44		Majority of the time, no issues, difficult to park close as im disabled and have difficulties with walking
45		[name] Pharmacy is brilliant in that our prescriptions automatically get sent across the road from the surgery to there. We then get a text message to go to collect the prescription from the automated out of hours machine. Sooo much easier to use when you work full time during the week.

20. Please tell us about your experience of your local pharmacy services.		
46		Dreadful,rude, kept waiting 45 mins only to be told the meds were not there. Queues down the road.
47		I use [name] always struggle with supplies.Slow service have to wait 10mins to be seen.Then hours or days to collect medication.I chose a [type of pharmacy] thinking they woukd have more stock, but they don't .So medication always delayed
48		The wait times at some pharmacies lately has been awful. The pharmacy on [name] pharmacy told me to return in 24 hours to pick up a simple antibiotic and the pharmacy in [name] and [name] also told me it would at least be an hours wait. The prescription had been given to me from out of hours services where I had been up all night unwell and was forced to wait an hour for a prescription whilst feeling unwell which is awful
49		I don’t have to visit pharmacy shop as I get texted a code and able to access my prescription at my convenience through a collection point.
50		Lovely and friendly but they seem overly busy the wait is long
51		[name] Pharmacy is a very good pharmacy with useful collection from machine service. Staff are always helpful and friendly.
52		I am generally very satisfied with their repeat prescription delivery service.
53		Cannot fault the service
54		Friendly, fast reliable service
55		[name] are always cheerful, friendly and knowledgeable. They always go above and beyond to assist customers.
56		The [name] Pharmacy has a brilliant out of hours/24 hour prescription dispensing machine. I get a text code to access it. It's easy to park there on my way home from work. [name] Pharmacy is nearer to me but doesn't have any of the above.
57		[name] is brilliant I order my prescription online and it is delivered within 3 working days I am very happy with their service

20. Please tell us about your experience of your local pharmacy services.		
58		Receptioniat in surgery advises you to contact pharmacist for consultation. Ring pharmacy no appointments available. Vicous circle then back to GP for appointment to try to speak or see someone
59		Able to have prescriptions sent to pharmacy from GP
60		[name] Pharmacy is very good, staff are very kind and helpful. Sometimes they don't have all tablet's needed. But have them within a few days. [name] Pharmacy is terrible, staff are very rude. Go in after seeing doctor with medication thats needed, always told I need to wait 40min or the following day after 2pm. On one occasion went in for antibiotics, this was a Friday 2pm was told it would be available Tuesday after 2pm. They even close for 1hour for lunch.
61		I have been with [name] pharmacy 11 yrs. I have recently changed pharmacies as the local one appears to run out of medication ie antibiotics. I have seen a massive decline in my local pharmacy regarding putting somebody else's medication in my bag. I have monthly repeat prescriptions. They don't inform you if there are issues with getting hold of your medication ie propranolol if I didn't think they are late sending me a text to say medication is ready I would have not been able to take my propranolol which is solely for high blood pressure. When I went there told me to find another pharmacy not acceptable as it turned out I had to ask the gp go new script for the propranolol they could get. I was on slow release form.
62		The closest to my home, small community pharmacy offering outstanding service, including personal knowledge if advice needed.
63		The pharmac based in [location] In the [location], exelent service and advice by all who works there.
64		Fantastic local pharmacy, staff always go above and beyond. Medication is always in stock
65		Service between GP and pharmacy working well. I order my repeat medication on line via NHS Wales app and receive text from pharmacy when they are ready to collect.
66		Helpful, obliging, kind and efficient

20. Please tell us about your experience of your local pharmacy services.		
67		Great service and friendly staff. Usually has a good supply and if not, is able to get them in within days and will offer to deliver them
68		Really good
69		I was the only person in the queue gave my prescription to a lady,and she told me it be an hours wait,now like I said I was the only person in the queue and the only person waiting,there were 3 staff behind the counter I seen so how can I wait 1 hour for my medication when the lady already told me that all of my items were in stock,the times are ridiculous for me/people to wait that long for my medication
70		The prescribed pharmacist is better than many doctor I see in my GP, but she only here few days. The waiting time for get the medication is ridiculous, short staff? Contract more, that is a service that we all are paying for.
71		[name] & staff at [name] pharmacy are superb they always listen to you and always willing to help you. [name] is a fantastic pharmacist his knowledge and expertise is off the scale I rather go to him than the Dr's we be lost in this village without them.
72		Excellent and friendly response from staff. Very efficient in providing my repeat prescriptions. Use of text messaging.
73		Always a terrible queue. Takes an age to locate prescriptions once they've been done. Frequently have items missing that I've got to go back and get when they come back in stock. No privacy to talk. Ask for birthdays and address in front of loads of people in order to get my prescription. Woefully understaffed. Pharmacist is lovely and knowledgeable but has very little time available to talk about medicines or ask advice.
74		I use this one even tho I drive pass many as they don’t stock what I need
75		No issue open 7 days a week
76		Normally ok service, but asked local pharmacist once for giving up smoking advice & was told they don't provide the service & to "just give them up" then he walked away.
77		Very friendly, very helpful staff, generally often busy as attached to Drs surgery, so have to wait a while at times.

