

Better Together



Developing a shared understanding of the need for change and the opportunities for improvement

Chapter 3: Primary Care

Version 1.0, 04 August 2025

Better Together is our big conversation with you to shape the future of safe, quality health services for Powys and ensure delivery of our Health and Care Strategy.

We are committed to working with patients, service users, communities, health and care staff, and partner organisations to improve health outcomes and make services more efficient and effective.

Whilst we have some excellent foundations to build on, we now need to radically change the way we provide services so that we can meet increasing demand and the future needs of the population.

We have a duty of care to ensure that we provide high quality services to our population. We also have a duty to live within our means. To achieve this, we need to consider options for how and where we could provide services in the future. This might mean patients need to access services in a different way or in a different place.

We will do this by working 'Better Together' with local people, partners and staff to shape health and care services that are sustainable, effective, and focused on what matters most to our communities.

This document provides an overview of primary care in Powys. It has been informed by our conversations and learning with patients & service users, communities, staff and wider stakeholders.

More information about Better Together – including how to find out more and have your say – is available from pthb.nhs.wales/BetterTogether



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Executive Summary

Powys Teaching Health Board (PTHB), in alignment with the Powys Health & Care Strategy and national strategies such as *A Healthier Wales* and the *Primary Care Model for Wales*, has a focus on delivering prudent healthcare to support the future delivery of primary care services.

This Primary Care chapter outlines the current services delivered by Powys primary care services, identifying the current challenges, and explores the opportunities for delivering care closer to home. It emphasises the need to strengthen existing service models and the integration of primary and community care through multi-disciplinary approaches to support the future needs of our community through the 'start well', 'live well' and 'age well' programme.

Primary Care serves as the initial point of contact for healthcare services, including General Medical Services, General Dental Services, General Ophthalmic Services, and Community Pharmacy. Additional services are provided by Health Board staff, such as Community Dental Services, Health Visitors, District Nurses, Occupational Therapists and Physiotherapists.

Powys Primary Care delivers high valued services across Powys communities, although we hear frustrations about issues such as access and appointments in General Practice, and availability of General Dental Services.

The goal is to deliver care in the community wherever safely and sustainably possible and this requires Primary Care to be resilient, sustainable, efficient, and effective, adhering to prudent and value-based healthcare principles.

Primary Care independent contractors work with wider health services within Clusters, which focus on identifying local service needs and improving population health. The Accelerated Cluster Development programme enhances collaborative efforts across services.

Powys has an established Primary and Community Care Academy to provide education and training for primary care contractors and community services. The PTHB Academy supports training, development, and recruitment, working closely with contractors and Clusters.

Powys has a higher average age than Wales and the UK, with 28% of the population over 65 years old, and this is expected to increase. An ageing population with increasing complex health needs is putting an untenable strain on primary care services resulting in a fatigued workforce and unsustainable services. There is a pressing need to re-evaluate how services are configured and delivered, recognising that changes need to align to national contracts and regulations.

To meet future demand and support sustainably, the focus must be on preventative, integrated primary and community-based care that is patient focussed. To successfully support the 'shift left' of services, workforce development needs to be supported and optimised to enable professionals to work to their top of licence. Workforce capacity, redesigning pathways and appropriate signposting across the health care system is pivotal to support the delivery of care closer to home.

The opportunity now is to work with our independent contractors and cluster teams to reshape primary and community services in a way that delivers better outcomes for our patients, improves resilience across the system, and aligns with both local need and national strategic direction.

Introduction

This Primary Care chapter sets out the existing provision of service and identifies the opportunities and challenges for delivering care closer to home through independent contractors, supported by wider community services and cluster-based services. It proposes the strengthening of existing services models and integrating opportunities through multi-disciplinary service provision that brings together primary and community care.

This chapter should be read in conjunction with the Community Model chapter.

The Powys Population Assessment ² and Powys Wellbeing Assessment³ have been updated and provide a refreshed understanding of life in the County. Insights from these two core sources of analysis have been used to inform the Health Board's Integrated plan⁴ and some of the key population findings are summarised below:

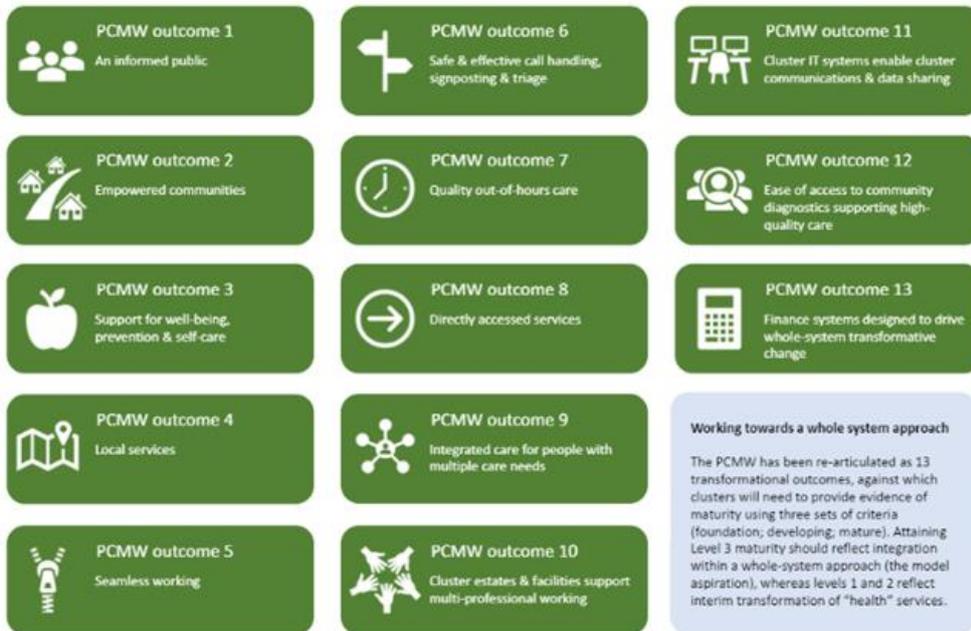
- Powys is at the forefront of the issue of ageing population. The average age is higher than Wales and UK, with 28% of the population over 65 years old and this is predicted to increase.
- 75% of areas in Powys are in the top 30% most deprived in Wales in terms of Access to Services.

Primary Care refers to the first point of contact for patients in Wales requiring access to healthcare services, often referred to as the 'front door of the NHS'. There are four services of Primary Care which are contracted to Independent Contractors via the relevant regulatory and contract provision, namely General Medical Services, General Dental Services, General Ophthalmic Services and Community Pharmacy. There are wider Primary Care Services delivered via Health Board employed staff through Community Service provision such as Health Visitors, District Nurses, Specialist Nursing Teams, Community Dentistry, Occupational Therapists and Physiotherapists.

The direction of Primary Care is to support the 'shift left' of services from secondary care into the community, providing patient care closer to home. The 'Primary Care Model for Wales (PCMW)' describes this as part of a whole-system approach in order to deliver 'A Healthier Wales'. To achieve the PCMW, there is fundamental requirement for Primary Care to be resilient, sustainable, efficient and effective following prudent and value-based health care principles.

PCMW | PRIMARY CARE MODEL FOR WALES

Describes how care will be delivered locally, now & in the future, as part of a whole system approach to deliver *A Healthier Wales*



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

Primary Care independent contractors collaborate together with wider health services across a Cluster footprint. Clusters have been in existence in Wales for many years, however, there is a much stronger emphasis on collaboratively working across all services within a defined geographical area through the national Accelerated Cluster Development (ACD) programme launched in 2022. The main goal of a Cluster is to identify local service requirements and solutions, to improve population health and reduce health inequalities. More and more, Primary Care Clusters are being viewed as the delivery mechanism for health and social strategies.

Across Wales, each Health Board has developed a Primary and Community Care Academy providing local education and training for primary care independent contractors, and the wider primary care services in the community setting, with direct links into HEIW. The PTHB Primary and Community Care Academy develops and supports a wide programme of training and development options, in addition to providing a support platform for recruitment opportunities. The Academy works closely with independent contractors both directly and through the Cluster Programme, developing opportunities to upskill teams and leaders to support delivery of the Clusters vision.

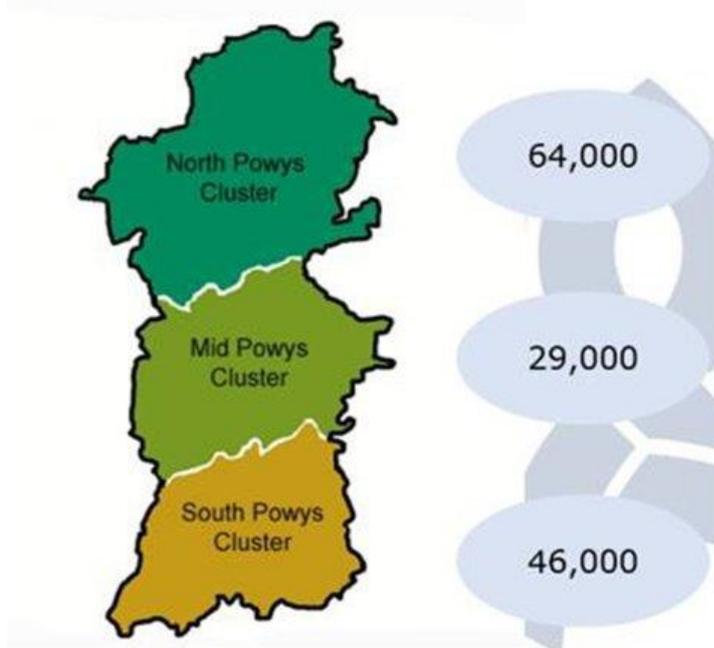
Resident Feedback

Access to primary care services continues to be a key theme with residents across several engagement events (Better Together, Llais, PAVO Locality events). There was some praise for individual GPs and pharmacies whilst other residents reported finding it difficult to get

appointments with their GP, access to an NHS dentist or experiencing delays to receiving their prescriptions. There was little feedback around optometry services.

Powys Clusters

Powys is divided into three Clusters: North Powys, Mid Powys, and South Powys, each shaped by the county's natural geography and community footprints.



These Clusters work alongside the Health Board to create plans aimed at enhancing the health and wellbeing of the local population. Their goal is to design services that meet specific community needs, improve access by offering more local services, and reduce the demand for acute care.

The Clusters bring together various community and service representatives to develop plans that focus on:

- Enhancing local population health and wellbeing
- Improving the quality-of-care services (ensuring they are timely, safe, effective, individualised, and dignified)
- Increasing the efficiency of care service delivery.

The Powys Clusters collaborate on planning and delivering care, creating opportunities to advance a sustainable care model as part of the Area Plan. They align their efforts with ministerial priorities, the area plan, and the Health Board plan, considering local population needs. For 2025/26, the Powys Clusters have set priorities and actions in five key areas:

- Improving Access to Primary & Community Services
- Pathways of Care, essential services, and business continuity
- Urgent & Emergency Care
- Mental Health and Wellbeing
- Workforce & Wellbeing

North Cluster

The North Powys Cluster is made up of:

Seven GP Practices, located in the following towns:

- Llanfyllin, with branch surgeries in Llanrheadr Y Mochnant and Four Crosses
- Welshpool, with a branch surgery in Guilsfield
- Llanfair Caereinion
- Montgomery, with a branch surgery in Newtown
- Newtown
- Machynlleth
- Llanidloes, with a branch surgery in Caersws

All north cluster practices are dispensing practices, providing health services to a rural population of approximately 64,000 patients.

