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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.7

BOARD		30 SEPTEMBER 2026	
Subject:	Powys Pharmaceutical Needs Assessment 2026 – pre-publication assurance and approval		
Approved and presented by:	Kate Wright, Executive Medical Director		
Prepared by:	Chief Pharmacist, supported by the Pharmaceutical Needs Assessment Development Group		
Other Committees and meetings considered at:	PNA Development Group (throughout 2025/26). Executive Committee 02 September 2026. Planning, Partnerships and Population Health Committee - 15 September 2026, who recommend the PNA for approval		
PURPOSE:			
To present the final Powys Pharmaceutical Needs Assessment 2026 and appendices, report the outcome of consultation and Planning, Partnerships and Population Health Committee consideration, and seek Board approval for publication by 01 October 2026.			
RECOMMENDATION(S):			
The Board is asked to:			
• NOTE the statutory requirement to publish the Powys Pharmaceutical Needs Assessment 2026 no later than 01October 2026 and the outcome of the 60-day consultation; • Take ASSURANCE that Planning, Partnerships and Population Health Committee considered and endorsed the final PNA and recommended it to the Board for approval; • NOTE the principal findings, including the current unmet need for pharmaceutical services in Llanfyllin and the classification of the proposed Llanrhaeadr-ym-Mochnant service change as a monitoring risk rather than an identified current or future need; • APPROVE the Powys Pharmaceutical Needs Assessment 2026 and its appendices for publication.			
Approve/Take Assurance		Discuss	Note

Y	Y	Y
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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The PNA provides the statutory evidence base for equitable access to pharmaceutical services.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	It supports prevention and early help, medicines optimisation for long-term conditions, joined-up rural care, workforce and service-model resilience, appropriate digital enablement, and partnership planning with contractors, primary care, local authorities and neighbouring systems.
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	Approval does not itself commission a service or commit expenditure.
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Section 82A of the National Health Service (Wales) Act 2006 requires the Health Board to prepare, publish and keep under review an assessment of pharmaceutical need. The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 prescribe its scope, content, consultation and publication requirements. The 2026 PNA covers the period from 01 October 2026 to 30 September 2031 and must be published no later than 01 October 2026.

The final PNA concludes that pharmaceutical service provision is broadly sufficient across Powys while identifying a current unmet need in Llanfyllin. An application intended to meet that need remains subject to appeal and is not treated as current provision; the PNA does not prejudge the outcome of that process. The proposed change to dispensing services in Llanrhaeadr-ym-Mochnant is classified as a service-change risk requiring monitoring, with no current or Schedule 1 paragraph 3(b) future need identified at the date of publication.

The draft PNA was subject to a 60-day public consultation from 01 June to 30 July 2026. It was promoted through the Have Your Say Powys platform, Health Board website and subscriber communications, social media, staff communications and partner networks, including PAVO, Llais and town and community councils. All statutory consultees were contacted directly, and printed materials were available on request. Six responses were received. Appendix J records the feedback, the Health Board's consideration of the representations and the resulting amendments.

Executive Committee considered and endorsed the final PNA on 02 September 2026 and recommended it to the Board for approval. The Chief Pharmacist's document-level assurance is that the final PNA addresses the applicable statutory content requirements. The remaining actions relate to formal approval, publication, distribution and ongoing review.

1. Statutory compliance assurance

The following are mandatory requirements derived from section 82A of the National Health Service (Wales) Act 2006 and Part 2/Schedule 1 of the 2020 Regulations.

Mandatory requirement and legal basis	Evidence in the final draft	Status	Required assurance/action
1. Prepare, publish, review and revise the PNA within the statutory cycle. NHS (Wales) Act 2006, s82A; regs 6 and 9	The document covers 1 Oct 2026–30 Sep 2031 and follows the 2021 PNA. Board approval/publication remain outstanding.	Post-approval duty	Approve in time to publish no later than 1 Oct 2026; record the ongoing review mechanism.
2. Cover all pharmaceutical services arranged by the LHB: pharmaceutical-list services, local pharmaceutical services pilots and dispensing-doctor services. Reg 3	Scope includes 22 community pharmacies and 17 approved dispensing sites operated by 11 dispensing practices. No pilot scheme is identified.	Met	Confirm in the statutory process record that there are no relevant pilot arrangements or other dispensing arrangements omitted from the assessment.
3. State services: (a) in-area and necessary; (b) out-of-area but contributing; and (c) other services that affect the needs assessment. Reg 4(1); Sch 1 para 1	Relevant information is dispersed through Chapters 5–7 and the cross-border analysis, three statutory categories are drawn together explicitly.	Met	Complete
4. State other NHS services that affect pharmaceutical need. Sch 1 para 2	Chapter 5 considers dispensing GP services, hospital/other NHS provision, emergency and out-of-hours pathways and commissioned services.	Met	Retain the explanation of how these services increase, reduce or otherwise affect need.

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Mandatory requirement and legal basis	Evidence in the final draft	Status	Required assurance/action
5. State services not provided that are needed now, and services needed in specified future circumstances. Sch 1 para 3	A current unmet need is identified in Llanfyllin. Llanrhaeadr is described inconsistently as a 'potential future gap' and a 'future gap' conditional on an unconcluded closure proposal.	Met	Llanfyllin is specified under paragraph 3(a); Llanrhaeadr is expressly not a paragraph 3(b) need.
6. Explain methodology, locality choice, locality/group differences and report consultation. Sch 1 para 4	Chapters 2 and 4 explain the single-Powys locality, small-area analysis, protected/group needs and methodology; Appendix J reports consultation themes and responses.	Met	Retain the rationale and ensure Appendix J remains attached to the published PNA.
7. Include a map identifying premises where pharmaceutical and dispensing services are provided; keep it updated so far as practicable. Reg 4(2); Sch 1 para 5	Maps are included, closed Danby's Pharmacy removed.	Met	Updated statutory current-provider list; verify all premises immediately before publication.
8. Have regard to relevant prior assessments, demography, different localities, neighbouring services, dispensing services and other NHS services. Reg 8(1)	The draft uses the 2021 PNA, population and health evidence, rural/small-area analysis, English and Welsh cross-border provision, dispensing GP services and other NHS provision.	Met	No further statutory action, subject to the point-in-time provider-data check.
9. Take account of likely future needs	Population projections,	Met	Llanrhaeadr clarification complete

Mandatory requirement and legal basis	Evidence in the final draft	Status	Required assurance/action
and population change. Reg 8(2)	housing/development, ageing, tourism and changing service patterns are considered.		
10. Consult every body/person specified in regulation 7(1).	Appendix E lists Community Pharmacy Wales, the LMC, contractors, dispensing and non-dispensing practices, Llais/community bodies, RPB, local authority, NHS trusts, neighbouring LHBs and English border systems.	Met	Retain the master distribution list and record nil categories, including any pilot provider or other person with dispensing arrangements.
11. Publish the draft for at least 60 days; notify consultees within 24 hours; state the deadline; provide a free hard copy within 14 days if requested. Reg 7(2)– (5)	The draft records consultation from 1 Jun to 30 Jul 2026 (60 days) and six responses.	Met	Complete
12. Publish the final PNA on the website and provide a free hard copy within 14 days if requested. Reg 9	Not yet due; publication follows Board approval.	Post-approval duty	Use a final controlled PDF, accessible web content and a documented hard-copy request process.
13. Make the PNA available for inspection and send copies to Welsh Ministers, the LMC and the LPC; maintain associated lists/maps. Reg 61	Post-publication governance is not set out as a completed action because it is not yet due.	Post-approval duty	Add these actions to the publication checklist and retain evidence of completion.

2. Welsh non-statutory guidance – good-practice comparison

These elements are recommended in the Welsh Government's National Health Service (Pharmaceutical Services) (Wales) Regulations 2020: Non-statutory Guidance for Local Health Boards. They support defensibility and usability but do not create additional statutory duties.

Guidance good practice	Powys position	Chief Pharmacist assessment/action
Governance, resources and sign-off: Director sponsorship; suitable resources; risk-register oversight; conflicts declared; sign-off in an open meeting.	Director-level route and PNA Development Group are evident. The paper routes Planning, Partnerships and Population Health Committee assurance to the Board.	Record conflicts and governance assurance; Board approval should occur in public/open session.
Localities: use meaningful planning areas; a single whole-LHB locality is unusual and should be justified.	Powys is treated as one locality, with a clear rural-system rationale and additional community, LSOA and settlement-level analysis.	Met proportionately.
Population and health need: build a rounded demographic profile, benchmark where helpful and identify communities with different needs.	Strong coverage of population change, ageing, deprivation, car access, rurality, health conditions, protected groups and transient/tourist populations. Births, deaths, life expectancy and economic activity are less explicit.	Selected evidence is proportionate.
Time-specific access: consider the whole 24-hour period, weekends, public/bank holidays, seasonal variation and different lifestyles.	Weekday, Saturday/Sunday and out-of-hours access are analysed; tourism/seasonality is discussed. The bank/public-holiday conclusion is not prominent.	Met proportionately.
Current provision: use the latest information;	Detailed provider, service, activity and	Met pending a final point-in-time reconciliation of

Guidance good practice	Powys position	Chief Pharmacist assessment/action
include pharmacy, appliance contractor and dispensing-doctor provision and analyse 24-hour availability.	opening-hours schedules are included. No appliance contractor is identified.	names, addresses, hours and service status.
Dispensing practices: show approved premises and the areas for which outline consent applies; controlled-locality maps or a link are suggested.	Appendix G lists approved dispensing premises. Controlled-locality/outline-consent geography is deliberately excluded from the PNA despite a consultation request.	Partly met - this is not a Schedule 1 map requirement but could be helpful to include a controlled-locality map if practicable upon availability. (national issue)
Cross-boundary and non-NHS provision: consider services outside the area where they materially affect need, without over-weighting private/delivery services.	Welsh and English border services, patient flows, distance and travel time are considered; other NHS and delivery routes are described.	Met - Conclusion tied to reliable, sustainable services rather than assuming optional delivery/private provision will meet statutory need.
Patient and public involvement during drafting: active engagement, using accessible methods and reaching harder-to-reach communities, is strongly recommended.	The assessment uses existing patient insight and undertook the statutory public consultation; it did not run a separate new pre-draft public survey.	Partly met - our approach is defensible as existing evidence was current and relevant.
Gap statements: identify only current/future needs within the five-year life of the PNA; specify service, hours, days and location.	The Llanfyllin current need is specific as to service type, place and access pattern. Llanrhaeadr is conditional but not specified to the same level.	Largely met
Maps: use clear locality-level maps and, where useful, show	The draft contains provider, travel-time/access and cross-	Largely met.

Guidance good practice	Powys position	Chief Pharmacist assessment/action
service/hours, travel time, health need and cross-border provision.	border mapping and uses small-area overlays.	
Consultation report: summarise questions, responses, resulting changes and reasons where no change was made.	Appendix J reports respondent groups, themes, Health Board consideration and outcomes. It does not reproduce all consultation questions.	Met, refer to Appendix J
Publication and accessibility: make the signed PNA easy to find, share it with relevant partners/NWSSP, and operate disciplined ongoing review.	Pending Board approval	Publish an accessible bilingual-controlled version, distribute the link, retain the editable master

3. Financial, legal and operational implications

Financial: approval of the PNA does not itself commission a service or commit expenditure. Any subsequent commissioned service or other intervention requires its own authority, affordability assessment and procurement/contracting route.

Legal and regulatory: The PNA will form part of the statutory evidence base for future pharmaceutical-list decisions. The current unmet need in Llanfyllin has been reached independently through the 2026 assessment. The separate application and appeal process is recorded as procedural context only; the PNA does not prejudice the appeal or treat the proposed provider as current provision.

Operational: Interim pharmaceutical access arrangements in Llanfyllin will continue to be monitored pending the appeal outcome and commencement of any future community pharmacy service. The wider provider network, accessibility, service changes and contractor sustainability will remain under review throughout the life of the PNA.

Communications: the final PNA should be published in a prominent, accessible location, with a bilingual publication plan and clear arrangements for a free hard copy on request.

NEXT STEPS:

Subject to Board approval:

1. Publish the final controlled PNA and appendices on the Health Board website no later than 01 October 2026 and activate the free hard-copy request process.
2. Send the PNA to Welsh Ministers, Dyfed Powys Local Medical Committee and Community Pharmacy Wales; make it available for inspection and share the publication link with relevant partners and NHS Wales Shared Services Partnership.
3. Retain evidence of Board approval, publication, statutory distribution and consultation compliance.
4. Maintain the PNA and provider map under review and respond appropriately to the Llanfyllin appeal outcome, any change in actual service availability and other material developments.

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PHARMACEUTICAL NEEDS ASSESSMENT 2026

Final Draft PTHB Board Consideration

October 2026

Board
30 September 2026
Item 3.7a

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Document Control

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Executive Summary

Introduction

This Pharmaceutical Needs Assessment (PNA) is a statutory assessment prepared by Powys Teaching Health Board (“the Health Board”) in accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 (“the Regulations”).

The PNA provides the statutory basis for assessing whether current pharmaceutical services meet the present and anticipated needs of the population of Powys and is used to support decision-making under the Regulations, including applications relating to pharmaceutical service provision, relocation of premises and changes to opening hours.

For the purposes of this assessment, pharmaceutical need has been assessed with reference to pharmaceutical services provided under both Sections 80 and 81 of the National Health Service (Wales) Act 2006 (“the Act”). The assessment considers access to prescribed medicines and appliances, together with the wider contribution of commissioned pharmaceutical services and NHS clinical services delivered through the pharmaceutical services network.

The assessment considers:

- the population of Powys and factors influencing pharmaceutical need
- the current pharmaceutical services network
- accessibility to pharmaceutical services
- whether any gaps in pharmaceutical service provision have been identified
- potential future risks and areas requiring ongoing monitoring.

The assessment covers the whole of the Health Board area and reflects the distinctive characteristics of Powys as a large, predominantly rural county with dispersed settlements, extensive travel distances and a mixed provider model comprising community pharmacies and dispensing GP practices.

Population and Geography

Powys has a dispersed and predominantly rural population with low population density and relatively large distances between settlements and healthcare facilities.

The assessment identified that:

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- the population is concentrated primarily within a relatively small number of towns and settlements
- much of the population lives within rural communities and villages
- travel to access healthcare and other essential services forms a routine part of accessing services for many residents
- Powys is relatively remote from larger urban centres and surrounding higher-density service infrastructure.

Population projections indicate modest overall population growth during the lifetime of the PNA together with a continued ageing population profile.

The assessment also identified:

- higher levels of long-term illness and disability compared with the Wales average
- significant rural access challenges
- widespread deprivation relating to access to services
- reliance on private transport for routine access to healthcare and pharmaceutical services across much of the county.

These factors influence demand for pharmaceutical services and form an important part of the context within which pharmaceutical accessibility is assessed.

Current Pharmaceutical Service Provision

Pharmaceutical services within Powys are delivered through a mixed provider model comprising:

- 22 community pharmacies
- 11 dispensing GP practices.

This combined network is an established and essential feature of pharmaceutical service provision within Powys.

The assessment also recognises that the long-term sustainability of pharmaceutical service provision within rural areas remains dependent upon the continued viability of both community pharmacy and dispensing General Medical Services (GMS) providers.

Community pharmacies provide open-access pharmaceutical services concentrated primarily within towns and larger settlements, while dispensing GP practices support access to pharmaceutical services for eligible rural populations where community pharmacy provision would otherwise be limited.

The assessment identified that:

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- community pharmacies dispense the majority of prescription items generated by Powys GP practices
- dispensing GP practices dispense approximately 36% of Powys GP prescription items, which is substantially higher than in other parts of Wales
- approximately 38% of patients registered with Powys GP practices are identified as dispensing patients.

The assessment also identified that a small proportion of Powys GP prescriptions are dispensed outside Powys, reflecting established and longstanding cross-border access patterns.

Additional NHS clinical services provided through community pharmacies contribute positively to wider healthcare access and system resilience. These include services such as the Clinical Community Pharmacy Service, emergency medicines supply, contraception services, discharge medicines review services and pharmacist independent prescribing services.

Accessibility and Travel Patterns

Accessibility analysis demonstrated that:

- a substantial majority of residents are able to access a dispensing contractor within approximately 20 minutes’ travel time by car
- access is strongest around the main towns and settlements
- some rural and upland areas experience comparatively longer travel times reflecting the geography and settlement pattern of the county.

For the purposes of this assessment, accessibility is considered as a broader concept than geographic proximity alone and includes factors such as travel time, opening hours, mobility, transport availability and the practical ability to obtain medicines and appliances.

Detailed locality-level analysis demonstrated that areas identified within the higher travel-time bands are predominantly associated with:

- sparsely populated upland and rural geographies
- dispersed settlement patterns
- large Output Areas containing relatively small populations.

The assessment concluded that reduced accessibility and longer travel times form part of the wider rural environment within Powys and are not specific to pharmaceutical services alone.

The assessment also recognised that practical accessibility is influenced by wider factors including:

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- opening hours
- mobility and disability
- transport availability
- communication needs
- digital access and confidence
- medicines delivery arrangements and other support mechanisms.

The assessment recognises that accessibility expectations within a large rural county may differ from those within more densely populated urban areas.

Cross-border access patterns also form an important component of accessibility for some communities and form part of routine healthcare access arrangements for some Powys residents.

Overall Assessment of Current Provision

Based on the evidence considered, the assessment concludes that, apart from the gap previously identified in Llanfyllin, current pharmaceutical service provision is sufficient overall to meet the present needs of the population when assessed across the pharmaceutical services network as a whole.

This conclusion reflects:

- the combined contribution of community pharmacies and dispensing GP practices
- the accessibility analysis undertaken across the county
- the role of cross-border providers
- the wider rural geography and dispersed population of Powys.

In reaching this conclusion, the Health Board has considered not only geographic proximity, but also the realities of rural service delivery, the role of dispensing GP practices, established cross-border access patterns, and the sustainability of maintaining a viable provider network across Powys.

The assessment recognises that not all residents will have immediate local access to a community pharmacy or dispensing GP practice and that some rural communities experience longer travel times. However, the evidence indicates that the existing provider network continues to provide reasonable and proportionate access to pharmaceutical services across Powys when considered in the context of:

- the wider provider network
- rural settlement patterns

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- surrounding geography
- the sustainability of service provision.

No single indicator, dataset or travel-time measure has been used in isolation to determine whether a gap in pharmaceutical service provision exists.

A gap in pharmaceutical service provision is identified only where the level, accessibility or distribution of provision is considered insufficient to meet the reasonable needs of the population when assessed across the wider pharmaceutical services network.

The assessment recognises the local disruption arising following the closure of Danby's Pharmacy in Llanfyllin on 31st December 2025. Prior to the closure, a supplementary statement was published in September 2025 which considered the anticipated impact of the closure and identified that a gap in pharmaceutical service provision would arise within Llanfyllin from 31st December 2025.

Using the evidence and methodology contained in this 2026 assessment, the Health Board has independently identified a current unmet need for pharmaceutical services in Llanfyllin for the purposes of Schedule 1 paragraph 3(a) of the Regulations. The 2025 supplementary statement has been considered as relevant historical and regulatory context but is not the basis for the finding reached in this PNA.

The assessment also notes the ongoing consultation regarding proposed changes to dispensing services in Llanrhaeadr-ym-Mochnant. At the time of assessment, no decision had been made and the outcome of the consultation has not been prejudged.

With the exception of the identified gap recognised within Llanfyllin, no new widespread or systematic gaps in pharmaceutical service provision have been identified across Powys.

Future Risks and Monitoring

Although current provision is considered sufficient overall, the assessment identified a number of future risks and emerging pressures that may affect pharmaceutical services during the lifetime of the PNA.

These include:

- population ageing and increasing long-term conditions
- workforce recruitment and retention pressures
- reductions in opening hours or service availability
- medicines supply disruption and pricing volatility

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- increasing expectations regarding clinical service provision through community pharmacy
- technological changes associated with EPS and digital prescribing
- dependence on relatively small numbers of providers within some rural communities.

The assessment also identified concerns raised by some contractors regarding the long-term sustainability of both community pharmacy and General Medical Services contracts within rural areas.

The Health Board will continue to monitor:

- contractor sustainability
- opening hours
- accessibility patterns
- workforce pressures
- significant service changes
- housing growth and population change
- developments affecting cross-border access and service delivery.

Supplementary statements or future review of the PNA will be undertaken where required as per the Regulations.

Conclusion

Powys has a distinctive pharmaceutical services network shaped by its rural geography, dispersed population and reliance on both community pharmacies and dispensing GP practices.

The evidence indicates that the combined provider network plays an essential role in maintaining access to the safe and timely supply of medicines across Powys.

With the exception of Llanfyllin, current pharmaceutical service provision is considered to meet the reasonable needs of the population at the time of assessment and to provide reasonable and proportionate access to pharmaceutical services across Powys, subject to continued monitoring of localised risks, future service changes and the sustainability of the wider contractor network.

Using the evidence and methodology contained in this 2026 assessment, the Health Board has independently identified a current unmet need for pharmaceutical services in Llanfyllin for the purposes of Schedule 1 paragraph 3(a) of the Regulations.

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Glossary of Terms & Abbreviations

Abbreviations

Abbreviation	Meaning
BBNP	Bannau Brycheiniog National Park
BBV	Blood Borne Virus
CAS	Common Ailments Service
CHC	Community Health Council
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractor
DHCW	Digital Health and Care Wales
DMR	Discharge Medicines Review
DSQS	Dispensing Services Quality Scheme
EMS	Emergency Medicines Supply
EPS	Electronic Prescription Service
ESPS	Essential Small Pharmacy Scheme
GIS	Geographic Information System
GMS	General Medical Services
GP	General Practitioner
HB	Health Board
JIC	Just in Case
LDP	Local Development Plan
LFT	Lateral Flow Test
LHB	Local Health Board
LHMA	Local Housing Market Assessment
LSOA	Lower Layer Super Output Area
MAR	Medicines Administration Record
NHS	National Health Service
NSP	Needle and Syringe Programme
NWSSP	NHS Wales Shared Services Partnership
OA	Output Area
ONS	Office for National Statistics
OOH	Out of Hours
PCCS	Pharmacy Community Care Services
PGD	Patient Group Direction
PIPS	Pharmacist Independent Prescribing Service
PNA	Pharmaceutical Needs Assessment
PTHB	Powys Teaching Health Board
SWOT	Strengths, Weaknesses, Opportunities and Threats
UTI	Urinary Tract Infection
WG	Welsh Government
WIMD	Welsh Index of Multiple Deprivation

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Glossary of Terms

Term	Meaning
Accessibility	For the purposes of this assessment, accessibility refers to the practical ability to obtain pharmaceutical services and includes consideration of travel time, transport availability, opening hours, mobility, communication needs and other factors affecting access.
Additional services	Pharmaceutical services commissioned under section 81 of the Act or through local commissioning arrangements.
Clinical Community Pharmacy Service	A nationally directed community pharmacy service framework supporting assessment, advice and treatment for a range of common conditions and urgent medicines needs
Community pharmacy contractor	A contractor included on a pharmaceutical list providing NHS pharmaceutical services from registered pharmacy premises.
Controlled locality	An area determined to be rural in character under the Regulations for the purposes of dispensing doctor eligibility.
Dispensing	For the purposes of this assessment, dispensing refers to the provision of prescribed medicines or appliances to patients in accordance with a valid NHS prescription.
Dispensing contractor	A provider authorised to provide pharmaceutical services, including community pharmacies and dispensing GP practices where relevant.
Dispensing GP practice	A GP practice granted outline consent and premises approval under the Regulations to provide pharmaceutical services to eligible patients.
Dispensing patient	A patient eligible to receive dispensing services directly from a dispensing GP practice under the relevant regulatory framework.
Electronic Prescription Service (EPS)	A digital service enabling prescriptions to be transmitted electronically between prescribers and dispensing contractors.
Essential services	Core pharmaceutical services required under the community pharmacy contractual framework, including dispensing, repeat dispensing, disposal of unwanted medicines, public health promotion, signposting and support for self-care.
Gap in pharmaceutical service provision	A circumstance in which the level, accessibility or distribution of pharmaceutical services is considered insufficient to meet the reasonable needs of the population when assessed across the wider pharmaceutical services network.
Harm reduction	Interventions intended to reduce the health and social harms associated with drug use and other high-risk behaviours.
Lower Layer Super Output Area (LSOA)	A standard statistical geographic area produced by the Office for National Statistics and used for the analysis and reporting of population, health and deprivation data.
Multimorbidity	The presence of two or more long-term health conditions in one individual.

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Need-modifier flag(s)	An indicator which highlights higher rates of a characteristic considered likely to increase reliance on accessible pharmaceutical services.
North Powys Wellbeing Programme	A wider health and care infrastructure and service transformation programme intended to support more integrated delivery of health, wellbeing and community services within North Powys, including proposals for an integrated hub-based service model.
Open access	Pharmaceutical services available to any member of the public without restriction based on practice registration or dispensing eligibility criteria.
Out of Hours	Healthcare or pharmaceutical service provision delivered outside routine operating hours.
Outline consent	Approval granted under the Regulations confirming that a GP practice may provide pharmaceutical services to eligible patients, subject to subsequent premises approval for the location from which those services will be provided.
Output Area (OA)	A small statistical geographic area produced by the Office for National Statistics and used for Census and spatial analysis.
Patient Group Direction	A legal framework permitting specified healthcare professionals to supply or administer medicines to groups of patients meeting defined criteria without an individual prescription.
Pharmaceutical list	The list maintained by a Health Board of approved providers of pharmaceutical services.
Pharmaceutical services	Services secured under sections 80 and 81 of the Act, including the provision of prescribed medicines and appliances together with additional pharmaceutical services commissioned under the Regulations.
Pharmaceutical services network	The combined network of community pharmacies, dispensing GP practices and other relevant providers contributing to access to pharmaceutical services across Powys.
Pharmacist Independent Prescriber	A pharmacist qualified to prescribe medicines within their area of competence without requiring authorisation from another prescriber.
Polypharmacy	The use of multiple medicines by one individual, often associated with management of multiple long-term conditions.
Premises approval	Approval granted under the Regulations for specified premises from which a dispensing GP practice may provide pharmaceutical services to eligible patients.
Reasonable access	For the purposes of this assessment, the ability to routinely access pharmaceutical services within approximately 20 minutes' travel time by car has been used as a proxy measure of reasonable access, recognising that travel times vary across Powys due to its rural geography and dispersed population.
Repeat dispensing	A process allowing a batch of authorised repeat prescriptions to be dispensed at intervals without requiring a new prescription issue each time.
Routine access	For the purposes of this assessment, routine access refers primarily to access during standard weekday operating

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	periods rather than urgent or out-of-hours access arrangements.
Serious Difficulty	A regulatory test under the Regulations used when considering whether a patient who would not routinely be eligible may nevertheless receive pharmaceutical services from a dispensing doctor practice.
Service centre	A town or settlement which functions as a focal point for access to healthcare, retail, transport or other public services for surrounding communities.
Supplementary statement	A statement published under Regulation 6 of the Regulations where a material change occurs affecting the Pharmaceutical Needs Assessment during its lifetime.
Sustainability	The ability of the pharmaceutical services network to continue providing safe and accessible pharmaceutical services over time, taking account of workforce, financial, operational and service delivery pressures.
Travel-time modelling	Geographic analysis used to estimate approximate travel times between population locations and pharmaceutical service providers.
Wider provider network	The broader network of pharmaceutical service providers accessible to Powys residents, including relevant providers located outside the Health Board area where these contribute to routine access arrangements.

1 Introduction & Framing

1.1 Statutory and Policy Context

The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 (“the Regulations”) introduced a requirement for health boards in Wales to prepare and publish a Pharmaceutical Needs Assessment (PNA).

In accordance with the Regulations, the Health Board is required to publish and keep up to date a statement of the need for pharmaceutical services for its population.

The PNA provides the statutory basis for assessing pharmaceutical service need and is used to inform decisions made under the Regulations, including applications relating to entry to the pharmaceutical list, relocation of premises and changes to opening hours.

The PNA must be published at least every five years, or earlier where the Health Board identifies that changes to the need for pharmaceutical services are of a significant extent, unless doing so would be a disproportionate response.

This PNA covers the period 01 October 2026 to 30 September 2031 and applies to the whole of the Health Board's area, taking into account the resident population of Powys.

The PNA is intended to support transparent, evidence-based and proportionate decision-making under the Regulations.

1.2 Purpose of this Assessment

The purpose of the PNA is to:

- assess the current and future need for pharmaceutical services within the Health Board area
- describe how those needs are met by existing providers
- identify any gaps in service provision

Future need is considered through analysis of population trends, service capacity, and known or anticipated changes in service provision.

The PNA is a key statutory document and is used by the Health Board when determining:

- applications to join the pharmaceutical list or dispensing doctor list
- applications to relocate premises
- applications to amend opening hours

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The PNA may also be used by Welsh Ministers when determining appeals, ensuring that decisions are transparent, evidence-based and capable of withstanding regulatory scrutiny.

This assessment therefore:

- describes the current provision of pharmaceutical services across Powys
- assesses how patients access those services in practice
- evaluates whether current provision meets the needs of the population
- identifies any current or future gaps in service provision

This PNA does not:

- determine which services individual contractors must provide beyond their contractual requirements
- guarantee the establishment of new pharmaceutical services or premises
- replace wider commissioning, service planning or funding decisions

The PNA is not intended to prescribe how pharmaceutical services should be configured in every locality, nor does it require identical levels of local provision across all communities.

Rather, it provides an evidence base to inform decisions made under the Regulations.

The PNA plays an important role in ensuring that pharmaceutical service provision across Powys remains safe, accessible and sustainable. Decisions informed by the PNA have direct implications for patient access, contractor viability and the sustainability of the wider primary care system.

1.3 Scope

For the purposes of this assessment, pharmaceutical services are those provided under sections 80 and 81 of the National Health Service (Wales) Act 2006 (“the Act”) and the NHS (Pharmaceutical Services) (Wales) Regulations 2020 (“the Regulations”).

Pharmaceutical services considered within this assessment may be provided by:

- community pharmacy contractors
- dispensing appliance contractors
- dispensing GP practices, also known as dispensing doctors

In Powys, pharmaceutical services are delivered through a mixed provider model. Community pharmacies typically provide open access services to any member of the public, whereas dispensing GP practices provide services to a defined registered population, subject to

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eligibility criteria. This combined model plays a critical role in maintaining access across a rural and sparsely populated area.

For the purposes of this assessment, these providers are considered collectively as part of the local pharmaceutical services network.

1.3.1 Pharmaceutical Services under Section 80 of the Act

Section 80 of the Act provides the statutory basis for the provision of core pharmaceutical services. These include the provision of prescribed medicines and appliances, together with associated essential pharmaceutical services provided in accordance with the Regulations.

These services form the foundation of the pharmaceutical services network and are expected to be routinely and consistently available to the population.

1.3.2 Pharmaceutical Services under Section 81 of the Act

Section 81 of the Act enables Welsh Ministers to direct health boards to secure additional pharmaceutical services. In practice, these may include nationally directed or locally commissioned clinical services provided by community pharmacy contractors in accordance with relevant service specifications.

These services form an important part of the wider primary care system and contribute to improving access to clinical care and medicines-related support. However, many of these services may also be provided through other parts of the healthcare system, including GP practices, wider primary care services, community services or other commissioned providers.

Unlike core pharmaceutical services provided under section 80, additional services commissioned under section 81 may vary between providers and over time, reflecting commissioning arrangements, workforce availability, contractor participation and service specification requirements.

1.3.3 Services Provided by Community Pharmacy Contractors

Community pharmacies provide pharmaceutical services in accordance with the Regulations. To do so, they must be included on a pharmaceutical list maintained by the Health Board. These services are available on an open-access basis to the whole population.

All community pharmacy contractors included in the pharmaceutical list are required to provide the following Essential Services:

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- Dispensing (including repeat dispensing)
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (public health)
- Signposting to other services
- Support for self-care
- Clinical Governance requirements

Alongside these Essential Services, community pharmacies also offer the sale and supply of over-the-counter medicines, together with advice to support their safe and appropriate use.

The community pharmacy contractual framework has evolved over time, with increasing emphasis on the delivery of clinical services alongside the traditional dispensing function. While dispensing remains a core element of pharmaceutical service provision, community pharmacies are increasingly involved in the delivery of structured clinical services, including the management of common conditions and the provision of urgent medicines.

Community pharmacies are commissioned to provide a range of additional NHS clinical services. These services are directed either nationally by the Welsh Government or locally by the Health Board and are delivered in line with relevant service specifications.

In addition, some community pharmacies provide private health services that sit outside NHS contractual arrangements.

Details of the current services provided by pharmacies in Powys are provided in **Appendix A**.

1.3.4 Services Provided by Dispensing Appliance Contractors

Dispensing appliance contractors are approved providers that supply medical appliances, such as stoma or continence products, on NHS prescription in accordance with the Regulations. They do not dispense medicines and typically operate through specialist supply and delivery arrangements, with services often provided remotely rather than from premises routinely accessed by patients.

There are currently no dispensing appliance contractor premises located within the Health Board's area. However, this does not restrict access to services.

Patients requiring appliance services may access dispensing appliance contractors located outside the Health Board area, with supplies commonly provided through home delivery arrangements.

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In addition, community pharmacy contractors and dispensing GP practices within Powys are able to dispense appliances alongside medicines, providing a local and accessible alternative for patients who prefer face-to-face collection.

As a result, access to appliance dispensing is not dependent on the physical location of dispensing appliance contractor premises. Patients in Powys have a choice of provider, and services are available through a combination of local dispensing and remote delivery models. On this basis, the absence of dispensing appliance contractor premises within Powys does not represent a gap in the provision of pharmaceutical services.

Given this, dispensing appliance contractor provision is not considered further within the detailed assessment.

1.3.5 Services Provided by Dispensing GP Practices

Dispensing GP practices are able to provide pharmaceutical services in accordance with the Regulations. To do so, they must be included in a dispensing doctor list maintained by the Health Board, and have premises approved under the Regulations.

Eligibility for dispensing is restricted to patients on the practice list who meet the relevant distance criteria, typically within rural or controlled localities where access to a community pharmacy would otherwise be limited.

Unlike community pharmacies, dispensing GP practices do not provide open-access services to the wider population; dispensing activity is restricted to their own registered patients, meaning their role is defined by practice population rather than location alone.

In addition to dispensing prescriptions, these practices provide medicines-related care as part of their wider General Medical Services contracts. This includes prescribing, reviewing treatment, monitoring long-term conditions, and advising patients on the safe and effective use of medicines.

Dispensing GP practices are not required to provide the full range of pharmaceutical services offered by community pharmacies, particularly nationally directed clinical or public health services. Their primary role within the pharmaceutical services network is to ensure that patients in rural and remote areas are able to access pharmaceutical services where community pharmacy provision is not readily available and may be able to supplement pharmaceutical services with services delivered via other contractual arrangements.

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In Powys, dispensing GP practices are an important part of the overall pharmaceutical services network and play a key role in maintaining access to medicines across a large and sparsely populated area.

Through optional participation in the Dispensing Services Quality Scheme (DSQS), dispensing practices are required to meet a range of quality and service requirements which support the safe and effective provision of dispensing services. These requirements align with the delivery of core dispensing and medicines-related activities and contribute to the provision of services that are functionally comparable to aspects of essential pharmaceutical services provided by community pharmacies.

For the purposes of this assessment, only dispensing GP practice sites that have formal Premises Approval under the Regulations to provide pharmaceutical services, including main sites and approved branch surgeries, are included. Locations without this approval are not considered as part of the pharmaceutical services network and have been excluded.

1.4 Lessons from Previous Assessment

The development of this Pharmaceutical Needs Assessment has been informed by learning from the previous assessment cycle.

In particular, the previous PNA was identified as being comprehensive but, in places, contained a level of detail that was not always directly relevant to decision-making under the Regulations. There was also an opportunity to improve how supporting information was structured and presented.

In response, this assessment has adopted a more focused and proportionate approach. Greater emphasis has been placed on analysis that is directly relevant to determining whether current pharmaceutical services meet the needs of the population, and whether any gaps in provision exist.

Repetition has been reduced, with content streamlined to improve clarity and readability. Supporting information, detailed data and supplementary material have been incorporated into appendices where appropriate, allowing the main document to remain concise and accessible.

A more proportionate approach to evidence gathering has also been applied. This includes making appropriate use of existing data sources and engagement intelligence, rather than duplicating activity where sufficient information is already available.

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The assessment has also sought to improve transparency regarding how conclusions have been reached and how evidence has been interpreted within the context of Powys as a large rural county.

Overall, this approach is intended to produce a clear, decision-focused document that meets statutory requirements while remaining practical, transparent and proportionate.

1.5 Localities used in this Assessment

To reflect patterns of access, this assessment has been undertaken using a single locality covering the whole of Powys, rather than subdividing the area into smaller administrative or cluster-based geographies. This approach better reflects how people access pharmaceutical services in practice and avoids the creation of artificial boundaries that do not align with patient behaviour.

Subdivision into smaller localities may also create an artificially fragmented interpretation of pharmaceutical service access across a highly rural county where communities routinely access services across wider geographic areas.

This approach also aligns with the data available to inform the assessment. Much of the relevant activity, service provision and population data is routinely reported at health board level, rather than at smaller geographic units. Using a single geography therefore supports a more consistent and reliable interpretation of the available evidence.

While a single locality is used, the assessment considers variation in access and need across different parts of the county, including factors such as rurality, population distribution, transport links and proximity to neighbouring areas.

In assessing whether pharmaceutical service needs are met, the PNA also takes account of the contribution of pharmaceutical service providers located outside the Health Board's area, including those in neighbouring Welsh health boards and across the England–Wales border, where these providers form part of established access arrangements for Powys residents.

This approach is intended to:

- better reflect how people access pharmaceutical services
- align the assessment with the structure and availability of data
- avoid unnecessary duplication of analysis
- support clearer, proportionate and more consistent decision-making

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2 Methods, Evidence Base & Consultation

2.1 Overview of Analytical Approach

This Pharmaceutical Needs Assessment has been developed using a targeted and proportionate methodology, drawing on a combination of quantitative data, qualitative intelligence and existing regulatory information. The approach is focused on supporting robust and evidence-based decision-making in relation to pharmaceutical services.

Population size and distribution (**Chapter 3**) provide the baseline for understanding where people in Powys live and where services are required. The assessment then considers need, provision and access together.

Need indicators (**Chapter 4**) describe the overall level and distribution of need across the population, including factors that may increase reliance on local, accessible pharmaceutical services.

Service mapping (**Chapter 5**) sets out what provision is currently available, where it is located, and when it is available.

Accessibility analysis (**Chapter 6**) considers how the geography of pharmaceutical service provision relates to the distribution of the population.

This analysis is then brought together in **Chapter 7**, which provides an overall interpretation of findings, including an assessment of current provision, identification of any gaps, and consideration of future risks and implications for commissioning and planning.

The assessment does not assume that all communities require identical levels of local provision and recognises that expectations regarding local access within a large rural county may differ from those within more densely populated urban areas.

Instead, it considers whether the overall network of community pharmacies, dispensing GP practices and relevant cross-border providers enables Powys residents to access pharmaceutical services within a reasonable and proportionate framework.

Judgements are reached by considering the interaction between need, provision and access. Need indicators describe the scale and distribution of demand; service mapping identifies what provision exists and where; and accessibility analysis assesses how effectively that provision can be reached.

No single indicator or dataset has been used in isolation to determine whether a gap in pharmaceutical service provision exists.

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A gap in pharmaceutical service provision is identified only where the level or distribution of provision, when considered alongside patterns of access and the wider pharmaceutical services network, is insufficient to meet the reasonable needs of the population.

2.2 Data Sources

This assessment makes use of the following sources:

- data held by the Health Board, including information on contractor premises, contracted opening hours, pharmaceutical lists and commissioned services
- contractor questionnaires issued to community pharmacy contractors and dispensing GP practices, focusing on services provided, capacity and future intentions. Example questionnaires are included in **Appendix B**
- routinely available population, prescribing and service use datasets, including intelligence from the Public Health Wales Observatory and prescribing and dispensing data from NHS Wales Shared Services Partnership
- existing sources of patient insight and feedback available through established engagement and intelligence arrangements
- relevant published evidence and national guidance, where appropriate

These data sources are used collectively to support interpretation of pharmaceutical need, service provision and accessibility. No individual dataset has been used in isolation to determine whether a gap in pharmaceutical service provision exists.

A more detailed list of resources used within the assessment is included in **Appendix C**.

2.3 PNA Development Group

This Pharmaceutical Needs Assessment has been developed through a multidisciplinary working group established by the Health Board to oversee preparation of the assessment and ensure compliance with the Regulations.

The assessment was written predominantly by representatives from the Medicines Management team, supported by contributions from colleagues across a range of relevant services and professional areas.

The group included representation from relevant Health Board teams:

- Medicines Management
- Public Health

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- Primary Care Contracting
- Communications & Engagement

External stakeholders also contributed to the development of the assessment through engagement, provision of information, discussion of local service arrangements and review of relevant evidence where appropriate.

The role of the Development Group was to:

- oversee development of the assessment
- review the methodology and evidence base
- support interpretation of findings
- ensure the assessment remained proportionate and focused on matters relevant to pharmaceutical services under the Regulations
- consider local intelligence, service developments and wider contextual factors relevant to pharmaceutical service provision across Powys.

Details of the Development Group membership are provided in **Appendix D**.

2.4 Population and Need Indicators

This section describes the population basis used for the assessment together with the indicators used to understand pharmaceutical need and factors likely to influence reliance on accessible pharmaceutical services across Powys.

The approach is intended to provide a proportionate assessment focused on factors most relevant to pharmaceutical service provision and accessibility within a large rural county.

2.4.1 Population Included

The assessment is primarily based on the resident population of Powys, defined as individuals whose usual place of residence lies within the geographic boundary of the Health Board. This provides a clear and consistently defined basis for assessing need and aligns with the majority of available population and public health datasets.

In practice, the planning and delivery of health services are closely linked to the population registered with GP practices in Powys, including some patients who reside outside the Health Board area. However, as no single dataset consistently captures this registered population

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across all relevant analyses, the resident population has been adopted as the principal basis for the assessment.

Individuals who are registered with a GP practice in Powys but whose usual residence is outside the Health Board boundary (for example, in England) are not included within the core population for the purposes of this assessment. Their needs are expected to be reflected within the Pharmaceutical Needs Assessment for the area in which they reside.

This approach is intended to support consistency and comparability across the different datasets used throughout the assessment.

It is recognised that patterns of service use do not align strictly with administrative boundaries. Some Powys residents access pharmaceutical services outside the area, and some non-residents access services within Powys. These cross-border flows are considered within the assessment where relevant and where supported by available evidence regarding practical patterns of access to pharmaceutical services.

2.4.2 Use of Geographic Units and Spatial Modelling

Small-area geography has been used to support both the description of population distribution and the assessment of pharmaceutical accessibility across Powys. This allows local variation to be described more effectively than would be possible using Health Board-wide averages alone.

The use of standard statistical geographies supports consistent comparison of population characteristics, accessibility and service distribution across the Health Board area.

Two standard statistical geographies produced by the Office for National Statistics have been used:

- Lower Layer Super Output Areas (LSOAs)
- Output Areas (OAs)

LSOAs are used as the primary unit for describing population characteristics, including population size, population density, health indicators and deprivation.

In Powys there are 79 LSOAs typically containing a population of approximately 1,000 to 2,000 residents.

Output Areas are smaller geographic units nested within LSOAs and provide a more granular representation of population distribution. In Powys there are 440 Output Areas which, on average, have a population of approximately 327 residents (median 310).

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Each LSOA contains multiple Output Areas. In Powys, each LSOA typically contains around five Output Areas.

For travel-time modelling purposes, each Output Area is represented by a centroid, which is the geographic centre point of that area. This provides a standardised and consistent location from which travel time to the nearest pharmaceutical service provider can be calculated.

Travel-time modelling is intended to provide a proportionate and consistent assessment of accessibility across the population as a whole rather than a precise representation of individual patient journeys.

This approach enables accessibility to be modelled across a dispersed rural population while maintaining a balance between geographic detail and analytical consistency.

Travel-time analysis is interpreted alongside wider factors affecting accessibility and has not been used in isolation to determine whether pharmaceutical service provision is sufficient to meet population need.

2.4.3 Demographic Indicators

Demographic indicators provide the baseline for understanding the size, distribution and characteristics of the population. These include total population, population density, rurality, settlement pattern and population change over time.

Particular consideration has been given to the age profile of the population, especially the proportion of older residents, who are more likely to require regular access to medicines and ongoing medicines support.

Household composition, including the number of older people living alone, is also considered as an indicator of potential reliance on local and accessible services.

These indicators are important because pharmaceutical service need is influenced not only by how many people live in an area, but also by where they live and how the population is distributed.

Low population density and dispersed settlement patterns are particularly relevant within Powys because they influence both travel patterns and the organisation of pharmaceutical services across the county.

2.4.4 Health Need Proxies

Health need is assessed using a range of proxy indicators that reflect likely demand for pharmaceutical services. These include measures of general health status, disability and limiting long-term illness, as well as broader indicators of long-term condition prevalence where available.

These indicators are not intended to provide a comprehensive assessment of population health but instead they provide practical measures of likely need for regular medicines supply, medicines advice, monitoring and support.

2.4.5 Deprivation and Vulnerability Measures

A range of indicators are used to identify populations who may be more reliant on accessible pharmaceutical services or more affected by barriers to access. These include measures of deprivation, including relevant domains of the Welsh Index of Multiple Deprivation, as well as factors such as access to services, transport availability and rural isolation.

Consideration is also given, where appropriate, to groups who may experience increased vulnerability or exclusion, and to factors such as language and communication needs.

These indicators support interpretation of how access to pharmaceutical services may vary across different parts of Powys and between different population groups.

2.4.6 Equality and Wider Access Considerations

In accordance with the Regulations, this assessment has considered the needs of people who share protected characteristics, particularly where these may affect access to pharmaceutical services.

The Regulations require consideration of the following characteristics:

- age
- gender
- proposed, commenced or completed reassignment of gender
- disability
- race
- religion or belief, and
- sexual orientation

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The assessment also considers wider factors that may influence practical access to pharmaceutical services, including:

- language and communication needs
- caring responsibilities
- transport availability
- social isolation
- rural accessibility.

The purpose of this consideration is to ensure that the assessment appropriately considers groups who may experience differing patterns of medicines use, healthcare need or practical barriers to accessing pharmaceutical services.

2.4.7 Rationale for Indicator Selection

Indicators have been selected to provide a proportionate assessment of factors most relevant to pharmaceutical service provision and accessibility.

The assessment does not seek to reproduce wider public health needs assessments or strategic population health analyses.

Instead, it focuses specifically on factors likely to influence:

- reliance on pharmaceutical services
- practical access to services
- sensitivity to changes in service availability.

The indicators do not, in themselves, determine whether there is a gap in pharmaceutical services. Rather, they provide supporting context for interpretation of whether current pharmaceutical service provision remains reasonably aligned with population need across Powys.

The application of these indicators and the resulting population profile are described in **Chapters 3 and 4**. Conclusions on need are reached by considering these indicators alongside the location, availability and accessibility of current pharmaceutical service provision.

2.5 Service Mapping and Provision Analysis

The current pharmaceutical services network in Powys has been assessed through a combination of spatial mapping, contractor information and routine NHS data sources.

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Mapping has been undertaken using data on contractor premises, opening hours, dispensing activity and commissioned services. Community pharmacy provision is mapped by contractor premises.

For the purposes of this assessment, only GP practice sites with formal Premises Approval under the Regulations have been treated as pharmaceutical service locations. Where GP practices operate across multiple sites, the assessment distinguishes between the organisational structure of the practice and the premises from which pharmaceutical services are provided. Premises Approval applies to specific locations, and approval at one surgery site does not extend to other sites unless separately granted under the Regulations.

Contractor questionnaires were used to supplement this mapping. These gathered and verified information on opening hours, service availability, capacity, accessibility features and planned changes that may affect future provision. Responses have been used alongside Health Board records to describe current provision of pharmaceutical services.

Dispensing data for January to December 2025 has been used to describe patterns of dispensing across community pharmacies, dispensing GP practices and contractors outside Powys.

This analysis provides the basis for the description of current pharmaceutical service provision within **Chapter 5** and supports the subsequent assessment of access in **Chapter 6**.

2.6 Accessibility Analysis

In assessing whether pharmaceutical services meet the needs of the population, the Health Board has considered a range of factors including accessibility, service availability, population distribution, travel patterns and the wider pharmaceutical services network.

For the purposes of this assessment, a travel time of 20 minutes by car to a dispensing contractor has been used as a proxy indicator to support the assessment of accessibility and alignment between pharmaceutical service provision and population need.

This threshold reflects:

- the rural geography of Powys
- the dispersed settlement pattern of the population
- reliance on private transport for routine journeys.

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In a large and sparsely populated county, some longer travel times are an expected consequence of the rural geography and do not, in themselves, demonstrate insufficient pharmaceutical service provision.

Reasonable access is not determined solely by distance or travel time. It also requires consideration of whether services are available in a way that meets the needs of the population, including the times at which services are provided and how they are accessed in practice.

The primary focus of the assessment is routine access to pharmaceutical services during standard weekday operating periods.

In assessing routine access, the Health Board considers:

- geographical proximity to providers
- the distribution of services across the area
- the availability of services during normal operating hours
- differences in service models between community pharmacies and dispensing GP practices

These factors are considered collectively in assessing whether there is reasonable and proportionate access to pharmaceutical services across the system as a whole, rather than expecting uniform provision in all locations.

Access to pharmaceutical services outside standard operating hours on weekdays, including evenings, weekends and bank holidays, has been considered as part of the overall assessment. However, these periods are not the primary determinant of reasonable access.

Provision outside routine hours is more variable and is typically supported through a combination of:

- extended or supplementary opening hours provided by community pharmacies
- locally agreed rota arrangements
- wider urgent and unscheduled care services, including NHS 111 and GP out-of-hours services

The assessment does not assume that all providers will offer services outside routine hours. Instead, it considers whether there is reasonable and proportionate access across the system, taking account of these wider arrangements.

The absence of local provision at specific times does not in itself demonstrate insufficient pharmaceutical service provision where overall access across the wider network remains reasonable.

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The description of current service provision, including provider locations and opening hours, is provided in **Chapter 5**. The application of this approach, including travel-time analysis and consideration of service availability, is set out in **Chapter 6**.

2.7 Consultation and Engagement

In accordance with Regulation 7 of the Regulations, Powys Teaching Health Board published a draft Pharmaceutical Needs Assessment (PNA) for consultation between 01 June 2026 and 30 July 2026.

The consultation sought views from a range of stakeholders, including representative bodies for community pharmacy and general practice, contractors providing pharmaceutical services, providers of primary medical services, patient and public representative groups, Local Authorities, and neighbouring NHS organisations. A full list of consultees is provided in **Appendix E**.

The consultation was supported by a structured response proforma that invited comments on each chapter of the draft assessment, together with consideration of potential impacts on the Welsh language, people with protected characteristics, individuals experiencing socio-economic disadvantage and those with caring responsibilities. Respondents were able to comment on any aspect of the draft assessment and were not required to answer every question.

A total of six consultation responses were received, including responses from Community Pharmacy Wales, pharmaceutical service providers, other organisations and members of the public. Overall, responses were supportive of the findings and conclusions of the assessment and broadly reinforced the challenges associated with maintaining equitable access to pharmaceutical services within a large rural county.

Key themes raised during consultation included:

- the role of pharmaceutical services provided under Section 81 of the NHS (Wales) Act 2006
- controlled locality information and mapping
- sustainability of pharmaceutical service provision
- Welsh language provision
- accessibility in rural communities
- the position in Llanfyllin following the closure of Danby's Pharmacy

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Consultation responses were reviewed and considered by the Health Board prior to finalisation of the assessment. Whilst no consultation responses resulted in changes to the overall conclusions of the assessment, a number of factual, explanatory and contextual amendments were made to improve clarity, transparency and accuracy.

A detailed summary of consultation feedback, together with the Health Board's response to any comments raised, can be found in **Appendix J**.

2.7.1 Patient Insight

A new standalone patient survey was not undertaken as part of this assessment.

Previous survey exercises generated very low response rates and did not provide sufficiently robust or representative data to materially influence interpretation of pharmaceutical need in a proportionate manner.

Instead, the Health Board has drawn on existing sources of patient insight.

This includes feedback gathered during six public drop-in engagement events held across Powys in 2025. These events were held in Brecon, Builth Wells, Knighton, Newtown, Welshpool and Ystradgynlais.

Over 200 residents attended these events, with approximately 30 comments relating specifically to pharmacy services. Feedback was captured using a structured strengths, weaknesses, opportunities and threats approach.

Targeted engagement also took place in Llanfyllin following the planned closure of the local pharmacy in December 2025. A summary of this feedback is provided in **Appendix F**.

2.7.2 Utilising Evidence from Engagement

Patient insight has been considered alongside other evidence in assessing access to pharmaceutical services. It provides qualitative context to support the assessment, particularly in relation to perceived access, communication and the impact of service changes.

Engagement evidence has been used to inform interpretation of pharmaceutical accessibility but has not been treated as determinative in isolation.

2.8 Limitations, Assumptions and Interpretation Boundaries

This assessment has been developed using the best available information at the time of preparation.

The findings should be interpreted alongside the following limitations and assumptions.

2.8.1 Data Timing and Changes in Provision

This assessment provides a point-in-time evaluation of pharmaceutical service provision and population need.

Contractor details, opening hours, service availability and commissioning arrangements may change during the lifetime of the assessment.

Where changes occur, these will be managed through routine contractual, regulatory and commissioning processes. Where required, the Health Board may publish supplementary statements in accordance with the Regulations.

2.8.2 Contractor Information and Self-Reported Data

Contractor questionnaires were used to gather and verify information on service provision, opening hours, accessibility features, capacity and planned changes.

While responses have been reviewed alongside Health Board records, some information is self-reported and may change over time.

2.8.3 Controlled Localities

Controlled Locality status forms part of the regulatory framework governing eligibility for dispensing GP practice provision under the Regulations.

A Controlled Locality is an area designated as rural in character through a formal assessment process, taking into account factors such as population density, settlement pattern and access to services. Areas not designated as Controlled Localities are considered urban in character, where pharmaceutical services would generally be expected to be provided primarily by community pharmacies.

The Regulations require health boards to determine and maintain Controlled Localities.

While Controlled Locality status is relevant to the operation of the dispensing doctor regulations, detailed Controlled Locality mapping has not been included within this

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assessment. The purpose of the PNA is to assess whether existing pharmaceutical services adequately meet the needs of the population rather than to review or determine Controlled Locality boundaries.

Controlled Locality determinations and boundary reviews are undertaken through established regulatory processes and are not determined through the PNA.

Nothing within this assessment therefore alters or replaces the statutory arrangements relating to Controlled Locality determinations or dispensing GP eligibility under the Regulations.

2.8.4 Rurality and Accessibility

Powys has a dispersed population and extensive rural geography. The provision of services is necessarily organised around towns and key settlements in order to serve the wider population effectively and sustainably.

In this context, access to services typically involves travel, and many residents routinely travel to access key services. Community pharmacies and dispensing GP practices are generally located within these settlements, alongside other essential services such as education, groceries, employment, retail and community facilities. Journeys to access pharmaceutical services are therefore often combined with access to other services rather than undertaken in isolation.

Access to pharmaceutical services is also influenced by a range of additional factors, including transport availability, opening hours, service models, mobility and individual circumstances. These factors are considered qualitatively alongside the travel-time analysis when interpreting the findings of the assessment.

The assessment therefore considers accessibility as a broader concept than geographic proximity or travel time alone.

2.8.5 Travel-Time Modelling and Geographic Assumptions

Travel-time analysis provides a modelled estimate of accessibility and should be interpreted as indicative rather than an exact representation of every individual journey.

The analysis uses population geography and provider locations to model accessibility across Powys. In practice, journey times may vary depending on starting point, road conditions, weather, time of day, personal mobility and transport availability.

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For travel-time modelling, each Output Area is represented by its centroid, which is the geographic centre point of that area. This is a standard approach in spatial analysis and provides a consistent and proportionate method for representing population location across the whole Health Board area.

However, the centroid does not represent the location of all households within that area. In rural parts of Powys, where dwellings may be widely dispersed, this means that modelled travel times may either overestimate or underestimate actual journey times for individual residents, depending on their location relative to the centroid and the road network.

2.8.6 Population and Future Need

Population projections and identified growth areas provide useful context for potential future demand. However, projections are inherently uncertain and are therefore used to inform interpretation of future need rather than determine conclusions in isolation.

Future housing growth, demographic change and changes in patterns of service use will continue to be monitored during the lifetime of this assessment.

2.8.7 Engagement Evidence

Engagement evidence provides qualitative insight but cannot be assumed to be statistically representative of the wider population.

Feedback obtained through engagement processes may reasonably emphasise a preference for more local provision and extended opening hours. While this provides important context on perceived access and user experience, such preferences are not, in themselves, determinative of whether pharmaceutical services are reasonably accessible at a population level.

Engagement evidence has therefore been used to inform, but not determine, conclusions about access to pharmaceutical services.

2.8.8 Cross-Border Considerations

Access to pharmaceutical services across Health Board boundaries has been considered where relevant data is available. Reasonable efforts have been made to take account of cross-border provision and service use in neighbouring areas.

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However, information on provider availability and service utilisation outside the Health Board area may be incomplete, and this should be taken into account when interpreting the analysis.

2.8.9 Patient Choice

Analysis of dispensing patterns indicates that some patients may choose to access pharmaceutical services at locations other than from their geographically closest provider. This may reflect a range of factors including personal preference, convenience in relation to work or shopping patterns, established relationships with a provider, or decisions made in conjunction with other healthcare appointments.

The existence of patient flows beyond the nearest available provider does not, in itself, indicate a gap in pharmaceutical service provision. Rather, it reflects the ability of patients to exercise choice within an established network of pharmaceutical services.

Accordingly, the purpose of this assessment is to determine whether pharmaceutical services are available and accessible to meet the needs of the population of Powys. It is not intended to assess or influence the individual choices made by patients when selecting a dispensing contractor.

3 Population of Powys & Geographical Distribution

3.1 Purpose of this Chapter

Powys is a large, rural and sparsely populated county, characterised by widely dispersed settlements, low population density and extensive rural geography.

The distribution of the population has an important influence on how services are accessed and organised across the county. A significant proportion of residents live in small towns, villages or isolated dwellings, often at comparatively greater distance from service centres.

This dispersed settlement pattern forms an important part of the context within which pharmaceutical services are delivered across Powys.

This chapter describes the population geography of Powys and establishes the spatial context for later assessment of pharmaceutical need, service provision and accessibility.

The chapter is descriptive rather than evaluative and does not seek to draw conclusions regarding the adequacy of pharmaceutical service provision.

3.2 Administrative Geography and Context

The area covered by Powys Teaching Health Board is coterminous with the local authority boundary of Powys County Council. For the purposes of this assessment, references to Powys relate to this geographic area unless otherwise stated. This provides a consistent basis for describing population distribution, settlement pattern and accessibility across the county.

Powys is a large and predominantly rural county located within Mid Wales.

Despite covering approximately one quarter of the landmass of Wales, Powys accounts for a relatively small proportion of the Welsh population and remains the least densely populated local authority area in Wales, with a population density of approximately 26 people per square kilometre in 2021. This is substantially lower than the average population density across England and Wales, which is approximately 395 people per square kilometre.

Powys shares boundaries with a number of neighbouring local authority areas in Wales and with adjacent counties in England. Within the NHS in Wales, the Health Board area also borders five other Local Health Board areas.

The surrounding areas are themselves largely rural in character. Comparative population density data indicate that several neighbouring and nearby areas also have relatively low

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population densities, including Ceredigion (40 people per square kilometre), Gwynedd (46), Carmarthenshire (79), Herefordshire (86) and Shropshire (101).

This wider geography of rurality is an important contextual factor. Unlike more urban areas, where access to services may be supplemented by neighbouring towns or cities, communities in Powys are often situated within a broader rural landscape, with no immediate access to higher-density service centres beyond the county boundary.

Patterns of access are therefore influenced not only by distance within Powys itself, but also by the wider distribution of services across surrounding rural areas. This reinforces the importance of considering pharmaceutical accessibility within the context of the wider provider network rather than administrative boundaries alone.

Figure 3:1 shows the Lower Layer Super Output Area geography used throughout the assessment and provides the spatial framework for subsequent analysis.

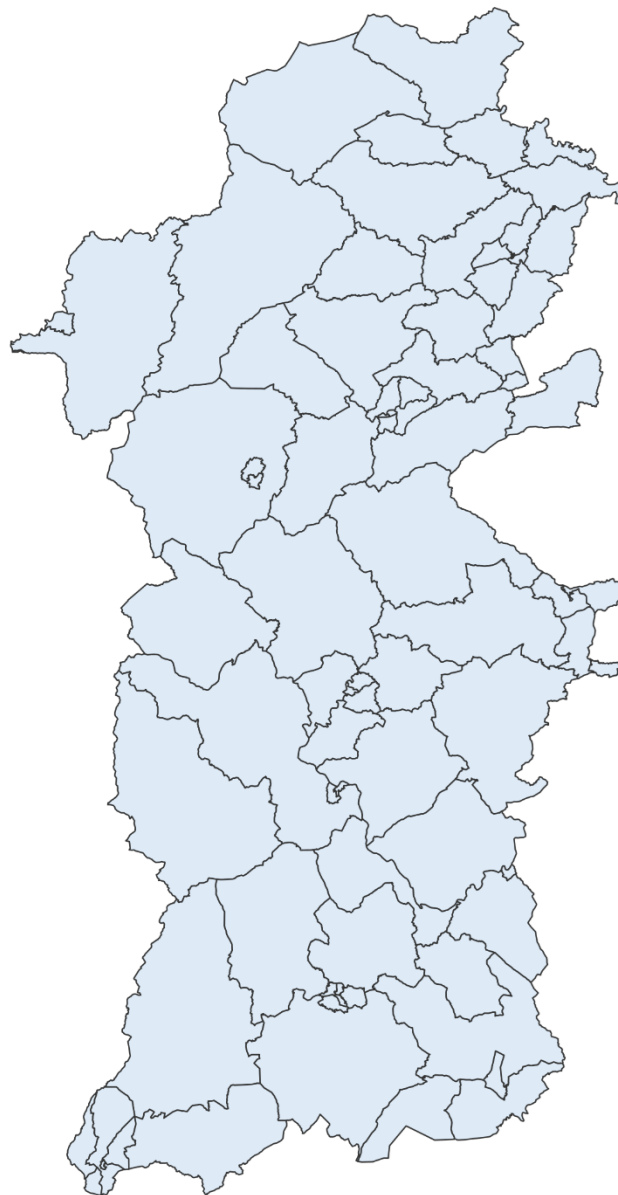


Figure 3:1: Lower Super Output Areas (LSOAs) of Powys

3.3 Population Size, Density and Distribution

Census 2021 data indicates that Powys has experienced very limited population growth over the last decade. Over this period, the population increased by around 0.15%, from approximately 133,000 to 133,200 residents. This rate of growth was substantially lower than the Wales average (1.4%) over the same period, reflecting long-standing demographic trends in the county.

Population density varies widely across the county, ranging from very low density in rural areas to higher concentrations within the main towns. The majority of the land area falls within the lowest density categories, reflecting the extensive rural nature of Powys.

Large parts of central and western Powys are characterised by small settlements, dispersed villages and isolated dwellings rather than concentrated urban development. As a result, the population is concentrated within a relatively small number of towns separated by extensive rural areas.

Population change in Powys continues to be influenced more by migration than natural change, with deaths exceeding births over a sustained period. This has contributed to slow overall growth and significant changes in population structure.

Figure 3:2 below shows population density across Powys at Lower Super Output Area level. The figure illustrates the concentration of population within a relatively small number of towns together with extensive areas of low-density rural settlement across the county.

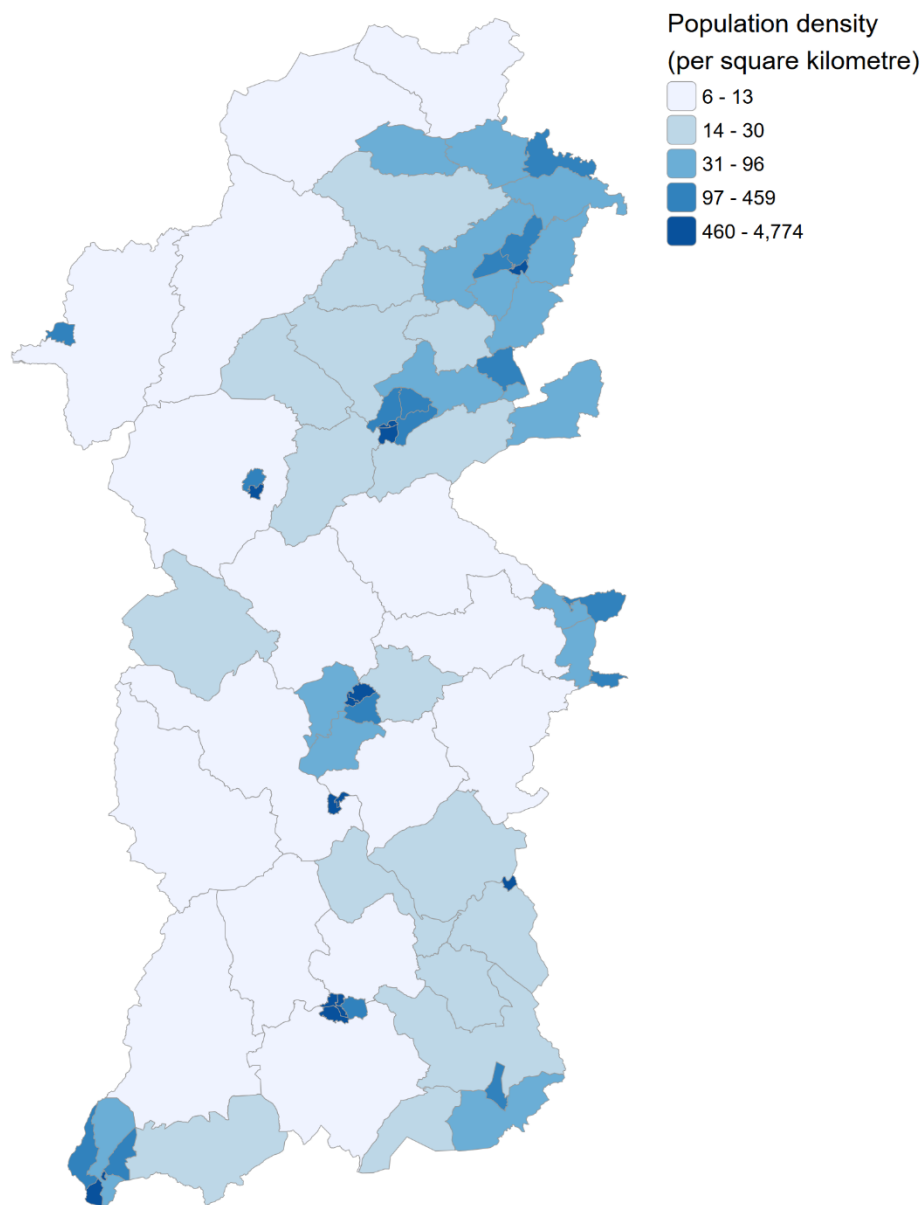


Figure 3:2 - Population Density by LSOA of Powys

3.4 Population Distribution in Relation to Settlements

Although Powys has a dispersed population overall, a substantial proportion of residents live within a relatively small number of towns and service centres.

The towns within Powys are generally small by Welsh standards, with Newtown representing the largest settlement (approximately 11,300 residents), followed by Brecon (8,200) and Ystradgynlais (8,000). Welshpool (6,700) and Llandrindod Wells (5,300) also represent key population centres within the county.

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Population is also concentrated within smaller market towns including Machynlleth, Llanidloes, Builth Wells, Knighton and Crickhowell.

These towns function as important local centres for employment, retail, transport and healthcare services, including pharmaceutical and wider healthcare service provision.

A substantial proportion of the population also lives outside the main settlements, often at considerable distance from larger service centres. In several parts of the county there are extensive areas of low-density rural settlement without nearby larger towns.

This settlement pattern forms an important part of the context for later assessment of pharmaceutical accessibility across Powys.

Figure 3:3 shows the relationship between population density and the principal towns and settlements within Powys. The figure illustrates the role of towns as service centres for wider rural catchment populations.

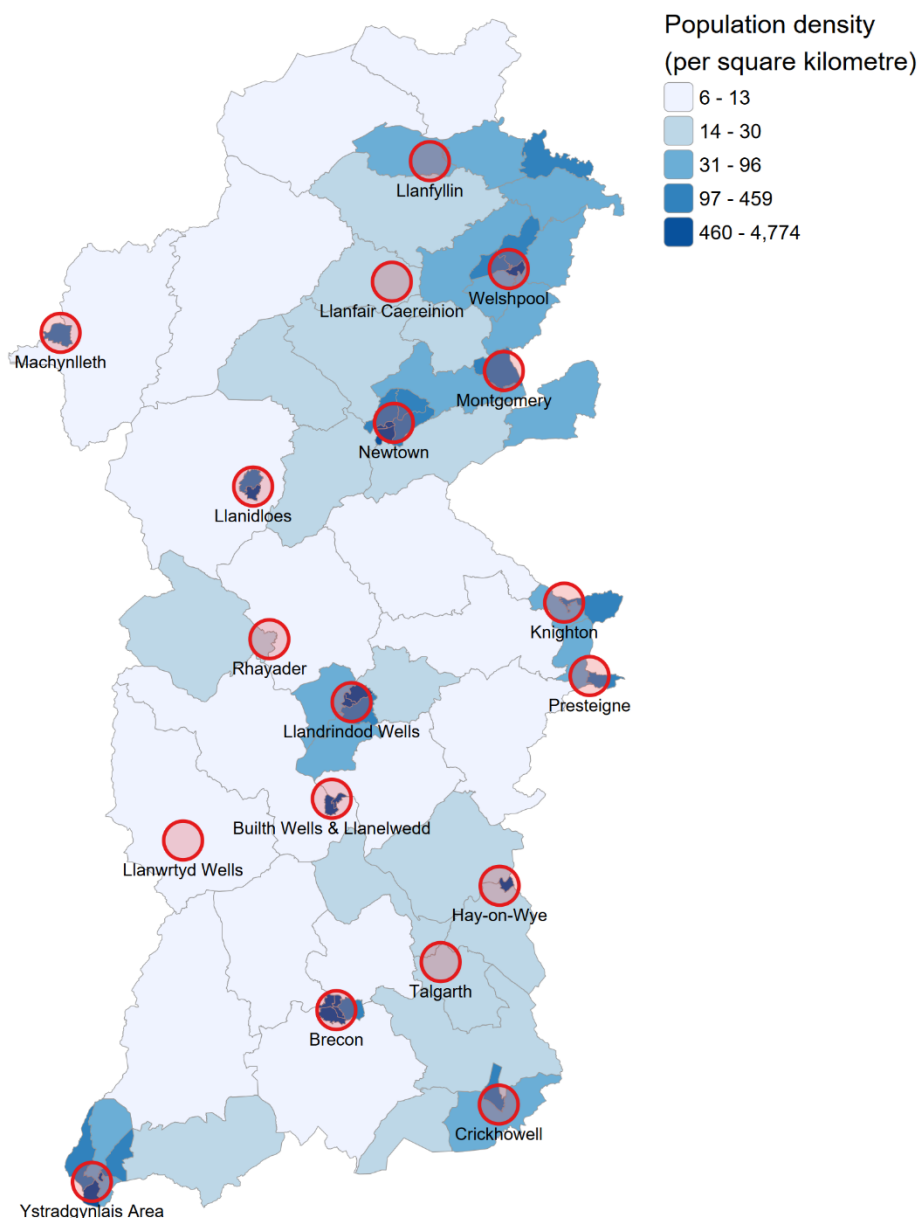


Figure 3:3 - Population Density and Main Settlements of Powys

3.5 Rurality and Settlement Pattern

The rural character of Powys can be further described using the Census 2021 rural–urban classification applied at Lower Layer Super Output Area level.

This classification reflects both settlement size and proximity to larger towns and cities and therefore provides an indication of both rurality and relative remoteness.

3.5.1 Areas Classified as Rural

Most areas within Powys are classified as rural. Of the 79 LSOAs, 66 (approximately 84%) are categorised as either “smaller rural” or “larger rural” and are also classified as “further from a major town or city”. This indicates that a substantial proportion of the population lives within rural areas that are relatively remote from larger urban centres.

In this context, “smaller rural” areas broadly represent small towns and their surrounding areas, while “larger rural” areas represent villages, hamlets and more dispersed countryside locations. Areas classified as “further from a major town or city” are not closely connected to larger urban centres in terms of travel time and accessibility, and journeys to access services are typically longer and less direct.

A small number of rural areas (3 LSOAs) are classified as being nearer to a major town or city. These are located in the north-east of Powys, along the A483 corridor, and reflect proximity to larger centres in England such as Shrewsbury and Oswestry.

3.5.2 Areas Classified as Urban

Six LSOAs within Newtown are classified as urban while also remaining further from a major town or city. This highlights that even the largest settlement within Powys is not considered to be closely connected to larger urban centres in national classification terms.

A further four LSOAs are classified as urban and nearer to a major town or city. These are all located in the Ystradgynlais area in the south-west of the county, reflecting their proximity to the Swansea urban area.

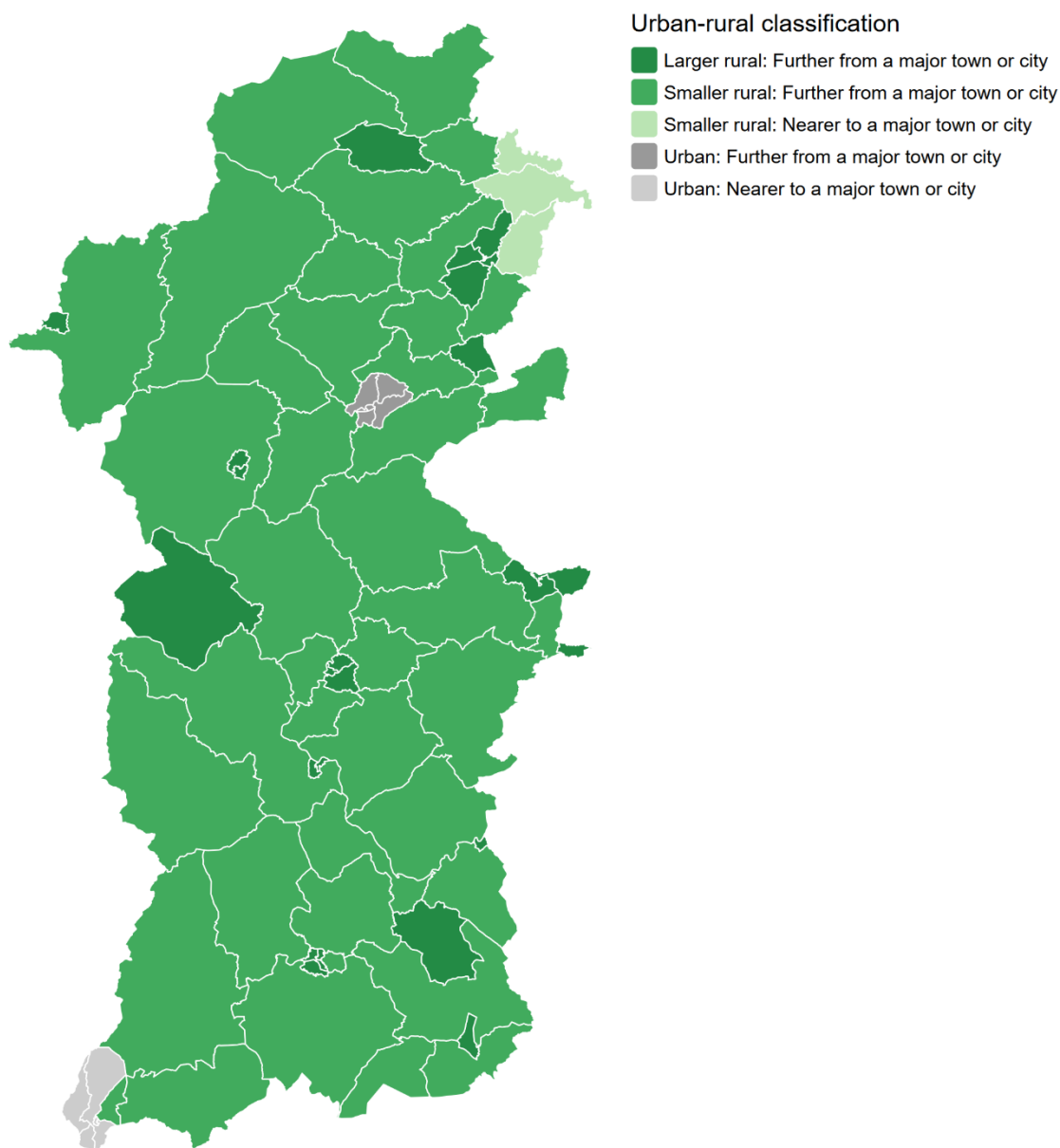


Figure 3:4 - Urban-Rural Classification by LSOA of Powys

Figure 3:4 shows the rural–urban classification of Lower Super Output Areas across Powys.

The figure illustrates the predominance of rural areas across Powys together with the relatively limited extent of urban settlement concentrated around the county’s larger towns.

3.6 Population Change Over the Assessment Period

Population projections provide an indication of how the resident population of Powys may change over time. For the purposes of this assessment, the primary focus is on the period to 2031, aligned to the lifetime of the Pharmaceutical Needs Assessment.

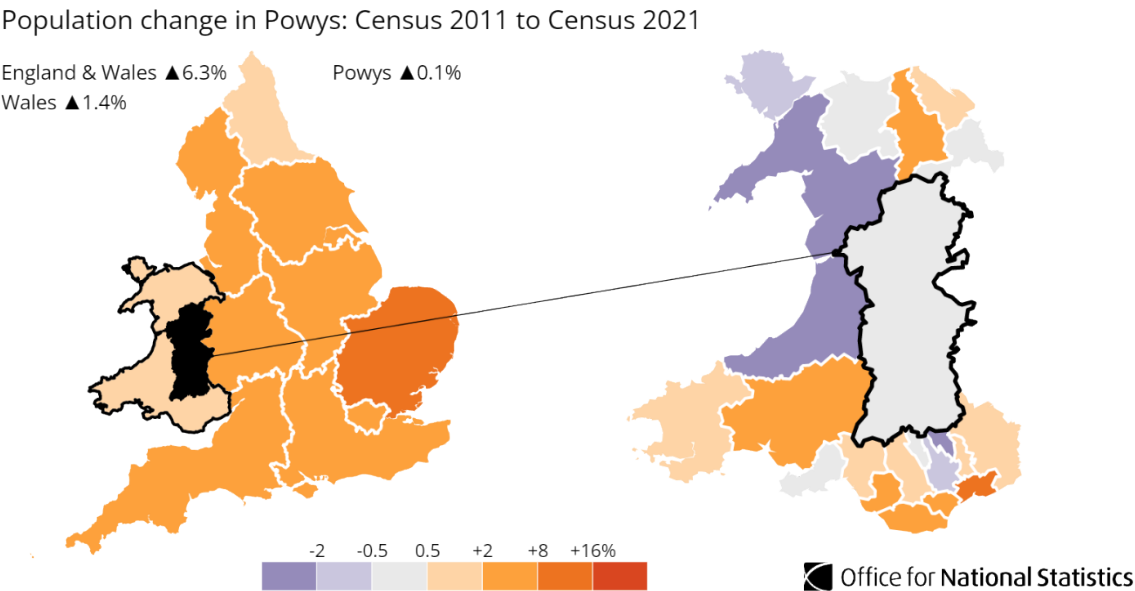


Figure 3:5 - Percentage population change, Powys and surrounding areas, Census 2011 to Census 2021

Figure 3:5 demonstrates that the population of Powys remained broadly stable between Census 2011 and Census 2021. This reflects longer-term demographic trends within the county, where population change is influenced more by migration patterns than by natural population growth.

Population projections indicate that future growth over the period to 2031 is likely to remain relatively modest. Based on principal projections, the increase over this period represents only a small proportion of the overall population, suggesting that overall population size is likely to remain relatively stable over the lifetime of this assessment.

Changes in population age profile are likely to be more significant than changes in total population size, with continuing growth in older age groups.

Longer-term projections, extending beyond the assessment period, indicate a continuation of these trends. However, projections beyond the assessment period should be interpreted cautiously because uncertainty increases over longer timeframes.

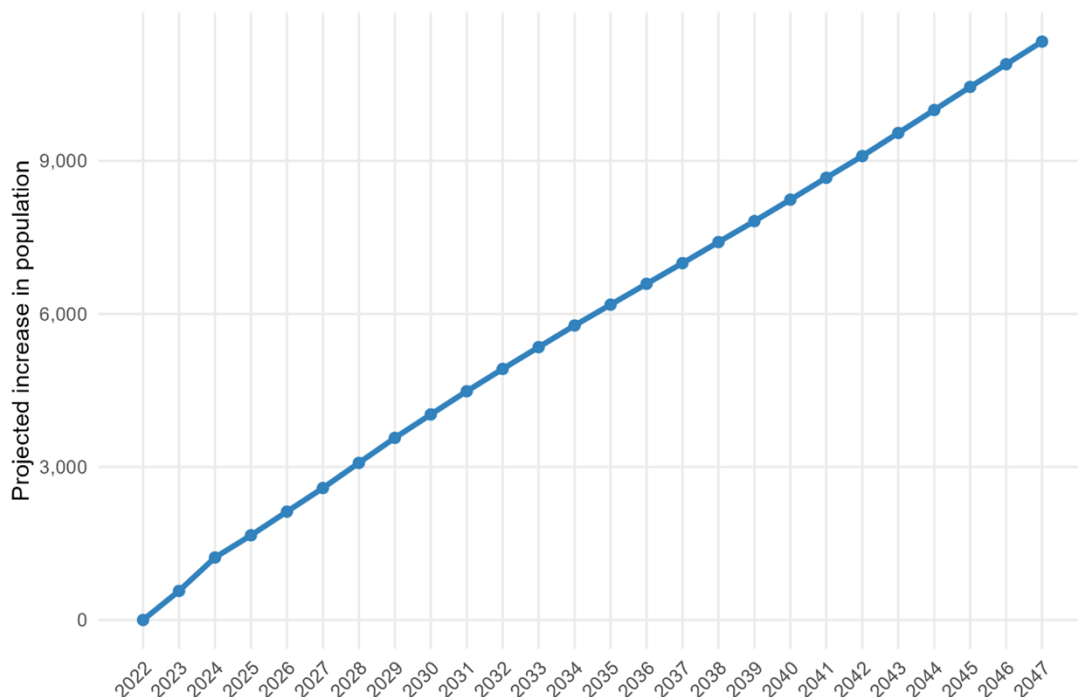


Figure 3:6 - Projected Population Change in Powys

Figure 3:6 illustrates projected population change over time. The principal trend during the assessment period is one of gradual and relatively limited population growth.

3.7 Areas of Likely Growth and Redistribution

Local development and housing planning evidence provides an indication of where future population growth may occur within Powys over the lifetime of this assessment.

The emerging Powys Replacement Local Development Plan (LDP) identifies planned housing provision of approximately 4,810 dwellings between 2022 and 2037.

This includes existing completions, committed sites, windfall development and new site allocations. The overall figure also includes a flexibility allowance intended to support deliverability.

The Local Housing Market Assessment (LHMA) currently provides the most useful available indication of how future housing growth may be distributed geographically across Powys. This assessment estimates housing need across defined Housing Market Areas within Powys.

Table 3:1 summarises estimated distribution of housing need across the identified Housing Market Areas and provides an indication of the likely broad spatial pattern of future growth.

Table 3:1: Estimated Distribution of Housing Need Across Powys Housing Market Areas

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Area	Estimated total dwellings	Approximate share of total
Welshpool and Montgomery	474	~18%
Newtown	376	~14%
Llandrindod and Rhayader	297	~11%
Knighton and Presteigne	250	~9%
Ystradgynlais	238	~9%
Llanfyllin	218	~8%
Builth and Llanwrtyd	186	~7%
Machynlleth	156	~6%
Llanfair Caereinion	152	~6%
Llanidloes	148	~6%
Hay and Talgarth	111	~4%
Brecon	66	~2%
Crickhowell	9	<1%

In broad terms the available evidence suggests that future housing need and planned development are likely to remain focused around existing towns and established settlement areas, particularly around existing service centres in the north of the county, together with parts of central Powys and selected settlements in the south.

Figure 3:7 illustrates the broad spatial pattern of planned or indicative development across Powys. Areas identified as having higher or high levels of anticipated growth are focused primarily around Welshpool, Newtown, Llandrindod Wells and Builth Wells. More moderate levels are identified around Ystradgynlais and a number of smaller settlements.

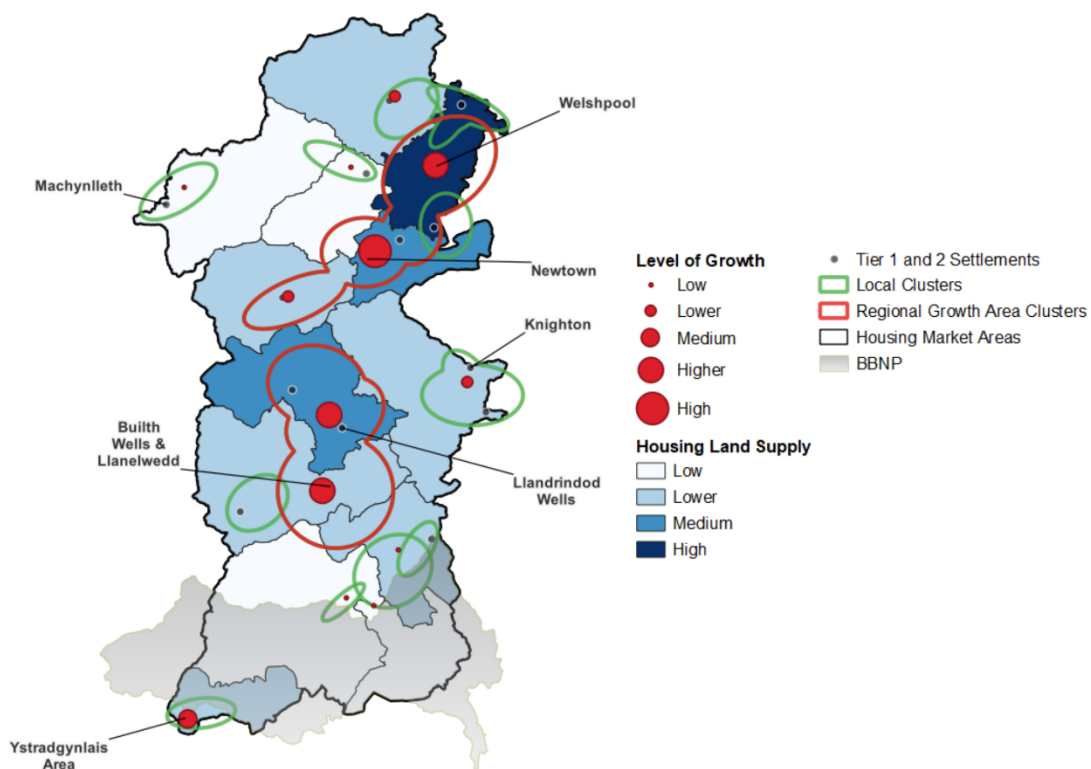


Figure 3:7 - Planned or Indicative Areas of Growth Across Powys

The spatial strategy underpinning the emerging Replacement Local Development Plan adopts a regional growth area-led approach, in which growth is focused around larger and more sustainable settlements and associated settlement clusters. Smaller settlements and rural areas are generally expected to accommodate more limited development, primarily intended to meet local needs.