20. Please tell us about your experience of your local pharmacy services.		
78		Good service but GPs are slow to issue repeats
79		Overall the service from the pharmacy is very good. Although it can be busy at times, .ost of the staff are friendly and helpful
80		Good and supportive
81		Whenever I have needed them, I have had no problems accessing the services.
82		Always able to help
83		I like my local pharmacy staff are friendly and helpful
84		Usually use to pick up prescription and annual flu vaccine. Occasionally asked for advice. The Local pharmacy has friendly helpful staff. They have a good range of stock.
85		I like the staff, they are friendly and great with my son. They will also go to bat for me with the surgery when the surgery is being difficult/awkward about medications that they've made a mistake with (a prime example when the surgery nearly overdosed my son)
86		[name] in [location] town centre is truly awful. The staff are slow and condescending. Called today (Thursday am) with prescription for Atorvostatin 10mg which is a common drug and was told that it would not be available until next Monday afternoon. This was after waiting over 10 minutes for someone to come and serve. There were five people waiting. I walked out and got my tablets later on in another chemist. [name] are appalling every time I go there.
87		My usual pharmacy has recently had issues issuing repeat prescriptions but I don't know if this is a problem with the [location] GPs repeat prescription system or the pharmacy thenselves
88		Fantastic pharmacy staff always super friendly and helpful. They work really hard its always super busy
89		Painful , staff ignore you often. Always a chore and waiting time as staff look over run .
90		Generally excellent, but I feel that if they are next to a surgery there is always a long wait for your prescription as seems to be a lack of staff. Also conflict about scripts being sent in.

20. Please tell us about your experience of your local pharmacy services.		
91		They are friendly and helpful.
92		I always have a pleasant visit to my local pharmacy. The staff are friendly and helpful, always.
93		Always friendly and chatty. I feel I can ask anything, I don't get embarrassed.
94		Excellent friendly service.
95		[name] in [location]. Both outlets have super service, and most of all, friendly knowledgeable staff.
96		Staff are polite and get their work done as quickly as they can.

answered	96
skipped	23

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?			
Answer Choices		**Response Percent**	**Response Total**
1	Open-Ended Question	100.00%	72
1		No	
2		Nothing	
3		No	
4		No	
5		No	
6		No	
7		No	
8		No	
9		None	
10		Gp surgery sent me to pharmacy for common ailments, but then was referred back to gp so had to wait for an appointment before I could get the prescription to be able to to get the medicine	
11		Not enough blue badge spaces around my Chemist - only one at the moment.	

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?		
12		Hours of work and pharmacy opening times
13		No
14		No
15		No
16		No
17		No
18		No
19		No
20		No
21		No
22		Just attitude of pharmacist
23		No.
24		No
25		They don't open at weekends
26		No
27		No
28		No
29		No
30		No
31		Opening hours
32		Unaware of help outside common ailments scheme
33		Hours
34		None
35		No
36		No
37		No.
38		Generally all don't offer out of hours dispensing machines.
39		No
40		It would be helpful if the pharmacy opened on a weekend

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?		
41		Opening hours, no late evening service. Again them closing fir lunch.
42		No
43		No
44		No
45		No
46		The attitude of staff in pharmacies is awful. Just when you don’t feel well anyway and they are so rude. Not one pharmacy I’ve been to has brilliant customer service
47		Rarely see welsh speaking pharmacists
48		NO
49		No
50		Now where to sit when waiting. As a disabled person its difficult when you have to wait some considerable time.
51		No
52		No
53		Being immunocompromised, I can't get antibiotics from a pharmacist under the commom ailments scheme if I have an infection such as strep throat, so have to try & see a gp.
54		No
55		Opening hours
56		There are sometimes delays in getting medication due to the GP taking a very long time to send across prescriptions and/or errors with the prescriptions.
57		No
58		No, just not needed most of them
59		No
60		No
61		Harder to pick up an emergency prescription out of hours. Have to travel much further.
62		No
63		Opening times

21. Are there any barriers to you accessing services at your pharmacy that you have not mentioned?		
64		No
65		Always too busy inside and often people waiting outside too. Staff are not approachable.
66		Surgery blames pharmacy if script is not there + vice versa. Not good for patients! Could be better, longer opening hours e.g weekends + later/ earlier to suit all.
67		No.
68		No.
69		No.
70		No
71		Holiday opening hours.
72		No
73		No
	answered	73
	skipped	46

22. Age - please indicate your age range by ticking the appropriate box				
Answer Choices			**Response Percent**	**Response Total**
1	0-15 years		0.0%	0
2	16-24 years		0.9%	1
3	25-34 years		5.9%	7
4	35-44 years		13.6%	16
5	45-54 years		18.6%	22
6	55-64 years		27.1%	32
7	65-74 years		25.4%	30
8	75 and above		8.5%	10
			answered	118
			skipped	1

23. Gender identity - at birth were you described as:			
Answer Choices		**Response Percent**	**Response Total**
1	Female	80.7%	96
2	Male	19.3%	23
3	Intersex	0.0%	0
4	Prefer not to say	0.0%	0
5	Other (please state):	0.0%	0
		answered	119
		skipped	0

24. Gender identity - which of the following describes how you think of yourself			
Answer Choices		**Response Percent**	**Response Total**
1	Female	79.5%	93
2	Male	19.7%	23
3	Intersex	0.0%	0
4	Prefer not to say	0.9%	1
5	Other (please state):	0.0%	0
		answered	117
		skipped	2

25. Pregnancy and maternity - are you currently pregnant, or have you been pregnant in the last year?			
Answer Choices		**Response Percent**	**Response Total**
1	Yes	0.0%	0
2	No	100.0%	116
3	Prefer not to say	0.0%	0
		answered	116

25. Pregnancy and maternity - are you currently pregnant, or have you been pregnant in the last year?		
	skipped	3

26. Pregnancy and maternity - Have you taken maternity leave within the past year?				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		0.9%	1
2	No		99.1%	114
3	Prefer not to say		0.0%	0
			answered	115
			skipped	4

27. National identity - how would you describe your national identity?				
Answer Choices			**Response Percent**	**Response Total**
1	Welsh		71.4%	85
2	English		5.0%	6
3	Scottish		1.7%	2
4	Northern Irish		0.0%	0
5	Irish		1.7%	2
6	British		16.8%	20
7	Prefer not to say		0.0%	0
8	Other (please specify):		3.4%	4
			answered	119
			skipped	0

Other (please specify): (4)