Ten NHS dental practices located in the following towns:

- Llanfair Caereinion
- Llansantffraid
- Llanidloes
- Machynlleth (x2)
- Newtown (x3)
- Welshpool (x2)

Eight Community Pharmacies located in the following towns:

- Newtown (x3)
- Welshpool (x2)
- Llanfyllin
- Llanidloes
- Machynlleth

Six Optometry practices located in the following towns:

- Welshpool
- Newtown
- Machynlleth

There are four community hospitals, located in Machynlleth, Newtown, Llanidloes and Welshpool, providing a range of differing services across the four sites such as Outpatients facilities, Minor Injury Unit, X-ray Facilities, Therapy services, Midwife led Birth Centre, Inpatient general medical ward, Dialysis, specialist Stroke services, rehabilitation and palliative care services. Secondary care Ophthalmology services are provided from Machynlleth, Llanidloes and Welshpool.

There is also a Children's Centre, providing a range of Community clinics for children and young people, and dedicated Mental Health facility, located in Newtown, providing a range of community mental health services.

There are a range of Third sector services provided across the North Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and PTHB, provide a Community Connectors Service, a Cancer Community Connector, and Health and Wellbeing engagement service, and a Mental Health Information service.

Mid Cluster

The Mid Powys Cluster is made up of:

Five GP Practices, providing services to a rural population of approximately 29,000 patients. The practices are located at:

- Builth Wells (with a branch site at Llanwrtyd Wells)
- Llandrindod Wells
- Presteigne
- Knighton
- Rhayader

Six dental practices located in the following towns:

- Builth Wells (x2)
- Llandrindod Wells (x2)
- Rhayader
- Knighton

Seven Community Pharmacies located in the following towns:

- Builth Wells
- Knighton
- Llandrindod Wells
- Llanwrtyd Wells
- Presteigne
- Rhayader

Three Optometry practices located in the following towns:

- Builth Wells
- Llandrindod Wells (x2)

There is a community hospital, located in Llandrindod Wells providing a range of differing services including Outpatients services, Minor Injury Unit, X-ray Facilities, Therapy services, Minor Surgery and Endoscopy,

Midwife-led Birth Centre, inpatient general medical ward, Dialysis, Inpatient General / Medical Ward, and elderly Mental Health Ward. The community hospital in Llandrindod Wells provides secondary care Ophthalmology services.

There is also a Community Mental Health facility, located in Llandrindod Wells, and an Integrated Health and Care Centre, providing short stay reablement services.

There are a range of Third Sector services provided across the Mid Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and PTHB provide a Community Connectors Service, a Cancer Community Connector, and Health and Wellbeing engagement service, and a Mental Health Information service.

South Cluster

The South Powys Cluster is made up of:

Four GP Practices, providing services to a rural population of approximately 36,000 patients at the following locations:

- Hay-on-Wye
- Brecon
- Crickhowell
- Ystradgynlais

Five Dental practices located in the following towns:-

- Brecon
- Crickhowell (x2)
- Ystradgynlais
- Mobile Dental Unit

Eight Community Pharmacies located in the following towns:-

- Brecon (x2)
- Crickhowell
- Ystradgynlais
- Talgarth
- Lower Cwmtwrch
- Hay

Six Optometry practices located in the following towns:-

- Brecon (x3)
- Hay on Wye
- Crickhowell
- Ystradgynlais

There are three Community hospitals, located in Brecon, Bronllys and Ystradgynlais providing a range of differing services including Outpatients services, Minor Injury Unit, X-ray Facilities, Therapy services, Minor Surgery and Endoscopy, Midwife led Birth Centre, Therapy Services, inpatient general medical ward, Dialysis, Midwife-led birth centre, Inpatient General / Medical Ward, and elderly Mental Health Ward, and day hospital services. Secondary care Ophthalmology services are provided from Brecon and Ystradgynlais.

There is also a Children's Centre, providing a range of community clinics for children and young people, along with dedicated Mental Health Resource centres, located in Brecon and Ystradgynlais, providing a range of community mental health services.

There are a range of Third sector services provided across the South Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and PTHB, provide a Community Connectors Service, a Cancer Community Connector, a Health and Wellbeing engagement service, and a Mental Health Information service.

General Medical Services (GMS)

Access and Demand

General Practice is crucial to the co-ordination of patient care and is seen as the gateway to other appropriate NHS services via a referral process or through signposting (care navigation). Care Navigation is now a mandatory clause in the General Medical Services (GMS) contract, whereby General Practice signpost patients to either another primary care provider, or to the most appropriate practitioner within its own practice. It is now widely recognised that not all conditions require attention by a GP, and the wider multi-professional Primary Care Team are upskilled and competent to manage a range of health conditions.

The GMS contract requires General Practice to provide a range of services within core working hours between 8.00am - 6.30pm Monday to Friday excluding bank holidays. This includes:

- Managing patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected for the duration of that condition, including relevant health promotion advice and referral as appropriate and reflecting patient choice wherever practicable.
- General management of patients who are terminally ill, and
- Management of chronic diseases.

Prevention and early intervention are a focus for GMS with a range of screening and vaccination campaigns delivered in Practice, alongside chronic condition management, end of life and acute illness access for patients. The GMS Contract requires providers to maintain registers for a range of chronic conditions, including proactive call and recall systems to ensure conditions are monitored effectively. Patient urgent access demand is increasing; therefore, reducing the ability for proactive prevention healthcare.

The GMS Out of Hours (OOH) period is overnight 6:30pm to 8am on weekdays, and 24 hours at weekends and bank holidays. PTHB contracts with two providers to deliver its OOH services, Shropdoc Co-operative Ltd and Swansea Bay University Health Board (SBUHB). The OOH pathway is front loaded by the national 111 service. The main OOH service provision is provided by Shropdoc for the provision of OOH GMS and OOH medical cover at PTHB community hospitals, excluding Ystradgynlais. SBUHB provide GMS OOH and medical cover to the Ystradgynlais population registered with the Ystradgynlais Medical Practice.

The NHS 111 service is available 24 hours a day and once assessed, will signpost or transfer patients to primary care in-hours, or out-of-hours services as required.

Due to rurality, GMS in Powys provide a wide range of Supplementary Services which are additional services above core contractual requirement. Patient access into GMS is increasing, and an increase in demand brings a strong risk that GMS contract holders will need to reduce their supplementary service offer to deliver the mandated core contract provision. If this should unfold it would be to the detriment of patient access to care and redirect burden elsewhere on the PTHB service provision and referral activity increasing to secondary care. GMS Teams are facing increasing patient demand, with many working long hours and under significant strain. This is compounded by increased administrative tasks that reduce the time available for patient care. There is concern of burnout and job dissatisfaction among the profession due to the intensity of the workload, and the British Medical Association (BMA) are advocating safe working practices.

Across Wales, patients are experiencing long waits for secondary care appointments following referral. This results in an increase in patients attending their General Practice for support, management and treatment while they wait for their secondary care appointment. Powys GMS issued 1,925 fit notes for patients unable to work due to ill health or recovery from ill health in March 2025. In the same month, 8,690 referrals were made to other healthcare services, including managing 102,139 telephone calls into General Practices, an increase in over 10,000 calls since November 2024 figures of 92,431.

There is a year-on-year increase in the number of items prescribed to manage health conditions reaching 272,060 items in March 2025 alone. Due to the rurality of Powys, 11 of the 16 GMS practices are dispensing practices, issuing medications to over 52,000 patients.

To monitor the capacity to provide services, GMS are required to report their escalation levels on a scale of 1-5 each month (as a minimum) with level 4 being the highest operational level before doors close at level 5. Escalation descriptors are as follows:

Levels:

Level		
0	No Submission	
1	<ul style="list-style-type: none"> General Practice contacts within expected levels and sufficient staff to meet demand Staffing sufficient to deliver the full range of services 	
2	<ul style="list-style-type: none"> General Practice contacts higher than expected but sufficient staff to meet demand <20% reduction in staffing but sufficient to maintain (key or full range of) services 	
3	<ul style="list-style-type: none"> General Practice contacts higher than expected and impact on service delivery or patient safety Practices unable to see all urgent patients requesting same day appointments before 6:30pm (or end of extended hours period) >20% reduction in staffing numbers which compromises service provision or patient safety due to: <ul style="list-style-type: none"> Sickness Vacancy factor Adverse weather Business continuity issues affecting practice processes, including: <ul style="list-style-type: none"> Telephony IT Systems Access due to adverse weather 	
4	<ul style="list-style-type: none"> General Practice contacts higher than expected and significant impact on service delivery or patient safety Practices unable to see all urgent patients requesting same day appointments before 6:30pm (or end of extended hours period) resulting in significant anticipated overspill into Urgent Primary Care Out-of-Hours & Emergency Departments High reduction in staffing numbers causing increased pressure which is significantly impacting on service delivery or patient safety, due to: <ul style="list-style-type: none"> Sickness Isolation Vacancy factor Adverse weather Business continuity issues significantly affecting practice processes, including: <ul style="list-style-type: none"> Telephony IT Systems Access due to adverse weather Significant issue with access to secondary care or WAST Excess demand / escalation level not expected to reduce within the next 7 days without external support 	
5	Closed - Between Monday and Friday, all premises within the practice are closed for a period of 24 hours.	

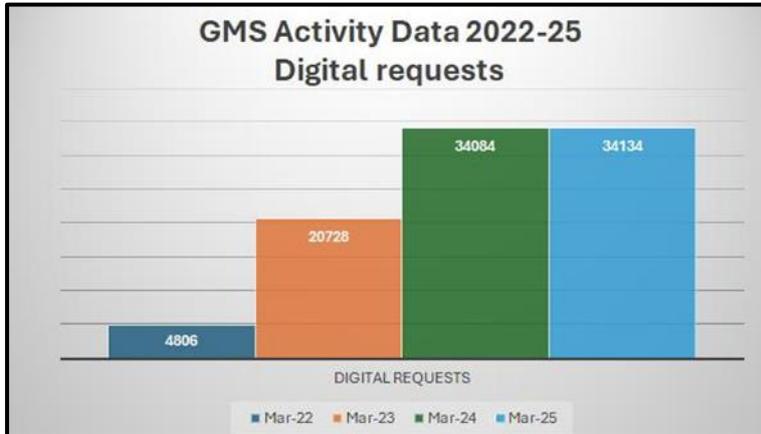
Practice Escalation Levels are a changing picture depending on internal factors such as staff absence, vacancies and external factors such as seasonal or contagious illnesses. Currently Powys have >50% of practices reporting at levels 3 or 4, with 25% reporting at level 4. The data indicates that Powys escalation levels are higher than the all Wales average for Level 3 and Level 4. Practices self assess their levels and influencing factors informing the levels may link to a combination of rurality, multi-site delivery models, population age demographics, and patient demand.

All Wales Escalation Levels as at 16/06/25

Health Board	1		2		3		4		5	
	no:	%	no:	%	no:	%	no:	%	no:	%
ABUHB	36	53	26	38	6	9	0	0	0	0
BCUHB	33	34	48	50	12	13	3	3	0	0
CVUHB	9	16	30	55	11	20	5	9	0	0
CTMUHB	16	36	23	52	4	9	1	2	0	0
HDUHB	7	15	14	30	18	38	8	17	0	0
PTHB	2	13	5	31	5	31	4	25	0	0
SBUHB	15	34	18	41	10	23	1	2	0	0
Wales	118	32	164	44	66	18	22	6	0	0

Model of delivery and location of services

There are currently 16 general practices across Powys with good geographical spread across the county.