The extent of the Bannau Brycheiniog National Park (BBNP) is also shown, reflecting the influence of national park planning policies on development patterns in the south of the county.

Figure 3:7 also illustrates differences in relative housing land supply across the county. In this context, housing land supply refers to the amount of land identified within local development planning as available or suitable for future housing development. Regional and local growth clusters reflect areas where future development is expected to be more concentrated in comparison with surrounding rural areas.

Overall, the available evidence suggests that future development is likely to broadly follow existing settlement patterns rather than indicate substantial redistribution of the population into currently sparsely populated rural areas.

The information should nevertheless be interpreted cautiously.

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The figures are based primarily on estimates of housing need rather than confirmed site allocations, the spatial strategy remains subject to consultation and refinement, and a significant proportion of future delivery is expected through windfall development, which is inherently uncertain in both scale and location.

In addition, future delivery may be affected by factors including flood risk, phosphate and nutrient neutrality requirements, and the viability of development in some areas. Previous Local Development Plan experience also indicates that planned allocations are not always delivered as originally anticipated, with a substantial proportion of development occurring on windfall sites.

The assessment also recognises wider healthcare infrastructure developments within Powys, including the North Powys Wellbeing Programme and associated integrated hub proposals within Newtown. These developments may influence future patterns of healthcare delivery, integration and patient access arrangements during the lifetime of this assessment.

The available evidence therefore provides broad contextual information regarding potential future development patterns but does not indicate any major anticipated change in the overall settlement structure of Powys during the lifetime of this assessment.

3.8 Tourism and Seasonal Population Variation

Powys experiences seasonal variation in population associated with tourism and visitor activity. Although the resident population of the county is relatively small and dispersed, the number of people present within some parts of Powys may increase during holiday periods and peak tourism seasons.

Tourism forms an important part of the Powys economy. Visitors travel to the area for outdoor recreation, walking, cycling, cultural activities and wider rural tourism. Activity is concentrated around market towns, rural destinations and areas associated with the Bannau Brycheiniog National Park, the Elan Valley and Lake Vyrnwy. Towns including Brecon, Hay-on-Wye, Builth Wells, Llanidloes, Machynlleth and Welshpool also act as important visitor centres. Caravan parks, campsites, holiday accommodation and second homes may contribute to temporary increases in local population in some areas.

Some parts of Powys also experience temporary increases in population associated with major events. Events including the Royal Welsh Show and the Hay Festival attract substantial visitor numbers over relatively short periods and demonstrate how local population levels may fluctuate at certain times of year.

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Tourism and visitor activity can increase demand for local services, including healthcare and pharmaceutical services, particularly during weekends, bank holidays and summer months. Visitors may require access to urgent medicines, emergency supplies, dispensing of acute prescriptions, treatment for minor illness or advice from community pharmacy teams while away from their usual place of residence.

The Health Board may also take account of major events, seasonal pressures and expected visitor activity when considering operational service planning arrangements, including the commissioning of supplementary pharmaceutical service provision or additional rota arrangements during periods of anticipated increased demand, particularly where events coincide with bank holidays or periods of reduced routine service availability.

Although this assessment is primarily based on the resident population of Powys, wider patterns of tourism and temporary visitor activity form part of the contextual understanding of pharmaceutical need and service demand across the county. These factors reinforce the importance of maintaining a resilient and appropriately distributed pharmaceutical service network across rural communities and tourism areas.

3.9 Key Implications for Later Chapters

The analysis demonstrates that Powys is characterised by a dispersed and predominantly rural population, low population density, and a settlement pattern centred around a relatively small number of towns separated by extensive rural areas.

Much of the county is classified as rural and relatively remote from larger urban centres, while projected population growth over the assessment period is expected to remain modest and focused broadly around existing settlement patterns. Seasonal variation in population associated with tourism and major events may also influence local demand patterns in some areas at certain times of year.

These characteristics provide important context for the assessment of pharmaceutical need, service provision and accessibility in later chapters. In particular, they inform consideration of how population distribution, rurality, travel patterns and projected change relate to the location and accessibility of pharmaceutical services across Powys.

4 Drivers of Pharmaceutical Need

4.1 Purpose of this Chapter

This chapter considers demographic, health and wider accessibility factors that may influence need for, and reliance on, pharmaceutical services across Powys.

The purpose of the chapter is to identify factors that may influence:

- need for medicines and medicines support
- reliance on accessible pharmaceutical services
- practical access to services.

The chapter considers a range of indicators associated with pharmaceutical need and accessibility, including:

- population age structure
- disability
- long-term illness
- deprivation
- access to services
- wider vulnerability factors.

These indicators do not in themselves demonstrate that pharmaceutical service provision is insufficient.

Rather, they provide contextual information that is considered alongside the assessment of pharmaceutical service provision and accessibility in later chapters.

4.2 General Health and Burden of Need

Powys has an older population profile than Wales overall. Census 2021 data shows that a greater proportion of the population is aged 65 years and over, with particularly higher representation within the 75–84 and 85+ age groups.

This older age profile is an important driver of pharmaceutical need and is closely associated with:

- the prevalence of long-term conditions
- multimorbidity
- ongoing medicines use

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- increased reliance on healthcare services.

Consistent with this age structure, a significant proportion of residents report living with a long-term physical or mental health condition.

Census 2021 data indicates that approximately one fifth of the population meet the Equality Act definition of disability, and experience a long-term condition which limits day-to-day activities either a little or a lot.

Self-reported general health across Powys is variable. Although overall levels of poor self-reported health are not uniformly high across the county, the figure highlights localised areas where poorer health is more commonly reported.

Common contributors to ill health include:

- cardiovascular disease
- cancer
- respiratory disease
- mental health conditions.

Many residents, particularly older adults, live with multiple long-term conditions, increasing reliance on ongoing medicines use, monitoring and support.

An ageing population combined with long-term illness and multimorbidity is associated with increased prescribing volume, polypharmacy and more complex medication regimens.

These factors increase demand for dispensing services, medicines optimisation and timely access to medicines advice and support.

Figure 4:1 illustrates variation in the proportion of residents reporting bad or very bad health across Powys at a Lower Super Output Area level.

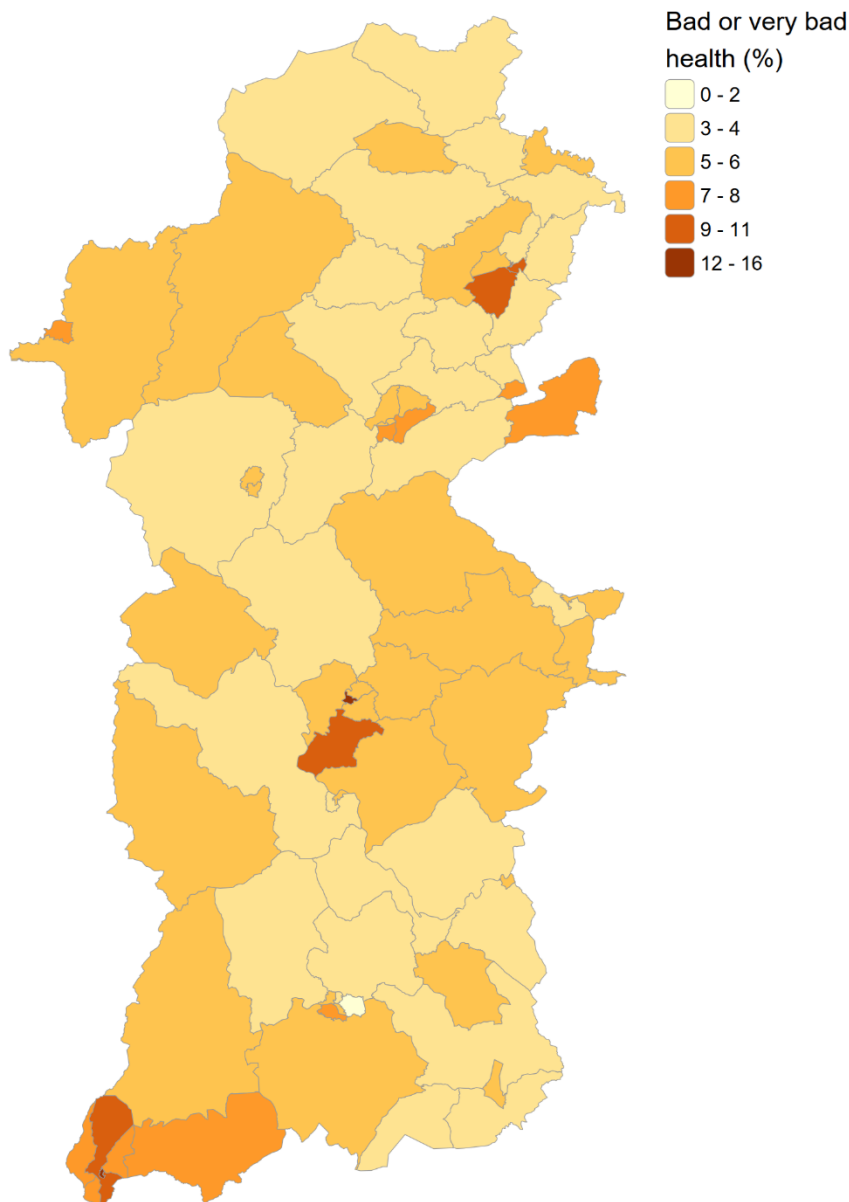


Figure 4:1 - Bad or Very Bad Health by LSOA of Powys

4.3 Age

Powys has the oldest population profile of any local authority in Wales. In 2021, the median age of residents was 50 years, compared with a Wales median age of 42 years.

Census 2021 data also shows a higher proportion of residents aged 65 years and over compared with the Wales average, with particularly higher representation within the 75–84 and 85+ age groups.

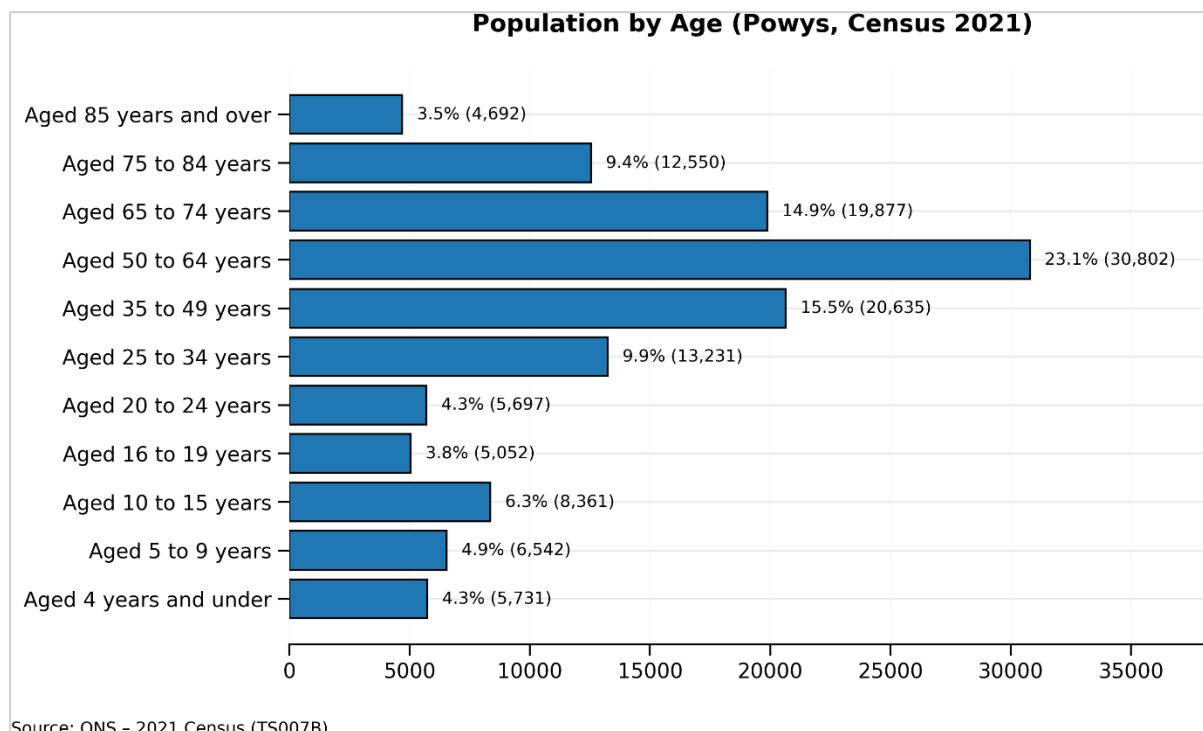


Figure 4:2 - Population by Age (Powys, Census 2021)

Figure 4:2 illustrates the age profile of the Powys population.

Overall, 27.8% of the population is aged 65 years and over, including:

- 14.9% aged 65 to 74 years
- 9.4% aged 75 to 84 years
- 3.5% aged 85 years and over.

Older age is associated with increased prevalence of long-term conditions, multimorbidity and polypharmacy. Age is therefore an important driver of pharmaceutical need across Powys and influences both reliance on medicines and healthcare services and practical accessibility of pharmaceutical services.

4.3.1 Ageing Population

Population change between 2011 and 2021 demonstrates an ongoing demographic shift towards older age groups within Powys.

Particularly marked increases are evident within older age bands, while some younger and working-age groups have reduced over the same period.

This demographic shift reflects a combination of:

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- inward migration of older adults
- outward migration of younger people for education and employment
- sustained low fertility rates

Figure 4:3 illustrates percentage population change across age groups between 2011 and 2021.

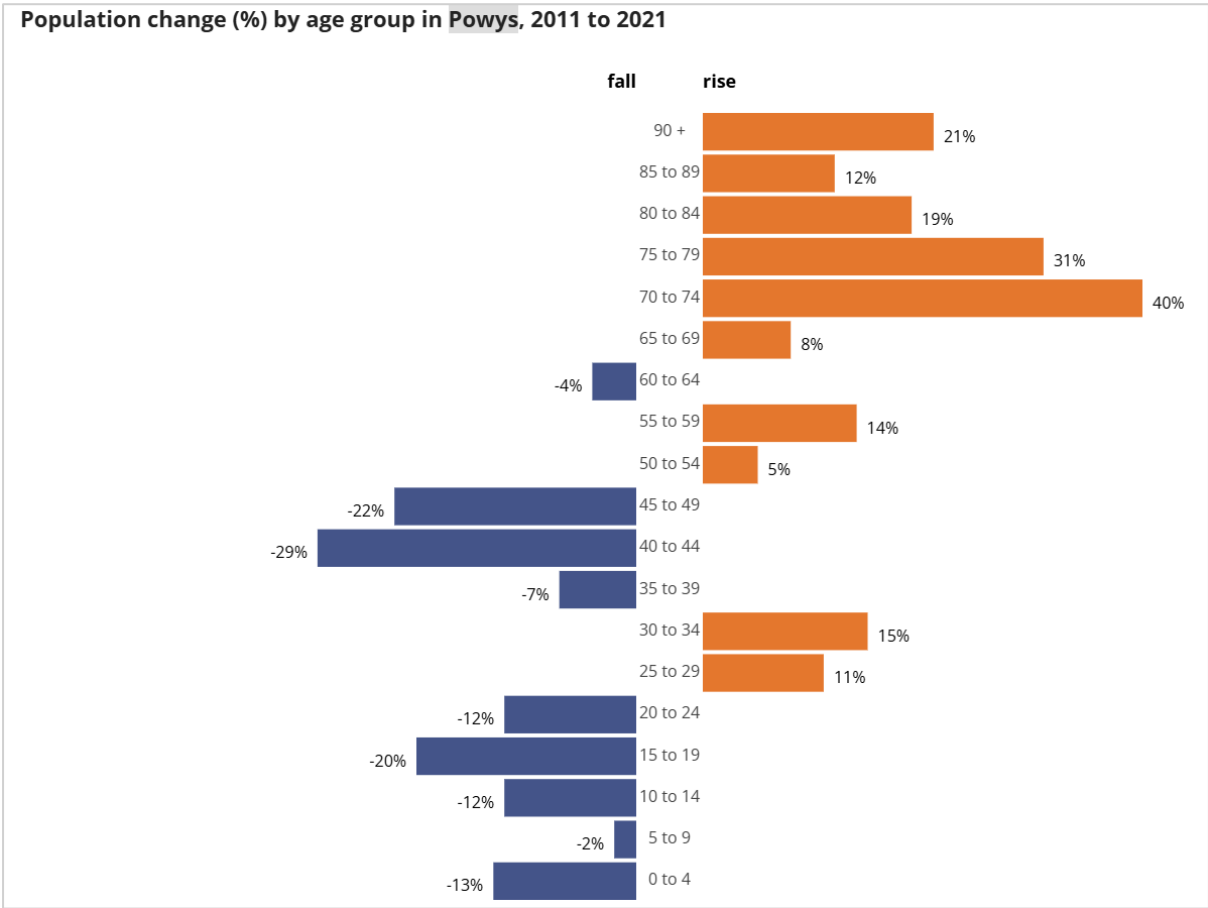


Figure 4:3 - Population Change (%) by Age Group in Powys, Census 2011 to 2021

An ageing population has implications for pharmaceutical services, including increased demand for medicines, repeat dispensing and support with medicines management.

4.3.2 Older People Living Alone

Census 2021 data also shows that Powys has a relatively high proportion of:

- single-person households, particularly older adults living alone
- single-family households

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Older people living alone may have greater reliance on locally accessible services and may be more affected by transport limitations or changes in service availability.

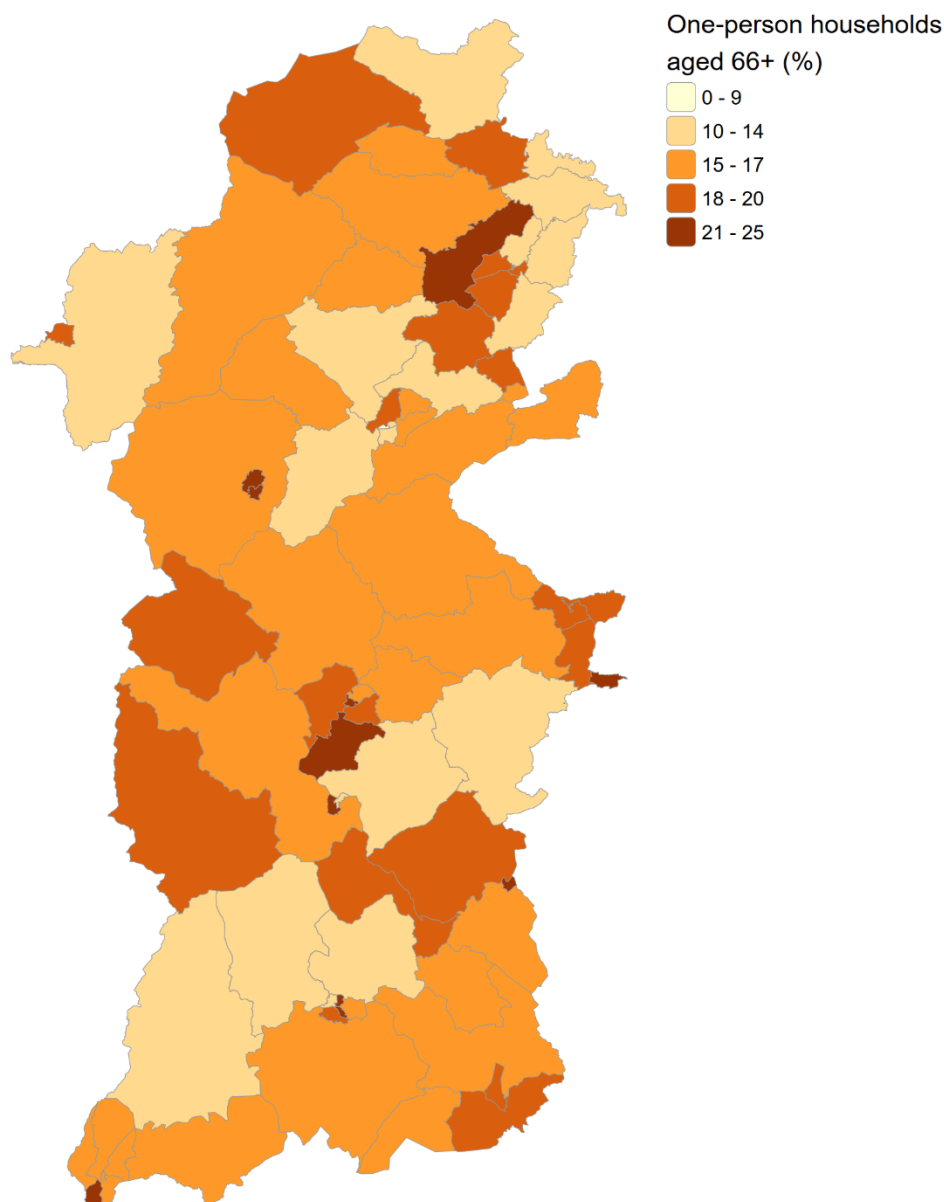


Figure 4:4 - One Person Households Aged 66+ by LSOA of Powys

Figure 4:4 illustrates variation in the proportion of one-person households aged 66 years and over across Powys.

Higher proportions are evident across a number of areas within the county, including parts of both rural and more populated communities. The distribution demonstrates that older people living alone are not confined to a single locality or settlement type, but are present across much of Powys.

Older people living alone may have increased reliance on:

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- locally accessible services
- support with medicines management
- reliable access to healthcare services.

This may be particularly relevant where travel distances, reduced mobility or limited transport options affect practical access to pharmaceutical services.

Older age may also influence levels of digital confidence and engagement with online healthcare systems. While increasing digitalisation may support more efficient delivery of healthcare services, including repeat prescription ordering, communication with services and access to health information, some older residents may experience barriers relating to digital literacy, confidence using online systems, internet connectivity or access to suitable devices.

This may be particularly relevant for older people living alone, those with reduced mobility, sensory impairment or limited informal support networks. As healthcare services continue to modernise, consideration will therefore need to be given to maintaining accessible non-digital routes for patients to manage prescriptions and access pharmaceutical services where required.

4.4 Disability, Carers and Additional Support Needs

Disability, long-term health conditions and caring responsibilities are important considerations in assessing pharmaceutical need across Powys.

Disability and limiting long-term illness may influence both:

- reliance on medicines and healthcare services
- practical accessibility of pharmaceutical services.

People living with disability may experience increased difficulty accessing services because of:

- reduced mobility
- communication barriers
- reliance on carers or transport support
- increased dependence on regular medicines supply.

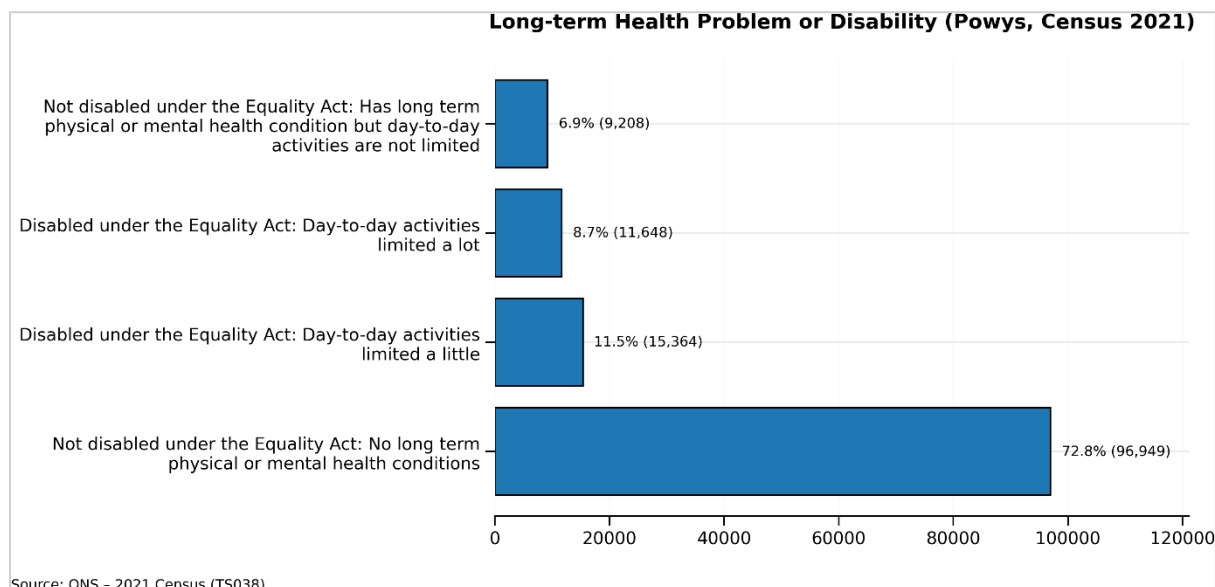


Figure 4:5 - Long-term Health Problem or Disability (Powys, Census 2021)

Census 2021 data indicates that 20.2% of residents identified as disabled under the definition set out within the Equality Act 2010. Under the Act, a person is considered disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Of the total population:

- 8.7% reported that their day-to-day activities were limited a lot; and
- 11.5% reported that their day-to-day activities were limited a little.

A further 6.9% of residents report a long-term physical or mental health condition which does not limit day-to-day activities.

Together, these indicators identify a substantial population likely to require regular medicines, ongoing support and frequent interaction with healthcare services.

While this Census data provides important county-level context, the prevalence of disability varies across Powys.

Figure 4:6 illustrates variation in disability across Powys at Lower Super Output Area level.

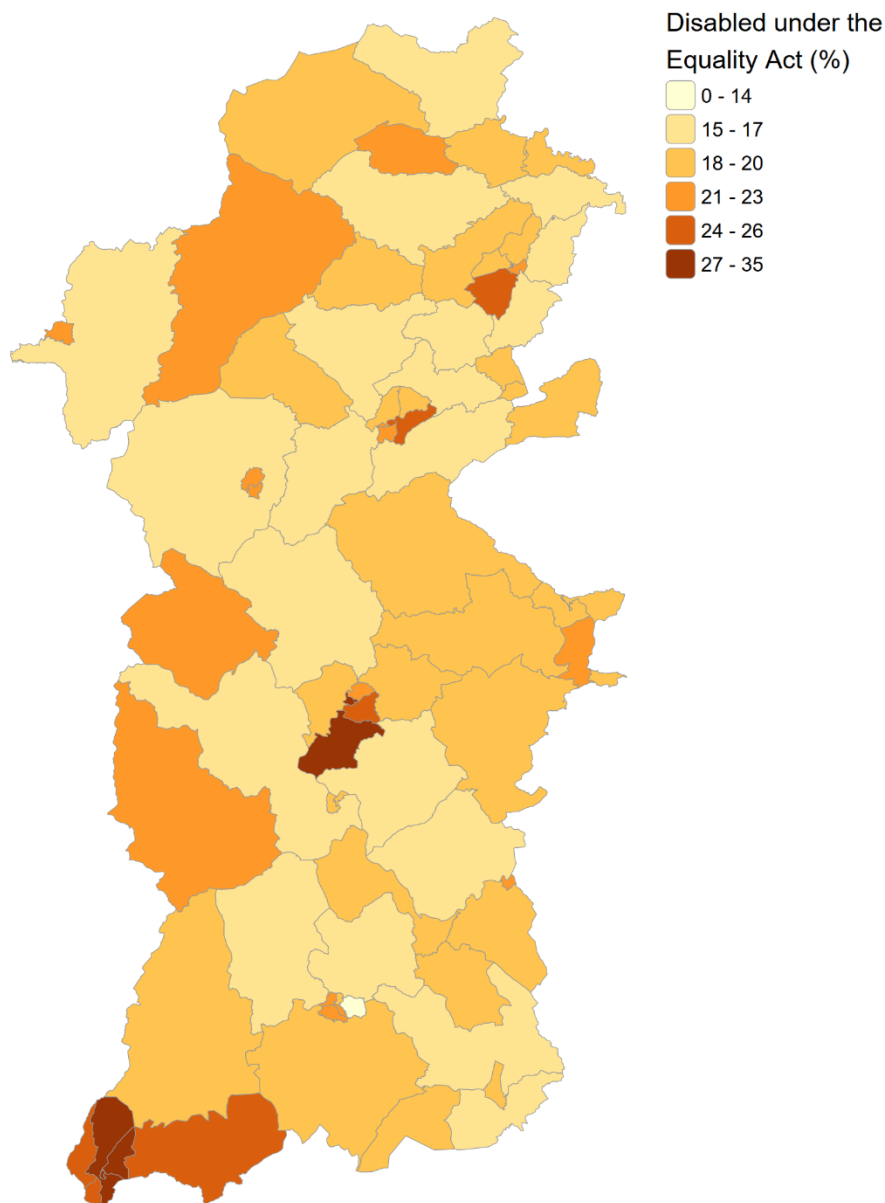


Figure 4:6 - Disability by LSOA of Powys

People living with disability or long-term illness may experience practical barriers to accessing pharmaceutical services, including reduced mobility, sensory impairment or communication difficulties.

Accessible premises, effective communication and flexible service arrangements are therefore particularly important.

4.4.1 Carers

Caring responsibilities are also relevant to how pharmaceutical services are accessed.

Census 2021 data shows that 10.6% of Powys residents aged 5 and over provide unpaid care, including:

- 5.4% providing 1–19 hours of care per week
- 1.9% providing 20–49 hours of care per week
- 3.2% providing 50 hours or more of unpaid care per week

Carers may have reduced flexibility to travel or attend services at specific times and may also support medicines management on behalf of others.

Figure 4:7 illustrates the distribution of unpaid caring responsibilities across Powys.

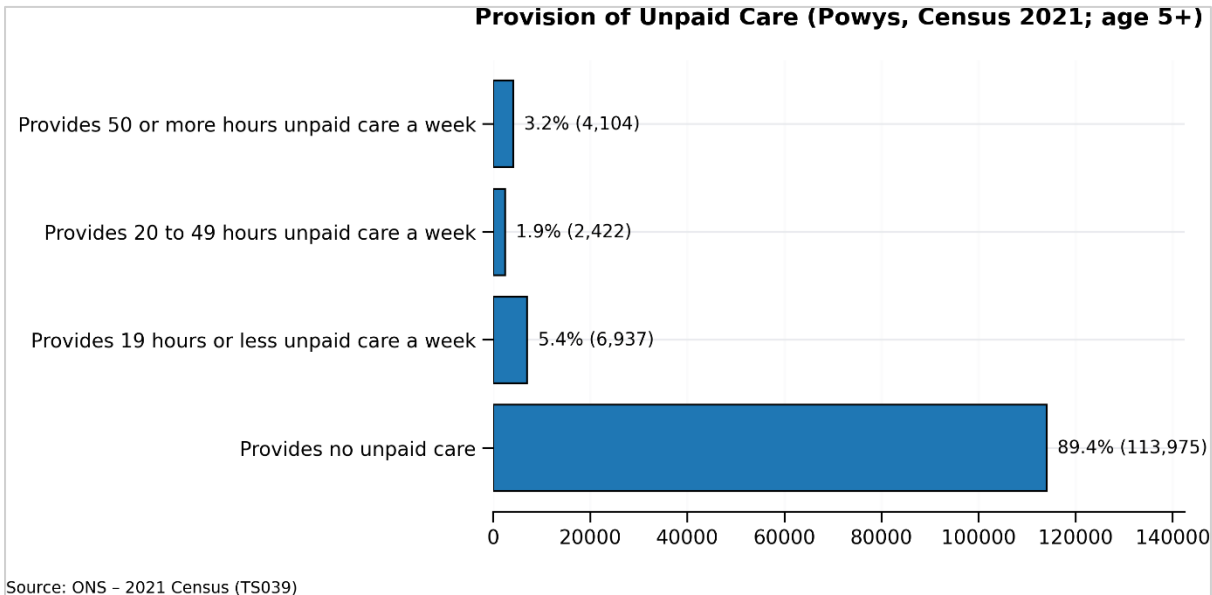


Figure 4:7 - Provision of Unpaid Care (Powys, Census 2021; age 5+)

Overall, the combination of Census-level data and LSOA-level variation demonstrates that disability, long-term health conditions and unpaid caring responsibilities are significant features of the Powys population.

These factors highlight the importance of ensuring pharmaceutical services remain practically accessible across both rural and more populated areas of the county.

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4.5 Deprivation and Socioeconomic Need

Although Powys as a whole is comparatively less deprived than many other parts of Wales, areas of relative deprivation exist within the county.

The Welsh Index of Multiple Deprivation (WIMD) provides a national, relative measure of deprivation, ranking small areas across Wales based on domains including:

- income
- employment
- health
- education
- housing
- access to services
- community safety
- environment.

WIMD data indicates that a small number of Lower Layer Super Output Areas (LSOAs) within Powys fall within more deprived areas of Wales. These areas tend to be concentrated within parts of the larger settlements, although levels of deprivation vary significantly between neighbourhoods.

For the purposes of this assessment, Census 2021–based indicators have also been used to describe socioeconomic need within Powys because they provide a more locally meaningful measure of variation within a predominantly rural and comparatively less deprived county.

In particular, the proportion of households deprived in two or more of the following dimensions has been considered:

- employment
- education
- health
- housing.

Census-based deprivation measures differ from WIMD in that they describe absolute characteristics of households rather than relative rank within Wales.

This approach allows clearer identification of variation within Powys itself, without reliance on national ranking thresholds.

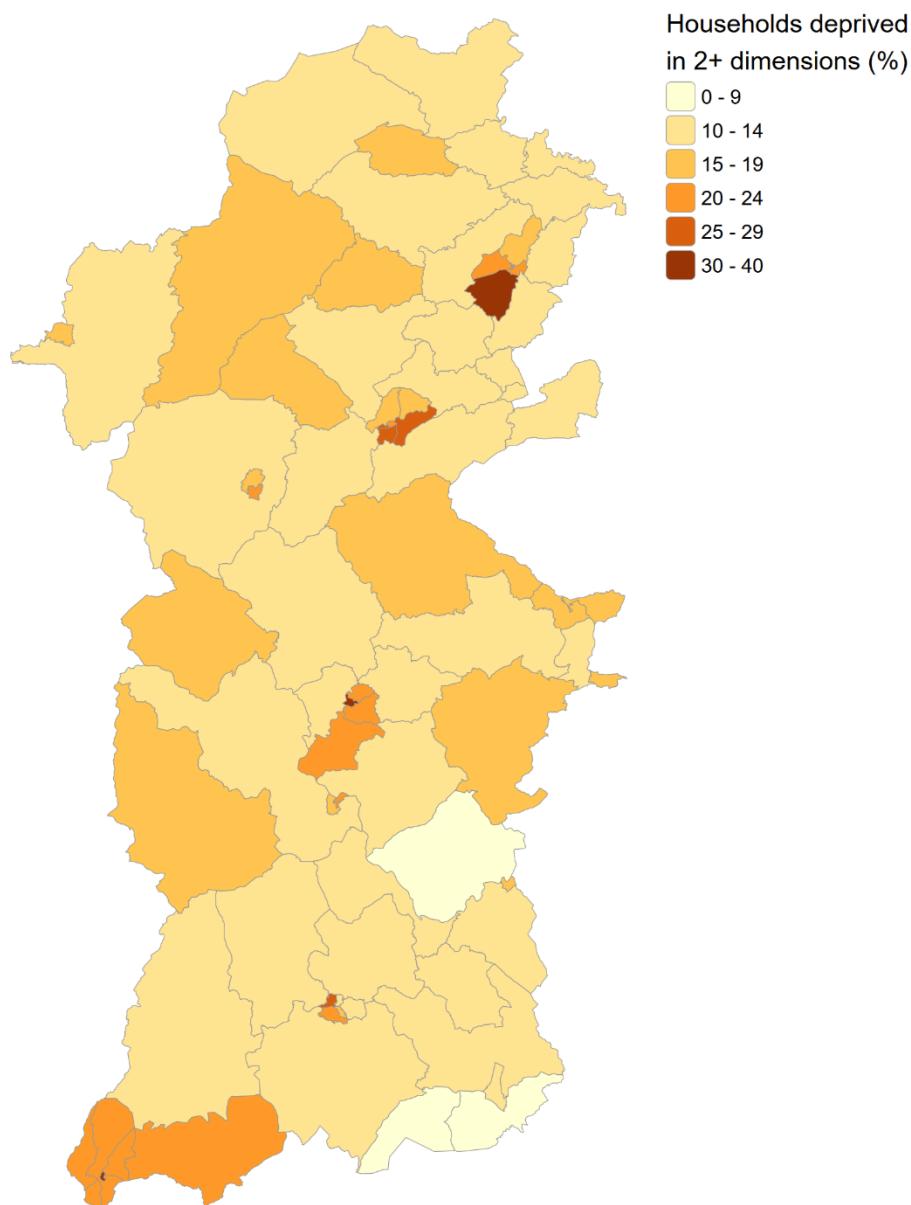


Figure 4:8 - Households Deprived in 2+ Dimensions by LSOA of Powys

Figure 4:8 illustrates variation in multiple deprivation across Powys at LSOA level. This highlights local variation in socioeconomic circumstances, including areas where multiple forms of disadvantage are more common.

Within rural areas, deprivation may be less visible and may not always be fully reflected through area-based measures. Factors such as fuel poverty, social isolation, digital exclusion and limited transport access may still affect practical access to healthcare services.

These factors may increase reliance on accessible pharmaceutical services, particularly for medicines supply, advice and ongoing support.

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4.6 Car Ownership and Practical Access Need

Transport plays an important role in determining access to pharmaceutical services in Powys, reflecting the county's rural geography, dispersed settlement pattern and limited public transport provision.

4.6.1 Private Transport Access

According to Census 2021 data, household access to cars and vans in Powys remains high compared with the Wales average.

In 2021:

- 13.1% of households reported no access to a car or van
- 40.9% had access to one car or van
- 46.1% had access to at least two cars or vans

This indicates that many households rely heavily on private transport for travel to services, employment and healthcare.

Figure 4:9 illustrates the proportion of households without access to a car or van across Powys.

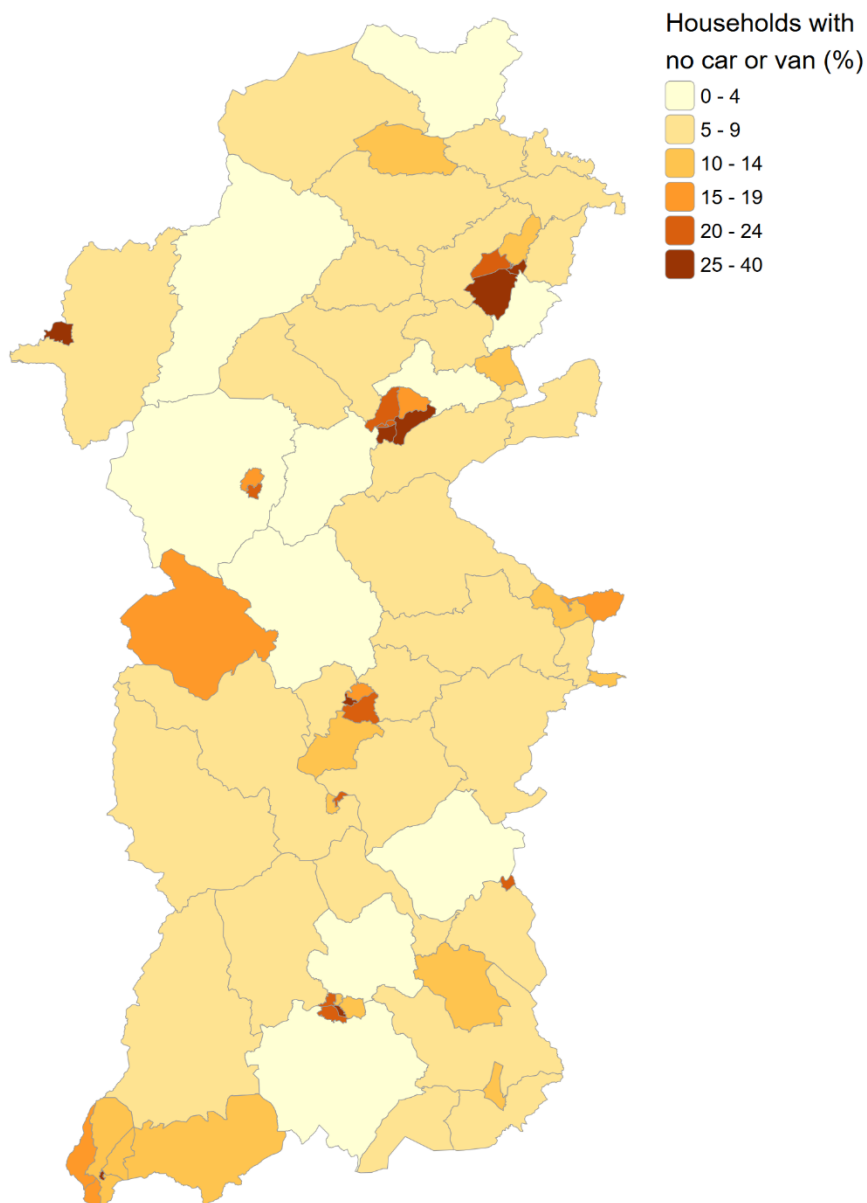


Figure 4:9 - Households with no car or van by LSOA of Powys

Although private vehicle ownership is high overall, some areas, particularly within larger settlements, have higher proportions of households without access to a vehicle.

4.6.2 Public Transport

Public transport provision in Powys is limited, reflecting the county's rural geography and dispersed population. Services are generally infrequent, particularly outside the main towns, and coverage across the county is variable. Rail provision is also constrained, with only two main lines serving a relatively small number of settlements.

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As a result, reliance on public transport alone may not provide a practical or timely means of accessing services for many residents, particularly those living in rural villages, hamlets and isolated dwellings.

Public transport accessibility is explored in more detail in Chapter 6.

4.6.3 Wider Accessibility of Services

While car ownership provides an important indication of households' ability to travel, it does not fully capture how easily residents can access services in practice. It is therefore also important to consider how Powys compares with other parts of Wales in terms of overall accessibility of services.

The Welsh Index of Multiple Deprivation (WIMD) includes an Access to Services domain, which provides a relative measure of accessibility to a range of key services across Wales. The domain considers travel time to a range of everyday and essential services using both private and public transport measures.

Services included within the domain are:

- GP practices
- Pharmacies
- primary schools
- secondary schools
- food shops
- post offices
- public libraries
- leisure centres.

Figure 4:10 illustrates the widespread nature of access-related deprivation across Powys. The majority of LSOAs within the county fall within the more deprived quintiles for access to services when compared with Wales as a whole. This reflects the combined effects of long travel distances, dispersed settlement patterns and more limited transport infrastructure across rural areas.

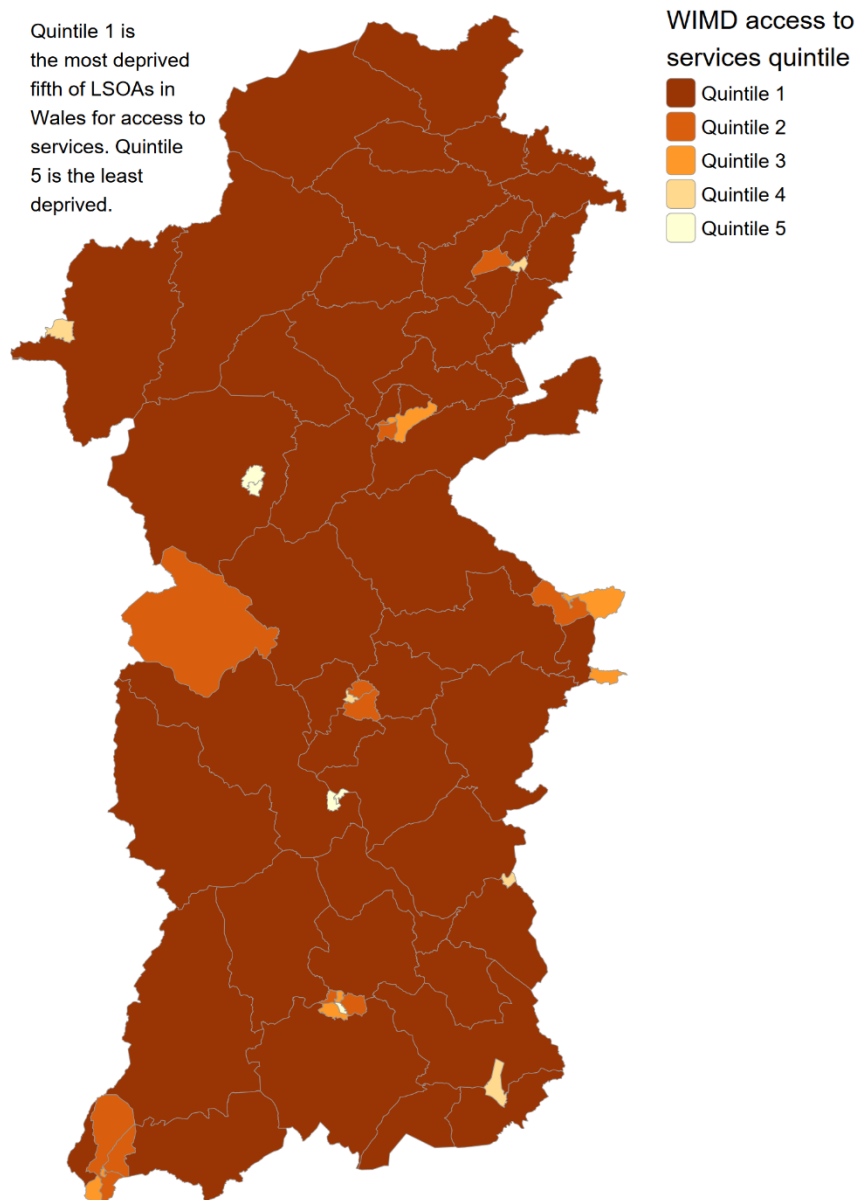


Figure 4:10 - The Welsh Index of Multiple Deprivation (WIMD) Access to Services by LSOA, Powys

The pattern observed is not specific to healthcare or pharmaceutical services alone, but reflects broader structural challenges associated with accessing services within rural communities. Reduced accessibility is evident across multiple service types captured within the WIMD methodology, including healthcare, education, retail and community services.

The widespread distribution of access-related deprivation across Powys demonstrates that reduced accessibility is a consistent characteristic of the county in comparison with much of Wales, rather than an issue confined to a small number of isolated locations.

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These findings provide important contextual evidence for the assessment of reasonable access to pharmaceutical services within Powys. They demonstrate that travel and accessibility challenges form part of the wider rural environment in which pharmaceutical services operate and should therefore be considered alongside the specific pharmaceutical access analysis set out later in this assessment.

4.7 Language

English or Welsh is the main language for the vast majority of residents.

A relatively small proportion of the population report limited proficiency in English, although numbers remain comparatively low when compared with more urban areas of Wales.

While overall language barriers are therefore relatively limited at population level, the Health Board nevertheless recognises the importance of ensuring services are accessible and that communication is clear and appropriate for all communities. The population requiring language support is diverse and may speak a wide range of languages, meaning that communication needs are often varied and individual rather than concentrated within a single language group.

4.7.1 Welsh Language

Figure 4:11 below illustrates variation in Welsh language ability across Powys.

Higher proportions of Welsh speakers are concentrated particularly within parts of north and west Powys, while lower proportions are evident across much of central and eastern Powys.

This indicates that while English will remain the principal language of communication for most pharmaceutical services, there are local areas where a higher proportion of patients may prefer or benefit from communication in Welsh.

This has implications for accessibility of services, including:

- provision of bilingual information
- patient counselling
- service delivery where appropriate.

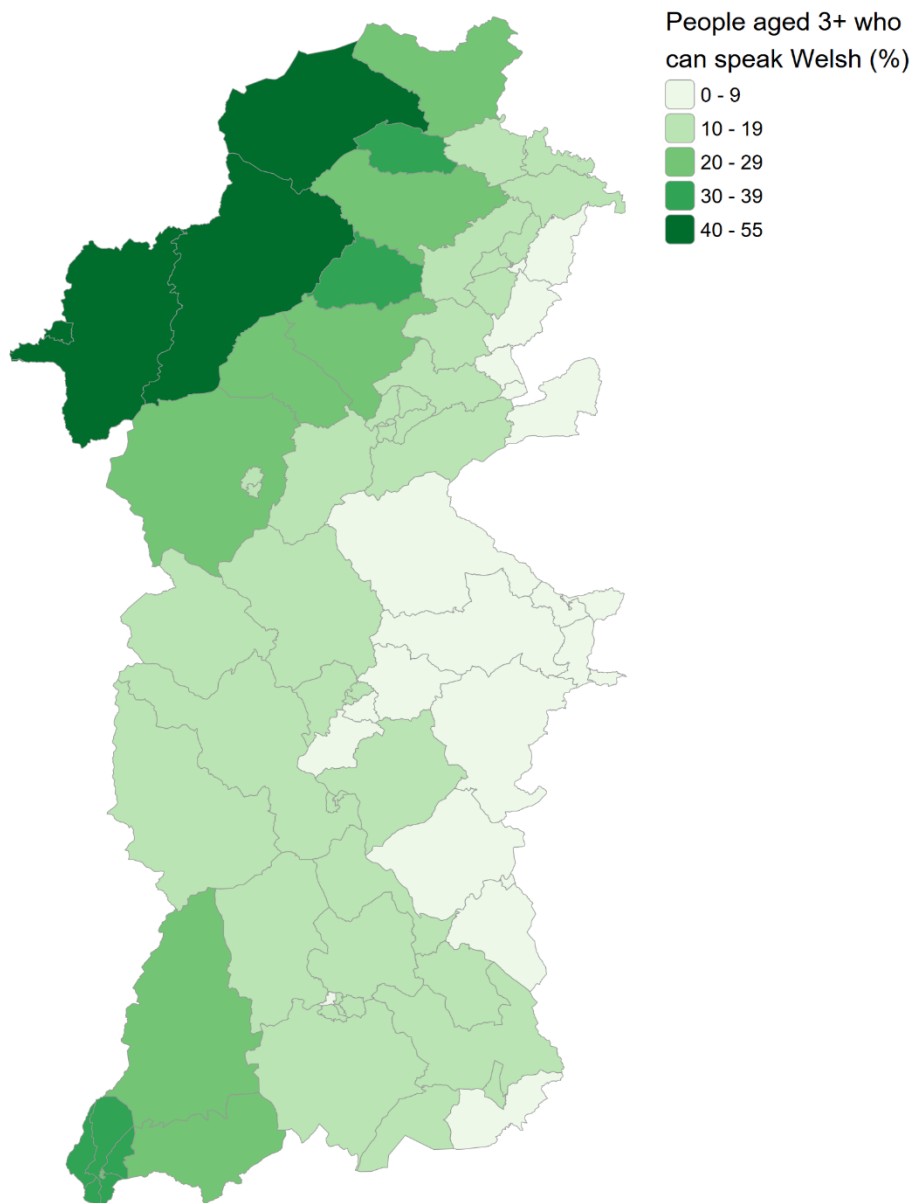


Figure 4:11 - Welsh Language Ability by LSOA of Powys

4.8 Consideration of Protected Characteristics

In accordance with the Regulations, this assessment has considered the needs of people who share protected characteristics under the Equality Act 2010 where these may affect access to pharmaceutical services.

The Regulations require consideration of the following characteristics:

- age
- gender
- proposed, commenced or completed reassignment of gender

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- disability
- race
- religion or belief
- sexual orientation.

The Regulations refer to “gender”, “proposed, commenced or completed reassignment of gender” and “race” as protected characteristics.

For the purposes of this assessment, consideration has instead been given separately to:

- sex
- gender identity
- ethnicity.

This approach reflects both the structure of routinely available population datasets and the terminology used within wider equality legislation.

This part of the assessment primarily draws on Census 2021 and routinely available public health data.

The purpose of this section is not to provide a comprehensive equality impact assessment, but to consider whether there is evidence that any protected groups may experience materially different patterns of pharmaceutical access or accessibility within Powys.

Age and disability have already been considered earlier in this chapter because of their wider relevance to:

- pharmaceutical need
- long-term illness
- multimorbidity
- mobility
- practical accessibility of services.

4.8.1 Sex

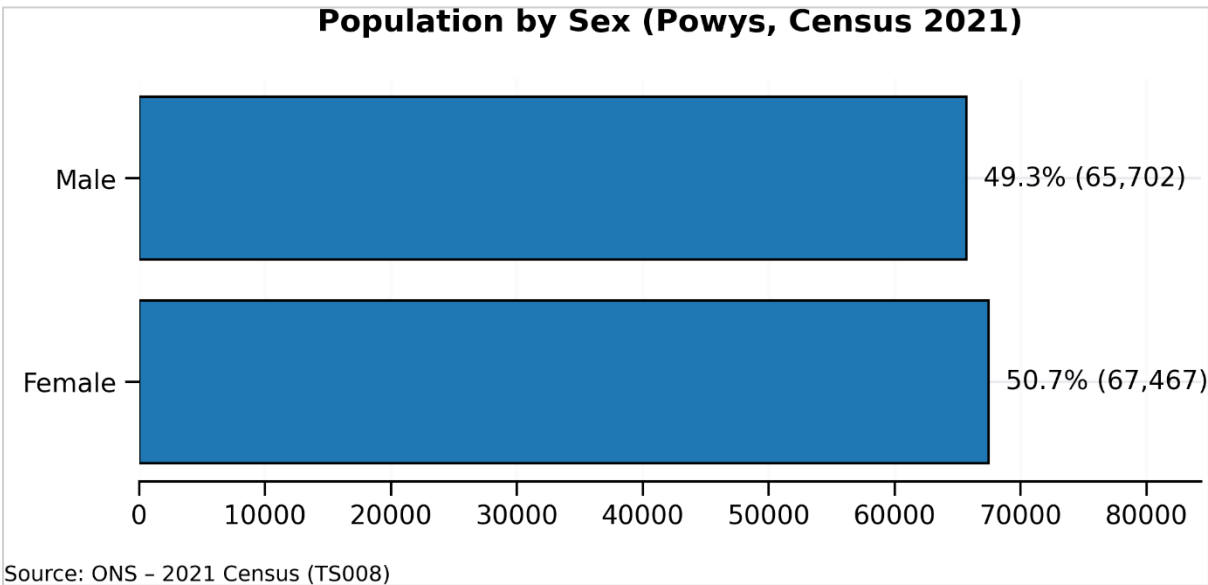


Figure 4:12 - Population by Sex (Powys, Census 2021)

The Powys population has a broadly even distribution between males and females.

No evidence has been identified suggesting that the geographical distribution of pharmaceutical services materially affects access differently on the basis of sex alone.

Different patterns of healthcare utilisation and medicines use may nevertheless exist between population groups.

The accessibility considerations described elsewhere in this assessment are therefore relevant across the wider population.

4.8.2 Gender Identity

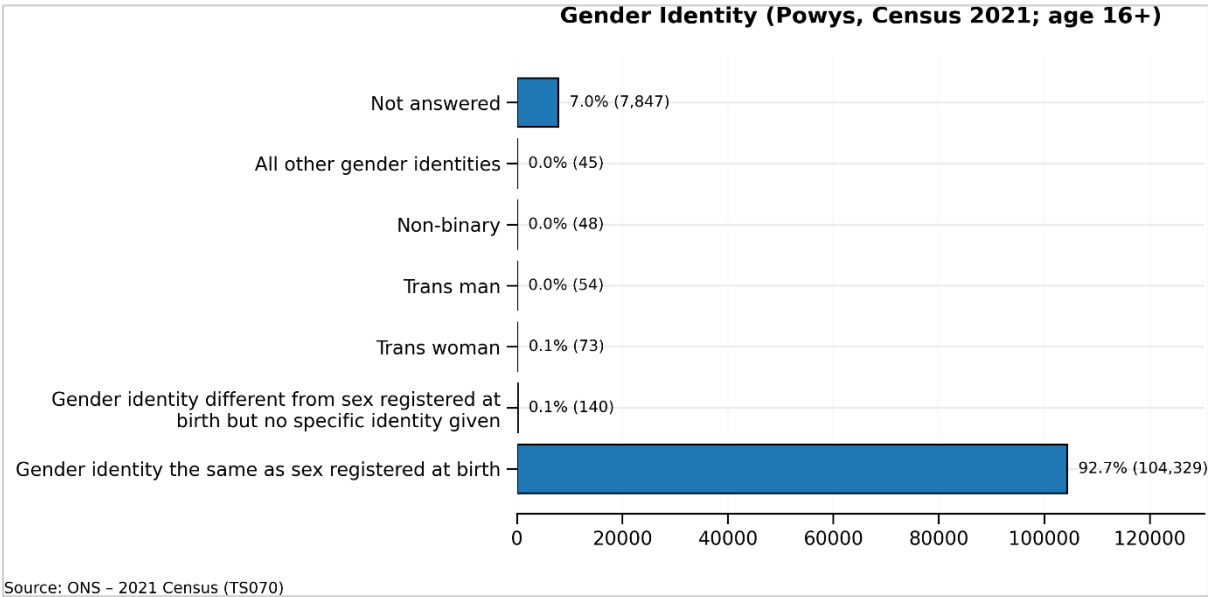


Figure 4:13 - Gender Identity (Powys, Census 2021; age 16+)

Census 2021 data indicates that a small proportion of residents within Powys identify as a gender that is not the same as registered at birth.

This characteristic is primarily relevant to ensuring that pharmaceutical services are delivered in a respectful, confidential and inclusive manner.

It is not considered to materially affect the overall distribution or geographical accessibility of pharmaceutical services across Powys.

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4.8.3 Ethnicity

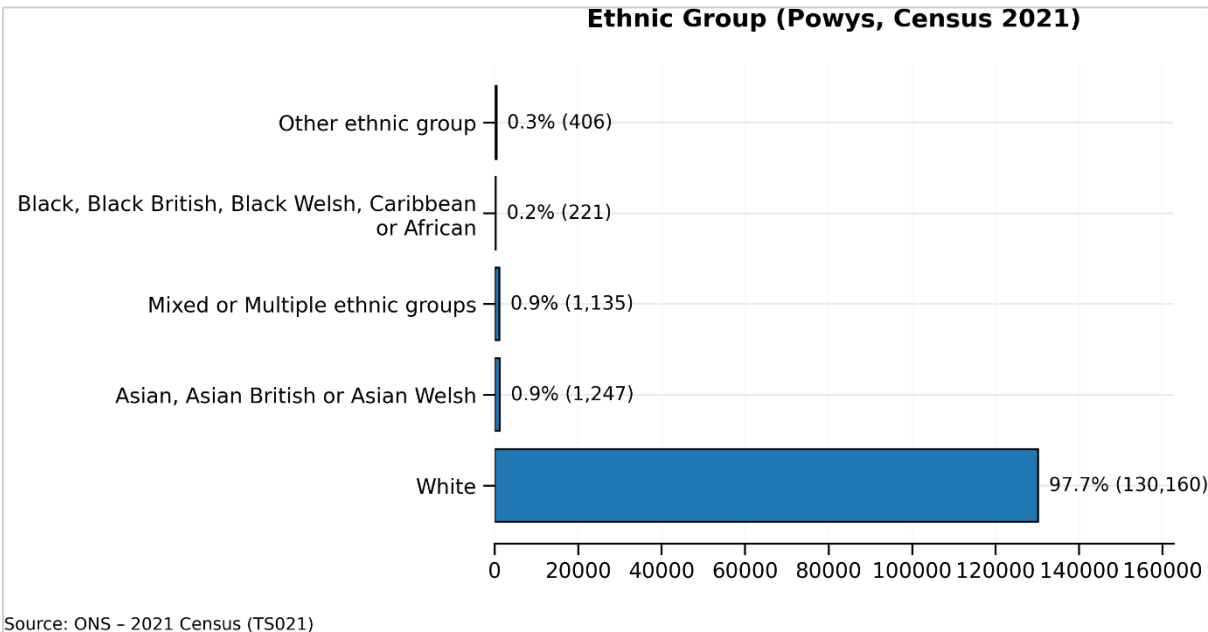


Figure 4:14 - Ethnic Group (Powys, Census 2021)

Census 2021 data shows that Powys remains ethnically less diverse than Wales as a whole, with the majority of residents identifying as White.

However, there has been a gradual increase in diversity since 2011, including residents born outside the United Kingdom.

Consideration has been given to language barriers, communication needs and equitable access to services. These factors are relevant primarily to service accessibility and delivery rather than to the overall distribution of pharmaceutical services.

No evidence has been identified to suggest that ethnicity materially alters the assessment of pharmaceutical service need across Powys.

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4.8.4 Religion or Belief

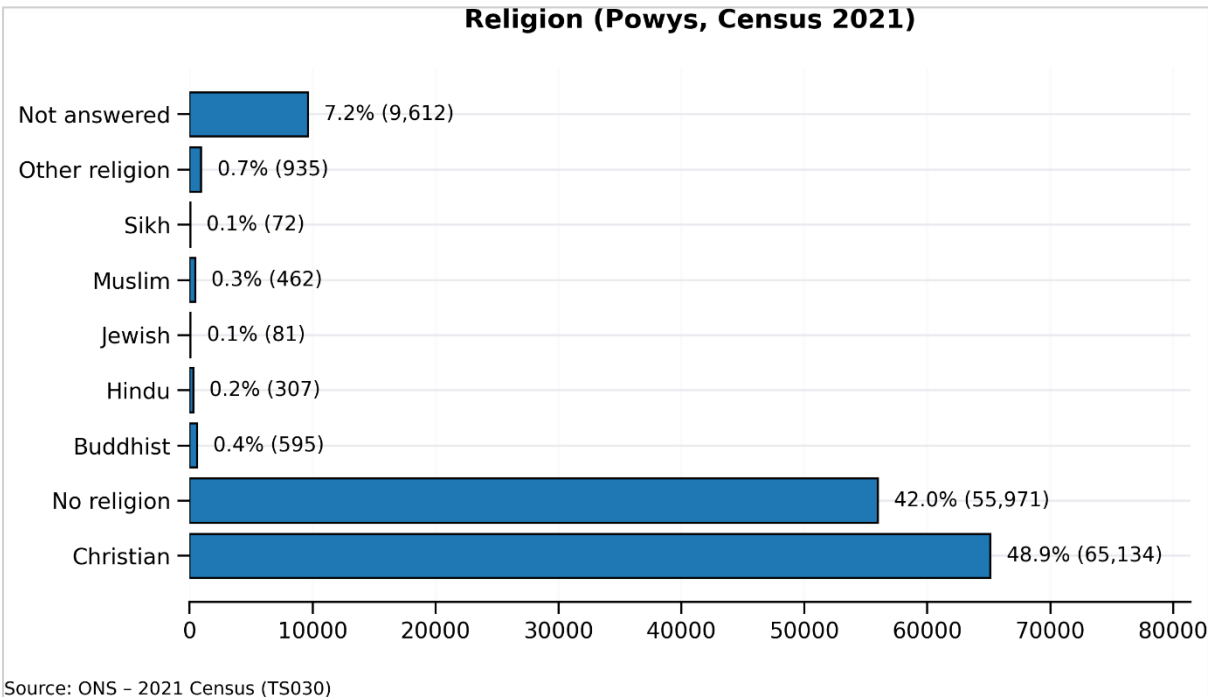


Figure 4:15 - Religion (Powys, Census 2021)

Residents of Powys identify with a range of religions and beliefs.

Religious or belief considerations may influence individual healthcare decisions and medicines preferences. However, these considerations are not considered to materially affect the overall distribution or accessibility of pharmaceutical services across Powys.

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4.8.5 Sexual Orientation

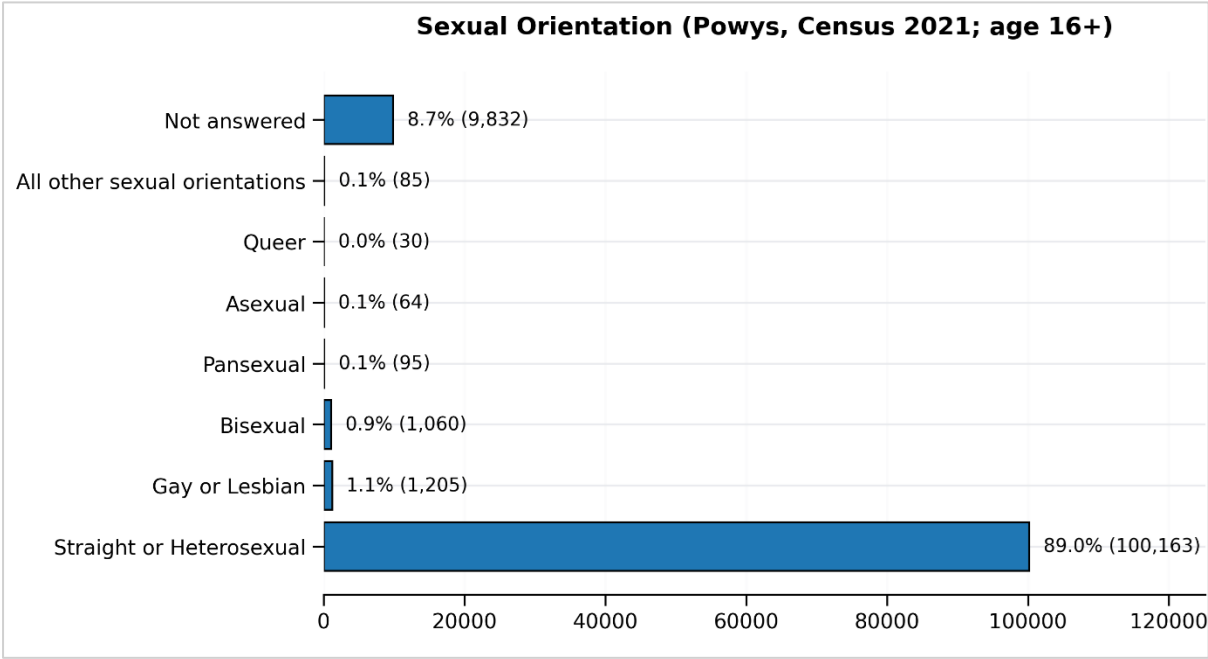


Figure 4:16 - Sexual Orientation (Powys, Census 2021; age 16+)

People of all sexual orientations live in Powys.

The relevance to pharmaceutical services relates primarily to ensuring that services are welcoming, inclusive and accessible to all residents.

No evidence has been identified to suggest that sexual orientation materially affects the assessment of pharmaceutical need or provider distribution across Powys.

4.8.6 Summary

Overall, consideration of protected characteristics has not identified a requirement for separate or additional pharmaceutical service provision beyond the existing network.

Age and disability, which are most directly associated with pharmaceutical need, long-term illness, mobility and reliance on accessible healthcare services, have already been considered earlier within this chapter.

For the remaining protected characteristics considered within this section, the evidence reviewed has not identified any material impact on the assessment of pharmaceutical service need, geographical accessibility or the distribution of pharmaceutical service providers across Powys.

While some factors may influence how individuals experience or access services in practice, including communication needs, cultural considerations, confidentiality, inclusivity and individual healthcare preferences, these have not been identified as creating distinct gaps in pharmaceutical service provision within the current network assessment.

4.9 Inclusion Health Groups

People experiencing homelessness, Gypsy and Irish Traveller communities, and people involved with the criminal justice system represent smaller population groups within Powys but may face additional barriers to accessing healthcare services.

These barriers may include reduced continuity of care, difficulty accessing repeat prescriptions, limited engagement with healthcare services and challenges maintaining regular access to medicines.

Although these groups represent a relatively small proportion of the population, they remain relevant to the assessment because their needs and patterns of service use may not be fully reflected through routine population, activity or travel-time measures.

For pharmaceutical services, this highlights the importance of ensuring that services remain accessible and responsive to patients who may have irregular patterns of engagement, complex needs or additional barriers to accessing routine healthcare services.

This assessment has considered available data sources and relevant contextual information. However, although these groups may experience additional barriers in accessing healthcare services, this assessment has not identified that their needs materially alter the overall assessment of pharmaceutical service accessibility or create distinct gaps in pharmaceutical service provision across Powys. This reflects both the relatively small size of these population groups and their dispersed distribution across the county.

4.10 Composite Picture of Need Modifiers

The factors described throughout this section combine to create a more nuanced picture of pharmaceutical need across Powys.

A number of indicators have been considered together to help identify areas where multiple factors may increase sensitivity to changes in pharmaceutical service provision. These include:

- higher proportions of older people living alone

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- higher levels of disability
- lower access to a private vehicle
- households deprived in two or more dimensions.

Where these factors occur in combination, residents may be more reliant on locally accessible services and potentially more sensitive to changes in opening hours, provider availability or travel time.

The composite picture of need modifiers does not create a separate statutory test and does not determine need in isolation. Instead, it provides supporting context to inform the interpretation of whether current pharmaceutical service provision is reasonably aligned with the needs of the population.

Figure 4:17 brings together selected indicators (disability, deprivation, car or van ownership, and older people living alone) and highlights LSOAs that fall within the highest quartile for one or more of these indicators.

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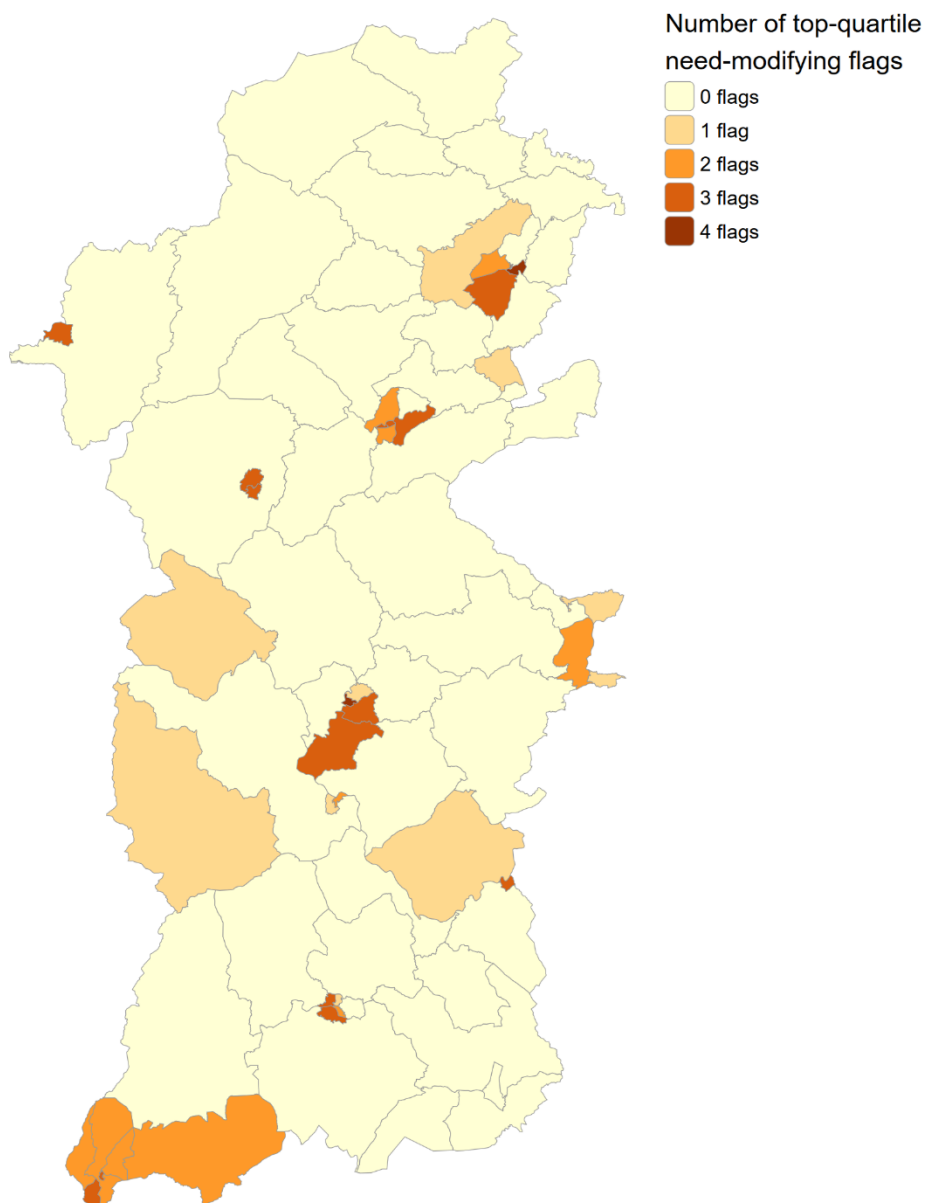


Figure 4:17 - Composite Need-modifying Factors by LSOA, Powys

Within a large and predominantly rural county such as Powys, this approach supports a broader understanding of how need-modifying factors are distributed geographically and helps identify areas that may warrant closer consideration when assessing accessibility and resilience within the pharmaceutical service network.

4.11 Key Implications for Later Chapters

The population of Powys is older, more rural and more dispersed than Wales as a whole. While car ownership is generally high, access to services is not uniform, and some groups may face additional practical barriers to accessing pharmaceutical services.

The factors described throughout this chapter demonstrate that assessment of pharmaceutical service accessibility cannot be based solely on geographical proximity or provider distribution. Demographic, socioeconomic and transport-related factors may also influence how services are accessed in practice and the extent to which populations may be affected by changes to local provision.

These need-modifying factors do not in themselves demonstrate gaps in pharmaceutical provision. However, they highlight areas where populations may be more sensitive to travel time, service availability, opening hours or future changes in the provider network.

This analysis provides important context for the assessment of current pharmaceutical service provision and accessibility across Powys.

The following chapter describes the current pharmaceutical services network and considers how provision is distributed across the county.

5 Current Provision of Pharmaceutical Services

5.1 Purpose of this Chapter

This chapter describes the current pharmaceutical services network in Powys and the contribution made by different providers to the delivery of pharmaceutical services across the county.

It sets out the current configuration of community pharmacies and dispensing GP practices, including where services are located, when they are available, and the range of pharmaceutical services currently provided. It also describes patterns of dispensing activity across the network and the role of different providers in supporting access to the safe and timely supply of medicines.

The chapter also describes selected additional clinical and locally commissioned services provided through community pharmacy settings, together with other local arrangements that may support practical access to pharmaceutical services across rural communities.

The chapter is descriptive rather than evaluative. It establishes the current pattern of provision against which later chapters assess accessibility, alignment with population need and whether there are any gaps in pharmaceutical service provision across Powys.

5.2 Overview of Pharmaceutical Service Provision in Powys

Pharmaceutical services in Powys are delivered primarily through a mixed provider model comprising community pharmacies and dispensing GP practices, with dispensing appliance contractors supporting access where relevant.

Collectively, these providers form the current pharmaceutical services network through which patients access pharmaceutical services.

Between January and December 2025, a total of 3,726,623 prescription items were dispensed by pharmaceutical service providers located within Powys. This figure relates to items dispensed by local contractors and therefore excludes prescriptions dispensed by providers outside the Health Board area.

Of these:

- 2,344,686 items (approximately 63%) were dispensed by community pharmacies
- 1,381,937 items (approximately 37%) were dispensed by dispensing GP practices

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In 2025, there were 23 community pharmacy contractors operating within Powys and 11 dispensing GP practices providing approved dispensing services. Following the closure of Danby’s Pharmacy in Llanfyllin on 31 December 2025, there are currently 22 community pharmacies operating within the Health Board area.

The contribution made by dispensing GP practices within Powys is substantially greater than in most other parts of Wales. Across Wales as a whole, approximately 6% of the population are registered as dispensing patients, whereas in Powys approximately 54,000 patients, representing around 38% of the total registered practice population of approximately 141,000, are registered as dispensing patients.

In more urban health boards, pharmaceutical services are delivered predominantly through community pharmacy networks, with comparatively limited dispensing GP practice provision.

Figure 5:1 shows the proportion of registered patients identified as dispensing patients across Welsh health boards and highlights the comparatively greater reliance on dispensing GP practice provision within Powys.

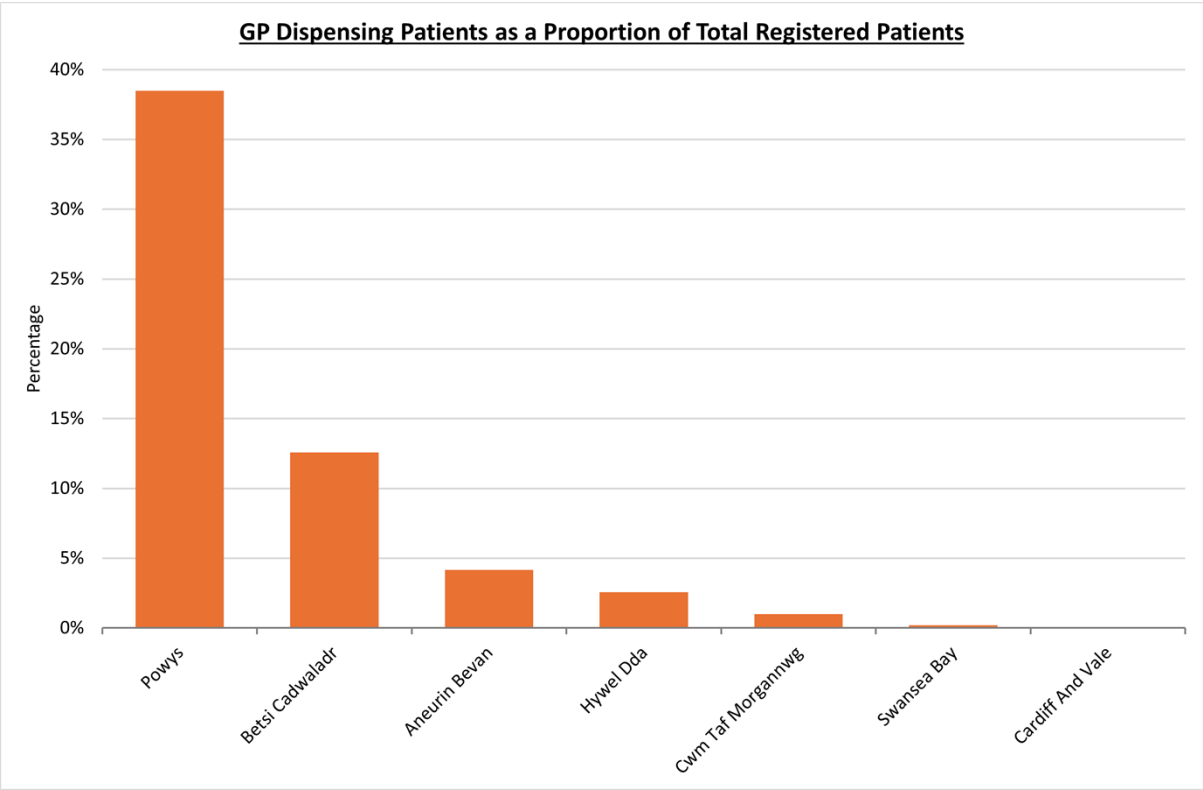


Figure 5:1 - Dispensing patients as a proportion of registered GP population by health board (January 2026)

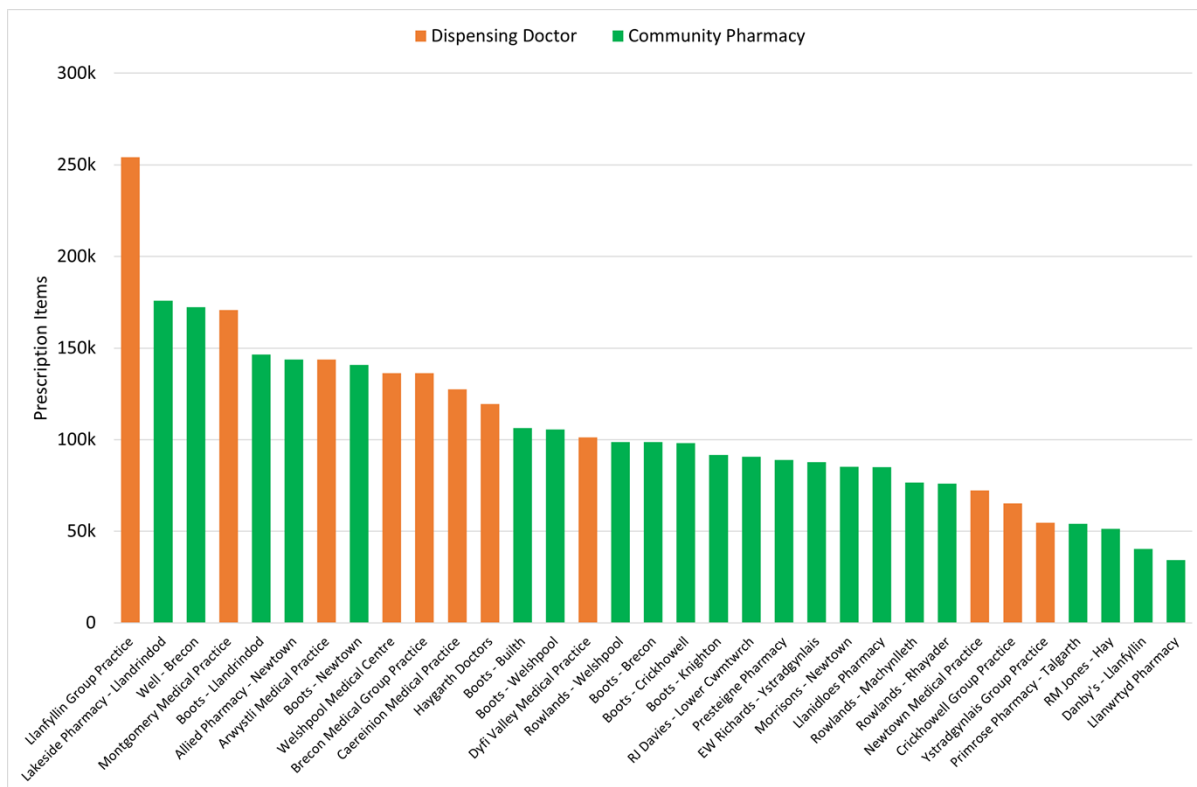


Figure 5:2 - Volume of prescriptions dispensed by community pharmacies and dispensing GP practices in Powys (2025)

Figure 5:2 illustrates the relative dispensing contribution made by community pharmacies and dispensing GP practices across Powys.

Together, these figures demonstrate that pharmaceutical services in Powys are delivered through an integrated mixed-provider network, with both community pharmacies and dispensing GP practices making substantial contributions to the dispensing and supply of medicines across the county.

5.3 Community Pharmacy Network

Community pharmacies provide pharmaceutical services to all patients, irrespective of GP registration, allowing access across practice and locality boundaries.

There are currently 22 community pharmacies operating across Powys which are generally located within town centres, high streets or other established local service centres, often alongside GP practices, retail premises and other community services.

Community pharmacy provision is concentrated most heavily within the main population centres of Welshpool (2), Newtown (3), Llandrinod Wells (2), Brecon (2) and Ystradgynlais

(3). Collectively, these five towns account for 12 of the 22 community pharmacy premises in Powys, representing approximately 55% of the community pharmacy network.

The remaining pharmacies (10) are distributed across smaller towns and rural settlements: Llanidloes, Machynlleth, Rhayader, Builth Wells, Llanwrtyd Wells, Knighton, Presteigne, Hay-on-Wye, Talgarth and Crickhowell. In each of these locations, a single community pharmacy serves the local town and a wider rural catchment area and represents the only community pharmacy provision within that locality.

Figure 5:3 shows the distribution of community pharmacy premises providing pharmaceutical services in Powys at the date of publication and their relationship to the main population centres. Full details of pharmacies included on the pharmaceutical list for Powys are provided in **Appendix G**.

Danby's Pharmacy in Llanfyllin closed on 31st December 2025 and is therefore no longer shown as a current provider. The implications of the closure and the Health Board's assessment of current pharmaceutical need in Llanfyllin are considered separately in **Chapter 7**.

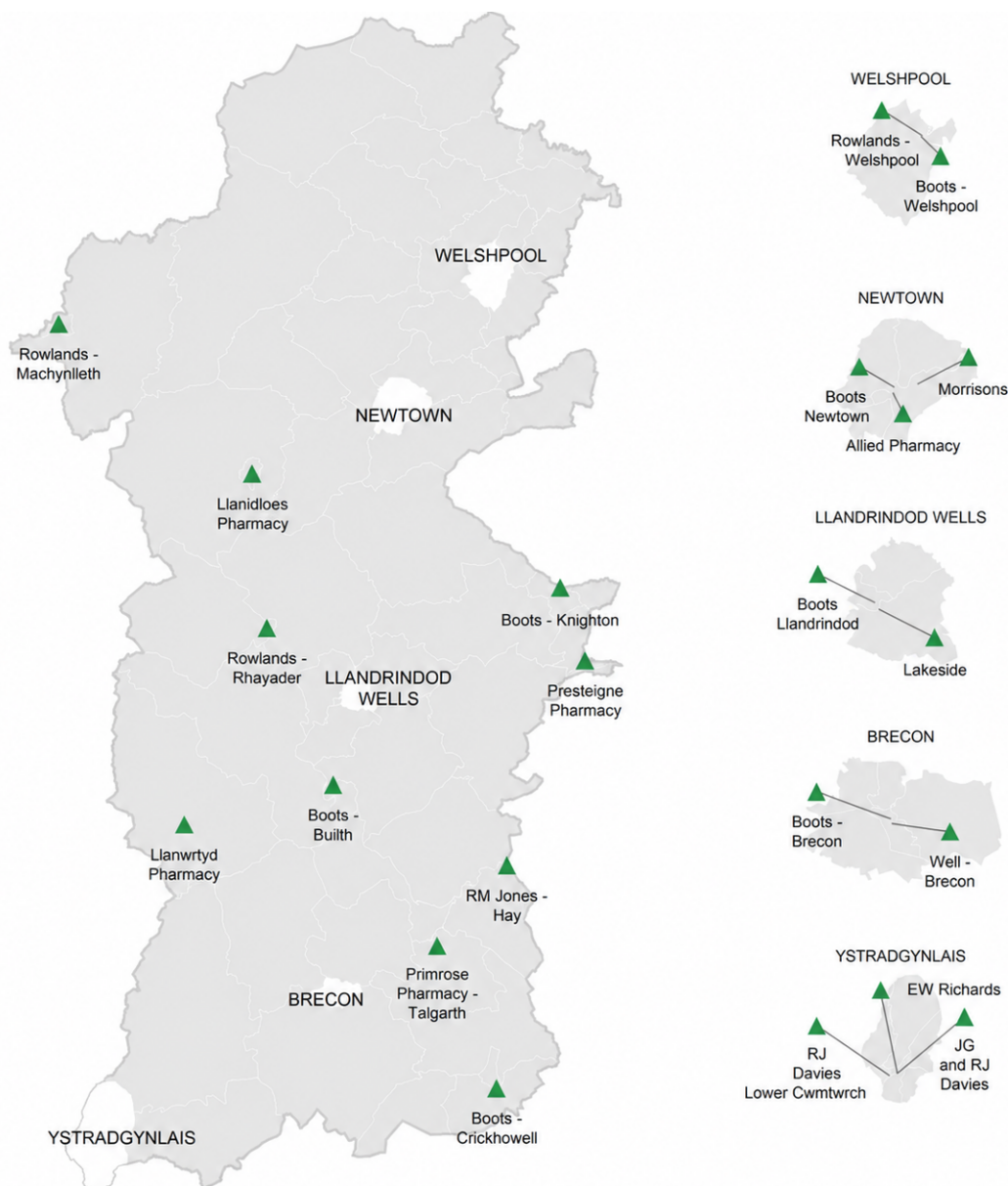


Figure 5:3 - Community Pharmacy locations across Powys

To aid interpretation, inset maps are included for the main population centres. These highlight areas where community pharmacies are clustered within towns, complementing the wider view of provision across Powys' large and predominantly rural geography.