1		Italian
2		European

27. National identity - how would you describe your national identity?		
3		South African
4		African

28. Ethnic group - what is your ethnic group?				
Answer Choices			**Response Percent**	**Response Total**
1	White		99.2%	118
2	Mixed / Mixed British		0.0%	0
3	Black / Black British		0.0%	0
4	Asian / Asian British		0.0%	0
5	Arab		0.0%	0
6	Prefer not to say		0.0%	0
7	Other (please specify):		0.8%	1
			answered	119
			skipped	0
Other (please specify): (1)				
	1		African	

29. How would you describe your sexual orientation? Please tick one box				
Answer Choices			**Response Percent**	**Response Total**
1	Heterosexual/ Straight		93.3%	111
2	Gay / Lesbian		4.2%	5
3	Bisexual		0.0%	0
4	Prefer not to answer		1.7%	2

29. How would you describe your sexual orientation? Please tick one box				
5	Other (please specify):		0.8%	1
			answered	119
			skipped	0

Other (please specify): (1)		
1		Asexual

30. Religion or belief - what is your religion?				
Answer Choices			**Response Percent**	**Response Total**
1	Christian (all denominations)		56.8%	63
2	Buddhist		0.9%	1
3	Hindu		0.0%	0
4	Muslim		0.0%	0
5	Sikh		0.0%	0
6	Jewish		0.0%	0
7	Atheist		0.0%	0
8	No religion		36.9%	41
9	Prefer not to say		3.6%	4
10	Other (please specify):		1.8%	2
			answered	111
			skipped	8

Other (please specify): (2)		
1		Spiritual
2		U messed these questions up

31. Marital status - are you married or in a civil partnership?				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		67.2%	80
2	No		31.9%	38
3	Prefer not to say		0.8%	1
			answered	119
			skipped	0

32. Disability - do you consider yourself to have a disability?				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		27.9%	33
2	No		71.2%	84
3	Prefer not to say		0.9%	1
			answered	118
			skipped	1

33. Language - what is your preferred language?				
Answer Choices			**Response Percent**	**Response Total**
1	English		93.3%	111
2	Welsh		5.9%	7
3	Prefer not to say		0.8%	1
4	Other (please specify):		0.0%	0
			answered	119
			skipped	0

34. Language - can you understand, speak, read or write Welsh				
Answer Choices			**Response Percent**	**Response Total**
1	Understand spoken Welsh		24.6%	29
2	Speak Welsh		15.3%	18
3	Read Welsh		19.5%	23
4	Write Welsh		16.1%	19
5	None of the above		66.1%	78
6	Prefer not to say		2.5%	3
			answered	118
			skipped	1

35. Caring responsibilities - do you look after or give help or support to family members, friends, neighbours or others because of either (a) long term physical or mental ill health or disability or (b) problems relating to old age?				
Answer Choices			**Response Percent**	**Response Total**
1	Yes		41.5%	49
2	No		58.5%	69
3	Prefer not to say		0.0%	0
			answered	118
			skipped	1

Appendix I – pharmacy contractor questionnaire

Swansea Bay University Health Board is preparing its next pharmaceutical needs assessment or PNA which is due to be published by 1 October 2026 and we need your help to gather some information to support its development.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until 27th March 2026 we would encourage you to complete the questionnaire now. We have communicated with both head offices and branches about this questionnaire – please therefore check with your head office, if there is one, as to whether you should complete this questionnaire or whether it will be done by the head office.

For queries relating to the information requested or the answers required please email SBU.CommunityPharmacyOffice@wales.nhs.uk with a subject title of 'SBUHB PNA contractor questionnaire'.

Contractor code (ODS code)	
Name of contractor (i.e. name owning the partnership or company pharmacy business)	
Trading name	
Address of the premises	
Premises email address	
Premises telephone	
Premises fax (if applicable)	
Premises website address (if applicable)	
Can the health board store the above information and use it to contact you?	☐ Yes ☐ No

Consultation facilities

Are the premises accessible by wheelchair? ☐ Yes ☐ No

Is a consultation area:

- available (including wheelchair access), or ☐ Yes
- available (without wheelchair access), or ☐ Yes
- planned within the next 12 months, or ☐ Yes
- other (specify) Click or tap here to enter text.

(Please select one option.)

Where there is a consultation area:

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

Do you have Welsh speakers in your staff?
☐ Yes

Are any other languages spoken by staff (in addition to English)? ☐ Yes ☐ No
If you have ticked “Yes”, please list the languages below.

Click or tap here to enter text.

Services

Does the pharmacy dispense appliances?

- Yes, all types ☐ Yes
- Yes, excluding stoma appliances ☐ Yes
- Yes, excluding incontinence appliances ☐ Yes
- Yes, excluding stoma and incontinence appliances ☐ Yes
- Yes, just dressings ☐ Yes
- Other Click or tap here to enter text.
- None ☐ Yes

Non-commissioned services

Does the pharmacy provide any of the following?

- Collection of prescriptions from GP practices ☐ Yes
- Delivery of dispensed medicines – free of charge ☐ Yes on request

- Delivery of dispensed medicines – selected patient groups (list criteria) ☐ Yes
  Click or tap here to enter text.
- Delivery of dispensed medicines – selected areas (list areas) ☐ Yes
  Click or tap here to enter text.
- Delivery of dispensed medicines – chargeable ☐ Yes
- Automated collection point ☐ Yes

In your opinion is there a requirement for an existing additional clinical service which is not currently provided in your area? If so, what is the particular requirement and why.

In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.

Capacity

We need to understand your current capacity and whether or not you can meet an increased demand for the pharmaceutical services you provide. With this in mind please select the options that best reflect your situation at the moment with regard to your premises and staffing levels. We appreciate that the position may well change and will therefore treat your response as being at a fixed point in time.

	Premises	**Staffing levels**
We have sufficient capacity to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don't have sufficient capacity and would have difficulty in managing an increase in demand.	☐ Yes	☐ Yes

Business development

Do you have any plans to develop or expand your premises or service provision?

☐ Yes ☐ No

If yes, please provide details.

Do you have any plans to amend your opening hours?