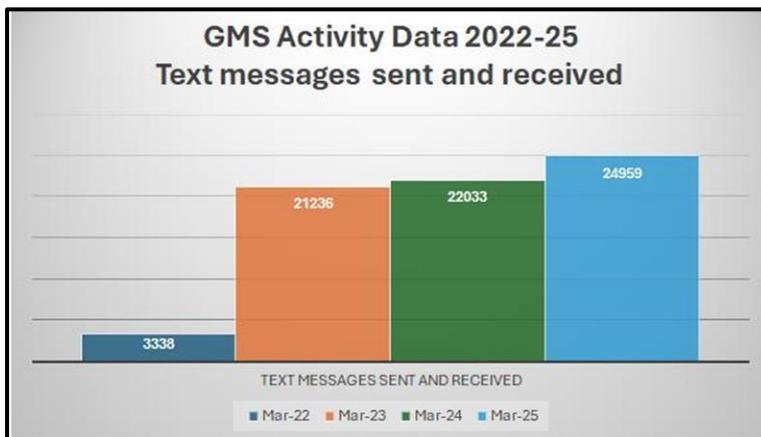


The way patients access services is changing, with more patients choosing to access General Practice via a digital means. A change in access behaviour also brings a change in service delivery. The table below

demonstrates reported

General Practice activity in the month of March since 2022. To note, caution needs to be taken for the 2022 data as this was a new initiative reporting process which needed time to bed in.

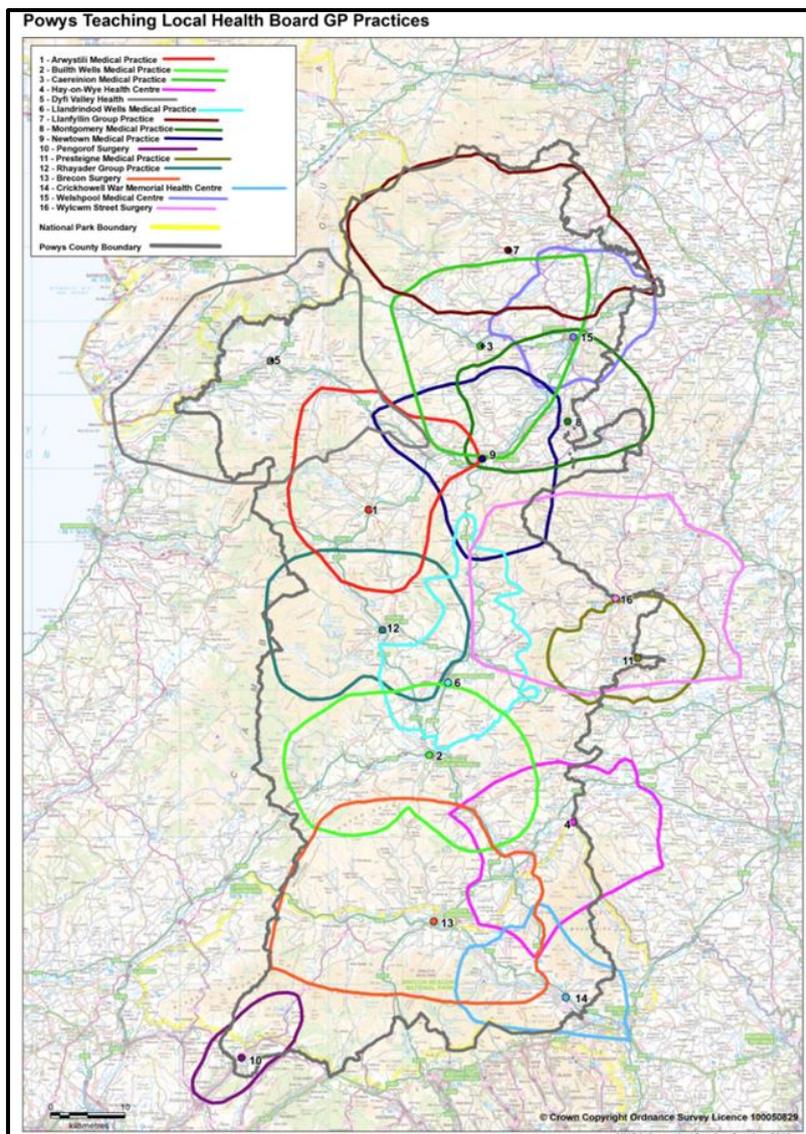
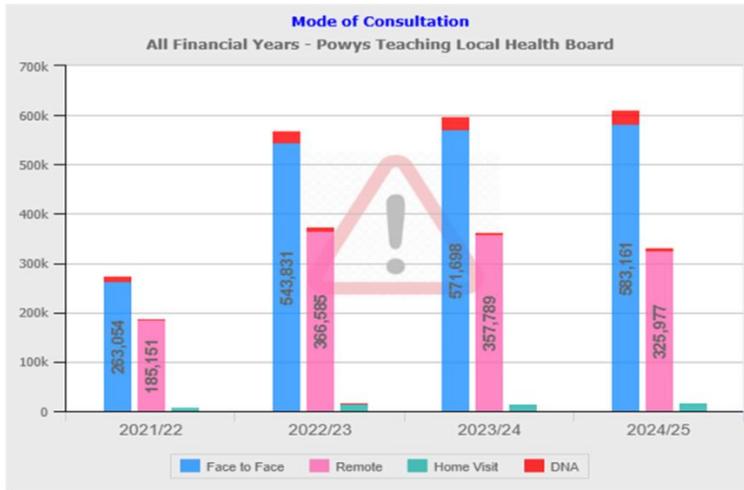
There has also been an increase in the number of text messages sent and received, to and from PTHB practices.



In addition to digital and text increases, the number of face-to-face appointments delivered by GMS in Powys continues to rise. It's interesting to note the reduction of remote appointments delivered from 2023 each year.

This could be the result

of an increase of requests for face-to-face appointments as we recovered from the pandemic, or due to an increase in opportunity through digital solutions.



GMS services are provided to the registered patient population. When a patient registers with a practice, their entire GMS medical record with historical healthcare data is transferred to that practice. Current GMS practice boundaries are detailed below. Due to the rurality of the county there are limited options for patients with regard to their GMS registration.

Workforce

Over a third (36%) of permanent GPs in Powys are aged 50+ years. The following charts show a breakdown by gender, age bands and professional roles within each of the three cluster areas.

North Cluster the workforce in this cluster is predominantly female. The largest number of staff is within the 18-29 age group, with the 55-59 age group the next largest. Approximately a third of the staff are in admin or non-clinical roles.



Mid Cluster the workforce in this cluster is predominantly female. The largest number of staff is within the 55-59 age group. Just under half of the staff are in admin or non-clinical roles.

MID GMS COLLABORATIVE WORKFORCE ANALYSIS



South Cluster the workforce in this cluster is predominantly female. The 18-29 and the 55-59 age group have the highest number of staff. Just under half of the staff are in admin or non-clinical roles.

SOUTH GMS COLLABORATIVE WORKFORCE ANALYSIS



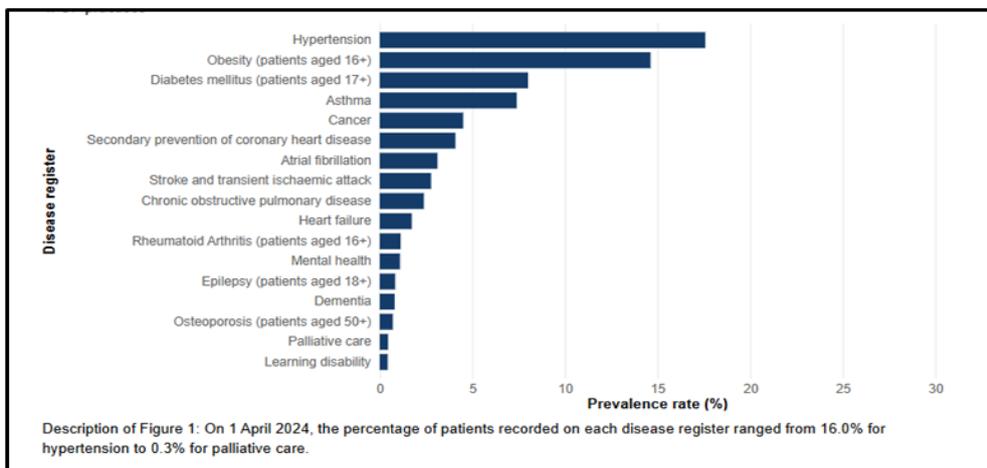
Powys tends to report a relatively stable workforce, with small numbers of staff fluctuations. The 'grow our own' approach is adopted by many in

General Practice, with career progression from junior to senior administrative roles, and support for nursing and other health professional careers. This is supported by the Primary and Community Care Academy delivering career enhancing training and development opportunities throughout the year.

Population Health

Disease register Prevalence

Public Health Wales publish Powys prevalence rates across seventeen clinical areas, with Hypertension having the highest prevalence and palliative care the lowest.

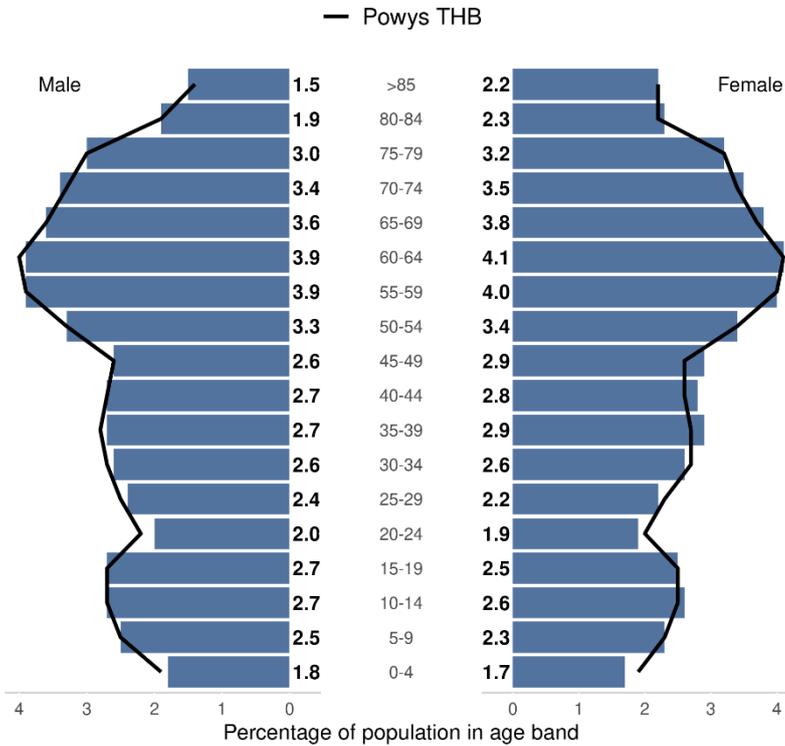


GMS Registered population by age sex and cluster

South Cluster

Figure: Registered population by age and sex, percentage, South Powys cluster, health board, 2024