5.3.1 Community Pharmacy Dispensing Activity

Of the approximately 2.34 million prescription items dispensed by community pharmacies in Powys during 2025, approximately 2.21 million items (around 94%) originated from GP practices within Powys.

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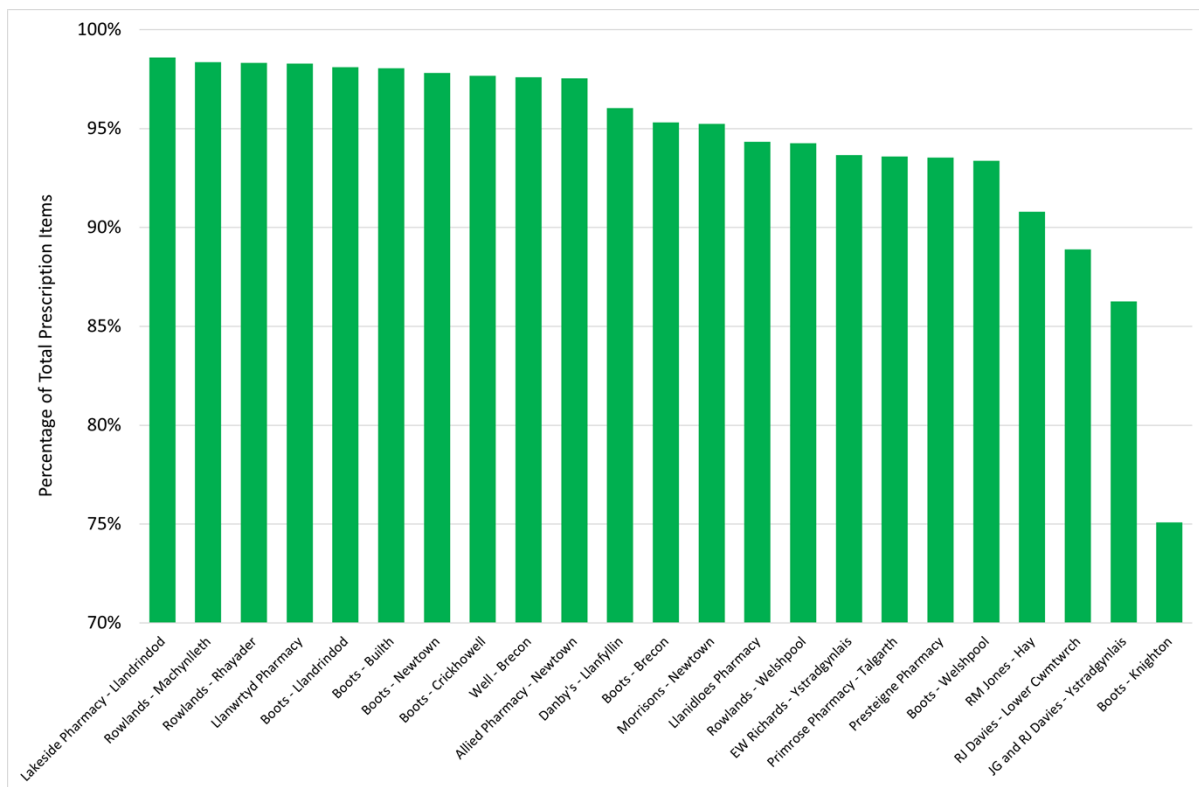


Figure 5:4 - Percentage of prescriptions dispensed that originated from Powys GP practices (2025)

Figure 5:4 shows the proportion of prescriptions dispensed by each community pharmacy that originated from Powys GP practices during 2025 and demonstrates that, for most community pharmacies in Powys, the substantial majority of dispensing activity originates from GP practices within Powys.

Variation across the network largely reflects local geography, patient movement and the interaction between community pharmacies and wider healthcare services. Pharmacies located close to the English border, serving cross-border communities, or operating within areas associated with higher levels of visitor movement and external healthcare interaction dispense a greater proportion of prescriptions generated outside Powys.

This is particularly evident in border towns such as Knighton, Presteigne and Hay-on-Wye, where community pharmacies routinely dispense prescriptions for patients registered with GP practices in England. This reflects the geography of the border area, where surrounding communities and healthcare catchment areas extend across the England-Wales boundary and where nearby settlements on both sides of the border are similarly rural in character.

A similar pattern is also seen in Ystradgynlais, where community pharmacies dispense prescriptions generated by providers associated with the neighbouring Neath Port Talbot area.

These patterns reflect established patient flows and wider healthcare interactions across health board and national boundaries.

The remaining prescribing activity (approximately 6%) related to prescriptions generated by a range of other NHS providers and prescribing pathways.

Data limitation

The Health Board is aware of a known data anomaly affecting a proportion of prescriptions issued by Wylcwm Street Surgery during the 2025/26 financial year. As a result of processing arrangements, some prescriptions generated by the practice may be recorded within national dispensing datasets as prescriptions originating from English prescribers rather than from a Powys GP practice. Consequently, analyses describing the source of prescriptions may slightly underestimate the proportion of prescriptions originating from Powys GP practices and overestimate prescribing attributed to English prescribing sources. The Health Board does not consider this issue to materially affect the interpretation of the data or the conclusions of this assessment.

Figure 5:5 illustrates the volume of prescriptions issued by selected non-Powys GP prescribing sources and dispensed by community pharmacies within Powys during 2025.

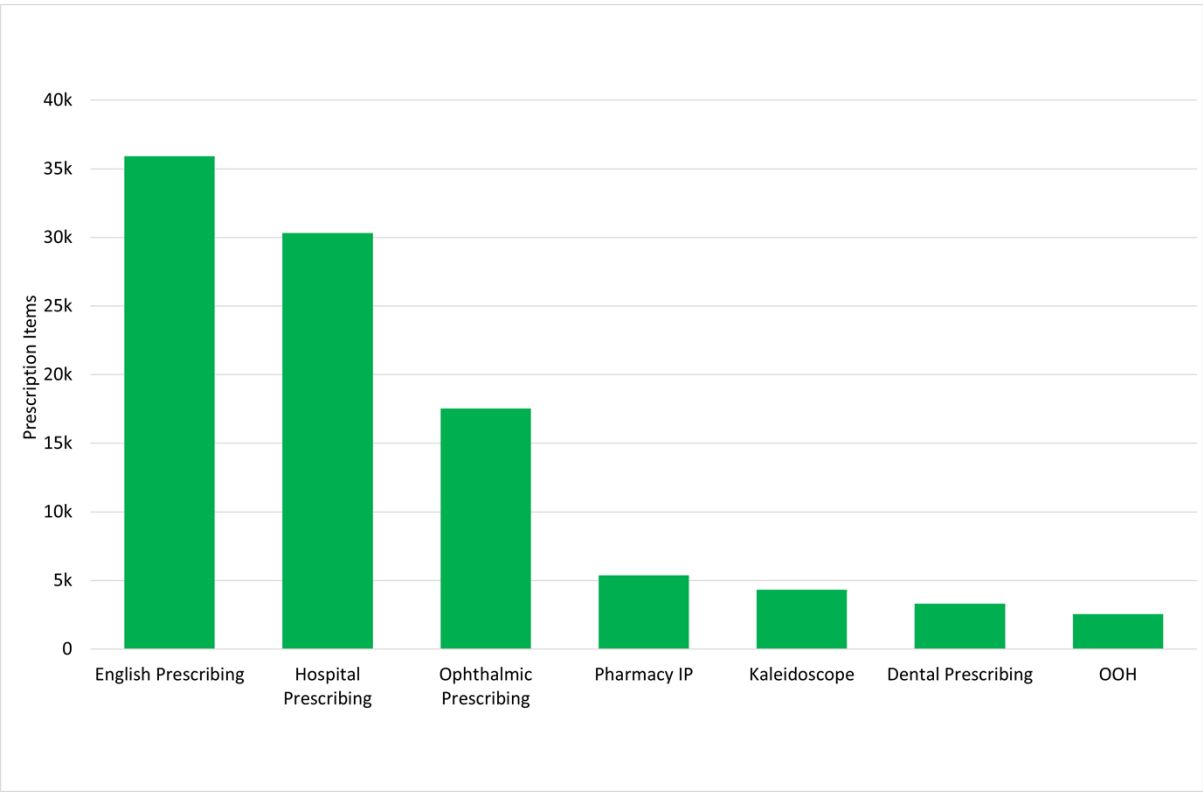


Figure 5:5 - Prescriptions from other providers dispensed in Powys community pharmacies (2025)

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The largest volumes relate to prescriptions issued by English prescribers and hospital services, reflecting the cross-border nature of healthcare access in Powys and the interaction between community pharmacies and wider NHS care pathways.

Smaller but identifiable volumes are also associated with optometry prescribing, specialist substance misuse services, pharmacist independent prescribing, dental prescribing and out of hours services.

Additional analysis relating to prescribing origin, hospital prescribing, English prescribing and other prescribing pathways is included within **Appendix H**.

5.4 Dispensing GP Practice Network

In contrast to community pharmacies, which generally provide open-access pharmaceutical services to the wider population, dispensing GP practices provide pharmaceutical services to defined patient populations from approved practice premises.

These services are provided as part of General Medical Services arrangements in Wales and are typically accessed by patients registered with the practice who meet the relevant eligibility criteria under the Regulations.

Eligibility requires that:

- the patient is included on the patient list of the dispensing GP practice
- the patient resides within a Controlled Locality, as determined under the Regulations
- the patient lives more than 1.6 kilometres from the nearest community pharmacy

Patients who live within 1.6 kilometres of a community pharmacy may still be eligible where serious difficulty in obtaining pharmaceutical services can be demonstrated, taking account of factors such as geography, transport and practical access.

There are currently eleven dispensing GP practices operating within Powys. Dispensing GP practices are located within North and South Powys, with no dispensing GP practices currently operating within Mid Powys.

Pharmaceutical services must take place from premises that have received Premises Approval in accordance with the Regulations. GP practices may hold approval for one or more premises from which pharmaceutical services are provided. Where practices operate across multiple sites, pharmaceutical services must only be undertaken from locations that have received the necessary approval.

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Many dispensing GP practices operate across a combination of main surgeries and branch surgery sites. There are currently 17 dispensing doctor sites in Powys.

Figure 5:6 shows the distribution of approved dispensing GP practice premises across Powys.

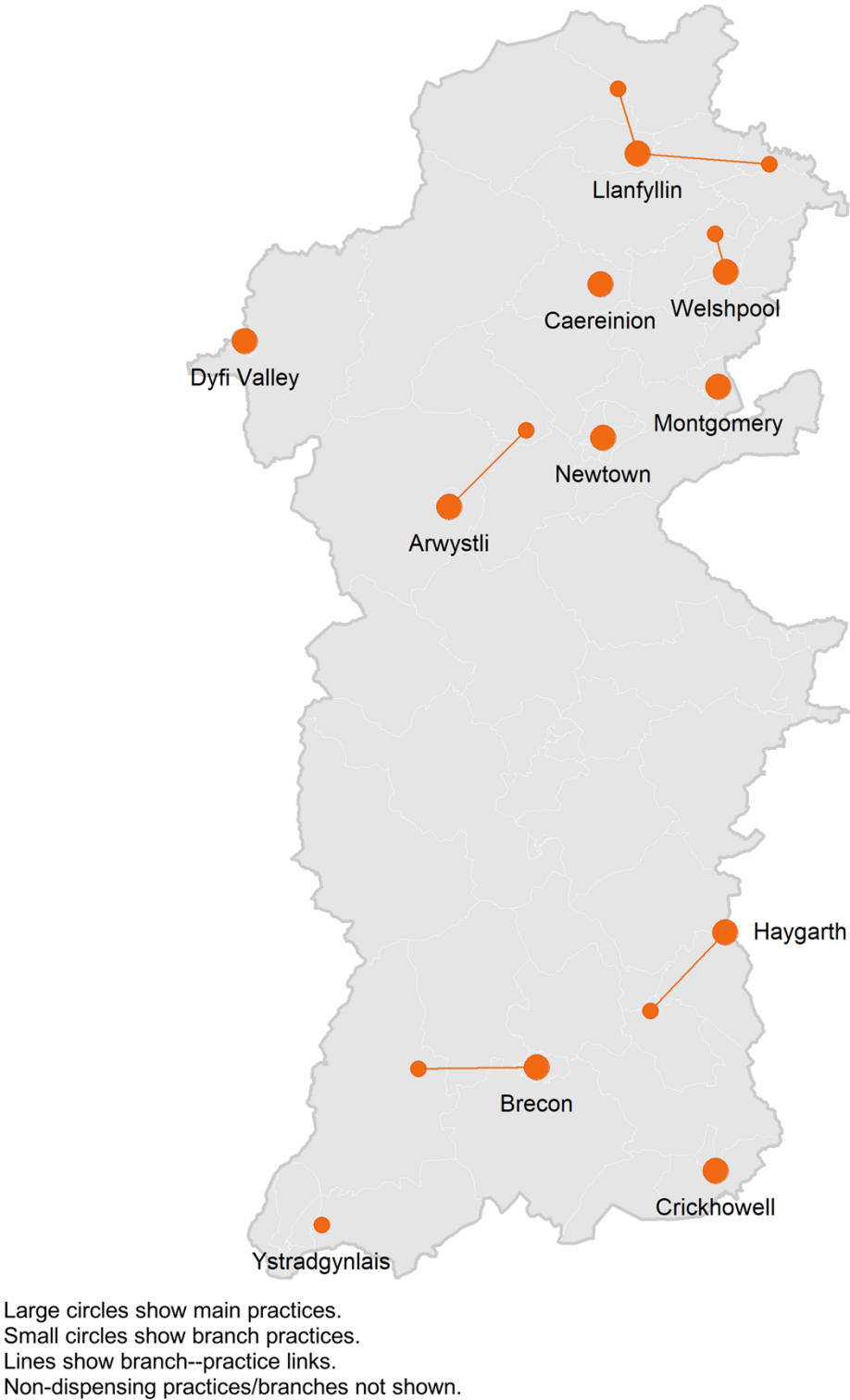


Figure 5:6 - Dispensing GP practice locations across Powys

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To aid interpretation, the figure distinguishes between main practice sites and approved branch surgery sites. Larger markers represent main dispensing sites, with smaller markers indicating approved branch premises. Connecting lines illustrate organisational relationships between linked sites. Only premises holding approved dispensing status under the Regulations are included.

While dispensing GP practices play a key role in supporting access in rural areas, their services are not limited to remote locations. A number of dispensing GP practices are located within larger towns, including Welshpool, Newtown, Brecon and Ystradgynlais. In these settings, dispensing services are provided only to eligible patients, in line with the requirements of the Regulations. As such, the presence of a dispensing GP practice within a town does not equate to open access provision for the wider population.

5.4.1 Dispensing GP Practice Dispensing Activity

Dispensing GP practices in Powys dispensed approximately 1.38 million prescription items during 2025, representing around 37% of all prescription items dispensed by pharmaceutical service providers located within the county.

Dispensing activity for GP practices includes a small number of personally administered items. These relate to medicines supplied directly to patients as part of treatment or clinical intervention and are not always recorded consistently across datasets. These account for a very small proportion of total activity and do not materially affect interpretation of dispensing activity across the network.

In Powys, approximately 54,000 patients are registered as dispensing patients, representing around 38% of the total registered practice population.

Figure 5:7 shows the proportion of registered patients identified as dispensing patients within each dispensing GP practice in Powys. Full details of premises included on the dispensing doctor list for Powys are included in **Appendix G**.

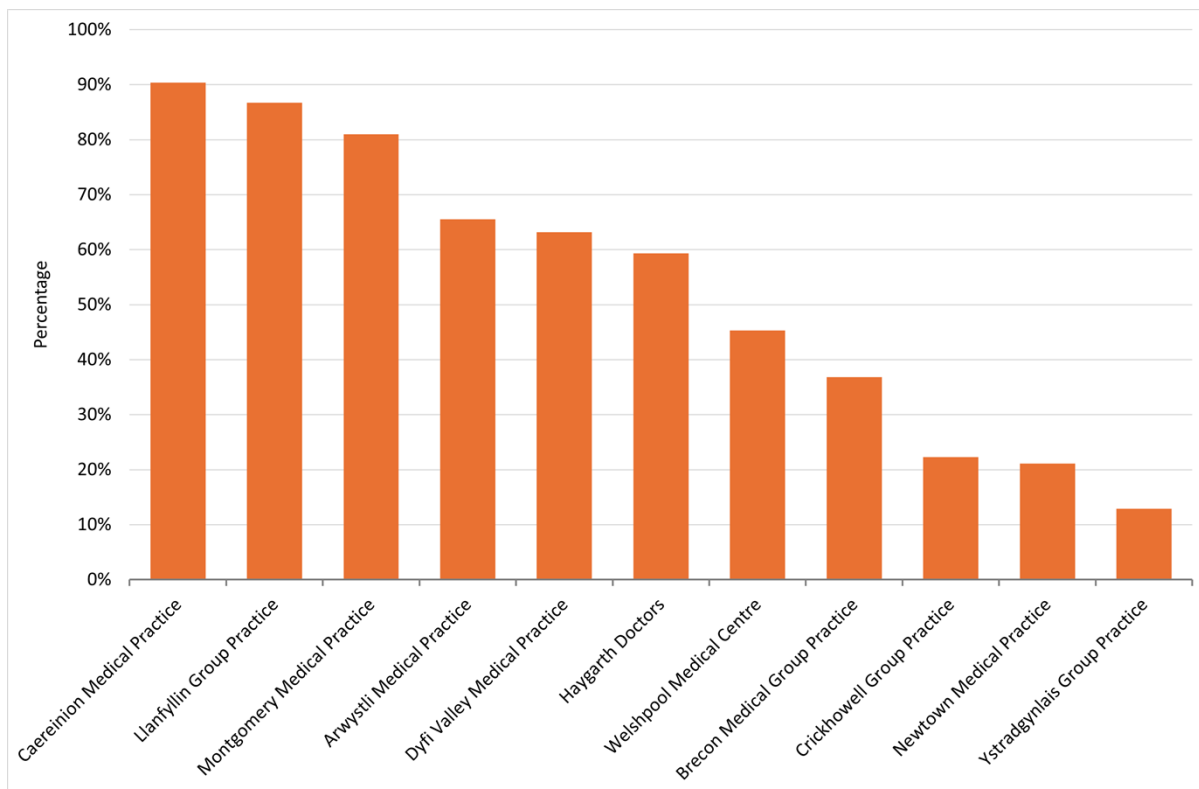


Figure 5:7 - Dispensing patients as a proportion of total registered practice population (2025)

The proportion of dispensing patients varies across practices and reflects differences in practice geography, dispensing eligibility and the configuration of nearby pharmaceutical service provision.

Practices with the highest proportion of dispensing patients generally serve larger rural catchment areas where main surgery sites and branch surgeries are not located close to community pharmacy premises. In contrast, practices with lower proportions of dispensing patients are more commonly located within or close to towns where community pharmacy provision is more readily available.

A number of practices operate mixed arrangements, with dispensing services provided for eligible rural patients alongside non-dispensing populations located closer to community pharmacy services.

Dispensing volume does not directly correspond to the proportion of dispensing patients within a practice population, as overall prescribing activity and practice list size also vary between practices.

Figure 5:8 shows dispensing volume by dispensing GP practice during 2025.

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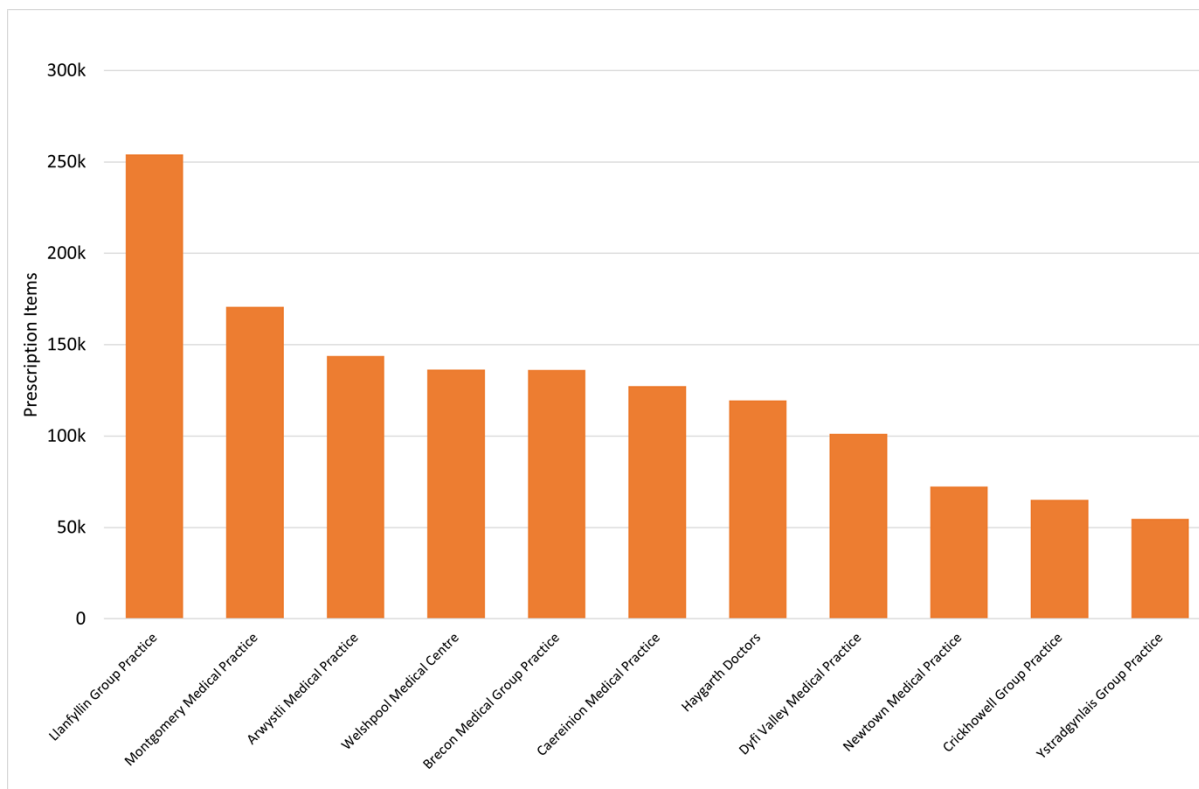


Figure 5:8 - Volume of prescriptions dispensed by GP practices in Powys (2025)

Dispensing volumes vary across practices and reflect differences in dispensing patient numbers, practice size and approved dispensing arrangements across the network. In some cases, dispensing activity is distributed across a number of approved branch sites.

5.5 Dispensing of Powys GP Prescriptions Outside Powys

The preceding sections describe pharmaceutical service activity undertaken by providers located within Powys. This section instead considers the destination of prescriptions generated by GP practices within Powys, including the extent to which dispensing activity takes place outside the Health Board area.

During the period January to December 2025, GP practices within Powys generated a total of 3.84 million prescription items.

Of these:

- 36% were dispensed directly by dispensing GP practices within Powys
- 58% were dispensed by community pharmacies located within Powys
- 6% were dispensed by contractors outside the Health Board area.

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Figure 5:9 shows the out-of-area contractors dispensing the highest volumes of prescriptions generated by Powys GP practices.

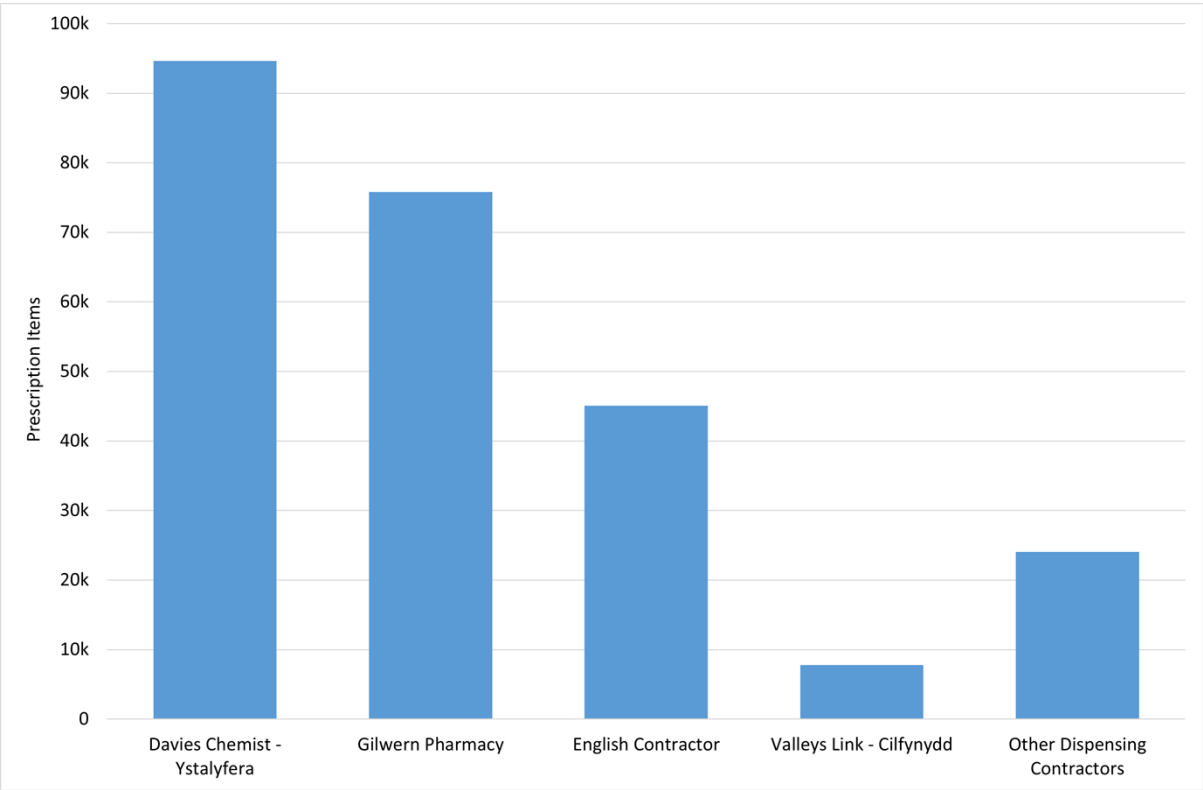


Figure 5:9 - Powys Prescriptions Dispensed by Out of Area Contractors

The largest out-of-area volumes reflect established border access patterns rather than unmet provision within Powys. Davies Chemist in Ystalyfera is located adjacent to a branch surgery site of Ystradgynlais Group Practice, while the village of Gilwern is closely connected to Crickhowell and historically accommodated a branch surgery site associated with Crickhowell Group Practice.

Once these established border-related patient access patterns are taken into account, the remaining volume dispensed outside Powys represents only 0.67% of all items prescribed by Powys GP practices. Overall, the substantial majority of prescriptions generated within Powys continue to be dispensed through providers located within the Health Board area.

5.6 Community Pharmacy Opening Hours

Opening hours and service availability form part of the overall assessment of access to pharmaceutical services. The Health Board recognises that opening patterns vary between providers and that not all services are available at all times.

Community pharmacies are required to provide a minimum of 40 core contractual opening hours per week. These core hours are agreed with the Health Board and form part of the pharmacy's contractual arrangements. Changes to core hours require approval in accordance with the Regulations.

Many core opening hour arrangements reflect historic contractual decisions established at the time of contract award or subsequent variation. In practice, opening hours have generally evolved in a manner aligned to local patterns of demand, population distribution and, where relevant, general practice operating hours.

Within this framework, contractors have flexibility in how core hours are distributed across the whole of the week. This flexibility allows opening hours to be configured in a way that supports both patient access and the effective delivery of pharmaceutical services, rather than requiring uniform provision at all locations.

In addition to core hours, many community pharmacies provide supplementary opening hours beyond their contractual minimum requirement. These additional hours may include extended weekday opening, evening provision or weekend availability and are determined locally by contractors in response to operational considerations and local demand.

Information confirmed through community pharmacy contractor questionnaires indicates that all 22 community pharmacies in Powys provide weekday access to pharmaceutical services. As illustrated in Figure 5:10, 21 pharmacies provide opening hours extending from at least 09:00 to 17:00 on weekdays.

The figure also illustrates the distribution of core and supplementary opening hours across the network. While core hours (shown in blue) provide the principal framework for routine weekday provision, supplementary hours (shown in orange) extend availability in a number of locations, including through earlier morning opening, later evening provision and weekend access.



Figure 5:10 - Community pharmacy opening hours in Powys

5.6.1 Weekend Opening Hours

19 community pharmacies in Powys provide Saturday opening.

The pharmacy in Llanwrtyd Wells and two of the three pharmacies in Ystradgynlais are not routinely open on Saturdays. However, Saturday access to pharmaceutical services remains available within Ystradgynlais through the remaining pharmacy, JG and RJ Davies Chemist.

Only one community pharmacy in Powys, the Morrisons Pharmacy in Newtown, routinely provides Sunday opening hours.

Weekend opening arrangements reflect individual contractual arrangements and local operating models. Universal weekend provision is not a requirement of the community pharmacy contractual framework.

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5.6.2 Pharmacies with Reduced Opening Hours

The pharmacy in Llanwrtyd Wells operates under a reduced core hours arrangement and therefore provides fewer than 40 core contractual opening hours per week.

This arrangement reflects the particular local circumstances in Llanwrtyd Wells, including local population distribution, dispensing activity, service demand and the availability of alternative pharmaceutical service providers within the surrounding area.

The pharmacy is supported through the Essential Small Pharmacy Service, which is intended to support the continued provision of pharmaceutical services in rural and low-volume settings where standard contractual arrangements may be less sustainable.

The pharmacy remains open Monday to Friday and continues to provide weekday access to pharmaceutical services throughout the week.

5.7 Dispensing GP Opening Hours

Pharmaceutical services provided by dispensing GP practices operate within the framework of general practice opening arrangements. Dispensing services are typically available during standard weekday operating hours and aligned with core General Medical Services opening times.

Information confirmed through dispensing GP practice contractor questionnaires indicates that pharmaceutical services across Powys are routinely available during weekday operating periods, generally Monday to Friday, in line with practice opening arrangements.

Figure 5:11 illustrates reported opening hours and dispensing service availability across dispensing GP practice premises and approved branch sites in Powys.

In addition to the reported dispensing opening hours, some dispensing GP practices described local operational arrangements intended to facilitate medicine collection outside periods of full dispensary opening. These arrangements may include dispensing hatches, automated dispensing machines or the handover of prepared medicines by appropriately trained practice staff in accordance with local procedures and governance arrangements.

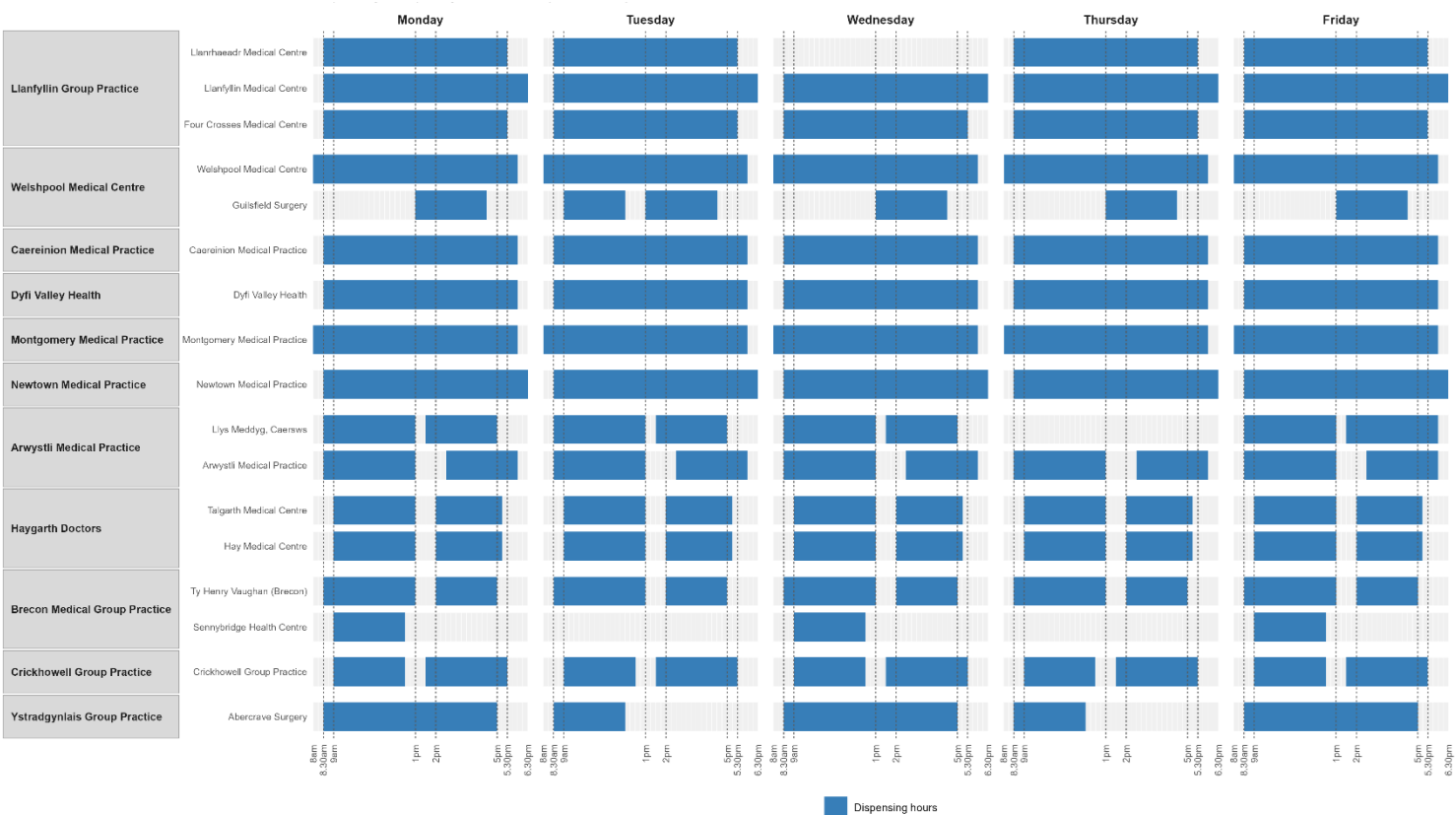


Figure 5:11 - Dispensing GP practice opening hours

5.7.1 Dispensing GP Sites with Reduced Opening Hours

Some dispensing GP practice sites, particularly branch surgeries, operate more limited or part-day dispensing arrangements, with pharmaceutical services not available throughout the full working day.

Branch surgery sites at Llanrhaeadr-ym-Mochnant, Guilsfield, Caersws and Sennybridge operate with either reduced weekday dispensary opening hours or no provision on certain weekdays.

These arrangements reflect differences in practice configuration, workforce availability, service demand and local population distribution, where wider opening arrangements may not be operationally sustainable.

During periods when pharmaceutical services are not available at these branch sites, patients may access services through alternative locations within the wider pharmaceutical services network, including providers located in Llanfyllin, Welshpool, Llanidloes, Newtown and Brecon.

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5.8 Additional NHS Clinical Services Provided by Community Pharmacies

In addition to core pharmaceutical services, community pharmacies in Powys provide a range of nationally directed and locally commissioned clinical services. These services support the evolving role of community pharmacy within primary care and reflect a shift towards more patient-facing, clinically focused provision.

These services are intended to:

- support the safe and effective use of medicines, including medicines optimisation, adherence support and post-discharge follow-up
- improve access to care, by providing timely advice, treatment and referral in community settings closer to where people live
- complement the delivery of core pharmaceutical services, enhancing the overall contribution of community pharmacy to population health and wellbeing
- support prevention and early intervention, including vaccination, smoking cessation and targeted public health interventions
- contribute to harm reduction and safeguarding, particularly through services such as needle and syringe programmes and supervised administration
- support continuity of care and management of acute or urgent need, for example through discharge medicines review, Just in Case medicines and urgent medicines supply
- enable delivery of care closer to home, reducing reliance on other primary and secondary care services and supporting system-wide capacity

The range of services provided may vary over time in response to population need, service development and commissioning arrangements.

Community pharmacy premises have also evolved to support the delivery of clinical services. Questionnaire responses confirm that all 22 community pharmacies in Powys have at least one consultation room available for patient-facing services, with six pharmacies now reporting having multiple consultation rooms available.

In recent years, pharmacies in Wales have been able to access capital investment through the Welsh Government Community Pharmacy Premises Improvement Scheme. This has supported the development of consultation facilities and improved infrastructure, enabling the continued expansion of NHS clinical services within community pharmacy settings.

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5.8.1 Nationally Directed Clinical Services

Nationally directed clinical services form a key component of the community pharmacy contractual framework in Wales. These services are developed and specified at a national level by Welsh Government to support national healthcare priorities, improve access to care, and make greater use of community pharmacies as a first point of contact within primary care.

The nationally directed clinical services currently available through community pharmacy in Powys include:

- Clinical Community Pharmacy Service (CCPS), which includes:
 - Common Ailments Service (CAS)
 - Emergency Medicines Supply (EMS)
 - Contraception Services
- Discharge Medicines Review Service
- Pharmacist Independent Prescribing Service
- Seasonal Influenza Vaccination Service
- Lateral Flow Test Supply Service

Further detail on each service is provided in **Appendix A**.

These services are delivered in accordance with nationally agreed service specifications and supported through national systems, including the Choose Pharmacy platform, with oversight provided by NHS Wales Shared Services Partnership and Health Boards.

5.8.2 Locally Commissioned Clinical Services

The Health Board commissions a range of locally agreed clinical services from community pharmacy contractors to support the delivery of pharmaceutical care and to meet identified local need.

These services are delivered within the community pharmacy contractual framework and are intended to complement essential and nationally directed services, supporting improved access to care and the safe and effective use of medicines within the local population.

The range of locally commissioned services available within community pharmacies in Powys is set out below, with further detail provided in **Appendix A**:

- Blood Borne Virus Screening
- Just In Case Medicines
- MAR Charts

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- Needle and Syringe Programme
- Out of Hours Rota
- Patient Sharps Service
- Smoking Cessation
- Supervised Administration
- Urgent Medicines Service
- Waste Reduction Scheme

5.8.3 Service Availability and Role in Assessing Need

Nationally directed and locally commissioned services make an important contribution to patient care, access to healthcare and the wider delivery of pharmaceutical services. The availability of individual services may vary between providers and over time, reflecting factors such as workforce capacity, contractor participation, service requirements and local demand.

Community pharmacy contractors are required to provide core pharmaceutical services in accordance with their contractual obligations during agreed opening hours. These core services remain the foundation of pharmaceutical service provision across Powys.

The Health Board recognises the important contribution that these services make to improving access to healthcare, supporting medicines optimisation and reducing pressure on other parts of the NHS. The Health Board works collaboratively with community pharmacy contractors and representative bodies to support the delivery and development of commissioned services across Powys.

This includes ongoing analysis of service activity and uptake, identifying opportunities to improve service availability, supporting workforce development and training, facilitating implementation of new services, sharing best practice, and working with contractors to address barriers to participation. The Health Board also supports collaborative and cluster-based approaches to service delivery where appropriate, recognising that effective population coverage does not necessarily require every service to be provided from every pharmacy location.

The availability and distribution of services commissioned under Section 81 have therefore been considered as part of the wider pharmaceutical services landscape. The Health Board is satisfied that these services are being delivered across Powys in a manner that supports the needs of the population, recognising that availability may vary between providers and from time to time. Whilst such variation may influence how services are accessed locally, the Health

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Board is satisfied that the overall availability of services remains sufficient to meet population need and does not indicate any gap in pharmaceutical service provision.

Subsequent sections of this assessment therefore focus primarily on access to core pharmaceutical services, including the provision of medicines and appliances, in accordance with the requirements of the Regulations.

5.9 Additional Service Features Supporting Access

In addition to essential and locally commissioned services, many providers across Powys have developed flexible service delivery arrangements to support access to pharmaceutical services.

These include:

- delivery of medicines to patients, particularly those who are housebound or have limited mobility
- prescription collection arrangements from GP practices or other locations
- adaptations to service delivery to meet local population needs

5.9.1 Prescription Collection Arrangements

Prescription collection arrangements are supplementary arrangements determined at provider level and do not form part of NHS pharmaceutical services under the Regulations. However, they play an important supporting role in enabling patients to access medicines and pharmaceutical services, particularly where distance, transport or mobility present barriers.

Questionnaire responses indicate that a high proportion of community pharmacies (95%) offer prescription collection arrangements. These commonly include the collection of prescriptions from GP practices on behalf of patients, helping to support the management of repeat medication processes and reducing the need for patients to travel separately to obtain prescriptions before medicines can be dispensed. The one responding contractor that reported not offering a prescription collection service is located in close proximity to the associated GP practice, reducing the practical need for this arrangement.

5.9.2 Medicines Delivery Arrangements

Medicines delivery services are supplementary arrangements provided at the discretion of individual contractors to support patient access and do not form part of NHS pharmaceutical services under the Regulations.

Questionnaire responses indicate that 86% of responding community pharmacies provide a medicines delivery service. Responses indicate that these arrangements are not universally available and may be subject to local limitations. Some providers offer delivery free of charge on request, while others restrict delivery to defined patient groups, such as housebound or vulnerable patients, or may apply charges in some circumstances.

Similarly, 50% of responding dispensing GP practices reported providing a medicines delivery service to some of their dispensing patients.

These arrangements demonstrate the flexible approaches used to support access in rural areas such as Powys. Prescription collection and delivery services can make an important contribution to patient access and convenience and have therefore been considered within the overall assessment.

As their availability may vary between providers and over time, they have been considered alongside, rather than in place of, assured pharmaceutical service provision when assessing whether population need is being met.

5.9.3 Reasonable Adjustments

Community pharmacy contractors and dispensing practices have a duty under the Equality Act 2010 to ensure that pharmaceutical services are delivered in a way that meets the needs of their patient population. This includes taking reasonable steps to avoid placing people with disabilities at a substantial disadvantage when accessing services, including through appropriate adjustments to service delivery.

Questionnaire responses indicate that most responding community pharmacies and dispensing practices have measures in place to support accessibility, although the availability of specific adaptations varies. Step-free access or access ramps were widely reported by both provider types, and hearing loops were available in the majority of responding providers. Provision of large print labels was more variable, with community pharmacies reporting greater availability than dispensing practices.

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All responding community pharmacies confirmed that pharmacists undertake assessments of patients identified as requiring reasonable adjustments to the presentation of their medicines.

While the availability of specific accessibility features varies between providers, these adaptations support improved access to pharmaceutical services and help to reduce barriers for patients with additional requirements.

5.9.4 Language Provision

The ability to access pharmaceutical services in an appropriate language forms an important component of service accessibility, particularly within a bilingual nation such as Wales. Providers are expected to consider the language needs of their local populations, including the provision of services in Welsh where appropriate.

Questionnaire responses indicate that the majority of community pharmacies and dispensing practices reported that both English and Welsh are spoken within their teams. However, a proportion of providers indicated that English is the only language available, demonstrating some variation in workforce language capability across Powys.

A smaller number of providers reported additional languages spoken within their teams, including Hindi, Mandarin, Portuguese, Spanish, Polish, Urdu, Cantonese and Bulgarian. These were typically associated with individual providers rather than being widely available across the network and may support access for specific patient groups in those localities.

These findings are broadly consistent with the population distribution described in Section 4.7.1 (see map), which identifies higher proportions of Welsh speakers in the north-west and south-west areas of Powys. Contractors in these areas, including those in Machynlleth, Llanidloes and Ystradgynlais, all reported that both English and Welsh are spoken within their teams, suggesting that workforce language capability is, to some extent, reflective of local population need. However, the variation observed across providers indicates that access to services in Welsh or other languages may not be uniform across all areas.

5.9.5 Digital Enhancements Supporting Access to Medicines

Digital developments within NHS Wales, including the continued implementation of electronic prescribing and other system improvements, are expected to support more flexible access to medicines over time. These developments may help to reduce some of the practical barriers associated with accessing medicines, particularly within rural communities such as Powys.

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5.9.5.1 EPS

At the time of publication of this assessment, all 22 community pharmacies in Powys are live with the Electronic Prescription Service (EPS). EPS enables prescriptions to be transmitted electronically between GP practices and dispensing contractors, reducing reliance on paper prescriptions and supporting more efficient prescription processing and collection arrangements.

Nine GP practices in Powys were also live with EPS at the time of publication, including the five practices in Mid Powys which do not directly dispense medicines to their patients.

Wider implementation of EPS is expected to improve convenience and access for patients over time by reducing reliance on paper prescriptions, supporting more streamlined repeat prescribing processes and reducing unnecessary journeys between GP practices and dispensing contractors. EPS may be particularly beneficial in rural areas such as Powys, where travel distances can be significant.

Over time, wider rollout of EPS across NHS Wales is also expected to include additional healthcare settings such as community clinics, hospital outpatient services and out of hours providers. This may further support continuity of care, improve the timeliness of access to medicines and reduce reliance on paper prescribing processes across different parts of the healthcare system.

5.9.5.2 NHS Wales App

The NHS Wales App forms part of wider digital transformation programmes across NHS Wales intended to improve patient access to services and support more efficient delivery of care. At the time of publication, all 16 GP practices in Powys had patients utilising the NHS Wales App to request repeat medication.

The NHS Wales App allows patients to order repeat medication digitally without needing to submit paper repeat prescription requests to GP practices. This may support more efficient repeat prescribing processes, reduce administrative burden and reduce unnecessary journeys associated with ordering medicines.

While digital developments may improve convenience, efficiency and flexibility of access to medicines for many patients, not all residents may be equally able to engage with digitally enabled models of care. Factors including older age, disability, digital literacy, internet connectivity and access to suitable devices may affect the ability of some patients to utilise online systems such as EPS-enabled processes and the NHS Wales App.

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In a rural county such as Powys, digital transformation therefore needs to be considered alongside the continued importance of accessible non-digital routes for patients to request prescriptions, communicate with healthcare providers and access pharmaceutical services. Digital developments are likely to complement rather than fully replace existing methods of access for some parts of the population.

5.9.5.3 SignLive and Language Line

Interpretation and translation services, including SignLive and Language Line, support patients who may otherwise face communication barriers when accessing pharmaceutical services. These services are available to all primary care contractors in Powys and can facilitate communication with patients whose first language is not English, as well as those who are deaf or have hearing impairments.

Language Line provides access to telephone-based interpretation across a wide range of languages, including Welsh where required. This may support communication in circumstances where a Welsh-speaking member of staff is not available, helping to mitigate potential language barriers.

While the availability of these services supports inclusive access, they act primarily as a supplementary mechanism alongside local workforce capability, including the provision of services in Welsh where appropriate.

5.10 Other NHS Services Affecting Pharmaceutical Need

In accordance with the Regulations, the Health Board has considered other NHS services that may influence the need for pharmaceutical services within Powys.

These services may increase demand by generating prescriptions that require subsequent dispensing, or reduce demand where medicines are supplied or administered directly by the service. Their overall effect has been considered when assessing pharmaceutical need across Powys.

Comparable activity data are not available for every NHS service or prescribing pathway. Where this is the case, the Health Board has assessed the likely effect on pharmaceutical need using available service information, prescribing evidence and knowledge of established care pathways. The absence of a complete numerical dataset for each service is not considered to materially alter the conclusions of this assessment.

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Taken together, these services influence the volume, timing, location and complexity of demand for pharmaceutical services across Powys. Although some medicines needs are met directly through other NHS services, these arrangements do not remove the need for an accessible network of community pharmacies and dispensing GP practices. Their contribution has been taken into account in reaching the conclusions set out in Chapter 7.

5.10.1 Powys Teaching Health Board Community Hospitals and Clinics

Community hospitals and clinics within Powys influence pharmaceutical need through inpatient, outpatient, specialist and discharge activity. While medicines associated with inpatient care are generally supplied through hospital arrangements, outpatient and discharge prescribing may generate demand for dispensing by community pharmacies and dispensing GP practices. These services may also create a need for medicines reconciliation, advice and support following discharge.

5.10.2 Neighbouring Acute and Specialist Hospitals

Powys residents routinely access acute and specialist services provided by neighbouring Welsh health boards and NHS organisations in England. Where medicines are supplied directly by the hospital, the need for local dispensing is reduced. Where outpatient, discharge or specialist prescriptions are dispensed or continued by community pharmacies or dispensing doctors, these services increase demand within Powys. **Appendix H** confirms that hospital-originated prescriptions form part of routine dispensing activity across the Powys community pharmacy network.

5.10.3 Out of Hours and Urgent Care Services

Out of hours services may supply time-critical or acute medicines directly where immediate treatment is required. These arrangements support urgent clinical need but do not replace routine access to pharmaceutical services provided by community pharmacies and dispensing GP practices.

Where a prescription is issued, these services create a relatively small but time-critical demand, particularly during evenings and weekends. Community pharmacy rota arrangements, extended opening and the Urgent Medicines Service contribute to meeting this need. Further activity information is provided in **Appendix H**.

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5.10.4 Personally Administered Items

Personally administered items are medicines or appliances administered directly by GP practices, regardless of dispensing status, as part of clinical care, including consultations and procedures. As these items do not require subsequent dispensing through a community pharmacy or dispensing GP practice, they can reduce the need for pharmaceutical service provision. Personally administered items fall outside the definition of pharmaceutical services and are considered separately from dispensing activity within this assessment.

5.10.5 Dental and optometry services

NHS dental and optometry services contribute a small but identifiable demand for pharmaceutical services through prescriptions requiring dispensing.

In addition, NHS optometry signed orders were introduced in Wales in April 2025 and will generate additional pharmaceutical service activity. As implementation remains recent, the impact on overall demand is not yet reflected in routinely available activity data.

This demand is usually episodic and may require timely access to treatment following clinical assessment. Where a medicine is administered or supplied directly by the treating service, the need for subsequent dispensing is reduced. Further information on prescribing origin is provided in **Appendix H**.

5.10.6 Specialist Substance Misuse Services

Specialist substance misuse services generate demand for the dispensing of opioid substitution and other treatment medicines. Community pharmacies may also provide associated services, including supervised consumption and needle and syringe programmes. Although patient numbers are relatively small, activity may be frequent and concentrated within specific providers, making continuity of provision important in supporting treatment and harm reduction.

5.11 Future Service Pressures and Network Resilience

Contractor questionnaire responses were used to understand current operational pressures within the pharmaceutical services network and the extent to which providers consider existing workforce arrangements, premises capacity, automation and centralised dispensing models sufficient to support future demand over the lifetime of this assessment.

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Responses were received from 22 community pharmacy contractors and 10 dispensing GP practices.

5.11.1 Workforce, Premises and Service Capacity

Overall, responses suggest that most providers are not currently experiencing immediate difficulty in maintaining routine pharmaceutical service provision. However, two community pharmacy contractors and five dispensing GP practices identified current challenges affecting the provision of core pharmaceutical services.

The challenges identified were primarily associated with wider national and system-wide pressures affecting pharmaceutical service delivery rather than issues specific to individual localities within Powys. These included:

- medicines supply disruption and medicines shortages
- difficulties obtaining medicines at Drug Tariff reimbursement prices
- increasing workload, operating costs and workforce pressures
- concerns regarding the long-term sustainability of current service models within existing funding arrangements.

Contractors were also asked whether their current premises and staffing arrangements would be sufficient to accommodate a potential 10% increase in demand over the lifetime of this PNA.

Responses suggest that premises capacity across the current pharmaceutical services network is generally resilient. Most dispensing contractors reported that their current premises would be able to accommodate increased demand over the lifetime of this PNA. Only two community pharmacy contractors and three dispensing GP practices identified premises constraints or indicated that adjustments would be required to accommodate additional activity.

Responses relating to staffing capacity were more mixed. Seven community pharmacy contractors and three dispensing GP practices indicated that staffing adjustments would be required.

Several responses highlighted wider workforce pressures, including recruitment difficulty, the availability of suitably qualified staff and the increasing workload associated with both dispensing activity and expanded clinical service provision.

Overall, the findings suggest that the current pharmaceutical services network retains a reasonable degree of operational capacity and flexibility to accommodate moderate increases

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in demand over the lifetime of this PNA. However, workforce availability, medicines supply stability and the sustainability of current operating models are likely to represent more significant future pressures than physical premises capacity alone.

For the purposes of this assessment, the questionnaire responses do not suggest that current provider capacity issues are resulting in an identifiable gap in pharmaceutical service provision across the network at the present time. However, they identify sustainability and workforce pressures that should continue to be monitored during the lifetime of the PNA, particularly within isolated and single-provider communities.

5.11.2 Technology & Automation

Contractors were also asked about current and planned use of automated dispensing technology as part of understanding how providers may adapt to future service pressures and increasing workload.

Responses indicate that the use of dispensing automation within Powys is currently limited to 10 community pharmacies, primarily within larger multiple pharmacy groups. Reported arrangements included robotic dispensing systems, automated preparation of compliance aids and automated medicines collection systems.

One dispensing GP practice reported current use of automated dispensing technology through an automated medicines collection system.

Most responding providers indicated that they did not currently plan to implement additional automated dispensing technology within the next five years. However, a small number indicated that future implementation may be considered depending on operational need, premises arrangements or investment capacity.

Overall, responses suggest that the use of automation within Powys currently remains supplementary rather than universal. Adoption appears to be influenced by contractor type, organisational structure, investment capacity and the practicalities of service delivery within a rural geography.

Automation and digital dispensing systems may support future service resilience, dispensing efficiency and workforce utilisation in some parts of the network. However, implementation remains dependent on local operational models, investment decisions and the suitability of premises and infrastructure.

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5.11.3 Centralised Dispensing Models

Contractors were also asked about participation in hub-and-spoke dispensing arrangements and other centralised dispensing models.

Responses demonstrate that centralised dispensing arrangements are already operating within a substantial proportion of the Powys pharmaceutical services network. Eleven community pharmacy contractors reported participation in some form of centralised dispensing arrangement.

In the responses received, these arrangements primarily involved larger pharmacy groups operating dispensing hubs that support dispensing activity across associated pharmacy premises. Reported models included centralised dispensing of repeat medicines and automated preparation of compliance aids for onward supply through local pharmacy premises.

One dispensing GP practice also described the use of a local centralised dispensing arrangement, whereby medicines are dispensed centrally and transferred to approved branch surgery sites for collection where required.

Hub-and-spoke dispensing represents one form of centralised dispensing model and may, under relevant regulatory arrangements, enable dispensing activity to be undertaken by another pharmacy rather than solely within the local spoke premises itself. While the examples identified within Powys currently relate predominantly to arrangements operating within the same contractor group, wider development of centralised dispensing models may become increasingly feasible as digital prescribing infrastructure develops further.

In particular, wider rollout of the Electronic Prescription Service (EPS) across GP practices and other prescribing settings within Powys and across NHS Wales may support increased use of centralised dispensing arrangements over time. Electronic transfer of prescriptions reduces reliance on paper prescription movement and may facilitate more flexible dispensing models across geographically dispersed rural networks.

These arrangements may support operational efficiency, workforce utilisation and future service resilience within parts of the network. However, their implementation remains influenced by organisational structure, geography, transport arrangements, digital infrastructure and wider operational considerations.

Within a rural county such as Powys, travel distances and local service configuration may continue to influence the practicality and operational design of centralised dispensing models over the lifetime of this assessment.

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The Health Board recognises the continued development of distance-selling and online pharmacy models. These services may provide additional options for some patients, particularly where electronic prescribing and medicines delivery arrangements support remote access to pharmaceutical services. However, online pharmacy services do not remove the need for an accessible local pharmaceutical services network, particularly in rural communities where patients may value face-to-face access to advice, urgent medicines, public health services and ongoing support with medicines use. The impact of changing dispensing patterns, including the growth of online pharmacy services and any subsequent risk to existing contractors, will continue to be monitored during the lifetime of this PNA.

5.12 Key Implications for Later Chapters

Pharmaceutical services in Powys are delivered through a combination of community pharmacies and dispensing GP practices, supported by locally commissioned services and flexible delivery models.

Together, these providers form the current pharmaceutical network through which patients access essential pharmaceutical services across the Health Board area, particularly the safe and timely supply of medicines.

For the purposes of this assessment, the contribution of community pharmacies and dispensing GP practices has been considered collectively when assessing access to core pharmaceutical services, while recognising the different eligibility requirements and range of services offered by each provider type.

The additional clinical and locally commissioned pharmaceutical services provided through community pharmacies have also been considered as part of the overall assessment. Variation in the availability of an individual service does not, in itself, demonstrate a gap; this has been assessed in the context of population need, accessibility, service use and the availability of appropriate alternative provision.

The chapter also demonstrates the importance of cross-border dispensing patterns, rural service models and locally flexible arrangements in supporting access to pharmaceutical services across Powys. It also identifies emerging workforce, sustainability and operational pressures that may influence future resilience of the pharmaceutical services network over the lifetime of this assessment.

The following chapter considers how this combined provision translates into access for the population in practice, including travel time, service availability and patterns of use.

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6 Access & Alignment Analysis

6.1 Purpose of this Chapter

This chapter assesses how the geography of pharmaceutical service provision relates to the geography of the population across Powys.

It considers whether residents are able to access pharmaceutical services within a reasonable and proportionate framework, taking account of:

- location of providers
- road travel time
- walking access
- public transport constraints
- service availability
- cross-border access
- areas associated with potentially higher levels of need or increased sensitivity to changes in provision.

The chapter brings together the population and need analysis described in Chapters 3 and 4 with the service provision analysis described in Chapter 5 in order to assess how the current pharmaceutical services network functions in practice across Powys.

Full details of dispensing contractors included in this chapter (including relevant community pharmacies outside of Powys) are included in **Appendix G**.

6.2 Straight-Line Proximity to Nearest Provider in Powys

Straight-line proximity provides an initial indication of the spatial relationship between population distribution and pharmaceutical service provider locations across Powys.

For the purposes of this analysis, distance has been measured from the centroid of each Output Area to the nearest pharmaceutical service provider. The centroid represents the geographic centre point of the Output Area and provides a consistent and proportionate method for modelling accessibility across the county. As described in Chapter 2, this is a standard approach in spatial analysis, although it does not represent the precise location of every household within an area.

The analysis considers the combined pharmaceutical services network within Powys, including both community pharmacies and approved dispensing GP practice sites located within the Health Board area.

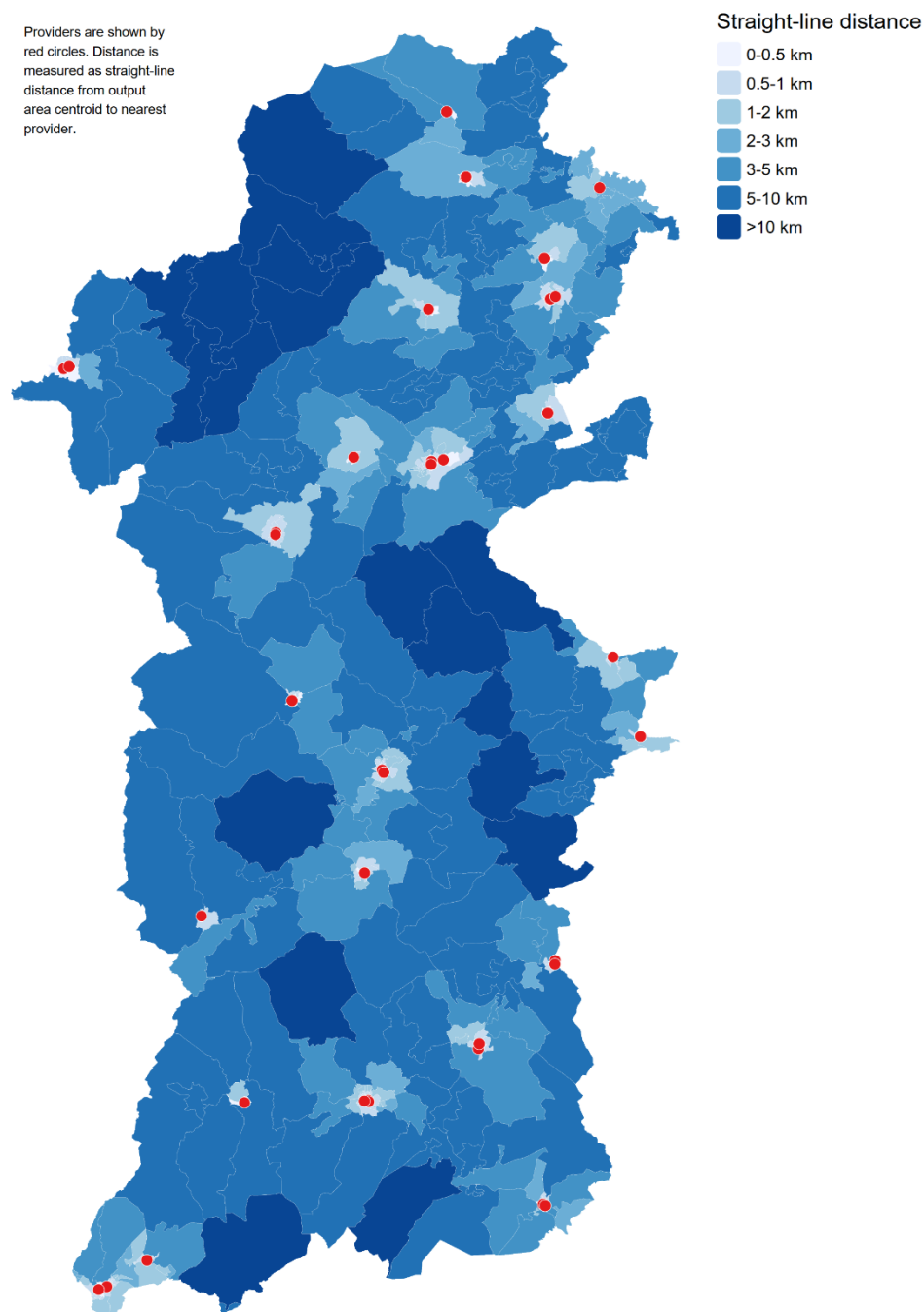


Figure 6:1 - Straight-line distance to nearest pharmaceutical service provider, Powys

Figure 6:1 demonstrates that areas with the shortest straight-line distances are concentrated around the locations of community pharmacies and approved dispensing GP practice sites.

This pattern is expected, as the analysis measures proximity to the nearest provider within the combined pharmaceutical services network. Areas surrounding provider locations therefore naturally fall within the lower distance bands, while areas located between provider sites fall within progressively higher distance bands.

The shortest distances are generally centred around settlements including Newtown, Welshpool, Brecon, Ystradgynlais, Llandrindod Wells, Llanidloes, Machynlleth and Builth Wells, together with other established service centres where pharmaceutical service providers are located. These areas broadly correspond with the principal concentrations of population identified in Chapter 3.

6.2.1 Areas with Greater Geographic Separation from Providers

Areas with greater straight-line distances are predominantly located within the more sparsely populated rural areas between settlements, particularly across parts of central Powys and some upland and border areas.

Figure 6:1 also demonstrates three more noticeable clusters of greater geographic separation from pharmaceutical service providers within Powys.

The first is located in the rural areas of north-west Powys, particularly in areas west of Llanfyllin extending south towards the rural communities around Llanbrynmair and Cemmaes Road.

The second is located within the rural upland areas of Radnorshire in eastern Powys, including areas around Llanbister, New Radnor and Painscastle.

The third extends across parts of the southern border area, where communities are more geographically separated from provider locations within Powys itself.

These areas are characterised by low population density, dispersed settlement patterns and greater geographic separation from established service centres.

This pattern is consistent with the structure of service provision within Powys, where pharmaceutical services are primarily organised around towns and established local service centres serving wider rural catchment populations, rather than being distributed evenly across the landscape.

Straight-line distance provides an initial indication of the relationship between population distribution and pharmaceutical service provider locations across Powys. However, it does not fully reflect practical accessibility within a large rural county, where travel is influenced by the road network, settlement pattern, topography and the mixed-provider model operating across

the county. Accordingly, the road travel time analysis presented later in this chapter provides the primary basis for assessing reasonable access within this assessment.

6.2.2 Influence of Providers Outside Powys

In some border areas, practical accessibility may also be influenced by proximity to pharmaceutical service providers located outside Powys.

As a result, some areas close to the Health Board boundary may appear to have greater geographic separation from pharmaceutical services than is experienced in practice. Residents in some border areas may access pharmaceutical services provided by contractors located outside Powys, including providers in neighbouring Welsh Health Boards and across the England–Wales border.

This is particularly relevant in the south of the county, where communities may access community pharmacies located along the Heads of the Valleys corridor and within the Merthyr Tydfil area. Similar patterns are evident in eastern Powys, where some communities may access pharmacies in towns such as Kington and Bishop’s Castle, and in north-west Powys where access to providers in Dolgellau and Bala may also influence local patterns of service use.

The analysis presented in Figure 6:1 should therefore be interpreted as an assessment of proximity to providers located within Powys rather than a complete representation of all pharmaceutical services potentially accessible to Powys residents.

Consideration of cross-border and neighbouring provider access is incorporated more fully within the wider travel-time and accessibility analysis presented later in this chapter.

6.3 Road Travel Time to Nearest Provider in Powys

Road travel time is the primary measure used within this assessment to assess geographic access to pharmaceutical services.

In the context of Powys, a travel time of 20 minutes by car was used as a proxy indicator of reasonable access for the purposes of accessibility analysis. This reflects the rural geography of the county, dispersed settlement patterns and the practical reality that most residents rely on private transport for routine access to services.

Travel time has been calculated from the centroid of each Output Area to the nearest pharmaceutical service provider using modelled road travel routes.

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Figure 6:2 illustrates modelled road travel time to the nearest pharmaceutical service provider across Powys.

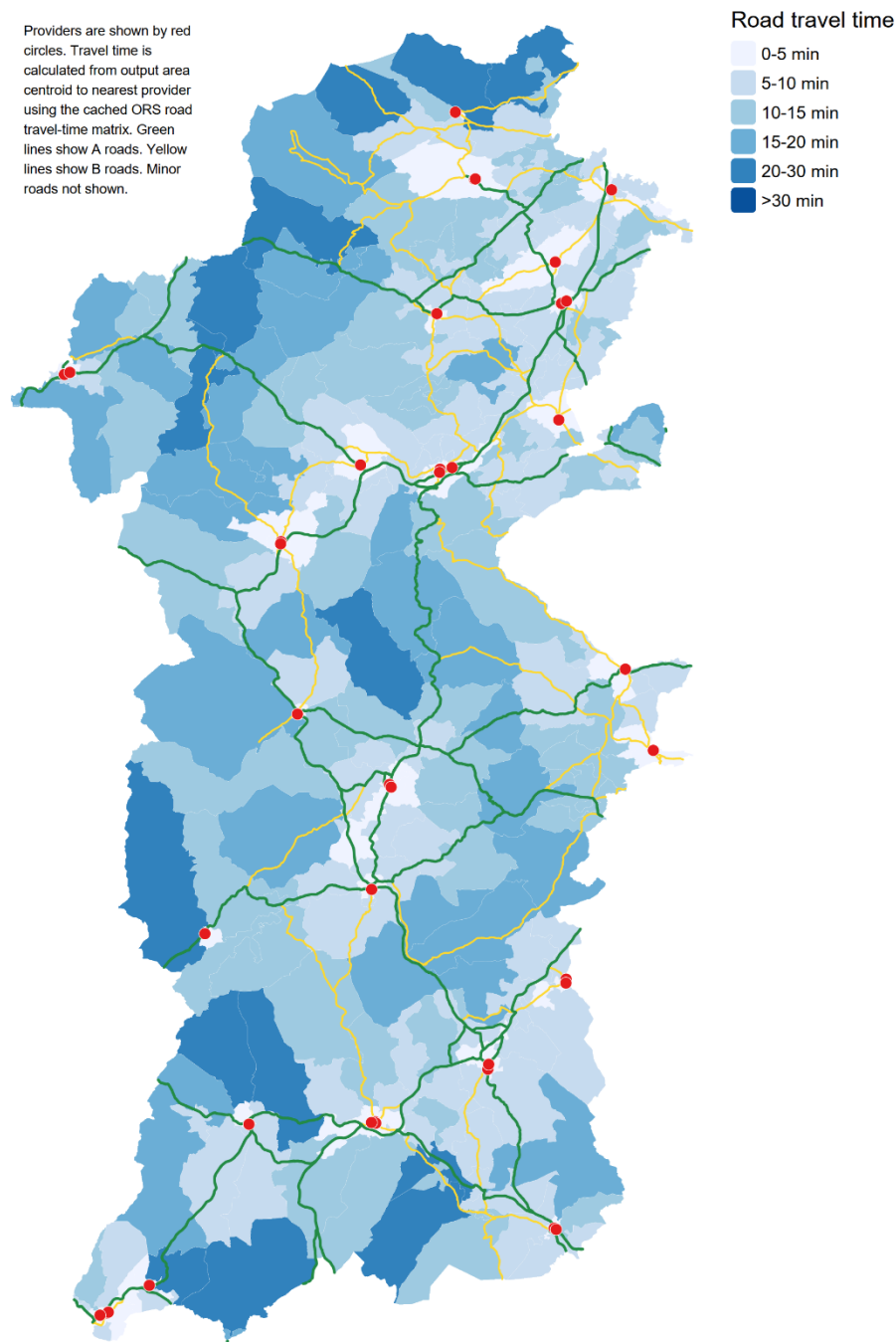


Figure 6:2 - Road Travel Time to Nearest Pharmaceutical Service Provider, Powys

The analysis demonstrates that a substantial proportion of populated areas within Powys fall within the lower travel-time bands to a provider.

The analysis also demonstrates that the principal road network extends the practical catchment areas of providers beyond the immediate settlements in which they are located.

Much of the county falls within the 10–15 minute and 15–20 minute travel-time bands, reflecting the extent to which the main road network connects surrounding rural communities to established pharmaceutical service centres across Powys.

Overall, the road travel time analysis demonstrates that practical accessibility across Powys is generally less constrained than straight-line proximity alone might initially suggest. In particular, parts of upland Radnorshire towards the East of the county benefit from relatively strong road connections to surrounding service centres, meaning that some areas with greater geographic separation from providers nevertheless fall within lower road travel-time bands when actual travel routes are considered.

6.3.1 Influence of Providers Outside Powys

Figure 6:2 identified a number of areas close to the Powys boundary that appeared to experience comparatively longer travel times to pharmaceutical service providers located within Powys.

In practice, however, accessibility within some of these areas is influenced by pharmaceutical service providers located outside the Health Board boundary. This section therefore considers the impact of neighbouring providers and wider cross-border access patterns on practical access to pharmaceutical services for residents of Powys.

The Health Board recognises that cross-border providers operate under different commissioning and contractual arrangements, particularly in England, and that availability of some clinical and locally commissioned services may vary. However, for the purposes of this assessment, cross-border provision has been considered primarily in relation to access to core pharmaceutical services.

Figure 6:3 illustrates modelled road travel time to the nearest pharmaceutical service provider when neighbouring providers located outside Powys are also included within the analysis.

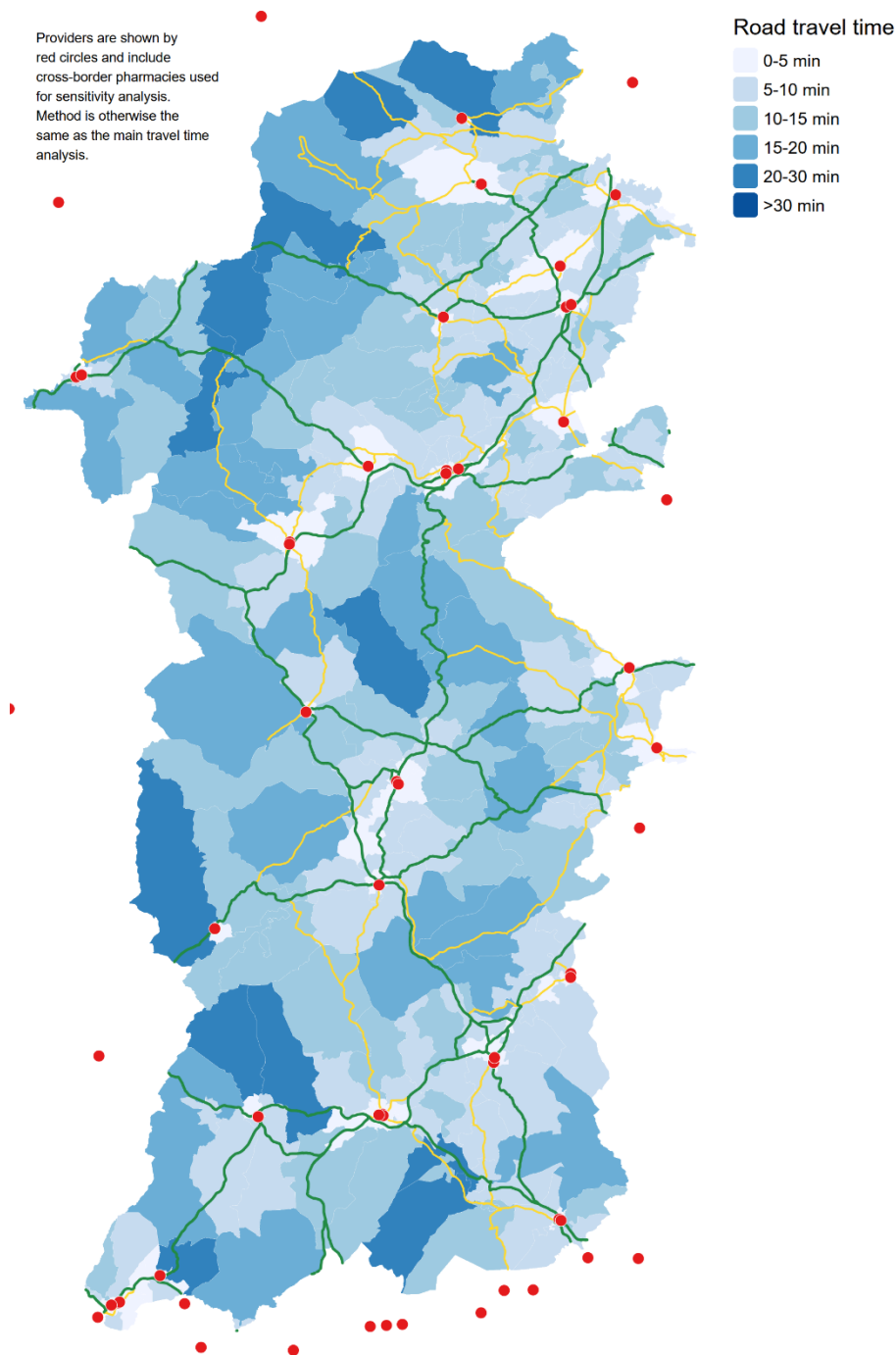


Figure 6:3 - Road Travel Time Including Neighbouring Pharmaceutical Service Providers

Pharmaceutical service providers located within Powys are shown alongside surrounding providers in neighbouring Health Board areas and across the England–Wales border. The red dots shown outside the Powys boundary represent neighbouring pharmaceutical contractors located outside the Health Board area which may nevertheless contribute to practical access for Powys residents living close to the county boundary.

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The figure demonstrates that inclusion of neighbouring providers reduces the extent of some of the longer travel-time areas identified in Figure 6:2, particularly along parts of the southern, eastern and north-western boundaries of the county.

Overall, the analysis demonstrates that practical access to pharmaceutical services for some communities in Powys is influenced not only by providers located within the Health Board area itself, but also by neighbouring providers serving wider cross-border catchment populations.

6.3.2 Areas with Longer Road Travel Times

Figure 6:3 demonstrates the pattern of road travel time to pharmaceutical services when the contribution of all available providers, including neighbouring providers located outside Powys, is taken into account.

The analysis demonstrates that there are no populated Output Areas within Powys falling into the highest travel-time category shown (>30 minutes).

Areas falling within the 20–30 minute travel-time band are relatively limited in extent and are concentrated within a small number of identifiable rural and upland areas.

The most notable areas are:

- parts of Northern and North-West Powys
- parts of upland Radnorshire
- areas surrounding Llanwrtyd Wells
- rural areas north of Sennybridge
- parts of Southern Powys

The following sections consider these areas in more detail, using routinely available LSOA-level mapping and accessibility analysis to examine patterns of access and the extent to which reasonable access to pharmaceutical services is maintained in practice.

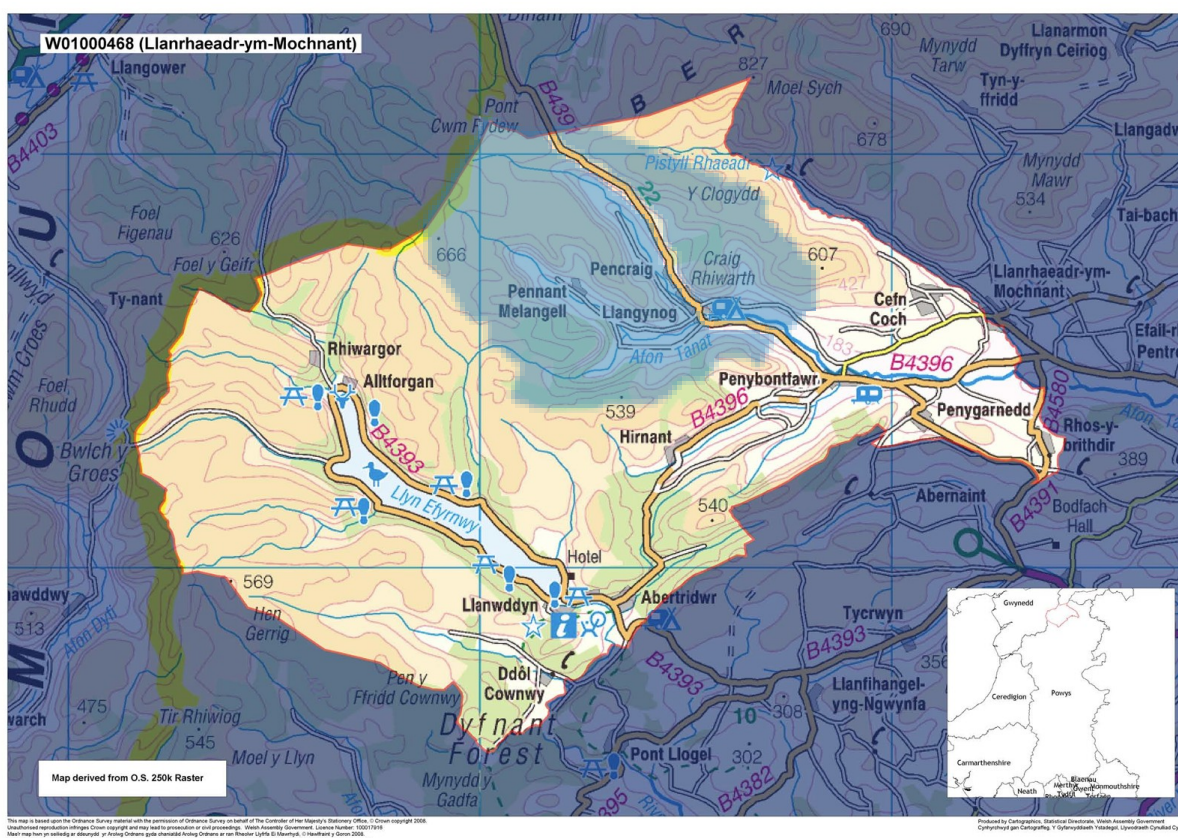
In the following maps, blue-shaded areas represent the Output Areas containing the locations identified within the relevant travel-time category.

6.3.2.1 Llanrhaeadr-ym-Mochnant

The Output Area centroid analysis identified two distinct areas of comparatively longer road travel time within the Llanrhaeadr-ym-Mochnant locality.

The first relates to areas to the west of Llanrhaeadr-ym-Mochnant extending towards Lake Vyrnwy within W01000468, as shown in Figure 6:4. The highlighted area broadly follows the

In practice, much of the settled population remains within shorter practical travel times than may initially be suggested by the overall size and geography of the Output Area. For example, Llangynog itself is approximately 15 minutes by road from Llanrhaeadr-ym-Mochnant.



Much of the highlighted area comprises sparsely populated upland terrain associated with the Berwyn uplands rather than concentrated residential settlement.

In practice, the settled population is more closely associated with the principal road network and settlements located towards the eastern and southern parts of the area, including around Llansilin and the B4580 corridor, where practical access to the wider pharmaceutical services network remains stronger than may initially be suggested by the overall geography of the Output Area.

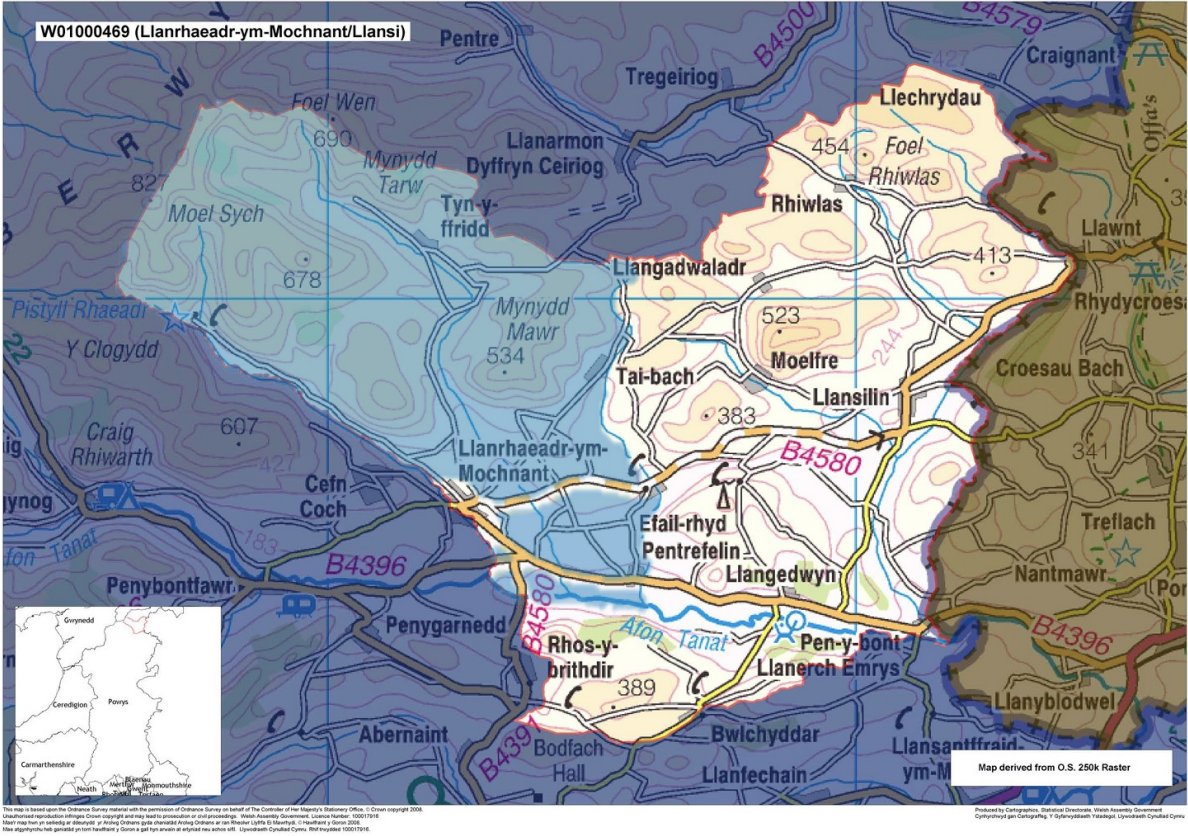


Figure 6:5 - W01000469 (Llanrhaeadr-ym-Mochnant/Llansilin)

6.3.2.2 Llanbrynmair

The analysis identified areas of comparatively longer road travel time within W01000452 (Llanbrynmair), as shown in Figure 6:6. The highlighted area is concentrated primarily within the more sparsely populated upland areas north of the A458 and extending south towards Llangadfan, Pennant and Dylife.

The area is characterised by dispersed rural settlement patterns, upland geography and larger distances between communities and established service centres. However, much of the settled population within the LSOA remains associated with the principal road network and settlements located along the A470 and A458 corridors.

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In practice, communities around Llangadfan are able to access pharmaceutical services in Llanfair Caereinion within approximately 15 minutes by road. Dylife also remains within approximately 20 minutes' travel time of Llanidloes. Llanbrynmair itself, together with surrounding settlements, is located broadly between Caersws and Machynlleth and remains within approximately 20 minutes of pharmaceutical service provision through both routes.

Pennant, towards the southern extent of the highlighted area, represents a very small rural settlement and may be closer to, or potentially exceed, the indicative 20-minute travel-time threshold for access to pharmaceutical services in Llanidloes.

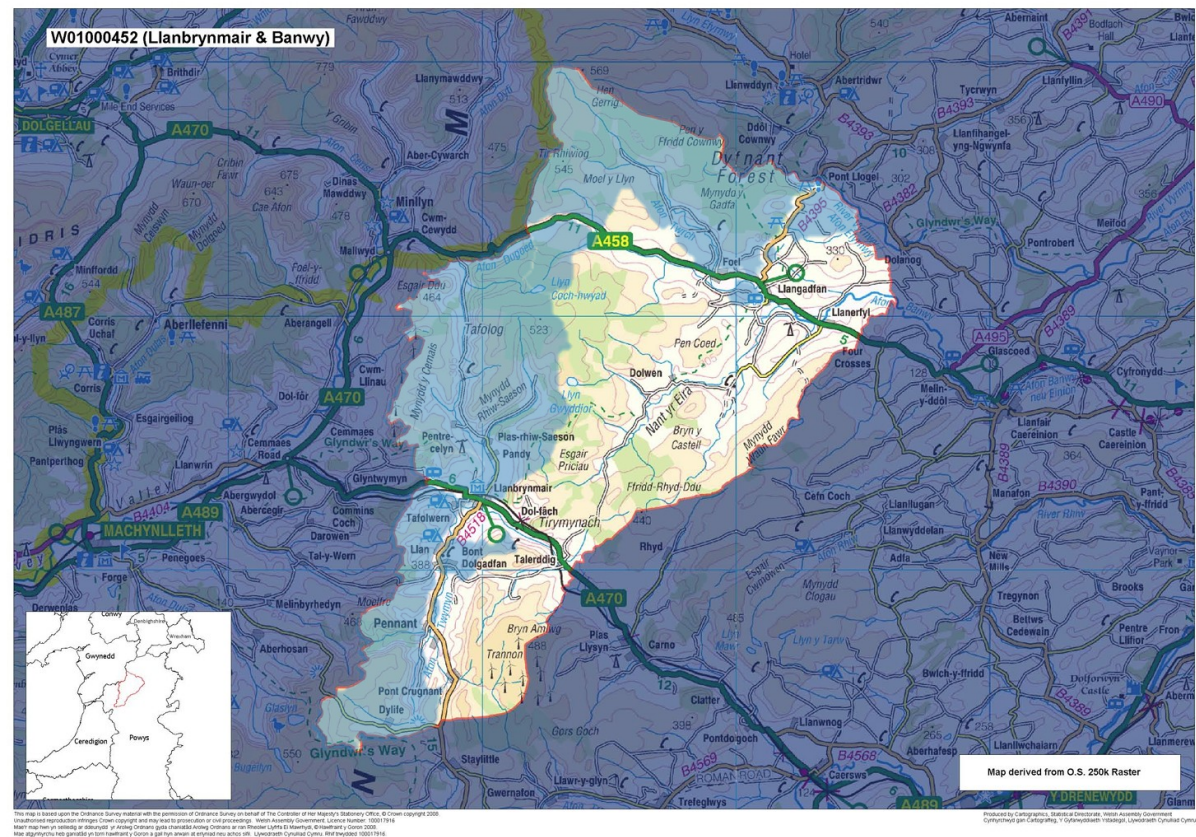


Figure 6:6 - W01000452 (Llanbrynmair)

6.3.2.3 Areas around Nantmel

The analysis identified areas of comparatively longer road travel time within W01000477 (Nantmel), as shown in Figure 6:7. The highlighted area is concentrated principally across parts of the northern and eastern extent of the LSOA around Bwlch-y-Sarnau and Abbey-cwm-hir.