Yes No

If yes, please provide details:

Details of the person completing this form:

Contact name of the person completing the questionnaire, in case we need to discuss your response with you.

Click or tap here to enter text.

Contact email address

Click or tap here to enter text.

Appendix J – dispensing GP practice questionnaire

Swansea Bay University Health Board is preparing its next pharmaceutical needs assessment or PNA which is due to be published by 1 October 2026 and we need your help to gather some information to support its development.

In developing the questionnaire, we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until the 11th of March 2026 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email SBU.CommunityPharmacyOffice@wales.nhs.uk with a subject title of 'SBUHB PNA contractor questionnaire'.

Please insert the name of the practice you are completing the questionnaire on behalf of:

Click or tap here to enter text.

Please insert the address or addresses of the premises for which the practice has premises approve to dispense from:

Click or tap here to enter text.

Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.

	Address –	Address –	Address -
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Are appliances dispensed from the premises?

- Yes, all types ☐ Yes
- Yes, excluding stoma appliances ☐ Yes

- Yes, excluding incontinence appliances ☐ Yes
- Yes, excluding stoma and incontinence appliances ☐ Yes
- Yes, just dressings ☐ Yes
- Other Click or tap here to enter text.
- None ☐ Yes

Delivery of dispensed items

Does the dispensary provide any of the following?

- Delivery of dispensed medicines – free of charge on request ☐ Yes
- Delivery of dispensed medicines – selected patient groups (list criteria) ☐ Yes
  Click or tap here to enter text.
- Delivery of dispensed medicines – selected areas (list areas) ☐ Yes
  Click or tap here to enter text.
- Delivery of dispensed medicines – chargeable ☐ Yes
- Automated collection point ☐ Yes

Languages

Do you have Welsh speakers in your staff? ☐ Yes

Are any other languages spoken by staff (in addition to English)? ☐ Yes ☐ No
If you have ticked “Yes”, please list the services below.

Click or tap here to enter text.

Capacity

We need to understand your current capacity and whether or not you can meet an increased demand for the pharmaceutical services you provide. With this in mind please select the options that best reflect your situation at the moment with regard to your premises and staffing levels. We appreciate that the position may well change and will therefore treat your response as being at a fixed point in time.

	Premises	**Staffing levels**
We have sufficient capacity to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don’t have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.	☐ Yes	☐ Yes
We don’t have sufficient capacity and would have difficulty in managing an increase in demand.	☐ Yes	☐ Yes

Business development

Do you have any plans to expand your premises?

☐ Yes ☐ No

If yes, please provide details.

Do you have any plans to amend your dispensing opening hours?

☐ Yes ☐ No

If yes, please provide details:

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.

Click or tap here to enter text.

Details of the person completing this form:

Contact name of the person completing the questionnaire, in case we need to discuss your response with you.

Click or tap here to enter text.

Contact email address

Click or tap here to enter text.

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

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
- Morgannwg Local Medical Committee
- Contractors included in the pharmaceutical list
- GPs included in the dispensing doctor list
- GP practices
- Llais
- West Glamorgan Regional Partnership Board
- Swansea Council
- Neath Port Talbot Council
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board.

A covering email together with a letter from Craige Wilson, primary community therapies director regarding the consultation period was sent to the above organisations, inviting them to submit their views on the pharmaceutical needs assessment. Weblinks to the pharmaceutical needs assessment and questionnaire were included in the email.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. All documents were bilingual, although no responses were received in Welsh.

The questions 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 13 July to 11 September 2026.

This report outlines the considerations and responses to the consultation. One response from a contractor was received to the online questionnaire, and one off-system response was received from Community Pharmacy Wales.

3 Summary of online questions, responses and the health board's considerations

Question 1 - Has the purpose of the pharmaceutical needs assessment been explained?

The health board is pleased to note that the contractor replied "Yes".

Community Pharmacy Wales replied as follows.

"The draft PNA provides a useful explanation of the relationship between the PNA, population health needs and the provision of pharmaceutical services. It also appropriately recognises the role of the PNA in informing market entry decisions, including applications to join the pharmaceutical list or dispensing doctor list. CPW would, however, welcome clearer emphasis within the Introduction on the significance of this statutory function. In particular, the PNA forms part of the evidential basis against which applications to join a pharmaceutical list or dispensing doctor list, together with certain relocation and core-hours applications, are assessed under the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Clear acknowledgement of this role is important, as the conclusions reached within the PNA may have a direct bearing on future market entry decisions. It is therefore essential that the evidence base, assessment methodology and resulting conclusions are sufficiently clear, comprehensive and robust to withstand scrutiny and support sound decision-making."

The health board is pleased to note that no concerns have been raised regarding the explanation of the purpose of the document. Section 1.1 has been amended in response to the comment from Community Pharmacy Wales regarding the role of the pharmaceutical needs assessment in determining applications for inclusion in the health board's pharmaceutical and dispensing doctor lists.

Question 2 - Does the draft pharmaceutical needs assessment reflect the current provision of pharmaceutical services within the Swansea Bay University Health Board area?

The health board is pleased to note that the contractor replied "Yes".

Community Pharmacy Wales replied as follows.

"The draft PNA provides a broadly accurate reflection of current community pharmacy provision across the Swansea Bay University Health Board area. It draws upon an appropriate range of evidence, including contractual data, dispensing and service activity data, local Health Board intelligence and self-declared pharmacy contractor questionnaire returns. Taken together, these sources provide a

reasonable high-level assessment of existing provision across the local community pharmacy network.

The pharmacy contractor questionnaire provides a useful insight into current service provision and operating conditions within parts of the network. However, the reported capacity should be regarded as a point-in-time assessment rather than a definitive indication of future resilience. The continued provision of pharmaceutical services remains intrinsically linked to the level of funding available through the community pharmacy contractual framework, which has a direct bearing on contractor capacity, workforce sustainability and the ability to maintain service delivery. In the absence of significant additional investment, there is a material risk that the level of provision described within the PNA will not be sustainable over the lifetime of the assessment."