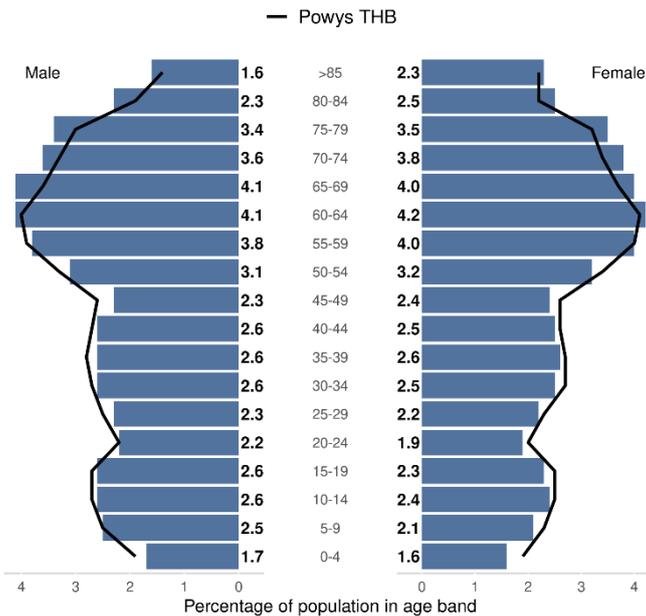
Produced by Public Health Wales using Financial Practitioner Payment Scheme (FPPS) via DHCW



Mid Powys

Figure: Registered population by age and sex, percentage, Mid Powys cluster, health board, 2024

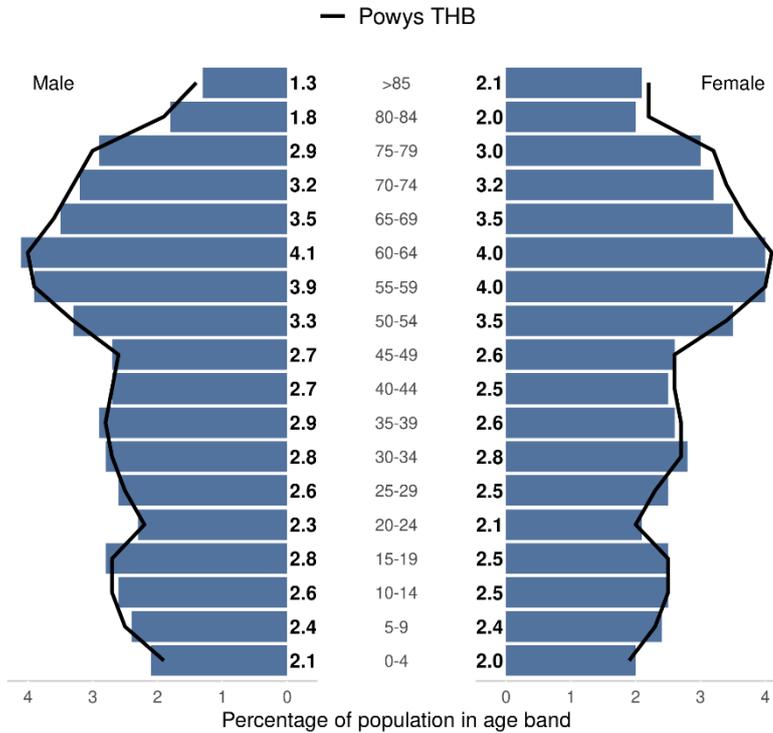
Produced by Public Health Wales using Financial Practitioner Payment Scheme (FPPS) via DHCW



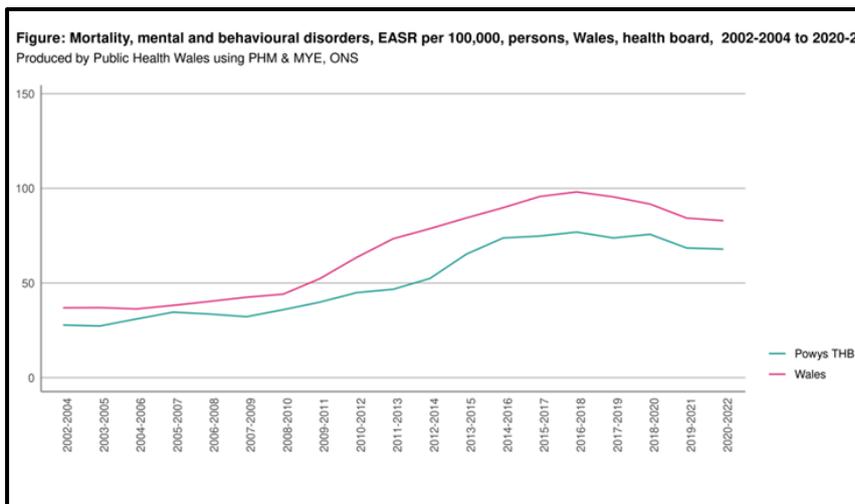
South Powys

Figure: Registered population by age and sex, percentage, North Powys cluster, health board, 2024

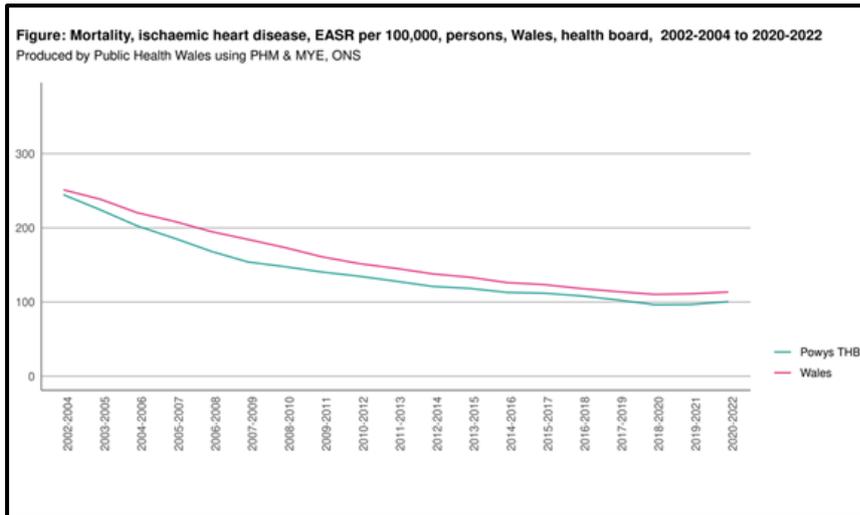
Produced by Public Health Wales using Financial Practitioner Payment Scheme (FPPS) via DHCW



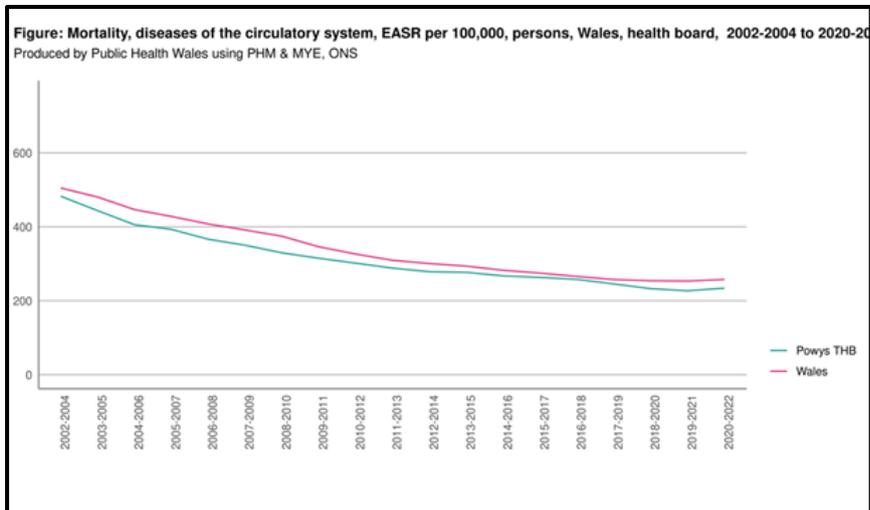
Public Health Wales have published mortality trend data across Wales over the last 20 years. Powys largely follows the national trend lines across a range of conditions reported, with a significant rise with mental and behavioural disorder data across Powys and Wales.



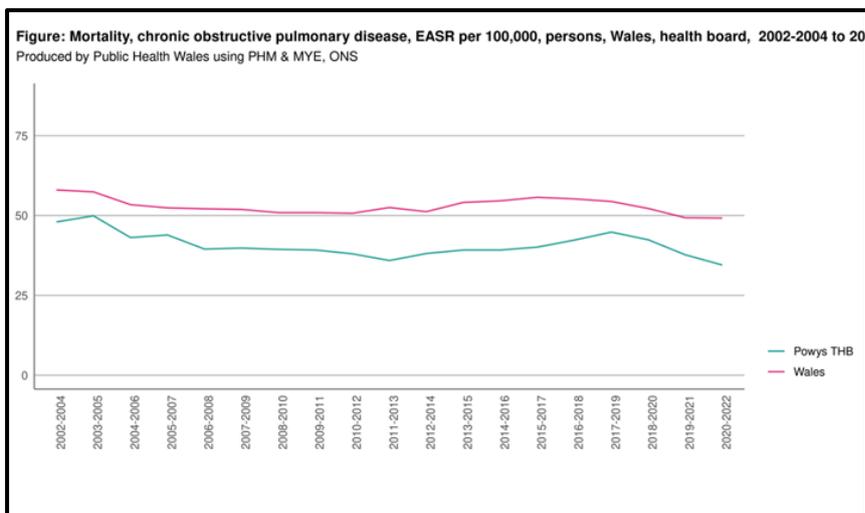
Conversely a significant reduction in the Ischaemic Heart Disease data.



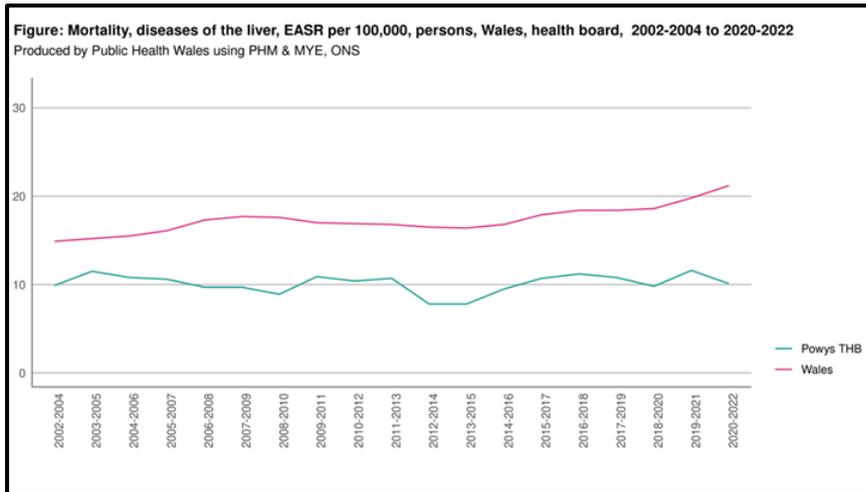
Likewise for diseases of the circulatory system data.



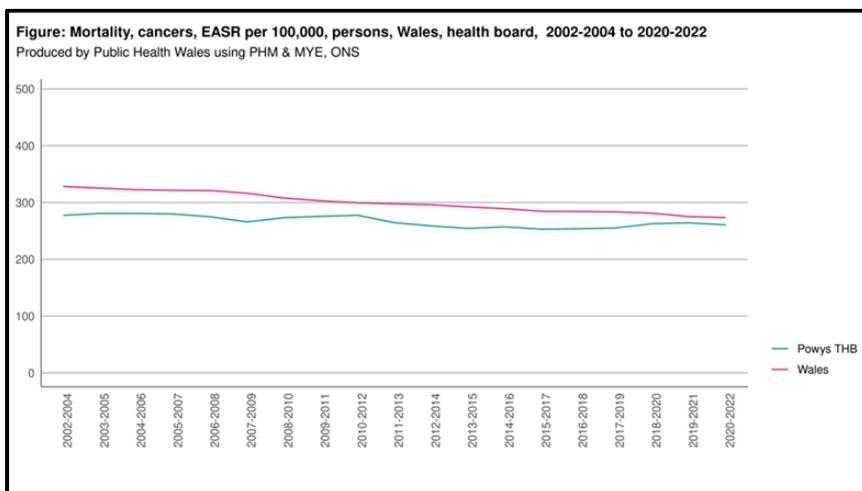
COPD data remains lower than Wales with a downward trend.