The area is characterised by dispersed rural settlement patterns and agricultural land, with population distributed across small rural settlements connected by the surrounding local road network.

In practice, the settled population within the area retains practical access towards both Rhayader and Llandrindod Wells, which continue to function as the principal service centres for the surrounding rural population.

Both Bwlch-y-Sarnau and Abbey-cwm-hir remain within approximately 20 minutes' road travel time of pharmaceutical services in Rhayader.

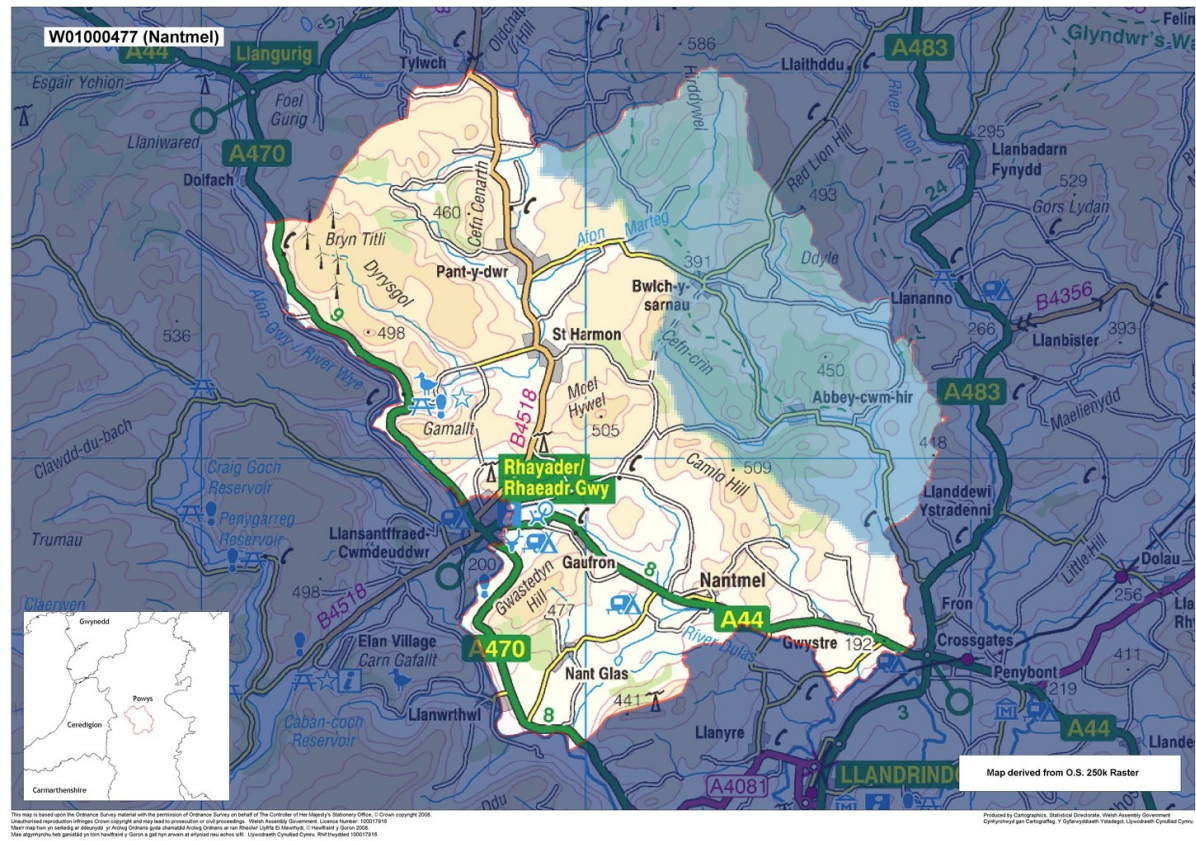


Figure 6:7 - W01000477 (Nantmel)

6.3.2.4 Llanwrtyd Wells

The analysis identified areas of comparatively longer road travel time within W01000471 (Llanwrtyd Wells), as shown in Figure 6:8. The highlighted area is concentrated primarily across the western extent of the LSOA.

The area is characterised by upland and forested terrain with very limited settlement density. Much of the highlighted geography comprises sparsely populated forestry and upland land rather than concentrated residential settlement.

In practice, the settled population within the area is more closely associated with small settlements and properties located along the local road network, including around Abergwesyn, Cwm Irfon and Llanwrtyd, which maintain practical access to pharmaceutical services in Llanwrtyd Wells.

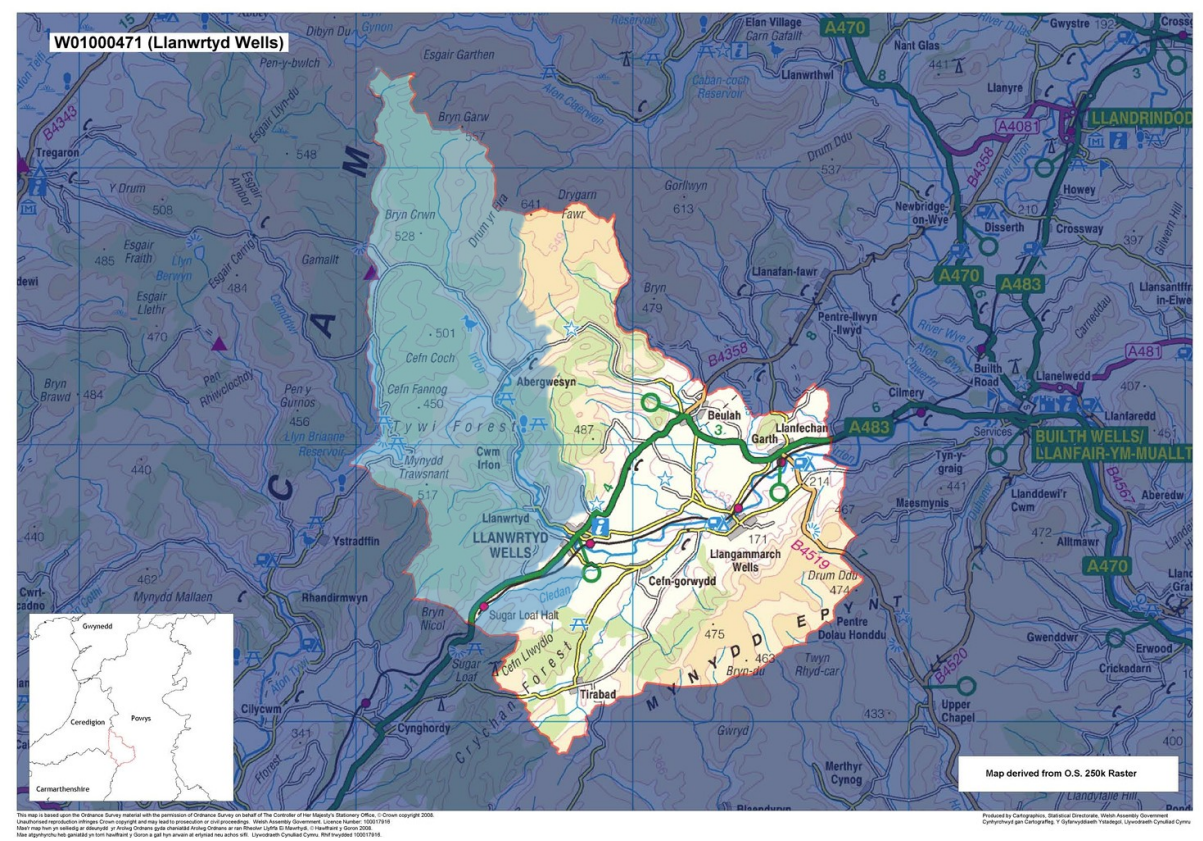


Figure 6:8 - W01000471 (Llanwrtyd Wells)

6.3.2.5 Areas North of Sennybridge

The analysis identified two areas of comparatively longer road travel time within the rural areas north of Sennybridge.

The first relates to the northern extent of W01000474 (Maescar/Llywel), particularly in the more sparsely populated rural areas extending towards Tirabad, as shown in Figure 6:9. The second relates to the north-western extent of W01000503 (Yscir), including the rural communities around Merthyr Cynog, as shown in Figure 6:10.

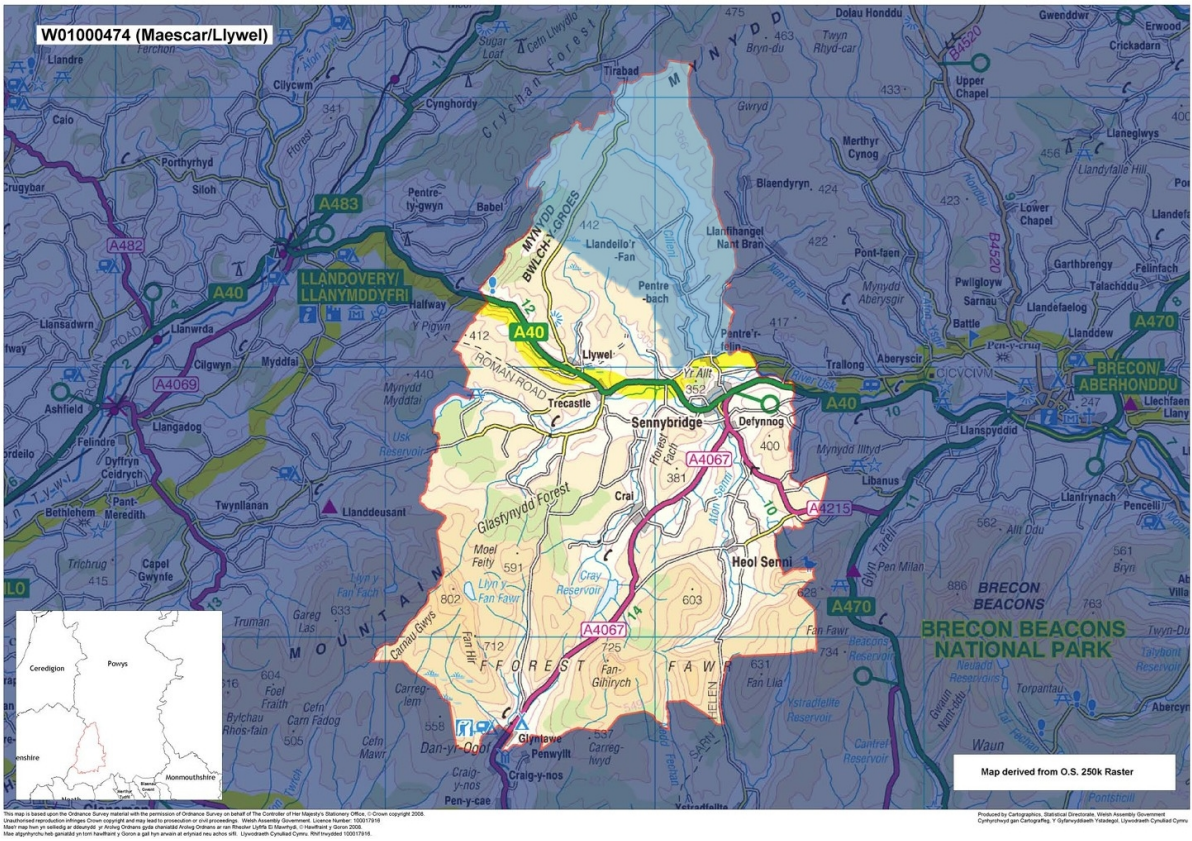


Figure 6:9 - W01000474 (Maescar/Llywel)

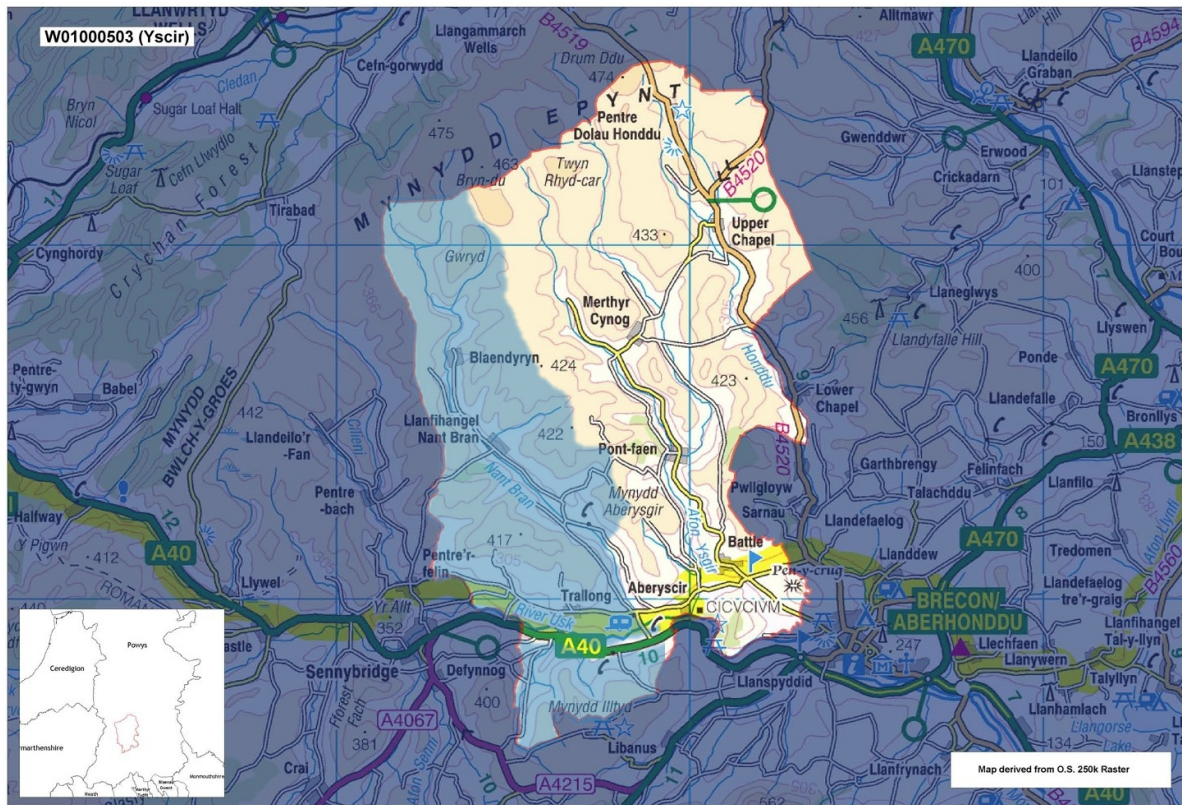


Figure 6:10 - W01000503 (Yscir)

These areas form part of the wider Epynt Mountains area north of Sennybridge and are characterised by dispersed rural settlement patterns, upland agricultural land and larger distances between communities and established service centres.

Much of the highlighted geography comprises sparsely populated rural and upland land rather than concentrated residential settlement. In practice, the settled population within both Output Areas remains associated primarily with the surrounding road network and settlements linking communities towards Sennybridge, Brecon and Llandovery.

In practice, the majority of settled communities within both LSOAs remain within practical road travel distance of pharmaceutical services through the wider provider network. For example, Merthyr Cynog itself remains within approximately 20 minutes' road travel time of pharmaceutical services in Brecon.

6.3.2.6 Talybont-on-Usk

The analysis identified some areas of comparatively longer road travel time parts of W01000495 (Talybont-on-Usk), as shown in Figure 6:11. The highlighted area is concentrated primarily within the southern and eastern extent of the LSOA.

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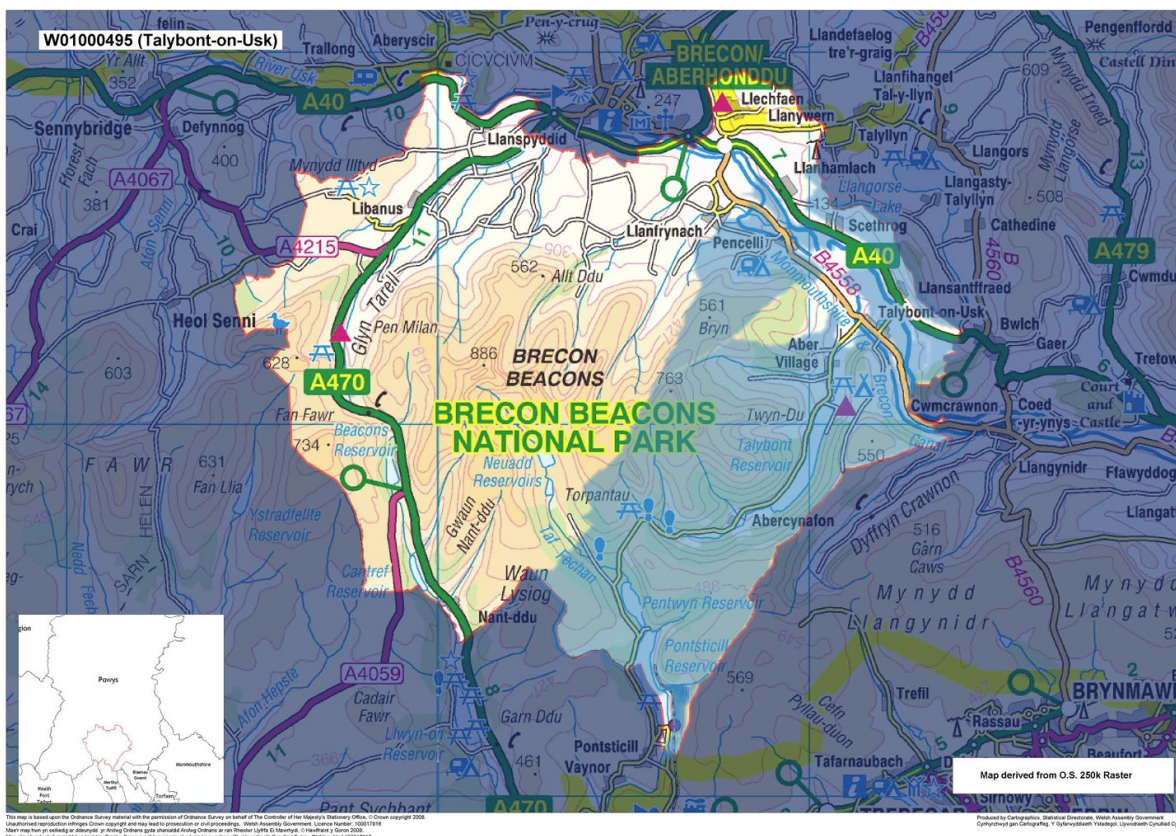


Figure 6:11 - W01000495 (Talybont-on-Usk)

The area is characterised by upland geography associated with the Brecon Beacons National Park together with dispersed rural settlement patterns rather than concentrated residential communities. Much of the highlighted geography comprises upland terrain and reservoir catchment land with limited population density.

In practice, the majority of settled communities within the Output Area remain associated with the A40 corridor and surrounding valley settlements, through which practical access to pharmaceutical services in Brecon is maintained.

Abercynafon and the surrounding areas, located towards the southern extent of the highlighted area, represent one of the more geographically separated parts of the area and are likely to exceed the 20-minute travel-time threshold to pharmaceutical services. The nearest routine access to pharmaceutical services is via Brecon through the surrounding road network. However, Abercynafon represents a very small and dispersed rural settlement located within a wider upland geography rather than a larger concentrated population centre.

6.3.2.7 Tawe Uchaf / Coelbren

The analysis identified some areas of comparatively longer road travel time within parts of W01000496 (Tawe-Uchaf), as shown in Figure 6:12. The highlighted area is concentrated primarily within the upland areas located north and east of Coelbren and Ynyswen.

The area is characterised by upland geography and sparsely populated rural land associated with the upper Swansea Valley and Brecon Beacons uplands. Much of the highlighted geography comprises open upland terrain rather than concentrated residential settlement.

In practice, Coelbren, Ynyswen and the surrounding areas maintain practical access to pharmaceutical services in Ystradgynlais and neighbouring service centres located along the Heads of the Valleys corridor.

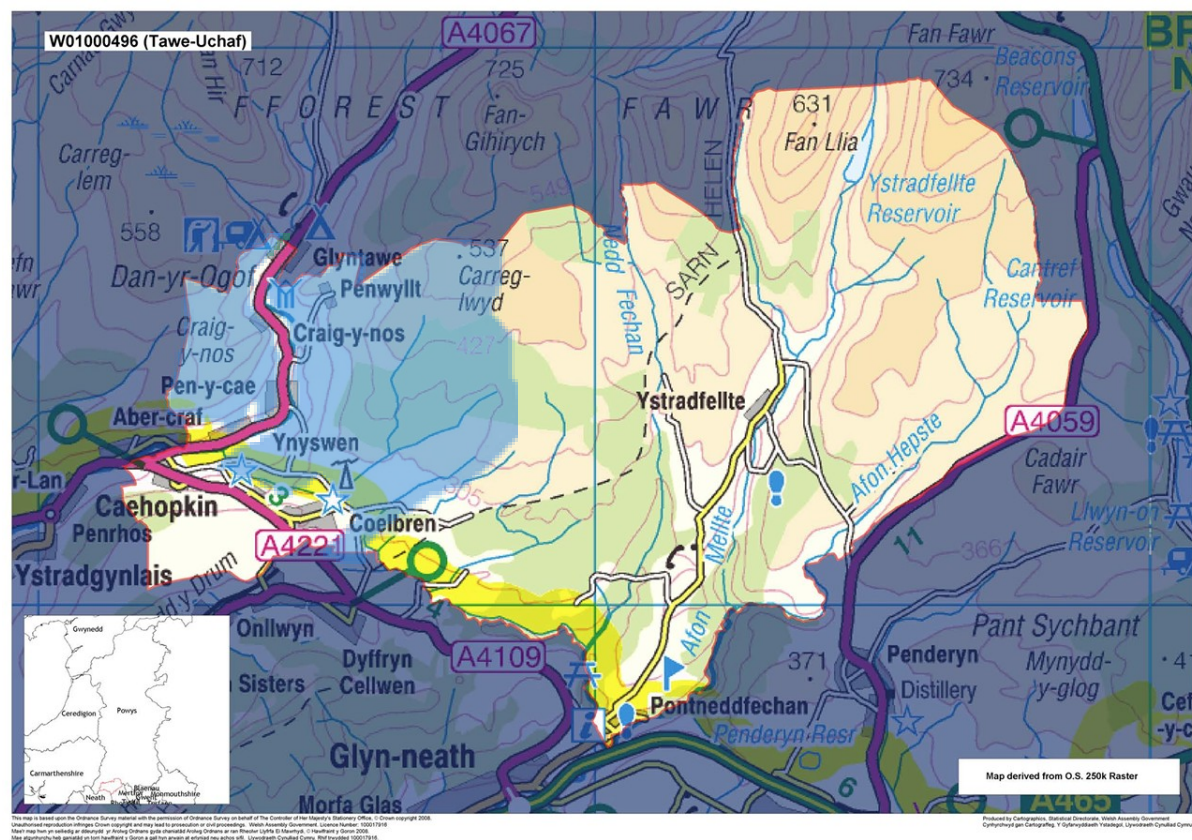


Figure 6:12 - W01000496 (Tawe-Uchaf)

6.3.2.8 Summary

Overall, the detailed locality-level review demonstrates that the areas identified within the 20–30 minute travel-time band are predominantly associated with:

- sparsely populated upland and rural geographies
- large Output Areas

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- dispersed settlement patterns
- areas of limited residential density.

In most cases, the principal settled communities within these areas remain connected to the wider pharmaceutical services network through the surrounding strategic road network and nearby service centres.

The analysis also demonstrates that interpretation of Output Area centroid travel-time analysis requires consideration of local geography and settlement distribution. In several cases, large rural Output Areas contain substantial areas of upland or sparsely populated land which influence overall travel-time categorisation without representing uniformly reduced accessibility across the settled population.

While a small number of isolated rural communities may approach or exceed the indicative 20-minute travel-time threshold, these communities are generally very small and geographically dispersed in nature.

6.4 Population Coverage by Travel Time Thresholds

Population coverage analysis provides a quantitative indication of the proportion of residents who are located within defined travel time bands of a pharmaceutical service provider.

This analysis supports the assessment of whether the combined provider network offers reasonable and proportionate access across the county.

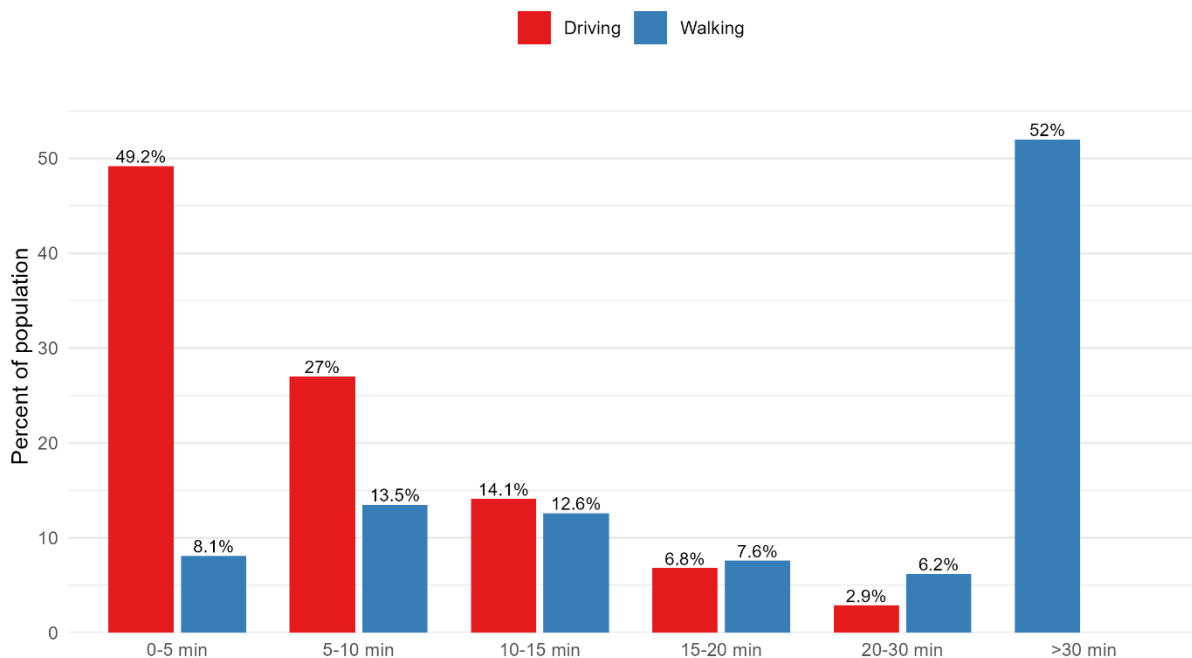


Figure 6:13 - Population Access to Nearest Pharmaceutical Service Provider by Travel Time (Driving and Walking), Powys

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This figure shows the proportion of the Powys population within defined travel-time bands of a pharmaceutical service provider for both driving and walking access. The analysis reflects access to the nearest available provider, including neighbouring pharmaceutical service providers located outside Powys where these represent the nearest practical option.

The analysis demonstrates that the substantial majority of the Powys population remains within relatively short driving travel times of pharmaceutical services despite the county's large rural geography, supporting the wider population analysis which demonstrated that much of the population remains concentrated within the main towns, service centres and surrounding settlement corridors.

Approximately 76% of the population live within 10 minutes' driving time of a pharmaceutical service provider.

Only approximately 2.9% of the population fall within the 20–30 minute driving travel-time band, with no populated Output Areas identified within the >30 minute driving category.

The analysis is based on Output Area centroid modelling and therefore provides a high-level population measure rather than a household-level assessment of access. As discussed in Section 6.3.2, many of the areas identified within the longer driving travel-time bands comprise large rural Output Areas containing sparsely populated upland or agricultural land.

Consequently, the analysis may overestimate the number of residents practically affected by longer travel times, particularly where settled communities remain concentrated along the principal road network and within lower travel-time areas.

Taken collectively, the population coverage analysis supports the overall conclusion that the current pharmaceutical services network provides reasonable geographic access for the substantial majority of the Powys population.

6.5 Access to Services on the Weekend

Weekend access has been considered separately because opening arrangements vary across the pharmaceutical services network outside standard weekday operating hours. Detailed opening hour arrangements are described in **Chapter 5**.

Figure 6:14 illustrates modelled Saturday road travel time to community pharmacies routinely open on Saturdays within Powys. Sunday opening has not been modelled separately due to the relatively limited availability of routine Sunday pharmaceutical provision across Powys and neighbouring rural areas.

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The analysis demonstrates that Saturday pharmaceutical service provision remains concentrated around the principal towns and established service centres, consistent with the wider configuration of the pharmaceutical services network across Powys.

Although Saturday provision is more limited than weekday provision, much of the population remains within practical road travel distance of a Saturday-opening pharmacy.

Weekend access forms part of the wider assessment of service availability and flexibility but is not the primary determinant of reasonable access within this Pharmaceutical Needs Assessment.

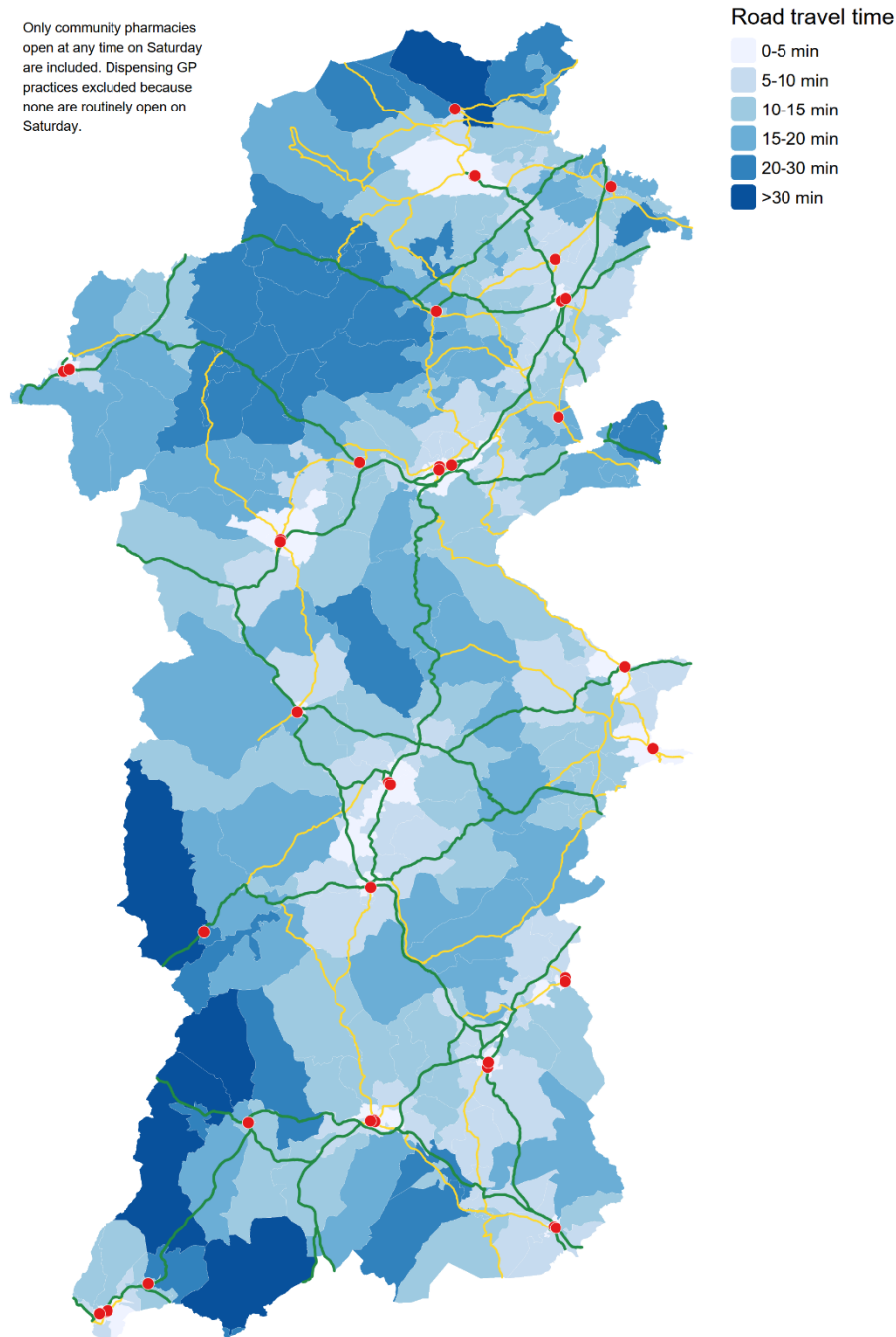


Figure 6:14 - Saturday Road Travel Time to Powys Pharmacies

6.6 Walking Travel Time to Nearest Provider

Walking access is relevant primarily within and around towns and settlements where pharmaceutical service providers are located.

In Powys, however, walking access is inherently more limited than in more urban areas because of the county's dispersed settlement pattern, the distance between communities and

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service centres, and the rural geography of much of the Health Board area. Many residents therefore rely on private transport for routine access to pharmaceutical services.

For this reason, walking travel time is not used as the primary measure of reasonable access within this Pharmaceutical Needs Assessment. Instead, it is used to illustrate those areas where pharmaceutical services may be practically accessible on foot, particularly within larger towns and more densely populated settlements.

The analysis considers access to the combined pharmaceutical services network within Powys, including both community pharmacies and approved dispensing GP practice sites located within the Health Board area. Walking travel time has been modelled from the centroid of each Output Area to the nearest provider using the available walking network.

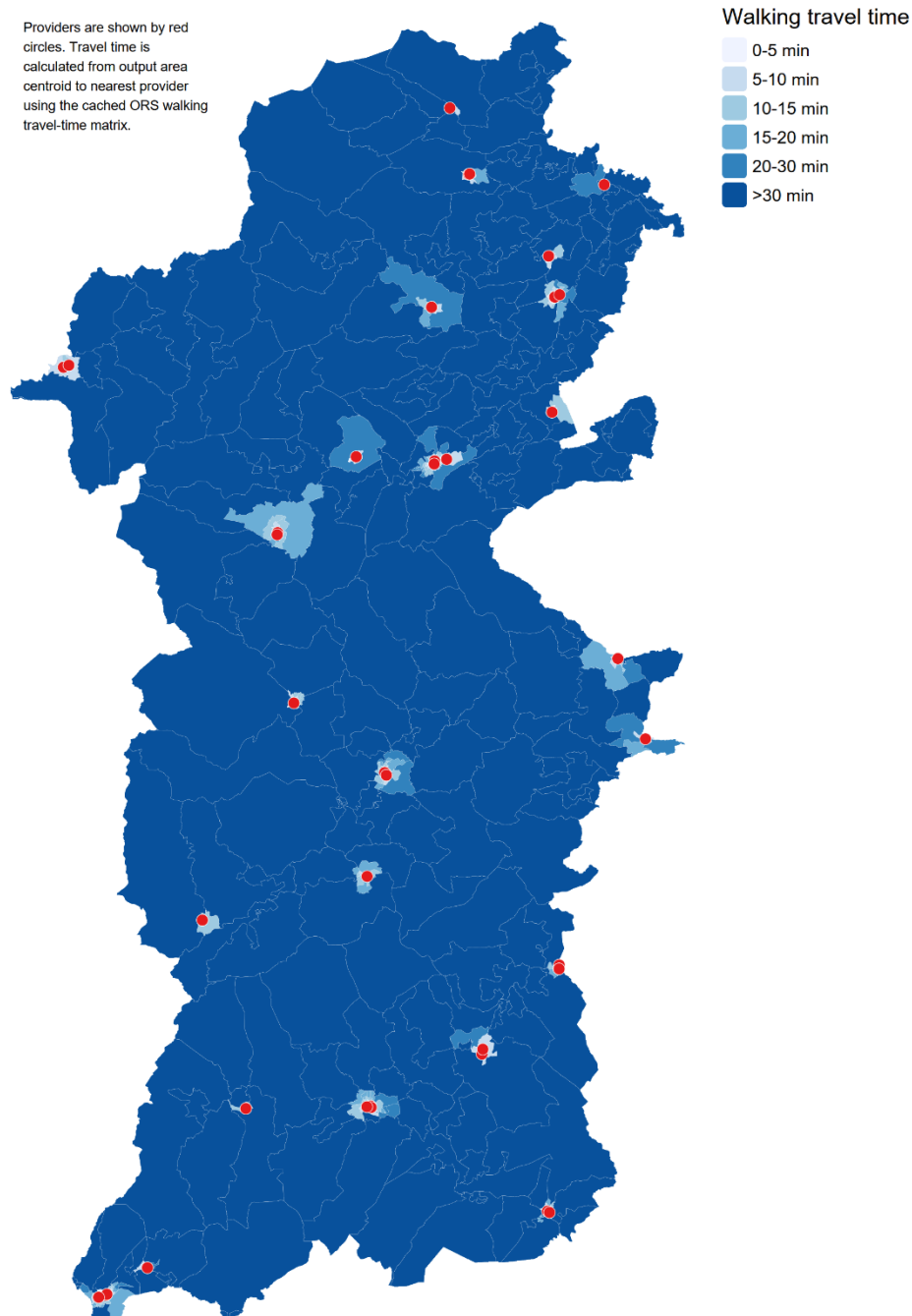


Figure 6:15 - Walking Travel Time to Nearest Pharmaceutical Service Provider, Powys

Figure 6:15 demonstrates that the shortest walking travel times are concentrated around the principal towns and settlements containing pharmaceutical service providers, including areas of Newtown, Welshpool, Brecon, Ystradgynlais, Llandrindod Wells, Machynlleth and Llanidloes.

Areas falling within the shortest walking-time bands are generally limited to the settlements in which providers are physically located and their immediately surrounding residential areas.

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This reflects both the concentration of pharmaceutical service provision within established towns and the dispersed nature of the wider population across Powys.

Outside these settlements, walking travel times increase rapidly. Large parts of rural Powys fall outside practical walking-distance thresholds because of the geographic separation between settlements and provider locations.

The analysis therefore demonstrates that while walking access may support access to pharmaceutical services within towns and larger settlements, it is not a realistic primary means of access for much of the Powys population. In practice, access across large parts of the county remains dependent on private transport and the wider road network.

6.7 Public Transport Accessibility

6.7.1 Bus Services

Bus service provision across Powys is characterised by relatively low service frequency and more limited network coverage than in urban areas, reflecting the county's rural settlement pattern and relatively small population centres. Services are generally concentrated within the main towns and along the principal transport corridors, with routes often linking surrounding rural communities to these larger service centres.

Many routes also provide access from smaller and more isolated communities within wider rural catchment areas, supporting access to healthcare, retail and other day-to-day services. However, service frequency and timetable flexibility vary across the county, with some routes operating on limited days or at reduced frequency. Evening and weekend services are generally more limited than weekday daytime provision.

As a result, whilst bus services provide an important means of access for many residents, particularly to the main towns and service centres, public transport may not always provide a consistently practical or timely option for accessing pharmaceutical services in all rural areas or at all times of day.

6.7.2 Rail Services

Rail provision across Powys is also relatively limited in geographic coverage due to the county's rural geography and dispersed settlement pattern. Powys is served by two main railway lines:

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- The Cambrian Line, running east–west through north Powys (serving Welshpool, Newtown, Caersws and Machynlleth)
- The Heart of Wales Line, running north–south through central Powys (serving Knighton, Llandrindod Wells, Builth Road, Llangammarch Wells and Llanwrtyd Wells)

These lines provide important transport links between a number of the county’s principal towns and neighbouring areas. However, together they serve only part of the county, with large areas of Powys located away from direct rail access.

Service frequency on both lines is relatively low when compared with urban rail networks, and many stations serve smaller rural communities. For much of the population, access to rail services requires additional travel by car or bus, which may reduce practicality for routine access to services.

Overall, while rail services contribute to wider connectivity across parts of Powys and may support access within some settlements and travel corridors, public transport provision remains more limited than in more urban areas of Wales.

Illustrative public transport accessibility analysis, including isochrone modelling from selected locations, is provided in **Appendix I**.

6.8 Access in Areas of Potential Higher Need

The need indicators described in Chapter 4 have been considered alongside travel time and provider location analysis to understand how access to pharmaceutical services may vary in areas with different combinations of population characteristics.

Areas with higher proportions of certain population characteristics may be more sensitive to changes in provider availability or opening hours. In particular, this analysis considers LSOAs with high levels of the following characteristics:

- higher levels of deprivation
- higher prevalence of disability
- lower levels of car access
- higher proportions of older people living alone

Each “need-modifier flag” represents an LSOA with a high rate of one of these characteristics. LSOAs may therefore be identified as having between one and four overlapping need

indicators, with higher numbers reflecting a greater concentration of factors associated with potential barriers to accessing services.

This section presents travel time analysis for LSOAs grouped by the number of need-modifier flags (one to four), enabling comparison between areas with lower and higher levels of combined need and helping to identify where access may be more marginal or where future changes to provision should be monitored closely.

The following sections therefore examine travel times to pharmaceutical services for LSOAs with one, two, three and four need-modifier flags, beginning with areas where a single indicator is present. The analysis focuses on areas where travel times exceed ten minutes, as these represent locations where access to services may be more limited.

6.8.1 LSOAs with One Need-Modifier Flag

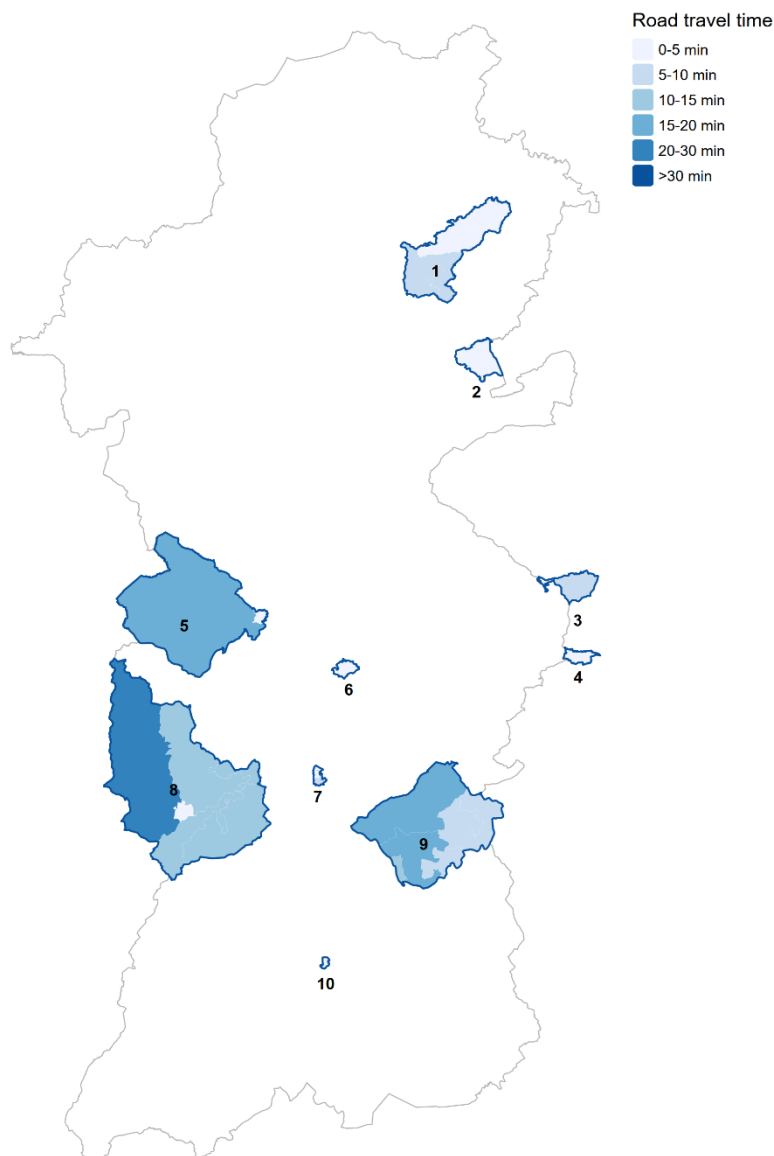


Figure 6:16 - Travel time to pharmaceutical services in LSOAs with one need modifier flag

LSOAs identified with a single need modifier flag in Powys are predominantly associated with higher proportions of older people living alone, particularly across rural areas of the county.

Areas 5 and 9, covering Rhayader and the Elan Valley and the area between Builth Wells and Hay-on-Wye respectively, are geographically extensive and sparsely populated. In both cases, shorter travel times (0–5 minutes) are concentrated around the towns where pharmacy provision is available, increasing to around 15–20 minutes across the wider rural areas, reflecting dispersed settlement patterns.

Area 8, covering Llanwrtyd Wells and the surrounding area, shows a similar pattern, with shorter travel times centred on the town and longer travel times across the wider LSOA,

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extending into the 20–30 minute band. However, the majority of the population is clustered around Llanwrtyd Wells itself, with very sparse population living in the more rural northern parts of the LSOA towards Abergwesyn.

6.8.2 LSOAs with Two Need-Modifier Flags

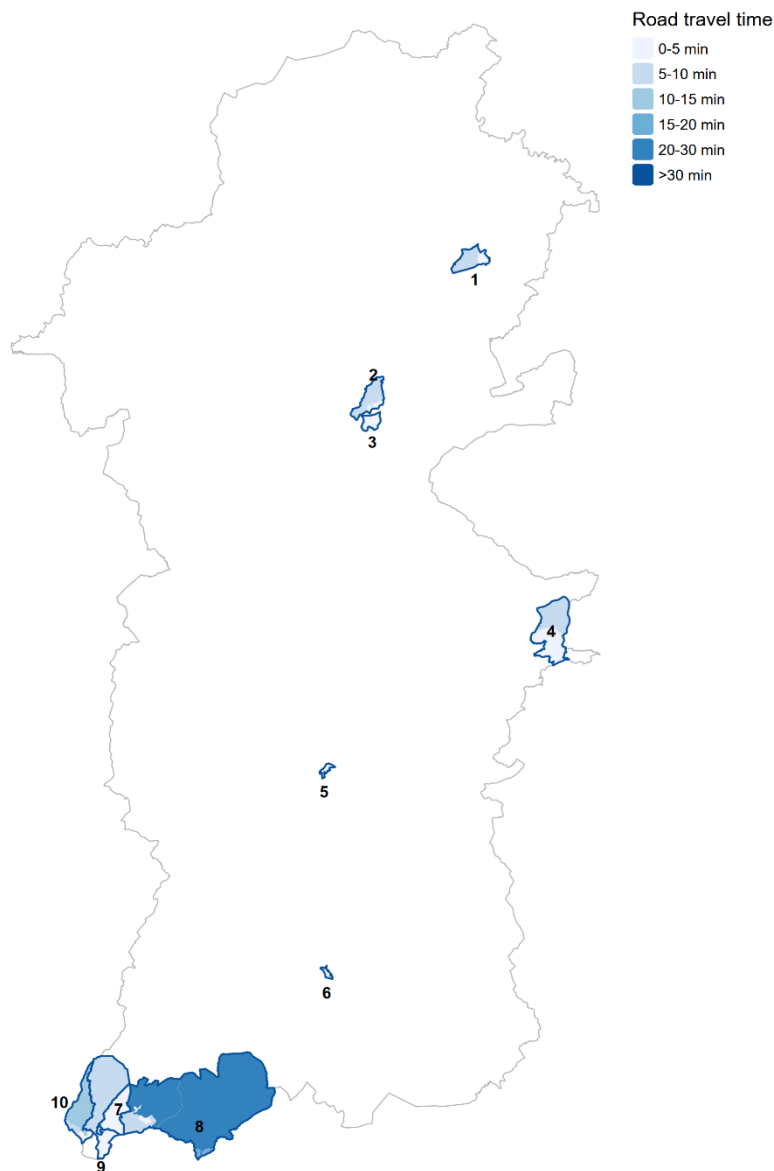


Figure 6:17 - Travel time to pharmaceutical services in LSOAs with two need modifier flags

LSOAs identified with two need modifier flags are limited in number and generally associated with shorter travel times to pharmaceutical services.

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In the south-west of Powys, a number of LSOAs are flagged for high levels of deprivation and disability, with travel times exceeding 10 minutes. Around the Ystradgynlais area, Area 10 falls within the 10–15 minute band. While the LSOA extends into more rural areas, the majority of the population is clustered towards the south of the LSOA, close to Ystradgynlais, meaning that most residents are likely to experience shorter travel times in practice.

Area 8 shows travel times extending to the 20–30 minute band. However, this reflects the proximity to the South Wales border, as the analysis does not account for access to pharmacies outside Powys. In practice, residents are likely to access services in neighbouring areas, such as Merthyr Tydfil, where provision is likely to be closer.

6.8.3 LSOAs with Three or Four Need-Modifier Flags

A small number of LSOAs across Powys are identified as having higher levels of need, with three or four overlapping need modifier flags, all of which fall within the 0–5 minute travel time band. This indicates that these areas are located within, or immediately adjacent to, settlements with existing pharmacy provision, rather than experiencing extended travel times.

Only two LSOAs represent the highest level of combined need, where factors such as deprivation, limited access to a car, disability and older age coincide. These are located in the Welshpool and Llandrindod Wells areas, both of which have pharmacy provision within the settlements.

6.8.4 Summary of access in areas of potential higher need

The analysis of travel times in areas with one to four need-modifier flags indicates that access to pharmaceutical services is generally maintained across Powys, with most identified LSOAs falling within the shortest travel time bands.

Variation in travel time is observed in more rural and geographically extensive areas, reflecting the dispersed settlement patterns characteristic of the Health Board area rather than a consistent lack of access to provision.

Importantly, higher concentrations of need are not associated with longer travel times, with LSOAs typically located within, or in close proximity to, settlements where pharmacy provision is available. However, areas with the highest level of combined need may be less resilient to disruption or changes in provision and may therefore warrant closer monitoring in the context of any future changes to pharmaceutical service availability.

6.9 Overall Interpretation

This assessment considers whether there is reasonable and proportionate access to pharmaceutical services across Powys when the combined pharmaceutical services network is considered as a whole.

In Powys, access must be understood in the context of a large rural county with dispersed settlements, limited public transport and a mixed provider model comprising community pharmacies and dispensing GP practices.

The Health Board's proxy indicator of reasonable access is the ability to access a dispensing contractor within a 20-minute travel time by car. This reflects the rural geography of the county and the practical reality that many residents rely on private transport for routine access to services.

Reasonable access is not determined solely by distance or travel time. It also requires consideration of service availability, opening hours, provider type, patient eligibility and the role of cross-border providers.

The analysis presented within this chapter demonstrates that the substantial majority of the Powys population remains within relatively short road travel times of a pharmaceutical service provider. Areas associated with longer travel times are predominantly characterised by sparsely populated upland and rural geographies rather than large concentrated settlements, and many remain practically connected to the wider pharmaceutical services network through surrounding service centres and the strategic road network.

The absence of local provision at specific times, including weekends, does not in itself indicate a gap in pharmaceutical service provision. The assessment therefore considers whether there is reasonable and proportionate access to pharmaceutical services across the system as a whole.

Taken collectively, the evidence presented in this chapter indicates that the current pharmaceutical services network generally provides reasonable and proportionate access to pharmaceutical services across Powys.

7 Interpretation of Findings, Gap Analysis & Future Monitoring

7.1 Purpose of this Chapter

This chapter brings together the findings from the preceding chapters to provide an overall interpretation of pharmaceutical need, current pharmaceutical service provision and accessibility across Powys.

The chapter considers:

- the relationship between population need, service provision and accessibility
- whether current pharmaceutical services are sufficient to meet the needs of the population
- whether any gaps in pharmaceutical service provision have been identified
- potential future risks and areas requiring ongoing monitoring
- wider implications for commissioning, service planning and regulatory decision-making.

The assessment is undertaken within the context of the Regulations and the wider rural geography of Powys.

Conclusions are based on consideration of:

- population distribution and demographic trends
- indicators associated with pharmaceutical need
- the location and availability of pharmaceutical services
- accessibility and travel-time analysis
- the contribution of the wider provider network, including dispensing GP practices and relevant cross-border provision.

The chapter does not seek to prescribe a preferred model of service delivery or determine wider commissioning priorities beyond matters relevant to pharmaceutical services under the Regulations.

7.2 Summary of Key Findings

7.2.1 Population and Geography

Powys is characterised by:

- a dispersed and predominantly rural population
- low population density
- extensive travel distances between settlements
- a settlement pattern centred around a relatively small number of towns
- relative remoteness from larger urban centres and surrounding higher-density service infrastructure.

Much of the population lives within small towns, villages and rural communities rather than large urban centres. The geography of the county means that travel to access healthcare, retail and other essential services forms part of normal daily life for many residents.

The assessment also identified that Powys is not only rural in character, but is also surrounded predominantly by other rural areas. Unlike some rural areas situated close to major urban centres, communities in Powys are not generally supported by immediate access to nearby cities or large neighbouring service centres. This wider geography of rurality forms an important part of the context within which pharmaceutical accessibility is assessed.

Population projections indicate that:

- overall population growth during the lifetime of this assessment is expected to remain modest
- the population profile will continue to age
- future development is likely to remain concentrated broadly around existing settlements rather than substantially redistributing the population.

The assessment also identifies seasonal population variation associated with tourism and major events, which may temporarily increase demand for pharmaceutical services within some areas.

7.2.2 Need-Modifying Factors

The assessment identified several factors likely to increase reliance on accessible pharmaceutical services across Powys.

These include:

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- an older population profile than the Wales average
- high levels of long-term illness and disability
- a substantial number of older people living alone
- significant rural access challenges
- areas experiencing socioeconomic deprivation and poorer access to services.

Although Powys does not contain the same overall concentration of deprivation seen within some more urban parts of Wales, the assessment identified widespread relative deprivation relating to access to services. These access challenges are not unique to pharmaceutical services or healthcare provision alone, but form part of a broader pattern affecting access to a range of services including retail, education and other public services across Powys.

The combination of rurality, ageing population structure and limited public transport means that practical accessibility remains an important consideration across the county.

The assessment also identified that:

- some residents may experience additional barriers associated with mobility, disability, communication needs or transport availability
- Welsh language and wider communication needs remain relevant considerations within some communities and service settings across Powys
- digital exclusion and reduced digital confidence may affect some population groups, particularly older people and those living within rural communities.

These factors are widespread across Powys and reflect the broader characteristics of the county rather than isolated areas of exceptional need.

7.2.3 Pharmaceutical Service Provision

Pharmaceutical services within Powys are currently delivered through a mixed provider model comprising:

- community pharmacies
- dispensing GP practices
- relevant cross-border providers.

This combined network is an established and essential feature of pharmaceutical service provision within Powys.

Community pharmacies provide open-access pharmaceutical services concentrated primarily within the county's towns and larger settlements, while dispensing GP practices support

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access to pharmaceutical services for eligible rural populations where community pharmacy provision would otherwise be limited.

The assessment demonstrates that:

- dispensing GP practices dispense a substantial proportion of all prescription items generated by Powys GP practices
- a significant proportion of the Powys population are registered as dispensing patients
- community pharmacies and dispensing GP practices together form an interdependent pharmaceutical services network across the county.

The assessment identified that:

- most community pharmacies provide routine weekday access throughout the week
- Saturday access is available across much of the county, although provision is limited in some areas
- Sunday opening is currently limited to one community pharmacy within Powys
- some providers operate reduced opening hours reflecting local demand, workforce availability and service sustainability considerations.

The assessment also identified the importance of wider accessibility arrangements, including reasonable adjustments, medicines delivery arrangements and appropriate communication support, in maintaining practical access to pharmaceutical services for some patients and communities across Powys.

The assessment identified that a proportion of Powys GP prescriptions are dispensed outside Powys, reflecting established cross-border access patterns and patient choice.

The assessment also identified that other NHS services, including hospital services, out of hours care, dental and optometry services, and specialist substance misuse services, influence pharmaceutical need by either generating demand for dispensing and pharmaceutical support or supplying medicines directly as part of patient care.

Additional NHS clinical services provided through community pharmacies contribute positively to wider healthcare access and system resilience. However, variation in the availability of these services has not been treated in isolation as evidence of a gap in pharmaceutical service provision.

7.2.4 Accessibility and Travel Patterns

Accessibility analysis demonstrated that:

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- most residents are able to access a dispensing contractor within approximately 20 minutes travel time by car
- access is strongest around the main towns and settlements
- some rural areas experience longer travel times reflecting the geography and settlement pattern of the county.

The assessment also identified that:

- pharmaceutical access patterns frequently cross administrative and Health Board boundaries
- public transport accessibility is comparatively limited across much of the county
- walking access is generally concentrated around towns and larger settlements rather than rural areas
- many residents rely primarily on private transport for routine access to pharmaceutical services.

The assessment concluded that practical accessibility is influenced not only by travel distance, but also by wider factors including:

- opening hours
- transport availability
- mobility and disability
- communication needs
- digital access and confidence
- the availability of support arrangements such as medicines delivery services.

The assessment concluded that reduced accessibility and longer travel times form part of the wider rural environment within Powys and are not specific to pharmaceutical services alone. In this context, longer travel times do not, in themselves, demonstrate insufficient pharmaceutical service provision.

Accessibility must therefore be interpreted proportionately and within the context of:

- the wider provider network
- the broader geography of rurality surrounding Powys
- typical rural travel expectations
- the distribution of the population
- the sustainability of service provision.

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7.3 Overall Assessment of Current Provision

Based on the evidence considered within this assessment, Powys Teaching Health Board considers that current pharmaceutical service provision is broadly sufficient to meet the present needs of the population when assessed across the pharmaceutical services network as a whole.

This conclusion reflects consideration of:

- the combined contribution of community pharmacies and dispensing GP practices
- the availability and distribution of services commissioned under Section 81 of the Act
- the accessibility analysis undertaken across the county
- the role of cross-border providers
- the rural geography and dispersed population of Powys.

The assessment recognises that pharmaceutical services within Powys operate within a challenging rural environment characterised by:

- low population density
- dispersed communities
- long travel distances
- relative remoteness from larger urban centres.

Unlike some rural areas located adjacent to major towns or cities, many communities within Powys are not supported by nearby higher-density service infrastructure outside the county boundary.

Within this context, the assessment does not consider that reasonable access requires all residents to have immediate local access to a community pharmacy premises or identical levels of service provision in every settlement.

Rather, the assessment considers whether the overall pharmaceutical services network enables reasonable and proportionate access to pharmaceutical services across the county as a whole.

The evidence indicates that:

- the majority of the population remains within reasonable travel time of a dispensing contractor
- the existing network broadly aligns with the distribution of the population
- dispensing GP practices play an important role in mitigating the impact of rural geography on access

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- cross-border provision further supports accessibility for some communities.

The assessment also recognises that practical accessibility is supported by wider arrangements including medicines delivery services, prescription collection arrangements, reasonable adjustments and communication support.

The current pattern of provision also reflects wider practical and economic realities associated with sustaining pharmaceutical services within a rural county.

Large parts of Powys contain relatively small and dispersed populations spread across extensive rural areas. Although some residents live beyond the Health Board's indicative 20-minute travel-time threshold for routine access, these populations are generally dispersed across multiple rural areas rather than concentrated within a single settlement or locality that would realistically support additional permanent pharmaceutical premises.

The assessment therefore concludes that, at the time of assessment, the existing pharmaceutical services network remains broadly aligned with current population need and continues to provide reasonable and proportionate access to pharmaceutical services across Powys.

The circumstances in Llanfyllin have been assessed afresh using the evidence and methodology set out in this PNA. The resulting finding is set out in section 7.4.1.

Schedule 1 paragraph 1: classification of pharmaceutical services

For the purposes of Schedule 1 paragraph 1 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, the Health Board has identified the following:

- **Services within Powys that are necessary to meet current need:** the network of pharmaceutical services provided from the 22 community pharmacy premises listed in **Appendix G** and shown in **Figure 5:3**. This is subject to the separately identified current unmet need in Llanfyllin.
- **Services outside Powys that contribute to meeting current need:** pharmaceutical services provided by pharmacies close to the Powys border, as described in the cross-border analysis, particularly where these provide reasonable and established access for Powys residents.
- **Other pharmaceutical services affecting the assessment:** other services within or outside Powys described in Chapters 5 and 6 may influence patient choice or patterns of access but have not been identified as necessary, or as making a material and

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dependable contribution to meeting the pharmaceutical needs of the Powys population.

Dispensing services and other NHS services that affect pharmaceutical need are considered separately in accordance with Schedule 1 paragraph 2.

7.4 Assessment of Current Gaps in Provision

Apart from the current unmet need in Llanfyllin identified through this 2026 assessment, no other locality within Powys has been identified where pharmaceutical services are currently insufficient to meet the reasonable needs of the population when assessed against:

- the wider pharmaceutical services network
- accessibility analysis
- existing dispensing GP provision
- relevant cross-border access arrangements.

While some areas experience comparatively longer travel times, these patterns are consistent with the wider rural geography of Powys and are not, in themselves, considered evidence of a gap in pharmaceutical service provision.

The assessment recognises that local concerns regarding accessibility may still arise where:

- travel distances increase following service change
- opening hours are reduced
- temporary disruptions occur
- patients experience practical transport difficulties.

Such concerns are important and may affect patient experience. However, the existence of local concern or preference for more local provision does not necessarily demonstrate that pharmaceutical services are insufficient under the Regulations.

The assessment also recognises that:

- community pharmacies and dispensing GP practices provide different service models
- dispensing GP practices do not provide open-access services to the wider population
- additional clinical services may vary between providers
- opening hours and accessibility arrangements differ across providers and localities.

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Nevertheless, the assessment concludes that the combined pharmaceutical services network currently continues to provide reasonable and proportionate access to core pharmaceutical services across Powys.

The assessment further recognises that the resilience of some individual providers may remain fragile due to:

- workforce pressures
- contractor sustainability challenges
- recruitment difficulties
- dependence on relatively small numbers of providers within some areas.

These issues represent potential future risks requiring ongoing monitoring rather than evidence of a current or future gap in pharmaceutical service provision.

The proposed change to dispensing services in Llanrhaeadr-ym-Mochnant represents a potential service-change risk requiring ongoing monitoring. For the reasons set out in section 7.4.2, it is not identified at the date of publication as a current or future gap in pharmaceutical service provision.

7.4.1 Pharmaceutical Services in Llanfyllin

The Health Board acknowledges the closure of Danby's Pharmacy in Llanfyllin on 31st December 2025 and recognises the concerns raised through both public engagement and the consultation process regarding ongoing access to pharmaceutical services within the locality.

The Health Board published a supplementary statement on 24th September 2025 in connection with the anticipated closure of Danby's Pharmacy. That statement forms part of the historical and regulatory context considered in preparing this PNA but it is not the basis for the finding reached in this assessment.

For the 2026 PNA, the Health Board has undertaken a fresh assessment of pharmaceutical need in Llanfyllin using the evidence assembled for this assessment. This has included current population need, the provider network and service availability following the closure, opening hours, dispensing GP provision, travel times and accessibility, relevant cross-border provision, patient and stakeholder evidence, and the findings presented in Chapters 3 to 6.

Having considered that evidence independently of the supplementary statement, the Health Board concludes that there is a current unmet need for pharmaceutical services in the Llanfyllin area for the purposes of Schedule 1 paragraph 3(a) of the Regulations.

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7.4.1.1 Gap in Pharmaceutical Services

The service required is a community pharmacy providing:

- essential pharmaceutical services
- the Clinical Community Pharmacy Service, and
- appropriate additional clinical services corresponding to those lost on closure

Provision is required for a minimum of 40 contracted core hours each week, with access across Monday to Saturday and an opening pattern broadly reflecting that previously available:

- Monday 09:00–18:15,
- Tuesday 09:00–18:15,
- Wednesday 09:00–11:00,
- Thursday 09:00–18:15,
- Friday 09:00–18:15, and
- Saturday 09:00–13:00.

The precise distribution of the minimum 40 core hours may vary, provided it maintains broadly comparable access for the Llanfyllin population.

This need remains unmet at the date of publication and is separate from, and does not prejudice, the outcome of the current application and appeal process.

7.4.1.2 Current Position

Upon publication, this PNA supersedes the Powys Pharmaceutical Needs Assessment 2021 and its associated supplementary statement for the purpose of assessing current and future pharmaceutical need. The finding concerning Llanfyllin is based on current evidence and analysis contained in this 2026 assessment.

The Health Board subsequently approved an application intended to address the identified gap in provision. At the time of publication of this assessment, that decision remains subject to appeal and a final determination from Welsh Government is awaited.

The Health Board recognises the importance of restoring sustainable local pharmaceutical service provision within Llanfyllin. However, until the appeal process has concluded, the position remains subject to determination and the outcome cannot be prejudged within this assessment.

The existence of the identified gap and the ongoing appeal have been taken into account during preparation of this assessment. The Health Board considers that the circumstances in

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Llanfyllin are already being addressed through the statutory processes established under the Regulations and will continue to monitor the position closely. Should the outcome of the appeal or any subsequent developments materially affect pharmaceutical service provision, the Health Board will consider whether further action is required in accordance with the Regulations.

7.4.2 Potential Changes to Pharmaceutical Services Provision in Llanrhaeadr-ym-Mochnant

The Health Board is undertaking a public consultation regarding a proposal to close the dispensing branch surgery at Llanrhaeadr-ym-Mochnant.

At the date of publication of this assessment, the consultation and associated decision-making processes have not concluded. No decision has been made, and the existing dispensing service remains part of current provision. This assessment does not prejudice the outcome of those processes.

The Health Board has considered whether the proposal gives rise to a future need under Schedule 1 paragraph 3(b) of the Regulations. No such future need is identified at the date of publication. This is because the outcome of the consultation, the final service arrangements and any alternative or mitigating provision are not yet known. The available evidence does not therefore establish that a particular pharmaceutical service will need to be provided in specified future circumstances, or enable the required service, location, days and hours to be defined.

The proposal is consequently identified as a potential service-change risk requiring ongoing monitoring, rather than as a current or future gap in pharmaceutical service provision.

If a decision is subsequently made that materially changes the availability of dispensing or pharmaceutical services, the Health Board will assess the effect on population need, access, patient eligibility and alternative provision. It will then review this PNA promptly in accordance with regulation 6 and determine whether a revised assessment or other action under the Regulations is required.

7.5 Future Risks and Potential Emerging Needs

Although current provision is considered broadly sufficient, the assessment identifies several factors that may influence future pharmaceutical service need and sustainability during the lifetime of this assessment.

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These include:

- continued ageing of the population
- increasing prevalence of long-term conditions and polypharmacy
- workforce recruitment and retention pressures
- financial and operational pressures affecting contractor sustainability
- reductions in opening hours or service availability associated with workforce, financial or contractor sustainability pressures
- medicines supply disruption and reimbursement volatility
- changes in patterns of prescribing and service delivery
- increasing expectations regarding clinical service provision through community pharmacy
- increasing reliance on digital systems and changes associated with EPS adoption
- dependence on relatively small numbers of providers within some communities.

Technological developments, including wider adoption of the Electronic Prescription Service (EPS), may also influence how patients access pharmaceutical services during the lifetime of the assessment. The assessment also recognises that changing dispensing patterns associated with digital prescribing and patient nomination may affect activity distribution across the pharmaceutical services network over time.

The Health Board additionally recognises the importance of maintaining sufficient workforce capacity and infrastructure to support the increasing clinical role of community pharmacy alongside core dispensing functions. In smaller rural premises, workforce availability, physical premises constraints and consultation capacity may affect the ability of contractors to expand clinical service provision alongside routine dispensing activity.

Future housing development and demographic change may also alter demand patterns over time, particularly in and around Powys' largest settlements.

The assessment also identified ongoing concerns raised by some contractors regarding the long-term financial and operational sustainability of community pharmacy and dispensing practice provision within rural areas.

In some communities, continued access to pharmaceutical services is dependent on relatively small numbers of individual contractors. The withdrawal of pharmaceutical service provision, whether through contractor closure, contract relinquishment or sustained reductions in service availability, could therefore have a disproportionate impact on local accessibility.

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The assessment further recognises that pharmaceutical services under the Act are commissioned through contractor arrangements under the pharmaceutical services regulatory framework. Unlike primary medical services, there is no equivalent general provision for Local Health Boards to directly provide routine pharmaceutical services to the population.

Maintaining a sustainable contractor network therefore remains an important consideration in supporting continued access to pharmaceutical services across Powys.

7.6 Areas Requiring Monitoring Rather Than Immediate Action

The assessment identifies a number of areas that require continued monitoring during the lifetime of the PNA.

These include:

- changes in contractor opening hours
- contractor closures or temporary suspensions
- changes affecting dispensing GP provision
- significant housing growth or population redistribution
- sustained changes in prescribing or dispensing activity
- changes affecting practical accessibility, including transport or wider service infrastructure
- recruitment and workforce pressures
- the impact of EPS and wider digital developments on dispensing patterns, contractor sustainability and patient behaviour
- changes in cross-border access patterns or provision outside Powys which may affect access for Powys residents.

The Health Board will continue to monitor these factors through:

- routine contractual and commissioning arrangements
- pharmaceutical list and dispensing doctor list processes
- ongoing engagement with contractors and stakeholders
- review of contractor sustainability concerns where raised
- supplementary statement processes where appropriate.

The assessment also recognises that localised changes may arise during the lifetime of the PNA which could materially affect pharmaceutical accessibility within specific communities.

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Where such changes occur, the Health Board will consider whether publication of a supplementary statement or earlier review of the PNA is required under the Regulations.

7.7 Commissioning and Planning Implications

This PNA provides an evidence base for decisions under the Regulations, including applications to join the pharmaceutical list or dispensing doctor list, applications to relocate premises and applications to amend opening hours.

It also provides context for wider commissioning and planning decisions, including:

- development of community pharmacy clinical services
- local service commissioning
- support for rural access models
- service resilience planning
- data improvement priorities
- future engagement with contractors and communities

The assessment also recognises that wider healthcare infrastructure developments, including integrated health and wellbeing hub models, may influence future patterns of service delivery, multidisciplinary working and patient access arrangements during the lifetime of the PNA.

The PNA does not itself commission services or guarantee the establishment of new provision. However, it supports transparent, evidence-based decision-making and helps identify areas where future commissioning or monitoring may be appropriate.

7.8 Final Conclusion

Powys has a distinctive pharmaceutical services network shaped by its rural geography, dispersed population, long travel distances and relative remoteness from larger urban centres.

The evidence indicates that the combined provider network of community pharmacies and dispensing GP practices plays an essential role in maintaining reasonable and proportionate access to pharmaceutical services across Powys.

The assessment concludes that current provision broadly meets the reasonable needs of the population at the time of assessment when considered across the wider pharmaceutical services network as a whole. Apart from in Llanfyllin, no new widespread or systematic gaps, in pharmaceutical service provision have been identified through this assessment.

Powys Pharmaceutical Needs Assessment 2026

Prepared By: Powys PNA Delivery Group

Version:

1.0

Status: FINAL DRAFT for Executive Approval

Issue Date: August

2026

Using the evidence and methodology contained in this 2026 assessment, the Health Board has independently identified a current unmet need for pharmaceutical services in Llanfyllin for the purposes of Schedule 1 paragraph 3(a) of the Regulations. The 2025 supplementary statement has been considered as relevant historical and regulatory context but is not the basis for the finding reached in this PNA.

The assessment also recognises that some communities remain more sensitive to changes in provider availability, opening hours and contractor sustainability due to the rural nature of the county and the reliance on relatively small numbers of providers in some areas. The Health Board is aware of ongoing service change proposals affecting some localities and will continue to monitor their potential implications for pharmaceutical service provision as part of the ongoing management of this assessment.

Continued monitoring of contractor sustainability, accessibility and local service changes will therefore remain important during the lifetime of this assessment.

Appendix A - Current services provided by pharmacies in Powys

This appendix provides an overview of additional clinical services provided by community pharmacies in Powys, including both nationally directed and locally commissioned services, along with associated activity data.

In addition to community pharmacies, PTHB also commissions some Dispensing GP Practices at a local level to provide a number of locally commissioned services.

The tables in this appendix reflect pharmacies commissioned to provide each service. However, service availability may vary at a local level (for example, where workforce requirements such as accredited staff are not currently in place), and not all commissioned pharmacies may be actively delivering services at the time of reporting.

Activity data presented relates to the period January to December 2025, unless otherwise stated. Data for the seasonal influenza vaccination service is presented for the 2025/26 flu season.

Nationally Directed Clinical Services

Nationally directed clinical services form part of the national community pharmacy contractual framework under the Regulations and are developed at a national level to support healthcare priorities across Wales.

These services contribute to improving access to care and support the role of community pharmacies as a first point of contact within primary care.

Delivery is supported by nationally agreed service specifications and digital platforms, with oversight provided at a national and health board level.

Clinical Community Pharmacy Service

The Clinical Community Pharmacy Service enables community pharmacies to provide clinical assessment, advice and treatment, including the supply of medicines where appropriate.

The service enables patients to access care directly from a pharmacist without the need for a GP appointment.

The Clinical Community Pharmacy Service includes a number of components, including:

- management and treatment of common ailments
- provision of emergency medicines
- provision of contraception

Consultations are undertaken by appropriately trained pharmacists and may involve clinical assessment, provision of advice and, where appropriate, the supply of medicines in accordance with service specifications.

All 22 community pharmacies in Powys currently deliver services under the Clinical Community Pharmacy Service framework.

Common Ailments Service

The Common Ailments Service enables patients to access structured clinical assessment, advice and, where appropriate, treatment for a defined range of minor illnesses directly from a community pharmacy.

The service includes the supply of medicines where appropriate and supports referral to other healthcare services if required. It is designed to provide timely care for low-acuity conditions and to improve the use of community pharmacy as a first point of contact.

Management of sore throat and urinary tract infections (UTIs) are included as mandatory components of the service:

- Management of Sore Throat – provides a structured clinical assessment, including the use of defined criteria to support decision-making, with the supply of appropriate treatment where indicated.
- Management of Urinary Tract Infections (UTIs) – enables assessment and treatment of uncomplicated UTIs in eligible patients, including the supply of antibiotics where appropriate following clinical assessment.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Consultations (2025)
CAS	22	100%	18367
Management of Sore Throat	22	100%	1339
Management of UTI	22	100%	664

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Emergency Medicines Supply

The Emergency Medicines Supply service enables patients to access an urgent supply of their regular medication directly from a community pharmacy where there is an immediate need and it is not possible to obtain a prescription without undue delay.

The pharmacist uses their professional judgement to determine whether an emergency supply is appropriate and to decide the quantity supplied, in line with legal and professional requirements. The service supports continuity of care and ensures that patients can maintain their treatment in situations where access to a prescriber is not time-appropriate.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Consultations (2025)
EMS	22	100%	2973

Contraception Services

The Contraception Service enables patients to access emergency contraception and ongoing oral contraception directly from a community pharmacy through bridging and quick-start arrangements.

The service includes the provision of emergency contraception and the initiation or continuation of oral contraception where appropriate, improving timely access to treatment and reducing the need for GP appointments. Delivery of the service is supported by Patient Group Directions (PGDs), and appropriately trained pharmacists and pharmacy technicians are permitted to supply medicines in line with these directions.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Consultations (2025)
Contraception Services	22	100%	765

Discharge Medication Reviews

The Discharge Medicines Review (DMR) service enables patients to receive support with their medicines following discharge from hospital or another care setting. The service is delivered by community pharmacies and involves the review of discharge information to ensure that any changes to a patient’s medication are accurately reflected in primary care records and prescriptions.

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The service consists of a two-stage process, including medicines reconciliation following discharge and a follow-up consultation to support patients in the safe and effective use of their medicines. Consultations may be undertaken in the pharmacy, remotely, or in the patient’s home where appropriate, and involve working with the patient and, where necessary, the GP to resolve any discrepancies.

The service supports continuity of care during transitions between care settings and helps to reduce the risk of medication errors and adverse drug events. Appropriately trained pharmacists and pharmacy technicians may contribute to delivery of the service, particularly in supporting medicines reconciliation.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Consultations (2025)
DMR	22	100%	198

Pharmacist Independent Prescribing Service

The Pharmacist Independent Prescribing Service (PIPS) enables patients to access assessment, diagnosis and treatment directly from a qualified pharmacist independent prescriber within a community pharmacy, without the need for a GP appointment. Consultations are undertaken in a private consultation room, with clinical assessment and advice provided to support safe and appropriate care.

The pharmacist independent prescriber is responsible for the clinical assessment of the patient, including diagnosis and determination of appropriate treatment, and can prescribe medicines within their area of competence. The service supports the management of a range of acute conditions, including common infections and contraception, and may include referral to other healthcare services where appropriate.

Provision of the service requires a pharmacist with an independent prescribing qualification and enables community pharmacies to deliver more advanced clinical care within primary care settings.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Consultations (2025)
PIPS	11	50%	6721

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Seasonal Influenza Vaccination Service

Community pharmacies in Wales may choose whether to sign up to provide the Pharmacy-Community Care Services: Seasonal Influenza Vaccination Service (PCCS: I) each year. In 2025, all 22 community pharmacies in Powys participated in the service.

The service enables patients to receive a seasonal influenza vaccination directly from a community pharmacy. Vaccinations are administered by appropriately trained pharmacists and pharmacy technicians in a suitable clinical setting, following assessment of patient eligibility and clinical suitability.

The service supports the prevention of influenza and related complications by improving access to vaccination, alongside other primary care providers, and contributes to wider public health initiatives within the community.

Service	Number of Pharmacies Commissioned (2025)	% of Pharmacies Commissioned (2025)	Total Vaccinations (2025/26 season)
Influenza Vaccination	22	100%	4273

Lateral Flow Test Supply Service

The Lateral Flow Test (LFT) Supply Service was introduced across Wales in 2024 to enable eligible patients to access COVID-19 testing through community pharmacy.

The service enables patients who are at higher risk of severe illness from COVID-19, and therefore potentially eligible for antiviral treatment, to obtain rapid lateral flow test kits from participating community pharmacies. Supply is provided following confirmation of patient eligibility, which may include assessment of clinical risk factors.

The service is typically provided as a walk-in service, allowing patients or their representatives to collect test kits for use at home. The availability of testing supports timely diagnosis of COVID-19 infection and enables access to appropriate treatment where required.

The pharmacies that do not currently offer this service are RM Jones Pharmacy in Hay on Wye and RJ Davies Chemist, Lower Cwmtwrch.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total LFTs Supplied (2025)
LFT Supply	20	95.5%	663

Locally Commissioned Additional Clinical Services

Locally commissioned additional clinical services are services commissioned by Powys Teaching Health Board that sit outside the national community pharmacy contractual framework under the Regulations.

These services are designed to meet specific local health needs and priorities within the Powys population.

For the purposes of this assessment, locally commissioned services have been grouped into thematic categories to support clearer interpretation of service provision and alignment with identified health needs.

Public Health and Harm Reduction

Blood Borne Virus Screening

The Blood Borne Virus (BBV) Screening service supports early identification of infections such as hepatitis B, hepatitis C and HIV. This service plays an important role in improving access to testing, particularly for individuals who may be less likely to engage with traditional healthcare services and contributes to wider public health priorities including the reduction of transmission and earlier access to treatment.

The community pharmacy-based BBV screening service involves the provision of point-of-care testing, alongside appropriate pre- and post-test advice, and referral into specialist services where required.

This service is currently only being provided by JG & RJ Davies Chemist, Ystradgynlais.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Number of Tests Completed (2025)
BBV Screening	1	4.5%	6

Needle and Syringe Programmes in Community pharmacy

Needle and syringe programmes (NSPs) provided through community pharmacies form an important part of harm reduction services, supporting individuals who inject drugs to reduce the risk of transmission of blood borne viruses and other injection-related harms. These services also offer opportunities to provide advice, promote safer injecting practices, and signpost individuals to treatment and recovery services.

Within community pharmacy, NSP provision can vary in scope, with increasing levels of service reflecting the type of equipment supplied and the level of engagement with service users:

- Level 1a (pre-pack supply): Provision of pre-prepared packs containing standard injecting equipment for defined use, alongside access to safe disposal and basic harm reduction advice.
- Level 2 (pick-and-mix supply): Provision of a wider range of equipment tailored to individual need, allowing service users to select items and supporting more personalised harm reduction advice.
- Level 3 (naloxone supply): Provision of take-home naloxone to support the prevention of opioid overdose, as part of the wider harm reduction offer.

Within Powys, the Health Board currently commissions Level 1a (pre-pack supply) and Level 3 (naloxone supply) services through community pharmacies. This service is currently commissioned predominantly in pharmacies in the main population centres of Powys (Welshpool, Newtown Llandrindod Wells, Brecon and Ystradgynlais) and is supplemented by specialist substance misuse services.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Transactions (2025)
NSP Level 1a -Pre-Pack Supply	14	63.6%	1173
NSP Level 3 – Naloxone Supply	3	13.6%	1

Smoking Cessation

Community pharmacies play an important role in supporting people to stop smoking, offering easily accessible advice and treatment within local communities. These services contribute to reducing smoking prevalence and improving health outcomes, particularly in populations where access to traditional healthcare settings may be more limited.

Within community pharmacy, smoking cessation services are delivered at different levels, reflecting how support is provided:

- Level 2: Provision of smoking cessation treatment through community pharmacy following referral or engagement with Help Me Quit, including the supply of nicotine replacement therapy or other appropriate pharmacological treatment in line with local protocols.

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- Level 3 (Help Me Quit @ Pharmacy): A full smoking cessation service delivered within the pharmacy, including behavioural support, ongoing monitoring, and advice on and supply of appropriate treatments to support individuals throughout their quit attempt.

Within Powys, Powys Teaching Health Board currently commissions Level 2 and Level 3 smoking cessation services from all community pharmacies.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Patients (2025)
Smoking Cessation Level 2	22	100%	374
Smoking Cessation level 3	22	100%	196

Supervised Administration

Supervised administration in community pharmacy involves the supervision of patients taking prescribed medicines, typically for the treatment of substance misuse, at the point of dispensing. This helps to ensure medicines are taken in accordance with the prescriber's instructions and reduces the risk of inappropriate use or diversion.

By supporting adherence to treatment and providing regular contact with pharmacy teams, the service contributes to improved treatment outcomes and offers opportunities to provide advice, monitor patients, and signpost to wider support where required.

These services are currently offered by most community pharmacies in Powys and this assessment has not identified any unmet need.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Claims (2025)
Supervised Administration	17	77.3%	313

Medicines Support and Patient Safety

In addition to community pharmacies, PTHB also commissions some Dispensing GP Practices at a local level to provide the Just in Case (JIC) Pack Service, Patients Sharps Service and Medicines Administration Record (MAR) charts service where appropriate.

Just in Case Pack Service

Just in Case (JIC) packs provide patients receiving end of life care with access to essential medicines in advance of need. The service involves the supply of a set of medicines

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prescribed to manage common symptoms such as pain, agitation, nausea and respiratory secretions.

By ensuring medicines are readily available within the home or care setting, JIC packs support patients to remain in their preferred place of care and reduce the need for urgent or unplanned healthcare interventions.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Packs Supplied (2025)
Just in Case Packs	22	100%	203

Provision of Medicines Administration Record (MAR) Charts

The MAR chart service supports the safe and effective administration of medicines for individuals receiving domiciliary care. Community pharmacies and dispensing GP practices provide clear, standardised Medicines Administration Record (MAR) charts to support care workers in recording when medicines have been administered.

The service involves the preparation of accurate medication records based on prescribed treatments, ensuring that instructions are clearly presented to support safe administration, monitoring and communication between care providers, pharmacies and prescribers.

By improving the quality and consistency of medicines records, the service helps to reduce the risk of errors and supports the safe management of medicines within community-based care settings.

This service is currently offered by all pharmacies in Powys except the seven Boots pharmacies in Powys.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned	Total Claims (2025)
MAR Charts	15	68.2%	1238

Patients Sharps Service

The Patient Sharps Service supports the safe handling and disposal of used sharps generated in the community, such as needles, syringes and lancets.

Under the service, suitable sharps containers are supplied free of charge, without the need for a prescription, enabling patients to store and manage sharps safely.

By providing accessible disposal points and appropriate equipment, the service contributes to harm reduction by reducing the risk of injury and infection to patients, the public and healthcare staff, and supports the safe management of medicines within the community.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned
Patient Sharps Service	22	100%

Urgent and Out of Hours Care

Out of Hours Rota

The Out of Hours Rota service supports continued access to community pharmacy services outside of standard opening hours. This ensures patients are able to obtain urgent medicines and pharmaceutical advice when local pharmacies would otherwise be closed.

Access is provided through a combination of rota-based cover and pharmacies offering extended opening hours beyond their contracted times, helping to meet local demand across the county.

By coordinating provision across multiple locations, the service helps to reduce gaps in access and supports continuity of care, particularly within rural and sparsely populated areas such as Powys.

This service is not required to be offered by all community pharmacies.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned
Out of Hours Rota	18	81.8%

Urgent Medicines Service

The urgent medicines service enables patients to access a specified range of medicines when they are needed urgently through community pharmacies during normal opening hours, including out of hours rota periods.

Participating pharmacies maintain stocks of commonly required medicines to support timely supply, which may be provided against valid NHS prescriptions or, where appropriate, as emergency supplies at the request of a prescriber.

Within Powys, a small number of community pharmacies are commissioned to provide the service, with provision distributed across the north, mid and south of the county to support access.

By ensuring the availability of key medicines within the community, the service supports continuity of care and helps to prevent delays in treatment.

Service	Number of Pharmacies Commissioned	% of Pharmacies Commissioned
Urgent Medicines Service	4	18.2%

Geographical distribution of selected services

Maps are provided below to illustrate the geographical distribution of a selection of community pharmacy services across Powys. These maps are intended to support interpretation of service availability and do not reflect activity levels or capacity.