The health board is pleased to note that the pharmaceutical needs assessment reflects the current provision of pharmaceutical services across its area. It has noted that the responses from contractors in relation to their ability to manage an increase in demand is a point-in-time assessment and can confirm they have been treated accordingly in the document. It acknowledges the link between the level of funding available and contractor capacity, workforce sustainability, and the ability of contractors to maintain service delivery, and will keep this under review.

Question 3 - Are there any pharmaceutical services currently provided in Swansea Bay University Health Board's area that have not been highlighted within the draft pharmaceutical needs assessment?

The health board is pleased to note that the contractor replied "No".

Community Pharmacy Wales replied as follows.

"Swansea Bay University Health Board has identified, for the purposes of the PNA, much of the relevant information relating to when pharmaceutical services are available, where they are provided, and which services are offered by community pharmacies, appliance contractors and dispensing doctors. This assessment appears to have been informed by data drawn from a range of available sources, including information relating to opening hours, premises locations and service provision. CPW is not in a position to independently verify the completeness or accuracy of all information relied upon in the assessment."

The health board is pleased to note that no pharmaceutical services have been missed.

Question 4 - Does the draft pharmaceutical needs assessment reflect the needs of the Swansea Bay University Health Board area's population?

The health board is pleased to note that the contractor replied "Yes".

Community Pharmacy Wales replied as follows.

"CPW recognises the considerable work undertaken by the Health Board in assessing and setting out population health needs. Based on the information

provided, CPW is satisfied that these needs are appropriately reflected in the PNA and that the document demonstrates that the population's pharmaceutical needs are currently being met by the existing community pharmacy network across the Swansea Bay University Health Board area."

The health board is pleased to note that the pharmaceutical needs assessment reflects the needs of its population.

Question 5 - Has the draft pharmaceutical needs assessment provided information to support decisions ie decisions on applications for new pharmacies, relocations and range of services?

The health board is pleased to note that the contractor replied "Yes".

Community Pharmacy Wales replied as follows.

"The assessment does not identify any current or future gaps in pharmaceutical service provision that would indicate a need for additional pharmaceutical premises, dispensing appliance contractor services or dispensing doctor services. Consequently, the PNA does not give rise to any new market entry opportunities during its lifetime."

The health board is pleased to note that the pharmaceutical needs assessment will support the determination of any applications for inclusion in the pharmaceutical or dispensing doctor lists that may be received.

Question 6 - Are there any gaps or issues in pharmaceutical provision in the Swansea Bay University Health Board's area that have not been reflected in the draft pharmaceutical needs assessment?

The health board is pleased to note that the contractor replied "No".

Community Pharmacy Wales replied as follows.

"The PNA's purpose is to assess how pharmaceutical services can meet the health needs of the Health Board's population over a period of up to five years. The draft PNA fulfils this purpose, and the framework does not require it to assess need beyond that period."

The health board is pleased to note that no gaps or issues in the provision of services have been identified by the respondents.

Question 7 - Has the draft pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies?

The health board is pleased to note that the contractor replied "Yes".

Community Pharmacy Wales replied as follows.

“The draft Pharmaceutical Needs Assessment provides a reasonable level of information to inform future pharmaceutical service provision and planning. It has considered pharmacy contractors’ ability to increase capacity in response to rising demand, drawing on evidence from the contractor questionnaire, and has also taken account of wider factors such as planned housing developments and anticipated population changes. This helps to build a forward-looking picture of potential service need.

However, the conclusions regarding capacity should be viewed in the context of the current financial pressures facing the sector. Any suggestion of available or scalable capacity is heavily dependent on the availability of sustainable funding and an adequate workforce. In practice, there is clear evidence across the network that financial pressures are affecting service delivery. For some contractors, ongoing funding constraints are now affecting viability, with a small but growing number reaching a point where the sustainability of their businesses is in question. As such, while the PNA provides a useful evidence base for planning, the extent to which any identified capacity can be realised will depend on meaningful and sustained investment alongside contractual support. CPW would welcome the Health Board’s support in recognising that the assumptions underpinning the PNA’s conclusions depend on sustainable recurrent funding and sufficient workforce capacity.”

The health board has responded to these points above.

Question 8 - Are there any pharmaceutical services that could be provided in the community pharmacy setting that have not been highlighted?

The contractor replied “No”.

Community Pharmacy Wales replied as follows.

“Chapter 3 identifies a number of significant health needs within the Swansea Bay University Health Board population that could potentially be addressed through community pharmacy additional clinical services. For example, Section 3.2.2.2 highlights the growing prevalence of obesity among adults in Wales, an area where pharmacy-based weight management services could make a meaningful contribution.

However, the delivery of services such as weight management and other clinically focused interventions **would require significant additional investment beyond the current Community Pharmacy Contractual Framework (CPCF).** It is suggested that the Health Board considers these identified health needs in greater detail, develops services in line with Community Pharmacy by Design principles, and secures appropriate recurrent funding to support their sustainable delivery through the community pharmacy network”

The health board has noted the response from Community Pharmacy Wales and can confirm that pharmacy contractors would be considered as a provider of clinically appropriate services that are developed as part of Community by Design. It recognises the need to ensure that future services commissioned from pharmacy contractors are appropriately remunerated.

Question 9 – Do you agree with the conclusions of the pharmaceutical needs assessment?

The health board is pleased to note that the contractor replied “Yes”.

Community Pharmacy Wales replied as follows.

“CPW is content with the conclusion that the assessment does not identify any current or future needs relating to the provision of pharmaceutical services in Swansea Bay University Health Board.”

The health board is pleased to note that no concerns have been identified in relation to the conclusions of the document.

Question 10 – Do you have any other comments on the draft pharmaceutical needs assessment?

The contractor replied “No”.

Community Pharmacy Wales replied as follows.

“CPW is concerned that the PNA does not provide sufficient information regarding controlled localities.