Data regarding diseases of the liver has fluctuated, however, have overall remained static in Powys compared to a rising prevalence reported across Wales.



However, although remaining lower than the national position, cancer data has not seen the decrease observed across Wales.



Across the Cluster footprints, all three Clusters report significantly lower numbers than the data across Wales on the Diabetes register. North Powys Cluster has a significantly higher incidence of emergency admissions with Ischaemic Heart Disease. Mid and North Powys show significantly lower incidence of Atrial Fibrillation disease. South Powys Cluster shows better population health outcomes with six indicators lower than the average across Wales.

Primary Care Clusters: Powys THB Summary Report

Key findings:

Powys THB has 3 primary care clusters.

- All 3 clusters in Powys have better outcomes than the Wales average for the prevalence of diabetes. Additionally, 2 of the 3 clusters have better outcomes for the prevalence of atrial fibrillation, possibly linked to a low percentage of the population living in the most deprived fifth of WIMD.
- South Powys has the best population health outcomes, with 6 of the indicators lower than the Wales average.
- There is a low percentage of the population living in the most deprived fifth of areas in Wales across the clusters in the health board.

The table below compares Powys THB clusters against Wales figures.

Indicator	Period	Measure	Wales	Mid Powys	North Powys	South Powys
Population living in most deprived fifth	2019	Percentage	9%	5%	9%	5%
Avoidable mortality: Ischaemic heart disease	2020-2022	OSR	50	40	41	35
Avoidable mortality: Coronary artery disease	2020-2022	OSR	14	9	11	8
Avoidable mortality: Diseases of the circulatory system	2020-2022	OSR	78	66	71	51
Chronic conditions: Atrial Fibrillation Disease Register	2023	OSR	2,302	2,114	2,061	2,305
Chronic conditions: Diabetes Register	2023	OSR	7,094	6,166	6,491	6,412
Chronic conditions: Mental Health Register	2023	OSR	1,549	1,317	1,333	1,324
Chronic conditions: Stroke & TIA Register	2023	OSR	2,355	2,267	2,322	2,346
Emergency admissions: Atrial Fibrillation	2023	OSR	36	32	33	30
Emergency admissions: Coronary artery disease	2023	OSR	175	169	162	153
Emergency admissions: Diabetes (Type 2)	2023	OSR	46	34	38	27
Emergency admissions: Diseases of the circulatory system	2023	OSR	360	338	362	325
Emergency admissions: Heart failure	2023	OSR	122	142	121	83
Emergency admissions: Ischaemic heart disease	2023	OSR	208	244	222	197
Mortality: Diseases of the circulatory system	2022	OSR	261	267	246	235

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Key Issues and next steps

Due to the rising demand on General Practice the current situation is challenging and needs urgent action to maintain the current high-quality service. The demands placed on General Practice have compounded the situation and is causing some General Practitioners to consider their commitment to the profession, and new doctors questioning General Practice as an attractive career option. Under the current situation the forecast is not in a positive space, with practices likely to be fragmented in service offerings or considering their ultimate viability. Delays in the national contract negotiations for 2024/25 have compounded this issue.

If the status quo remains workload demands across health care will continue to exceed safe working practices, adding to the pressure and burden across the wider health system and creating professional fatigue

and disinterest. Possible service gaps and return of independent contracts will be likely, impacting on service to patients, with delays in accessing the right care. A consequence of this could be that patients may have to travel further afield to receive primary care which will also negatively impact on environmental factors.

Going forward, support to general practice needs to include a number of initiatives to stabilise the longevity of general medical services to the Powys population:

- Continue to encourage multi-professional team working with training and development programmes in place to upskill practitioners and create a flexible solution to patient needs.
- Continue to support General Practice with recruitment needs and the 'grow your own' approach.
- Continue to support Collaborative and Cluster discussions around best practice and innovative ideas.
- Develop a 'special interest' programme to encourage multi-professional practitioners with a particular interest to become actively involved in the planning and delivery around that area of care.
- Explore options for further enhancing supplementary services according to Value Based Healthcare principles.
- Develop robust care navigation and signposting processes to ensure patients access the right care at the right time from the right practitioner in the right place.
- Support General Practice communications to patients to promote the multiple ways to access treatment.

General and Community Dental Services

Access and Demand

Access to dental services in Powys consists of primary, community and specialist services. As Powys does not have a District General Hospital Some specialist and secondary services are carried out in the community within the Community Dental Service where it is safe to do so. apart from primary care specialist orthodontics which is provided through an independent contractor arrangement.

Access to routine general dental services is provided through both the independent contractor model and the community dental service (salaried GDP model).

Access to dental services is available from both private and NHS provision. There is no patient registration for dental patients and universal access is not automatically available. Evidence suggests that an estimated 15% of any population chooses private dentistry and a further 15 to 20% are estimated to seek care only for an urgent dental problem.

The recent development of the Dental Access Portal (DAP) will support the identification of patients requesting a routine dental appointment who do not have access. The DAP provides Powys with confirmation of the number of patients seeking routine dental care.

Prior to the national roll out of the DAP, PTHB introduced an NHS Dental Helpline and waiting list in September 2021. The helpline was set up to handle all queries and issues in relation to NHS dentistry in Powys along with adding patients to a local Powys waiting list. In 2024, the Welsh Government announced that a centralised waiting list would be created, and Powys piloted the implementation of DAP. The pilot started in June 2024 and in the first instance was just for use as a 'back-office' function to enable the legacy Powys waiting list to be uploaded. The DAP went live for Powys patients in September 2024 enabling patients to add themselves to the waiting list instead of contacting the dental helpline. The uploading of the legacy list included a list cleansing process which has provided a more accurate picture of the access need in Powys.

The current number of patients on the waiting list 3,159. The number of patients that have been allocated a practice since the DAP started last year is 1,716, of which 1,205 patients accepted the offer, 410 of those offers expired and 101 offers were declined. Since the waiting list was started in September 2021 a total of 4,079 patients have accepted a referral into an NHS practice.

The number of patients accessing specialist services is available through the electronic referral management system which captures the majority of dental referrals but excludes a small number of referrals from other health care professionals such as GPs.

The demand for urgent dentistry continues to fluctuate and anecdotal evidence suggests that it can be dependent on weather and holiday seasons. The current contract variation agreement with independent contractors allows the Health Board to commission urgent slots and the proposed new dental contract for implementation 2026/27 will continue the ability to commission new urgent patient access. The Community Dental Service supports urgent access provision across the county. Children have prioritised allocation to practices as soon as they are added to the waiting list. The PTHB aspiration is for no children to be listed on the waiting list.

Urgent slot access is very difficult to predict and can bring challenges when demand is outstripping the capacity. During the financial year 2024/25, PTHB offered an average of 62 slots per week which supported the treatment of 3,617 patients, of which 318 were children. In addition, a dental out of hours provision is in place for urgent dental care. This is provided by independent contractors that work over a weekend and on bank holidays. The current in hours urgent access offer is delivering an increase in the number of urgent slots to an average of 68 slots per week, this is as a result of putting local mitigations in place to boost the urgent capacity going forward.

Current model of delivery and location of services

The rurality of Powys exacerbates difficulties in providing accessible dental care, often resulting in longer travel times and fewer available appointments. There has been a general shortage of dentists across Powys for a number of years, making it difficult for residents to find a dentist or get timely appointments. Recruitment in the area continues to be very challenging.



There are 15 independent contractors based throughout Powys and a good coverage of Community Dental Services (CDS). The CDS provide GDS cover in Machynlleth and Builth Wells. A Mobile Dental Unit (MDU) service is in place across south Powys, rotating its location across the south cluster.

The Contract Reform programme offers various metrics, which include targets for new patients, historic patients and fluoride varnish. Over recent years independent contractors have had the option to continue working under the traditional Units of Dental Activity (UDA) contract or to opt into Contract Reform to 'vary' their contract and work towards achieving the various metrics.

2024/25 saw eleven practices sign up to Contract Reform and four remaining to deliver services under the regulated UDA model. There was a total of 6,317 new patients seen with 2,516 of these being children. Historic patients seen amounted to 28,582 of which 7,166 were children. Using these figures against the approximate population of Powys (133,000) 26% of the population were seen for routine dental, and 3% of the population were seen for urgent dental care.

A total of ten practices underperformed against their contract. Practice challenges to meet their targets are largely due to consistent themes of recruitment issues and staff sickness. The fully staffed practices with a stable complement of staff are the ones most likely to fulfil their contractual obligations.

As detailed in the map above the Community Dental Service has good geographical spread across the county.

- Ystradgynlais Community Hospital has two dental chairs providing routine access, special care, paediatric inhalation sedation and domiciliary care provision.
- Brecon War Memorial Hospital has four dental chairs providing routine access, paediatric, special care, domiciliary, oral surgery, consultant orthodontics, endodontics and a foundation training offer.

- Llandrindod Wells Hospital has two dental chairs and provides special care, oral surgery including general anaesthetic and intravenous sedation and endodontics/restorative.
- Glan Irfon, Builth Wells has three chairs providing salaried GDP routine work, and foundation training.
- Newtown Dental Clinic has three chairs, provides routine access, special care, paediatrics, inhalation sedation and domiciliary care.
- Machynlleth Hospital provides routine general dental practice work and has one chair.
- Welshpool Health Centre has one chair, providing routine access, special care, paediatrics, inhalation sedation and domiciliary care.
- The Mobile dental unit has one chair and is located across South Powys providing routine salaried general dental practice work.

Workforce

Workforce profile: Independent Contractors

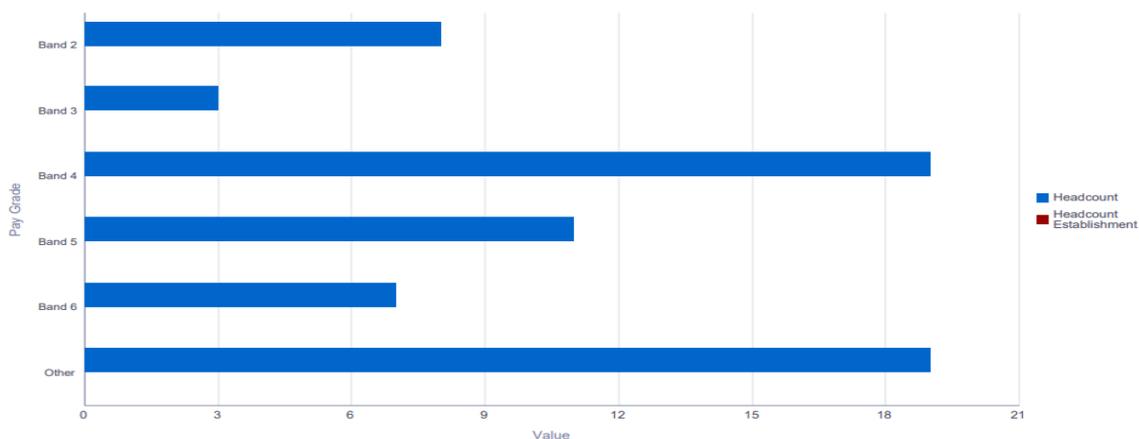
Nationally Health Boards have limited information regarding the independent dental workforce and currently rely on the Powys Dental Performers List and annual review visits to obtain details on the dental workforce.

The current Powys independent dental workforce consists of the following registered professionals spread across the Powys cluster footprint.

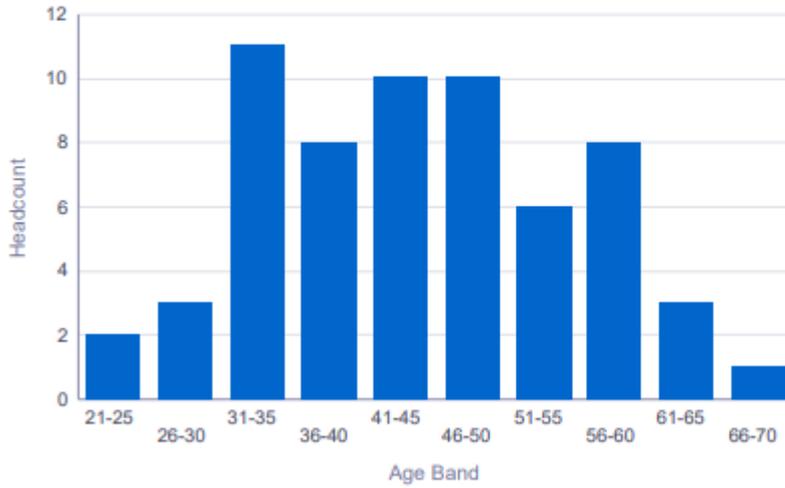
Active Dental Performers	38
Dental Therapists	20
Dental Nurses	76
Foundation Dentists	4

Workforce profile: CDS

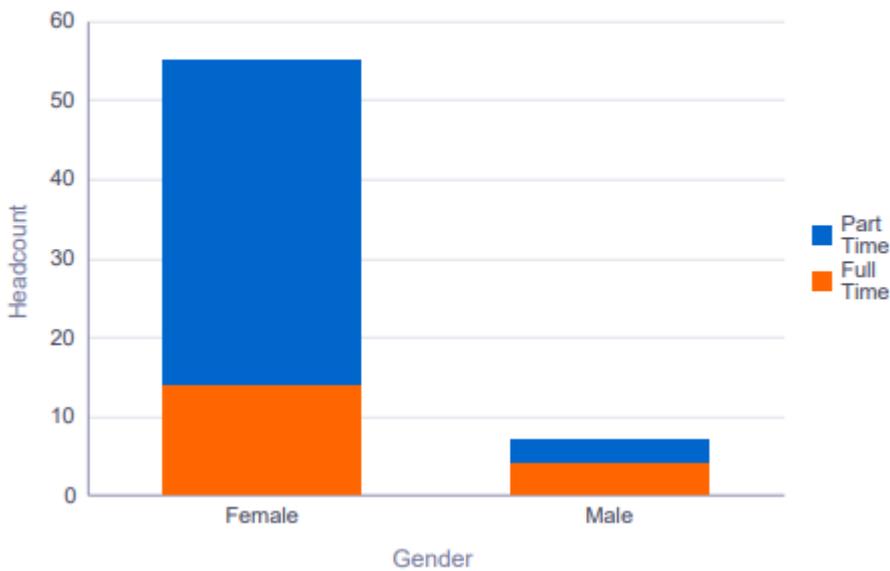
Headcount vs Position Headcount



Staff in Post



Employee Category / Gender



Dentists

There are currently four senior dental officers who are close to or will exceed 60 years of age within the next 4 years.

This equates to the equivalent of 2.8 WTE and will impact oral surgery and special care dentistry including paediatric dentistry. Succession planning has been considered regularly as it is estimated that within 4 years these individuals are likely to have retired, with one senior dental officer already given notice to retire in January 2026

The mitigation for oral surgery will be dependent upon upskilling the existing workforce and recruitment of a Consultant Oral Surgeon. The

upskilling has commenced 12 months ago by mutually agreeing to change a job plan. Options are being explored and scoped to recruit specialist support and maintain the existing team.

A senior dental officer in special care/paediatric dentistry is currently out to advert to attempt to recruit well in advance of the retirement date.

Special care dentistry is currently an area of dentistry that is difficult to recruit to, and alternative plans will be to upskill the existing workforce.

Dental Nurses

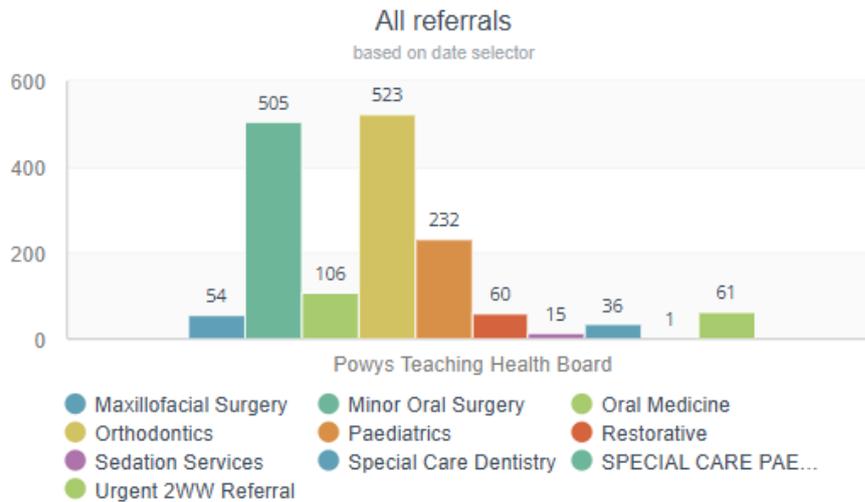
Recruitment of qualified dental nurses has been challenging in certain geographical areas of Powys. There are two dental nurses at NHS pension retirement age with significant experience. It is estimated that in the next 5 years there will likely be 2 possible vacancies due to dental nurse retirement. One is located in a more difficult area to recruit to.

It is possible to train dental nurses in-house and this remains an option if recruitment proves unsuccessful.

Population Health

The two main dental diseases caries and periodontal disease are largely preventable, and although PTHB compares favourably with caries prevalence across Wales and has been steadily improving it still remains a common disease with 1 in 5 children experiencing tooth decay. This combined with the fact that Powys has an ageing population who has extensive restorative work means that the future demand for treatment is likely to remain high.

Dentistry has additionally become more specialised, and complex which has led to a reduction in the average case load per practitioner. Patient expectations means that the treatment received although improves the options available will result in a lifetime of maintenance as they go through the restorative cycle.



In the interim there is likely to be an increasing need and demand for services especially as patients are less likely to accept the loss of a tooth.

This means that a prevention strategy is of

greater importance to reduce future burden of disease. We know that preventing tooth decay in early childhood is likely to prevent or minimise dental disease in adulthood. Prevention programmes such as designed to smile need to be maintained and where funding allows expanded.

Patient residing in care homes experience poorer dental health and often have complex medical needs, although the treatment is often palliative, prevention and timely access to dental treatment are vital to maintain quality of life. Appropriate training and education of the dental team is needed to ensure care is available for this vulnerable group.

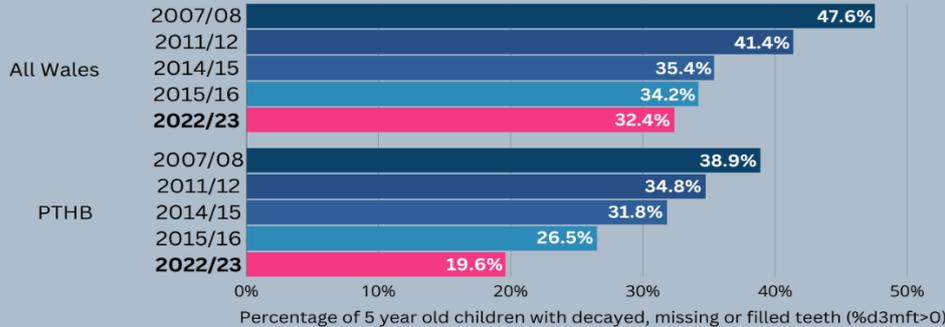
Oral health needs to be integrated into wider health care and be recognised by other health care professionals. The dental team needs to integrate into the NHS ensuring that it does not continue to work in isolation.



Picture of Oral Health 2023
Powys THB



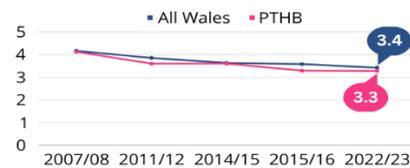
Percentage of 5 year olds who have had tooth decay



Severity of tooth decay

Children with experience of tooth decay in PTHB have on average **3.3** decayed, missing, or filled teeth.

Average number of decayed, missing or filled teeth (d3mft) in children with decay experience



Impacts of tooth decay

17% of parents/carers reported that their child's oral health had impacted their child's, or their family's, quality of life (QoL).

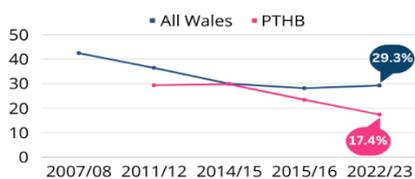
Percentage of parents/carers reporting a QoL impact due to the oral health of their child



Untreated tooth decay

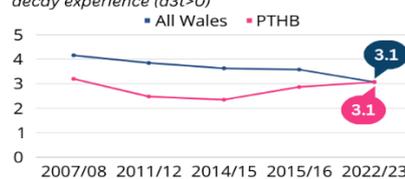
17.4% of children in PTHB have teeth with untreated tooth decay.

Percentage of children with decayed teeth (%d3t>0)



On average these children have **3.1** teeth with untreated tooth decay.

Average number of decayed teeth in children with decay experience (d3t>0)



Key Issues and next steps

Dental recruitment is difficult across the UK, but for a variety of reasons rural areas are significantly more challenged.

Work force retention and recruitment in conjunction with geographical challenges continues to be the main challenge to the sustainability of Powys primary care dental services.

Future service provision needs to adapt to changing dental needs to ensure that future population oral health needs are met, delivered by a continually developing and trained multi-disciplinary workforce. Skill mixing such as employing dental therapists and allowing them to practice at the top of their scope of practice reduces unmanageable caseloads and

stress within teams which further supports recruitment and retention of the rural dental workforce. Encouraging shared job roles where appropriate between practice and the Community Dental Service (CDS) also has the potential to support recruitment and retention.

The strategic vision of the CDS focusses on recruitment and retention of staff and creating a virtual dental hospital by moving as much treatment as possible out of secondary care into primary and community care.

Further development of the CDS into a flexible specialist workforce with access to modern dental equipment and infrastructure, including dental foundation year 1 training posts increases the chances of further recruitment and retention to both the CDS and the independent contractor workforce. Increasing local access to specialist services and peer support will enable the upskilling and development of additional skills which is a significant influencing factor for new and recently qualified dental graduates.

Going forward, initiatives to stabilise access to routine and specialist dental services need to include:

- Initiatives to support the continued expansion of Dental MDT
 - Approximately 70% of routine dentistry can be undertaken by Dental Therapists, recruitment of NHS dental therapists into both GDS and CDS will free up time for dentists to operate at the top of their scope of practice.
- Ensure that training opportunities and upskilling are available to produce variable and interesting job plans, this can be achieved by recruiting specialists and consultants into the CDS.
- Continuing to use specialists in primary and community care, to minimise referrals into secondary care.
- Build contingency and expand the salaried GDP model so that the service can respond quickly as needed to independent contractor contract terminations.
- Support contractual changes that lead to improved access, prevention and quality improvement.
- Accept that retention and recruitment is a long-term strategy, by continuing to support and expand foundation placements in the CDS and GDS.
- Encourage dental student placements in Powys to feed into the foundation training programme resulting in Powys being a place that is the preferred option (enhancement of reputation)
- Embrace digital solutions where possible and have a flexible work force using innovation (Mobile dental unit)
- Ensure infrastructure is fit for purpose, this additionally improves wellbeing, makes job plans attractive and supports

recruitment/retention of staff, including shared job roles across CDS/GDS.

- Continue to be innovative in approach of dental solutions and policy change to future proof the service.
- Continue with the team working that is needed to ensure services are developed and progressed to ensure oral health is included in any wider HB policies and procedures.
- Support and take advantages of future workforce opportunities such as provisional registration.

General Ophthalmic Services

Access and current model of delivery

The National Health Service (Ophthalmic Services) (Wales) Regulations 2023, came into force on the 20th of October 2023 reflecting the new optometry contract to secure the delivery of more clinical work in primary care optometry services from hospital eyecare services, helping to reduce the demand for and increase capacity to provide specialist eye care.

The *Future Approach for Optometry Services*, founded on the key principles of prudent healthcare aligned to the *Primary Care Model, A Healthier Wales* and the strategic direction set in Programme for Government has informed the ongoing reform of optometry.

The aim of the new Optometry Contract supports primary care optometry workforce to deliver additional pathways in optometry, with an emphasis on glaucoma, medical retina and hydroxychloroquine pathways to increase the number of optometrists with higher qualifications to provide these services.

The upskilling of the optometry profession is required to achieve a sustainable workforce needed to deliver the 'shift left of' services from secondary care into primary care.

Patient access to optometry services is not linked to patient registration and therefore patient choice informs where patients choose to access optometry services. Many Powys residents choose to access across border optometry services. This includes both Wales and England services.

Wales General Ophthalmic Services (WGOS) is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered Service comprising of five levels:

- WGOS 1: eye examinations and patient management plan (core)
- WGOS 2: made up of three bands: acute eye care; further follow up examinations and cataract post operative assessments (core)
- WGOS 3: low vision services and certification of vision impairment (optional)
- WGOS 4: examination of conditions previously managed in Hospital Eye Services for glaucoma, medical retina and risk of retinopathy (optional)
- WGOS 5: independent prescribing services(optional)

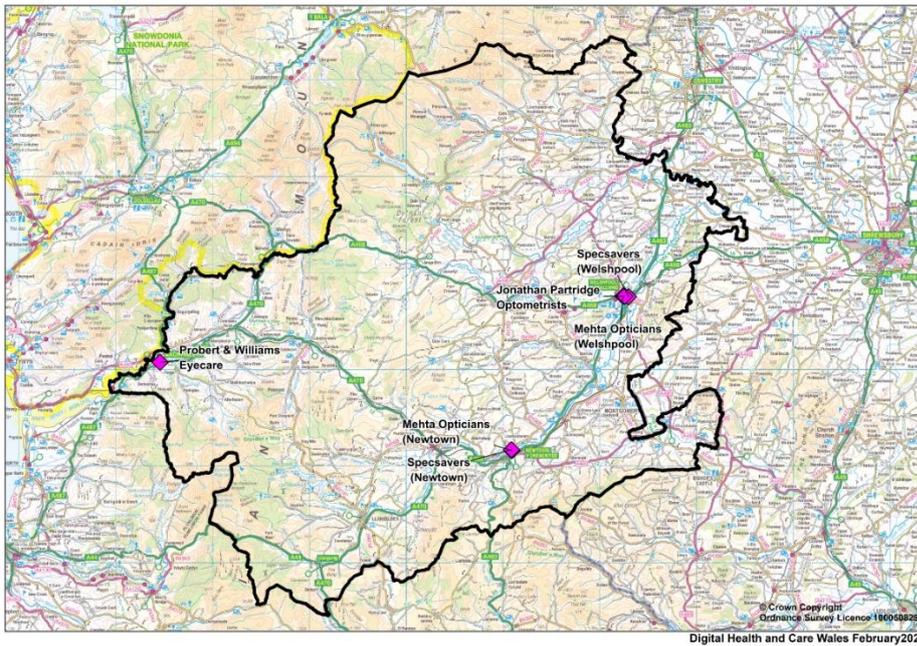
Location of Services

There are currently 15 Optometry practices across PTHB and 4 mobile contractors. All 19 contractors offer a mandatory level of service of WGOS 1 and 2 and a range of additional services across WGOS 3-5 are offered. There is an additional mobile contractor providing WGOS 3 mobile services only.

The following maps outline the current location of Optometry practices across each of the three Powys Cluster footprints:

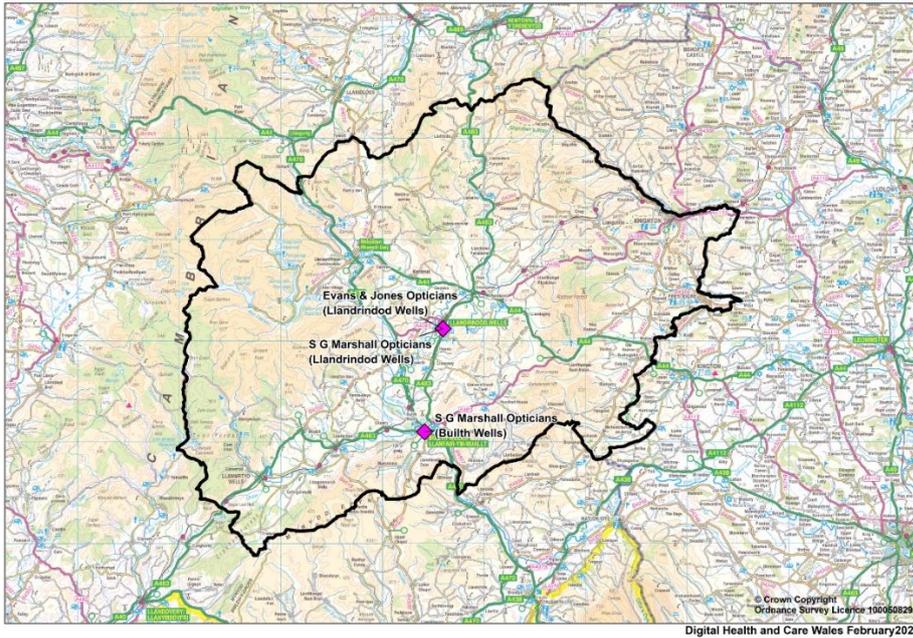
North Cluster

Powys Teaching Health Board - North Cluster Optometrists



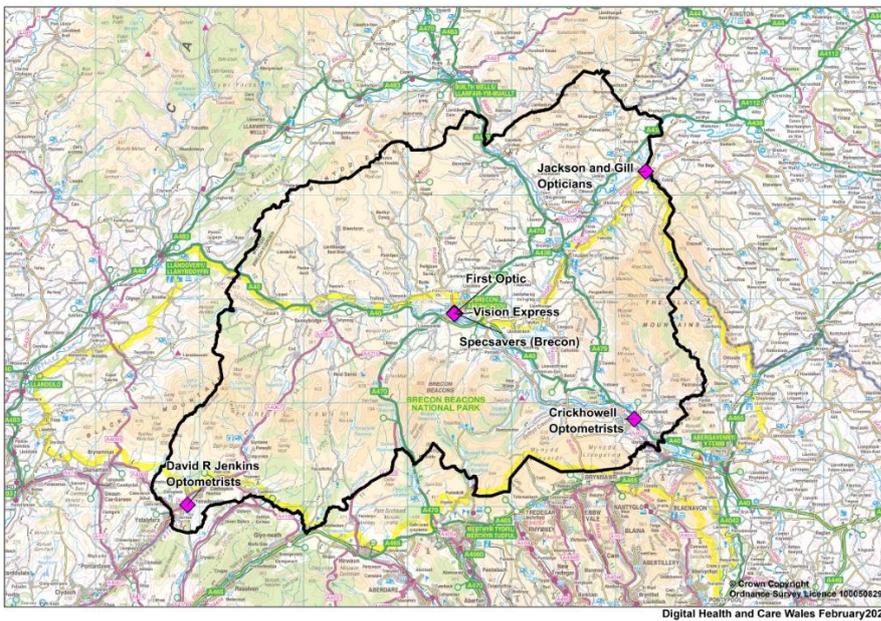
Mid Cluster

Powys Teaching Health Board - Mid Cluster Optometrists



South Cluster

Powys Teaching Health Board - South Cluster Optometrists



There are no optometry practices in some of the Powys towns where there is main General Medical Services provision. There is no optometry service provision in the following Powys towns:

North Cluster	Mid Cluster	South Cluster
<ul style="list-style-type: none"> • Llanfyllin, • Llanfair Caereinion • Montgomery • Llanidloes 	<ul style="list-style-type: none"> • Knighton, • Presteigne • Rhayader 	<ul style="list-style-type: none"> • Talgarth

Current Powys wide provision includes:

WGOS 1-2: All 15 practices and the 4 mobile providers provide. There is a reasonable geographical spread of these services across the Health Board, noting that practices are not present in all Powys towns.

WGOS 3: There is good coverage across all three clusters. However, the limited mobile provision presents challenges across county.

WGOS 4: Implementation of WGOS4 services has had a slow start, due to recruitment, capacity and optometrist skill set limitations across the county. This is further compounded by the complexity of the Powys secondary care commissioning arrangements.

- **Glaucoma Filtering:** There are currently two practices offering this service in Mid Powys. There is a lack of higher qualified (or in training) workforce to provide a Health Board-wide WGOS 4 Glaucoma Filtering service.
- **Glaucoma Monitoring:** Pathway not yet commenced.
- **Medical Retina:** Pathway not yet commenced.
- Hydroxychloroquine monitoring: Pathway not yet commenced.

There are no mobile providers of WGOS 4 within PTHB.

WGOS 5: Currently there is provision in two out of three Clusters (north and south). There are no mobile providers of WGOS 5 within PTHB.

Domiciliary eye care provision presents a challenge to Powys which results in gaps in service provision. This is primarily due to the limited number of mobile Optometry providers. Currently, there are only four mobile WGOS 1&2 Optometry providers serving the Health Board, and all of them are based outside of Powys.

This situation is further complicated by the limited provision of WGOS 3 mobile services (one additional WGOS 3 only provider) and the complete absence of WGOS 4 & 5 mobile services. As a result, residents of Powys may face challenges in accessing timely and convenient eye care, highlighting the need for ongoing support in this area.

Powys secondary care eye pathways are complex. This is compounded further by the lack of available data regarding secondary care activity

which makes it difficult to identify the true demand of services that can be transferred into primary care WGOS 4.

Workforce

The current Powys Optometry workforce consists of 39 registered professionals spread across the Powys cluster footprint. Optometrists make up 82% of the workforce with a small proportion attributed to Dispensing Opticians (8%) and Student Optometrists (10%). This can be summarised as:

North Cluster:	17
Mid Cluster:	6
South Cluster:	11
Mobile:	1
Unspecified:	4

The local higher qualified workforce aligned with WGOS 3-5 is summarised below:

- Higher Certificate Glaucoma: Mid Cluster 2
- Professional Certificate Glaucoma: North Cluster 3; Mid Cluster 2; South Cluster 3
- Professional Certificate Medical Retina: North Cluster 5; Mid Cluster 2; South Cluster 2
- Independent Prescribers: North Cluster 3; South Cluster 2
- Low Vision: North Cluster 4; Mid Cluster 3; South Cluster 4

Population Health

Based on the Powys population eye health demographics and prevalence predictions completed by the Royal National Institute of the Blind (RNIB) there is a particular need to focus on increased service delivery for WGOS4 including glaucoma, medical retina and hydroxychloroquine within primary care optometry.

The proportion of people aged 75 years and over in Powys is higher than the average for Wales. 13% of the population are aged 75 plus, compared to 10% in Wales.

Sight loss is linked to advancing age, the RNIB projects that by 2032 there are expected to be 7,210 people in Powys living with sight loss, an estimated increase of 18% over the next decade.

The table below summarises PTHB's estimated prevalence of sight loss over time (2022-2032), by severity.

Severity of sight loss	2022	2032
Mild sight loss	3,910	4,620
Moderate sight loss	1,350	1,580
Severe sight loss	840	1,010
Total	6,100	7,210

The RNIB (2023) Sight Loss Data Tool estimates the prevalence of a number of ocular conditions for PTHB. This data informs the Powys future eye healthcare needs:

Age-Related Macular Degeneration (AMD):

- 8,310 (6.2 %) people are living with the early stages of AMD.
- 640 (0.48%) are living with late-stage dry AMD.
- 1,320 (0.99%) are living with late-stage wet AMD.
- 1,860 (1.39%) combined late-stage AMD
- Between 2022 and 2032 the RNIB estimates an increase of 22% (409) in the number of people living with late-stage AMD

Cataract:

- 2,080 (1.56%) people living with cataract.
- Between 2022 and 2032 there is estimated to be an increase of 22% (458) in the number of people living with cataract.

Glaucoma:

- 3,030 (2.278%) people are living with ocular hypertension.
- A further 1,940 (1.45%) people are living with glaucoma.
- Between 2022 and 2032 there is estimated to be an increase of 14% (272) in the number of people living with glaucoma.

Diabetic Retinopathy:

- 2,700 (2.03%) people are living with diabetic retinopathy.
- Of these, it is estimated that 250 (0.18%) have severe diabetic retinopathy likely to result in significant and potentially certifiable sight loss.

- Between 2022 and 2032 there is estimated to be an increase of 2% (54) in the number of people living with diabetic retinopathy.

There are other related disease prevalence and factors that affect eye conditions. Diabetes provides a significant risk to eye health, as it can lead to an increased risk of glaucoma, diabetic retinopathy and cataracts. Current Powys diabetes prevalence is 8%.

In addition to chronic conditions, key risk factors such as obesity increases the risk of developing diabetes, leading to an increased risk of a range of eye related health conditions, as detailed above.

Smoking is known to increase the risk of developing age-related macular degeneration (AMD) and cataracts.

Certain ethnic groups are more at risk of having sight loss, in particular Black, Asian or Minority Ethnic are at an increased risk of glaucoma and diabetic retinopathy. The Powys population with these ethnic groups is lower than all Wales average.

Key Issues and next steps

Due to an ageing population and increasing prevalence of most major eye conditions, there is an increasing demand for all levels of WGOS across PTHB. Access to Optometry services within Powys has reduced over the years with practices closing, however the demand for WGOS 1-3 continues to be met through reasonable geographical coverage across the Health Board, with the notable exception of service gaps in some main towns and in particular North-West Powys.

Currently across Powys there is a very small cohort of Optometrists with specialist skills and qualifications to provide WGOS4 services. This includes no WGOS 4 and WGOS 5 provision in some clusters, or a low level of service provision, providing an inequitable service offer.

The complexity of Powys secondary care pathways and the lack of available data regarding secondary care activity makes it difficult to identify the true demand of services that can be transferred into primary care WGOS 4. However, based on the Powys population eye health demographics and the RNIB future predictions for prevalence of ocular conditions, it is clear that there is a particular need to focus on increased service delivery for WGOS4 including glaucoma, medical retina and hydroxychloroquine within primary care optometry.

The Health Board's priority, in order to meet future demand, needs to continue to support the provision and development of WGOS services including supporting and promoting the optometry workforce to expand their skill set and gain the required accreditation. The PTHB aspiration is

for a minimum of 50% of Practices to be delivering the full range of WGOS services.

Implementation of WGOS4 will enable opportunities for referral management support across both PTHB in-reach and commissioned services and pathways. The implementation and roll out of WGOS 4 will support the 'shift left' of services by enabling care closer to home and freeing up Ophthalmology capacity within community hospitals, in-reach services and secondary care.

To meet the current and future demands, The Health Board, through its primary care, Academy and Cluster teams, will continue to work with HEIW to support targeted workforce upskilling in the necessary areas. Cluster funding opportunities and initiatives that allow optometry workforce development including succession planning are being progressed to support the implementation and ongoing sustainability of WGOS services across cluster footprints. Higher levels of clinical services identified by the local eye care needs assessments will be delivered on a Cluster level to bolster this provision. Taken together, the needs assessment combined with delivery on a Cluster footprint will ensure that local population needs will be fully considered and delivered against.

Community Pharmacy

Access and Demand

Community pharmacies are a vital and accessible part of the healthcare system in Powys, particularly in rural and underserved areas. Pharmacies are often the first point of contact for health advice, minor ailments, and urgent medicines supply. Recent feedback from residents noted positive experiences with pharmacy services, although some expressed concerns about medicine availability and access outside regular hours. Demand for pharmacy-led clinical services is growing as pressure increases on general medical services, highlighting the opportunity to expand community pharmacy's role in delivering care closer to home.

The community pharmacy contract mandates that, unless otherwise agreed with the Health Board, a pharmacy must provide pharmaceutical services for at least 40 hours per week. These hours are deemed core hours and pharmacies may choose to declare to open for supplementary hours in addition. In addition to these hours, the Health Board commissions a number of pharmacies to extend their opening hours on weekday evenings and to open on Sundays.

Presgripsiwn Newydd / A New Prescription is Welsh Government's long-term plan for the future of community pharmacy in Wales. Published in 2022, it sets out a vision for transforming the role of pharmacy teams to better support the health and wellbeing of the population. The plan emphasises a shift from dispensing and supply-focused services towards more patient-centred, clinical care delivered closer to home. It outlines priorities such as improving access to independent prescribing, enhancing the use of digital technology, strengthening the pharmacy workforce, and integrating pharmacy services within the wider primary care system. The ultimate aim is to ensure that community pharmacies are a key part of a sustainable, preventative, and person-focused healthcare system.

Recent contract changes have introduced the new national directed service: Clinical Community Pharmacy Service (CCPS) which all pharmacies in Powys have committed to provide. Currently, there are three mandatory components of this service:

- Contraception Services
- Common Ailments Service (including Sore Throat Test and Treat)
- Emergency Medicines Supply

Additional Pharmacy Services such as smoking cessation support, seasonal influenza vaccination and services to support the harm reduction agenda are also widely commissioned locally.

These developments support a shift of activity from GP practices to pharmacy, aligning with the broader ambitions of the Primary Care Model for Wales and helping improve population access, reduce delays in care, and free up GP capacity.

Current Model of Delivery and Location of Services

There are 23 community pharmacies located across the three Powys clusters. Pharmacies are often co-located near GP practices or central town centres, providing convenient access to services.

Community pharmacies dispense prescriptions to approximately two thirds of the population of Powys; dispensing GMS practices dispense prescriptions to patients who live in more remote, rural areas of the county.

The presence of a pharmacist allows for community pharmacies to offer a suite of additional clinical services that are not commissioned to be provided from dispensing GMS practices.

Clinical pharmacy services have traditionally relied solely on pharmacists for their delivery, but recent contract amendments enable the pharmacy technician workforce to issue certain medications without a prescription and deliver services such as the Seasonal Influenza Vaccination and Contraception Services under the Clinical Community Pharmacy Service (CCPS). These changes allow for more robust and reliable service delivery in community pharmacy.

Community pharmacy in Wales is undergoing a major shift from a traditional focus on dispensing prescriptions to delivering a broader range of patient-facing clinical services. This often means that pharmacy premises are no longer fit for purpose and contractors are having to adapt to new ways of working; pharmacies would have traditionally dedicated space for dispensing prescriptions, over the counter medicines and retail but are now starting to clear space for additional consulting rooms.

The *Community Pharmacy Premise Improvement Scheme*, first launched in 2024 offers grants of up to £45,000 per pharmacy, facilitating essential upgrades such as improved or additional consultation areas and enhanced accessibility. These improvements are designed to support the delivery of more patient-centred services in community settings.

Workforce

Community pharmacies in Powys are staffed by qualified pharmacists and pharmacy technicians, supported by trained dispensing and counter staff. Recruitment and retention remain a challenge, particularly in remote

locations. There has been reliance on relief or locum pharmacists in some areas who were often not accredited to provide clinical services in Wales.

Community pharmacies have only recently been added to the Wales National Workforce Reporting System (WNWRS) and the first set of data will become available in this financial year.

There is a national drive to increase the number of community pharmacists that are trained and working as independent prescribers. To support this, a new national directed service: Pharmacist Independent Prescribing Service (PIPS) was included in the contract from April 2022. This service allows the provision of a national extended minor illness service and/or national contraception service, or other Health Board commissioned services, depending on local priorities. Powys currently has eight pharmacies offering this service.

2026 will see the first cohort of pharmacy students qualifying as independent prescribers at the point of registration; existing pharmacists have also been encouraged to undertake independent prescribing courses. In Wales, this initiative aligns with broader efforts to enhance the role of pharmacists in delivering clinical care, particularly in community settings. By enabling pharmacists to prescribe independently from the outset of their careers, the healthcare system aims to improve patient access to medicines and alleviate pressures on other primary care services.

Population Health (Prevalence)

Powys has an older-than-average population with high levels of chronic disease, multimorbidity, and polypharmacy. Over 28% of the population is aged over 65, with growing numbers of people living with hypertension, diabetes, respiratory conditions, and frailty. Community pharmacies are well placed to contribute to preventative health and early intervention, particularly through the management of minor illness, lifestyle support, and structured medication reviews.

With appropriate support and integration, pharmacies can play a greater role in addressing health inequalities—especially in areas with poor access to GP services or public transport. They are also key partners in supporting antimicrobial stewardship, safe use of high-risk medicines, and reducing medicines waste across the system.

Community Pharmacy Summary

Community pharmacies in Powys can significantly improve access to primary care services by delivering a broader range of clinical services, supporting medicines management, engaging in public health initiatives,

and leveraging their local presence. Integration into cluster planning and strategic upskilling will be key enablers of this transformation.

Conclusion

Powys Primary Care delivers high valued services across Powys communities.

An ageing population with increasing complex health needs is putting an untenable strain on primary care services resulting in a fatigued workforce and unsustainable services. There is a pressing need to re-evaluate how services are configured and delivered, recognising that changes need to align to national contracts and regulations.

To meet future demand and support sustainably, the focus must be on preventative, integrated primary and community-based care that is integrated and patient focussed. To successfully support the 'shift left' of services, workforce development needs to be supported and optimised to enable professionals to work to their top of licence. Workforce capacity, redesigning pathways and appropriate signposting across the health care system is pivotal to support the delivery of care closer to home.

The opportunity now is to work with our independent contractors and cluster teams to reshape primary and community services in a way that delivers better outcomes for our patients, improves resilience across the system, and aligns with both local need and national strategic direction.