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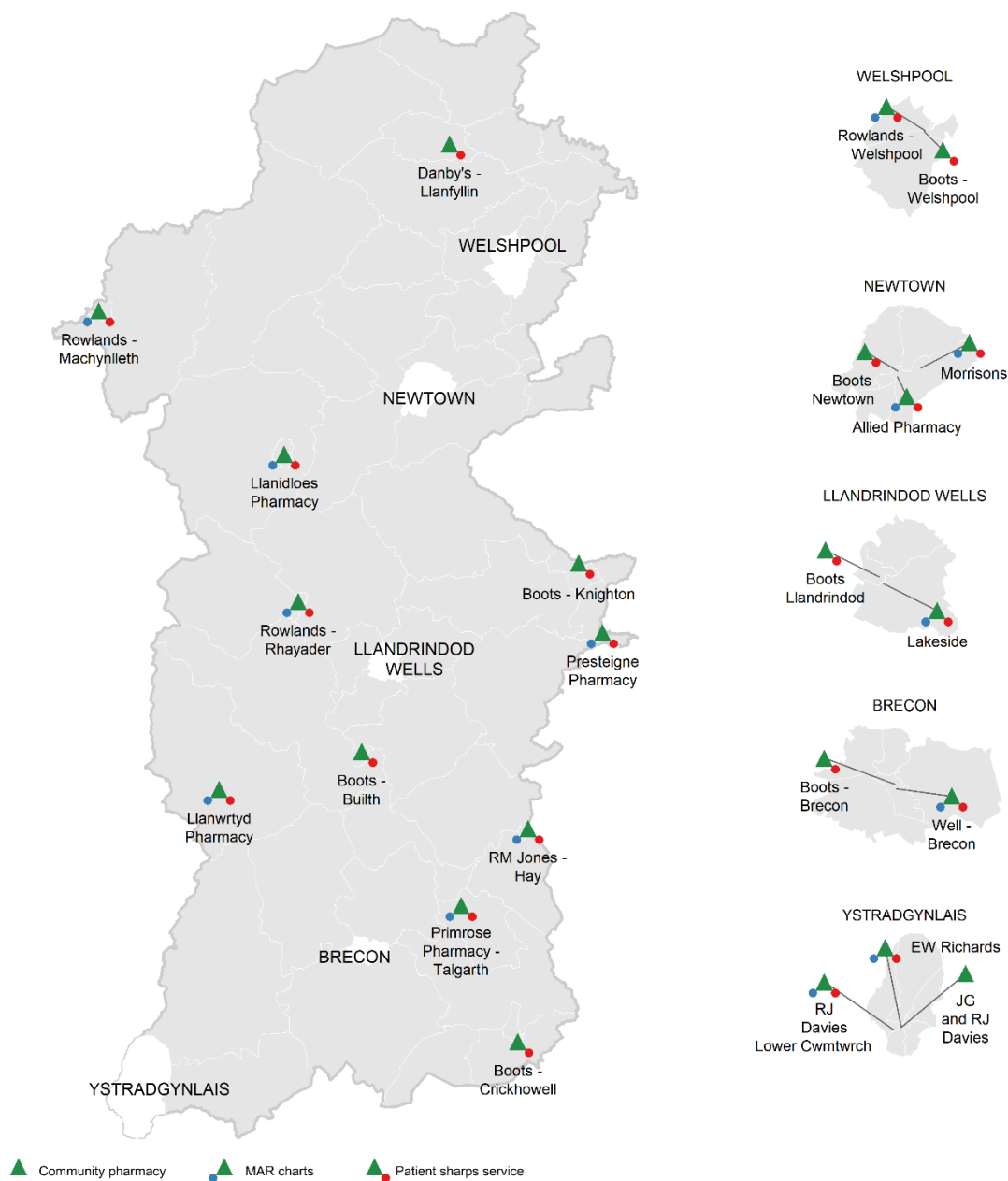


Figure 1 - Distribution of selected medicines support services (MAR charts and Patient Sharps Service) across Powys

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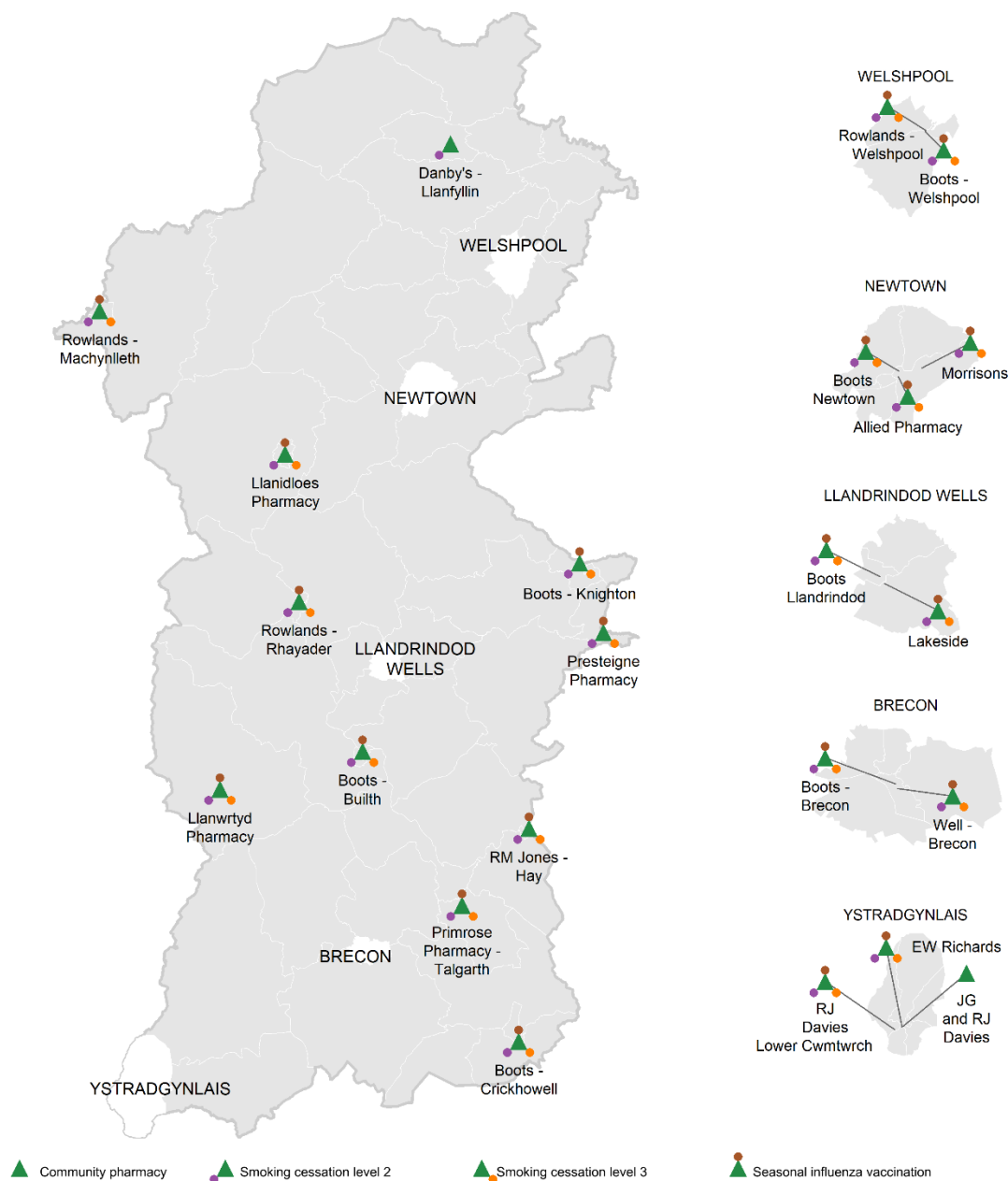


Figure 2 -Distribution of selected medicines support services (MAR charts and Patient Sharps Service) across Powys

Note: Danby's Pharmacy (Llanfyllin) was removed from the pharmaceutical list on 31 December 2025. It is included in the above maps and activity data where relevant to the reporting period.

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Contractor views on future service development

Contractors were asked whether, in their opinion, there is a requirement for a new or existing additional clinical service or dispensing supplementary service to be commissioned in their area.

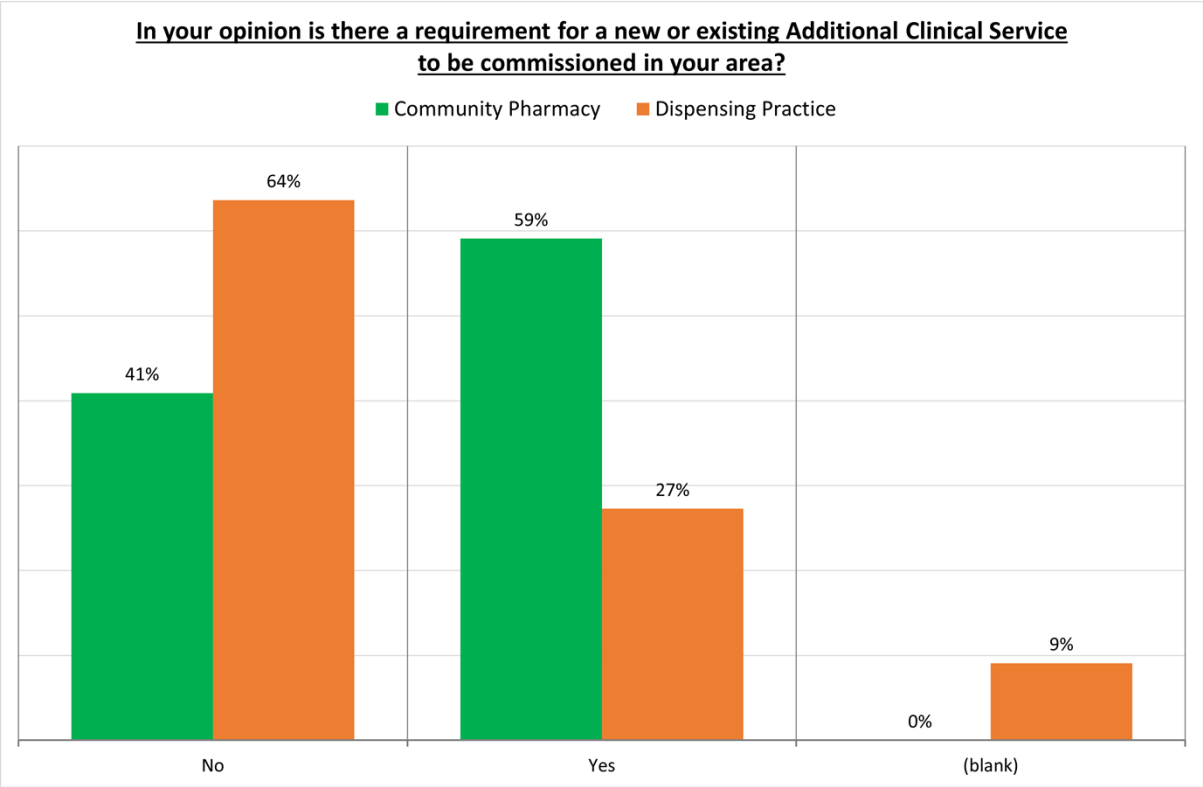


Figure 3 - Contractor Responses - In your opinion is there a requirement for a new or existing Additional Clinical Service / dispensing supplementary service to be commissioned in your area?

Responses varied between provider types. Among community pharmacy respondents, 59% indicated that there was a requirement, while 41% indicated that there was not. Among dispensing practice respondents, 64% indicated that there was not a requirement, 27% indicated that there was, and 9% did not provide a response.

Where further service development was identified, themes raised by some respondents included the expansion of the Common Ailments Service, particularly to align more closely with the Pharmacy First model in England, and the introduction of a national inhaler review service to support patients with respiratory conditions. Additional suggestions included ear wax removal services, further development of harm reduction services, medication strip recycling, and improved support for medicines administration and dispensing-related services.

Several respondents indicated that willingness to deliver additional services would be dependent on appropriate funding and resourcing, with comments highlighting the need to reflect workforce, training, administrative and infrastructure requirements.

Overall, responses indicate that while there is interest among some contractors in expanding service provision, this is not universal and is closely linked to local context and funding arrangements.

Note: These responses provide qualitative insight into contractor views on potential future service development. They will be taken into consideration as part of ongoing local commissioning processes but do not, in isolation, demonstrate or imply an identified pharmaceutical need within the scope of this Pharmaceutical Needs Assessment.

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Appendix B – Contractor Questionnaires

Powys Teaching Health Board undertook these Community Pharmacy and Dispensing GP Practice Questionnaires as part of the development of the Pharmaceutical Needs Assessment (PNA) to ensure that pharmaceutical services continue to meet local health needs.

The questionnaire was designed to:

- assess the accessibility and availability of pharmacy services
- identify gaps in provision and potential risks
- explore opportunities to support local health priorities and patient care

Responses informed the findings and conclusions presented within this PNA.

Community Pharmacy Questionnaire



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

PTHB Pharmaceutical Needs Assessment Community Pharmacy Questionnaire

Powys Teaching Health Board is carrying out its next Pharmaceutical Needs Assessment (PNA) to ensure community pharmacy services continue to meet local health needs. The PNA is a statutory requirement undertaken every five years; the last assessment was published in 2021.

Through this questionnaire, we aim to gather valuable insights from community pharmacies about the services currently provided, any challenges faced, and opportunities for improvement. Your feedback will help us:

- Understand the accessibility and availability of pharmacy services across Powys.
- Identify gaps in provision and areas where additional support may be needed.
- Explore how community pharmacies can further contribute to local health priorities and patient care.

The information you provide will be used to inform the PNA report, ensuring that pharmacy services remain responsive, equitable, and aligned with the needs of our communities.

Thank you for taking the time to share your views and experiences. Your input is essential in helping us shape the future of pharmacy services in Powys.

How to Complete the Questionnaire

The questionnaire is divided into three sections:

Section 1 – Information Verification
This section has been pre-populated with details currently held by Powys Teaching Health Board about your pharmacy.

- Please review each item carefully.
- If the information is correct, tick the 'Verified' box next to it.
- If any information is incorrect, add the correct details in the Comments section.

Section 2 – Contractor Questionnaire
This section collects additional information that is not held by the Health Board. Your responses will help us identify any gaps in service provision, potential risks, and opportunities for future development.

Section 3 – Declaration
On the final tab, please complete the declaration by providing the contact details of the person completing the form.

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Section 1 – Information Verification

This section has been pre-populated with details currently held by Powys Teaching Health Board about your pharmacy.

- Please review each item carefully.
- If the information is correct, tick the 'Verified' box next to it.
- If any information is incorrect, add the correct details in the Comments section.

Pharmacy Details

		Verified	Comments
1	Contractor code	☐	
2	Pharmacy Name	☐	
3	Address	☐	
4	NHS Wales Email Address	☐	
5	Telephone Number	☐	

Opening Hours

Contracted opening hours (core, supplementary and rota) Monday - Sunday				Verified	Comments
	Core Hours	Supplementary Hours	Commissioned Rota		
Monday	x	x	x	☐	
Tuesday	x	x	x	☐	
Wednesday	x	x	x	☐	
Thursday	x	x	x	☐	
Friday	x	x	x	☐	
Saturday	x	x	x	☐	
Sunday	x	x	x	☐	
Bank Holidays	x	x	x	☐	

Nationally Directed Services

Nationally Directed Services currently commissioned		Verified	Comments
☐ Common Ailments Service (CAS)		☐	
☐ CAS – Treatment of Sore Throat		☐	
☐ CAS – Treatment of Urinary Tract Infection (UTI)		☐	
☐ Contraception Services		☐	
☐ Emergency Medicines Supply (EMS)		☐	
☐ Pharmacist Independent Prescribing Service (PIPS)		☐	
☐ Seasonal Influenza Vaccination Service		☐	
☐ Discharge Medication Review (DMR)		☐	
☐ Lateral Flow Test (LFT) Supply Service		☐	

Additional Clinical Services

Additional Clinical Services currently commissioned		Verified	Comments
☐ Blood Borne Virus (BBV) Screening Service	☐		
☐ Commissioned Rota	☐		
☐ Just In Case (JIC) Pack Service	☐		
☐ Medication Administration Record (MAR) Chart Service	☐		
☐ Needle and Syringe Supply Service—Level 1a (Pre-Pack Supply)	☐		
☐ Needle and Syringe Supply Service—Level 2 (Naloxone Supply)	☐		
☐ Return of Patient Sharps	☐		
☐ Smoking Cessation Service—Level 1	☐		
☐ Smoking Cessation Service—Level 2	☐		
☐ Waste Reduction Scheme	☐		
☐ Urgent Medicines Supply Service	☐		

Thank you for verifying the details in this section.
Please now proceed to the 'CP Questionnaire' tab to complete the questionnaire.

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Section 2 – Contractor Questionnaire

This section collects additional information that is not held by the Health Board. Your responses will help us identify any gaps in service provision, potential risks, and opportunities for future development.

Essential Services

*Essential services are those that **all community pharmacies in Wales** are required to provide under the **NHS (Pharmaceutical Services) (Wales) Regulations 2020** and the **Welsh Community Pharmacy Contractual Framework (CPCF)**.

They form the foundation of NHS community pharmacy provision and include:

- **Dispensing of Medicines and Appliances** – the safe and accurate dispensing of NHS prescriptions for medicines and appliances, with appropriate patient advice.
- **Repeat Dispensing** – provision of medicines under the repeat dispensing service in partnership with prescribers.
- **Disposal of Unwanted Medicines** – accepting unwanted medicines for safe disposal.
- **Public Health (Promotion of Healthy Lifestyles)** – participating in public health campaigns and providing opportunistic health advice to improve population health.
- **Signposting** – referring patients to other health and social care providers or support services when appropriate.
- **Support for Self-Care** – advising and supporting patients in managing self-limiting conditions and long-term health needs.
- **Clinical Governance** – ensuring quality, safety, and continuous improvement through risk management, audit, staff training, and patient involvement.

In addition to the dispensing of medicines, do you also dispense appliances from your pharmacy?

Please select the most appropriate option

- ☐ Yes, we dispense all appliances
- ☐ Yes, we dispense some appliances (Please list in comments section)
- ☐ No, we do not routinely dispense appliances from this pharmacy

Comments

Are you currently experiencing any challenges in providing essential services*?

- ☐ Yes (please describe the challenges in the comments section)
- ☐ No

Comments

Since the publication of the last PNA (2021), prescription items generated by GP Practices in Powys have increased by an average of 10%.

Thinking specifically about your **pharmacy premises**, which of the following best describes your current capacity to meet a similar rise in demand (10%) over the next 5 years?

Please select the most appropriate option

- ☐ We currently have adequate **premises** to accommodate the increased demand in our area
- ☐ We do not currently have sufficient **premises**, but could make adjustments to accommodate the increased demand.
- ☐ We do not currently have sufficient **premises** and would face challenges in managing an increase in demand

Comments

Thinking specifically about your **pharmacy staffing levels**, which of the following best describes your current capacity to meet a similar rise in demand (10%) over the next 5 years?

Please select the most appropriate option

- ☐ We currently have adequate **staffing levels** to accommodate the increased demand in our area
- ☐ We do not currently have sufficient **staffing levels**, but could make adjustments to accommodate the increased demand.
- ☐ We do not currently have sufficient **staffing levels** and would face challenges in managing an increase in demand

Comments

Additional Clinical Services

These are services that community pharmacies may provide under the **Welsh Community Pharmacy Contractual Framework (CPCF)** to enhance patient care and support the NHS. They go beyond the essential services and include services such as Smoking Cessation Services, MAR Chart service and Just in Case Pack service.

In your opinion is there a requirement for a new or existing Additional Clinical Service to be commissioned in your area?

If yes, what is the requirement and why?

- ☐ Yes (please describe the requirement and why in the comments section)
- ☐ No

Comments

Access and Facilities

Does the pharmacy have appropriate arrangements in place to comply with the Equality Act 2010?

Please tick all that apply

- ☐ Level entrance or access ramp available
- ☐ Hearing Loop available
- ☐ Large print labels available

Comments

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☐ Pharmacist conducts assessments of patients identified as potentially requiring reasonable adjustments to the presentation of their medicine	
---	--

What Languages are spoken by your pharmacy team? Please use the drop down list provided in the cells below. If the language is not listed, please provide details in the comments section.
--

	Comments

Is there a consultation area that meets the requirements set out in The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020? • Private and confidential: ensuring conversations cannot be overheard. • Accessible: including wheelchair access. • Appropriately equipped: for all clinical services commissioned. • Compliant with health & safety standards.

☐ Yes ☐ No	Comments
---	----------

How many Consultation rooms do you have available in your pharmacy?
--

	Comments
--	----------

Do you have any plans to develop or expand your pharmacy premises over the next 5 years? Please describe any plans in the comments section
--

☐ Yes (please describe any plans in the comments section) ☐ No	Comments
---	----------

Digital and Automated Dispensing Services

Is your pharmacy currently able to dispense prescriptions via the Electronic Prescription Service (EPS)? This refers to prescriptions that are sent digitally from a prescriber to a pharmacy through a secure NHS system, rather than using paper. It allows for faster, safer, and more efficient dispensing of medicines.
--

☐ Yes ☐ No	Comments
---	----------

If you do not currently use EPS, do you plan to implement it within the next 12 months?
--

☐ Yes ☐ No ☐ Not Applicable	Comments
--	----------

Does your pharmacy currently use any automated dispensing technology (e.g. dispensing robots)? This refers to systems that use machines or robotics to select, label, and dispense medicines, reducing manual handling and improving accuracy and efficiency. Examples include dispensing robots that store and retrieve medication automatically or machines that are able to dispense medication to the public when the pharmacy is closed.

☐ Yes (Please specify in the comments section) ☐ No	Comments
--	----------

Do you plan to implement automated dispensing technology within the next 5 years?
--

☐ Yes ☐ No ☐ Not Applicable	Comments
--	----------

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Is your pharmacy currently part of a hub-and-spoke dispensing model? A system where medicines are prepared and assembled at a central location (the hub) and then distributed to individual pharmacies (the spokes) for final supply to patients.	
☐ Yes - This pharmacy is currently acting as a "hub" location ☐ Yes - This pharmacy is currently acting as a "spoke" location ☐ No	Comments
Non-Commissioned Services	
Do you provide a prescription collection service (from the GP practice)?	
☐ Yes ☐ No	Comments
Do you provide a prescription delivery service? Please select the most appropriate option(s)	
☐ Yes - We provide a prescription delivery service free of charge upon request ☐ Yes - We provide a prescription delivery service to selected patient groups <i>(please list criteria in comments section)</i> ☐ Yes - We provide a prescription delivery service to selected areas <i>(please list areas in comments section)</i> ☐ Yes - We provide prescription delivery as a chargeable service ☐ Other <i>(Please specify in the comments section)</i> ☐ No - We do not provide a prescription delivery service	Comments
Thank you for completing this questionnaire. Please now complete the declaration on the final tab.	

Section 3 – Declaration Please complete the declaration below before submitting your completed questionnaire to Powys.communitypharmacy@wales.nhs.uk.	
Details of person completing the form	
☐ I confirm that the information provided in this questionnaire is accurate and complete to the best of my knowledge at the time of submission	
Full Name	
Date	
Email Address	
Thank you for completing this questionnaire. Your input will inform the development of the Powys Teaching Health Board Pharmaceutical Needs Assessment. Please submit your completed questionnaire to Powys.communitypharmacy@wales.nhs.uk .	

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Dispensing Doctor Questionnaire



PTHB Pharmaceutical Needs Assessment GP Dispensary Questionnaire

Powys Teaching Health Board is conducting its next Pharmaceutical Needs Assessment (PNA) to ensure that pharmaceutical services across Powys—including those provided by community pharmacies and dispensing practices—continue to meet local health needs. The PNA is a statutory requirement undertaken every five years; the last assessment was published in 2021.

Through this questionnaire, we aim to gather valuable insights from dispensing practices about the services currently provided, any challenges faced, and opportunities for improvement. Your feedback will help us:

- Understand the accessibility and availability of dispensing services in rural areas.
- Identify gaps in provision and areas where additional support may be needed.
- Explore how dispensing practices can further contribute to local health priorities and patient care.

The information you provide will be used to inform the PNA report, ensuring that pharmaceutical services remain responsive, equitable, and aligned with the needs of our communities.

Thank you for taking the time to share your views and experiences. Your input is essential in helping us shape the future of medicines supply and related services in Powys.

How to Complete the Questionnaire

Your questionnaire is divided into three sections:

Section 1 – Information Verification

This section has been pre-populated with details currently held by Powys Teaching Health Board about your pharmacy.

- Please review each item carefully.
- If the information is correct, tick the 'Verified' box next to it.
- If any information is incorrect, add the correct details in the Comments section.

Section 2 – Contractor Questionnaire

This section collects additional information that is not held by the Health Board. Your responses will help us identify any gaps in service provision, potential risks, and opportunities for future development.

Section 3 – Declaration

On the final tab, please complete the declaration by providing the contact details of the person completing the form.

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Section 1 – Information Verification

This section has been pre-populated with details currently held by Powys Teaching Health Board about your pharmacy.

- Please review each item carefully.
- If the information is correct, tick the 'Verified' box next to it.
- If any information is incorrect, add the correct details in the Comments section.

GP Surgery Details

		Verified	Comments
Surgery Name		☐	
Address	0	☐	
Contact Email Address	0	☐	
Telephone Number	0	☐	

Dispensing Sites

The practice has approval to dispense medication from the following premises:

		Premises Approval	Verified	Comments
Main Site	0	0	☐	
Branch 1	0	0	☐	
Branch 2	0	0	☐	

Contracted opening hours, Monday - Sunday for each of your premises approved to dispense medication.
--

	Main Site	Branch 1	Branch 2	Verified	Comments
	-	-	-		
Monday	-	-	-	☐	
Tuesday	-	-	-	☐	
Wednesday	-	-	-	☐	
Thursday	-	-	-	☐	
Friday	-	-	-	☐	
Saturday	-	-	-	☐	
Sunday	-	-	-	☐	

Thank you for verifying the details in this section.
Please now proceed to the 'CP Questionnaire' tab to complete the questionnaire.

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Section 2 – Contractor Questionnaire

This section collects additional information that is not held by the Health Board. Your responses will help us identify any gaps in service provision, potential risks, and opportunities for future development.

Core Dispensing Services

* Core dispensing services are those that all dispensing doctor practices in Wales are required to provide under the *NHS General Medical Services (GMS) Contract* and associated regulations. These services ensure patients in designated rural areas have safe and timely access to prescribed medicines and appliances. They include:

- **Dispensing of Medicines and Appliances** – the accurate preparation and supply of prescribed medicines and appliances, with appropriate patient advice on safe and effective use.
- **Repeat Dispensing** – provision of medicines under repeat dispensing arrangements in collaboration with prescribers, ensuring continuity of care.
- **Safe Storage and Handling of Medicines** – maintaining secure and appropriate conditions for medicines to preserve quality and safety.
- **Disposal of Unwanted Medicines** – accepting returned medicines for safe disposal in line with environmental and safety standards.
- **Patient Counselling and Support** – offering advice on medication use, adherence, and self-care where appropriate.
- **Clinical Governance** – ensuring quality, safety, and continuous improvement through risk management, audit, staff training, and patient involvement.

In addition to the dispensing of medicines, do you also dispense appliances from your GP dispensary(s)?

Please tick one option

- ☐ Yes, we dispense all appliances
- ☐ Yes, we dispense some appliances (Please list in comments section)
- ☐ No, we do not routinely dispense appliances from this dispensary

Comments

Are you currently experiencing any challenges in providing core dispensary services*?

- ☐ Yes (please describe the challenges in the comments section)
- ☐ No

Comments

Since the publication of the last PNA (2021), prescription items generated by GP Practices in Powys have increased by an average of 10%.

Thinking specifically about your **dispensary premises**, which of the following best describes your current capacity to meet a similar rise in demand (10%) over the next 5 years?

Please select the most appropriate option

- ☐ We currently have adequate **premises** to accommodate the increased demand in our area
- ☐ We do not currently have sufficient **premises**, but could make adjustments to accommodate the increased demand.
- ☐ We do not currently have sufficient **premises** and would face challenges in managing an increase in demand

Comments

Thinking specifically about your **dispensary staffing levels**, which of the following best describes your current capacity to meet a similar rise in demand (10%) over the next 5 years?

Please select the most appropriate option

- ☐ We currently have adequate **staffing levels** to accommodate the increased demand in our area
- ☐ We do not currently have sufficient **staffing levels**, but could make adjustments to accommodate the increased demand.
- ☐ We do not currently have sufficient **staffing levels** and would face challenges in managing an increase in demand

Comments

Dispensary Supplementary Services

* These are services that dispensing doctor practices in Powys may provide in addition to their core dispensing responsibilities. They are designed to enhance patient care and support safe, effective medicines management in the community. Examples include Just in Case Pack Service, MAR Chart Service and Return of Patient Sharps Service.

Are you currently commissioned to provide any Dispensary Supplementary Services*?

Please tick all that apply

- ☐ Just in Case (JIC) Pack Service
- ☐ Medication Administration Record (MAR) Chart Service
- ☐ Return of Patient Sharps
- ☐ Other (please specify in the comments box)

Comments

In your opinion is there a requirement for a new or existing Dispensary Supplementary Service in your area?
(if yes, what is the requirement and why?)

- ☐ Yes (please describe the requirement and why in the comments section)
- ☐ No

Comments

Access and Facilities

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Does the practice have appropriate arrangements in place to comply with the Equality Act 2010? Please tick all that apply		Comments
☐ Level entrance or access ramp to dispensary ☐ Hearing Loop available ☐ Large print labels available		
What Languages are spoken by your dispensary team? Please use the drawn list provided in the cells below. If the language is not listed, please provide details in the comments section.		Comments
Do you have any plans to develop or expand your dispensary premises over the next 5 years? Please describe any plans in the comments section		Comments
☐ Yes (please describe any plans in the comments section) ☐ No		
Digital and Automated Dispensing Services		
Is your dispensary currently able to dispense prescriptions via the Electronic Prescription Service (EPS)? <i>This refers to prescriptions that are sent digitally from a prescriber to a pharmacy or dispensary through a secure NHS system, rather than using paper. It allows for faster, safer, and more efficient dispensing of medicines.</i>		Comments
☐ Yes ☐ No		
If you do not currently use EPS, do you plan to implement it within the next 12 months?		Comments
☐ Yes ☐ No (Please explain why in the comments section) ☐ Not Applicable		
Does your dispensary currently use any automated dispensing technology (e.g. dispensing robots)? <i>This refers to systems that use machines or robotics to select, label, and dispense medicines, reducing manual handling and improving accuracy and efficiency. Examples include dispensing robots that store and retrieve medication automatically or machines that are able to dispense medication to the public when the dispensary is closed.</i>		Comments
☐ Yes (Please specify in the comments section) ☐ No		
Do you plan to implement automated dispensing technology within the next 5 years?		Comments
☐ Yes ☐ No ☐ Not Applicable		
Is your dispensary currently part of a hub-and-spoke dispensing model? <i>A system where medicines are prepared and assembled at a central location (the hub) and then distributed to individual pharmacies or dispensaries (the spokes) for final supply to patients.</i>		Comments
☐ Yes - This dispensary is currently acting as a "hub" location ☐ Yes - This dispensary is currently acting as a "spoke" location ☐ No		

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Non-Commissioned Services	
Do you provide a prescription delivery service? Please select the most appropriate option(s)	
☐ Yes - We provide a prescription delivery service free of charge upon request	Comments
☐ Yes - We provide a prescription delivery service to selected patient groups (please list criteria in comments section)	
☐ Yes - We provide a prescription delivery service to selected areas (please list areas in comments section)	
☐ Other (Please specify in the comments section. This could include automated prescription collection machines)	
☐ No - We do not provide a prescription delivery service	
Thank you for completing this questionnaire. Please now complete the declaration on the final tab.	

Section 3 – Declaration	
Please complete the declaration below before submitting your completed questionnaire to Powys.communitypharmacy@wales.nhs.uk .	
Details of person completing the form	
☐ I confirm that the information provided in this questionnaire is accurate and complete to the best of my knowledge at the time of submission	
Full Name	
Date	
Email Address	
Thank you for completing this questionnaire. Your input will inform the development of the Powys Teaching Health Board Pharmaceutical Needs Assessment. Please submit your completed questionnaire to Powys.communitypharmacy@wales.nhs.uk.	

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Appendix C – Data Sources used in this Assessment

A combination of quantitative datasets and qualitative intelligence was used to ensure that the assessment reflects:

- population need
- service provision
- accessibility of pharmaceutical services across Powys

Data has been drawn from national, regional, and local sources to provide a robust and evidence-based assessment.

Data Category	Data Source	Description
Population and Demographic Data	Office for National Statistics (ONS) Census 2021	National dataset providing detailed demographic, household and health characteristics at small area level
	ONS Mid-Year Population Estimates	Annual population estimates providing up-to-date population figures
	Population Projections (Welsh Government / Local Authority)	Estimates of future population size and demographic change
	Local Housing Market Assessment (LHMA)	Assessment of housing need and future population distribution
	Local Development Plan (LDP) / Replacement LDP	Planning framework identifying housing growth and development areas
Health and Wellbeing Data	Public Health Wales Observatory Data	Population health profiles, disease prevalence and health indicators
	Welsh Index of Multiple Deprivation (WIMD)	National dataset measuring relative deprivation, including access to services
	Census-derived deprivation indicators	Household-level measures of deprivation across employment, education, health and housing
Pharmaceutical Services Data	NHS Wales Shared Services Partnership (NWSSP) Data	Contractor lists, prescribing and dispensing data
	Health Board Contract Data	Local records of pharmacy and dispensing GP contractor details, opening hours and services
	Dispensing data (2025 dataset)	Prescribing and dispensing activity data used to analyse service provision and demand
	Contractor Questionnaires (Appendix B)	Data collected from community pharmacies and dispensing GP practices on services, capacity and future plans
Accessibility and Geographic Data	Geographic Information System (GIS) datasets	Spatial data used to map service provision and population distribution

	Output Area (OA) and Lower Layer Super Output Area (LSOA) geography	Standard statistical geography used for population and accessibility analysis
	Travel-time modelling (car and walking)	Modelled travel times used to assess access to pharmaceutical services
Stakeholder Engagement and Local Intelligence	Public engagement events (2025)	Feedback gathered from Powys residents through structured engagement events
	Stakeholder engagement (contractors, GP practices, Health Board teams)	Professional insight and operational intelligence supporting interpretation
	Existing patient insight and feedback	Previously collected qualitative data used to supplement engagement
Policy, Guidance and Legislative Framework	NHS (Pharmaceutical Services) (Wales) Regulations 2020	Statutory framework governing pharmaceutical services
	National Health Service (Wales) Act 2006	Primary legislation defining pharmaceutical services
	Welsh Government PNA Guidance	National guidance on preparation of Pharmaceutical Needs Assessments
	Welsh Community Pharmacy Contractual Framework (CPCF)	Framework for community pharmacy service provision in Wales

Additional technical appendices and supporting data are available on request, where appropriate.

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Appendix D – PNA Development Group Members

This appendix lists the members of the Pharmaceutical Needs Assessment (PNA) Development Group, who provided oversight and input throughout the development of this assessment.

Role	Organisation
Director of Medical Services	Powys Teaching Health Board
Consultant in Public Health Medicine	Powys Teaching Health Board
Deputy Director of Communications	Powys Teaching Health Board
Chief Pharmacist	Powys Teaching Health Board
Principal Pharmacist Primary Care Medicines Management	Powys Teaching Health Board
Head of Primary Care	Powys Teaching Health Board
Senior Medicines Management Pharmacy Technician – Community Pharmacy	Powys Teaching Health Board
Associate Director Contractor Engagement	Community Pharmacy Wales
Welsh Chair	Dispensing Doctor Association
Medical Director	Dyfed Powys Local Medical Committee

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Appendix E – Stakeholders Invited for Consultation

In accordance with the requirements of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, Powys Teaching Health Board consulted with the following organisations, contractors and stakeholder groups during the consultation period for this Pharmaceutical Needs Assessment:

- Community Pharmacy Wales (CPW)
- Dyfed Powys Local Medical Committee (DPLMC)
- Dispensing Doctors' Association (DDA) Wales
- Powys Community Pharmacy Contractors:
 - Boots UK Limited
 - L Rowland & Co (Retail) Ltd
 - HOW Pharm Ltd
 - Presteigne Pharm Ltd.
 - Sharief Healthcare Ltd
 - WM Morrison Supermarkets Plc
 - Davies Chemists (Briton Ferry) Ltd
 - Robert Davies
 - Pharmacy Matters Limited
 - R. M. Jones (Chemist) Ltd
 - Bestway National Chemists Limited
- Powys Dispensing Doctors:
 - Arwystli Medical Practice
 - Caereinion Medical Practice
 - Dyfi Valley Health
 - Llanfyllin Group Practice
 - Montgomery Medical Practice
 - Newtown Medical Practice
 - Welshpool Medical Practice
 - Brecon Medical Group
 - Crickhowell Health Centre
 - Haygarth Doctors
 - Ystradgynlais Group Practice
- Additional Powys Providers of Primary Medical Services (GP Practices):

- Builth Wells Medical Practice
- Llandrindod Wells Medical Centre
- Presteigne Medical Centre
- Rhayader Surgery
- Wylcwm Street Surgery
- The Citizen Voice Body and Other Organisations Representing Patients:
 - Llais (Powys)
 - Powys Association of Voluntary Organisations (PAVO)
 - Third sector organisations in Powys
 - Town and Community Councils in Powys
- Powys Teaching Health Board Staff
- Powys Regional Partnership Board and Powys Public Service Board
- Powys County Council
- NHS Trusts operating within or relevant to Powys Teaching Health Board:
 - Welsh Ambulance Service University NHS Trust
 - Public Health Wales NHS Trust
 - Velindre University NHS Trust
 - The Shrewsbury and Telford Hospital NHS Trust
 - Wye Valley NHS Trust
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Neighbouring Local Health Boards:
 - Aneurin Bevan University Health Board
 - Betsi Cadwaladr University Health Board
 - Cwm Taf Morgannwg University Health Board
 - Hywel Dda University Health Board
 - Swansea Bay University Health Board
- Bordering English NHS Commissioning Organisations:
 - Shropshire, Telford and Wrekin Integrated Care Board
 - Herefordshire and Worcestershire Integrated Care Board

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Appendix F – Patient Insight and Engagement

Key Insights from Community Feedback

Overview: The views captured were from residents who attended six pre-Christmas drop-in events called 'Your Health Services' during Winter 2025.

The six drop-in events took place in the following towns during late 2025 as part of engagement on the Better Together programme.

- Brecon
- Builth Wells
- Newtown
- Ystradgynlais
- Welshpool
- Knighton

Views were captured on some of the services which are the focus on the Better Together programme but alongside this people were free to comment on anything else. Some residents were asked specifically for their view on pharmacy services to support insight gathering ahead of the production of a draft Pharmacy Needs Assessment for the county.

This report also flags some additional other feedback from a specific community (Llanfyllin) where the local pharmacy was closing.

In total, we received 30 comments on Pharmacy from the 200+ people who attended these six events. The Engagement Team attended and sought views using a SWOT approach:

Strengths

- Reliable repeat Prescription service

Several people shared that they felt the prescriptions on repeat service works well and that pharmacies prepare prescriptions monthly without issues.

- Effective online ordering

Online services or ordering prescriptions is considered good by some residents.

- High Quality Local Pharmacy service

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There were multiple mentions of excellent service from local chemists. Ystradgynlais was praised by several residents attending the drop-in session.

- Helpful staff and consultations

Residents shared that their local pharmacists provided consultations for advice and that this was especially helpful for older residents.

Weaknesses – Top Four

- Poor communication between GP and Pharmacy

For some residents there were frequent issues with co-ordination leading to delays or errors in repeat prescriptions.

- Digital exclusion

Comments were made around people who were unable to use the internet struggling to order their prescriptions especially now the phone ordering service has been stopped.

- Prescription availability issues

One resident spoke about medication shortages due to supplier problems and how generic substitutions can and do cause inconvenience.

- Travel burden for prescriptions

Some patients have to travel long distances to get their prescription.

Opportunities

- Extended prescription duration

Allowing patients to receive two months' worth of medication instead of monthly was a suggestion put forward by one resident.

- Better Communication was a theme throughout with people not really understanding how the repeat prescription system worked, how the app works and the potential for better sharing of information between the GP/pharmacies.

Threats

- Cross border prescription demands

English patients with second homes in Wales demanding free prescriptions.

- Pharmaceutical policy changes

Concerns about insufficient care over accepting patients and changes in pharmaceutical practices.

- Closure of pharmacies

Bar one, most residents who gave views were not in living in towns where their pharmacy or dispensing GP practice was under threat, but this is a concern and a threat for Powys residents.

Llanfyllin Pharmacy

Llanfyllin residents however, who attended a Friday lunch club in Llanfyllin, shared a lot of concerns with the PAVO link officer for the Age Well forum and felt there was a lot of misinformation about the future of their pharmacy which was about to close. (December 2025).

Andrew Davies, PAVO attended and captured the following.

Residents requested more information about the plan for residents in the short and long term, as many people have repeat prescriptions filled 2 months in advance, and they need to know where these will be processed.

There is also a lot of concern about access for those who do not drive, as the public transport has recently changed, which has led to people not being able to get to Oswestry at all, and needing to leave Welshpool by 1 pm.

Finally, there was a question about what would happen if emergency medication were needed, such as antibiotics, how and where would these be prescribed if there is no longer access to the local pharmacy. Here are the comments I have received from residents

The Health Board must meet with our GP practice. We are very concerned that the pharmacist "Danbeys" is set to close in December, apparently leaving current customers who need medication without an option to obtain prescriptions! Many of us in Llanfyllin would be unable to travel to Welshpool or Oswestry for their medication. The GP practice must be enlarged to cope with the needs. Will the Health Board take responsibility if people become ill or die from a lack of regular medication?

- It's not just pills but the other things that are needed by the chemist; some of us cannot drive. What is the answer?
- The closure of Danbeys is a concern for Older People. If they make us pick up at Welshpool or Oswestry, there is no transport for non-drivers.
- The biggest regret of the people who live in Llanfyllin is the fact that the pharmacy is closing. For those of us expecting to get our tablets from the pharmacy, the question

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is, where will we get them then? A lot of people don't want to talk about public health, and it isn't good (Translation)

- Replacing the Pharmacy
- Our primary concern at present is the imminent changes concerning the town's medical dispensing. I was diagnosed with Parkinson's disease in 2015 and have now got to the stage where I am dependent on my wife, and I get bad reactions to anxiety and stress. So, uncertainties are apparent and very unsettling.
- Very concerned about the closure of the chemist and the doctors not taking over the supply of medication
- Closing of the pharmacy for prescriptions in urgent need of sorting out, before it is too late to collect prescriptions, etc.
- We urgently need a pharmacist.

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Appendix G – Details of Providers

Community Pharmacies in Powys

Contractor Code	Contractor	Address
603816E	Boots The Chemist	20-21 High Street Newtown SY16 2NU
603816F	Boots The Chemist	16-17 Broad St. Welshpool SY21 7SD
603227A	Llanidloes Pharmacy	Llanidloes Pharmacy 51 Long Bridge St. Llanidloes SY18 6EF
603610F	Allied Pharmacy	27 Park St. Newtown SY16 1EF
603604F	Morrisons Pharmacy	Morrison's Supermarket Pool Road Newtown SY16 3AH
603866E	Rowlands Pharmacy	8 Pentrehedyn St. Machynlleth SY20 8DN
603860A	Rowlands Pharmacy	Unit B 20 Church St. Welshpool SY21 7DP
603816G	Boots The Chemist	11 High St. Builth Wells LD2 3DN
603818P	Boots The Chemist	5 Wylcwm Place Knighton LD7 1AE
603816D	Boots The Chemist	Victoria House Station Crescent Llandrindod Wells LD1 5ET
603227C	Lakeside Pharmacy	Princess Avenue Llandrindod Wells LD1 5HU
603227B	Llanwrtyd Pharmacy	The Health Centre Ffos Road Llanwrtyd Wells LD5 4RG
603539A	Presteigne Pharmacy	2 High St. Presteigne LD8 2BA
603860B	Rowlands Pharmacy	London House West St. Rhayader LD6 5AA
603816C	Boots The Chemist	Unit 8 Bethel Square Brecon LD3 7JP

603818O	Boots The Chemist	Beaufort St. Crickhowell NP8 1AD
603120G	EW Richards Pharmacy	30 Heol Eglwys Ystradgynlais SA9 1EY
603100A	JG & RG Davies Pharmacy	8 Commercial St. Ystradgynlais SA9 1HD
603177A	Primrose Pharmacy	High St. Talgarth LD3 0PF
603120F	Gurnos Pharmacy	43 Gyrnosfa Lower Cwmtwrch Ystradgynlais SA9 1DR
603366B	RM Jones Pharmacy	7 High Town Hay HR3 5AE
603857B	Well Pharmacy	7 The Bulwark Brecon LD3 7LB

Dispensing GP Practices in Powys

Practice Number	Practice Name	Main Site / Branch	Address
W96001	Montgomery Medical Practice	Main Site	Montgomery Health Centre Well Street Montgomery Powys SY15 6PF
W96005	Arwystli Medical Practice	Main Site	Mount Lane Llanidloes Powys SY18 6EZ
W96005	Caersws Health Centre	Branch of W96005	Llys Meddyg, Manthrig Lane Caersws Powys SY17 5EX
W96009	Caereinion Medical Practice	Main Site	Llanfair Caereinion Welshpool Powys SY21 0RT
W96010	Welshpool Medical Centre	Main Site	Salop Road Welshpool Powys SY21 7ER
W96010	Guilsfield Surgery	Branch of W96010	Church Road Guilsfield Welshpool Powys SY21 9NJ
W96011	Dyfi Valley Medical Practice	Main Site	Dyfi Valley Health Bro Ddyfi Community Hospital Heol Maengwyn Machynlleth Powys SY20 8AD

W96012	Llanfyllin Group Practice	Main Site	Llanfyllin Medical Centre High Street Llanfyllin Powys SY22 5DG
W96012	Four Crosses Branch Surgery	Branch of W96012	Four Crosses Business Park Four Crosses Llanymynech Powys SY22 6ST
W96012	Llanrhaedr Branch Surgery	Branch of W96012	Dolybont Llanrhaedr Ym Mochnant Powys SY10 0LJ
W96015	Newtown Medical Practice	Main Site	Park Street Newtown Powys SY16 1EF
W96002	Abercrave Surgery	Branch of W96002 (Main site is not dispensing)	Heol Tawe Abercrave Swansea SA9 1TJ
W96003	Ty Henry Vaughan	Main Site	Bridge Street Brecon Powys LD3 8AH
W96003	Sennybridge Health Centre	Branch of W96003	Defynnog Road Sennybridge Powys LD3 8RU
W96016	Crickhowell Group Practice	Main Site	War Memorial Health Centre Beaufort Street Crickhowell Powys NP8 1AG
W96017	Hay on Wye Health Centre	Main Site	Forest Road Hay on Wye Powys HR3 5DS
W96017	Talgarth Medical Centre	Branch of W96017	Hay Road Talgarth Powys LD3 0AW

Neighbouring Community Pharmacy Contractors

These contractors have also been included in some of the analysis within Chapter 6 of the assessment.

Contractor Code	Contractor	Address
604864L	Rowlands Pharmacy	Vulcan House The Square High Street Corwen LL21 0DE
604860C	Boots The Chemist	42 High Street Bala LL23 7AB

604814H	Boots The Chemist	Queen's Square Dolgellau LL40 1AL
603162A	Huw Evans Chemists	Chapel Street Tregaron SY25 6HA
605399A	Dyffryn Pharmacy	55 Main Road Dyffryn Cellwyn Neath SA10 9HR
603091B	A.R & H Davies Pharmacy	4 Kings Road Llandovery SA20 0AW
605120E	Davies Chemists	19 Wern Road Ystalyfera Swansea SA9 2LX
605352A	Vale of Neath Pharmacy	Chain Road Glynneath Neath SA11 5AT
602856K	Well Pharmacy	37 High Street Hirwaun Aberdare CF44 9SW
601850C	Well Pharmacy	Brynmawr Wellbeing Centre Blaenavon Road Ebbw Vale NP23 4BR
602388H	Knights Cefn Coed Pharmacy	62a High Street Cefn Coed Merthyr Tydfil CF48 2PL
602390F	Knights Gurnos Pharmacy	5 Chestnut Way Gurnos Estate Merthyr Tydfil CF47 9SB
602485A	Dowlais Pharmacy	82/83 Victoria Street Dowlais Merthyr Tydfil CF48 3RN
601062A	Complete Care Pharmacy	51 High Street Rhymney Tredegar NP22 5LP
601814B	Boots The Chemist	Units 5 & 6 Gwent Shopping Centre Tredegar NP22 3EJ
601613B	H Shackleton Pharmacy	Cwm Hir Road Beaufort Ebbw Vale NP23 5NT
601742A	John Williams Pharmacy	36 Main Road Gilwern Abergavenny NP7 0AS
601613C	H Shackleton Pharmacy	33 & 35 Brecon Road Abergavenny NP7 5UH
FP202	Kington Pharmacy	42 High Street Kington Herefordshire HR5 3BJ
FEF71	Bishops Castle Pharmacy	The Pharmacy Church Street

		Bishops Castle Shropshire SY9 5AE
FWV40	Glyn Ceiriog Pharmacy	New Road Glyn Ceiriog Nr Llangollen Wrexham LL20 7HE
FFY53	Boots The Chemist	5-7 Church Street Oswestry Shropshire SY11 2SU

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Appendix H – Prescribing data

Prescriptions from England

Figure 4 illustrates the volume of prescriptions generated by English prescribers that were dispensed by community pharmacies located within Powys during 2025. This includes prescriptions issued by both English GP practices and English hospital services.

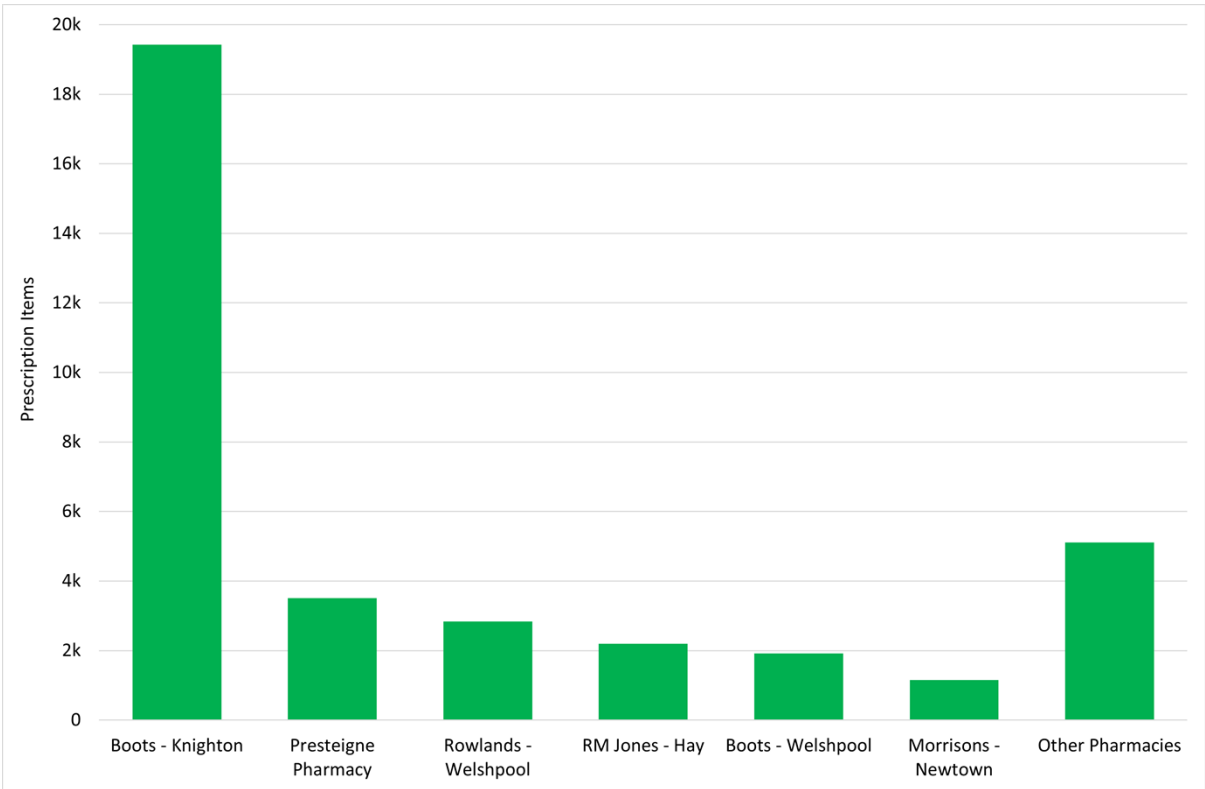


Figure 4 - Volume of English Prescriptions Dispensed by Community Pharmacies in Powys (2025)

The pattern shown is consistent with the geography of Powys and established cross-border patient flows. Pharmacies located within border settlements, particularly Knighton, Presteigne and Hay-on-Wye, dispense comparatively large volumes of prescriptions originating from English prescribers. This reflects the close proximity of these communities to neighbouring English healthcare services and the routine use of GP and other NHS services across the England–Wales border.

The particularly high volume observed at Boots in Knighton is likely influenced by local cross-border GP registration patterns. In particular, the practice area for The Meadows Medical Practice in Clun extends to the Welsh border near Knighton, meaning that the pharmacy in Knighton dispenses a comparatively high volume of English-issued prescriptions.

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The Health Board is also aware of a discrepancy in the prescribing data attributed to Wylcwm Street Surgery in Knighton for 2025 whereby some prescriptions generated by the practice have been mistakenly recorded as “English” prescriptions in national datasets.

More limited volumes are also evident across other community pharmacies within Powys. This suggests that cross-border prescribing activity is not confined solely to immediate border settlements and may also reflect wider patient movement, temporary residence, tourism, or patients choosing to access dispensing services at locations other than those nearest to the originating prescriber.

Hospital Prescriptions

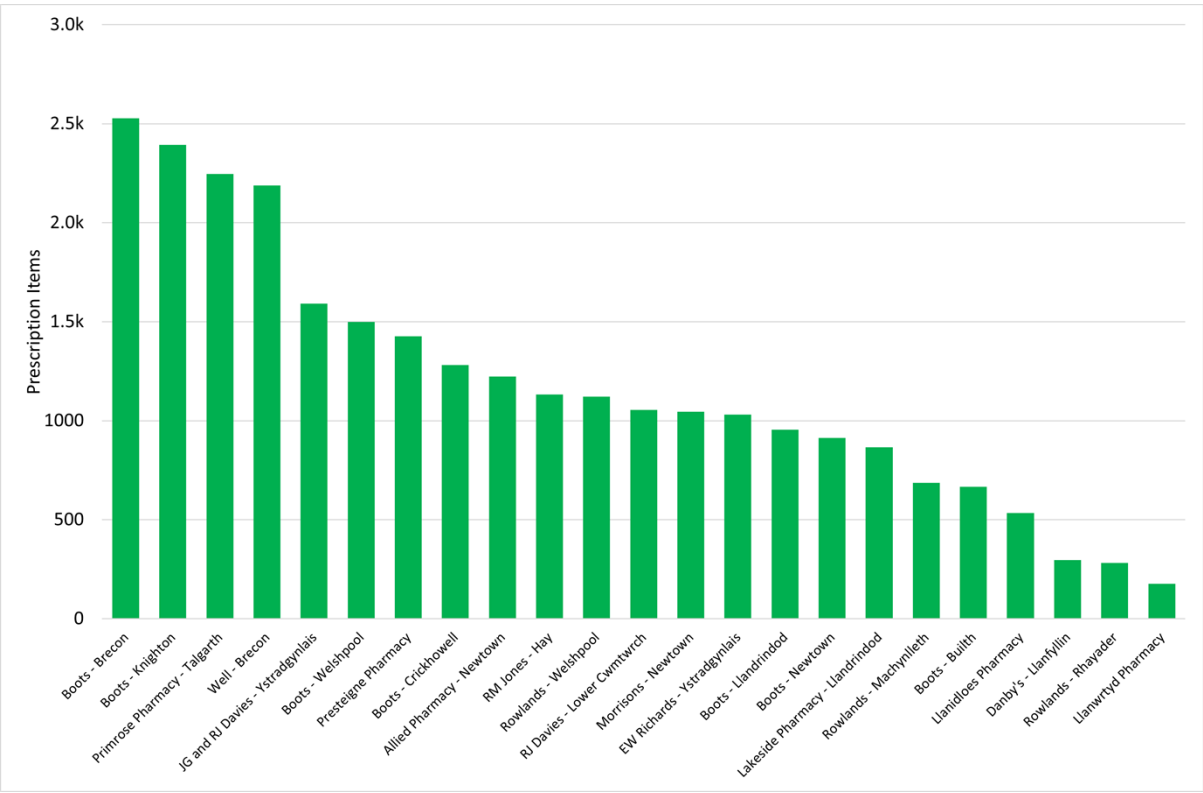


Figure 5 - Volume of Hospital Prescriptions Dispensed by Community Pharmacies in Powys (2025)

Figure 5 illustrates the volume of prescriptions generated by Welsh hospital services that were dispensed by community pharmacies across Powys during 2025. The data reflects the role community pharmacies play in supporting continuity of care following outpatient attendance, specialist treatment and hospital discharge activity across a large and geographically dispersed rural area.

Variation is evident between pharmacies, with higher volumes observed within pharmacies located in larger population centres and border communities, including Brecon, Knighton, Welshpool and Ystradgynlais. This is likely to reflect a combination of local population size,

proximity to acute and specialist healthcare services, patient travel patterns and the role of some pharmacies in routinely supporting patients receiving ongoing secondary care treatment.

The particularly high volume observed at Primrose Pharmacy in Talgarth is influenced by the role of the pharmacy in dispensing and managing clozapine prescriptions for patients across Powys. Clozapine prescribing is closely linked to specialist secondary care services and associated monitoring arrangements, resulting in a disproportionately higher volume of hospital-originated prescriptions being dispensed through this pharmacy.

The distribution of activity across a broad range of pharmacies demonstrates that Welsh hospital prescriptions are routinely dispensed throughout the Powys community pharmacy network and form part of normal pharmaceutical service provision across the county.

Prescriptions from Specialised Substance Use Treatment Services

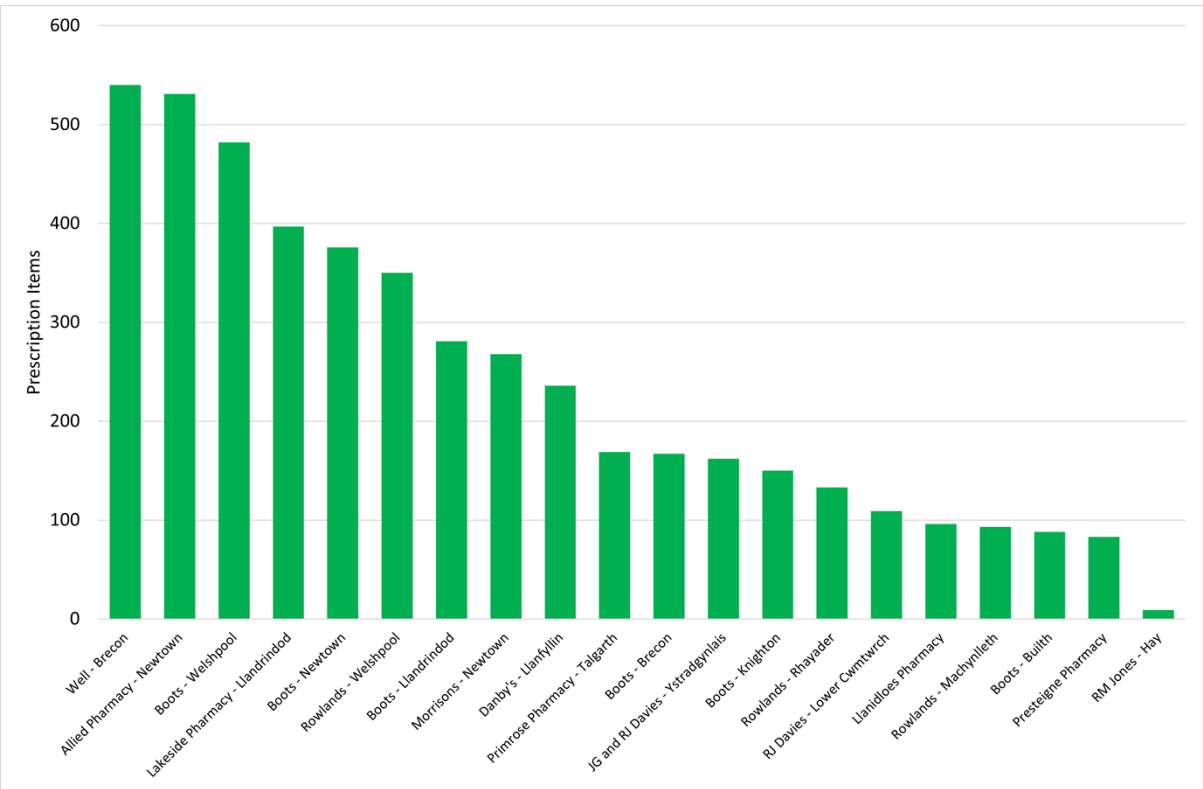


Figure 6 - Volume of Kaleidoscope Prescriptions Dispensed by Community Pharmacies in Powys (2025)

Figure 6 illustrates the volume of prescriptions generated through specialist substance use treatment services and dispensed by community pharmacies across Powys during 2025. The data reflects the important contribution community pharmacies make to wider public health, harm reduction and continuity of care arrangements within local communities.

Variation is evident between pharmacies, with higher volumes observed within pharmacies located in larger population centres including Brecon, Newtown, Welshpool and Llandrindod Wells. This variation is likely to reflect differences in local service configuration, patient distribution, provider participation in commissioned services and established treatment pathways across the county.

For some contractors, this activity may represent a proportionately significant operational and clinical workload. This includes patient engagement, liaison with specialist treatment services and the governance requirements associated with the provision of commissioned substance use services.

In addition to dispensing prescriptions generated through specialist substance use treatment services, community pharmacies may also provide other commissioned harm reduction and support services. These may include supervised administration of prescribed opioid substitution therapy and needle and syringe exchange services. Collectively, these services contribute to wider public health objectives, support treatment engagement and help reduce risks associated with substance misuse within local communities.

The data therefore reflects the broader role of community pharmacy within the healthcare system beyond routine dispensing activity alone, including its contribution to supporting vulnerable patient groups and maintaining access to structured treatment services within local communities.

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Prescriptions from Out of Hours Providers

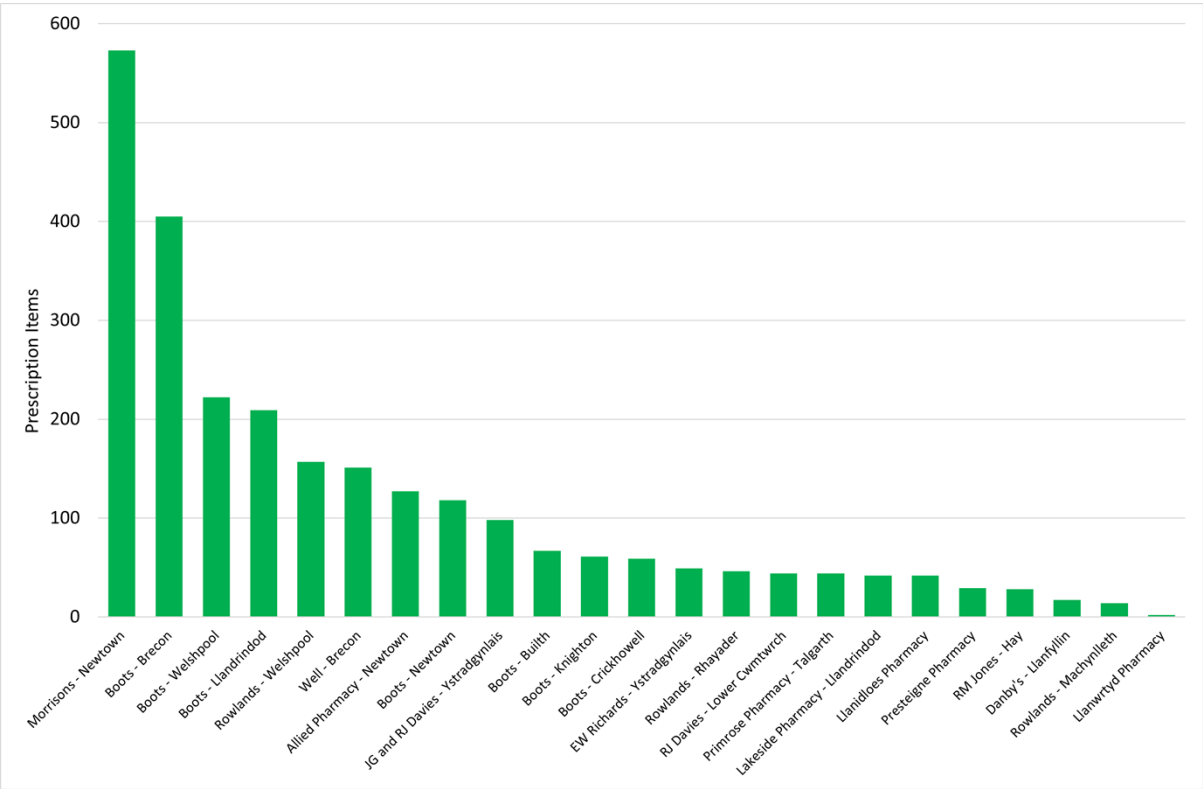


Figure 7 - Volume of Out of Hours Prescriptions Dispensed by Community Pharmacies in Powys (2025)

Figure 7 illustrates the volume of prescriptions generated by Out of Hours (OOH) services that were dispensed by community pharmacies across Powys during 2025. The data reflects the role community pharmacies play in supporting urgent access to medicines outside routine GP opening hours and their contribution to wider unscheduled care arrangements across the county.

Variation is evident between pharmacies, with higher volumes observed within pharmacies located in larger population centres including Newtown, Brecon, Welshpool and Llandrindod Wells. This is likely to reflect a combination of population distribution, patient travel patterns, pharmacy opening hours and the proximity of pharmacies to local urgent care and Out of Hours service provision.

Opening hours are also likely to influence the pattern observed. Notably, Morrisons Pharmacy in Newtown provides extended evening opening and is routinely open on both Saturdays and Sundays, which is likely to contribute to the comparatively high volume of Out of Hours prescriptions dispensed through the pharmacy.

The comparatively high level of activity observed within a relatively small number of pharmacies may also reflect the practical importance of extended opening arrangements,

weekend availability and patient preference when accessing urgent medicines outside normal working hours.

Within a large and sparsely populated rural county such as Powys, it is not feasible for community pharmacies to remain routinely open for all eventualities at every time medicines may be required. The role of community pharmacy within the Out of Hours system is therefore primarily to support timely access to medicines where this is practical and clinically appropriate within the existing network configuration.

Out of Hours providers covering Powys are therefore expected to maintain stocks of time-limited and acute emergency medicines for immediate supply to patients where necessary. This forms an important component of the wider urgent care model and helps ensure that urgent treatment can still be accessed when community pharmacy services are unavailable.

Although Out of Hours prescribing activity represents a relatively small proportion of overall dispensing volume, it forms an important component of maintaining timely access to medicines, reducing avoidable escalation of care and supporting continuity of treatment during periods when routine primary care services are unavailable.

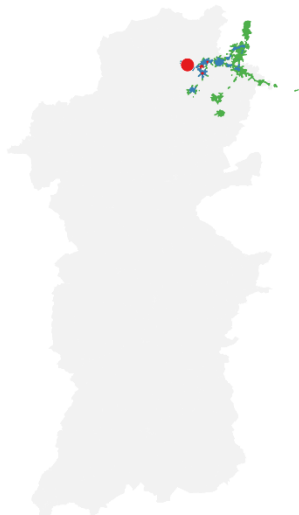
The data therefore demonstrates the contribution community pharmacies make to the resilience of the wider urgent and unscheduled care system across Powys.

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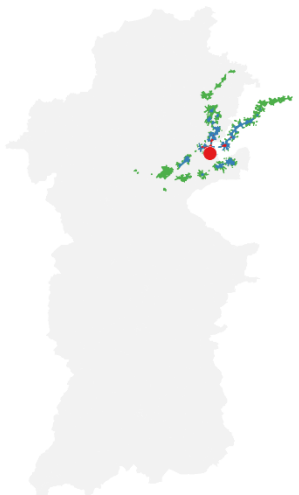
Appendix I – Public Transport Isochrones

The following isochrone maps illustrate indicative public transport travel times to community pharmacy services from selected locations within Powys.

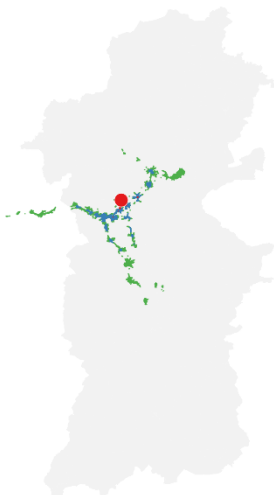
Danby's - Llanfyllin



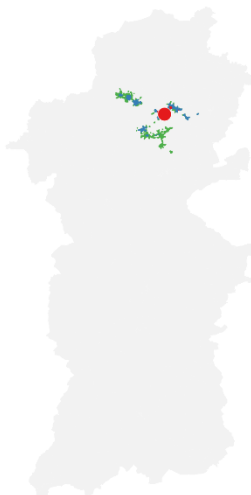
Montgomery Medical Practice



Arwystli Medical Practice



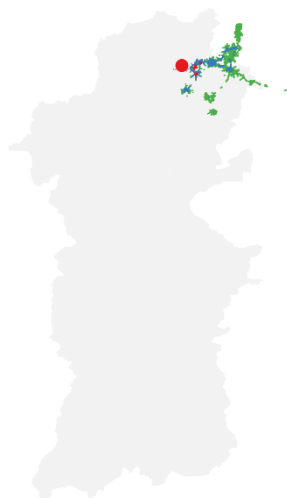
Caereinion Medical Practice



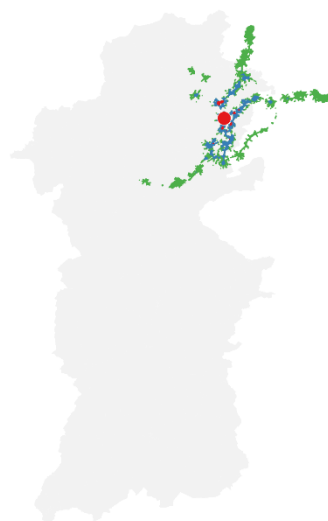
Public transport travel time
Within 15 minutes Within 30 minutes Within 45 minutes

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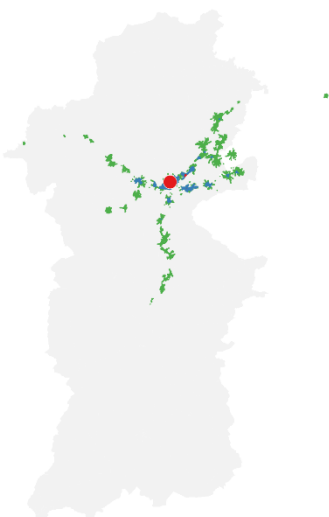
Llanfyllin Group Practice



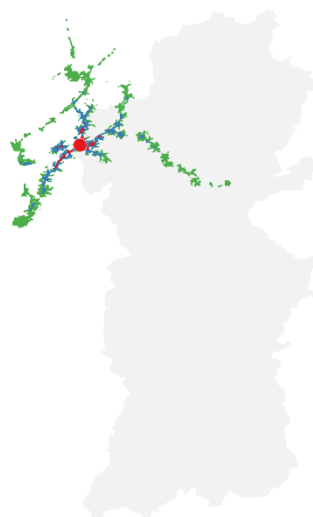
Welshpool



Newtown



Machynlleth



Public transport travel time

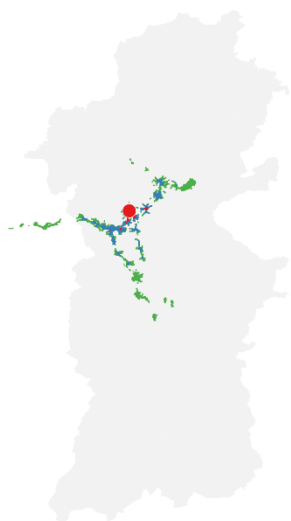
Within 15 minutes

Within 30 minutes

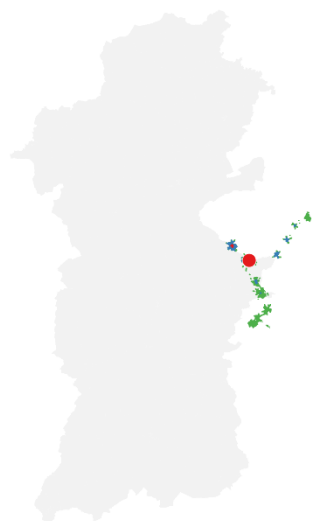
Within 45 minutes

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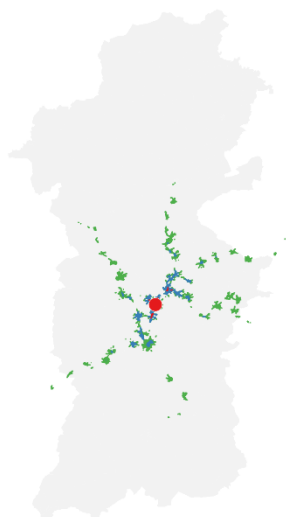
Llanidloes



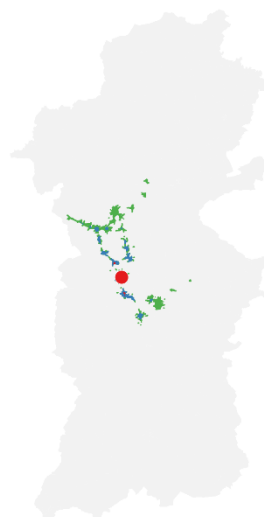
Knighton



Llandrindod



Rhayader



Public transport travel time

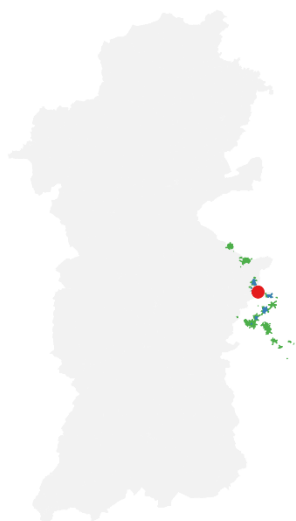
Within 15 minutes

Within 30 minutes

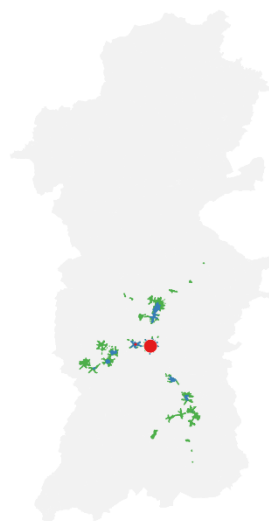
Within 45 minutes

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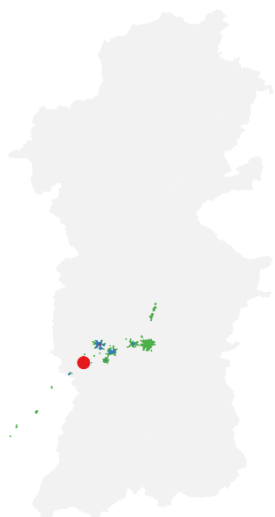
Presteigne



Builth



Llanwrtyd



Hay



Public transport travel time

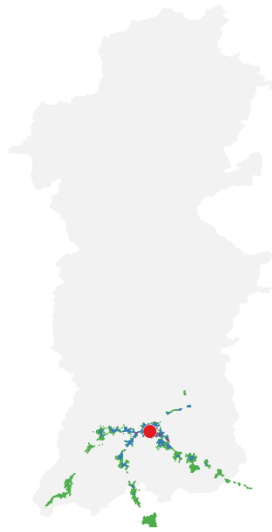
Within 15 minutes

Within 30 minutes

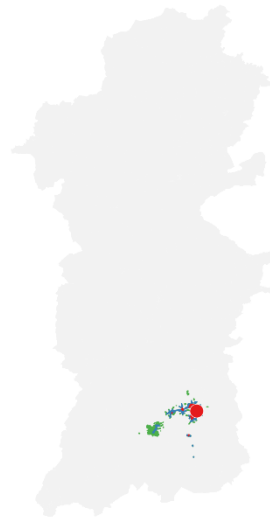
Within 45 minutes

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Brecon



Talgarth



Crickhowell



Ystradgynlais



Public transport travel time

Within 15 minutes

Within 30 minutes

Within 45 minutes

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Appendix J – Consultation Feedback and Outcomes

Introduction

Powys Teaching Health Board undertook a 60-day public consultation on the draft Pharmaceutical Needs Assessment (PNA) between 1 June 2026 and 30 July 2026. The consultation sought views from patients, members of the public, community pharmacy contractors, dispensing doctors and other stakeholders regarding the findings and conclusions of the draft assessment.

A total of six responses were received during the consultation period. These included a detailed submission from Community Pharmacy Wales (CPW), together with responses from contractors, organisations and members of the public.

Overall, responses were supportive of the findings and conclusions of the draft PNA and reinforced the challenges associated with providing sustainable pharmaceutical services across a large rural county.

Respondent Profile

Respondent Type	Number of Responses
Community Pharmacy Wales	1
Pharmacy / Dispensing Appliance Contractor / Dispensing Doctor	3
Other Organisation	1
Individual (Patient / Citizen)	1
Total	6

Chapter 1 – Introduction and Framing

Feedback Received

CPW considered the chapter to provide a clear explanation of the purpose and scope of the Pharmaceutical Needs Assessment and welcomed the description of pharmaceutical services provided under both Sections 80 and 81 of the NHS (Wales) Act 2006. CPW agreed that

variation in individual Section 81 services should not, in isolation, be treated as evidence of a gap in pharmaceutical service provision.

However, CPW suggested that the assessment could provide greater clarity regarding how services provided under Section 81 had been considered when assessing current and future pharmaceutical need. CPW expressed concern that the emphasis placed on medicines supply and access to prescribed medicines could be interpreted as narrowing the scope of the assessment.

One further respondent commented positively on the chapter and considered the introduction to provide a clear explanation of the key issues.

Health Board Consideration

The Health Board notes the comments from CPW regarding the consideration of services provided under Section 81 of the NHS (Wales) Act 2006.

The Health Board remains satisfied that pharmaceutical services provided under both Sections 80 and 81 of the Act have been appropriately considered within the assessment. Following consultation, additional explanatory text has been included within both the assessment and appendices to further clarify how nationally directed and locally commissioned services have been considered, how the Health Board works with contractors to support service availability, and how service delivery is monitored and developed across Powys.

The assessment recognises the important contribution made by services commissioned under Section 81 whilst acknowledging that availability may vary between providers and over time. The availability, accessibility and distribution of these services have been considered as part of the wider pharmaceutical services landscape and the Health Board has not identified any gaps in pharmaceutical service provision arising from their availability or distribution.

The Health Board also notes CPW's agreement that variation in the availability of individual Section 81 services should not, in isolation, be treated as evidence of a gap in pharmaceutical service provision.

Outcome

Comments accepted in part. Additional explanatory text has been included throughout the assessment (including appendices) to provide greater clarity regarding the consideration of services commissioned under Section 81 of the NHS (Wales) Act 2006 and the Health Board's approach to supporting service availability across Powys.

Chapter 2 – Methods, Evidence Base and Consultation

Feedback Received

CPW welcomed the methodology and evidence sources used within the assessment.

CPW raised concerns regarding the availability of Controlled Locality mapping information and requested greater transparency regarding current Controlled Locality determinations and whether these had been reviewed as part of the assessment process.

CPW also noted that a dedicated pharmacy-focused patient survey had not been undertaken and suggested that this may have strengthened the evidence base.

Health Board Consideration

The Health Board notes the comments from CPW regarding Controlled Locality determinations and the availability of supporting maps. The Health Board also acknowledges and apologises that a response had not been provided to CPW's earlier correspondence on this matter.

The assessment explains that Controlled Locality determinations and boundary reviews are undertaken through separate regulatory processes and do not form part of the Pharmaceutical Needs Assessment process. The Health Board remains satisfied that the absence of Controlled Locality mapping within the PNA does not materially affect the assessment of pharmaceutical need, accessibility or the conclusions reached. The assessment considers dispensing GP practices operating under the appropriate regulatory approvals and their contribution to the wider pharmaceutical services network.

The Health Board acknowledges the value of accurate and accessible Controlled Locality mapping information and will work with relevant stakeholders to improve the availability and maintenance of this information outside the PNA process.

The Health Board also notes the comments regarding patient engagement but remains satisfied that the approach adopted was proportionate, taking account of previous survey response rates and the availability of existing patient insight. Future opportunities for additional pharmaceutical services-focused engagement will be considered.

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Outcome

Comments accepted in part. The Health Board will work with relevant stakeholders to improve the availability and maintenance of Controlled Locality mapping information outside the PNA process and will consider future opportunities for patient engagement and feedback. No amendment to the assessment conclusions is required.

Chapter 3 – Population of Powys and Geographical Distribution

Feedback Received

Feedback received was supportive of the analysis presented within the chapter. Respondents agreed that the chapter appropriately reflected the rural and sparsely populated nature of Powys and the challenges this presents for access to services.

Health Board Consideration

The Health Board welcomes the positive feedback received. The comments support the assessment's conclusions regarding the impact of rurality, population distribution and travel distances on access to pharmaceutical services.

Outcome

Comments noted. No amendment required.

Chapter 4 – Drivers of Pharmaceutical Need

Feedback Received

Respondents considered the chapter to provide a comprehensive assessment of the factors that influence pharmaceutical need within Powys, particularly the ageing population, higher levels of long-term conditions and the impact of rurality.

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Health Board Consideration

The Health Board welcomes the positive feedback received. The comments support the assessment's findings regarding the importance of demographic, health and accessibility factors in shaping pharmaceutical need across Powys.

Outcome

Comments noted. No amendment required.

Chapter 5 – Current Provision of Pharmaceutical Services

Feedback Received

CPW welcomed the description of the pharmaceutical services network and the recognition of workforce, financial and sustainability pressures affecting providers.

CPW requested clarification that prescription collection and medicines delivery arrangements do not form part of NHS pharmaceutical services under the Regulations.

CPW also queried whether dispensing activity data presented within Section 5.3.1 was accurate and requested review of the figures.

One contractor highlighted that St David's had been included within Figure 5.11 despite not currently holding premises approval. Another respondent suggested consideration of innovative approaches to improving access within remote communities.

Health Board Consideration

The Health Board welcomes the positive feedback regarding the description of the current pharmaceutical services network and the recognition of workforce, sustainability and funding pressures affecting pharmaceutical service provision.

The Health Board accepts the comments regarding prescription collection and medicines delivery arrangements and has amended Sections 5.9.1 and 5.9.2 to clarify that these are supplementary arrangements provided by contractors to support patient access and do not form part of NHS pharmaceutical services under the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

The comments regarding prescription activity data are noted. In reviewing the figures presented within the assessment, the Health Board identified a known data anomaly affecting

a proportion of prescriptions issued by Wylcwm Street Surgery during the 2025/26 financial year. As a result of processing arrangements, some prescriptions generated by the practice may appear within national datasets as prescriptions issued by English prescribers rather than prescriptions originating from a Powys GP practice. To improve transparency, a clarifying statement has been added both to the assessment and Appendix H. The Health Board does not consider this issue to materially affect the interpretation of the data or the conclusions of the assessment.

The comment regarding the inclusion of St David's within Figure 5.11 is accepted, and the figure has been amended to reflect current approved dispensing premises status.

The Health Board notes the suggestions regarding medicines delivery services, dispensing lockers and out-of-hours access. These are matters for future service development and commissioning consideration rather than the assessment of pharmaceutical need.

Outcome

Minor amendments made to Sections 5.9.1 and 5.9.2, Figure 5.11 and the supporting explanatory text relating to prescription activity data added into relevant sections.

Chapter 6 – Access and Alignment Analysis

Feedback Received

CPW considered the accessibility assessment to be comprehensive and evidence-based and welcomed the use of accessibility mapping, travel-time analysis and consideration of cross-border provision.

CPW requested additional explanation regarding the travel-time assumptions used within the analysis. CPW noted that, in rural settings, a 30-minute drive-time threshold is often used when considering access to healthcare services and suggested that further explanation of the rationale for adopting a 20-minute threshold within the Powys methodology would assist readers in understanding how accessibility had been assessed.

Health Board Consideration

The Health Board welcomes the positive feedback received regarding the accessibility analysis.

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The methodology used for accessibility analysis is described within Section 2.6 of the assessment. The 20-minute drive-time threshold was not used as a definitive standard of acceptable access, but rather as a screening threshold to identify areas requiring further consideration. Areas identified as having travel times greater than 20 minutes were subsequently considered alongside a range of additional factors, including population distribution, transport availability, cross-border provision, service sustainability and existing patterns of service use.

The Health Board acknowledges that alternative thresholds may be used within other healthcare settings. However, the assessment considers accessibility in the round and does not rely on a single travel-time measure to determine whether a gap in pharmaceutical service provision exists.

Outcome

Comments accepted in part. Additional explanatory wording has been included throughout the assessment to clarify the purpose of the 20-minute travel-time threshold and the wider factors considered when assessing accessibility.

Chapter 7 – Interpretation of Findings, Gap Analysis and Future Monitoring

Feedback Received

CPW welcomed the explanation of the methodology used to assess current and future pharmaceutical service provision and appropriately recognised the importance of ongoing monitoring of service sustainability and provider resilience.

CPW also welcomed the acknowledgement of the disruption arising from the closure of Danby's Pharmacy in Llanfyllin.

However, CPW expressed concern that the assessment did not adequately reflect the current position in Llanfyllin. CPW noted that the closure of the only community pharmacy serving the locality represented a significant reduction in local pharmaceutical service provision and commented that, whilst the PNA referred to interim arrangements, it was unclear what those arrangements were.

CPW further noted that, at the time of consultation, no community pharmacy was operating within Llanfyllin. Whilst an application intended to address the identified gap had been granted

following publication of a Supplementary Statement, CPW highlighted that the decision remained subject to appeal and that there was no certainty regarding either the outcome of the appeal or whether a pharmacy would ultimately open within the locality. CPW therefore considered that it should not be assumed that pharmaceutical services would be restored during the period covered by the PNA.

CPW also stated that Supplementary Statements are not the appropriate mechanism for identifying and addressing gaps in pharmaceutical service provision. CPW considered that the assessment and identification of gaps should be undertaken through the PNA process itself and that the current PNA therefore provides the appropriate opportunity to assess whether the loss of the only pharmacy in Llanfyllin has created a gap in pharmaceutical service provision.

A further respondent commented that a supplementary statement may be required should no permanent solution be secured in Llanfyllin.

Health Board Consideration

The Health Board acknowledges the comments received regarding pharmaceutical service provision within Llanfyllin.

On 24 September 2025, the Health Board published a Supplementary Statement to the 2021 Pharmaceutical Needs Assessment which identified a gap in pharmaceutical service provision within Llanfyllin. This reflected the particular circumstances applying within the locality at that time, including consideration of local pharmaceutical service capacity, the sustainability of existing arrangements and the ability of local services to continue meeting the pharmaceutical needs of the population.

The Health Board notes CPW's comments regarding the role of Supplementary Statements. The Health Board remains satisfied that the action taken in relation to Llanfyllin was consistent with the statutory framework established under the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and that the Supplementary Statement process was appropriately utilised in response to a material change affecting pharmaceutical service provision.

Publication of the Supplementary Statement enabled applications to be considered against the identified gap. The Health Board subsequently approved an application which it considered would address the identified need and restore local pharmaceutical service provision within the locality.

At the time of finalising this assessment, the Health Board's decision remains subject to appeal and a determination from Welsh Government is awaited.

The closure of Danby's Pharmacy on 31 December 2025 further reinforced the importance of securing a sustainable long-term solution for the locality. The Health Board recognises the importance of restoring sustainable local pharmaceutical service provision within Llanfyllin. However, until the appeal process has concluded, the outcome and associated timescales cannot be prejudged.

The identified gap in Llanfyllin and the ongoing regulatory proceedings have been taken into account during preparation of this assessment. The Health Board will continue to monitor the position closely and, should circumstances materially change, will consider whether further action is required in accordance with the Regulations.

Outcome

Comments accepted in part. Additional explanatory text has been included within Chapter 7 to clarify the current position in Llanfyllin and the ongoing regulatory process. The Health Board remains satisfied that the identified gap in pharmaceutical service provision has been appropriately managed through the statutory processes established under the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Welsh Language Considerations

Feedback Received

CPW highlighted the importance of Welsh language provision within pharmaceutical services and suggested that consideration should be given to promoting information regarding pharmacies able to provide services through the medium of Welsh.

Health Board Consideration

The Health Board welcomes the comments received and recognises the importance of ensuring healthcare services are accessible through the medium of Welsh where appropriate.

The Health Board notes the suggestion regarding promotion of Welsh language pharmaceutical services. The Health Board recognises the value of improving public awareness of Welsh language service availability and will consider this feedback as part of wider work relating to patient information and service accessibility.

Patterson, Liz
25/09/2026 14:52:15

Outcome

Comments noted. The Health Board recognises the importance of Welsh language provision. No amendment is required.

Equality, Socio-economic and Carer Considerations

No respondents identified any additional equality, socio-economic or carer impacts beyond those already considered within the draft assessment.

Declarations of Interest

No declarations of interest were received through the consultation process. Community Pharmacy Wales submitted its response in its capacity as the recognised representative body for community pharmacy contractors in Wales.

Consultation Outcome

The Health Board would like to thank all respondents for their participation in the consultation process. The feedback received has informed the finalisation of the Pharmaceutical Needs Assessment. Following consideration of all responses, a number of factual, explanatory and contextual amendments have been made to improve accuracy, transparency and clarity. These amendments included additional clarification regarding the consideration of services commissioned under Section 81 of the NHS (Wales) Act 2006, accessibility methodology, pharmaceutical service data interpretation and the position in Llanfyllin.

No consultation responses have resulted in any changes to the overall conclusions of the assessment. The feedback received will continue to support the monitoring and development of pharmaceutical services across Powys.

Patterson, Liz
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Powys Teaching
Health Board

Agenda item: 3.8

BOARD		30 SEPTEMBER 2026
Subject:	Duty of Quality Annual Report 2025-2026	
Approved and presented by:	Paul Hooton, Executive Director of Nursing, Quality, Women and Family Health	
Prepared by:	Director of Midwifery, Women & Family Health, Quality & Safety	
Other Committees and meetings considered at:	Executive Committee - 22 July 2026 Patient Experience, Quality and Safety Committee - 04 August 2026 who recommend the report to the Board.	
PURPOSE:		
To provide an updated position on services across the Health Board concerning the areas with the Duty of Quality.		
RECOMMENDATION(S):		
The Board is asked to:		
- Take ASSURANCE from the evidence presented regarding delivery of the Duty of Quality during 2025/26 and the arrangements in place to support continued improvement during 2026/27. APPROVE of the Duty of Quality Annual Report which evidences progress and areas for improvement for 2025-2026.		
Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Duty of Quality is applicable to all aspects of the organisations work.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The Duty of Quality, established through the Health and Social Care (Quality and Engagement) (Wales) Act 2020, requires NHS organisations to continuously improve the quality of services and outcomes for people, ensuring that quality is considered in all aspects of service planning, delivery, monitoring and improvement.

This report provides an overview of how Powys Teaching Health Board has delivered the Duty of Quality during 2025/26. It describes the governance arrangements, quality intelligence, organisational learning, patient and public engagement activities, quality improvement programmes and assurance processes that support the Health Board's commitment to delivering safe, timely, effective, efficient, equitable and person-centred care.

The report demonstrates progress made during the year across a number of areas including quality governance, learning from experience, patient experience, bereavement care, Duty of Candour, safeguarding, service improvement and the development of quality intelligence and assurance arrangements. It also summarises how the Health Board has responded to local and national learning, undertaken service improvement activities and continued to strengthen its approach to quality management.

Recognising that quality improvement is an ongoing journey, the report also identifies future priorities for 2026/27, including continued development of a comprehensive Quality Management System, implementation of the NHS Wales Listening to People Framework, strengthening organisational learning arrangements, enhancing assurance of commissioned services and supporting continued engagement and co-production through programmes such as Better Together.

The report demonstrates the Health Board's ongoing commitment to ensuring that quality remains central to decision-making, service delivery and improvement activity for the people of Powys.

DETAILED BACKGROUND AND ASSESSMENT:

Following the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, which came into force in April 2023, it is a requirement for health boards to publish an annual quality report.

This third report provides an overview of the Health Board's development and progression within the quality sphere and alignment of a quality management system during 2025/26.

NEXT STEPS:

On approval upload the Duty of Quality Annual Report to the PTHB website.

IMPACT ASSESSMENT

Not required.

Annual Duty of Quality Report 2025-2026

PTHB Board
30 September 2026
Item 3.8a



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Health Board



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1.0 Foreword



I am pleased to introduce Powys Teaching Health Board's Annual Duty of Quality Report for 2025/26.

For me, the Duty of Quality is more than a statutory requirement. It is a reminder of our responsibility to ensure that quality is visible in the decisions we make, the services we provide and the way we listen, learn and improve.

During 2025–2026, there has been much to recognise and build upon. Across the Health Board, teams have worked with commitment and professionalism to strengthen quality arrangements, respond to feedback and continue improving the care and experience of people across Powys.

This year has also reinforced the importance of listening carefully to what people tell us, whether through patient experience, concerns, compliments, incidents, reviews or lived experience. These insights help us understand what matters most and where we need to focus our improvement efforts.

We recognise that delivering high-quality care across a large rural county is not without challenge. However, I am encouraged by the continued dedication of staff and partners, and by the openness shown in identifying learning and making improvements.

I would like to thank our staff, volunteers, partners, patient representatives and communities for their continued contribution. Their compassion, professionalism and willingness to work together are central to delivering safe, effective and person-centred care for the people of Powys.

As we look ahead, this report provides an opportunity to reflect on our progress, acknowledge where more needs to be done and continue our journey towards becoming a more learning-focused, quality-driven organisation.

Paul Hooton, Executive Director of Nursing, Quality, Women and Family Health

2.0 Introduction

The statutory Duty of Quality applies across the Health Board's functions, including directly provided services, commissioned services and the decisions that shape the planning, design and delivery of care.

Quality is defined through the six domains of healthcare quality: care that is safe, timely, effective, efficient, equitable and person-centred. These domains are supported by the Health and Care Quality Standards for Wales, which provide a common framework for understanding, measuring and improving quality across the healthcare system.

This Annual Duty of Quality Report provides assurance to the Patient Experience, Quality and Safety Committee, the Board and the public on the arrangements in place to monitor, maintain and improve quality.

The report brings together evidence from across the organisation, including:

- Quality governance and assurance arrangements
- Patient and public engagement activity
- People's experience and feedback
- Learning from incidents, concerns, complaints and claims
- Duty of Candour implementation
- Nationally Reportable Incidents and organisational learning
- Bereavement care and the Medical Examiner Service
- Safeguarding activity
- External reviews, inspections and commissioned services
- Quality improvement initiatives and future priorities

During 2025–2026, the Health Board continued to develop its Integrated Quality and Performance Framework so that quality is considered alongside safety, patient experience, workforce, performance, finance and value. During the year, the Health Board also experienced changes in executive and professional leadership across Nursing, Quality, Midwifery, Women and Family Health. These changes have provided an opportunity to build on existing strengths, maintain organisational focus on quality and support the next phase of development and improvement.

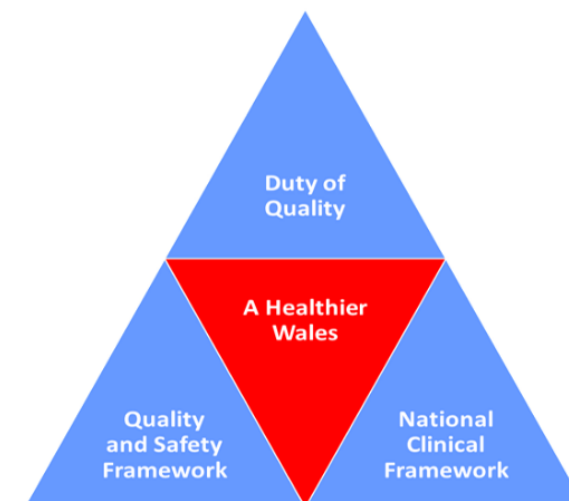
The report brings together evidence of achievements, areas for improvement and the arrangements that support transparency, accountability and continuous improvement across Powys.

3.0 Quality Governance

As an NHS Wales organisation, Powys Teaching Health Board operates within a clearly defined framework of quality standards. These expectations are articulated through key strategic and legislative documents, including:

- The *Health and Social Care (Quality and Engagement) (Wales) Act 2020*
- *A Healthier Wales*
- *Core Commissioning Requirements*

The Health Board's commitment to continuous improvement and organisational learning is underpinned by these guiding frameworks. During 2025/26, the Health Board continued to embed the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 through its established Quality Governance Framework.



The Health and Social Care (Quality and Engagement) (Wales) Act 2020 introduced enhanced responsibilities for all health and care organisations in Wales. Central to this legislation are the Duty of Quality, the Duty of Candour, and the establishment of the Citizen Voice Body. Together, these elements reinforce a culture of openness, transparency, and meaningful citizen engagement across the Health Board.

Embedding the Duty of Candour has been fundamental to fostering an organisational culture grounded in honesty and accountability. This approach ensures the Health Board is transparent with service users and communities when care does not meet expectations or results in harm. Importantly, the Duty of Candour also serves as a catalyst for system-wide learning and service improvement, driving innovation and responsiveness.

The existing Quality Governance structure has remained robust throughout the year. The Patient Experience, Quality and Safety Committee continues to receive assurance reports and monitor escalated risks relating to patient experience, service quality, and safety.

Key components of the Health Board's Quality Governance arrangements include:

- The Integrated Quality and Performance Framework
- The *Putting Things Right* framework, encompassing Concerns, Incidents, Redress, and Clinical Negligence
- Clinical Audit programmes

- Data and benchmarking through CHKS and other healthcare intelligence tools
- Independent external reviews, such as *Getting It Right First Time*
- Professional supervision and regulatory compliance
- Organisational development initiatives and staff engagement surveys
- Strategic relationships & escalation pathways involving bodies such as Healthcare Inspectorate Wales and Welsh Risk Pool.

Maintaining Focus on Quality in 2025/2026

During 2025/26, the Health Board continued to strengthen the foundations that support the delivery of the Duty of Quality and its ambition to become a more integrated, learning-focused organisation. Whilst further development of a comprehensive Quality Management System remains a key priority for 2026/27, significant progress has been made in strengthening governance arrangements, improving oversight and enhancing the use of quality intelligence to support decision-making.

Focus on quality has been maintained through a number of targeted activities including:

- Continued development of the Integrated Quality and Performance Framework (IQPF), supporting greater integration of quality, safety, patient experience, workforce, performance and financial information.
- Ongoing implementation and refinement of local escalation and assurance arrangements to support the identification, management and oversight of quality and performance risks.
- Continued oversight of the Medical Examiner Service and the learning arising from mortality reviews.
- Progress in embedding the NHS Wales People's Experience Framework, supporting a more structured approach to understanding and responding to people's experiences of care.
- Preparation for implementation of the Listening to People Framework and the transition from Putting Things Right arrangements from April 2026.
- Continued engagement with national reviews, audits, inspections and quality improvement programmes to identify opportunities for learning and improvement across both directly provided and commissioned services.

The Health Board's governance arrangements continue to provide oversight of quality, safety, patient experience and organisational learning. Through established committee structures, reporting mechanisms and assurance processes, the Health Board is able to monitor performance, identify emerging risks and support continuous improvement across both directly provided and commissioned services.

3.1 Health and Care Standards

The Health and Care Quality Standards provide the framework for delivering the Duty of Quality across NHS Wales. They describe what good quality care should look like and support organisations to plan, deliver, measure and improve services in a consistent way.



The standards are underpinned by the six domains of quality: care that is **safe, timely, effective, efficient, equitable and person-centred**.

Together, these domains help ensure that quality is considered in every aspect of service design, delivery, monitoring and improvement.

For Powys Teaching Health Board, the standards provide a shared language for quality and support a consistent approach to assurance, learning and improvement across directly provided and commissioned services. During 2025/26 the principles of the Standards have continued to inform governance arrangements, quality reporting, service improvement activity, patient experience work, incident learning, audit programmes, commissioning oversight and decision-making processes across the Health Board.

While further development of the Health Board's Quality Management System remains a priority for 2026/27, the Standards have provided the foundation for strengthening quality governance arrangements and supporting the continued integration of quality, safety, patient experience, workforce, performance and improvement activities.

4.0 Using Quality Intelligence to Understand Quality, Safety and Experience

During 2025/26, Powys Teaching Health Board continued to strengthen how it brings together information about quality, safety, patient experience, performance, workforce, risk and outcomes. This approach supports the Health Board to understand where care is working well, where improvement is needed, and where emerging risks require further scrutiny or escalation.

The Health Board recognises that no single source of information can provide a complete picture of quality. Quality intelligence is therefore drawn from a range of sources, including incidents, concerns, Duty of Candour events, Nationally Reportable Incidents, patient feedback, compliments, patient stories, Medical Examiner themes, mortality reviews, safeguarding information, clinical audit, inspection findings, external reviews, risk registers, performance data and commissioned service assurance arrangements.

This intelligence is reviewed through established governance arrangements, including Integrated Quality and Performance reporting, directorate quality and performance discussions, Executive Committee, Patient Experience, Quality and Safety Committee, and relevant specialist groups. These arrangements support the Health Board to triangulate data, identify themes, monitor improvement actions and provide assurance to the Board on the quality and safety of services provided and commissioned for the people of Powys.

The Integrated Quality and Performance approach has continued to support a more rounded understanding of quality by bringing together quantitative measures and qualitative narrative. Extending and maturing the focus beyond regulatory compliance, this enables the Health Board to look beyond individual indicators and consider the wider context, including patient experience, workforce pressures, service sustainability, delivery against plans, inequalities, access, and outcomes.

During 2025/26, particular focus has been given to strengthening the use of intelligence in the following areas:

- Preparing for implementation of the NHS Wales Listening to People Framework
- Continuing implementation of the People's Experience Framework and supporting services to make greater use of patient feedback and experience data
- Continuing quality and performance review arrangements for commissioned services whilst developing a more comprehensive assurance framework
- Responding to learning identified through audits, inspections, external reviews and national recommendations
- Continuing to develop the links between risk management, escalation processes, improvement planning and committee assurance arrangements

During 2025/26, the Health Board continued to build on existing quality governance and assurance arrangements, whilst recognising that further work is required to develop a more comprehensive Commissioned Services Assurance Framework and a separate Quality Management System in future years.

These developments include continued refinement of reporting arrangements, ongoing review of escalation processes, further development of quality metrics, increasing use of patient experience information and greater emphasis on bringing together learning from multiple sources to inform improvement activity.

4.1 Learning from Experience and Taking Action

Learning from experience remains a key element of the Health Board's approach to improving quality, safety and people's experience. Throughout 2025/26, learning continued to emerge from a range of activities including incidents, concerns, Duty of Candour events, Nationally Reportable Incidents, Medical Examiner reviews, patient feedback, patient stories, safeguarding activity, audits, inspections and external reviews.

The Health Board has continued to encourage services to move beyond identifying learning and focus on demonstrating how learning has informed changes to practice, policy, processes and service delivery. Whilst progress continues to be made, there remains further opportunity to strengthen how learning is consistently embedded and evidenced across all services.



Several recurring themes were identified during 2025/26, including:

- The importance of timely and effective communication with patients, families and carers
- Maintaining accurate, complete and contemporaneous clinical documentation
- Consistent application of policies, procedures and clinical pathways
- Effective assessment, escalation and risk management
- The importance of involving people in decisions about their care and experience
- Ensuring learning from incidents, concerns and reviews is shared across teams and services

Learning identified through reviews, audits and assurance activities has informed a range of local and organisational improvements during the year. Examples include updates to standard operating procedures, strengthening of induction and training arrangements, improvements to documentation standards, refinements to incident review processes and actions to enhance patient and family engagement following concerns or adverse events.

The Health Board recognises that becoming a truly learning organisation requires learning to be systematically captured, shared, implemented and evaluated. Building on the foundations established during 2025/26, further work will continue during 2026/27 to strengthen thematic learning, organisational oversight and the evaluation of improvement actions to ensure learning results in positive and sustainable change.

4.2 Engagement and Consultation



Meaningful engagement with people, communities, staff, partners and stakeholders remains fundamental to the Health Board's approach to quality and continuous improvement. Understanding what matters most to the people of Powys helps ensure that services are planned, delivered and improved with the needs, experiences and priorities of local communities at their centre.

During 2025/26, the Health Board continued to engage with residents, patients, carers, community groups, representative organisations and partner agencies through a range of formal and informal engagement activities. These arrangements support the Health Board's commitment to listening, learning and responding to the views of those who use, deliver and support health services across Powys.

The Health Board worked closely with Llais, Powys Association of Voluntary Organisations (PAVO), local communities and partner organisations to gather feedback, understand priorities and inform service planning and decision making. Engagement activity during the year included work associated with the Better Together programme, temporary service changes, service improvement initiatives and wider strategic planning activities.

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What We Heard

Engagement activity undertaken during 2025/26 identified several recurring themes which were consistently raised by individuals, communities and stakeholders. These included:

- Access to health services and timely care
- The importance of maintaining local services wherever possible
- Clear communication and involvement in decisions affecting services
- Coordination of care across organisational and geographical boundaries
- Prevention, early intervention and community-based support
- The impact of travel and rurality on accessing healthcare services

These themes have provided valuable insight into the experiences, expectations and priorities of Powys residents and have informed ongoing planning and service development activity.

Engagement in Action

A significant focus during 2025/26 was continued engagement associated with the Better Together programme. Feedback gathered through surveys, focus groups, community events, discussions with partners and engagement with groups representing protected characteristics contributed to the ongoing development of proposals and service planning activity.

The Health Board also continued to seek feedback regarding temporary service changes introduced during late 2024 and

Insights from Llais



Llais is an independent national body set up by Welsh Government in 2023 to give the people of Wales, a stronger voice in health and social care services.

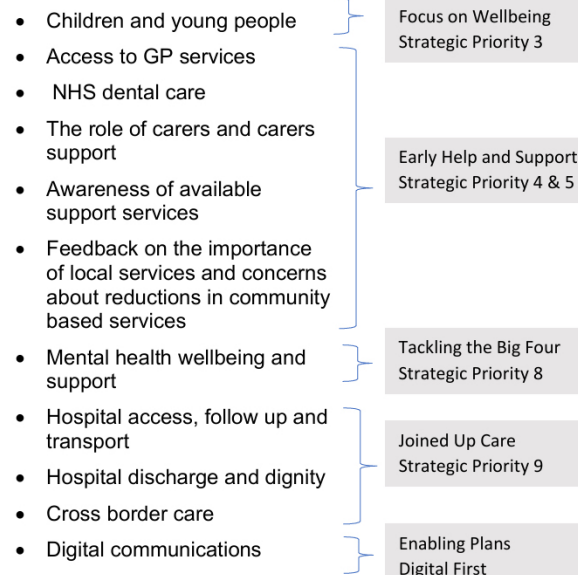
Llais ensures patient views and experiences are used by decision-makers to plan and deliver better health and care services. Llais works with local NHS bodies, social care, and third-sector care providers to ensure patient voices are heard locally, regionally and nationally.

The Llais body for the Powys Region provides regular insights and reports, formally and informally to the health board, to assist with horizon scanning, early responses to concerns or issues and intelligence gathering to support decision making.

During the past 12 months, Powys Llais have engaged with the public through community groups, coffee mornings and targeted events in the local areas such as farmers markets and food banks. Events have taken place across the county including Newtown, Llanfyllin, Ystradgynlais, Crickhowell and Llanfair Caereinion.

Patient and resident engagement has been focused on targeted, high-impact engagement to respond to national priorities and emerging community issues. Llais have also visited NHS and social care services to talk to patients, residents and carers.

The following common themes have been gathered at local engagement events (The boxes on the right show the alignment to areas of delivery in the Plan).



This intelligence is a valuable contribution, alongside other engagement, to the health board's understanding of the views and lived experiences of patients, carers and communities.

16

maintained ongoing dialogue with communities and stakeholders to understand the impact of these arrangements.

Temporary Service Changes

In December 2024, following a series of events involving engagement with staff, and consultation with stakeholders and the public, the following temporary changes were implemented:

- Temporary changes to Minor Injury Unit Services in Brecon and Llandrindod Wells were made to open from 8am to 8pm for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.
- The implementation of temporary changes to community hospital model with Llanidloes and Bronllys as “Ready to Go Home” units and with a strengthened role for Brecon & Newtown to provide community inpatient rehabilitation for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.

The six-month period has been extended and views sought on a continual basis ahead of launching a formal public consultation on the future of Urgent Care as part of the Better Together Programme in the Autumn 2026.

Strengthening Co-production and Community Insight

The Health Board remains an active participant within the Powys Engagement and Insight Network, working alongside public sector and third-sector partners to strengthen engagement, insight and co-production across Powys. During the year, work continued to develop and promote shared approaches to co-production and community involvement, supporting organisations to better understand and respond to the needs of local communities.

The network continues to produce Community Insight Reports which bring together engagement findings from partner organisations across Powys. These reports support shared understanding of community priorities and help inform decision making across partner agencies.

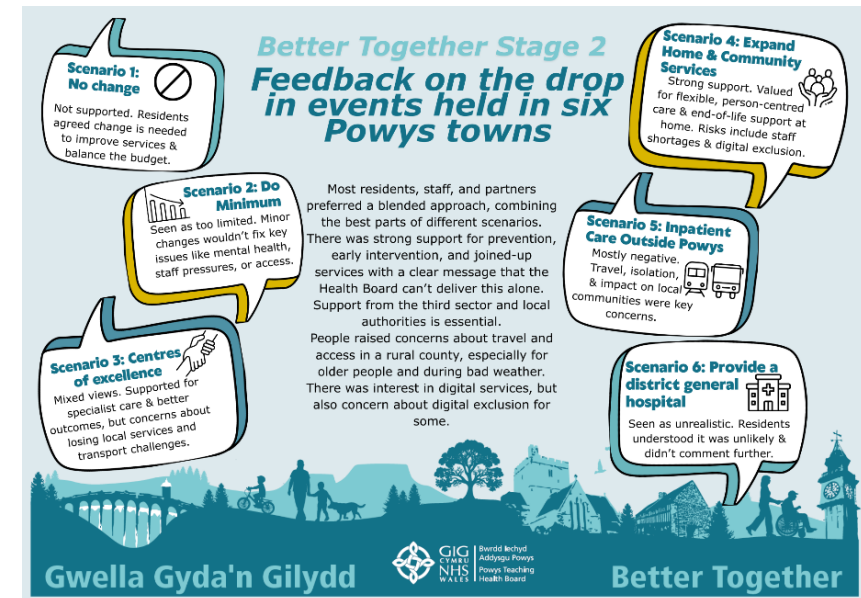
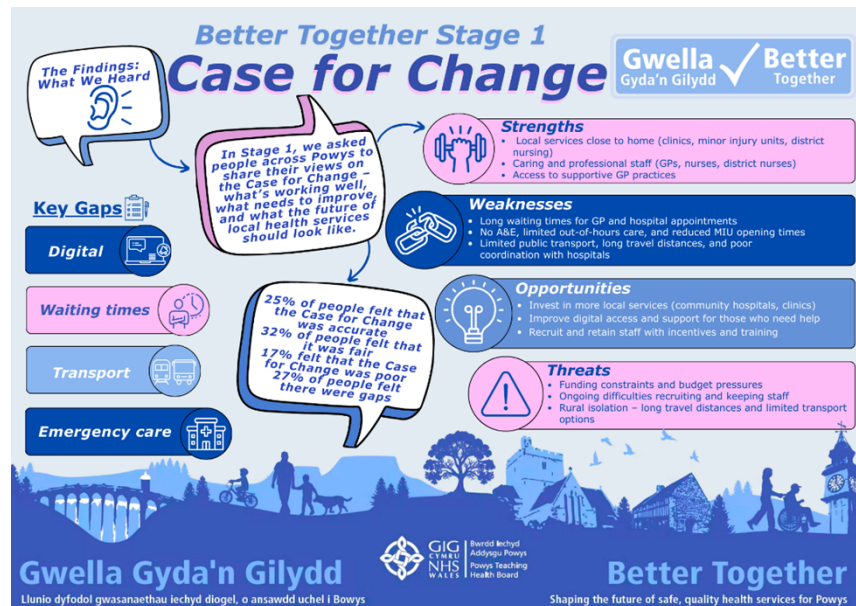
How Engagement Influenced Decision Making

Information gathered through engagement and consultation activity was considered through established planning and governance arrangements and contributed to:

- Development of the Better Together programme
- Monitoring and evaluation of temporary service changes

- Ongoing service planning and redesign activity
- Future engagement and consultation programmes
- Continued development of co-production approaches across the Health Board

The Health Board remains committed to ensuring that feedback received from communities is not only heard but considered alongside other sources of intelligence to support decision making, service improvement and future development.



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5.0 Bereavement Care and Medical Examiner Service

Bereavement care and mortality review arrangements provide important opportunities to understand the experiences of patients and families, learn from care provided and identify opportunities for improvement. Together, bereavement services and the Medical Examiner Service support the Health Board's commitment to openness, learning and person-centred care, ensuring that the voices of bereaved families contribute to ongoing quality improvement.

5.1 Bereavement Care

GUIDANCE, DOCUMENT

National framework for the delivery of bereavement care

This framework supports those commissioning or providing bereavement services. This is to ensure that good quality services are available for those who need them.

During 2025/26, Powys Teaching Health Board continued to develop bereavement services in line with the National Framework for the Delivery of Bereavement Care in Wales. The focus has been on establishing the foundations for a compassionate, consistent and person-centred approach to bereavement support across Powys.

The Bereavement Service has continued to develop collaborative working across health, third sector and community organisations to improve awareness of available support and strengthen bereavement pathways throughout Powys. Work has included the development of Bereavement packs, out-of-hours information leaflets and a signposting booklet for patients, families and staff, delivery of bereavement education and training, engagement with partner organisations, and the ongoing review of local Bereavement provision to ensure service remain responsive to the needs of our population.

Recognising the diverse needs of our communities, work is also underway to improve access to Bereavement support for individuals with protected characteristics. This includes engaging with community organisations and stakeholders to better understand potential barriers to accessing support and to identify opportunities to develop more inclusive, culturally appropriate and equitable Bereavement Services. This work will continue throughout the coming year and will inform future service development.

Whilst workforce and capacity challenges impacted the pace of delivery during the latter part of the year, important foundations have been established to support continued implementation of the National Framework. During 2026/27, the Health Board will focus on strengthening governance arrangements, rebuilding programme capacity and progressing priority actions to further improve the experience of bereaved individuals and families.

Key Achievements

- Introduced bereavement information packs and out-of-hours support resources.

- Engaged with bereaved people, staff and community partners to inform service development.
- Developed initial bereavement care pathways, including within maternity services.
- Increased awareness of bereavement support across communities in Powys.
- Established foundations for implementation of the National Framework for the Delivery of Bereavement Care in Wales.

Key Message

- **Listening to bereaved people to shape compassionate, person-centred support.**
- **Strengthening bereavement pathways and information resources across Powys.**
- **Embedding the National Bereavement Framework to support a consistent and equitable service.**

5.2 Medical Examiner Service

The Medical Examiner Service provides independent scrutiny of deaths to support high standards of care, strengthen organisational learning, and ensure bereaved families have an opportunity to raise questions or concerns about the care provided.

During 2025/26, the service maintained stable delivery, with consistent referral volumes and effective mortality review processes in place. Strong partnership working continued with General Practitioners, Registration Services, the Coroner's Office and the National Medical Examiner Service, providing assurance that statutory and governance processes were operating effectively. Timeliness of records provided to the Medical Examiner Service improved during the year and was consistent with the Wales average.

Review of cases identified recurring themes relating to assessment, diagnosis and investigation, communication and clinical record keeping, and aspects of death verification and DNACPR documentation. These themes were shared through established governance arrangements and used to support learning and service improvement.

During the year, the service identified a higher-than-expected number of Medical Certificate of Cause of Death (MCCD) amendments. In response, targeted learning and support were provided to General Practitioners to strengthen the quality and accuracy of death certification.

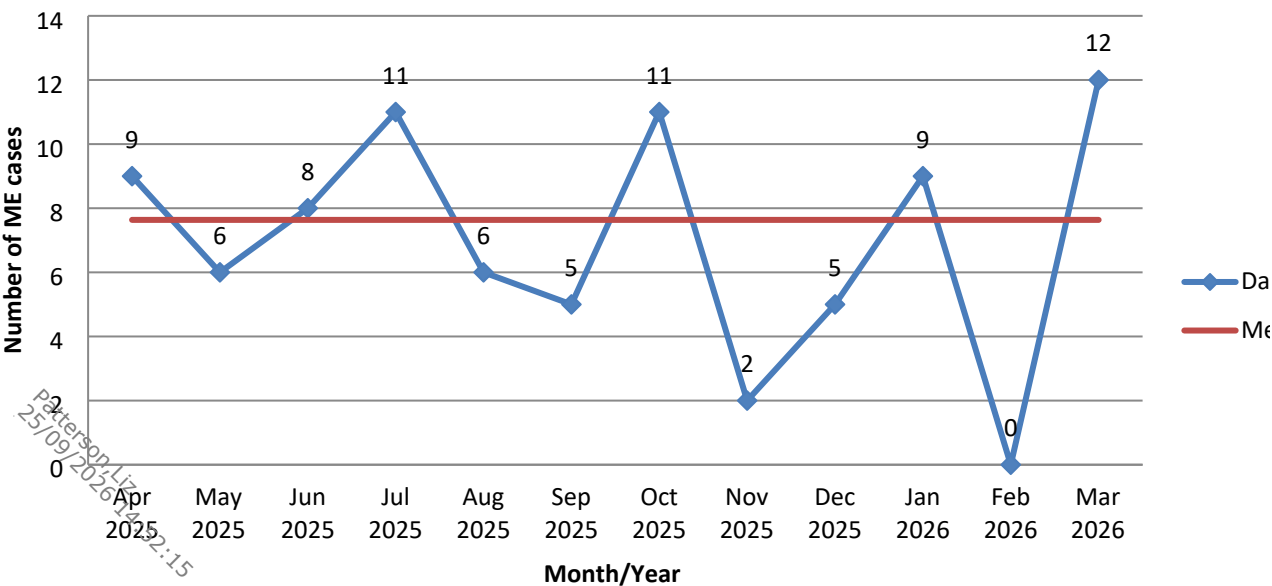
The Health Board continues to review and refine Medical Examiner processes to maintain quality, consistency and compliance, while supporting continuous improvement across the organisation. The 2025/26 Internal Audit of Mortality Reviews undertaken by the

NHS Wales Shared Services Partnership concluded Reasonable Assurance, confirming that the Health Board has effective processes in place to support mortality reviews and engagement with the Medical Examiner Service. The audit identified areas for improvement relating to governance, documentation, recording processes and the management of Medical Examiner scrutiny summaries. An action plan is in place to strengthen oversight, improve the recording and tracking of learning, and ensure timely review and dissemination of learning across the organisation.

To promote shared learning across the organisation, the Bereavement Service produces a regular staff newsletter circulated throughout the Health Board. The newsletter provides updates on Medical Examiner activity and performance data, highlights themes and trends identified through the scrutiny process, shares examples of learning, and promotes best practice. Recent editions have identified opportunities to strengthen communication between GP practices and bereaved families, enforcing the importance of timely, compassionate and consistent communication following a patient’s death. Learning identified through the Medical Examiner process is shared with relevant teams to support continuous quality improvement and improve the experience of patients and their families.

The Medical Examiner Service continues to play an important role in promoting openness, learning and continuous improvement, contributing to the Health Board’s commitment to delivering safe, effective and person-centred care.

ME cases referred to PTHB Apr 2025-Mar 2026



Key Message

- **Scrutiny:** independent review of deaths maintained
- **Learning:** themes identified and shared through governance
- **Improvement:** GP support provided on death certification
- **Assurance:** processes remain stable, compliant and improving

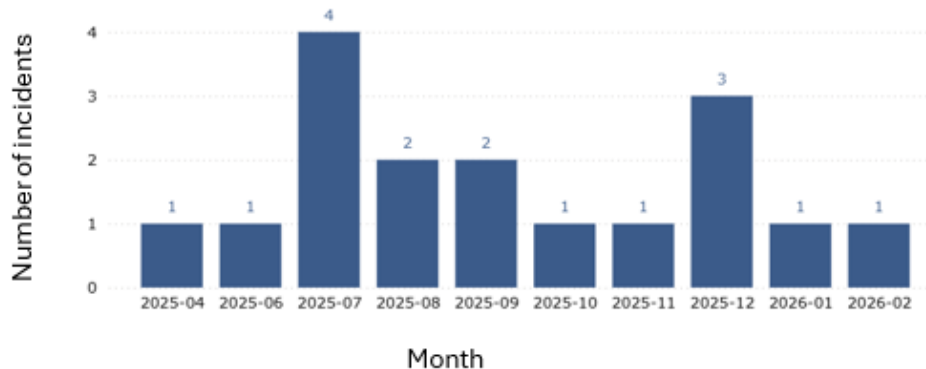
6.0 Duty of Candour

The Duty of Candour is a statutory requirement for NHS bodies in Wales under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, in force from 1 April 2023. It requires NHS organisations to be open, honest and transparent with service users, families and carers when care has caused, or may have caused, moderate or severe harm or death.



Powys Teaching Health Board remains committed to embedding the Duty of Candour as part of its wider quality, safety and learning culture. Where the Duty applies, the Health Board will ensure that those affected are contacted promptly, receive a meaningful apology, are offered support, and are provided with clear information about what will happen next. This approach supports the Health Board's ambition to be a listening and learning organisation, strengthening trust with patients, families and communities and ensuring that learning from incidents is used to improve care and reduce the risk of recurrence.

Number of Incidents by month Duty of Candour was triggered 2025-2026



In 2025-26, Powys Teaching Health Board recorded 17 Duty of Candour incidents, with fewer open cases by year-end.

Themes included falls, pressure damage, vaccination errors and unexpected deaths, highlighting opportunities to strengthen risk assessment, equipment management and clinical processes.

Learning has informed improvements in documentation, standard operating procedures, induction and training. Further focus is needed on timely responses, consistent documentation and embedded learning.

During 2026/27, the Health Board will continue to strengthen thematic analysis, organisational learning and oversight of Duty of Candour cases, aligning learning with wider quality improvement and Listening to People arrangements.

Key Message

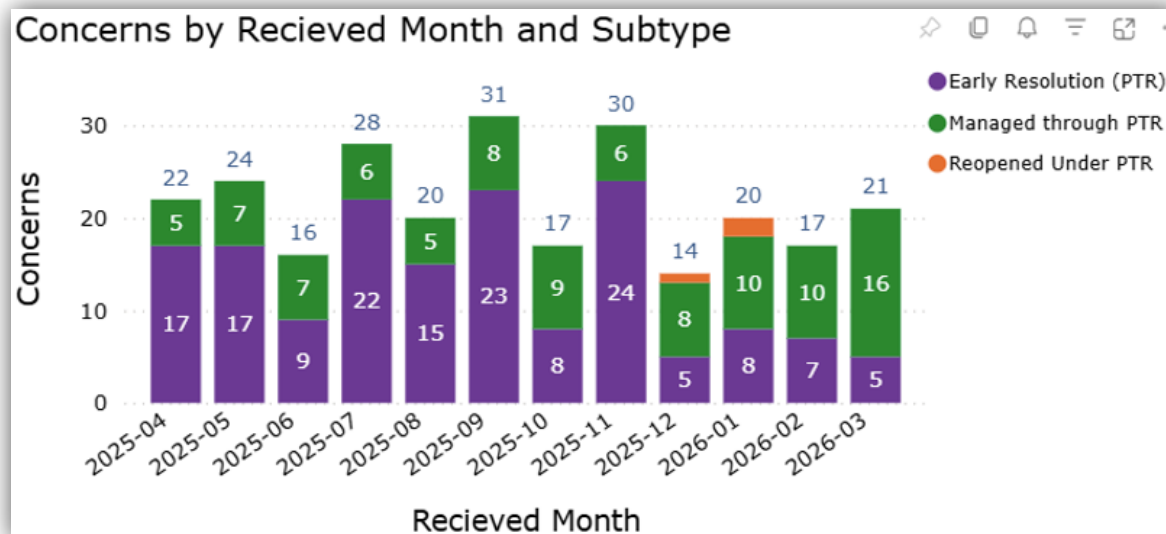
- Oversight focus will continue and strengthen during 2025-26
- Learning has improved safety, documentation and training
- Priorities remain timeliness, consistency and sustained improvement

7.0 Putting Things Right (PTR) – Concerns Management

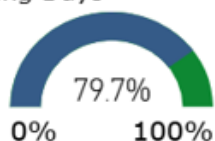
Putting Things Right was the NHS Wales process for managing concerns, complaints and incidents where someone may have experienced harm or poor experience. From 1 April 2026, it has been replaced by the Listening to People framework.

During 2025–26, learning from concerns informed improvements in communication, clinical processes and service responsiveness across a number of services. The Health Board maintained a strong focus on early resolution and timely responses, supporting improved experience for patients, families and carers. Feedback continued to provide valuable insight into quality, safety and patient experience, informing service improvement and learning. Progress was made in managing caseloads and supporting the timely resolution of concerns.

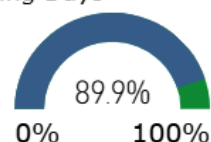
The transition to the **Listening to People framework** from April 2026 will support further improvement in response quality, timeliness and organisational learning.



Managed Through PRT %
Compliance Within 30
Working Days



Early Resolution %
Compliance Within 2
Working Days



Key Message

- **162 enquiries and 101 formal concerns were received**
- **Key themes: clinical care and communication.**
- **Performance remained strong: 89.9% early resolution and 79.7% PTR responses within 30 working days**
- **Listening to People will replace PTR from April 2026 and strengthen feedback and learning**

8.0 Nationally Reportable Incidents (NRIs)

Serious incidents are reported to NHS Performance and Improvement, previously NHS Executive, where they meet the national reporting criteria for Nationally Reportable Incidents. This process provides external visibility of incidents with significant learning potential and supports consistent oversight, investigation and improvement across NHS Wales.



During 2025–26, Powys Teaching Health Board reported 10 Nationally Reportable Incidents (NRIs). Progress was made in reducing the number of open cases and in continuing to develop oversight and proportionate investigation arrangements. This has helped focus capacity and resources on incidents with the greatest learning potential, while supporting more timely review, clearer governance and improved organisational assurance.

Learning from investigations has supported improvements in incident management, governance and cross-service sharing. There has also been increased emphasis on ensuring actions are clearly evidenced within teams, so that learning can be tracked from identification through to implementation and assurance.

Review of incidents identified an emerging theme relating to patient and service user deaths. This highlights the importance of continued focus on mortality-related learning, the quality and timeliness of investigations, and the early identification of risks or themes that may require wider organisational action.

Priorities for 2026–27 are to implement the revised Incident Management Framework, improve investigation timeliness, strengthen learning dissemination and support timely case closure. This will help ensure that learning from serious incidents is translated into practical improvement, shared across relevant services and used to reduce the risk of recurrence.

Key Message

- **Oversight improved, with fewer open cases**
- **Proportionate investigations focused resources on key learning**
- **Cross-service learning and action evidence were strengthened**
- **Mortality-related learning remains a 2026–27 priority**

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9.0 Peoples experience

The NHS Wales People's Experience Framework, released in April 2025, provides a consistent approach to understanding, measuring and improving how people experience NHS services, recognising that experience is shaped by every interaction with staff, services and organisational culture. It promotes using feedback, surveys, stories, compliments, complaints and lived experiences to drive quality improvement, ensuring that services are person-centred, responsive and aligned with the Duty of Quality and Value-Based Health Care principles.

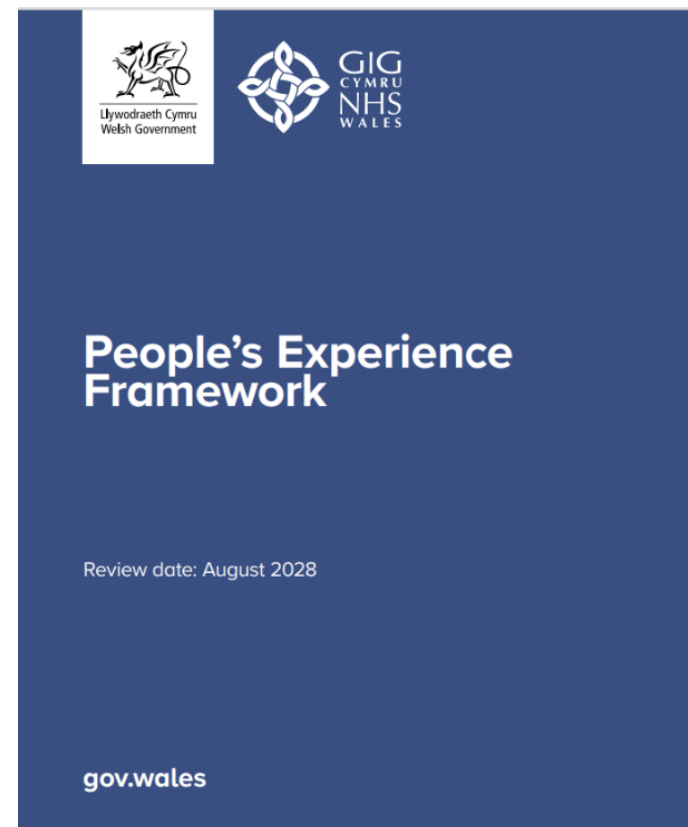
In the first year of implementation, focus has been on how we capture people's experience and provide patients, carers and relatives the mechanism to share their thoughts through our survey system, Civica.

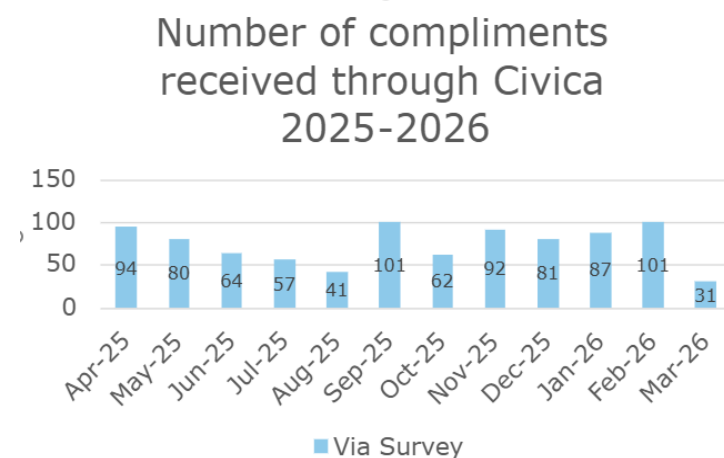
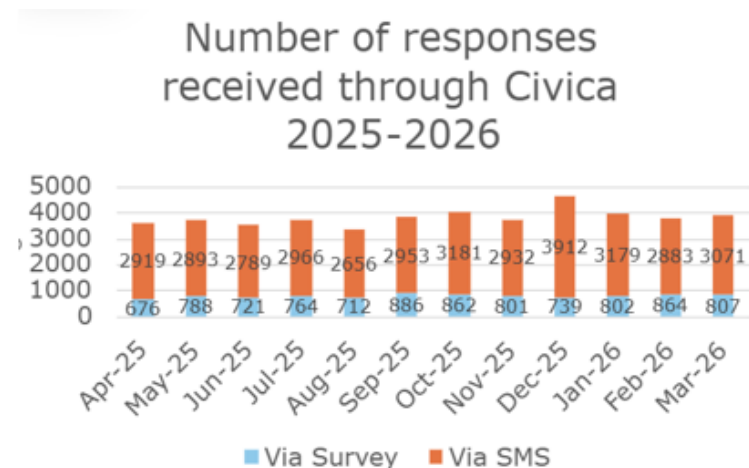
During 2025–26, Powys Teaching Health Board continued to strengthen how it listens to and learns from the experiences of patients, families and carers. Patient stories reflecting care received through Cardiac Rehabilitation services and at Newtown Hospital were shared to provide valuable insight into people's experiences and support quality improvement.

The Health Board reviewed and enhanced its patient feedback arrangements through the Civica platform, introducing improvements to support more effective reporting and use of feedback. New surveys were also developed and implemented to increase opportunities for people to share their experiences across a wider range of services.

Feedback activity remained strong throughout the year, with more than **45,000 responses** received through surveys and SMS feedback channels. In addition, over **890 compliments** were submitted, recognising the care, kindness and professionalism demonstrated by staff and teams across the organisation.

The themes most frequently reflected in feedback highlighted positive experiences of care, with words such as **excellent, supportive, friendly, reassuring, welcoming, kind**, and **compassionate** commonly used by patients and families. The People's Choice Award was also promoted across the Health Board, providing an opportunity for patients, relatives and carers to recognise and celebrate exceptional care and service.





Priorities for 2026-27

Key priorities for the coming year include:

- Strengthening the governance, reporting and oversight arrangements for People's Experience, including implementation of the Patient Experience Framework.
- Increasing the capture and use of compliments and positive feedback at service level to support learning and improvement.
- Improving accessibility of patient feedback mechanisms and national surveys, including the provision of additional language options and British Sign Language (BSL) resources.

Key Message:

- **Expanded opportunities for people to provide feedback across services.**
- **Consistently high levels of engagement through surveys, SMS feedback and compliments.**
- **Overwhelmingly positive themes reflecting compassionate, person-centred care.**

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9.1 Patient Stories

A digital patient story is a recorded account of a patient's experience of care, usually shared through video, audio, or multimedia and supports both quality improvement and quality assurance.

Digital patient stories continue to play an important role in helping the Health Board understand care through the eyes of patients, families and carers. They provide valuable insight into the experiences that sit behind performance measures and support both quality improvement and organisational assurance.

During 2025/26, patient stories reflecting experiences of cardiac rehabilitation services, post-stroke rehabilitation, breast-feeding support and peri-natal mental health services were shared through Board and Patient Experience, Quality and Safety Committee arrangements. These stories provided valuable opportunities to recognise good practice, identify areas for improvement and understand what matters most to people using our services.

Patient stories have continued to support:

- understanding of patient and family experiences
- identification of quality improvement opportunities
- consideration of equality, accessibility and communication issues
- assurance regarding person-centred care
- organisational learning and reflection

Digital patient stories are presented to every Board and People's Experience, Quality and Safety Committee. The Health Board remains committed to ensuring that patient voices influence decision making and service improvement, supporting delivery of safe, effective and person-centred care.

Priorities for 2026–27

Key priorities for the coming year include:

- Incorporate patient stories into governance and assurance processes to provide qualitative evidence alongside performance data
- Use patient feedback to identify risks, highlight areas of concern, and monitor the impact of actions taken
- Use digital patient stories to identify improvement opportunities and shape service redesign
- Share digital patient stories across teams to promote reflection, learning, and continuous improvement

- Strengthen organisational focus on what matters most to those who use our services

Key Message:

Digital patient stories continue to strengthen quality improvement and assurance by bringing patient experiences into decision-making, helping us identify opportunities for improvement, provide assurance on the quality of care, and keep the voices of patients and families at the centre of everything we do.

10.0 Service Spotlights – Delivering Quality in Practice

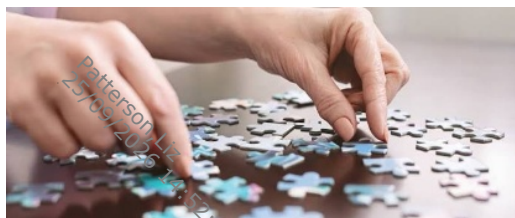
The Duty of Quality applies across all services provided and commissioned by Powys Teaching Health Board. Throughout this report, we have described the governance arrangements, quality intelligence, learning systems and engagement activity that support continuous improvement across the organisation.

The following service spotlights provide examples of how the principles of the Duty of Quality have been translated into practice during 2025/26. They demonstrate how services have used quality improvement, partnership working, patient and community feedback, workforce development, innovation and organisational learning to improve care and outcomes for the people of Powys.

The examples presented are not intended to represent all improvement activity undertaken during the year. Instead, they illustrate a range of programmes and services that have demonstrated progress in delivering safe, timely, effective, efficient, equitable and person-centred care, whilst responding to local needs, national priorities and areas requiring improvement.

Together, these examples demonstrate the Health Board's ongoing commitment to learning, improvement and the delivery of high-quality services for the people of Powys.

10.1 Dementia Services



Dementia services have continued to be a significant area of focus for Powys Teaching Health Board, reflecting both the changing needs of the local population and the Health Board's commitment to delivering high-quality, person-centred care for people living with dementia and those who support them.

Dementia remains the leading cause of death in the UK and presents a significant and growing challenge for Powys due to an ageing population. Powys has a higher proportion of older residents than the national average, with

substantial projected increases in people aged 65+ and 80+. In response, Powys Teaching Health Board continues to prioritise dementia as a core area of quality improvement.

Strategic Context

Powys Teaching Health Board works in partnership with the local authority and third-sector organisations to deliver care aligned to the All-Wales Dementia Care Pathway of Standards ([all-wales-dementia-care-pathway-of-standards](#)). Progress during 2025/26 has been delivered through four integrated workstreams focused on community engagement, memory services, hospital care, and workforce development.

Key Achievements 2025/26

- **Community Engagement**

- Local engagement informed the development of brain health and dementia risk-reduction messaging
- Roll-out planned for 2026 to support prevention and earlier help-seeking

- **Memory Services and Learning Disabilities**

- Dementia diagnostic rates improved to 49.7%
- Enhanced post-diagnostic support through carer education, psychology input, and cognitive stimulation therapy
- Dementia Navigators established across all Powys localities
- Dementia screening for people aged 30+ with Down's Syndrome is embedded in the Learning Disabilities Dementia Strategy

- **Dementia Friendly Hospital Charter**

- Dementia-friendly environmental improvements are ongoing as part of a planned schedule of works for wards, and outpatient areas
- Dementia training compliance reached 86% on wards, compared to 55% organisationally
- Dementia Link Nurses and RITA Champions embedded across wards
- Dementia Home Treatment Team supported 102 of 119 referrals at home, avoiding hospital admission and receiving positive family feedback

- **Workforce and Organisational Development**

- Dementia *Informed* level of training added to the mandatory training matrix, achieving a 12% increase in staff completion to 55%
- A skilled-level dementia e-book developed with local authority partners, with positive feedback and national interest

Quality Monitoring and Assurance

Data collection continues to monitor diagnostic rates, waiting times, hospital length of stay, and patient experience. Hospital audits demonstrate improving compliance and staff engagement, supported by a developing dataset aligned to the Dementia Friendly Hospital Charter.

Priorities and Next Steps

Powys Teaching Health Board's vision is to ensure people in Powys are informed, supported to seek timely diagnosis, and cared for by a skilled and confident workforce. Ongoing priorities include strengthening early intervention, sustaining workforce capability, and responding to increasing demand. Feedback from the Dementia Strategy consultation (closed April 2026) will inform the refreshed strategy due for finalisation in 2026–27.

Key Message:

Dementia services have continued to strengthen community support, improve workforce capability and develop dementia-friendly care environments, supporting better experiences and outcomes for people living with dementia across Powys.

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10.2 Mental Health Services

Mental Health Services continued to be a significant area of focus during 2025/26. Building on improvement work initiated during the previous year, the service has continued to strengthen quality, safety and performance arrangements whilst maintaining a focus on delivering safe, effective and person-centred care.



In March 2024, Mental Health Services were placed into internal escalation in response to a number of identified areas requiring improvement. During 2025/26, work continued to embed improvements across the service, supported by an established improvement plan, strengthened governance arrangements and ongoing oversight through the Health Board's quality and performance framework. Following progress against priority improvement areas, internal escalation was removed in October 2024. Throughout 2025/26, the service continued to focus on strengthening governance, workforce sustainability, quality assurance arrangements and service delivery. Improvement work has been supported through regular monitoring, performance review and engagement with staff, service users and partners.

Key areas of focus included:

- Maintaining robust governance and quality oversight arrangements
- Supporting workforce stability and service sustainability
- Strengthening performance monitoring and quality assurance
- Embedding learning and continuous improvement across services
- Improving the experience of people accessing mental health support and care

The service has continued to demonstrate a commitment to organisational learning and improvement, using quality intelligence, feedback and assurance activity to identify priorities and monitor progress. The improvement journey has reinforced the importance of strong governance, clear accountability and a culture which supports learning and continuous improvement.

As the service moves forward, focus will continue on sustaining improvements achieved, maintaining effective oversight arrangements and ensuring that people accessing mental health services receive safe, timely and person-centred care.

Key Message:

Sustained improvement demonstrated during 2025/26, building on improvement work initiated under escalation arrangements and maintaining focus on governance, quality, safety and service improvement following de-escalation the previous year.

10.3 Maternity and Women's Health Services



Maternity and Women's Health Services continued to be a significant area of focus during 2025/26. Improvement activity throughout the year has been informed by the principles of the Duty of Quality, with a particular focus on safety, patient experience, digital transformation, workforce development, organisational learning and partnership working. Together, these programmes demonstrate how quality is embedded into planning, service delivery and continuous improvement across Maternity, Women's and Family Services.

Nationally, maternity and neonatal services remained subject to considerable scrutiny, with an increased emphasis on quality, safety, learning and assurance across NHS Wales. In Powys, this provided an opportunity to reflect on local arrangements, strengthen oversight and continue to improve services for women, babies and families.

During the year, NHS Wales completed the National Maternity and Neonatal Assessment, which informed the publication of *The Path to Safer Beginnings*. Powys Teaching Health Board fully participated in the review, supporting an evidential and experiential based assessment. Following this, a detailed gap analysis against the assessment findings has supported development of a comprehensive improvement plan to strengthen existing arrangements and support delivery against national expectations. Progress against identified actions continues to be monitored through established governance and assurance arrangements.

The Health Board continued to actively participate in the national Maternity and Neonatal Safety Support Programme (MatNeoSSP), maintaining momentum across quality improvement, safety, workforce and service development initiatives. Continued national investment has enabled progress to be sustained and supports ongoing improvement work across maternity services.

Significant progress was also made in the digital transformation of maternity services through the continued implementation and development of BadgerNet electronic maternity records. The introduction of digital records has improved access to information, supported more integrated care and strengthened opportunities for real-time data collection, quality monitoring and service improvement.

Recognising the importance of continuous improvement and organisational learning, a Quality Improvement Forum was established across Women's and Children's Services. The Forum supports the review of quality intelligence, identification of improvement priorities, sharing of learning and coordinated improvement activity across services.

During 2025/26, a review of maternity on-call arrangements was undertaken in response to feedback from staff. Feedback highlighted concerns relating to on-call working patterns, the potential impact of fatigue on wellbeing and the importance of ensuring sustainable staffing arrangements. The review resulted in the development of a revised operating model which aligns more closely with All-Wales on-call arrangements, supports safer and more sustainable ways of working and provides a more efficient workforce model whilst maintaining service resilience. The review also delivered some financial benefit, supporting the prudent use of resources while placing quality, safety and workforce wellbeing at the centre of decision making.

The Health Board recognises that further work is required during 2026/27 to build on these foundations. Future priorities include continued delivery of actions against emerging reports and recommendations, actions outstanding from the *Path to Safer Beginnings* action plan, implementation of MatNeo priorities, further development of quality improvement arrangements and continued engagement with staff, women and families to support service development and sustainability. These activities will continue to support the delivery of care that is safe, timely, effective, efficient, equitable and person-centred whilst ensuring the voices of women, families and staff remain central to service development.

Key Message:

Maternity services have continued to strengthen quality, safety and learning through delivery of national improvement programmes, implementation of digital maternity records, development of quality improvement arrangements and actions arising from the National Maternity and Neonatal Assessment.

Women's Health Services

Women's Health services continued to develop throughout 2025/26 in support of the Welsh Government Women's Health Plan for Wales and the Health Board's ambition to improve access to information, advice and support for women across Powys.

A key area of focus has been the successful development and launch of a virtual Women's Health Hub, providing women and healthcare professionals with improved access to information, self-referral opportunities, advice, guidance and signposting across different stages of the women's health pathway. The service has continued to expand and evolve, improving accessibility and helping women access support closer to home.

Celebrating the Women's Health Hub Launch, March 2026.



Engagement and co-production have been central to the development of Women's Health services. Working in partnership with Powys Association of Voluntary Organisations (PAVO), the Health Board undertook engagement activity to better understand the experiences, needs and priorities of women across Powys. Feedback received has informed service development and helped ensure that future priorities reflect the needs of local communities and service users.

Particular attention has also been given to safeguarding and the wider determinants of health. Women's Health pathways have sought to strengthen links between

health, wellbeing and safeguarding, recognising the importance of identifying vulnerability, promoting early intervention and ensuring women receive holistic, person-centred care and support.

As Women's Health services move into the next phase of development, priorities for 2026/27 include further expansion of the virtual offer, increasing awareness and utilisation of self-referral pathways, strengthening engagement with harder-to-reach communities. The continued development of Women's Health services demonstrates the Health Board's commitment to improving access, reducing inequalities, strengthening prevention and ensuring that women are able to influence and shape services through meaningful engagement and co-production.

Key Message:

Women's Health services have continued to improve access, strengthen engagement and develop innovative approaches that place women's voices, experiences and needs at the centre of service development, whilst building foundations for greater co-production and participation in future years.

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10.4 Children's Neurodevelopmental Services

Children's Neurodevelopmental Services continued to be a significant area of focus during 2025/26, reflecting increasing demand for assessment and support services and the Health Board's commitment to improving access, quality and experience for children, young people and families. The developments described below demonstrate the application of the Duty of Quality through service redesign, organisational learning, engagement and continuous improvement.



In October 2024, the Health Board placed Children and Young People's Neurodevelopmental Services into an escalated position within the Integrated Quality and Performance Framework. This reflected recognised challenges within the service and the need for focused improvement activity, strengthened oversight and delivery of a structured improvement plan. Throughout 2025/26, progress continued against identified actions, supported through established governance, quality and performance review arrangements.

A key area of focus during the year has been the development of a sustainable service model capable of responding to increasing demand whilst maintaining quality and safety. Work has continued to progress the Children's Neurodevelopmental Service business case, supporting longer-term service sustainability and future development. Alongside this, the service has continued to review pathways, strengthen governance arrangements and improve oversight through the Health Board's escalation and assurance framework.

Recognising the importance of listening to children, young people and families, co-production has remained central to the service's improvement journey. Regular engagement sessions with families and staff have continued throughout the year, alongside the development of parental co-production arrangements, ensuring that service improvement activity remains informed by lived experience.

The service has also focused on improving the quality and reliability of information available to support decision making. Through strengthened monitoring, quality oversight and risk management arrangements, the Health Board has continued to improve its understanding of service pressures, priorities and areas requiring further action. This has supported more informed planning and enabled progress to be monitored through established governance arrangements.

While work remains ongoing, the progress made during 2025/26 demonstrates the Health Board's commitment to learning, improvement and partnership working. Priorities for 2026/27 include continued delivery of the improvement programme, implementation of the approved service model, further pathway development and continued engagement with children, young

people and families to ensure services remain responsive, safe and person-centred. De-escalating the service in a safe and timely manner remains a key focus.

Key Achievements

- Continued delivery of a structured improvement programme through established escalation and oversight arrangements
- Ongoing development of a sustainable Children's Neurodevelopmental Service model and supporting business case
- Continued engagement with families and staff through co-production and service improvement activity
- Strengthened governance, quality monitoring and assurance arrangements
- Improved visibility of service pressures, risks and improvement priorities through quality and performance reporting

Key Message:

Children's Neurodevelopmental Services have continued to make progress through structured improvement, strengthened governance, service redesign and meaningful engagement with children, young people and families, supporting delivery of more sustainable and person-centred services.

11.0 Safeguarding

Safeguarding remains a fundamental part of Powys Teaching Health Board's core business and organisational values. The Health Board is committed to being a trusted and safe organisation where children and adults at risk of harm, abuse or neglect are protected, and where staff feel empowered, valued and supported to act promptly and appropriately to safeguard patients, families and communities.

Safeguarding is recognised as a complex and shared responsibility. All employees and commissioned services are expected to have the appropriate skills, knowledge and competencies to safeguard effectively. PTHB promotes a culture where safeguarding concerns are identified early, shared quickly and managed appropriately, with a strong emphasis on learning and continuous improvement when things go wrong.

The Health Board works collaboratively with partner agencies, supporting the strategic priorities of the Mid and West Wales Safeguarding Board, the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Board, and the National Safeguarding Network. Strong multi-agency working remains essential to achieving positive outcomes for people who live, work and visit Powys.

Throughout the year, PTHB reviews its safeguarding performance against the Safeguarding Maturity Matrix Standards. Both qualitative and quantitative data are used to understand effectiveness, identify risks, and support informed discussion around the delivery of safe, timely, effective, efficient, equitable and person-centred care, underpinned by a learning culture.

Listening to and engaging with children and adults is central to safeguarding practice and to delivering care at the heart of the community. The Health Board continues to support people's rights to live in safety, free from abuse, neglect, discrimination, exploitation and avoidable harm, while balancing protection with empowerment.

PTHB's demonstrates ongoing commitment to strengthening safeguarding arrangements, embedding safeguarding into everyday practice, and continually improving the quality of care and outcomes for the people of Powys.

Key Message:

Safeguarding remains fundamental to the delivery of safe, person-centred care across Powys. Through strong partnership working, workforce development, safeguarding governance and continuous learning, the Health Board continues to strengthen arrangements to protect children and adults at risk whilst promoting wellbeing, independence and positive outcomes.

12.0 Recommendations from External Reviews and Inspection

External reviews, inspections, audits and assurance processes provide an important source of independent scrutiny and support the Health Board's commitment to learning and continuous improvement. During 2025/26, the Health Board continued to engage with external regulators, inspectors and assurance bodies, using findings and recommendations to inform service development, strengthen governance and support quality improvement activity.

The Health Board recognises that external review processes provide valuable opportunities to validate good practice, identify areas requiring further development and support ongoing improvement across both directly provided and commissioned services. Furthermore, the Health Board has clear and established reporting routes through appropriate committees relating to reviews and inspections, providing both assurance and oversight. The integration of outcomes and findings from reviews and inspections into the wider thematic analysis has been commenced to ensure the organisation can identify the appropriate learning priorities throughout the course of the year.

12.1 Health Inspectorate Wales

Healthcare Inspectorate Wales (HIW) provides independent scrutiny and assurance regarding the quality, safety and experience of healthcare services across Wales. Inspection activity supports delivery of the Duty of Quality by providing external assessment of services, identifying areas of good practice and highlighting opportunities for improvement.

During 2025/26, Powys Teaching Health Board participated in a number of announced and unannounced HIW inspections across inpatient, community and urgent care services. These inspections provided opportunities for external review of clinical environments, governance arrangements, patient experience, workforce issues and the quality and safety of care provided.

Inspection Activity During 2025/26:

Service	Inspection Type
Felindre Ward	Unannounced Inspection
Community Mental Health Team, Ystradgynlais	Inspection
Dyfi Valley Health Centre	Inspection
Llanidloes Minor Injury Unit	Unannounced Inspection
Maldwyn Ward, Welshpool Hospital	Inspection
Tywyn Ward, Machynlleth Hospital	Inspection

At the time of preparation of this report, a number of inspection reports and associated improvement actions remained subject to ongoing review and monitoring. Detailed findings and recommendations arising from individual inspections continue to be considered through established governance arrangements and relevant committee structures.

The Health Board remains committed to responding positively to external scrutiny and ensuring that learning arising from inspection activity is incorporated into service improvement, governance arrangements and organisational learning processes. Inspection findings are considered alongside other sources of quality intelligence, including incidents, concerns, patient feedback, safeguarding activity, audits and external reviews, helping to support a comprehensive understanding of quality and safety across services.

What Next?

As inspection reports are completed and recommendations implemented, the Health Board will continue to monitor progress through established assurance arrangements, ensuring that identified learning translates into measurable improvements in care, experience and outcomes for the people of Powys.

12.2 Welsh Risk Pool

The Welsh Risk Pool provides an important source of external assurance for NHS Wales organisations, supporting effective risk management, claims handling, reimbursement and organisational learning. For Powys Teaching Health Board, the assessment process helps to demonstrate how learning from concerns, incidents, claims, redress and inquests is used to strengthen the quality and safety of care for the people of Powys.

Welsh Risk Pool



Gwella Diogelwch Cleifion Trwy Ddysgu
Improving Patient Safety Through Learning

During 2024–25, the Health Board participated in the Welsh Risk Pool assessment programme. The review considered compliance with relevant national requirements, including the Welsh Risk Pool Reimbursement Procedures, the NHS Concerns, Complaints and Redress Arrangements Regulations, and the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The assessment provided assurance on arrangements for managing incidents, complaints and enquiries, redress, claims, inquests and coronial inquiries, organisational learning and the reimbursement process.

The 2024–25 assessment identified areas for further improvement, particularly the timely closure of Nationally Reportable Incidents and Duty of Candour incidents. It also recognised positive progress, including improved quality of outcomes, evidence of sustained changes in practice and areas of strong practice within the Corporate Quality and Safety Team.

During 2025–26, work has continued to build on the recommendations and learning from the 2024–25 review. This has included strengthening oversight of improvement actions, supporting timely progression and closure of incidents, and ensuring that learning from concerns, claims and inquests informs wider quality and safety improvement.

Actions arising from the assessment, alongside any outstanding actions from previous reviews, continue to be monitored through the Health Board's quality and safety improvement action plan. This provides a mechanism to track progress, strengthen assurance to Board and support the continued embedding of learning across services.

13.0 Assuring Quality in Commissioned Services

A significant proportion of healthcare provided to people living in Powys is delivered through commissioned arrangements with NHS Wales organisations, NHS England providers and other partner organisations. Whilst care may be delivered by another provider, the Health Board remains responsible for assuring itself that commissioned services are safe, effective, high-quality and responsive to the needs of the population it serves.

During 2025/26, the Health Board continued to strengthen arrangements for monitoring quality, safety, patient experience, performance and outcomes within commissioned services. This work has been supported through established governance structures, Contract Quality Performance Review Meetings (CQPRMs), quality intelligence, service reviews and the continued development of the Integrated Quality and Performance Framework (IQPF).

Recognising the complexity and scale of commissioned healthcare arrangements, the Health Board has also identified opportunities to further strengthen assurance processes. Development of a more comprehensive Commissioned Services Assurance Framework will continue during 2026/27, supporting greater consistency, visibility and triangulation of quality information across commissioned services.

13.1 Integrated Quality & Performance Framework (IQPF)

Powys THB is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of Powys. The purpose of the Integrated Quality and Performance Framework (IQPF) is to ensure that information is available to enable the Board and key decision-makers to understand, monitor and assess organisational performance, identify risks and support continuous improvement in service delivery.

The IQPF applies across all responsibilities of the Health Board, including services provided directly by Powys Teaching Health Board and those commissioned from partner organisations both within Wales and across the border.

The framework supports assurance across the following key domains:

- Access to Care and Timeliness
- Quality, Safety and Patient Experience
- Finance and Value
- Workforce and Culture

Through these domains, the Health Board seeks assurance that services are safe, timely, effective, efficient, equitable and person-centred, whilst also ensuring resources are used effectively and services remain sustainable. The coverage requirements below set out the areas which inform assurance processes, and which must be considered and evaluated within the framework of organisational performance.

Domains	Description
Access to Care and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
Quality, Safety and Patient Experience	Assurance against national and locally set quality and safety measures of care ensuring services are: • Safe • Timely • Effective • Efficient • Equitable • Person Centred Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of Patient Reported Outcomes Measure (PROMS) and Patient Reported Experience Measures (PREMS). Work within the principles of the Health Board Quality Management System.
Finance & Value	Assurance that services are improving efficiency and productivity and financial plans are being delivered. Prudent or Value-Based health care approach.
Workforce and Culture	Assurance that the organisation has a motivated and sustainable workforce that is well-trained and the capacity and capability to provide quality services.



13.2 Quality Management and Assurance

The IQPF provides a structured approach to quality management, quality control, quality planning and continuous improvement. It supports:

- Identification and management of risk
- Monitoring of quality, safety and patient experience

- Performance management and improvement
- Integration of qualitative and quantitative intelligence
- Escalation and assurance processes
- Benchmarking and organisational learning

Performance information is considered through a range of governance arrangements, ensuring that areas of concern can be identified, escalated and addressed in a timely manner.

The PTHB Quality Management System has four elements as detailed below:

Principles	
Patient focus; Evidence based decision making; Population and Stakeholder Engagement; Clear Vision and Purpose; Leadership and Organisational Culture & Values; Education and Training; Internal Audit; Documentation Management; Information Management; Process Management; Procurement Management; Health and Safety Management; Risk Management; Environmental Management; Legal and Regulatory Compliance; Human Resources; KPI's	
Domain	Narrative
Quality Planning	• Understanding population need & design of services, policies, structures, systems to meet those needs. • Quality Control and Quality Assurance need to feed into Quality Planning. • Reflect government strategies and targets. • When services are assessed, reviewed and undergo service change, quality impact assessments will be undertaken, considering the 6 domains of quality (STEEEP) and the five enablers of Leadership, Culture & Valuing People, Data, Learning Improvement & Research, and Whole Systems Perspective. Population data and public health intelligence will support and inform our planning.
Quality Control	• Processes in place to monitor performance in real time & take action when required standards not met. • Control processes owned by those directly providing the service with skills and permission to address performance issues within their control. • Quantitative and qualitative measures with appropriate escalation measures. • We monitor the quality and safety of our services through key sources of intelligence. This includes patient safety and nationally reportable incidents (incident management framework), near misses, patient feedback through surveys and local intelligence gathering, patient concerns and complaints. In partnership with the third sector and Llais, we also triangulate their sources of information. Other sources of key intelligence to monitor and assess services include clinical audit, NWSSP internal audits, HIW inspections and reviews by the Wales Audit Office.
Quality Improvement	• Model for Improvement • Cycles of experimentation informed by ongoing reflection using both quantitative and qualitative data. • Practical iterative tests of change to learn, implement and scale improvements in quality of services and patient outcomes • Intelligence that we gather through our quality controls inform our priorities for improvement and subsequently our strategic transformation. Our Transformation team are central to this deployment; however, improvement and transformation is seen as a key role for all our staff in PTHB.
Quality Assurance	• Verify that quality control is maintained, and that performance is evaluated. • Effective structures, systems and standards to provide clear line of sight across the Health Board to give assurance internally and externally to stakeholders, that desired improvements to services and population outcomes are being achieved and sustained. • We deploy floor to Board reporting via our quality governance processes and structures. The Integrated Quality Report (IQR) presented to the Patient Experience and Quality Committee (PEQs) is the mechanism through which the Quality domain of the IQPF is reported to the Board. • The service groups QUAILS (Quality Assurance, Learning and Improvement Groups) within service areas (e.g. Mental Health, Community Services, Women and Family) deploy quality control and improvement locally and report through the IQR to the Executive Committee, PEQs and Board. • Similarly, the Patient Experience Steering Group, Safeguarding Strategic Group and Infection Prevention Control Steering Group report to Board via the IQR.

The key to the success of our Quality Management System is ensuring and enabling everyone across the Health Board to be engaged and dynamic in ensuring quality is at the heart of everything we do. Through the development of our Quality Management System, we aim to:

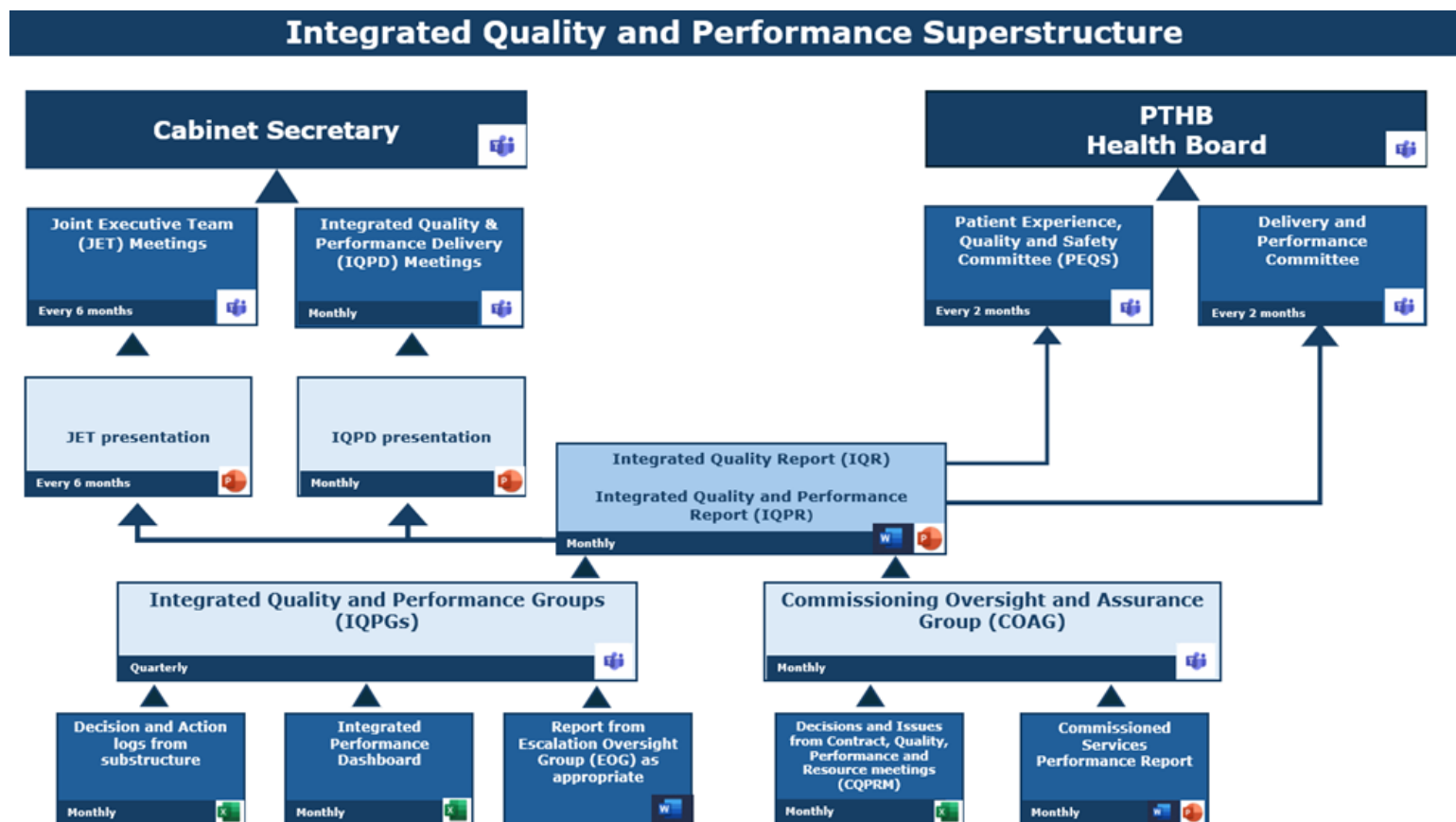
- Enable a positive, psychologically safe and just quality culture through the provision of compassionate leadership
- Enable a shared responsibility and voice for quality to ensure the provision of safe, timely, effective, efficient, equitable and person-centred care
- Embed Quality Driven Decision Making at all levels of the Health Board
- Demonstrate a quality approach based upon learning and continuous improvement

Integrated Quality and Performance Report (IQPR)

The IQPR is a key part of the IQPF designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The IQPR uses key annual NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards performance as both a provider and commissioner of care focusing on key challenge and success.

This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of the service area.



Integrated Quality and Performance Group

The IQPF applies to the whole organisation with Integrated Quality and Performance Group Meetings being held on a Quarterly and Six-Monthly basis to review directorate performance.

- Quarterly: Focused on a subset of key quality, performance and financial metrics as required by the health board plan; this will be done by exception. Should separate, more detailed finance (or other) discussions be required, these will be agreed through the assurance review process using the escalation options. These reviews will also include specific consideration of the highest rated risks along with mitigating actions to manage these.
- Six-monthly: Focused on key performance indicators with deep dives into key areas of challenged quality, performance and finance where required. Also consider specific progress against plan and consideration of highest risks and mitigating actions.

13.3 Commissioned Services Assurance

For services commissioned from external providers, CQPRMs remain a key mechanism through which the Health Board seeks assurance regarding quality, safety, performance and patient experience.

These arrangements support the Health Board to:

- Monitor provider performance against agreed quality and performance measures
- Review patient experience and safety information
- Identify emerging risks and areas requiring escalation
- Monitor outcomes and improvement actions
- Share learning across organisations and services

The Health Board continues to work with commissioned providers to strengthen quality oversight and improve the consistency of quality intelligence and reporting. During 2025/26, this has included work to further develop quality measures, improve triangulation of information and enhance the visibility of risks and improvement priorities across commissioned services.

Looking Forward

While established governance arrangements continue to provide oversight of commissioned services, the Health Board recognises that further development is required to support a more comprehensive and mature approach to commissioned service assurance. During 2026/27, priorities will include:

- Development of a Commissioned Services Assurance Framework
- Strengthening quality intelligence and triangulation arrangements
- Further integration with the Integrated Quality and Performance Framework
- Development of more meaningful quality and patient experience measures
- Improved visibility of risks, outcomes and improvement activity across commissioned services

14.0 Future Developments

During 2026/27, Powys Teaching Health Board will continue to build on the progress made during the year and further strengthen arrangements that support delivery of the Duty of Quality. Whilst significant foundations have been established, the Health Board recognises that continuous improvement requires ongoing development of quality systems, governance arrangements, engagement approaches and organisational learning.

A key priority will be the continued development of a comprehensive Quality Management System, bringing greater consistency and integration to the way quality is planned, monitored, assured and improved across the organisation. Building on existing governance and quality intelligence arrangements, this work will support a more systematic approach to embedding quality within everyday decision-making and service delivery.

The implementation of the NHS Wales Listening to People Framework will provide an opportunity to further strengthen how feedback, concerns, patient experience, compliments and lived experience are brought together to inform learning and improvement. The Health Board will continue to focus on ensuring that the voices of patients, service users, families, carers and communities remain central to service improvement activity.

Further work will continue to strengthen the use of quality intelligence and organisational learning. Building on developments during 2025/26, the Health Board will seek to improve the triangulation of information from incidents, concerns, patient experience, safeguarding activity, audits, external reviews and commissioned services to support earlier identification of emerging themes, risks and opportunities for improvement.

Recognising the significant role commissioned services play in the delivery of healthcare for Powys residents, development of a more comprehensive Commissioned Services Assurance Framework will continue during 2026/27. This work will focus on strengthening oversight, improving visibility of quality information and supporting a more consistent approach to assurance across commissioned services.

The Better Together programme will continue to play a central role in shaping future services and responding to the opportunities and challenges facing healthcare delivery across Powys. Continued engagement with patients, staff, communities and partners will

be essential in ensuring future service models are informed by local needs, experience and evidence. The Health Board remains committed to ensuring that quality, safety and patient experience are central considerations within future service planning and transformation activity.

The Health Board will also continue to strengthen co-production, engagement and participation arrangements, building on relationships with Llais, PAVO, community groups and partner organisations. Particular emphasis will be placed on ensuring that seldom-heard communities, vulnerable groups and those affected by health inequalities are able to influence service development and improvement activity.

Quality improvement capability will continue to be developed across services through leadership development, workforce engagement, digital innovation and the sharing of learning. Particular focus will be placed on evaluating improvement activity, identifying sustainable change and strengthening the connection between learning and measurable improvement in outcomes and experience.

The continued development of digital systems and information infrastructure will remain a priority. Building on progress already achieved through initiatives such as BadgerNet, enhanced patient feedback systems and integrated quality reporting arrangements, further opportunities will be explored to improve the quality, accessibility and use of information to support safer, more effective and person-centred care.

Finally, the Health Board recognises the need to remain responsive to a changing health and care environment. Horizon scanning, continuous learning and engagement with national policy developments, emerging evidence, inspection findings and wider NHS Wales priorities will support the Health Board in identifying future risks, opportunities and areas requiring improvement. This approach will help ensure that quality remains at the heart of decision-making as services continue to evolve to meet the needs of the population of Powys.

Key Message:

During 2026/27, the Health Board will continue to strengthen quality systems, organisational learning, engagement, co-production and commissioned services assurance, whilst remaining responsive to emerging risks, opportunities and national priorities. Through these developments, the Health Board will continue to embed the principles of the Duty of Quality across all aspects of service planning, delivery and improvement.

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15.0 Looking Forward Quality Priorities 2026/2027

As the Health Board continues its journey to embed the Duty of Quality, a number of priority areas have been identified for 2026/27. These priorities build on the progress made during the year and reflect local learning, national development, service user feedback, external scrutiny and emerging risks and opportunities.



Priority 1 – Develop a Comprehensive Quality Management System

Continue development of a more mature and integrated Quality Management System to strengthen quality planning, assurance, improvement and organisational learning across all Health Board functions.

Priority 2 – Implement the NHS Wales Listening to People Framework

Embed the Listening to People Framework, ensuring feedback, compliments, concerns, lived experience and patient stories are used consistently to support improvement, learning and decision-making.

Priority 3 – Strengthen Quality Intelligence and Organisational Learning

Further develop arrangements for bringing together information from incidents, patient experience, safeguarding, audits, external reviews, mortality reviews and commissioned services to support earlier identification of themes, risks and opportunities for improvement.

Priority 4 – Enhance Assurance of Commissioned Services

Develop a Commissioned Services Assurance Framework to support greater consistency, visibility and oversight of quality, safety, patient experience and outcomes across commissioned healthcare services.

Priority 5 – Strengthen Engagement, Co-production and the Better Together Programme

Continue to strengthen engagement and co-production with patients, communities, staff and partners through delivery of the Better Together programme and wider service transformation activity. Particular focus will be placed on involving seldom-heard groups, reducing inequalities and ensuring people can influence decisions about future services.

Priority 6 – Remain Responsive to Emerging Risks, Opportunities and National Priorities

Maintain a focus on horizon scanning, innovation and continuous improvement to ensure the Health Board is well placed to respond to emerging quality issues, new evidence, changing population needs, regulatory developments and future NHS Wales priorities.

16.0 Conclusion

The Duty of Quality places a responsibility on the Health Board to continuously improve the quality of services, outcomes and experiences for the people of Powys. Throughout this report, we have demonstrated how quality has continued to inform decision-making, service development, governance arrangements and improvement activity across both directly provided and commissioned services.

During 2025/26, the Health Board has continued to strengthen its approach to quality through the development of quality intelligence arrangements, organisational learning processes, patient and public engagement, service improvement programmes and assurance frameworks. Progress has been made in a number of areas, including patient experience, organisational learning, maternity and women's health, dementia services, neurodevelopmental services, safeguarding, bereavement care and mortality review processes. These developments highlight the commitment of staff, partners, patients, carers and communities to improving services and outcomes across Powys.

The report has also identified areas where further work is required. Development of a comprehensive Quality Management System, strengthening commissioned services assurance, embedding the Listening to People Framework and continuing to mature organisational learning arrangements will remain important priorities during 2026/27. The Health Board recognises that improving quality is an ongoing journey and that sustaining improvement requires continued focus, collaboration and openness to learning. The Health Board remains committed to ensuring that quality is not viewed as a separate activity, but as a fundamental part of everything it does. By listening to people, learning from experience, responding to evidence and working collaboratively with staff, partners and communities, we will continue to strengthen the delivery of safe, timely, effective, efficient, equitable and person-centred care for the people of Powys.

As we look ahead, we recognise that healthcare will continue to evolve in response to changing population needs, emerging evidence, national priorities and future challenges. Through continued engagement, horizon scanning, innovation and improvement, the Health Board will seek to ensure that quality remains at the heart of decision-making and service delivery, supporting better outcomes and experiences for current and future generations across Powys.

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Agenda item: 3.9

BOARD		30 SEPTEMBER 2026
Subject:	Powys Teaching Health Board Safeguarding Annual Report 2025-2026	
Approved and presented by:	Paul Hooton Executive Director of Nursing, Quality, Womens and Family Health	
Prepared by:	Assistant Director of Nursing	
Other Committees and meetings considered at:	Executive Committee 22 July 2026 Patient Experience, Quality and Safety Committee - 04 August 2026 who recommended the report to the Board.	
PURPOSE:		
To provide the Committee with assurance regarding the effectiveness of Powys Teaching Health Board's safeguarding arrangements during 2025-26 and to highlight key achievements, risks, learning and priorities for 2026-27.		
RECOMMENDATION(S):		
The Board is asked to:		
- Take ASSURANCE from the progress made during 2025-2026, whilst noting the key priorities and areas of focus for 2026-2027, and APPROVE the Safeguarding Annual Report 2025/26.		
Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	PTHB Safeguarding Annual Report presents the key areas of development and achievement which have supported the Health Board to meet its statutory responsibilities for safeguarding during 2025/26
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The Safeguarding Annual Report provides assurance that safeguarding arrangements within Powys Teaching Health Board remain effective and continue to mature. Safeguarding is firmly embedded within the organisation which is supported by clear governance arrangements, effective partnership working and an established culture of continuous learning and improvement.

During 2025–2026, the Health Board has continued to strengthen its safeguarding arrangements through the delivery of key strategic priorities, participation in national safeguarding improvement programmes, enhanced quality assurance activity and further development of workforce support mechanisms. Significant progress has also been made in areas including Mental Capacity Act and Deprivation of Liberty Safeguards governance, Corporate Parenting responsibilities, multi-agency safeguarding supervision and implementation of safeguarding reforms at a regional and national level.

Safeguarding activity remains high across both children's and adult services. This is considered to reflect increasing staff awareness, confidence in safeguarding processes and improved access to specialist advice and support through the Safeguarding Hub. The continued growth in demand for safeguarding advice and supervision demonstrates the value of the service and the positive safeguarding culture that has developed across the organisation.

A comprehensive programme of audits, reviews and quality assurance activity undertaken throughout the year has provided assurance that safeguarding concerns are generally being recognised, reported and managed appropriately. Learning from internal audits, national reviews and regional safeguarding activity continues to inform improvements in policy, practice, training and governance arrangements.

The Health Board has maintained strong engagement with statutory safeguarding partnerships, including the Mid and West Wales Safeguarding Board, NHS Wales National Safeguarding Service and regional Violence Against Women, Domestic Abuse and Sexual Violence partnerships. This collaborative approach continues to support shared learning, consistent practice and improved outcomes for children and adults.

While the report demonstrates substantial progress, several areas remain a focus for improvement. These include strengthening compliance with Level 3 safeguarding training, embedding emerging national safeguarding frameworks and ensuring continued organisational resilience in response to increasing safeguarding demand and complexity.

Overall, the report concludes that Powys Teaching Health Board continues to have effective safeguarding arrangements and governance in place and is well positioned to respond to future safeguarding challenges.

Key Achievements

Strengthened Governance and Assurance

- Continued implementation of recommendations arising from the Welsh Government *Strengthening Safeguarding in Health Review*.
- Active contribution to the development of the new NHS Wales Safeguarding Framework.
- Further enhancement of the PTHB Safeguarding Management Application, improving reporting, audit capability, data quality and organisational assurance.
- All actions arising from the NHS Wales Internal Audit of MCA/DoLS were completed, resulting in significant improvements in governance, compliance and oversight.

Workforce Development and Support

- Safeguarding Hub activity increased to 1,389 contacts, representing a 107% increase since its introduction and demonstrating growing staff confidence in accessing safeguarding advice and supervision.
- Delivery of safeguarding, Ask and Act, Childhood Injury and MCA training to staff across the organisation.
- Successful implementation of a Multi-Agency Safeguarding Supervision Model with statutory partners, receiving positive feedback from practitioners.
- Mandatory safeguarding compliance remains strong at Levels 1 and 2, although Level 3 compliance remains below target and continues to require focussed improvement.

Safeguarding Children

- 439 child safeguarding reports were made during the year, more than doubling over the last five years, reflecting increased awareness, improved reporting mechanisms and enhanced safeguarding support.
- Child protection activity remained stable with 127 children on the Child Protection Register and 35 child protection medicals undertaken.
- Continued delivery of high-quality services for Children Looked After, including:
 - 309 statutory health assessments completed.
 - Introduction of the innovative *Care Bag* initiative.
 - Development of multilingual sexual health resources for unaccompanied asylum-seeking children.
 - Launch of the national Looked After Children feedback survey.

- Significant progress made in implementing the Corporate Parenting Charter and developing PTHB's Corporate Parenting Promises.

Safeguarding Adults

- **237 adult safeguarding reports** were submitted during 2025-2026, continuing an upward trend in safeguarding identification and reporting.
- Improvements delivered within Mental Capacity Act and Deprivation of Liberty Safeguards arrangements, including enhanced workforce capacity, governance structures, supervision and quality assurance.
- MCA training compliance remains strong, with compliance exceeding 90% at Levels 1 and 2.

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

- Successful transition to the new Daily MARAC model, improving responsiveness to high-risk domestic abuse cases.
- Preparations completed for the implementation of MATAC and DRIVE, strengthening the management of perpetrators and improving victim safety.
- Significant progress made in developing the Women's Health Hub and co-produced survivor-informed safeguarding resources.

Learning, Quality Improvement and Audit

A strong learning culture continues across the Health Board. Multiple audits and reviews provided positive assurance regarding safeguarding practice, including:

- Child Protection Conferences Audit.
- Multi-Agency Strategy Discussions Audit.
- Child's Lived Experience Audit.
- MCA/DoLS Internal Audit follow-up.
- Was Not Brought Policy Audit.

Learning from safeguarding reviews, including the North Wales Child Practice Review *"Our Bravery Brought Justice"*, has been embedded through training, policy updates and briefings.

Areas Requiring Continued Focus

Whilst significant progress has been achieved, several areas require ongoing attention:

- Improving Adult and Children's Level 3 safeguarding training compliance.

- Strengthening assurance and audit engagement within adult services relating to the Was Not Brought Policy.
- Increasing participation rates in Children Looked After and Carer feedback surveys.
- Further embedding MCA and DoLS improvements.
- Evaluating the impact of safeguarding learning and quality improvement initiatives.
- Managing increasing demand and complexity across safeguarding services.

Key Priorities for 2026-2027

- Implementing Year 2 of the NHS Wales Safeguarding Framework.
- Delivering the Corporate Parenting Improvement Plan.
- Improving Level 3 safeguarding training compliance.
- Continue strengthening MCA and DoLS improvements.
- Progressing safeguarding and VAWDASV priorities within the Women's Health Plan.
- Implementing the RL Datix Safeguarding Reporting Module.
- Supporting national and regional safeguarding reviews and assurance activity.

In Summary, the report provides assurance that safeguarding arrangements within Powys Teaching Health Board are effective, continue to mature, and are supported by robust governance, a committed workforce and effective partnership working. The Health Board has demonstrated continued improvement across all safeguarding domains whilst maintaining a clear focus on the protection, wellbeing and voice of children, adults and families across Powys.

IMPACT ASSESSMENT – NOT REQUIRED

Powys Teaching Health Board Safeguarding Annual Report 2025 - 2026

Board
30 September 2026
Item 3.9a

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Foreword

I am pleased to present the Powys Teaching Health Board Safeguarding Annual Report for 2025–2026.

Safeguarding is everyone’s responsibility and remains fundamental to the delivery of safe, effective and person-centred care. This report highlights the commitment of our staff, partners and communities to ensuring that children, young people and adults at risk are protected from harm, abuse, neglect and exploitation, and that safeguarding continues to be embedded within everything we do.

Throughout the year, we have continued to strengthen our safeguarding arrangements, guided by the NHS Wales Safeguarding Maturity Matrix and informed by learning, reflection and quality improvement. The report demonstrates progress across all safeguarding standards, including the development of our workforce, enhanced governance and assurance processes, strengthened multi-agency partnerships, and a continued focus on listening to the voices of children, adults and families.

During 2025–2026 we have also contributed to important national developments, including the implementation of recommendations arising from the Strengthening Safeguarding in Health Review and the development of the NHS Wales Safeguarding Framework. Locally, we have continued to innovate through initiatives such as multi-agency safeguarding supervision, our Corporate Parenting Promises, improvements in Mental Capacity Act and Deprivation of Liberty Safeguards arrangements, and the ongoing development of the Women's Health Hub.

The increasing complexity of safeguarding across health and social care highlights the importance of maintaining a knowledgeable, confident and compassionate workforce. I am proud of the dedication shown by staff across Powys Teaching Health Board, who continue to demonstrate professional curiosity, kindness and determination in supporting some of the most vulnerable members of our communities.

I would like to extend my sincere thanks to our safeguarding team, colleagues across the Health Board, partner agencies, members of the Board and the many individuals with lived experience who have helped shape and improve our services. Their collective efforts ensure that safeguarding remains at the heart of our organisation.

While much has been achieved, we recognise that safeguarding is a continuous journey. We remain committed to learning, improving and working in partnership to ensure that Powys Teaching Health Board continues to be a trusted, safe and responsive organisation for the people we serve.

Paul Hooton
Executive Director of Nursing, Quality, Women & Family Health

Safeguarding across our County

Safeguarding is a fundamental part of Powys Teaching Health Board's core business. The Health Board is committed to being a trusted and safe organisation where children and adults at risk of harm, abuse or neglect are protected, and where staff feel empowered, valued and supported to act promptly and appropriately to safeguard patients, families and communities.

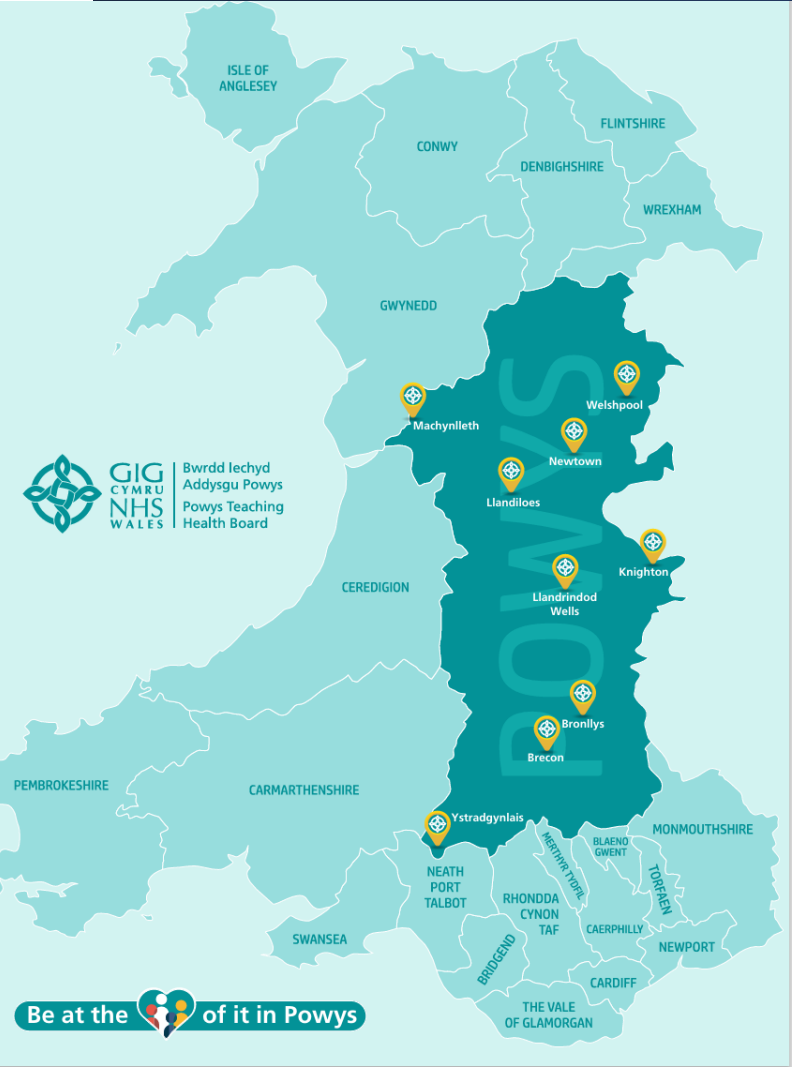
Safeguarding is recognised as a complex and shared responsibility. All employees and commissioned services are expected to have the appropriate skills, knowledge and competencies to safeguard effectively. PTHB promotes a culture where safeguarding concerns are identified early, shared quickly and managed appropriately, with a strong emphasis on learning and continuous improvement when things go wrong.

The Health Board works collaboratively with partner agencies, supporting the strategic priorities of the Mid and West Wales Safeguarding Board, the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Board, and the National Safeguarding Network. Strong multi-agency working remains essential to achieving positive outcomes for people who live, work and visit Powys.

Throughout the year, PTHB reviews its safeguarding performance against the Safeguarding Maturity Matrix Standards. Both qualitative and quantitative data are used to understand effectiveness, identify risks, and support informed discussion around the delivery of safe, timely, effective, efficient, equitable and person-centred care, underpinned by a learning culture.

Listening to and engaging with children and adults is central to safeguarding practice and to delivering care at the heart of the community. The Health Board continues to support people's rights to live in safety, free from abuse, neglect, discrimination, exploitation and avoidable harm, while balancing protection with empowerment.

Overall, this annual report demonstrates PTHB's ongoing commitment to strengthening safeguarding arrangements, embedding safeguarding into everyday practice, and continually improving the quality of care and outcomes for the people of Powys.



Powys Teaching Health Board Safeguarding Priorities for 2025-2026

- Engage in the National Strengthening Safeguarding Review Implementation Programme and all 4 subgroups (commissioned by CNO & WG)
- Implement the updated PREVENT Guidance and mandatory Training
- Implement the Multi Agency Safeguarding Supervision Model with our statutory partners
- Participate in a Regional Neglect Tool Kit Pilot with Health Visitors and School Nurses
- Improve Level 3 Safeguarding Training Compliance
- Develop a set of Promises to Care Experienced Children which align with the principles of the Corporate Parenting Charter
- Extend the reach of the safeguarding service using Podcasts
- Deliver the National Childrens Looked After and Carers Surveys via CIVICA
- Implement the MCA audit assurance management plan
- Deliver the Womens Health Plan year 1 deliverables of Priority 7 (Safeguarding)

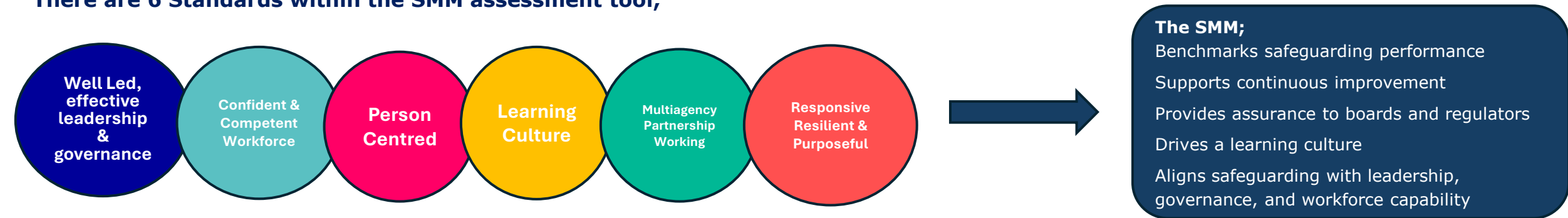
NHS Wales Safeguarding Maturity Matrix

NHS Wales has an essential role in ensuring that all adults and children receive the care, support and services they need to promote a healthier, safer and fairer Wales, however, measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex.

The **Safeguarding Maturity Matrix (SMM)** is a **structured self assessment tool used in NHS Wales** to assess, measure, and improve how well an organisation delivers its safeguarding responsibilities.

The SMM helps organisations understand how “mature” their safeguarding systems are, where gaps or risks exist, what actions are needed to improve and provides a consistent way to evaluate safeguarding practice across organisations and services.

There are 6 Standards within the SMM assessment tool;



Powys Teaching Health Board's SMM self-assessment & improvement plan is completed annually, good practice, learning and improvements are shared with safeguarding peers across Wales at an Annual Peer Review hosted by the National Safeguarding Service. The review provides a safe environment for peer-to-peer reflection and contributes to the work of the National Safeguarding Networks forward workplan.

Powys Teaching Health Board's 2025-2026 Safeguarding Maturity Matrix self assessment supported the development of PTHB Safeguarding Priorities., which are reported on quarterly into PTHB Safeguarding Strategic Group. All priorities are monitored until completed.

SMM Standard; Well Led- Effective Leadership & Governance

Safeguarding is well led and governed in the organisation with evidence of visible and approachable leadership, that is structured at every level. There is a clear safeguarding strategy with well-defined quality objectives that evidences areas of strength and risk and is underpinned by feedback from team members and people who use the services.

Well Led,
Effective
Leadership &
Governance

Within this section;

- Governance and Lines of Accountability
- Powys Teaching Health Board Safeguarding Strategic Group Governance
- Safeguarding Legislation and Strategic Drivers
- Safeguarding Quality Assurance
- Inspections and Audits
- North Wales Child Practice Review



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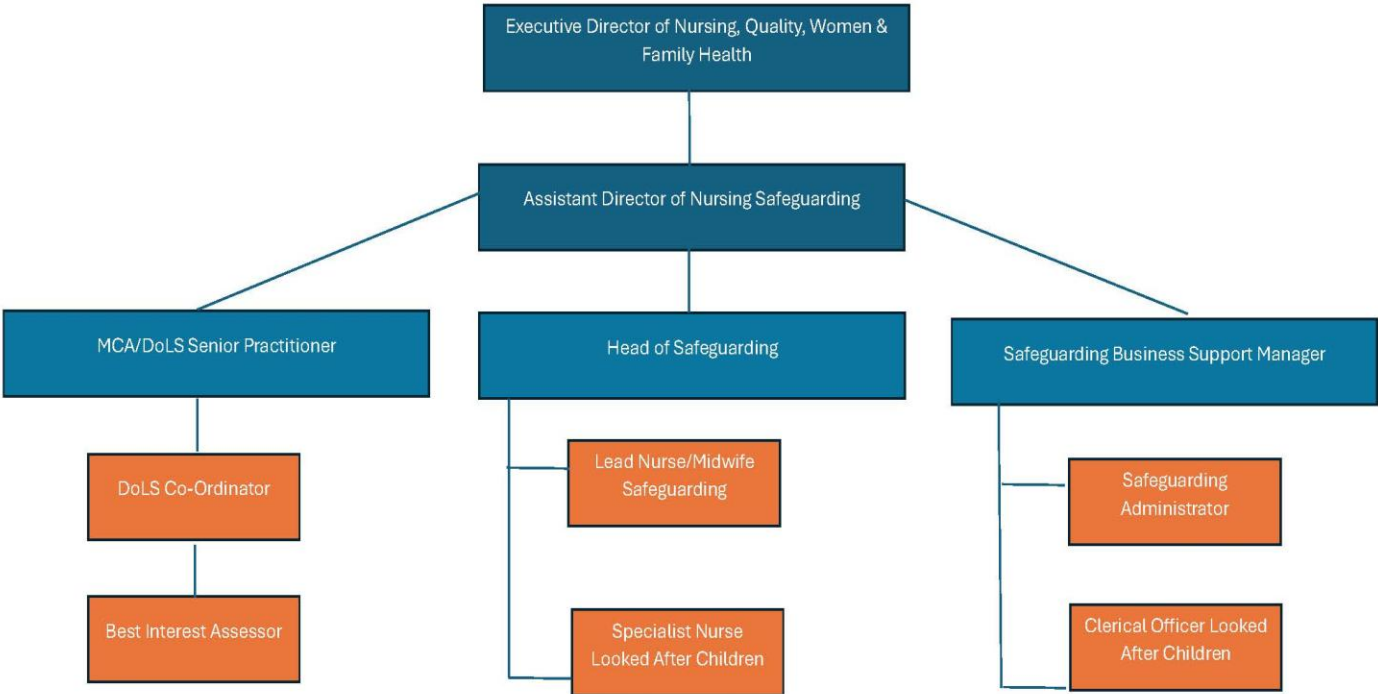
Governance & Lines of Accountability

The Chief Executive assumes overall responsibility for safeguarding and the Executive Director of Nursing, Quality, Women & Family Health is the delegated Executive Lead for Safeguarding and Public Protection. The Health Board’s Vice Chair is the designated Lead Member for children and young people services with responsibility for providing oversight and scrutiny of the broader safeguarding agenda. PTHB has in place a clear reporting structure for safeguarding arrangements.

PTHB Governance Reporting Structure



Powys Teaching Health Board Safeguarding Team Structure

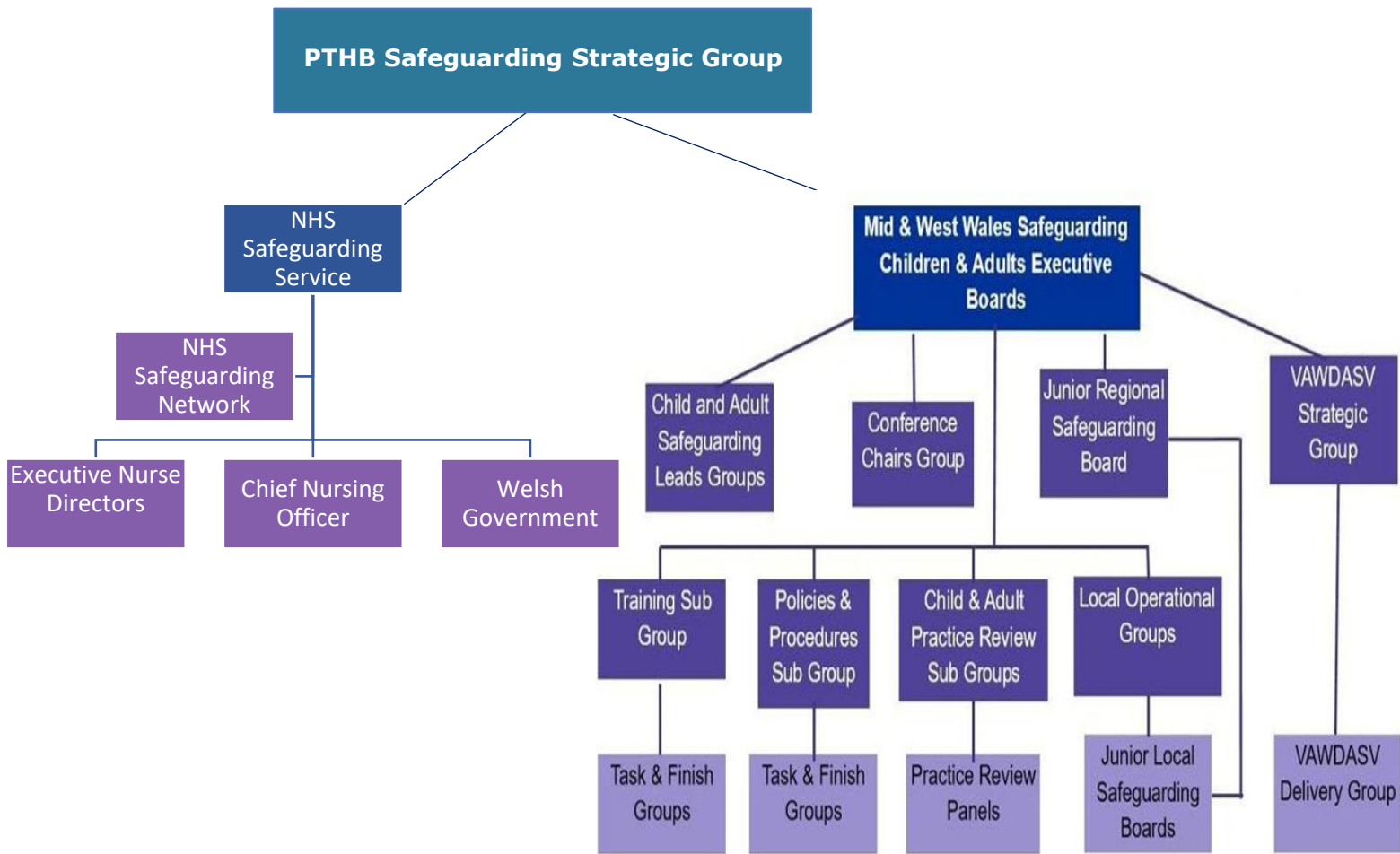


Powys Teaching Health Board Safeguarding Strategic Group

The Safeguarding Strategic Group continued to meet quarterly throughout 2025-2026.

The group provides a link between PTHB, the Regional Safeguarding Children and Adult Board, the Violence Against Women, Domestic Abuse and Sexual Violence Strategic Group and NHS Wales Safeguarding Network and Service

The Safeguarding Strategic Group is chaired by the Executive Director of Nursing, Quality, Women and Family Health and attended by Heads of Services from across PTHB, the group also has in attendance a designated member of NHS Wales National Safeguarding Service



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Safeguarding Legislation and Strategic Drivers

Safeguarding legislation is designed to ensure that individuals are **protected from harm and abuse**, while promoting their safety and wellbeing. It underpins a rights-based approach to care and support, with a strong emphasis on preventing future harm. Furthermore, it establishes the **legal framework** for appropriate intervention and clearly defines **accountability**, ensuring that **organisations take responsibility** for both the prevention of harm and the effective management of safeguarding concerns.

Children Act 1989 & 2004	United Nations Convention on the Rights of the Child UNCRC	Wales Safeguarding Procedures 2019	Working Together to Safeguard Children 2018	Protecting Children & Young People, GMC 2012
Safeguarding Children & Young People Intercollegiate Document: Roles & Responsibilities for Health Care Staff 2025	Adult Safeguarding: Roles and Competencies for Health Care Staff 2024	Social Services & Well-being (Wales) Act 2014	The Well Being of Future Generations (Wales) Act 2015	PREVENT Duty 2023
FGM Act 2003	Domestic Abuse Act 2021	WG National Strategy on VAWDASV 2022-26	Disclosure & Barring Service Code of Practice	Modern Slavery Act 2025
Violence Against Women Domestic Abuse & Sexual Violence Act 2017	Duty of Quality 2023	Human Rights Act 1998	Mental Health Act 2007 /2025	Counter Terrorism and Security Act 2015
Children Wales Act 2020	Mental Capacity Act 2005	Deprivation of Liberty Safeguards 2009	Serious Violence Duty 2022	PRUDIC 2023

Powys Teaching Health Board Policies, Guidance and Standard Operating Procedures align with the legislative frameworks which support safeguarding processes across the Health Board

PTHB Safeguarding Policies and Guidance



Safeguarding Quality Assurance: Strengthening Safeguarding in Health Review

The **Safeguarding in Health Review** was commissioned by Welsh Government to review of the effectiveness of safeguarding arrangements in NHS Wales, thus ensuring that the Welsh Government (the CNO, Director General/Chief Executive NHS Wales and Ministers) have sufficient, meaningful assurance that the NHS in Wales is delivering against its statutory safeguarding duties. The Strengthening Safeguarding in Health Reviews final report was received in January 2025

Background: With the establishment of the NHS Executive (now P&I) and the enactment of the Health Social Care (Quality and Engagement) (Wales) Act 2020, it was considered the right time to reflect on how arrangements could be strengthened and /or enhanced giving particular focus on developing a safeguarding quality management system with supporting architecture in the NHS in Wales, to provide oversight on the effectiveness of Safeguarding arrangements in health, at a system level. Over the past ten years throughout Wales, several high-profile safeguarding Adult and Child Practice Reviews, inspection reports and safeguarding publications have been published, however, assessing whether the recommended interventions and actions have been effectively implemented is a challenge. Additionally, ensuring that significant lessons are consistently applied across all relevant health settings, rather than just where the issue was first identified, is equally complex which presents a risk

Findings: The Review acknowledged the remit of safeguarding is vast and challenging within the NHS, which is complex and where there are thousands of touch points with the public every year, some of whom will already be vulnerable to abuse or neglect or who may become vulnerable by virtue of presenting to health services. 4 Actions were accepted by WG. NHS Wales P&I was given the mandate to progress the recommendations. A Steering Group was established in May 2025 to take forward the **recommendations;**

- Safeguarding Quality & Safety/Learning Framework:**
Establish a robust system for continuous learning and improvement in safeguarding arrangements in health
- Safeguarding Quality, Assurance & Accountability Framework:**
Ensure that safeguarding practices are effectively implemented, monitored, and evaluated for continuous improvement. This framework will include mechanisms for accountability and assurance, ensuring that health boards and trusts are held responsible for their safeguarding duties reporting into National Assurance arrangements
- Quality Statement & Safeguarding Metrics:**
Provide clear guidelines on safeguarding objectives and expected outcomes and develop metrics to monitor and evaluate the effectiveness of safeguarding practices.

NHS Wales Safeguarding Framework

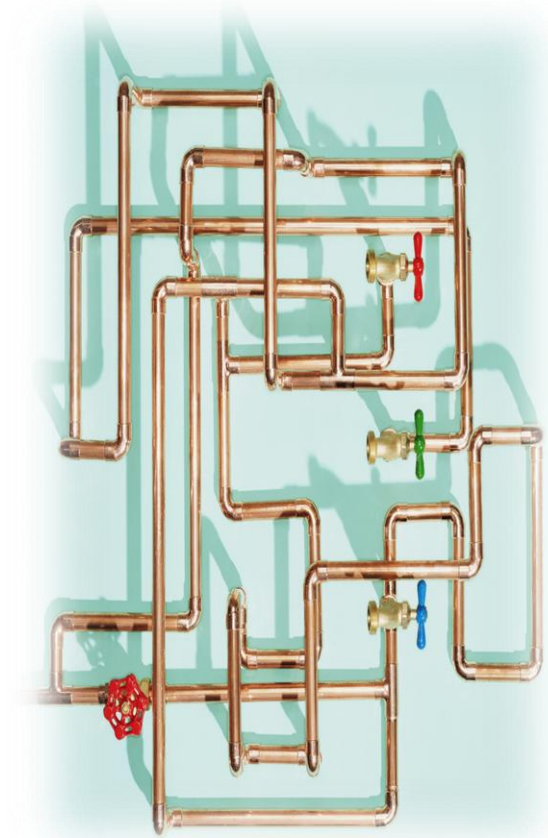
To progress the recommendations from the Strengthening Safeguarding in Health Review, a National Safeguarding in Health Delivery Group was established. PTHB Safeguarding Team represented the Health Board at the delivery group & workstreams throughout 2025-2026. During March 2026, the final draft of the **NHS Wales Safeguarding Framework (2026)** was delivered to the CNO for final ratification. The Framework is expected to be launched during early/mid 2026-2027

Year 1 has delivered a significant step forward through the development of a consolidated NHS Wales Safeguarding Framework, bringing together assurance, learning, quality and intelligence into a single, coherent national approach. This addresses previous fragmentation and establishes clearer lines of accountability and visibility from frontline practice through to Board level. The outputs from year 1, focusing on the NHS Wales Safeguarding Framework addresses 8 original recommendations of the Strengthening Safeguarding in Health review.

Year 2 represents a critical shift from development to implementation and demonstrable assurance in practice. The focus will be on embedding the Framework consistently across NHS Wales and ensuring that safeguarding intelligence is actively used to inform decision-making, prioritisation, escalation and improvement.

Four priority areas are proposed for Year 2:

- Implementation of the Safeguarding Framework as the central vehicle for strengthening safeguarding governance and assurance
- Digital enablement to support consistent data capture, triangulation and system-wide visibility without increasing reporting burden
- Strengthening safeguarding in Primary Care, with clearer expectations, improved oversight and a stronger role for clusters in coordinating local intelligence and response
- Embedding Equity, Diversity and Inclusion (EDI) as a core safeguarding assurance domain, improving visibility of inequalities and strengthening consistency of approach



Safeguarding Quality Assurance: PTHB Safeguarding Management Application

The implementation of the Safeguarding Management App in 2024-2025 has resulted in notable improved operational efficiency and effectiveness across key activities including safeguarding quality, assurance and accountability. By optimising workflows and reducing manual intervention to produce metrics to monitor and evaluate the effectiveness of safeguarding practices the team can now focus on more strategic and value-driven tasks enhancing overall quality using the outputs of the App



The App continues to evolve with increased data, audit functionality and automation of functions within Safeguarding, Looked After Children and MCA DoLS. Continued monitoring and refinement will ensure that these measures remain effective and can be further enhanced to meet our evolving organisational needs.

Areas of improvement include:

Administrative Processes: Routine tasks that previously required multiple steps have been simplified, leading to faster completion and reduced administrative overhead

Data Management: Improved data handling processes now allow for more efficient collection, analysis, and reporting, minimising the time spent on repetitive tasks.

Decision-Making: The reduction of time spent on routine activities facilitates faster access to information, supporting quicker and more informed decisions.

Impact on Operational Efficiency

The time savings achieved have led to several tangible benefits, including:

- **Increased Capacity:** With less time spent on manual processes, the team can allocate more resources to complex or high-priority work.
- **Improved Accuracy:** Automation reduces the likelihood of errors, enhancing the quality and reliability of outputs.
- **Enhanced Responsiveness:** Faster processing times allow for quicker responses to internal and external requests.

These efficiencies contribute to a more agile and responsive operational environment, ultimately supporting better service delivery and long-term sustainability.

Inspections and Audits: **Multi Agency Audit of Initial Child Protection Conferences across Mid & West Wales**

A multi-agency audit of initial child protection conferences was undertaken to review compliance with statutory safeguarding standards, assess the extent of engagement with children and families, and highlight opportunities to strengthen safeguarding practice across Mid and West Wales.

Audit Purpose

- Review practitioner engagement and participation
- Review process and compliance with statutory procedures
- Review the quality of information provided to case conference
- Review the decisions, actions and outcomes of case conference

Outcome

The audit provided positive results for both PTHB and PCC. It was noted returning Case Conferences to face to face meetings was enabling improved engagement. Most conferences reviewed within the audit complied with statutory meeting timeframes. Gaps were identified in the quality of information received from GPs and Police.

Recommendations

- Explore ways to strengthen primary care engagement in the child protection (CP) process, including the timely provision of reports for conferences.
- Promote the practice of health professionals sharing reports with families in advance of conferences, with a clear rationale documented where this is not achievable.
- Identify approaches to reinforce health professionals' understanding of the importance of their contribution to child protection plans, ensuring reports are comprehensive and robust.

All recommendations have been taken forward via the Health Boards Safeguarding Practice Improvement Group



Inspections and Audits: Multi-Agency Strategy Discussions Audit

This audit undertook a reflective review of five randomly selected multi-agency strategy discussions, focusing on statutory compliance, the quality of recording, the effectiveness of multi-agency engagement, and the safeguarding outcomes achieved. The audit was conducted through structured reflective sessions, using a standardised tool to assess each case against statutory requirements and best practice expectations. Evidence was drawn from official minutes, agency records, and the professional reflections of those involved in the discussions.

Key Findings: The audit found that strategy discussions were generally effective in safeguarding children and managing risk:

- Immediate safeguarding actions were implemented in all five cases, resulting in improved safety for children.
- Most discussions were convened within statutory timescales (4 out of 5 cases).
- Multi-agency collaboration was generally strong, with good information sharing and contingency planning.
- Children were seen by professionals in every case and risk assessments informed decision-making.
- Minutes were usually produced and circulated promptly

However, several recurring areas for improvement were identified:

- Inconsistent inclusion of health and education safeguarding hubs.
- Variable quality of recording and minute-taking.
- Actions often lacked clear ownership, timescales, and measurable outcomes.
- Professional challenge and rationale for decisions were not always documented.
- Weaknesses in cross-border communication and feedback arrangements.
- Contextual safeguarding risks were not consistently explored or recorded

Recommendations include;

- Improve Recording Standards
- Strengthen Action Planning
- Enhance Multi-Agency Participation
- Improve Cross-Border Working
- Strengthen Contextual Safeguarding
- Monitor Timeliness and Compliance
- Training and Quality Assurance

Overall Conclusion: The audit provides assurance that children were safeguarded effectively and that multi-agency partners responded appropriately to risk. The main improvement requirements relate to documentation quality, consistency of agency involvement, SMART action planning, and strengthened governance arrangements.

All recommendations have been taken forward via the Powys Local Operational Safeguarding Group

Inspections and Audits: NWSSP follow up NHS Internal Audit of MCA DoLS

In January 2025 PTHB received the NHS Wales Internal Audit of MCA DoLS which gave overall limited assurance. The audit recommended three high and three medium priority actions. In January 2026, a follow up audit to review the status of the recommendations concluded all actions were implemented. While it is pleasing the audit confirmed the progress made, work will continue to consolidate and build up the improvements already achieved.

Priority Actions included:

- Review of the DoLS Policy;
- Ensuring appropriate on-going provision of training around the Managing Authority responsibilities;
- Contractor supplied Best Interest Assessors should have their qualifications confirmed periodically;
- Establishing a sustainable approach for the future delivery of the DoLS Supervisory Body role;
- Improvement to the process and timeliness for authorisation of DoLS applications; and
- Case tracking and Management Information could be improved with qualitative data as well as quantitative.

The outcome from the audit was as expected. The audit along with a previous MCA DoLS gap analysis undertaken in 2024, supported the development of a business case to develop a Supervisory Body. The business case was approved in May 2025 enabling the improvement work to commence in June 2026.

Key Improvements Achieved:

- Appointment of DoLS Lead and additional Best Interest Assessor (BIA) resources stabilised workforce capacity.
- Improvement priorities focused on Supervisory Body Assurance and with the workforce in place this has moved forward including implementation of streamlined and robust processes, accurate data, and reliable reporting to enable effective scrutiny and quality assurance embedded into application and the sign-off process.
- Strengthened joint working with Local Authority for DoLS Administration including streamlining of processes, reduce duplication, strengthen compliance and development of a Service Level Agreement.
- Updated PTHB DoLS guidance published, with further review aligned to Supervisory Body SOPs and the PTHB Managing Authority process flow.
- Development of BIA Supervision and peer reflective practice.

Inspections and Audits: PTHB Audit of a Childs Lived Experience.

A PTHB audit was undertaken in response to the Care Inspectorate Wales (CIW) Rapid Review of Child Protection Arrangements in Wales (2024). The CIW review identified variation in practice across Wales regarding the extent to which a Childs lived experiences are considered when making decisions about their safety. It also highlighted that children's rights to participate in childcare and protection assessments and interventions require further strengthening, to ensure they aligned with the Wales Safeguarding Procedures.

Audit Purpose

- Provide assurance that children are seen and seen alone to provide them with the opportunity to share their views
- Practitioners explore what daily life is like for a child.
- Children's voices, wishes and feelings are appropriately shared by Health professionals.
- Consider the individual voice of a child when they were part of a large sibling group.

Outcome

Overall, this review demonstrated good practice. PTHB staff take the opportunity to speak to children alone when appropriate, capture their voice whenever possible and document the information in their records.

Recommendations

- Consider how to improve engagement from children looked after via the CIVICA survey
- Consider how to capture the voice of younger children
- Consider how to capture the voice of children using virtual appointments

All recommendations have been taken forward via the Health Boards Safeguarding Practice Improvement Group



Inspections and Audits: PTHB Audit of Was not Brought compliance

Purpose; to provide assurance regarding the implementation and monitoring of the Powys Teaching Health Board (PTHB) *Policy for Children, Vulnerable Adults and Adults at Risk Who Were Not Brought to Health Appointments*
Policy for Children & Vulnerable Adults & Adults at Risk, who "Was Not Brought" to health appointments

Background: The WNB Policy, previously referred to as the Did Not Attend (DNA) Policy and incorporating No Access Visits (NAV), has been in place since 2013. A substantial revision and relaunch in November 2021 strengthened safeguarding accountability by:

- Clarifying that responsibility for action following a missed appointment rests with the practitioner whose appointment was missed.
- Introducing a risk assessment process to support staff in determining the potential impact of a missed appointment on a child, vulnerable adult, or adult at risk.
- Reinforcing safeguarding responsibilities and documentation requirements through the accompanying Significant Events Chronology Standard Operating Procedure (SOP).

The policy requires Heads of Service and Operational Managers to undertake regular audits of WNB and No Access Visits and provide assurance that monitoring processes are in place and effective.

Audit Approach: Service leads were asked to provide evidence of local audit processes, demonstrate compliance with the WNB Policy, and identify any learning, themes, or improvement actions arising from their findings.

Key Findings: *Children's Services – Positive Progress with Areas for Improvement*

The audit provides **assurance that the WNB Policy is embedded within Children's Services**. Fourteen of eighteen service areas reported undertaking WNB audits and provided evidence of compliance monitoring and associated quality improvement activity.

Importantly, application of the WNB process directly contributed to the identification of five children at potential safeguarding risk, resulting in safeguarding report of an MDT. This demonstrates the value of the policy as a mechanism for identifying children who may be vulnerable to neglect or unmet health needs.

However, the audit highlighted variability in compliance and recording practices. Some services identified gaps in practitioner recognition of WNB episodes, incomplete documentation, failures to notify GPs or referrers, and instances where children were discharged following missed appointments without appropriate follow-up. Services that undertook enhanced reviews of DNA records identified additional safeguarding concerns that may otherwise have been missed

Key Findings: *Adult Services – Lack of responses impacted the audit, demonstrating the need for improvement*

Of 22 services invited, only five responded, and only one service reported undertaking WNB audits. Four responding services confirmed that no formal WNB audit activity was taking place.

Low engagement and limited audit activity mean there is currently insufficient data to audit that vulnerable adults and adults at risk are consistently managed in line with the policy.

Responses also suggested that some services do not recognise the relevance of the WNB Policy within their area of practice, indicating a need for greater awareness and understanding of safeguarding responsibilities for adults who may be dependent on others to access healthcare.

Overall Conclusion

The audit demonstrates that the WNB policy is largely embedded within Children's Services, with evidence of positive safeguarding outcomes. However, further work is required to improve the consistency of WNB identification and recording. Assurance within Adult Services remains limited due to low audit participation and inconsistent application of the policy.

Key Actions

- Strengthen assurance processes to identify appointments that should have been recorded as WNB.
- Introduce an annual deep-dive audit to test the accuracy of WNB recording and compliance.
- Engage non-responding services to provide assurance and improve compliance.
- Share learning through safeguarding governance structures and professional forums.
- Review implementation arrangements across Adult Services to ensure consistent application of the policy for vulnerable adults and adults at risk.
- Increase staff awareness and training, particularly within Adult Services.



North Wales Child Practice Review: 'Our Bravery Brought Justice' (Published November 2025)

The Child Practice Review, 'Our Bravery Brought Justice' was undertaken by the North Wales Safeguarding Board following the conviction of former headteacher, Neil Foden, for sexual offences against children.

In November 2025 following the reviews publication, the Cabinet Secretary for Education wrote to all Health Boards in Wales to request a review of the learning and provide written assurance back to WG along with any actions identified.

Due to the courage and bravery of the children who spoke out to the police, Foden was found guilty following a criminal trial and sentenced to 17 years in prison. The Child Practice Review timeline spanned 6 years and identified over **50** missed opportunities or red flags for professionals to intervene and stop Foden.

The review set out 27 recommendations across 6 learning themes:

- The Voice of the Child
- The Management of Allegations and Concerns about Adults Working with Children – Multi-Agency Response
- The Need for Training: Thinking the 'Unthinkable' and Understanding 'It Could Happen Here'
- The Governance of Schools in Wales
- Restricted practice and use of force
- Recommendations for Safeguarding Partners

Specific learning for points for Health Boards focused on;

- Consideration of the sharing of anonymised CAMHS data with Local Authorities to identify hotspots and thematic concerns
- Health professionals should seek safeguarding advice when a child presents at an appointment accompanied by a third party without parental consent

The learning from the review was developed into a PTHB Action Plan which included:

Developing of a Briefing too share across services within PTHB, Primary Care and with English Health Boards which boarder PTHB

PTHB Safeguarding Team to discuss the briefing at all service group team meetings in the next 6-month cycle

Review and Update PTHB Safeguarding Policy and Training Packs

Update learning page on PTHB Safeguarding Intranet page

All Actions are completed

The Mid & West Wales Safeguarding Board have also developed a Regional Action Plan

CIW plan to undertake a **Multi-agency Persons in a Position of Trust Audit** in autumn/winter of 2026

Key Messages from the Practice Review: ‘Our Bravery Brought Justice’

The key message for health professionals from the review

The Child Practice Review highlights the inappropriateness of professionals accompanying children and young people to health appointments without the knowledge of, or permission from their parent or the person who has parental responsibility for them.

In March 2019, Foden accompanied one of his victims to a General Practitioner appointment without the knowledge or permission of the child’s parent. Later that same month, he also accompanied the same victim to the Sexual Assault Referral Centre (SARC).

On 4 April 2019, Foden took the child to a hospital gynaecological appointment, again without parental knowledge, and in May 2019, he accompanied her to a second gynaecological appointment, with the medical outcome letter sent to Foden at the school address.

These events underline the importance of ensuring that children are not accompanied to health appointments by professionals without parental consent, and that any such occurrence should trigger immediate safeguarding consideration.

It is crucial that health professionals are clear in their statutory responsibility under the Social Services and Well-being (Wales) Act 2014 to safeguard and promote the welfare of children.

This includes recognising, reporting and sharing concerns about persons who work in a position of trust. There were in total over 50 missed opportunities to intervene and stop Foden’s abuse of children. Health Practitioners must familiarise themselves with the process to take/who to speak with if they have concerns about a person working with children and/or vulnerable adults.

Safeguarding advice and supervision can be accessed via PTHB Safeguarding Hub:

Telephone: 01686 252806

Email: PowysPTHB.safeguarding@wales.nhs.uk

Consistent themes from this and other Safeguarding Practice Reviews in Wales tell us that practitioners should speak to each other, speak to children, share information, be professionally curious and think the unthinkable.



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**Learning from North Wales
Safeguarding Board Child Practice
Review Published November 2025**

Learning from North Wales Safeguarding Board Child Practice Review

‘Our Bravery Brought Justice’

This briefing explores the key learning points from the Child Practice Review published on 4 November 2025, following the conviction of Neil Foden former Headteacher at Ysgol Friars in Bangor, for sexual offences against children.

The CPR timeline spanned 6 years and identified over 50 missed opportunities

In September 2023, a pupil from Ysgol Friars in Bangor showed staff messages and images on her phone from Head Teacher Foden, the pupil said she had been in a ‘relationship’ with Foden for months. Foden was arrested for sexual offences because of this disclosure. More pupils came forward to the police about being both sexually and physically abused.

Due to the courage and bravery of the children who spoke out to the police, Foden was found guilty following a criminal trial and sentenced to 17 years in prison.

The Child Practice Review timeline spanned 6 years from 2017 to 2023 and identified over 50 missed opportunities or red flags for professionals to intervene and stop Foden.

The completed Child Practice Review sets out 27 recommendations across 6 learning themes:

- Listening to the Voice of the Child
- The Management of Allegations and Concerns about Adults Working with Children
- The Need for Training: Thinking the ‘Unthinkable’ and Understanding ‘It Could Happen Here’
- The Governance of Schools in Wales
- Restrictive Practice and use of Force
- Recommendations for Health Boards and Trusts

Theme 1: Listening to the Voice of the Child

This Review demonstrates that children’s behaviour was not always viewed through a safeguarding lens by the professionals who worked with them, children were not listened to when concerns were raised or given a voice in the processes designed to keep them safe.

It takes courage to speak up and challenge an abuser, and children must be listened to, believed, and taken seriously. Their voices matter and speaking up should never be ignored or brushed aside.

What needs to change: policies should include systems as to how professionals listen to children and ensure staff are trained to spot behaviour changes that might signal grooming and abuse.

Theme 2: The Management of Allegations and Concerns about Adults Working with Children

Foden challenged anyone who raised a concern about him. Staff described feeling powerless as he was the ‘boss’. He controlled every aspect of the school and had created an atmosphere of fear and mistrust

There was a breakdown of trust and respect between professionals and services, information wasn’t shared with professionals in the right way or at the right time. Local Authorities didn’t agree on what should happen and why, the right people were not present at meetings and decisions were not always shared. Professionals had a different understanding of safeguarding thresholds and reporting systems were not easy.

To keep children safe safeguarding processes must be followed, and concerns must be recorded, treated seriously and not dismissed as minor behaviour issues.

Learning from North Wales Safeguarding Board Child Practice Review Published November 2025

Training: Thinking the ‘Unthinkable’ and Understanding ‘It Could Happen Here’

It simply did not occur to the professionals working with the children that they could be in a relationship with their victim.

Professionals’ lack of knowledge and understanding of the modus operandi of the perpetrator and the environment in which they work.

Professionals and volunteers working with children must be encouraged through training to ‘think the unthinkable’ and to understand that ‘it could happen here’.

Professionals must be encouraged to think through a culture and lens of ‘what if I am right?’ rather than ‘what if I am wrong?’ to understand the routes through which they can safely report their concerns to the appropriate authorities.

Tools in Wales

Professionals and inherent risks associated with the way in which schools are governed and managed, the school operated under safeguarding policies Foden had written, did not have adequate safeguarding training. Decisions were made without following the correct processes. Complaints and concerns were not handled in line with the correct processes.

Professionals must understand safeguarding and challenge poor leadership.

Use of Force

Restraint against the children which Foden believed he was right to use. Children were afraid to speak up. There were no follow up checks on injured children. Children did not feel their complaints were understood or respected.

Force should only ever be used by trained staff and to keep a child safe, it must be used in the least restrictive way possible.

Schools & Trusts

The appropriateness of professionals accompanying children and young people to health appointments without the knowledge of, or permission from their parent or the person who has parental responsibility for them.

Neil Foden accompanied his victims to a General Practitioner appointment without the knowledge or permission of the child’s parent. Later that same month, he also accompanied the same victim to the Sexual Assault Referral Centre (SARC).

On 4 April 2019, Foden took the child to a hospital gynaecological appointment, again without parental knowledge, and in May 2019, he accompanied her to a second gynaecological appointment, with the medical outcome letter sent to Foden at the school address.

Ensuring that children are not accompanied to health appointments by professionals without parental consent, and that any such occurrence should trigger immediate safeguarding consideration.

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Consistent themes from this and other Safeguarding Practice Reviews in Wales tell us that practitioners should speak to each other, speak to children, share information, be professionally curious and think the unthinkable.

SMM Standard; Confident and competent Workforce

There is evidence of a confident and competent workforce that are safe to work with vulnerable people. DBSs are completed and monitored. Safeguarding training and supervision is in place. Individuals know how to report and escalate safeguarding concerns, and concerns about safe practice.

Confident & Competent Workforce

Within this section;

- Safeguarding Supervision, Advice and Support
- Safeguarding Training and Development
- Safeguarding Processes



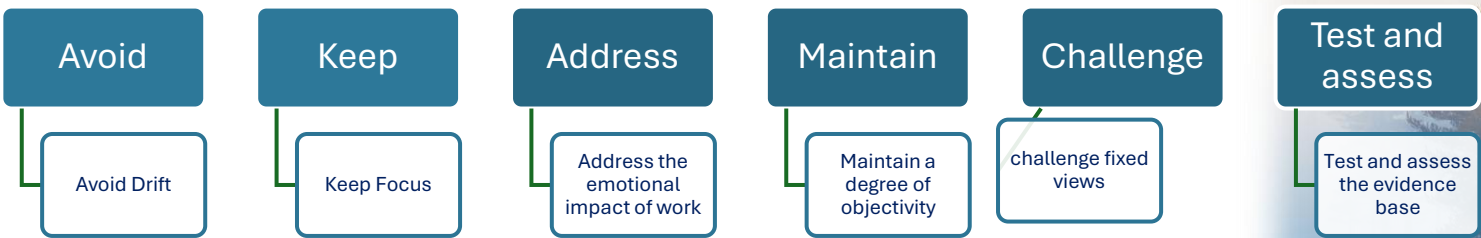
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Safeguarding Supervision, Advice & Support

Safeguarding concerns involving a child or adult are rarely straightforward and often require professionals to assess complex, incomplete, and sometimes conflicting information. Managing risk and uncertainty demands not only practical skills and reflective practice but also the ability to navigate the emotional challenges associated with safeguarding work. Effective safeguarding supervision and support are fundamental to delivering high-quality services that are safe, effective, person-centred, timely, efficient, and equitable, while fostering a culture of continuous learning. Staff should feel confident in raising concerns and be supported in fulfilling their safeguarding responsibilities. Robust safeguarding supervision promotes high standards of practice, enhances professional competence and confidence, and provides a constructive environment in which practitioners can reflect on and challenge practice appropriately.

The Intercollegiate Document for Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2025 and the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health Care Staff 2024 state that all health staff should have access to and participate in safeguarding supervision and/or peer review which should be appropriate to their role.

Safeguarding Supervision should support to;



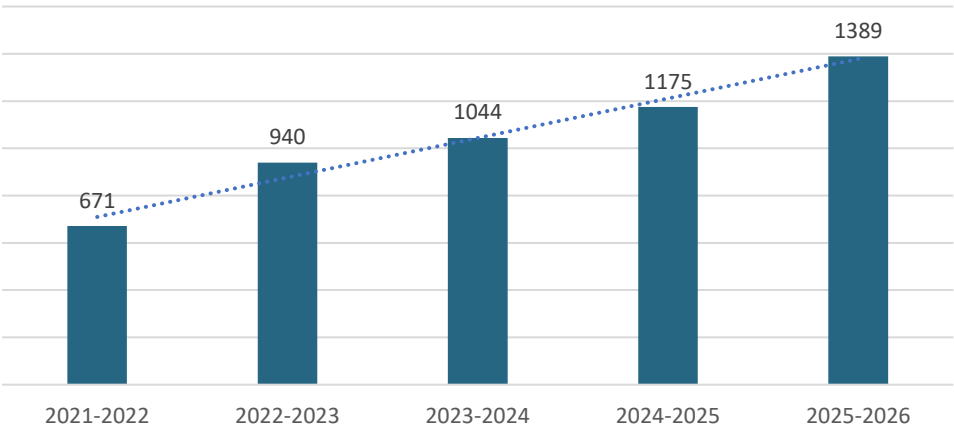
Types of Safeguarding Supervision available to PTHB staff include;



Safeguarding Supervision, Advice & Support: **Safeguarding HUB**

PTHB Safeguarding Hub is available to give supervision, advice, support and guidance Monday to Friday 9am to 5pm. During 2025-26, **1,389** calls were received into the Safeguarding HUB, this is around a **107% increase** since the HUB was introduced in 2021. The success of the HUB has grown year and has become firmly embedded within the Health Board

Calls to PTHB Safeguarding Hub



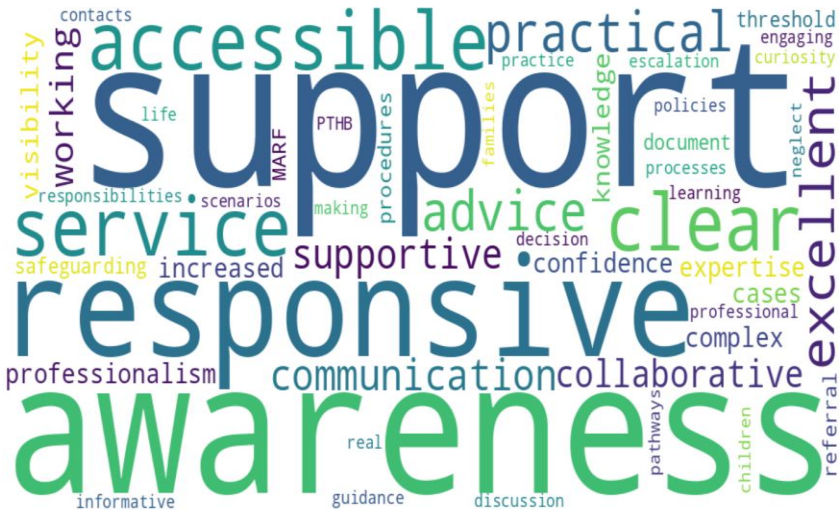
The increase in calls to the HUB reflects its growing prominence, accessibility, and the confidence staff have in the service.

Calls were received from staff across all services, with the highest volumes originating from Mental Health, CAMHS, and Health Visiting teams.

The most common call themes included: Domestic Abuse, Was Not Brought, Neglect and Self-Neglect

Team feedback generally collection via our QR code:

- Feedback is **overwhelmingly positive**
- The service is viewed as **responsive, supportive, and highly reliable**
- Improvements suggested are **minor and focused on enhancement**, not performance issues
- The Safeguarding Hub is clearly valued as a **trusted and essential support service**



Safeguarding Supervision, Advice & Support: Safeguarding Supervision

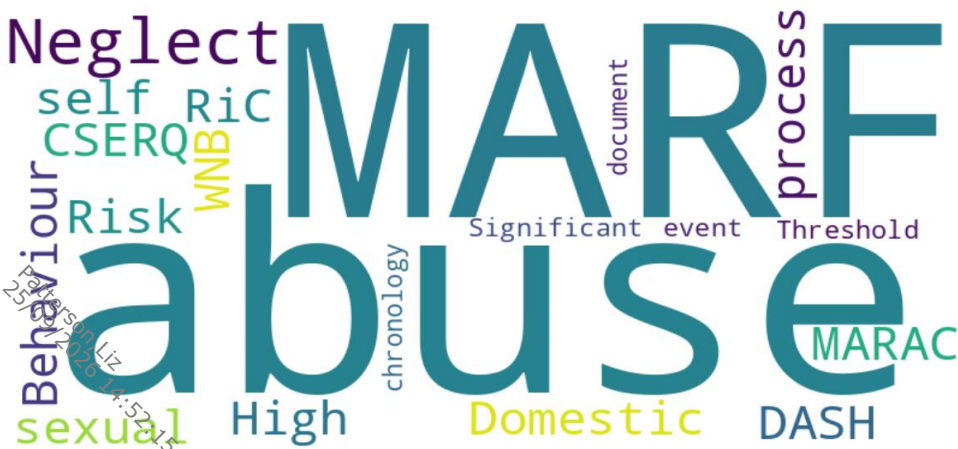
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Safeguarding Practitioners delivered **48** Safeguarding Group Supervision sessions to **267** practitioners & attended **23** team meetings during 2025-26

Themes raised and discussed include;

An audit of 1:1 supervision reviewed; following a 1:1 supervision session practitioners:

- Added to significant event chronology
- Updated the Case note
- Document uploaded to WCCIS.
- Actions documented and completed



Summary of Findings

Staff are appropriately requesting 1:1 safeguarding supervision through the Hub. Supervision sessions are being documented, and the majority of staff are completing the agreed actions, which is a positive finding. Most staff are also attaching the completed supervision documentation to the patient's record. However, there are areas requiring improvement. Staff are not consistently recording a separate case note to confirm when agreed actions have been completed. In addition, safeguarding supervision is not routinely being recorded as a significant event in line with expected processes. Improvements are being progressed through the appropriate channels.

Safeguarding Supervision, Advice & Support: Multi Agency Supervision

In March 2025 PTHB Safeguarding Team, Powys County Council Children Services and Education colleagues launched the new Multi Agency Supervision process. Partners worked together to design and develop a process to enable facilitated multi agency supervision sessions with practitioners who are working with children at risk of harm and on Powys Children Services Child Protection Register

Purpose of Multi-Agency Supervision

This guidance provides a framework for reflective practice using the Multi-Agency Supervision model.

Its purpose is to promote collaborative reflection across agencies, strengthen professional relationships, improve the effectiveness of plans, and achieve better outcomes for children.

The process provides practitioners with dedicated time and space to review a case, evaluate the current plan, and consider alternative approaches that may help progress outcomes. This includes identifying strengths, exploring barriers, and ensuring risks are recognised and addressed.

Multi-Agency Supervision is available only where cases meet the agreed criteria. It supports professional decision-making and strengthens collaborative working with children and families to address identified needs and risks.

Sessions are facilitated by lead practitioners from Children's Services, Powys Teaching Health Board (PTHB), and Education.

A Multi-Agency Supervision can be requested if the following criteria are met:

The child is subject to their second period of child protection registration
Cases where there are regular split decisions amongst core group members
Complex cases with evidence of drift
Cases where Child Protection planning is not coming together and practitioners feel 'stuck' as how best to proceed
The child has been subject to an extended period of registration more than 18 months
Cases where there is evidence of disguised compliance or challenges engaging the family.

During 2025-26 the Multi Agency Supervision model has been implemented successfully

PTHB Safeguarding Leads facilitated supervision sessions successfully. The model has received positive feedback from professionals



Safeguarding Training & Development

A skilled and knowledgeable workforce is fundamental to effective safeguarding practice within Powys Teaching Health Board. The Health Board ensures staff are equipped to identify, respond to, and appropriately escalate safeguarding concerns in accordance with local and national requirements. Throughout 2025–2026, the Safeguarding Team delivered training, promoted multi-agency learning opportunities through Training Tuesday, and maintained a comprehensive range of resources on the Safeguarding & Public Protection SharePoint site: **[Safeguarding & Public Protection - Home \(sharepoint.com\)](#)**

Training Delivered & Feedback Themes

12 Level 3 training to 238 staff

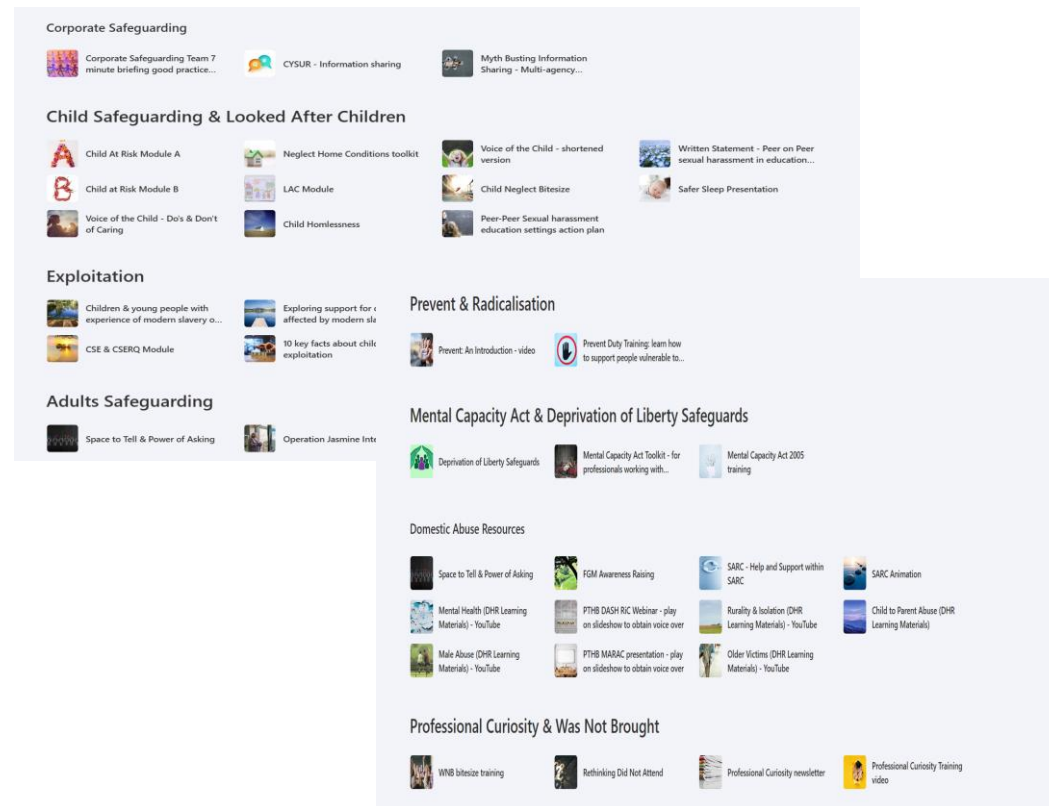
12 Ask & Act training to 487 staff

2 Childhood Injury training to 38 staff

7 Mental Capacity Act Level 3 to 66 staff

A word cloud visualization of terms related to the research project. The words are arranged in a circular pattern around a central point. The most prominent words, shown in larger fonts, include "document", "confidence", "safeguarding", and "threshold". Other visible words include "awareness", "responsibilities", "prepared", "improved", "curiosity", "scenarios", "professional", "training", "pathways", "decision", "expectations", "engagement", "processes", "policies", "guidance", "support", "information", "refreshers", "life", "families", "met", "contacts", "practice", "procedures", "escalation", "yes", "referral", "understanding", "children", "MARE", "neglect", "knowledge", "team", "real", "discussion", "learning", and "support". The colors of the words vary, with shades of blue, green, yellow, and orange being prominent.

The Safeguarding team have introduced an additional learning platform called **Modular Learning Safeguarding & Public Protection - Home (sharepoint.com)**



Safeguarding Training & Development: Safeguarding Training Compliance

Safeguarding training compliance continues to be monitored through Strategic and Operational Safeguarding Groups. Over the past 18 months, significant work has strengthened compliance processes, including reviewing training packages and competency passports, realigning ESR records, and introducing automated reminders and escalation processes for non-compliance.

Compliance remains strong across most mandatory safeguarding and Mental Capacity Act (MCA) training programmes, with Adult and Children’s Levels 1 and 2 consistently achieving or exceeding the Health Boards target of 85%.

Progress has been made in Children’s Level 3 safeguarding training; however, compliance remains below target at 76%. Adult Level 3 compliance remains the most significant challenge, although performance has improved from 48% to 56% during the year. Factors affecting Levels 3 and 4 compliance include:

- Online delivery competing with clinical service pressures.
- The requirement to complete a competency passport before compliance can be recorded.
- Experiential learning requirements for Level 4 training, which typically take 12–18 months to achieve.

Heads of Service continue to support improvement through regular compliance monitoring and targeted action to address gaps. Senior managers receive monthly reports identifying staff who remain non-compliant with Adult and Children’s Level 3 safeguarding training.

Further measures to support staff and management within service groups, include;

- 1. Integration of passports within the safeguarding app:** key passport fields will be auto populated. The passport, training pack and evaluation form, will then be automatically emailed to the staff member.
- 2. Automated reminders:** to both the staff member and their supervisor three months before the passport due date.
- 3. Strengthen reporting and accountability** from Service Groups into Strategic Safeguarding Group with escalation to Executive Lead

Safeguarding Training Compliance Target 85%	Q1	Q2	Q3	Q4
Adults Level 1	93	92	87	92
Adults Level 2	92	92	93	91
Adults Level 3	49	48	48	56
Children Level 1	93	92	88	92
Children Level 2	92	91	93	90
Children Level 3	76	75	79	76
VAWDASV G1	89	89	88	87
VAWDASV G2	75	74	74	72
MCA 1	93	92	90	94
MCA 2	93	92	92	93

Safeguarding Training & Development: Safeguarding Intranet Pages

The **Safeguarding Intranet** is an internal staff resource that provides information, guidance, policies, and tools to help employees fulfil their safeguarding responsibilities for children, young people, and adults at risk.

PTHB Intranet

SharePoint Support

Service Areas

Shared Documents

SP

Safeguarding & Public Protection

Home

Documents

Pages

Mental Capacity Act 2005

MCA DoLS Supervisory Body Practitioner

Site contents

Edit navigation

Business Standard

Added to favourites

Site access

New

Page details

Preview

Analytics

Published on 16/06/2025

Share

Edit

Safeguarding Process

Safe Recruitment
Allegations Made Against Staff in a
Position
of Trust
Resolution of professional Differences
Pressure Care
Falls

Safe Recruitment

Powys Teaching Health Board recognises the importance of pre-employment disclosure checks on newly appointed employees and those who change position within the Health Board, in accordance with the relevant legislation and codes of practice. There is a Disclosure and Barring Service Policy and Procedure in place which sets out the process for DBS. Recruitment data is reported to the Safeguarding Strategic Group quarterly. [HR 019 Disclosure and Barring Service Policy and Procedure V6 Review Date August 2028](#)

Allegations Made Against Staff in a Position of Trust

All allegations of abuse of children or adults, and/or concerns raised regarding the conduct in the private or professional life of a PTHB employee, temporary staff, contractor or volunteer, which may pose a risk to children or adults will be taken seriously and treated in accordance with policy and legislation as laid out in the Wales Safeguarding Procedures (2019)

PTHB have a clear process in place for managing these type of concerns. [SGP 041 Managing allegations of abuse or neglect made against professionals and members of staff.pdf](#)

Resolution of Professional Differences

Mid & West Wales Safeguarding Board Multi Agency Protocol for the Resolution of Professional Differences. [Multi-agency Protocol of Professional Differences](#)

Pressure Care

PTHB has a policy in place to support the prevention & management of pressure damage. The policy objective is to ensure appropriate care & management is provided to individuals at risk of or to those who have sustained pressure damage. All pressure damage found must be reported via RL Datix clinical incident reporting system. PTHB Pressure Damage Scrutiny Group meet monthly, a member of the safeguarding team attends the panel. [GNP 026 Prevention and Management of Pressure Damage.pdf](#)

Falls

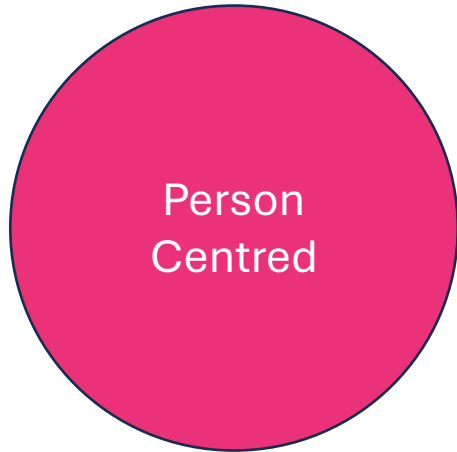
PTHB has a policy in place for reducing & managing in patient falls which sets out a systematic process for the prevention & management of inpatient falls. Policy aims to; 1.Reduce preventable fall in hospital by providing an evidence based, patient centred approach to reducing the risk of harm & promoting patient safety. 2. Heighten awareness & knowledge to staff & carers on the prevention & causes of falls, slips & trips. 3. Provide guidance for the action to be taken when a patient has fallen.

All falls are reported via RL Datix clinical incident reporting system. PTHB has n place a Falls Scrutiny Panel.

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SMM Standard; Person Centred

Safeguarding is focused on the needs of individuals and the local community, and safeguarding activity data can be used to help demonstrate the needs of the community. There is evidence of policy, process and partnership working for safeguarding issues such as mental capacity, domestic abuse, female genital mutilation (FGM). There is a lifespan approach for vulnerable people where their needs are personalised as they progress through health services as they grow older. This includes being ACE and trauma informed throughout child and adult services. There is a range of services offered using digital approaches and in a variety of languages



Within this section;

Safeguarding Children

Child Protection Register

Child Protection Medicals

Child Exploitation

Children Looked After

PRUDiC (Procedural Response to Unexpected Death in Childhood)

Safeguarding Adults

Mental Capacity Act 2005

Deprivation of Liberty Safeguards

Hospital acquired Pressure Ulcers

Inpatient Falls review Huddles

Immediate Rapid Response

Public Protection and Offender Management

Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV)



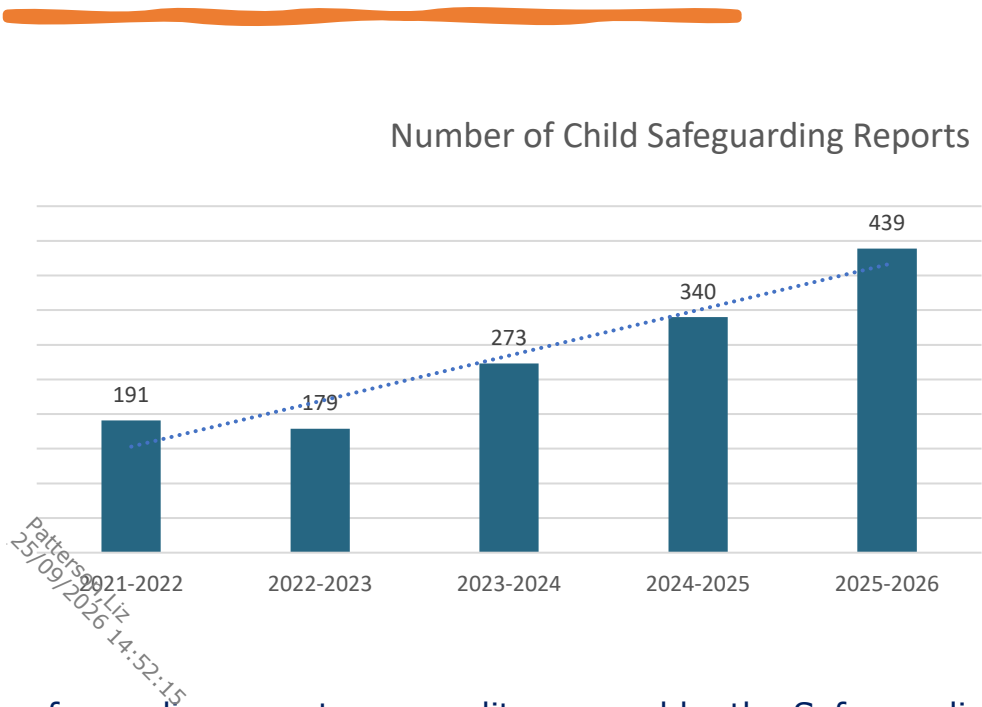
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Safeguarding Children

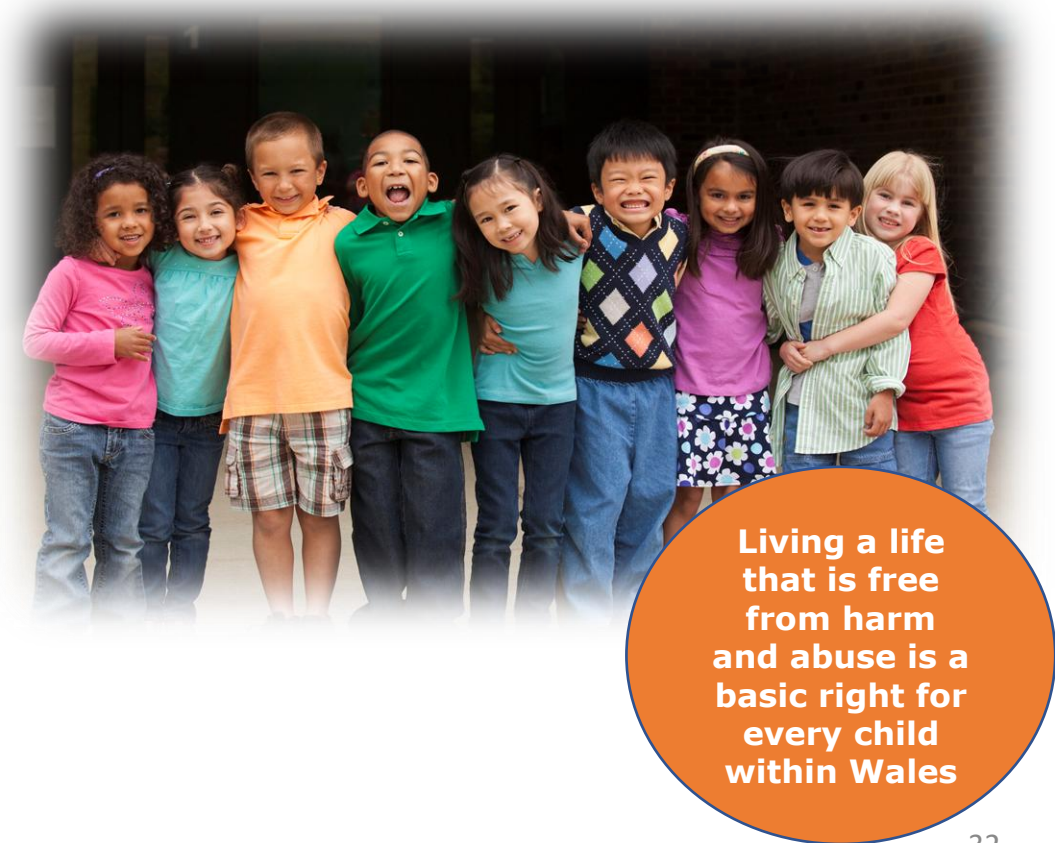
In accordance with the Social Services and Well-being (Wales) Act 2014 and the Children Act 1989/2004, the Health Board has a statutory duty to report a child who is (a) experiencing or is at risk of abuse, neglect or other kinds of harm, and (b) has needs for care and support .

439 Safeguarding reports were made by PTHB staff in 2025-26. This has more than doubled over the last 5 years. This rise may be due to several factors including improved data collection and reporting, a more visible and accessible Safeguarding Team including access to the Safeguarding HUB. Post pandemic reports increased when children & family's re engaged with services and the impact of the cost-of-living crisis.

30% of safeguarding reports were for concerns about Neglect



All safeguarding reports are quality assured by the Safeguarding Team

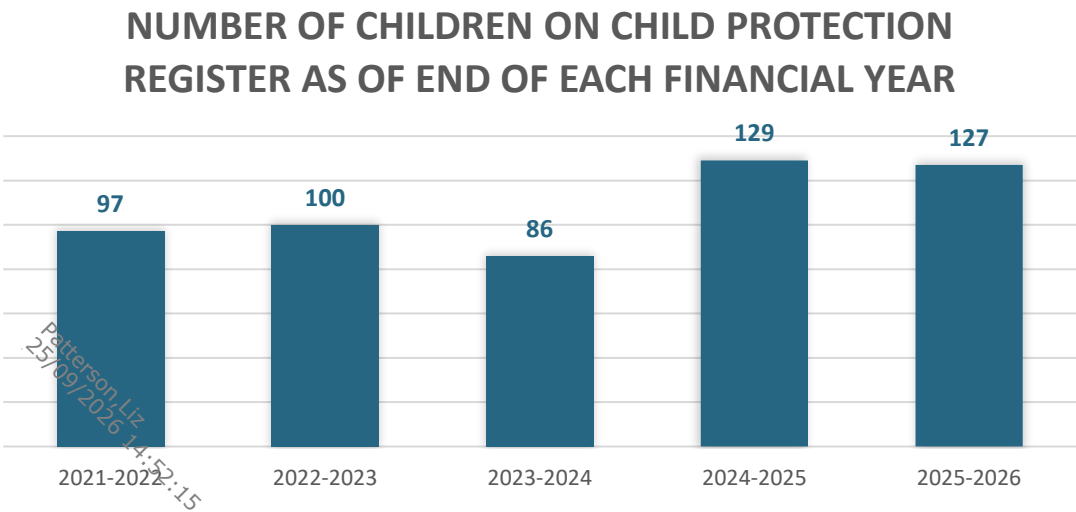


Child Protection Register

When a child protection case conference concludes a child/ren are suffering or likely to suffer significant harm from abuse and /or neglect, their name is added to the Local Authority's Child Protection Register. This is always a multi agency decision. The Safeguarding Team receive daily updates from Powys Local Authority of all children whose names have been added to or removed from Powys Local Authority Child Protection Register. This information is shared with practitioners, GP'S and Shrop Doc

Child Protection Register

The number of children on Powys Children Protection Register children with care and support and protection plans was 127 as of 31.03.26. When benchmarked against the most recently published Welsh data, the number of Powys children on the CPR per 10k population is just below that of the National Average.



The categories of harm for children names being added to the Child Protection Register include Neglect, Sexual Abuse, Physical Abuse, Emotional or Psychological Abuse or a combination of two or more categories.

The highest category of registration as of the 31.03.26 was Emotional or Psychological Abuse

Child Protection Medicals

The decision to progress to a Child Protection Medical is usually made within a multi-agency strategy discussion regarding the presenting concerns.

A PTHB Safeguarding Lead Practitioner attends most strategy discussions and will contribute to the decision making. This is supported by PTHB's Named Dr for Child Protection

PTHB have a Child Protection Medical Pathway in place and commission medicals dependent on where the child resides and the type of medical required

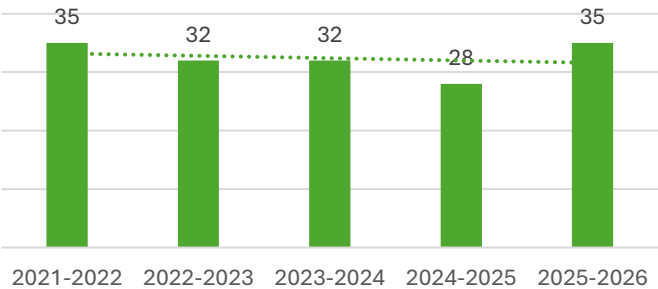
Throughout 2024-2025 there were 28 Child

Throughout 2025-26 there were 35 Child Protection Medicals undertaken on Powys Children. This is comparable to the numbers undertaken each year since 2020. 17 were male and 18 female. 18 were under 5 years of age and 17 aged between 5 and 17 years. 27 of the 35 medicals undertaken were due to concerns regarding physical abuse

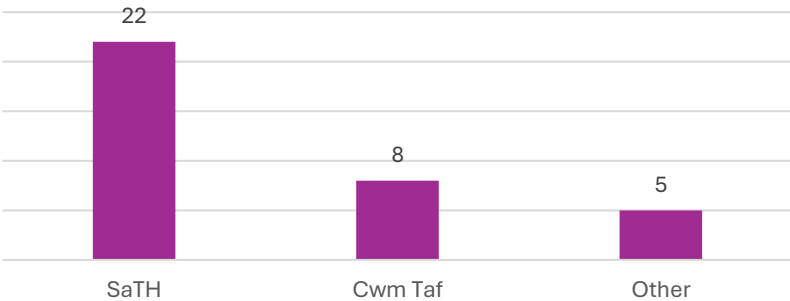
PTHB Named Doctor for Child Protection attends Child Protection Peer Review

PTHB Named Doctor for Child Protection, Assistant Director of Nursing, Safeguarding and the Head of Safeguarding Quality Assure all Child Protection Medical Reports

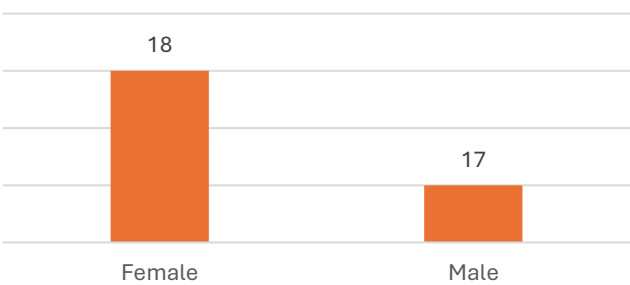
Number of Child Protection Medicals



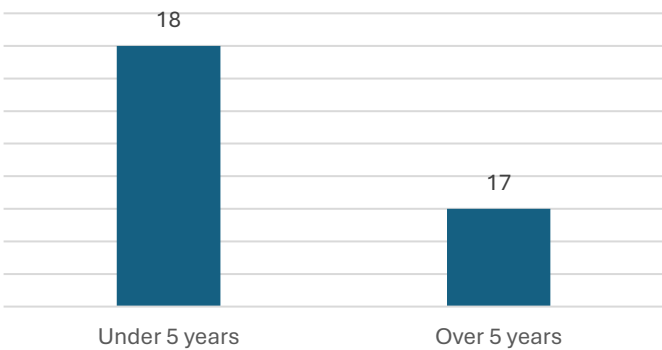
Place medicals undertaken



Gender

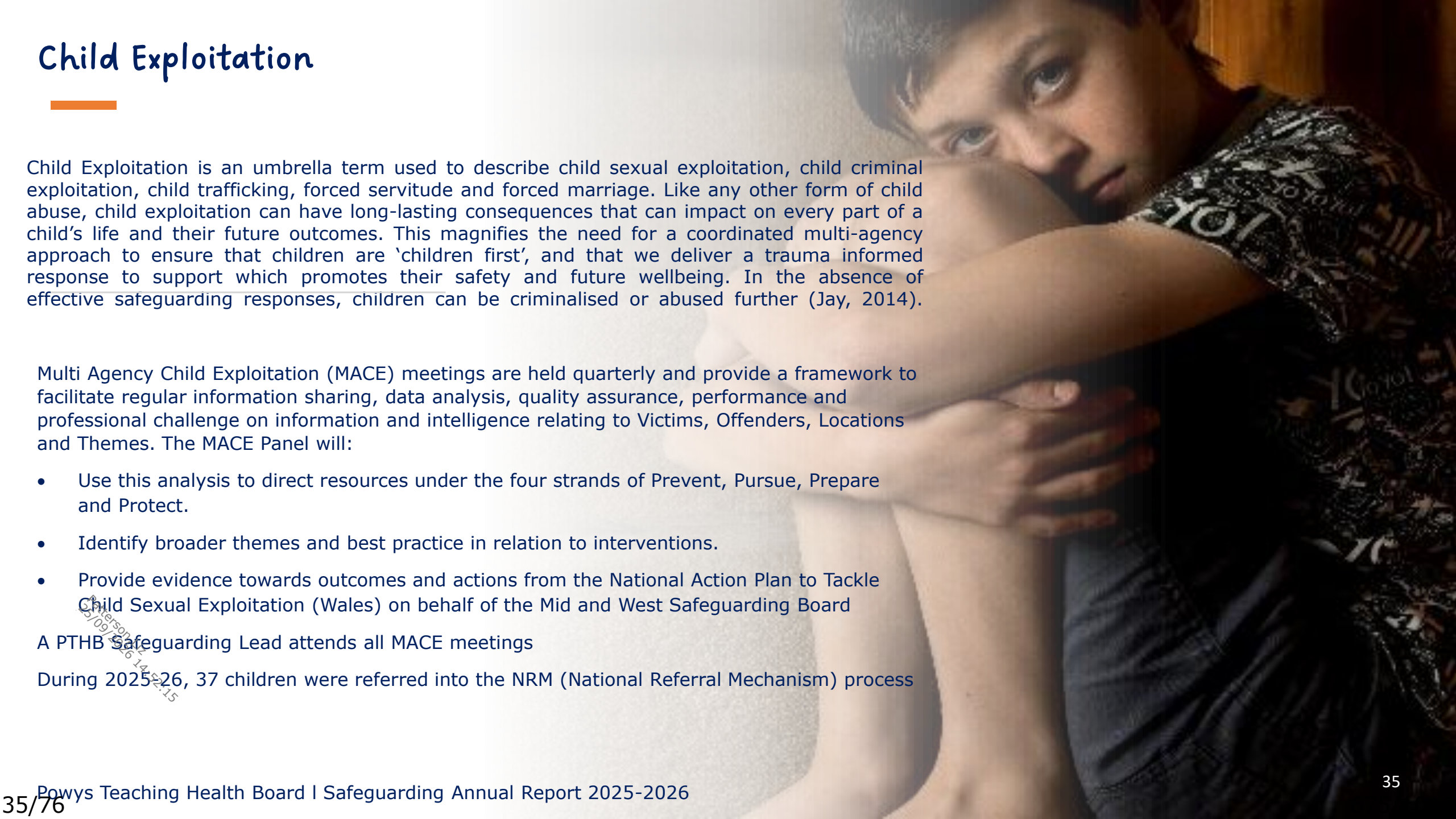


Age of Child



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Child Exploitation



Child Exploitation is an umbrella term used to describe child sexual exploitation, child criminal exploitation, child trafficking, forced servitude and forced marriage. Like any other form of child abuse, child exploitation can have long-lasting consequences that can impact on every part of a child's life and their future outcomes. This magnifies the need for a coordinated multi-agency approach to ensure that children are 'children first', and that we deliver a trauma informed response to support which promotes their safety and future wellbeing. In the absence of effective safeguarding responses, children can be criminalised or abused further (Jay, 2014).

Multi Agency Child Exploitation (MACE) meetings are held quarterly and provide a framework to facilitate regular information sharing, data analysis, quality assurance, performance and professional challenge on information and intelligence relating to Victims, Offenders, Locations and Themes. The MACE Panel will:

- Use this analysis to direct resources under the four strands of Prevent, Pursue, Prepare and Protect.
- Identify broader themes and best practice in relation to interventions.
- Provide evidence towards outcomes and actions from the National Action Plan to Tackle Child Sexual Exploitation (Wales) on behalf of the Mid and West Safeguarding Board

A PTHB Safeguarding Lead attends all MACE meetings

During 2025-26, 37 children were referred into the NRM (National Referral Mechanism) process

Children Looked After

Children Looked After (CLA) are children up to the age of 18 for whom the Local Authority is providing accommodation or care for a period of more than 24 hours (Children Act 1989). Children who are looked after are amongst the most socially excluded groups in our society and have been found to have significantly increased health needs in comparison with children from comparable socio-economic backgrounds (Sampeys 2015)

Improving the health of children who are looked after is a multi-agency responsibility involving local authorities and health agencies. PTHB have a duty to comply with the statutory legislation: Part 6, Social Services & Wellbeing (Wales) Act 2014 – Looked After & Accommodated Children

Throughout 2025-2026 PTHB Clinical Nurse Specialist for Children Looked After and Health Visitors continued to work flexibly around the needs of children, offering individual advice and support to children, foster carers and professionals. This includes completing a specialist health assessments, attending Children Looked After reviews, pathway planning for 16+children and strategy meetings. The views of the children are captured during their health assessment and help to shape the child's Health Plan

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Children Looked After: **Health Assessment**

The purpose of a Children Looked After (CLA) Health Assessment is to ensure that every child or young person who is looked after by a local authority has their health and wellbeing needs identified, monitored, and addressed through a planned approach.



Key aims are to:

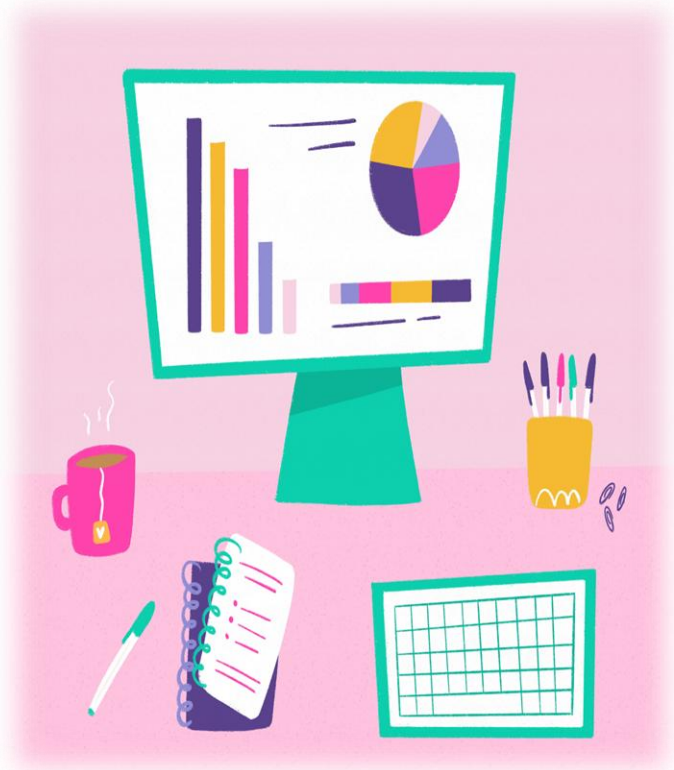
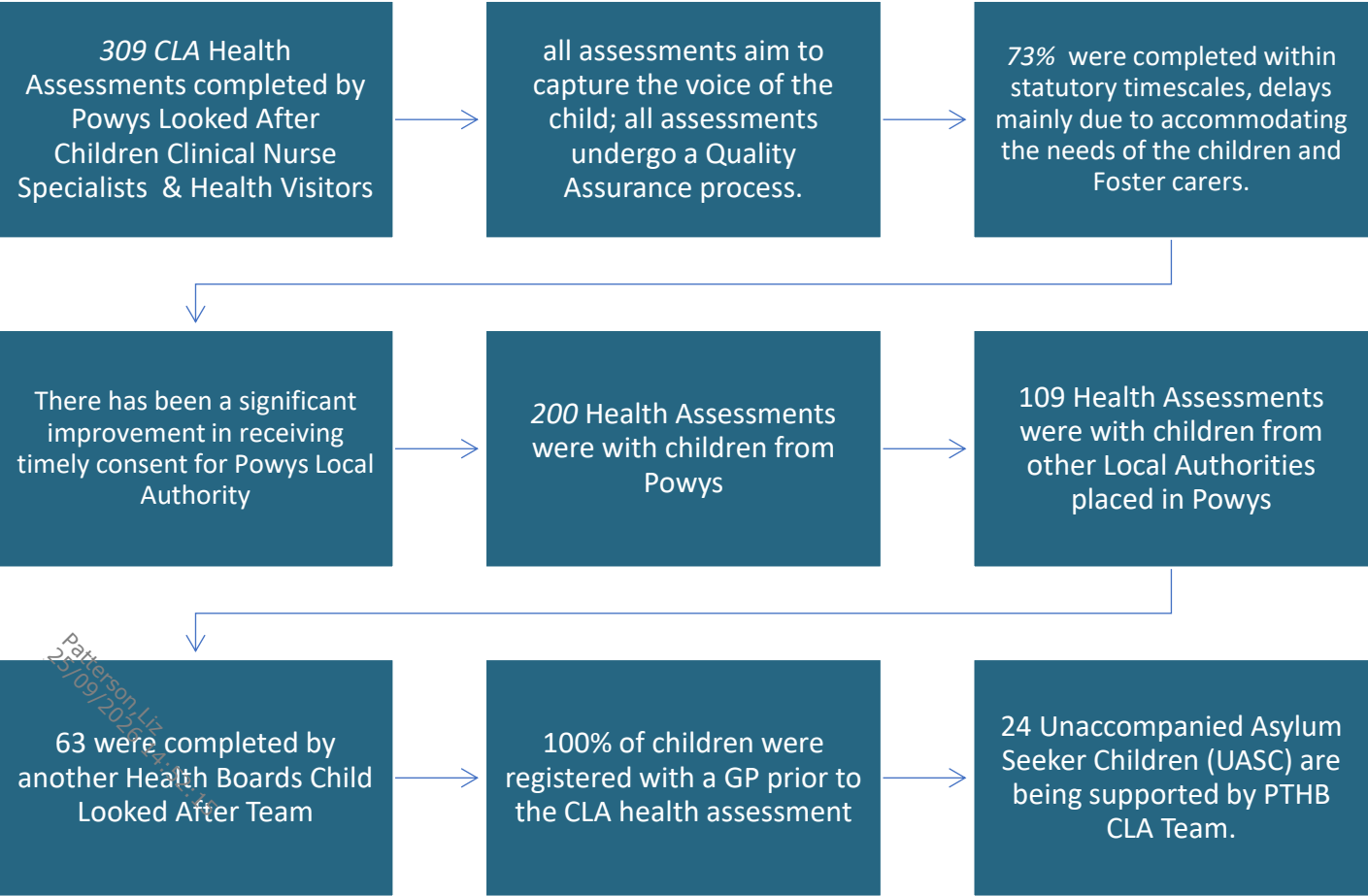
- Identify unmet health needs such as physical, emotional, developmental, mental health, dental, vision, hearing, and lifestyle issues.
- Establish a baseline of health when a child enters care through an Initial Health Assessment.
- Develop a Health Plan that sets out actions, treatments, referrals, and support required to improve the child's health and wellbeing.
- Promote continuity of care by ensuring immunisations, screening, specialist appointments, and routine healthcare are maintained despite changes in placement.
- Support the child's overall wellbeing, recognising that children in care often have experienced trauma, neglect, adversity, or disrupted access to healthcare.
- Contribute to care planning and review processes, ensuring health needs are considered alongside education, safeguarding, and social care needs.

The NHS Wales Health Assessment Framework states that the assessment process aims to provide a consistent, high-quality approach across Wales and improve the quality of health assessments and reports for looked-after children and young people.

In practice, the assessment is not simply a medical check-up; it is a holistic review of the child's health and wellbeing that informs a personalised health plan and helps fulfil the corporate parenting responsibilities of the local authority and health board.

Children Looked After: Performance Data

Children Looked After (CLA) Health Assessments are completed at set intervals:
Initial Health Assessment (IHA): as soon as possible after a child becomes looked after, to establish their health needs and create a health plan. **Review Health Assessments (RHA):** **Every 6 months** for children under 5 years old. **Annually** for children aged 5 years and over.



Children Looked After: **New Initiative: Introducing the Care Bag**

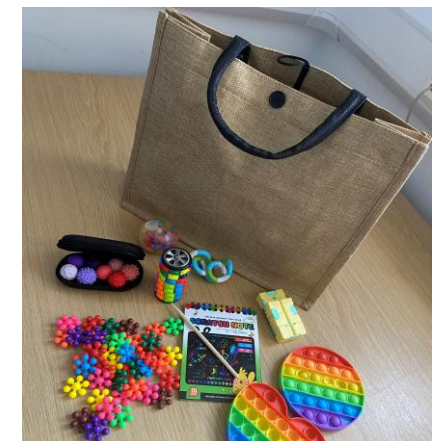
The Care Bags have been designed and developed by the teams Children Looked After Nurse Specialists. They contain age-appropriate items which are given to every child when they become looked after. This initiative has been shared with the National Safeguarding Service

Transitions into care can be distressing, research consistently highlights the importance of emotional containment and predictable, nurturing responses. The care bags are a small but meaningful intervention, providing a sense of belonging and comfort at a key moment.

From a trauma-informed perspective, offering something personal and chosen with care can help reduce anxiety and support emotional regulation. It also models respectful and compassionate care, reinforcing the message that children are valued.

Overall, the care bags are a positive and worthwhile initiative and highlighted how small gestures can make a significant difference.

Feedback from the children is positive and they especially like the teddies



Children Looked After: New Initiative: UASC Sexual Health Leaflet

The development of the Sexual Health leaflets was prompted by concerns identified when working with Unaccompanied Asylum-Seeking Children (UASCs), many of whom have received little or no Relationships and Sex Education (RSE) or Personal, Social, Health and Economic (PSHE) education prior to arriving in the UK.

As a result, some young people may have a limited understanding of UK laws relating to consent, healthy relationships and appropriate boundaries. Existing resources, such as the “Tea and Consent” video, have also proved difficult to use effectively due to language barriers, reducing the accessibility of standard educational approaches. In addition, incidents involving sexualised behaviours highlighted the need for more accessible and culturally appropriate resources. The leaflets were therefore developed to provide clear, easy-to-understand information that supports young people in developing an awareness of consent, healthy relationships and behavioural expectations within the UK.

The Sexual Health Leaflets provide information on Contraception, Sexually Transmitted Infections, Sex and the Law and Consent

The leaflets are available in English, Welsh, Arabic, Pashto and Turkish



[Sexual Health Leaflet.pdf](#)

Children Looked After: Listening for Change. Launch of the National Feedback Survey

The survey will be used to seek feedback in relation to the statutory health assessments of looked after children and their carers. The aim is to establish a person-centred service, using real time data to drive service improvement that includes what matters to looked after children and their carers, and ensure that the voice of vulnerable children and young people is integral to service provision. The survey will permit standardised responses on satisfaction of service delivery as well as identification of wellbeing themes and trends, access to services and quality improvement.

The Survey Launched in April 2025

Three surveys have been designed for children and for carers. Questions focus on the core values including dignity, respect, safety and if the children and young people feel involved in decisions made in respect of their health, that they feel valued and safe and that they have had information shared with them in an age-appropriate format.

There is also a free text box to suggest improvements. The survey has been built using the CIVICA platform and surveys are available currently in both English and Welsh. Future developments may include providing the surveys in other languages, easy read format and British sign language

The surveys have been promoted by sharing cards with QR codes, by using I Pads and embedding the codes into the health assessment paperwork.

PTHB have received limited responses and will continue to promote their use. The Feedback received to date has been positive.



Foster Carers
All positive
Noted the health assessment to be child centred, informative and professional and overall experience was very good

Children 11 plus years
the health assessment was 'alright'
LAC nurse is professional and arrives with a smile on her face
Overall good

Children Looked After: Corporate Parenting Promises. The Journey so Far

Powys Teaching Health Board has made progress in embedding its Corporate Parenting responsibilities following the signing of the Welsh Government Corporate Parenting Charter in 2025. The Charter promotes a collective responsibility across public bodies to improve the life chances, wellbeing and outcomes of care-experienced children and young people. As part of this commitment, PTHB has developed and gained Executive approval for its Corporate Parenting Promises, shared these with Welsh Government, and completed a self-assessment against the promises. The next phase of work will focus on implementing improvement actions, strengthening co-production with care-experienced children, and monitoring the impact of these changes

The analysis was informed by responses from six service groups and feedback gathered directly from children and young people through engagement activity with Powys County Council. The findings highlighted a range of positive practice already in place, including prioritised access to services for looked after children, routine opportunities for children to share their views, multi-agency working, trauma-informed approaches, and support for health, wellbeing and future aspirations. However, the assessment also identified several areas where consistency could be improved, particularly in relation to follow-up arrangements, capturing the voice of the child, transition planning, workforce awareness of corporate parenting responsibilities, and the tracking of outcomes for care-experienced children

A key theme emerging from the review is the importance of listening to and acting upon the views of children and young people. While a variety of mechanisms currently exist to gather feedback, the analysis identified opportunities to strengthen co-production, develop more accessible methods of communication, and provide clearer feedback on how children's views have influenced service improvement. The findings also emphasise the need to ensure children understand their rights, can access advocacy when needed, and experience care that is respectful, compassionate and responsive to their individual circumstances

The review further recognises that effective corporate parenting depends on strong partnership working across agencies and a workforce that understands the impact of trauma and adversity on children in care. Proposed improvements include enhancing links with Looked After Children Nurses, increasing awareness and training on corporate parenting across the organisation, improving transition arrangements into adulthood, and developing opportunities that support care-experienced young people to achieve their aspirations. These actions will contribute to a more coordinated, outcomes-focused approach that places the needs and experiences of children and young people at the centre of service delivery.

Overall, the analysis provides a strong foundation for the development of a detailed improvement plan and action tracker. It demonstrates PTHB's commitment to fulfilling its role as a Corporate Parent and ensuring that care-experienced children and young people are healthy, heard, safe, supported and optimistic about their future.

The proposed actions will drive forward and support continuous improvement in 2026-2027 and provide assurance that the organisation is actively working towards delivering the commitments set out within the Corporate Parenting Promises.

Children Looked After: PTHB Corporate Parenting Promises

PTHB’s Pledge is a set of **7 Promises** to Care Experienced Children about how we will take care for them. These Promises help PTHB fulfil its responsibilities under the Corporate Parenting Principles. The Promises are built upon the principle of **Nothing about you, without you** and the **Vision for every child and young person who has experienced care to feel: Healthy** – feeling good in body and mind, **Heard** – because what they say matters, **Safe** – in their home and community, **Supported** – by people who care about them and **Excited** – about their future

Your Health and Well-being

- We will help you see a doctor, dentist, or nurse when you need to.
- You will be offered a regular health check to talk about how you feel physically and emotionally.
- You can have private chats with a nurse or health visitor about anything on your mind.
- We will help you learn how to stay healthy and feel safe in your home.
- If you need extra support for your feeling and emotional wellbeing, we will refer you to the most appropriate service.

Listening to You

- We will always listen to what you have to say and ensure your voice is heard
- You can tell us what’s going well and what could be better.
- You will have chances to share your thoughts through surveys or meetings.
- If you speak another language, we’ll use an interpreter to help you share your views.
- If you use aids such as braille or loops to have your say, we will ensure you are supported to share your views
- We will tell you how your feedback has helped improve our services

Your Rights

- We will help you understand your rights and make sure they are respected.
- You will have access to an advocacy service, so your voice is heard.
- We will always be open, honest, and fair with you.

Our Promise as Corporate Parents

- Everyone in PTHB has a role in caring for you as a Corporate Parent.
- We will keep learning and working together so we can support you better
- We promise to be to take responsibility as an organisation and always try to do our best for you.

Working Together

- We will team up with local authorities, schools, and community groups to ensure you have joined-up support.
- We will plan together and set goals to make sure things keep improving.

Your Opportunities and Future

- We will support you to reach your goals and follow your dreams.
- We will make sure you know about fun and positive activities you can join.
- If you’re over 16, we’ll support you to plan for adulthood.

Belonging and Care

- We will make sure you feel welcome and cared for.
- We will be on time, keep our promises, and let you know if plans change.
- We will always treat you with respect, kindness, and fairness.
- We will celebrate your individuality and support all aspects of your identity, including culture, religion and gender

Children Looked After: Corporate Parenting Promises. The Journey so far and Next Steps

In 2025, Powys Teaching Health Board signed the Corporate parenting charter

- The concept of corporate parenting is founded on the principle that when a child is in care, the local authority and all its partners **should act as a responsible parent would for their own child**.
- It is a shared responsibility to help children in care thrive and overcome any disadvantages they face.
- This approach is guided by the principles that focus on improving the well-being of care-experienced children.
- The Corporate Parenting role extends from across all levels of the Health Board

Autumn/winter 2025 PTHB Progress to embed the Charter

- Developed a set of Promises to Care experienced Children on how PTHB will be the best corporate parents we can - **Completed**
- Gain approval from Execs on the Promises (**approved 07.01.26**)- **Completed**
- Share promises with WG – **Completed**
undertake an assessment against the Promises - **Completed**

Next Steps into 2026-2027

- develop and implement an improvement plan and monitor and evaluate impact
- Work with established groups to enable coproduction with care experienced children
- Report on progress embedding the Promises and their impact to PTHB Strategic Safeguarding Group



Procedural Response to Unexpected Death in Childhood (PRUDiC)

<https://phw.nhs.wales/reports/procedural-response-to-unexpected-deaths-in-childhood-prudic-2023/>

PRUDiC sets a minimum standard for a response to unexpected deaths in infancy and childhood. It describes the process of multi agency communication, collaborative action and information sharing following the unexpected death of a child.

The aim of the PRUDiC is to ensure this response is safe, consistent and sensitive to those concerned, and that there is uniformity across Wales in the multi-agency response to unexpected child deaths

During 2025-26, all unexpected child deaths were managed under the PRUDiC Procedure.

To accompany the revised PRUDiC guidance, national information leaflets for both professionals & families have been developed in consultation with parents with lived experience, alongside health, education representatives, this process has supported the information to be clear and compassionately communicated to all those affected by the death of a child

[REF25461-CDR-A5-Leaflets-Digital-Families-ENG-STP](#)

[REF25461-CDR-A5-Leaflets-Digital-Professionals-ENG-STP](#)

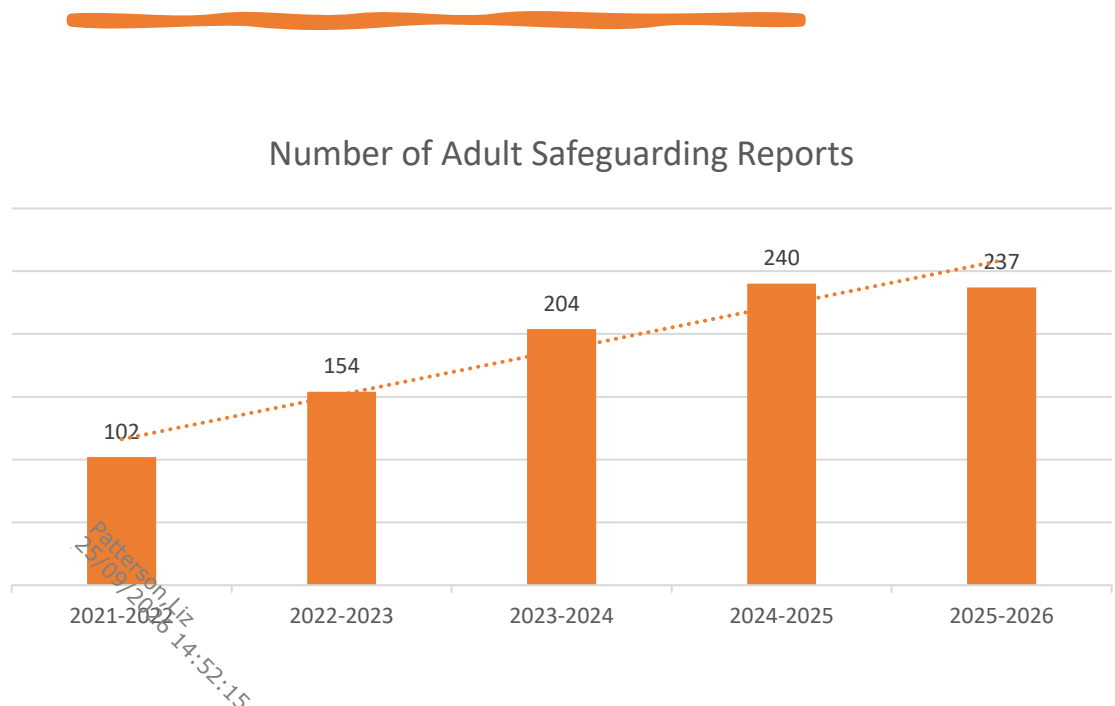


Safeguarding Adults

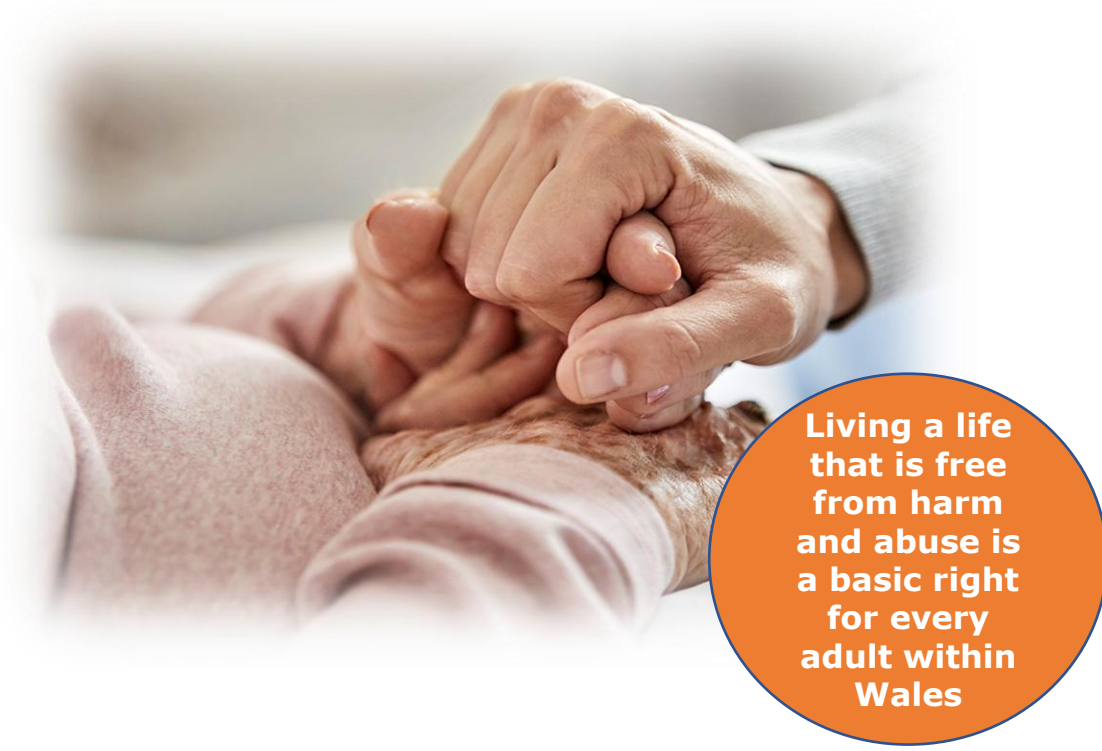
In accordance with the Social Services and Well-being (Wales) Act 2014, the Health Board has a statutory duty to report an adult as risk who is (a) experiencing or is at risk of abuse, neglect or other kinds of harm, (b) has needs for care and support (whether or not the authority is meeting any of those needs), and (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

237 Safeguarding reports were made by PTHB staff in 2025-2026. This has increased year on year over the last 5 years. This rise may be due to several factors including improved data collection and reporting, a more visible and accessible Safeguarding team including the Safeguarding HUB. Post pandemic reports increased when adults and family's re engaged with services and the impact of the cost-of-living crisis.

30% of reports were for concerns about Neglect followed by 10% for concerns relating to domestic abuse



All safeguarding reports are quality assured by the Safeguarding Team



Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)



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The Mental Capacity Act (MCA) 2005 provides the statutory framework for safeguarding and supporting individuals aged 16 and over who may lack the capacity to make specific decisions at the time they are required. It is underpinned by five key principles, which include the presumption of capacity and the requirement to take all practicable steps to support individuals to make their own decisions.

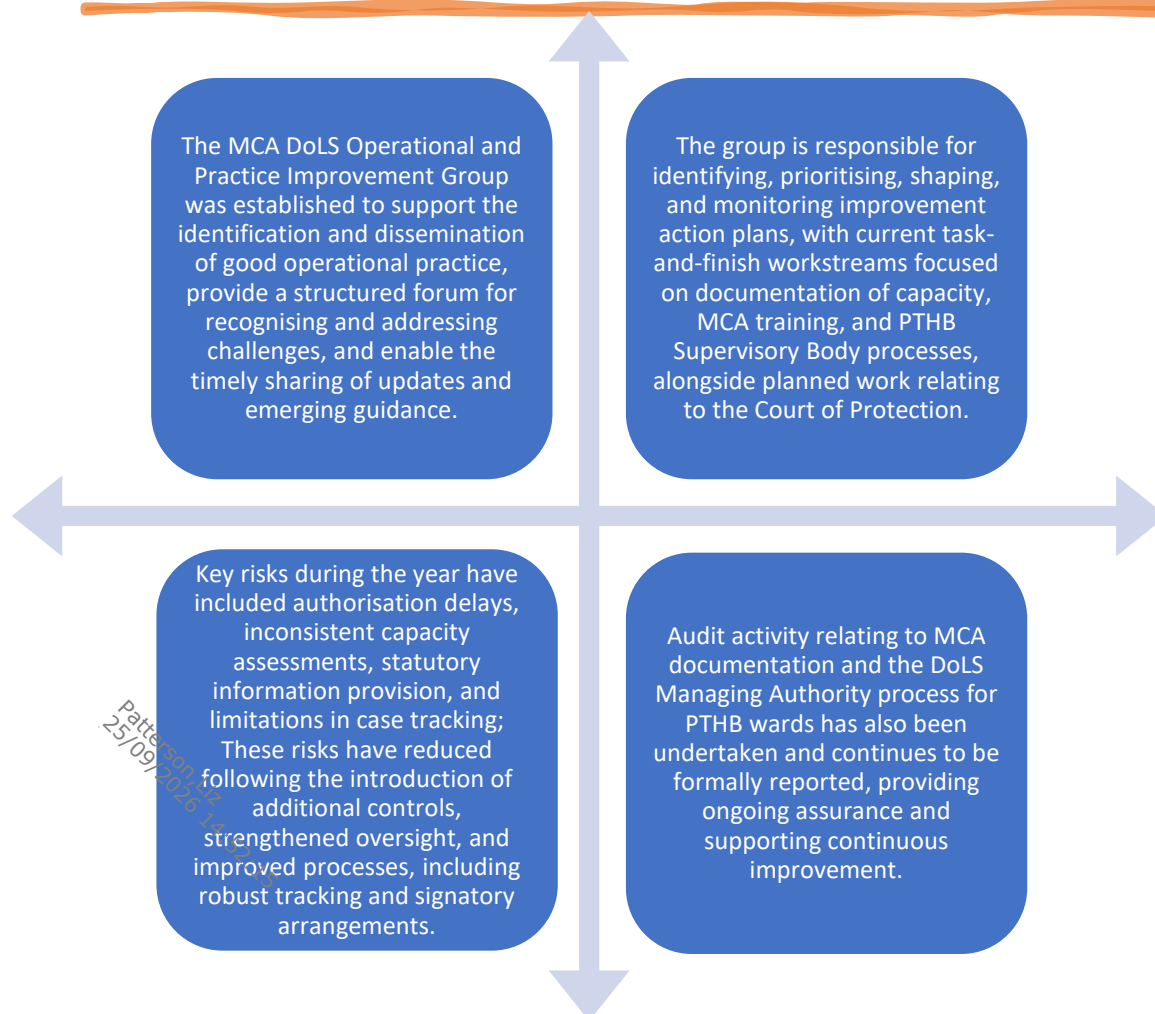
The Act places the individual at the centre of all decision-making processes and establishes a clear legal test for capacity, alongside a structured framework for determining best interests where capacity is lacking. In line with the principles of the MCA, individuals with capacity are entitled to make decisions that others may consider unwise, including the refusal of treatment.

The Deprivation of Liberty Safeguards (DoLS), introduced under the MCA, provide a legal process to authorise arrangements that amount to a deprivation of liberty within care homes and hospital settings. These safeguards apply to individuals who lack the capacity to consent to their care and accommodation arrangements and where such arrangements are necessary and proportionate to prevent harm, and in their best interests.

The application of DoLS ensures compliance with the Human Rights Act 1998, in particular Article 5 (the right to liberty and security), by providing a lawful mechanism to identify, assess, and authorise any deprivation of liberty. Health Boards, as managing authorities, have a responsibility to ensure that appropriate referrals are made, authorisations are in place, and that individuals' rights are upheld and regularly reviewed.

The Mental Capacity (Amendment) Act 2019, which introduces the Liberty Protection Safeguards (LPS) as the intended replacement for DoLS, has not been implemented, there hasn't been any further discussions during 2025/26, all preparatory activity at a national level remains paused. Consequently, DoLS remains the current legal framework in operation across NHS Wales and partner organisations

MCA DoLS Governance: MCA Operational and Practice Improvement Group & MCA Risk Register



Key Achievements

- Following a Limited Assurance rating in the January 2025 Internal NHS Audit of DoLS, all Key Matters Arising have been addressed and formally signed agreed in January 2026.
- The appointment of a DoLS Lead, additional Best Interests Assessor (BIA) capacity has increased workforce resilience and supported service development.
- Significant progress has been made in strengthening Supervisory Body assurance through improved processes, data quality, reporting, quality assurance, and the introduction of BIA supervision and reflective peer group practice.
- A review of all Form 1 applications submitted by PTHB Managing Authorities is underway to improve consistency and understanding of DoLS requirements and supports engagement with wards.
- Managing Authorities have incorporated DoLS audit activity into the Monitoring and Evaluation Group (MEG) framework.
- Supervisory Body scrutiny and authorisation processes have been strengthened, with enhanced quality assurance embedded throughout.
- Updated PTHB DoLS guidance has been published, supported by a review of Supervisory Body SOPs and Managing Authority process flows.
- Applications to Supervisory Body are now completed online by Managing Authority.

Deprivation of Liberty Safeguards Data: Performance and Activity

PTHB Deprivation of Liberty data Activity 2025-2026

2025 - 2026	Q1	Q2	Q3	Q4
Number of Referrals for the period	69	91	112	121
Number of Urgent Referrals for the period	63	84	94	114
Number of Standard/Renewal Referrals for the period	6	7	18	7
Number Allocated to Internal BIAs	20	23	41	56
Number Allocated to External BIAs	10	24	22	40
Number sent to Signatory	28	24	46	42
Application identifies that P is objecting to their accommodation or treatment	16	22	43	54
Total Outstanding Applications	24	29	33	27
Total Outstanding Applications - pending only	21	13	27	12

- Referrals requiring Urgent Authorisations continue to be received by the PTHB Supervisory Body through the established referral process.
- The PTHB DoLS Lead commenced a review of all DoLS applications received from November 2025 onwards. Examples of good practice and any issues identified will be shared with Managing Authorities across PTHB, with an emphasis on proactive support and service improvement.
- BIAs were deployed from Quarter 4, including the use of one bank BIA following a staff resignation. Additional assessment capacity was secured through agency provision during Q4. Despite high levels of staff absence during the quarter, the service demonstrated resilience and maintained assessment capacity, resulting in no overall reduction in throughput.
- The impact of interim measures introduced over the previous five quarters to maximise assessment completion rates can be seen in the Q4 performance data. From Q4 onwards, these measures should become standard practice rather than interim arrangements, contributing to a reduction in cases awaiting allocation, an increase in assessments completed by internal BIAs, and a sustained increase in the number of assessments progressing to signatory approval.
- Significantly increased numbers of patients are being identified by Managing Authorities as objecting to their accommodation, care and/or treatment. This is considered a positive outcome of the training provided and the quality assurance processes implemented for Form 1 completion.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Training and Development

During the reporting period, significant progress has been made in strengthening MCA and DoLS knowledge and application across Powys Teaching Health Board (PTHB).

Programme Development and Workforce Engagement

A range of additional learning and development activities have been implemented to support staff across services:

- A six-month pilot of MCA and Safeguarding update sessions was delivered across PTHB wards via MS Teams. These sessions focused on Managing Authority responsibilities and reinforced the importance of timely and effective review within DoLS processes. Following positive engagement, a revised rolling programme will be implemented for all ward staff with Managing Authority responsibilities.
- Quarterly joint update sessions continue to be delivered in collaboration with Safeguarding teams for Therapy staff, supporting continued professional development and multidisciplinary learning.
- A tailored, one-off question-and-answer session, supported by a formal presentation, was delivered to the Immunisation Team to address specific service needs.
- MCA and DoLS awareness sessions are embedded within the PTHB Preceptorship Programme and International Nurse Induction, ensuring early exposure and consistent understanding among newly appointed staff.

Specialist and Legal Training

PTHB staff have attended annual Court of Protection training delivered by NHS Wales Legal & Risk over the past two years. Supporting materials and resources are available via the PTHB Intranet to enable ongoing access to specialist guidance.

Learning Resources and Accessibility

The PTHB Intranet hosts a comprehensive and regularly updated MCA and DoLS resource hub. Dedicated resource support has been allocated to ensure materials remain current and accessible, promoting continuous learning across the organisation.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Training and Development

[Safeguarding & Public Protection - Home \(sharepoint.com\)](#)

Level 3 Training Delivery

Seven Level 3 training sessions were delivered, reaching 66 attendees. These sessions focused on enhancing advanced knowledge and supporting practitioners in applying legislation in complex cases. To further strengthen practical application, delivery will transition to an enhanced face-to-face model from Quarter 1 (Q1) 2026.

Training Compliance

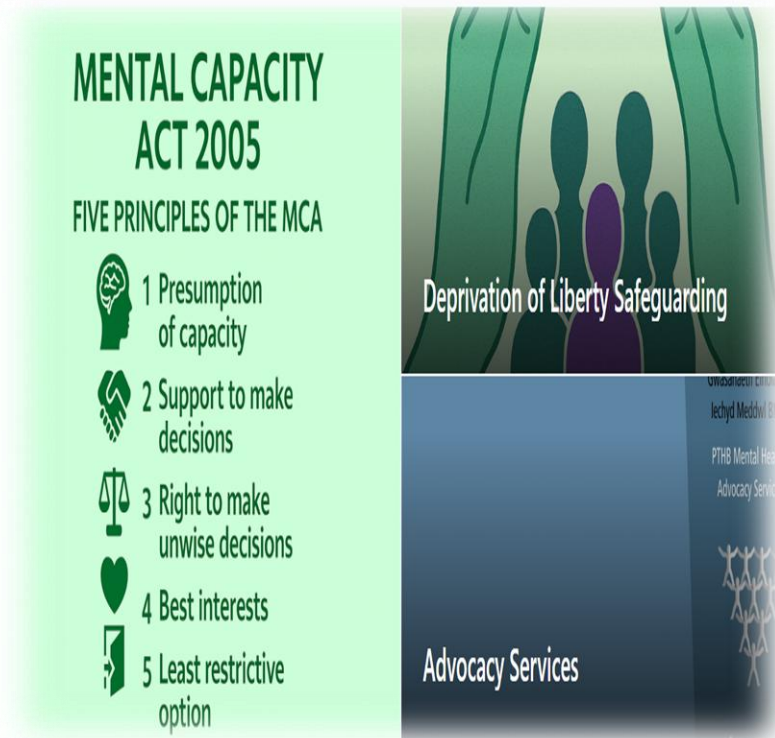
Compliance with mandatory MCA training remains high:

- Level 1: 94%
- Level 2: 93%

This compliance reflects sustained organisational commitment to ensuring staff are equipped with the knowledge required to uphold legal responsibilities and safeguard individuals' rights.

Forward Focus

The continued development of blended learning approaches, alongside targeted workforce engagement, will further strengthen the consistent application of MCA and DoLS principles in practice across PTHB



NHS Wales Safeguarding Network MCA Improvement Group

PTHB continue to be an active member of the Network. The group continues to meet quarterly and progress an agreed workplan, examples of the work include;

- Shared learning opportunities from across Wales, including the learning from Supreme Court Judgement impacting MCA DoLS
- Policy development and the advice regarding the recording of restrictive practice on Datix.
- MCA training updated including ESR Level 1 and Level 2 training packages to ensure legal accuracy.
- Development of a standardised MCA Training Framework (Levels 3–6) is advancing; A draft All-Wales MCA Training Framework is currently being developed.
- Updated joint DoLS Forms 1 and 1a have been piloted. Initial feedback from both Supervisory Bodies and hospital wards has been positive. Once all evaluation feedback has been collated, Welsh Government will be approached for its views.
- Agreement has been reached on developing a standardised capacity assessment process to support a range of national projects and systems, including the WAST proforma, Community Health Pathways, and the Welsh Nursing Care Record. This aims to establish a consistent All-Wales approach to MCA capacity assessments and best interest decision-making.
- Work continues on reviewing DoLS processes. A presentation entitled "*DoLS – Developing a Unified Approach for Wales*" has been prepared for presentation to EDoNs
- Feedback has been provided to HIW and CIW regarding data reporting requirements. Concerns raised about duplication within reporting requests; however, no solution has yet been identified.



Hospital-Acquired Pressure Ulcer

Pressure Ulcer Learning Panels are held fortnightly and include representation from safeguarding. All grade 3 and above pressure ulcers are reviewed and a determination agreed. Learning themes are gathered and presented as a quarterly report which is disseminated to all teams. If avoidable ulcers are deemed as moderate harm, then they are managed via the Duty of Candour/Nationally Reportable Incident (NRI) process.

During 2025-2026 there were 2 moderate harm avoidable pressure ulcers which triggered the Duty of Candour process. No pressure damage has been reported as a National Reportable Incident.

Recurring Learning Themes

- Documentation and record keeping – ensuring care plans updated, assessments completed and recording all changes to wounds.
- Datix reporting and wound photography – Prompt datix reporting, ensuring photographs are attached.
- Pressure Ulcer prevention and assessment
- Pressure relieving equipment – consider early use of equipment.
- Communication and handover – ensure clear communication during transfers, within the multidisciplinary team and external teams.
- Patient and carer education – Ensuring information leaflets given and all advice documented.
- Completing timely referrals.
- Staff training and governance - reinforce Purpose T and pressure ulcer grading training.



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In Patient Falls Review Huddles

From October 2024, the process of reviewing all inpatient falls commenced via a huddle for each fall. These continue to be investigated through the incident reporting system to ensure learning, oversight, and the implementation of preventative measures.

Six of the nine inpatient wards have consistently demonstrated high-quality and timely investigations and now undertake local falls reviews without requiring a formal falls huddle in every case. Exceptions include incidents resulting in moderate harm, injury, or where wider organisational learning is identified. In these cases, or where required, a multidisciplinary falls huddle is held. Where no huddle takes place, the Governance Lead maintains oversight, with learning themes recorded and monitored centrally.

The gold standard remains for falls huddles to be completed within 72 hours. Although this is not consistently achieved due to limited staff capacity, all incidents continue to receive appropriate review, with learning identified and actions monitored to support improvements in patient safety.

Between April 2025 to March 2026, 350 falls were reported and reviewed. 4 falls were deemed as avoidable, but no injuries were sustained from these falls. 12 injuries were sustained from in-patient falls that were deemed as unavoidable, no omissions in care were identified.

Themes from reviews and learning

- Avoidable falls were linked to equipment and process issues, including incorrectly fitted toilet frames, chair brakes not being applied, falls mats not being reactivated after care, and unsecured pressure cushions.
- A recurring theme throughout the year has been ensuring falls risk assessments are updated following a fall, with targeted improvement work showing positive progress.
- Since Quarter 2, the National Audit of Inpatient Falls (NAIF) post-fall debrief has been implemented. Completion rates continue to improve, although timely completion before the end of the shift remains an ongoing area for development.

Good practice

- The introduction of lying and standing blood pressure recording within the Welsh Nursing Care Record risk assessment has significantly improved compliance.
- Strengthened governance arrangements for inpatient falls have supported more timely reviews and enabled learning to be shared more effectively across the Clinical Service Group.

Process for the Immediate Rapid Response to Incidents of Suspected Suicide

Regional Guidance sets out arrangements to provide a rapid, multi-agency response to managing the consequences and impact of suspected incidents of suicide for children and adults across the Mid and West Wales region and is complementary and supportive of, but does not replace, other protocols and processes, i.e. Wales Safeguarding Procedures, Procedural Response to Unexpected Deaths in Childhood (PRUDIC), Emergency Planning Processes and Critical Incidents in Schools

The impact of a suicide can be far-reaching, both within a family and within friendships and communities. Mid and West Wales is not unique in Wales within the context of known rising levels of suicide in recent years, both for children and adults across the region. Any unexpected death can cause a “ripple effect” spanning long periods of time. Individuals and groups can all be impacted by an unexpected death and as a result, some of those individuals can be vulnerable to experiencing harm or even death as a result. This can include but is not limited to, immediate and extended family members, peers and members of the community.

The role and purpose of the Immediate Rapid Response Model is to quickly identify those most vulnerable and who are likely to be significantly impacted by the death. This provides agencies and practitioners with an opportunity to identify what support, and services may need to be provided to those effected, to prevent further harm or death.

The Immediate Rapid Response Model **is not** a forum that seeks to understand the sequence of events, missed opportunities or what lessons we can learn from practice. Many other regional forums and processes exist that provide platforms to explore these issues, it is important the meeting stays within the parameters of its primary purpose and function. The chair of the meeting has a critical role in ensuring the discussion remains focussed and within boundaries.

During 2025-26, 28 suspected suicides have been managed using the Immediate Rapid Response model. PTHB are represented by the Safeguarding Team and Suicide Prevention, Harm Reduction Team. Resources are available to support the bereaved and promote post vention work.

[guidance-for-a-rapid-response-to-incidents-of-suspected-suicide.pdf](#) (updated January 2025)

Public Protection and Offender Management

Public Protection and Offender Management is how we create safer communities and reduce crime by multi agency working to plan, commission and deliver community safety related services and activities. PTHB must comply with the related legislation:

- Serious Violence Duty 2023
- Counter Terrorism & Security Act 2015
- Criminal Justice Act 2003 – duty to cooperate in Multi-Agency Public Protection Arrangements (MAPPA)

Statutory agencies have worked together under the new **Serious Violence Duty (SVD) 2023** to deliver the Mid and West Wales Serious Violence Strategy and plan [Link](#)

Contest is the UK's overarching response to Terrorism [CONTEST 3.0 \(publishing.service.gov.uk\)](#), its aim is to reduce the risk to the UK, overseas interests and UK Citizens from terrorism. CONTEST provides a strategic framework of four work strands known as the 4 P's:

- Prevent: to stop people becoming terrorists or supporting terrorism.
- Pursue: to stop terrorist attacks.
- Protect: to strengthen our protection against a terrorist attack.
- Prepare: to mitigate the impact of a terrorist attack

The main involvement from a safeguarding perspective is PREVENT. **Prevent Duty Guidance (2023)** outlines the specific responsibilities placed on Health Boards. [Prevent duty guidance: Guidance for specified authorities in England and Wales \(publishing.service.gov.uk\)](#)

PREVENT sits alongside established safeguarding duties on professionals to protect people from a range of harms, such as substance abuse, involvement in gangs, and physical and sexual exploitation. The Duty helps to ensure that people who are susceptible to radicalisation are supported as they would be under safeguarding processes.

PREVENT training is not mandatory in Wales, however, PTHB have mandated PREVENT awareness for groups of practitioners who are most likely to provide health care to children and/or adults who are vulnerable to radicalisation.

The Safeguarding Team represent PTHB at key strategic & operational meetings regarding public protection and offender management including:

- Powys Community Safety Partnership
- Serious Violence and Organised Crime Board
- Serious Violence Duty Board
- MAPPA (Multi Agency Public Protection Arrangement) Senior Management Board
- Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV) Board
- Contest Board
- MAPPA meetings

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV), Honor Based Violence, Female Genital Mutilation, Sexual Exploitation, Criminal Exploitation, Human Trafficking, Modern Slavery

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) has a profound impact on the physical, mental and emotional wellbeing of individuals, families and communities across Wales. Recognising the need for a coordinated response, the Welsh Government introduced the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, the first legislation in the UK to specifically address violence against women while also strengthening responses to domestic abuse and sexual violence. The Act promotes early intervention, prevention, safeguarding and multi-agency working, with health services playing a crucial role in identifying those at risk, providing support, and improving outcomes for victims and survivors.

The statistics highlight the importance of early intervention, trauma-informed practice, safeguarding, and multi-agency working across health, social care and partner organisations in Wales.

Welsh Government continues to identify VAWDASV as a national priority through the **VAWDASV National Strategy 2022–2026** and the VAWDASV Blueprint programme

- Around **1 in 3 women** and **1 in 6 men** experience domestic abuse during their lifetime.
- The Crime Survey for England and Wales estimates that **9.1% of women** experienced domestic abuse in the year ending March 2025.
- Approximately **25.8% of adults** have experienced domestic abuse since the age of 16.
- Women account for approximately **72.5% of victims of domestic abuse-related crimes** recorded by police.
- Around **65.4% of domestic homicide victims are female**.
- Modern Slavery is the illegal exploitation of people for personal or commercial gain, it affects over 16,000 people in the UK a 33% increase since 2021.
- Men, women and children may be forced into slavery which includes forced prostitution, child trafficking, criminal & sexual exploitation, domestic servitude, forced labour and organ harvesting
- Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut or injured or changed for no medical reason.

VAWDASV: Multi Agency Response - Moving to a Daily MARAC Model

In summer 2025, the process changed from Daily Discussion (DD) meetings with escalation to MARAC, to a *Daily MARAC (DM) model*. This change was introduced to improve responsiveness to high-risk domestic abuse cases, strengthen multi-agency information sharing, and enable more timely risk assessment, decision-making, and safety planning.

Benefits and Impact

- Reduced administrative burden and duplication by replacing the previous two-stage process (DD followed by MARAC) with a single Daily MARAC discussion.
- Faster assessment and management of risk, supporting earlier intervention and safety planning.
- Improved victim engagement through earlier contact and support from Independent Domestic Violence Advisors (IDVAs).
- Enhanced multi-agency collaboration, enabling information to be shared and actions agreed more promptly.
- Streamlined decision-making, ensuring high-risk cases are reviewed and acted upon without unnecessary delay.

Challenges

- Moving from a two-stage process to a single discussion reduces opportunities for additional information gathering between meetings, increasing the importance of comprehensive and up-to-date clinical records.
- Daily MARACs require significant preparation, with Safeguarding Leads undertaking detailed searches of health systems to gather relevant information.
- Effective multi-agency risk assessment is increasingly dependent on the quality, accuracy, and timeliness of documentation completed by health practitioners.
- The transition has removed the routine opportunity to obtain and present information from Powys GP practices prior to discussion, potentially limiting the availability of primary care information and affecting the completeness of risk assessments and intervention planning.
- The timing of Powys Daily MARAC meetings (breaktime) can create operational pressures for the Safeguarding Team Leads and raise staff wellbeing considerations, particularly when meetings overrun.

Overall Assessment

The introduction of the Daily MARAC model has created a more streamlined, responsive, and efficient process for managing high-risk domestic abuse cases. It has strengthened multi-agency working and enabled earlier intervention and safety planning. However, realising the full benefits of the model depends on timely, high-quality information sharing, robust clinical record keeping, and sufficient capacity within safeguarding teams to support daily attendance and case preparation.

VAWDASV: Multi Agency Response - Planning for the Introduction of MATAC & DRIVE

Since December 2025, planning has been underway to prepare for the introduction in spring 2026 of **MATAC (Multi-Agency Tasking and Coordination)** and the **DRIVE programme**. PTHB has contributed to the development of an information sharing agreement, terms of reference and operating processes to support consistent practice, strengthen governance arrangements, and provide greater clarity regarding agency roles, responsibilities, and operational processes. PTHB Safeguarding Leads have also attended training to enable full participation in the meetings.

The **Multi-Agency Tasking and Coordination (MATAC)** process will support a coordinated multi-agency approach to managing serial and repeat perpetrators of domestic abuse across Powys. Monthly MATAC meetings will manage multi agency discussions, risk assessing and intelligence sharing, of the highest risk, complex perpetrators of domestic abuse, with the aim of developing actions aimed at disrupting harmful behaviour and reducing the risk of further abuse.

The preparation and information-gathering processes for MATAC is similar to those undertaken for Daily MARACs, with Safeguarding Leads reviewing relevant health records and contributing health information to support robust risk assessment and decision-making. The MATAC process will be overseen through the same governance and steering arrangements as the Daily MARAC, ensuring a coordinated and consistent approach to both victim safeguarding and perpetrator management.

The **DRIVE programme** will complement the work of MATAC by providing intensive case management and targeted interventions for perpetrators who are accepted into DRIVE through the MATAC process. Through intensive case management and multi-agency support, DRIVE seeks to increase perpetrator accountability, promote behaviour change, and reduce repeat offending.

Together, MATAC and DRIVE strengthen the focus on perpetrator management within the domestic abuse pathway, contributing to improved victim safety, reduced repeat victimisation, and better outcomes for individuals and families affected by domestic abuse.

The introduction of MATAC will create an additional demand on Safeguarding Team Leads, who are responsible for preparing and presenting health information to inform multi-agency discussions. Similar to the Daily MARAC process, this requires dedicated time to review records, gather relevant information, attend meetings, and complete any follow-up actions. As a developing process, MATAC represents an additional commitment for the safeguarding team alongside their existing operational and safeguarding responsibilities, once fully operationalised a review of the impact will be undertaken.



Powys Teaching Health Board Womens Health Hub

Project Overview

Powys Teaching Health Board is developing a Virtual Women's Health Hub to support delivery of the NHS Wales Women's Health Plan (2025–2035). The hub will provide access to local and national health pathways, self-referral routes, information resources, training materials, videos, toolkits and signposting services. Developed through a life-course approach and informed by a local Women's Health Needs Assessment, the hub aims to improve access to equitable, person-centred healthcare and address health inequalities experienced by women across Powys.

VAWDASV and a Co-production Approach

A key element of the Women's Health Hub is the inclusion of Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) content. Powys Teaching Health Board has adopted a co-production approach, recognising victims and survivors of all forms of abuse as experts by experience. Survivor engagement has been central to the design and development of both the VAWDASV hub content and associated staff training resources, ensuring that materials reflect lived experience and support a trauma-informed approach to healthcare services.

Womens Health Hub Project Overview

Progress Update

Engagement with the survivor panel and Cowshed, a media company commissioned to support the project has now concluded. PTHB are in receipt of the final assets which include a suite of resources, a professionally developed animation for the public, voiceovers and facilitator training materials.

A final viewing of the animation has taken place between PTHB's safeguarding staff who managed the project, the survivor panel and Cowshed. Work is now progressing on updates to the Safeguarding and Public Protection webpages to strengthen links between the Women's Health Hub and VAWDASV information, ensuring a more user-friendly and accessible digital offer.

Once this is completed the public assets will go live

Impact of Survivor Feedback

Feedback received from the survivor panel has directly influenced the development of the hub. Changes implemented include the creation of separate Safeguarding and VAWDASV webpages, improved links between resources and escalation of issues requiring wider organisational consideration. The feedback highlighted the importance of improving information relating to stalking, grooming, technology-facilitated abuse, healthy relationships, neurodivergent victims and access to support services. Survivors also identified opportunities to enhance patient experience through improved appointment information, routine offers of chaperones and consideration of mechanisms to reduce the need for individuals to repeatedly disclose traumatic experiences.

Current Position and Next Steps

Powys Teaching Health Board already has several measures in place to support delivery of VAWDASV priorities, including dedicated safeguarding services, mandatory training programmes, domestic abuse routine enquiry processes, partnership working through MARAC and MAPPA forums, and a range of supporting policies and staff resources. The next phase of work will focus on reviewing and implementing the co-produced training package, developing a delivery programme that complements existing Ask and Act training, considering improvements to patient-facing information and appointment processes, and developing an action plan to assess the feasibility of the recommendations made by survivors.

Key Achievement

The project has demonstrated meaningful engagement with victims and survivors throughout the design process, ensuring that the developing Women's Health Hub reflects the needs of those affected by violence, abuse and trauma. The collaborative work undertaken to date provides a strong foundation for delivering accessible, informed and trauma-aware resources that support both healthcare staff and the public.

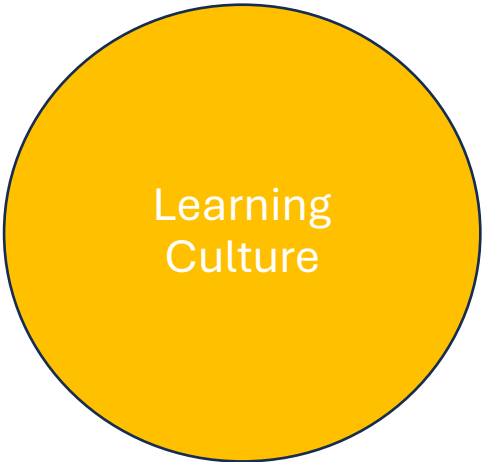
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SMM Standard; Learning Culture

There is evidence of a culture that promotes candour, learning and avoids blame. This is supported by a reporting system for safeguarding concerns, incidents and litigation where they can be monitored, addressed and trends understood. There is evidence of learning from safeguarding incidents and Practice Reviews that reaches frontline team members. Multi agency learning is promoted to share knowledge across the safeguarding community. Feedback from those who use services is used to shape and improve the quality-of-service provision.

Within this section;

- Management of Learning from Safeguarding Reviews
- Single Unified Safeguarding Review (SUSR)

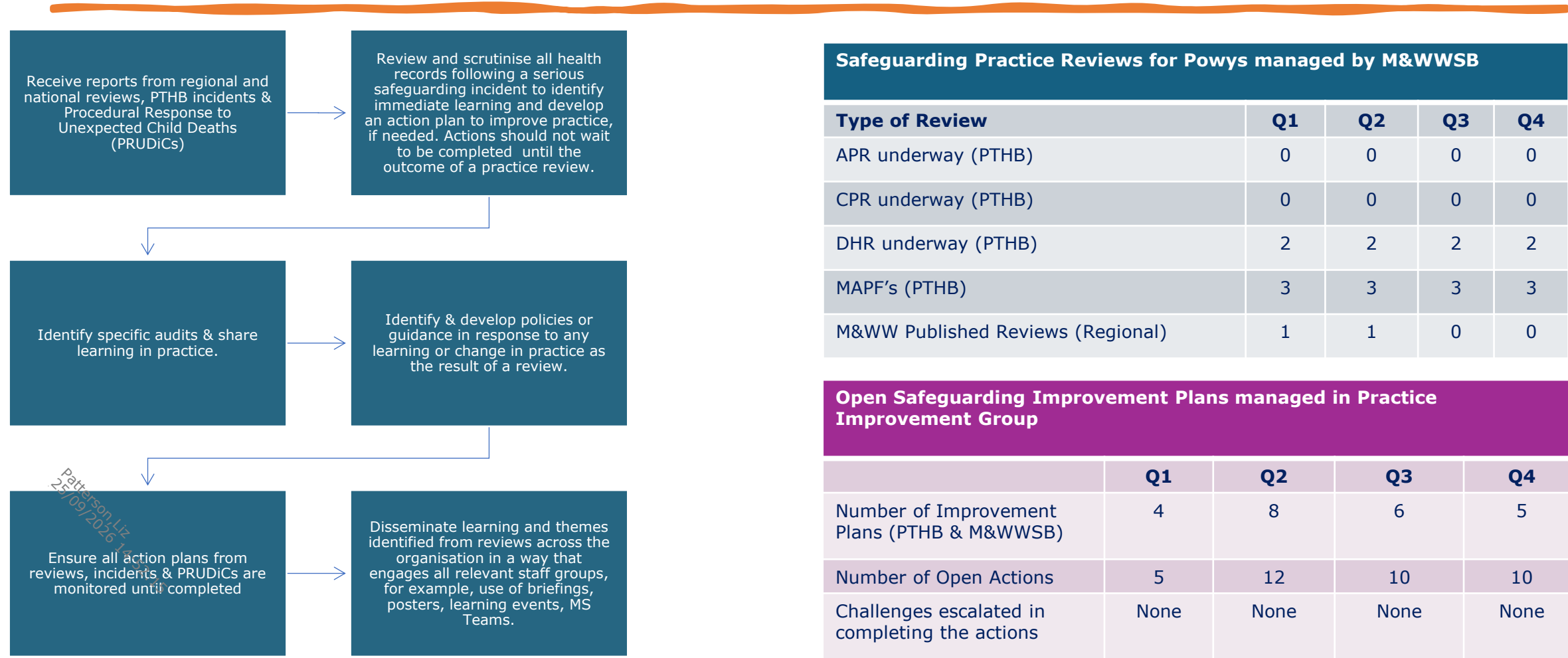


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Management of Learning from Safeguarding Reviews

Learning from safeguarding reviews (SUSR'S), incidents & PRUDiC's are managed within PTHB's Safeguarding Practice Improvement Group. The group is attended by Senior Managers from across the organisation and reports to the PTHB Strategic Safeguarding Group.

The objectives of the group are;





Themes and Learning from Regional Reviews

- Managing Was Not Brought
- Documenting Significant Events
- Information Sharing, Communication, Record Keeping
- Flagging Children at Risk of Harm in General Practice and Out of Hours
- Transition
- Multi-Disciplinary Team Process
- Professional Curiosity
- Listening to the Voice of the Child
- Seeing and hearing from Electively Home Educated Children
- The Management of Allegations and Concerns about Adults Working with Children
- Managing prisoner release and re entry
- Safeguarding Supervision
- Recognising and managing male victim of domestic abuse
- Routine Enquiry in MH Services

How the Themes and Learning are shared

- Training Packs updated
- Use of short Videos
- Safeguarding attend Service Group/Team meetings
- 7 minute briefings
- Safeguarding Intranet Page
- Safeguarding Newsfeed
- Promote Regional Training Opportunities and Events
- Strategic & Operational Safeguarding Groups
- Supervision, Advice and Support Conversations
- Safeguarding Week

These themes consistently feature across practice reviews in Wales. Challenges remain regarding how agencies measure and evaluate the impact of lessons learnt.

For PTHB the themes inform audits and work plans.

Management of Learning from Safeguarding Reviews: Public Health Wales Test and Post

Public Health Wales (PHW) identified a series of significant issues within the national Test and Post STI service between November 2025 and March 2026. PTHB Safeguarding Team, Sexual Health Service and Public Health Team worked with Public Health Wales to support their internal review and look back exercise

Key Risks

- Safeguarding and protection of vulnerable young people
- Weak governance and assurance processes within PHW
- Delayed escalation and communication to Health Boards
- Data protection and information governance risks
- Reputational risk across NHS Wales

PHW Actions

- National **look-back exercise** for safeguarding cases
- All known test result errors reviewed and addressed
- Data incidents reported to ICO; mitigations in place
- Testing protocols updated

PTHB Response

- **Task & Finish Group established** for oversight
- Full participation in national assurance processes
- Safeguarding and sexual health procedures reviewed

Next Steps

- Agree and implement updated **Data Protection Impact Assessment (DPIA)** and PHW SOP
- Revise **PTHB Standard Operating Procedures**
- Continue to support PHW investigation and national response
- Maintain ongoing Board oversight of safeguarding assurance

Aassurance Position

- No evidence of significant harm identified within PTHB to date
- Appropriate action taken where information was shared
- National work ongoing to provide full assurance and strengthen systems

SUSR: Single Unified Safeguarding Review

In October 2024, Welsh Government published [statutory guidance](#) which implemented the Single Unified Safeguarding Review (SUSR) model across Wales. The model incorporates multiple review processes into one unified model, eliminating the need for families to take part in multiple processes and allowing services to identify learning sooner. The SUSR model incorporates the following processes into one cohesive process: Adult Practice Reviews, Child Practice Reviews, Domestic Homicide Reviews, Mental Health Homicide Reviews

The SUSR Model

A core principle of the model is to learn from the experiences and perspectives of the individuals connected to the incident. This means engaging with victims and families, as well as with multi-agency practitioners across the services who supported them, to consider what actions can be taken to support improvements to future practice and service provision.

The new SUSR model is also supported by the development of the Wales Safeguarding Repository, which will host published reviews within an innovative, searchable platform. This provides a mechanism for the learning that flows from completed reviews to be more easily accessed by professionals, and for this learning to be captured and considered in future reviews undertaken, thus promoting the ongoing development of learning across Wales.

SUSRs are not investigations or inquiries, nor do they seek to appoint blame or culpability. Instead, the principle of learning is at the heart of the model, supporting those involved in the review to reflect together to identify actions that can lead to improvements to practice and therefore, better outcomes for children, adults at risk and victims of domestic abuse.

Launch of Safeguarding Repository [Wales Safeguarding Repository](#)

The Wales Safeguarding Repository (WSR) is a secure, searchable digital database that brings together safeguarding review reports from across Wales into one place. It help professionals learn from serious safeguarding incidents and improve practice. Only relevant professionals now can access the repository

Launch of Resources to Support Continued Role out of the Model

All links and resources available to staff on the safeguarding intranet page

Awareness for All	Video Link
Learning Events in SUSR	Video link
An Introduction to SUSR for Senior Leaders	Video Link

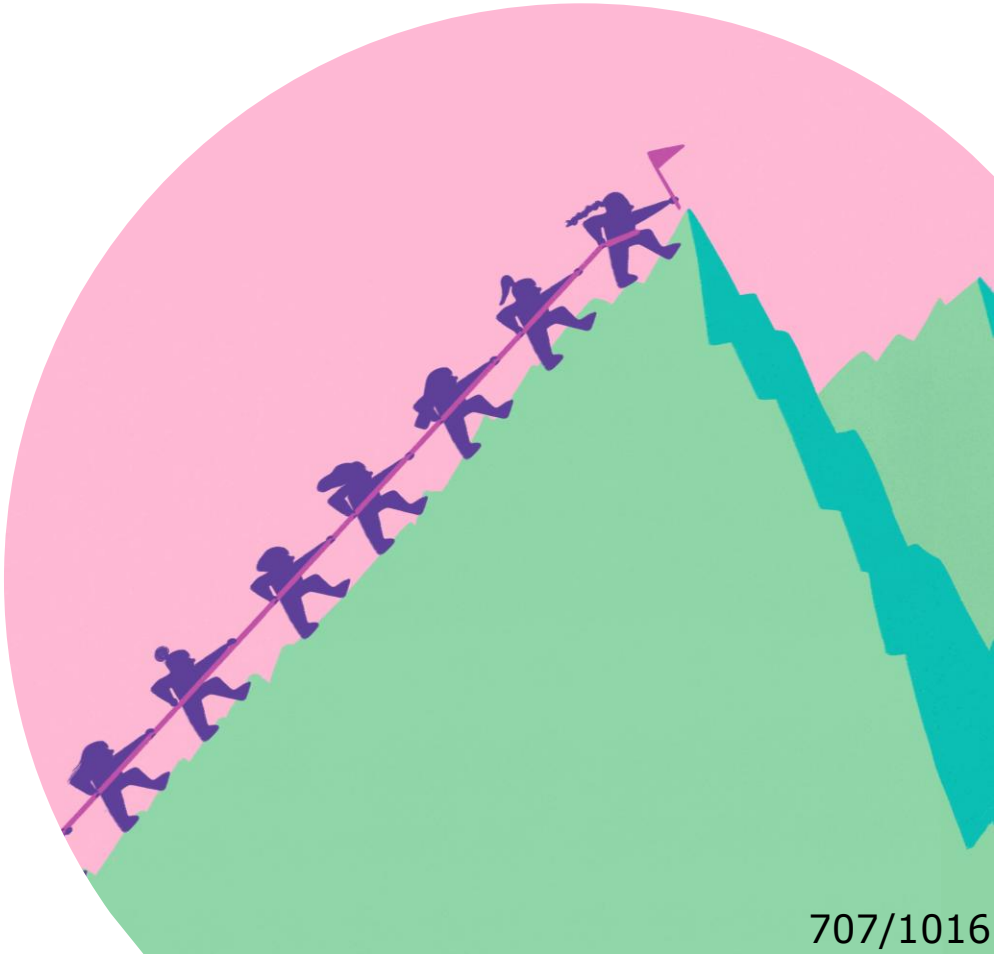
SMM Standard; Multi Agency Partnership working

There is a safeguarding strategy that is aligned to local plans in the wider health and social care economy, and services are planned to meet the needs of the relevant population. The organisation actively contributes to the multi-agency approaches to safeguarding issues. There is appropriate participation in the Regional Safeguarding Boards and involvement in processes such as MARAC and MAPPA. There is evidence of strong connections and referral mechanisms with local services that can prevent harm, support and protect vulnerable people.



Within this section;

- Mid and West Wales Safeguarding Board
- VAWDASV Board
- NHS Wales National Safeguarding Service & Network
- National Safeguarding Week
- Multi Agency Partnership working



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Mid & West Wales Safeguarding Board

The Mid and West Wales Regional Safeguarding Board (Children and Adults) was established to meet the requirements of the Social Services and Well-being (Wales) Act (2014), the Board is a key Vehicle for agreeing how statutory agencies will cooperate to safeguard and promote the welfare of children and adults at risk, and for ensuring the effectiveness of those agencies both regionally and at a local level. The regional purpose is to coordinate the strategic direction, collaboration, consistency and improvement of safeguarding practice across the region. Powys Teaching Health Board is represented and fully engages at across all areas of the Board

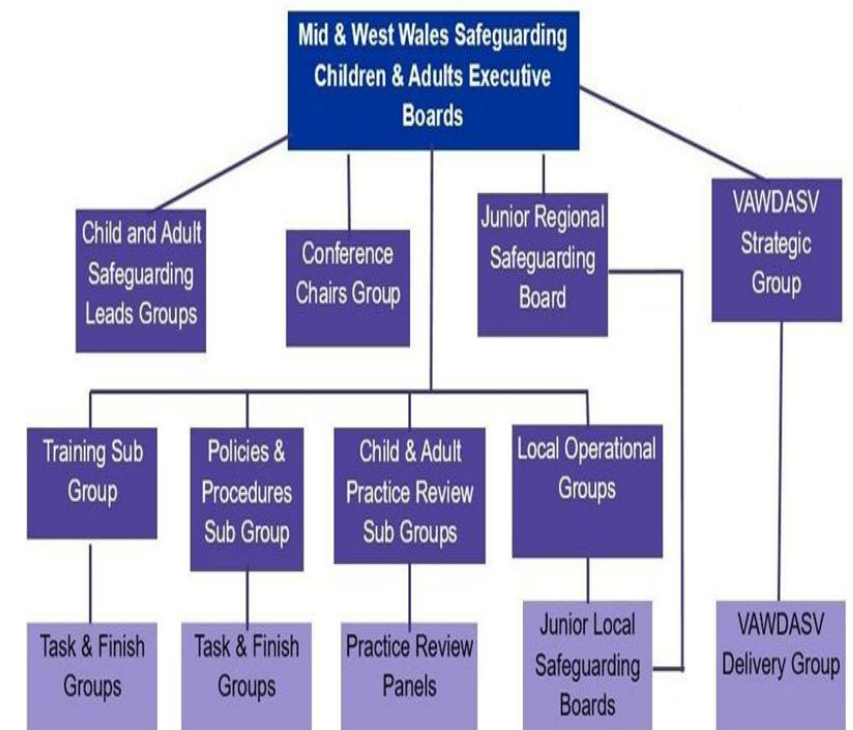
The Executive Board consists of senior managers from key statutory agencies. The Executive Boards' aim is to provide leadership and guidance to all its constituent agencies through the delivery of a series of strategic priorities for safeguarding activity and practice.

Local Operational Group membership and structure of the LOGs mirror that of the Executive Boards. However, the primary objective of LOGs is to share, monitor and analyse safeguarding practice locally, in an open and transparent environment. LOGs seek to share and acknowledge examples of good safeguarding practice; in addition, they will professionally challenge and hold agencies to account

Regional Training Sub-Group operates collaboratively and in conjunction with the Executive Boards. It seeks to support and guide the delivery of safeguarding training and learning.

Regional Policies & Procedures & Audit Sub-Group operates collaboratively and in conjunction with the Executive Boards. The Group seeks to provide guidance to professionals via the development of regional safeguarding policy and procedure.

Through-Age Practice Review Sub-Group considers referrals from agencies where a child or adult at risk has either died or suffered significant impairment of health and development as a result of abuse and/or neglect. Practice Reviews are undertaken by a multiagency group of professionals who collectively analyse information and identify any practice themes and lessons to learn.



Mid & West Wales Safeguarding Board (M&WWSB): The Boards Vision & Priorities

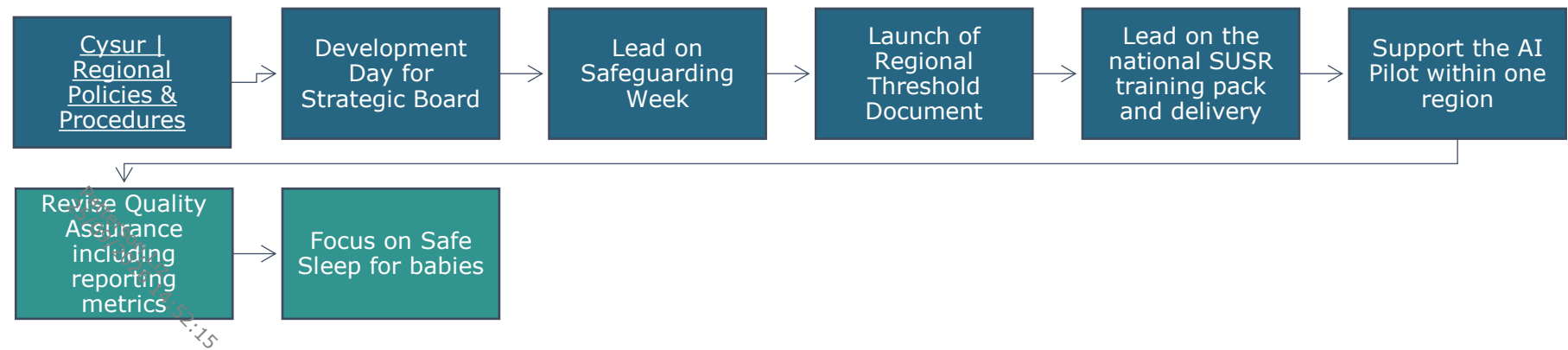
The vision of the Mid & West Wales Safeguarding Board is that all people in the region live their lives free from violence, abuse, neglect and exploitation and that their rights are protected. All safeguarding work is sensitive to and firmly rooted in respect for differences in race, ethnicity, culture, ability, faith and sexual orientation. Engaging with and being responsive to the needs of all stakeholders, including children, young people, adults at risk, their families, carers, service providers and the wider community, is essential to promote the Board's vision.

At a **Safeguarding Board development day** in January 2025, strategic partners worked together to set the Boards **Strategic Priorities** for 2025-2026;

1. Develop a culture of collaboration and innovation across the partnership, which promotes a safe, skilled and resilient workforce
2. Measure, evidence and understand the impact of this Board's work on professional practice, and how this improves outcomes for children and adults at risk
3. Undertake systemic analysis of organisational performance and change to better understand its impact on children and adults at risk
4. Continue to influence and contribute to the national strategic agenda to support improvements in safeguarding legislation, guidance and policy.

The **Priorities** informed the **M&WWSB Annual Plan 2025-2026** [Annual Plan Link](#)

Achievements in 2025-2026 include;



The **M&WWSB Annual Report 2025-2026** showcases the Boards activity throughout 2025-2026

[ADD LINK](#)

Violence Against Women Domestic Abuse & Sexual Violence (VAWDASV) Board

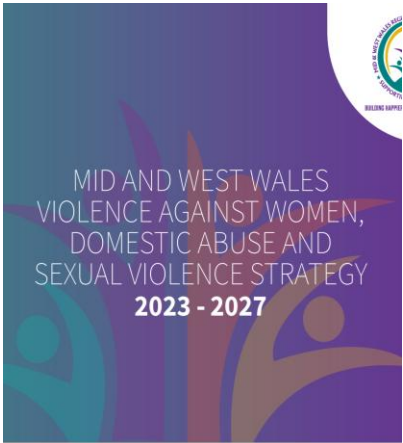
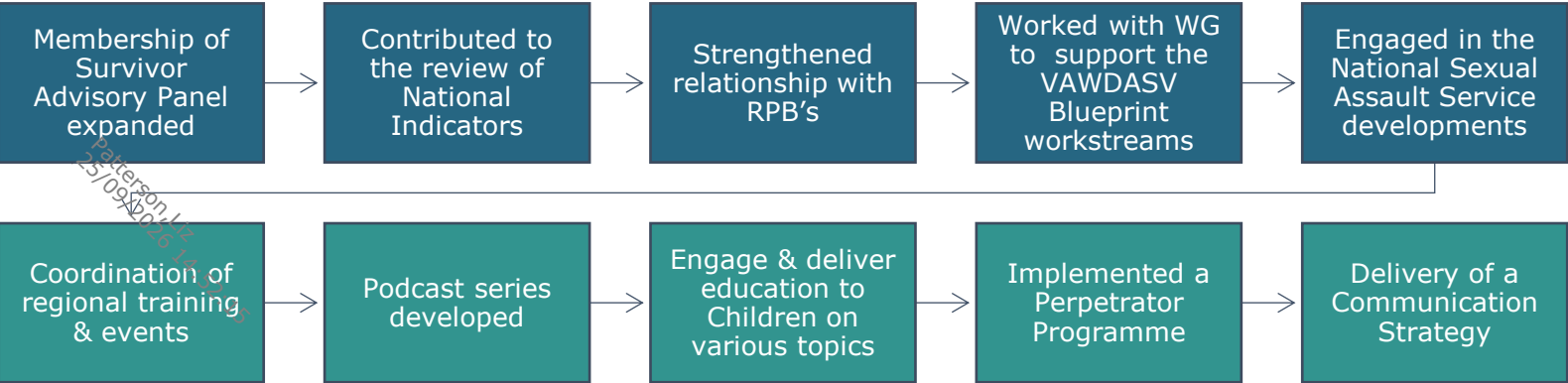
The VAWDASV Board is a multiagency meeting that drives forward the requirements of the VAWDASV Act, including the delivery of the Mid and West Wales Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2023-2027 [MWWStrategicPlanV2 3](#)

The strategy sets out the integrated regional approach that will deliver a collective vision to stop violence against women, domestic abuse and sexual violence, to improve the health and well-being of individuals and families affected by abuse and hold to account those who perpetrate such abuse.

The 2023-2027 Strategy sets out 6 Priorities:

- 1. Challenge public attitudes towards violence against women, domestic abuse and sexual violence across the Welsh population through awareness raising and a space for public discussion with the aim to decrease its occurrence.
- 2. Increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to make positive personal choices
- 3. Increase focus on holding to account those who commit or may carry out abusive or violent behavior to change their behavior and avoid offending/reoffending
- 4. Make early intervention and prevention a priority
- 5. Relevant professionals are trained to provide effective, timely and appropriate response to victims and survivors
- 6. Provide all victims with equal access to appropriately resourced, high quality, needs-led, strengths based, intersectional and responsive services.

Achievements in 2025-2026 include;

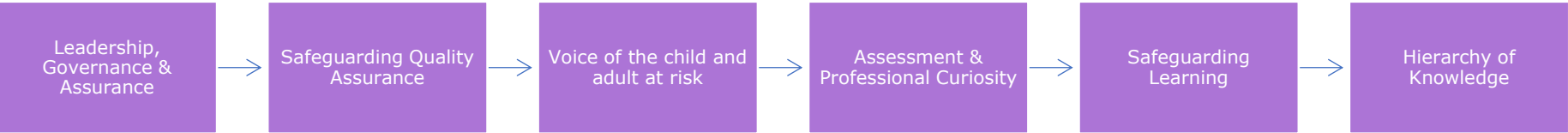


NHS Wales National Safeguarding Service & Network

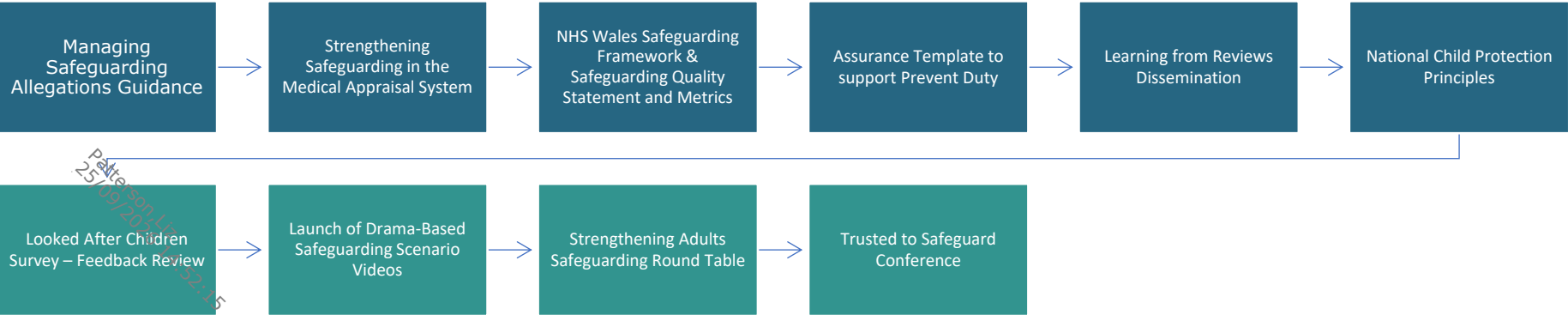
The NHS Wales National Safeguarding Service (NSS) drives and delivers strategic improvements across the NHS in Wales through leadership and collaboration, improvement tools and upskilling of the workforce, as well as embedding policy and research into practice. The NSS also coordinates the NHS Wales Safeguarding Network & its subgroups which include representatives and stakeholders from Health Boards and Trusts, the office of the Chief Nursing Officer, the Children’s and Older Peoples Commissioners Office and Welsh Government.

The Network provides a platform for a ‘**community of practice**’, a rich environment for collaboration, learning and creating new knowledge, horizon scanning, sharing challenges, problem solving, innovation and sharing best practice. As safeguarding experts, **the Network** is well placed to support **quality improvement in safeguarding** across NHS Wales, drive positive change by facilitation, challenge and system leadership.

The NHS **Safeguarding Service Priorities** for 2025-2026 include;



To enable this work and to deliver against a yearly work plan, strong partnerships are key. Powys Teaching Health Board are represented at the Safeguarding Network and actively contribute to the networks workplan and its subgroups. **Achievements in 2025-2026 include;**



The **NSS Annual Report 2025-2026** showcases activity throughout the year [NHS-Wales-safeguarding-network-annual-report-2025-to-2026-.pdf](#)

National Safeguarding Week: 10 to 14 November 2025

National Safeguarding Week took place this year from 10 to 14 November 2025, with the theme of “**Positive Safeguarding Practice**”. Under this broad heading a wide-ranging programme was designed in response to some of the safeguarding themes and issues that have emerged across the Mid and West Wales region in the last year.

Throughout the week both in-person and online events were held in the form of conferences and webinars, all events sought to raise awareness and highlight issues that currently affect children and adults at risk.

The agenda included;

- Revisiting key elements of the Mental Capacity Act 2005 and how these should be applied in safeguarding practice in a variety of situations, contexts and scenarios.
- Sharing the findings from the 2025 thematic review of adult practice reviews in Wales
- Highlighting a free service for safeguarding vulnerable people with dementia who are at heightened risk of going missing (the Herbert Protocol). Alongside these events, there was input from third sector and independent groups, including sessions from New Pathways, Lucy Faithful Foundation Wales, NSPCC Cymru, and Llanelli Mind.

The highlight of the week was a conference for multi-agency practitioners. This included presentations and workshops from keynote speakers and featured the outcome and findings of the review undertaken on the events that took place in Southport in July 2024, information on the Most Significant Change model of practice, vulnerability in neurodiversity, and using AI to support information sharing, alongside input from service users and those with lived experience.

By using the link below you can explore the conference photo gallery, watch recordings of keynote presentations, and access resources from the week’s online events:

[Cysur | National Safeguarding Week 2025](#)

Mid and West Wales Regional Safeguarding Board
presents

NATIONAL SAFEGUARDING WEEK
2025



A series of presentations followed by
afternoon workshops.



MC: Kiri Pritchard-McLean
Comedian, TV personality and
foster carer

Key speakers:

 Tony Jenkyn
Author of the *Post-Southport review into Prevent* and Axel Rudakubana

 Nick Andrews
Swansea University (Most Significant Change model of practice)

 Donna Sharland
AutSide Education and Consultancy (vulnerability in neurodiversity)

 Cath Evans
Safeguarding LINC Project Manager (using AI to support information sharing)

Flagship Conference
hosted by:



DATE:
Thursday 13 November
2025

TIME:
09:00–16:30

LOCATION:
Yr Eglw, College Road,
Carmarthen

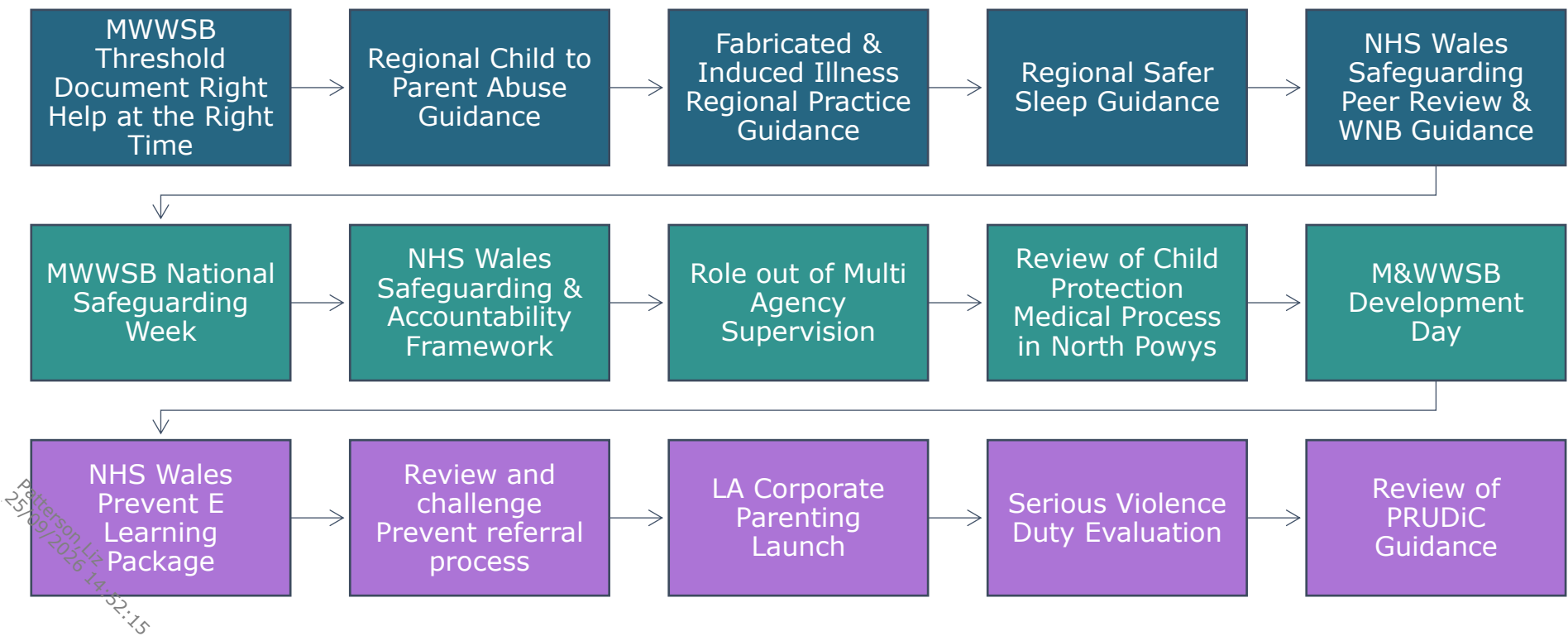
THEME:
Positive Practice in
Safeguarding

Plus a lived experience
perspective in relation to
suicide

BOOK YOUR
PLACE HERE:
[Safeguarding Conference
Registration](#)

Multi Agency Partnership working: Working in Collaboration

Effective safeguarding partnerships rely on all agencies having aligned policies, agreed referral pathways, and shared expectations for communication, information sharing, and decision-making, all of which must align with the Wales Safeguarding Procedures (2019). During 2025/26 **PTHB Safeguarding Team** have worked with our safeguarding partners both regionally and at a national level to influence and shape multiple procedures, processes, training packages and frameworks





**PTHB Safeguarding Team
represent the Health Board
at a wide range of Boards,
Groups, Forums and Meetings**

National Meetings

- ❖ NHS Wales Safeguarding Network
- ❖ Safeguarding Maturity Matrix Peer Review
- ❖ NHS VAWDASV Steering Group
- ❖ NHS Network Looked After Children (LAC) Steering Group
- ❖ NHS Training Sub-group
- ❖ NHS MCA Group
- ❖ LAC Cymru (Peer Group)
- ❖ National NHS Wales Strengthening Safeguarding Group

Local Meetings

- ❖ Powys Local Operational Safeguarding Group
- ❖ Corporate Parenting Group
- ❖ SUSR/DHR/MAPF Panel
- ❖ Youth Justice Board
- ❖ Multi agency risk assessment Steering Group & meeting
- ❖ PRUDiC
- ❖ Daily MARAC Discussion
- ❖ Channel Panel
- ❖ MAPPA
- ❖ MACE
- ❖ National Safeguarding Week Planning
- ❖ Community Safety Partnership
- ❖ Strategy meetings
- ❖ Rapid Response Meetings

Regional Meetings

- ❖ M&WWSB Board
- ❖ M&WWSB SUSR Group
- ❖ M&WWSB Training Sub-Group
- ❖ M&WWSB Policy, Procedure & Audit Sub-Group
- ❖ VAWDASV Strategic Group
- ❖ VAWDASV Training Sub-Group
- ❖ VAWDASV Delivery group
- ❖ VAWDASV Commissioning Group
- ❖ Regional MCA Forum
- ❖ M&WWSB Safeguarding Child & Adult working Group
- ❖ Regional Anti-Slavery Group
- ❖ Serious Violence Duty Board
- ❖ SVOC Board

Health Board

- ❖ Pressure Damage Scrutiny Panel
- ❖ Maternal & Child Death Review Group
- ❖ Safeguarding Strategic Group
- ❖ Safeguarding Operational & Practice Improvement Group
- ❖ MCA Operational Group
- ❖ Position of Trust Strategy meetings

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SMM Standard; Responsive, Resilient and Purposeful

There is evidence that the organisation is agile and has business continuity plans for safeguarding to ensure children and adults-at-risk remain safe and supported in times of national/local crisis. The impact of changed working practices such as remote working must be evaluated and undertaken in line with local protocols to ensure there is no delay in the identification of risk, harm, need and vulnerability.



Responsive,
Resilient &
Purposeful

Working practices continue within the Safeguarding Team to build resilience and to succession plan;

Opportunities are being given to all members of the Safeguarding Team to develop and enhance their interest in specific specialised area's and share their advanced knowledge across the team.

Regular Safeguarding Supervision is available to all Safeguarding Team members which builds strategies and resilience when dealing with complex, emotive and challenging cases.

As the safeguarding landscape continues to grow, there is a large volume of work locally, regionally and nationally, this gives opportunity for the whole team to experience safeguarding at a strategic level, working through new developments into the operational space. This also allows for networking across Wales, forming strong connections for support, sharing of ideas and collaboration.

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Powys Teaching Health Board Safeguarding Priorities 2026-2027

- Engage in the National Strengthening Safeguarding year 2 implementation of the Framework and priorities
- Deliver the Corporate Parenting 'Promises' to Children Looked After improvement plan
- Improve response rate to the National Childrens Looked After and Carers Surveys via CIVICA
- Build upon and further embed the MCA improvements
- Deliver year 2 of the Safeguarding and VAWDASV Womens Health Plan
- Review the Safeguarding Assurance report into Strategic Safeguarding Group
- Continue to work improve safeguarding level 3 training compliance
- Work with the National Safeguarding Service to launch the RL Datix Safeguarding reporting module
- Work with the Regional Safeguarding Board, HIW and CIW to complete the planned Position of Trust review
- Evaluate the impact of safeguarding learning and quality improvement initiatives
- Strengthening assurance and audit engagement within adult services relating to the Was Not Brought Policy

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