There are two dispensing practices located within the Health Board’s area and consequently patients receiving dispensing doctor services. The PNA acknowledges that dispensing doctor provision depends upon patients residing within controlled localities and practices holding the relevant consent and premises approvals. However, it does not identify current controlled locality determinations, dispensing doctor outline consent areas, or provide controlled locality maps (or signposting to them).

Further to correspondence earlier in 2026 requesting information and maps relating to controlled locality determinations, CPW notes the Health Board's confirmation that it will not publish controlled locality maps as part of, or alongside, its October 2026 Pharmaceutical Needs Assessment. The Health Board’s position is that, while the Regulations require controlled locality maps to be defined and retained for inspection, there is no statutory requirement for them to be included in the PNA or otherwise published.

Whilst it is recognised that there is no statutory requirement, CPW draws the Health Board's attention to the Welsh Government’s non-statutory guidance accompanying the NHS (Pharmaceutical Services) (Wales) Regulations 2020, which states that PNAs should include information on dispensing doctor outline consent areas and suggests that controlled locality maps, or links to those maps, should be provided. The guidance also highlights the importance of maintaining accurate controlled locality boundaries, particularly where development or changing settlement patterns may affect previous determinations.

Without controlled locality maps, there is no assurance that patients currently receiving pharmaceutical services from dispensing doctors reside within properly determined controlled localities. CPW therefore strongly suggests that an examination of the controlled locality boundaries is undertaken."

The health board acknowledges that regulation 61 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 requires it to publish in such manner as it sees fit and make available for inspection at its offices a copy of a map delineating the boundaries of any controlled localities that have been determined. However, there is no statutory requirement for the map to be published within the pharmaceutical needs assessment. The health board is satisfied that the pharmaceutical needs assessment therefore meets the relevant statutory requirements.

The health board has discussed the matter with the other health boards in Wales. A consistent approach has been agreed, with the health boards taking the same position that controlled locality maps will not be published as part of, or alongside, the pharmaceutical needs assessments.

Question 11 - Do you have any other comments you wish to make on pharmaceutical services in Swansea Bay University Health Board?

The contractor and Community Pharmacy Wales both replied "No".

Community Pharmacy concluded its response by saying the following.

"In conclusion, CPW welcomes the opportunity to comment on the draft Pharmaceutical Needs Assessment and recognises the significant work undertaken by Swansea Bay University Health Board. Overall, CPW is satisfied that the draft PNA provides a reasonable assessment of current pharmaceutical service provision and does not identify any current or future unmet need requiring additional pharmaceutical services. However, CPW would welcome further clarity on controlled localities and emphasises that the continued sustainability of community pharmacy services will depend on adequate recurrent funding and workforce capacity."

The health board is pleased to note no other comments have been made.

4 Summary conclusions

The health board is pleased to note that the overall response to the consultation has been positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed, and the conclusions are agreed with.

5 Amendments

One amendment has been made to the pharmaceutical needs assessment in response to the consultation.

- “If an applicant’s purported need is not included in the pharmaceutical needs assessment, then the application must be refused” has been added to the end of section 1.1.

Appendix L – pharmacy opening hours

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Afan	A D Richards Pharmacy	Core	09:00-13:00 / 14:15-17:30	09:00-13:00 / 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 / 14:15-17:30	09:00-17:30	09:00-12:00	Closed
		Total	09:00-13:00 / 14:15-17:30	09:00-13:00 / 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 / 14:15-17:30	09:00-17:30	09:00-12:00	Closed
Afan	Allied, Aberavon	Core	09:00-13:00 / 14:00-17:00	09:00-13:00 / 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 / 14:00-17:00	09:00-17:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Afan	Allied, Port Talbot	Core	09:00-12:30 / 14:00-18:00	09:00-12:30 / 14:00-18:00	09:00-12:30 14:00-18:00	09:00-12:30 / 14:00-18:00	09:00-18:00	09:00-12:00	14:00-16:00
		Total	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-17:30	11:00-16:00 / 17:00-22:00
Afan	Allied, Sandfields	Core	09:00-13:00 / 14:30-18:00	09:00-13:00 / 14:30-18:00	09:00-13:00 14:30-18:00	09:00-13:00 / 14:30-18:00	09:00-18:00	09:00-11:30	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Afan	Baglan Pharmacy	Core	09:00-13:00 / 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-17:30	Closed	Closed
		Total	09:00-13:00 / 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-17:30	Closed	Closed
Afan	Boots, Aberavon	Core	09:00-14:00 / 15:00-17:00	09:00-14:00 / 15:00-17:00	09:00-14:00 15:00-17:00	09:00-14:00 / 15:00-17:00	09:00-17:00	09:00-14:00 / 15:00-16:00	Closed
		Total	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed
Afan	MW Phillips, Blaengwynfi	Core	09:00-13:00 / 13:30-18:00	09:00-13:00 / 13:30-17:00	09:00-13:00 13:30-17:30	09:00-13:00 / 13:30-18:00	09:00-17:00	Closed	Closed
		Total	09:00-13:00 / 13:30-18:00	09:00-13:00 / 13:30-17:00	09:00-13:00 13:30-17:30	09:00-13:00 / 13:30-18:00	09:00-17:00	Closed	Closed
Afan	MW Phillips, Cymmer	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 /	09:00-13:00 /	09:00-13:00 14:00-18:00	09:00-13:00 /	09:00-18:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			14:00-18:00	14:00-18:00		14:00-18:00			
Afan	Sandfields Pharmacy	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:30-11:30	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Afan	Taibach Pharmacy	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:00	09:00-17:30	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Afan	Well Pharmacy, Aberavon	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Afan	Well Pharmacy, Station Road, Port Talbot	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Afan	William and Wheeler Pharmacy	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00		Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Bay		Core	09:30-13:00 / 14:00-17:30	09:30-13:00 / 14:00-17:30	09:30-13:00 14:00-17:30	09:30-13:00 / 14:00-17:30	09:30-17:30	09:30-13:00 / 14:00-15:30	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Boots, Mumbles	Total	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	Closed
Bay	Boots, Uplands	Core	09:30-13:30 / 14:30-17:30	09:30-13:30 / 14:30-17:30	09:30-13:30 14:30-17:30	09:30-13:30 / 14:30-17:30	09:30-17:30	09:30-13:00 / 14:00-15:30	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	Closed
Bay	Castle Pharmacy	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
Bay	Kevin Thomas, Killay	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	16:00-18:00
Bay	Kevin Thomas, Mumbles	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	08:30-17:30		
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	08:30-18:00	09:00-13:00	13:30-15:30
Bay	Kevin Thomas, Tycoch	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Bay	Medihub, Killay	Core	09:00-13:30 /	09:00-13:30 /	09:00-13:30 14:30-17:30	09:00-13:30 /	09:00-17:30	09:00-12:00	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			14:30-17:30	14:30-17:30		14:30-17:30			
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Bay	Newbury Pharmacy	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		Closed
		Total	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-12:00	Closed
Bay	Scurlage Pharmacy	Core	09:00-13:00 / 13:30-18:00	09:00-13:00 / 13:30-17:30	09:00-13:00 13:30-18:00	09:00-13:00 / 13:30-17:30	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 13:30-18:00	09:00-13:00 / 13:30-17:30	09:00-13:00 13:30-18:00	09:00-13:00 / 13:30-17:30	09:00-18:00	Closed	Closed
Bay	Well Pharmacy, Alderwood, West Cross	Core	09:00-13:30 / 14:00-17:30	09:00-13:30 / 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 / 14:00-17:30	09:00-17:30		Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00--17:30	09:00-17:30	09:00-12:00	Closed
Bay	Well Pharmacy, Murton	Core	08:30-13:00 / 13:30-17:00	08:30-13:00 / 13:30-17:00	08:30-13:00 13:30-17:00	08:30-13:00 / 13:30-17:00	08:30-17:00	Closed	Closed
		Total	08:30-13:00 / 13:30-17:30	08:30-13:00 / 13:30-17:30	08:30-13:00 13:30-17:00	08:30-13:00 / 13:30-17:00	08:30-17:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bay	Well Pharmacy, Pennard Surgery	Core	08:45-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	08:45-12:00 12:00-13:00	08:45-13:00 / 14:00-18:00	08:45-18:00	09:00-12:00	Closed
		Total	08:45-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	08:45-12:00 12:00-13:00	08:45-13:00 / 14:00-18:00	08:45-18:00	09:00-12:00	Closed
Bay	Well Pharmacy, Sketty	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Bay	Well Pharmacy, Sketty Park	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Bay	Well Pharmacy, Uplands	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	Closed	Closed
Bay	Well Pharmacy, West Cross Lane	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:30 / 14:00-17:30	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
City	Boots, Quadrant	Core	08:30-16:30	08:30-16:30	08:30-16:30	08:30-16:30	08:30-16:30		
		Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	10:30-16:30
City	Kevin Thomas, Bonymaen	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
City	Kevin Thomas, Hafod	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
City	Kevin Thomas, St Helens	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
City	Kevin Thomas, St Thomas	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
City		Core	09:00-13:00 /	09:00-13:00 /	09:00-13:00 14:00-18:00	09:00-13:00 /	09:00-18:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Mountain View Pharmacy		14:00-18:00	14:00-18:00		14:00-18:00			
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
City	Superdrug Pharmacy	Core	09:00-13:00 / 15:00-17:30	09:00-13:00 / 15:00-17:30	09:00-13:00 15:00-17:30	09:00-13:00 / 15:00-17:30	09:00-17:30	09:00-13:30 / 14:30-17:30	Closed
		Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
City	Well Pharmacy, Beacon Centre	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 13:00-17:00	09:00-18:00	Closed	Closed
		Total	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
City	ell Pharmacy, Greenhill	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	Closed	Closed
City	Well Pharmacy, High Street, Swansea	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
		Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	Closed	Closed
City	Well Pharmacy, Kingsway, Swansea	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00		Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
City	Well Pharmacy, St Helens	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30--18:00	08:30-18:00	Closed	Closed
City	Well Pharmacy, Townhill	Core	09:00-17:00	09:00-17:00	09:00--17:00	09:00--17:00	09:00-17:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
City	Ysgol Street Pharmacy	Core	09:00-18:00	09:00-18:00	09:00-12:00-18:00	09:00-12:00-16:00	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:00	09:00-18:00	Closed	Closed
Cwmtawe	Allied, 50 Sway Rd, Morriston	Core	09:00-13:30 / 15:00-18:00	09:00-13:30 / 15:00-18:00	09:00-13:30 15:00-18:00	09:00-13:30 / 15:00-18:00	09:00-18:00	10:30-13:00	
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00--18:00	09:00-18:00	09:00-13:00	17:00-18:00
Cwmtawe	Allied, 67 Sway Rd, Morriston	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Cwmtawe		Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Central Pharmacy	Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Cwmtawe	Clydach Health Centre Pharmacy	Core	09:00-12:30 / 13:30-17:30	09:00-12:30 / 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 / 13:30-17:30	09:00-17:30	09:00-11:30	Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	Closed
Cwmtawe	Llansamlet Pharmacy	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30--18:00	08:30-18:00	09:00-12:00	Closed
Cwmtawe	Morriston Pharmacy	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Cwmtawe	Strawberry Place	Core	08:30-13:00 / 14:00-17:30	08:30-13:00 / 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 / 14:00-17:30	08:30-17:30	Closed	Closed
		Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	Closed	Closed
Cwmtawe	Well Pharmacy, Clase	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 13:30-18:00	09:00-13:00 / 13:30-18:00	09:00-13:00 13:30-18:00	09:00-13:00 / 13:30-18:00	09:00-18:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Cwmtawe	Well Pharmacy, Morriston	Core	09:00-13:30 / 14:00-17:30	09:00-13:30 / 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 / 14:00-17:30	09:00-17:30	Closed	Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Llwchwr	Gorseinon Pharmacy	Core	09:00-13:00 / 15:00-18:00	09:00-13:00 / 15:00-18:00	09:00-13:00 15:00-18:00	09:00-13:00 / 15:00-18:00	09:00-18:00	09:00-12:00 / 13:30-15:30	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:00	Closed
Llwchwr	Gowerton Pharmacy	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed
Llwchwr	Medihub, Pontardulais	Core	09:00-17:30	09:00-17:30	09:00--17:30	09:00-17:30	09:00-17:30	Closed	Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Llwchwr	The Pharmacy Sea View / Penclawdd	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	09:00-12:00	
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	09:00-12:00	11:00-13:00
Llwchwr		Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Tyr Felin Pharmacy	Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Llwchwr	Village Pharmacy	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Llwchwr	Well Pharmacy, 2 Alex Rd, Gorseinon	Core	09:00-13:00 / 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-17:30		Closed
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Llwchwr	Well Pharmacy, 63 Alex Rd, Gorseinon	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Llwchwr	Well Pharmacy, Gowerton	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Neath	Boots, Neath	Core	09:30-14:30 / 15:30-17:30	09:30-14:30 / 15:30-17:30	09:30-14:30 15:30-17:30	09:30-14:30 / 15:30-17:30	09:30-17:30	09:30-14:30 / 15:30-15:30	
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	10:00-16:00
		Core	09:00-13:00 /	09:00-13:00 /	09:00-13:00 13:30-17:30	09:00-13:00 /	09:00-17:30	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Neath	Castle Pharmacy		13:30-17:30	13:30-17:30		13:30-17:30			
		Total	09:00-13:00 / 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 / 13:30-17:30	09:00-17:30	Closed	Closed
Neath	Davies Chemist, Baglan	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Neath	Davies Chemist, Briton Ferry	Core	09:00-13:00 / 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-17:30	09:00-11:30	Closed
		Total	09:00-13:00 / 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-17:30	09:00-11:30	Closed
Neath	Dyfed Road Pharmacy	Core	08:30-13:00 / 14:00-18:00	08:30-13:00 / 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 / 14:00-18:00	08:30-18:00	Closed	Closed
		Total	08:30-13:00 / 14:00-18:00	08:30-13:00 / 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 / 14:00-18:00	08:30-18:00	Closed	Closed
Neath	Neath Pharmacy	Core	09:00-13:00 / 14:30-17:30	09:00-13:00 / 14:30-17:30	09:00-13:00 14:30-17:30	09:00-13:00 / 14:30-17:30	09:00-17:30	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Neath	Queens Road Pharmacy	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
Neath	The Health Dispensary	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	Closed	Closed
		Total	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	Closed	Closed
Neath	Well Pharmacy, Neath	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	09:00-12:00	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	09:00-12:00	Closed
Neath	Well, Skewen	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed
Penderi	Boots, Morfa	Core	09:30-13:00 / 14:00-17:30	09:30-13:00 / 14:00-17:30	09:30-13:00 14:00-17:30	09:30-13:00 / 14:00-17:30	09:30-17:30	09:30-13:00 / 14:00-15:30	

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		Total	09:00-22:30	09:00--22:30	09:00-22:30	09:00-22:30	09:00-22:30	09:00-22:30	11:00-17:00
Penderi	Cwmfelin Pharmacy	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Penderi	Lewis Chemist	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
Penderi	Penlan Pharmacy	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Penderi	Tesco Pharmacy	Core	09:00-13:00 / 14:00-20:00	09:00-13:00 / 14:00-20:00	09:00-13:00 14:00-20:00	09:00-13:00 / 14:00-20:00	09:00-20:00	09:00-13:00 / 14:00-20:00	10:00-16:00
		Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00
Penderi	Treboeth Pharmacy	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Penderi	Well Pharmacy, Caereithin	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	Closed	Closed
Penderi	Well Pharmacy, Gendros	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30--18:00	08:30-18:00	Closed	Closed
Penderi	Well Pharmacy, Manselton	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Upper Valleys	Davies Chemist, Ystalyfera	Core	09:00-13:00 / 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-17:30	09:00-11:30	Closed
		Total	09:00-13:00 / 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-17:30	09:00-11:30	Closed
Upper Valleys	Dyffryn Pharmacy	Core	09:00-17:30	09:00-13:00	09:00-17:30	09:00-17:30	09:00-17:30	08:30-11:00	Closed
		Total	09:00-17:30	09:00-13:00	09:00-17:30	09:00-17:30	09:00-17:30	08:30-11:00	Closed
		Core	09:00-18:00	09:00-18:00	09:00-17:00	09:00-18:00	09:00-18:00	09:00-11:30	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Upper Valleys	GCG Pharmacy	Total	09:00--18:00	09:00-18:00	09:00-17:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Upper Valleys	MW Phillips, Crynant	Core	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Upper Valleys	MW Phillips, Seven Sisters	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	Closed	Closed
Upper Valleys	Pontardawe Pharmacy	Core	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-17:30	09:00-18:00	09:00-12:00	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-17:30	09:00-18:00	09:00-12:00	Closed
Upper Valleys	Resolven Pharmacy	Core	09:00-13:00 / 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-17:30	09:00-11:30	Closed
		Total	09:00-13:00 / 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-17:30	09:00-11:30	Closed

Cluster	Pharmacy	Type	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Upper Valleys	Vale of Neath Pharmacy	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	15:00-17:00
Upper Valleys	Well Pharmacy, Cwmllynfell	Core	09:00-13:00 / 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 / 14:00-17:30	09:00-17:30	09:00-12:00	Closed
		Total	09:00-13:00 / 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 / 14:00-18:00	09:00-18:00	09:00-12:00	Closed
Upper Valleys	Well Pharmacy, Pontardawe	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		Closed
		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed