

Planning, Partnerships and Population Health Committee

Tuesday 15 September 2026, 13:00 - 15:30

Agenda

13:00 - 13:00 **1. PRELIMINARY MATTERS**

0 min

📄 Agenda PPPH_15 September 2026_Final V3.pdf (3 pages)

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

📄 PPPH_1.2_August 2026_Board Members Declaration Of Interests summary 2026-27.pdf (3 pages)

13:00 - 13:00 **2. CONSENT AGENDA BUSINESS**

0 min

13:00 - 13:00 **3. ITEMS FOR APPROVAL/ RATIFICATION / DECISION**

0 min

3.1. Minutes of the previous meeting/s held on 18 May 2026.

📄 PPPH_3.1_Minutes 18 May 2026 unconfirmed.pdf (13 pages)

3.2. Committee Action Log

📄 PPPH_3.2_Action Log 2026-27.pdf (1 pages)

13:00 - 13:00 **4. ESCALATED ITEMS**

0 min

13:00 - 13:00 **5. ITEMS FOR ASSURANCE**

0 min

5.1. PTHB Integrated Plan 2027/2028 Development

📄 PPPH_5.1_Integrated Plan Approach 2728_BDS 3.9.26 FINAL v1.pdf (22 pages)

5.2. Strategic Change and Engagement Report

📄 PPPH_5.2_Strategic Change Cover Paper September 2026.pdf (4 pages)

📄 PPPH_5.2a_Strategic Change Stocktake September 2026.pdf (40 pages)

5.3. Primary Care Cluster Reporting against delivery 2025/2026

📄 PPPH_5.3_Cluster Reporting against Delivery 2025 26.pdf (15 pages)

5.4. Winter Plan 2026/2027

📄 PPPH_5.4_Winter preparedness cover.pdf (3 pages)

📄 PPPH_5.4b_Covid Influenza Vaccination Paper 2026-2027.pdf (12 pages)

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5.5. Regional Partnership Board (Annual Report) 2025/2026

- 📄 PPPH_5.5_RPB Annual Report 2025-26 Cover Paper.pdf (5 pages)
- 📄 PPPH_5.5a_RPB Annual Report 2025-26 Final Draft.pdf (59 pages)

5.6. Pharmaceutical Needs Assessment

- 📄 PPPH_5.6_Powys Pharmaceutical Needs Assessment 2026 Board Approval.pdf (6 pages)
- 📄 PPPH_5.6a_Powys Pharmaceutical Needs Assessment 2026.pdf (158 pages)
- 📄 PPPH_5.6b_Powys Pharmaceutical Needs Assessment 2026 Appendices.pdf (60 pages)

5.7. Partnership Governance and Assurance Framework Report

- 📄 PPPH_5.7_Covering Paper Partnership Governance & Assurance.pdf (6 pages)
- 📄 PPPH_5.7a_Annexe 1 PTHB High Level Partnership Report.pdf (21 pages)
- 📄 PPPH_5.7b_Annexe 2 Spotlight on the APB.pdf (6 pages)

5.8. Additional Learning Needs (ALN)

- 📄 PPPH_5.8_ALN paper.pdf (10 pages)

13:00 - 13:00 6. ITEMS FOR DISCUSSION

0 min

13:00 - 13:00 7. CONSENT AGENDA

0 min

7.1. Committee Governance Action Plan

- 📄 PPPH_7.1_Governance Development Plan 2025-27_Cover paper.pdf (2 pages)
- 📄 PPPH_7.1a_Committee Effectiveness Continuous Development Plan 2026-27.pdf (2 pages)

7.2. Joint Commissioning Committee (JCC) Planning, Performance and Finance Sub Committee Highlight Report

- 📄 PPPH_7.2_PPF Highlight Report 02 July 2026.pdf (6 pages)

7.2.1. Vaccine Storage Final Internal Audit Report

- 📄 PPPH_7.2.1_PTH-2526-25 Vaccine Storage Final Internal Audit Report.pdf (12 pages)

7.3. Committee Work Programme 2026/2027

- 📄 PPPH_7.3_2026-27 Committee work plan.pdf (1 pages)

7.4. PTHB Glossary

- 📄 PPPH_7.4_PTHB Glossary.pdf (7 pages)

13:00 - 13:00 8. OTHER MATTERS

0 min

8.1. Any Other Urgent Business

Chair

8.2. Items to be Brought to the Attention of the Board and/or Other Committees

Chair

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8.3. Committee Reflections

8.4. Date of the Next Meeting: 20 November 2025

8.5. Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted publicity on which would be prejudicial to the public interest

8.6. Welcome and apologies

8.7. Declarations of Interest

8.8. North Powys Wellbeing Programme

8.9.

**PLANNING, PARTNERSHIPS AND
POPULATION HEALTH COMMITTEE
15 SEPTEMBER 2026**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**13:00-16:00
VIA MICROSOFT TEAMS
CHAIR: SIMON WRIGHT**

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
13:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of Interest Board Member register of Interests 2026/2027	Verbal	All
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of previous meeting held on 18 May 2026	Attached	Chair
13:05	3.2	Committee Action log	Attached	Chair
	4	ESCALATED ITEMS		
There are no items for inclusion in this section				
	5	ITEMS FOR ASSURANCE		
13:05 15min	5.1	PTHB Integrated Plan 2027/2028 Development	Attached	Executive Director of Planning, Performance and Commissioning Nicola Johnson
13:20 20min	5.2	Strategic Change and Engagement Report	Attached	Executive Director of Planning, Performance and Commissioning Nicola Johnson
13:40 15min	5.3	Primary Care Cluster Reporting against delivery 2025/2026	Attached	Executive Director Primary Care, Community & Mental Health Elaine Lorton
13:55 25min	5.4	Winter Plan 2026/2027 including Covid Influenza Vaccination paper	Attached	Executive Director Primary Care, Community & Mental Health Elaine Lorton
14:20 20min	5.5	Regional Partnership Board - (Annual Report) 2025/26	Attached	Executive Director of Public Health Mererid Bowley

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COMFORT BREAK (10 minutes)

14:40 15min	5.6	Pharmaceutical Needs Assessment	Attached	Executive Medical Director Kate Wright
14:55 10min	5.7	Partnership Governance and Assurance Framework Report	Attached	Executive Director of Planning, Performance and Commissioning Nicola Johnson
15:05 20min	5.8	Additional Learning Needs (ALN)	Attached	Executive Director of Nursing, Quality and Family Health Paul Hooton

6 ITEMS FOR DISCUSSION

There are no items for inclusion in this section

7 CONSENT AGENDA

	7.1	Committee Governance Action Plan Purpose: For Assurance	Attached	Director of Corporate Governance Helen Bushell
	7.2	Audits: - Joint Commissioning Committee (JCC) Planning, Performance and Finance Sub Committee Highlight Report - Vaccine Storage Final Internal Audit Report Purpose: Information	Attached	Director of Corporate Governance Helen Bushell
	7.3	Committee Work Programme 2026/27 Purpose: For Information	Attached	Director of Corporate Governance Helen Bushell
	7.4	PTHB Glossary Purpose: Information	Attached	Director of Corporate Governance Helen Bushell

8 OTHER MATTERS

	8.1	Any other urgent business Any items of Public Health situational awareness	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee Reflections	Verbal	All
	8.4	Date of the next meeting: 19 November 2026 at 13:00 via Microsoft Teams		

8.5 The Chair, with advice from the Director of Corporate Governance/Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this

time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u> <i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i>				
15:30	8.6	Welcome and Apologies	Attached	Chair
	8.7	Declarations of Interest	Attached	Chair
20mins	8.8	North Powys Wellbeing programme	Verbal	Executive Director People, Culture and Transformation Deb Wood-Lawson

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2026-27							Updated: August 2026
Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment
INDEPENDENT MEMBERS							
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	02-Feb-25	Current	Sole Trader, Mandy Williams Consulting, The Wellbeing Coach	NIL
		Indirect Interests	Loyalty Interests	02-Apr-25	Current	Family member is an employee of Cardiff & Value University Health Board (non Director).	NIL
Vice Chair	Rhiannon Beaumont-Wood	Indirect Interests	Outside Employment	Jun-23	Current	Director and Owner of RBW Executive and Professional Coaching	NIL
		Non Financial professional interests	Loyalty Interests	01-Jan-08	Current	Royal College of Nursing	NIL
		Indirect Interests	Outside Employment	07-Apr-23	31-May-26	Dorset ICB (NHS Dorset) Non-Executive Member	NIL
		Indirect Interests	Outside Employment	01-Mar-24	31-Mar-27	Registrant Council Member - Nursing and Midwifery Council (NMC)	Renumerated as per Registrant Council Member Terms and Conditions
Independent Member (General)	Rhobert Lewis	Non Financial professional interests	Outside Employment	17-Nov-21	Current	Chair NPTC Group of Colleges	NIL
		Indirect Interests	Outside Employment	01-Jan-20	Current	External member Cross-party STEMM Group Welsh Government	NIL
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL
Independent Member (finance)	Stephen Elliot	Non Financial professional interests	Loyalty Interests	17-Apr-24	Current	Honorary Fellow and Lifetime Member of Healthcare Financial Management Association	NIL
		Non Financial professional interests	Outside Employment	17-Apr-24	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	2012	Current	Partner Director of RA and CJ Consulting Limited	Dividend Payment only
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only
Independent Member (University)	Simon Wright	Non Financial professional interests	Loyalty Interests	01-Mar-15	28-Feb-29	Personal: Senior Professional Fellow, Cardiff University-Various Healthcare Programmes	Honoury Role
		Indirect Interests	Loyalty Interests	18-Jun-25	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment
		Indirect Interests	Loyalty Interests	18-Jun-25	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment
		Non Financial professional interests	Loyalty Interests	02-Jan-20	Current	Labour Party member	NIL
		Financial Interests	Outside Employment	09-Feb-26	Current	Head of Partner Engagement for JS Group working with HE sector	Salaried Employment
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	01-Jun-16	10-Jun-27	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	NIL
		Non Financial professional interests	Loyalty Interests	01-Sep-24	01-Jun-28	Coopted Member of PAVO	NIL
		Non Financial professional interests	Loyalty Interests	01-Apr-24	01-Apr-27	Chair Public Services Board Scrutiny Committee	NIL
Lewis Raychelle 10/09/2026 13:39:25		Non Financial professional interests	Loyalty Interests	01-Jun-10	Current	Member of Community Speed Watch Group	NIL
				01-Jan-19	Current	Member of Society Genealogists	
				08-May-22	Current	Associate Member of the Association of Genealogists and Registered Archivists	
		Financial Interests	Shareholdings and other ownership interests	01-Jun-03 01-Jun-22 01-Jun-88	Current	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL

Independent Member (Local Authority)	Christopher Walsh	Non Financial professional interests	Loyalty Interests	01-Jul-22 05-May-22 10-Aug-95 22-May-17 25-Sep-17 01-Jun-10	Current	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel •Member of the Community Speed Watch Group	NIL
		Non Financial professional interests	Loyalty Interests	01-Jan-86 31-Mar-88	Current	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL
		Non Financial professional interests	Loyalty Interests	01-Dec-88	Current	Labour Party member	NIL
Independent Member (Capital)	Michael Giannasi	Indirect Interests	Loyalty Interests	2019	Jul-26	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated
Independent Member	Ian Thomas	Non Financial professional interests	Loyalty Interests	01-Jun-26	Current	Trustee of a UK Charity - Family Fund that provides financial support to families with disabled and seriously ill children	NIL
		Indirect Interests	Outside Employment	01-Apr-23	31-Mar-24	Previous work as an associate for HICO Consultancy	Self Employed
		Non Financial professional interests	Outside Employment	10-May-26	Current	Sit as an NED on the charity's subsidiary company - Family Fund Business Services.	NIL
EXECUTIVE MEMBERS							
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of Finance, Capital and Support Services (Acting CEO 13 Jul 26 -	Pete Hopgood	Non Financial Interests	Loyalty Interests	18-Jun-18	Current	Partner is Finance Manager working in SBUHB	Not Relevant
Deputy Director of Finance (Acting Executive Director of Finance 13 Jul 26 -	Hywel Pullen	Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation has a share in the ownership of St Joseph's Hospital and also works at the Hospital	NIL
		Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation works as a consultant at Aneurin Bevan UHB and is currently a clinical director and the south-east regional lead for orthopaedics.	NIL
		Indirect Interests	Loyalty Interests	01-Feb-23	Current	A relation works in a clinical role at CTM UHB and St Joseph's Hospital.	NIL
		Non Financial professional interests	Outside Employment	01-May-25	Current	I volunteer as the Treasurer of the Monmouth Churches Together Housing Group	NIL
		Non Financial professional interests	Outside Employment	01-Apr-25	Current	I am the Vice President of Cymru CIPFA Wales, the regional branch of the Chartered Institute of Public Finance and Accountancy (CIPFA)	NIL
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	01-Apr-28	Occasional Lecturer for University of West of England.	Hourly rate
		Non Financial professional interests	Loyalty Interests	01-Apr-26	01-Mar-28	Member of the The Chartered Society of Physiotherapy	NIL
Executive Medical Director (Acting Deputy Chief Executive 13 Jul 26 -	Kate Wright	NIL	NIL	NIL	NIL	NIL	NIL
Executive Director of People and Culture and Transformation	Debra Wood Lawson	Indirect Interests	Outside Employment	01-Nov-24	01-Nov-27	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated
			Outside Employment	01-Oct-24	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL

Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	14-May-25	Current	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of declaration on to ESR from this date).
		Financial Interest	Shareholdings and other Ownership interests	14-May-25	Current	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-Financial professional Interest	Outside Employment	01-Nov-23	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated
		Indirect Interests	Outside Employment	01-Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month
		Indirect Interests	Outside Employment	01-Jun-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work
		Indirect Interests	Outside Employment	01-May-25	Current	Partner - Associate for Practice Solutions	
Executive Director of Planning, Performance & Commissioning	Nicola Johnson	Nil	NIL	NIL	NIL	NIL	NIL
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton	Financial Interests	Outside Employment	01-Apr-24	Current	Independent Member – ateb - housing Association	Remunerated
		Non Financial professional interests	Outside Employment	01-Nov-19	Current	Chair of the Board - West Wales Care and Repair	Voluntary
		Indirect Interests	Outside Employment	02-Jun-25	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	NIL
		Indirect Interests	Outside Employment	01-Aug-23	15-May-26	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	NIL
Executive Director of Nursing, Quality, Women and Family Health	Paul Hooton	Non Financial Professional Interests	Loyalty Interests	2018	Current	Member of the Royal College of Nursing	25/10/2025 Started with PTHB October 2025

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GIG
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WALES

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Powys Teaching
Health Board

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

(UN)CONFIRMED MINUTES OF THE MEETING HELD ON 18 MAY 2026 HELD VIA MICROSOFT TEAMS

MEMBERS		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Stephen Elliot	SE	Independent Member (Committee Vice-Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
IN ATTENDANCE		
Mererid Bowley	MB	Director of Public Health
Helen Bushell	HB	Director of Corporate Governance
Carl Cooper	CC	PTHB Board Chair
Tracey Deacon	TD	Head of Service: Public Health Programmes and Projects
Owen Hughes	OH	Head of Pain and Fatigue Management
Nicola Johnson	NJ	Director of Planning
Mathew King	MK	Deputy Director Therapies and Health Sciences
Clare Lines	CL	Assistant Director Partnership Development
Adrian Osborne	AO	Deputy Director of Communication, Engagement and Corporate Governance, Engagement and Communication
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Adrian Osborne	AO	Deputy Director of Communication, Engagement & Corporate Governance
Amie Symes	AS	Director of Midwifery, Women and Family Health
Hayley Thomas	HT	Chief Executive Officer
Raychelle Lewis	RL	Corporate Governance Officer
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Stella Gwynne	SG	Deputy Board Secretary
Paul Hooton	PH	Executive Director of Nursing, Quality, Women & Family Health
Pete Hopgood	PH	Deputy CEO & Director of Finance
Elaine Lorton	EL	Executive Director of Primary Care, Community & Mental Health
Debra Wood-Lawson	DW-L	Executive Director People, Culture and Transformation

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/26/001)
The Chair welcomed everyone to the meeting. Apologies for absences were received as recorded above.
1.2 DECLARATIONS OF INTEREST (PPPH/26/002)
No declarations of interest were received in addition to those already recorded on the register.
2. CONSENT AGENDA BUSINESS
The Chair asked Members if they wished to bring forward any items from the Consent agenda to the main agenda.
No items were requested for inclusion in the main agenda.
3. ITEMS FOR APPROVAL / RATIFICATION
3.1 MINUTES OF PREVIOUS MEETING (PPPH/26/003)
The minutes of the meeting held on 03 February 2026 were CONFIRMED as an accurate record.
3.2 ACTION LOG (PPPH/26/004)
The Committee RECEIVED the Action Log, and the following updates were provided:
HB updated the Committee that the previously red-rated action on sharing documentation about key service changes with other Health Boards had been resolved. Members were informed that summary information had been circulated late in the previous week, and it was proposed that the action now be closed. The Committee were also advised that, going forward, information on major service changes affecting Powys' borders would be shared with members as relevant.
3.3 ANNUAL WORK PROGRAMME 2026/27 (PPPH/26/005)
HB updated the Committee on the Annual Committee Work Programme, which was constructed through a review of the prior year's activities, the Committee's Terms of Reference (ToR), and the Strategic Risk Register (SRR). Members were informed that the programme had undergone further review with contributions from Committee members and is designed to remain adaptable throughout the year as reports, priorities, and circumstances evolve. It was noted to the Committee that the programme has been published alongside the board papers; however, any comments or proposed amendments would still be incorporated into the upcoming Board meeting.
Independent Members asked the following questions for assurance: <i>Would the Third Sector Review be included in the Annual Work Programme and, if not, should it be scheduled for regular future updates?</i>
NJ mentioned that the Third Sector Review was not included in the Annual Work Programme for return but suggested that providing the Committee with a one-page update every six months would be useful.
Action: Director of Planning
4. ESCALATED ITEMS

4.1 ORGANISATIONAL ESCALATION (PLANNING COMPONENT) (PPPH/26/006)

NJ updated the Committee on key areas in relation to the progress on Planning and Strategy related to the de-escalation criteria.

The Health Board had submitted its Annual Plan at the end of March 2026 but was unable to fulfil the statutory obligation to submit an Integrated Medium-Term Plan (IMTP).

The Welsh Government (WG) sent a rapid response letter in April 2026, addressing finance and performance issues, with a comprehensive reply regarding the broader plan expected later in the year. It was explained that a consolidated response letter and accompanying pack would be sent to the escalation board in May 2026, prior to the June meeting, aiming to meet annual plan requirements while keeping the Board aligned with key planning parameters. The ongoing delivery of the plan will be tracked quarterly by both the Finance and Performance Committee and the Board.

The Joint Health and Care strategy was extended with partner organisations to ensure a stable framework for delivery, especially supporting transformation, clinical services, and recovery initiatives. The Better Together programme entered its pre-engagement phase for consultation, focusing on community models, patient flow, unscheduled care, mental health, and urgent and emergency care. A deliberative event is set for June, with formal consultation anticipated in early autumn and a Board decision planned for May 2027. The Committee was also notified that the annual planning maturity matrix had been submitted to WG after prior Committee review; only verbal feedback has been received so far, and a further update or presentation on that feedback will be provided at the next Committee meeting.

The Committee:

- **RECEIVED** the report, and
- took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.

5. ITEMS FOR ASSURANCE

5.1. STRATEGIC CHANGE REPORT AND ENGAGEMENT REPORT (PPPH/26/007)

NJ updated the Committee on the latest strategic changes affecting commissioned services across Powys' borders, with particular emphasis on stroke services. A consolidated summary of current and proposed changes had been provided to give a clearer overall picture of cross-border developments and their implications for Powys.

It was noted that Hywel Dda had brought forward a revised option following consultation, and that the Health Board had continued to advocate for the interests of the Powys population in response to those proposals. It was highlighted that these external changes would need to be reflected in future local planning, particularly in relation to stroke rehabilitation and early supported discharge.

It was also advised that work was underway to clarify Powys' own delivery model so that patients could, where appropriate, be brought back to Powys earlier in their pathway, helping to reduce travel pressures on families and strengthen local expertise and service capacity. Further discussions were planned with the Welsh Ambulance Services Trust to understand whether the changing service landscape might alter patient flow and catchment arrangements, including whether patients from Powys might in future be directed more towards Shrewsbury in the north or the Grange in the south.

Independent Members asked the following questions for assurance:

Does the revised or further stroke option being considered by Hywel Dda partially or fully address the concerns that had previously been raised?

NJ clarified that the revised stroke option did not fully resolve Powys population concerns. While acute stroke rehabilitation would remain at Bronglais and specialist care at Glangwilli, travel to Carmarthen would still be difficult for many. The practical implications of the revised rehabilitation model are unclear, though it may enable some patients to return to Aberystwyth sooner, but this is not certain.

It was emphasised that the Health Board continued to advocate for a Powys-first approach to rehabilitation, with the aim of enabling patients to return to Powys as early as possible, including through earlier supported discharge at home where appropriate.

Assurance was requested to confirm that the Better Together programme is aligned with service changes in Wales and England, ensuring future options in Powys consider services potentially delivered outside the county?

NJ confirmed that the Better Together programme was taking account of the wider service changes as part of the strategic context. It was noted that bringing the cross-border changes together in one place had been valuable, as it helped those involved in the pathways to understand the full picture and reflect it in future planning.

Clarification was requested on the impact of NHS England's changes, including Integrated Care Board (ICB) restructuring and new oversight measures, and their effects on Powys' planning and collaboration with English partners.

NJ explained that NHS England is undergoing significant changes, with larger ICBs and more integrated leadership models. For Powys, immediate commissioning impacts are minimal, as existing provider relationships remain. The Health Board is closely monitoring developments for potential learning and influence.

AO noted that the cross-border issues raised in discussion were also being considered nationally through the UK Parliament Welsh Affairs Committee inquiry into cross-border healthcare, and that Welsh health boards had been invited to attend an evidence session in June. It was advised that full confirmation had not yet been received from Hywel Dda on the next steps for its stroke model, although an update was expected at its forthcoming board meeting and this information would be shared once available. No further service change updates had been received since the report had been prepared, partly because engagement and consultation activity across the NHS had been paused during the election period,

meaning that some neighbouring organisations had not yet confirmed how they would proceed with changes on the current watch list.

Clarification was sought on who had represented Powys at the Mid Wales Joint Committee workshop on 20 April, and whether an update could be provided on the outcome of those discussions, either at the meeting or subsequently by email.

NJ confirmed the workshop featured open discussion between the three Health Boards on whether the Mid Wales Joint Committee's current form and remit were still needed. While original concerns had changed, there was consensus that rural health issues, workforce challenges and health inequalities in Mid Wales still required joint focus. Progress had been made with service stabilisation and community-based delivery, but no final decision was reached on the future model, with consideration given to alternative collaborative arrangements.

HT noted that recommendations and options arising from the workshop were still being drafted and would be shared once received. It was also highlighted that participants had strongly emphasised the importance of maintaining engagement and focus on Mid Wales issues, although the detailed proposals remained a work in progress.

Clarification was sought on whether there was a common understanding of what a Clinical Plan should look like, and whether there was a good example the Committee could review, given that different Boards might be using the term in different ways?

NJ advised the Committee members that there was no national template or guidance defining what a clinical plan should look like, beyond the planning framework expectation that health boards should have a five-year clinical services plan. Health boards were taking different approaches and were at different stages of development, although examples from elsewhere were being reviewed continuously to support local learning. One of the more developed examples had been Aneurin Bevan's Clinical Futures programme, which was now in its delivery and benefits-tracking phase.

It was noted that shared learning was taking place through directors of planning, clinical services plan leads, and engagement peer groups, while Welsh Government had begun developing a national clinical services plan to provide greater coherence going forward.

Clarification was requested about when Cwm Taf Morgannwg University Health Board (CTMUHB) will provide further details on its next steps, the status of commitments to the South Wales programme, and when a decision is expected?

NJ noted that CTM's next steps remained unclear, that the temporary stroke change had been extended for a further 12 months pending evaluation, and that the wider position continued to be kept under review.

AO left: 10:39

OH joined: 10:58

AS joined: 10:58

The Committee:

- **NOTED** the report, and
- **DISCUSSED** the content.

5.2. ADULT WEIGHT MANAGEMENT PATHWAY UPDATE (PPPH/26/008)

OH updated the Committee that the adult weight management services in Powys were in a relatively strong position compared with other parts of Wales. Members were informed that waiting times were shorter, WG guidance had been fully implemented, and eligible patients could access weight management medication through a robust service model.

It was highlighted that a single point of access for General Practitioners (GPs) had been established, enabling patients to move more easily between Level 2 and Level 3 services. It was also noted that, while Level 2 waiting times remained longer than desired, plans had been developed to improve efficiency and provide support at the point people were ready to engage. It was advised that the service was becoming more joined up, that people were being identified earlier, and that proactive work in primary care was helping to address medical causes sooner and support earlier intervention.

Independent Members asked the following questions for assurance:

Assurance was sought on whether data was available on how well people accessing Level 2 and Level 3 services sustained their weight loss over time, including the rate of referral back into the service?

OH advised that long-term re-referral data was not yet available, as the weight management medication pathway ran over two years and the service had not yet reached that point. Evidence suggested some weight regain was likely after medication stopped, and that a maintenance phase had therefore been built into the service to support people after active intervention.

It was also noted that people could return for support without restarting the whole process, either through group or individual support, and that outcome measures and dashboards were in place to monitor the service. While follow-up data after discharge was harder to collect, the service viewed people coming back for support as a positive and intended feature of the model, rather than a failure.

Could assurance be provided that return on investment was being tracked as far as possible using available data?

OH advised that the direct cost of weight-loss medication within the service had remained relatively limited, as only a small number of patients were receiving prescriptions under the Welsh Government criteria. Most Glucagon Like Peptide (GLP-1) expenditure related to diabetes treatment rather than weight management, and that only around 20 people were receiving weight-loss medication through the service at that time.

It was also noted that some people in the community were self-funding medication and were being supported through other parts of the programme. The service was delivering a strong return on investment by operating flexibly and efficiently with comparatively modest resources.

Does the use of online E-Learning within the Level 3 offer create a barrier to engagement, and are alternative arrangements made available where needed?

OH advised the members that digital delivery had been adopted as the default model to improve accessibility and inclusion, while face-to-face appointments had remained available for anyone who preferred them. This approach had reduced travel barriers and had proved particularly helpful for people in employment, as it allowed them to access support more flexibly.

Is there any work had been undertaken to use countryside access, walking and nature-based activity as part of the weight management offer?

OH stated that nature-based activities were being used as part of the weight management offer, including Nordic walking courses designed to build confidence and help people become more active. This support was intended as a stepping stone into wider community opportunities, with participants being encouraged to move on to activities such as parkrun and local free walks once their confidence had grown. It was noted that this approach was helping people make practical use of Powys' natural environment and that similar work was planned in the north of the county.

Confirmation was sought on whether the Business Plan was an internal or external application?

OH explained the business plan was for internal use, aiming to monitor rising costs as weight management medication became more common. Overall, weight-loss medication costs were still lower than diabetes prescriptions. Access to injections was strictly managed, requiring patient engagement and lifestyle changes. Some chose to self-fund, while others opted out due to side effects.

Is there was any unevenness in connectivity between the service and primary care across Powys, which might result in different experiences for people living in different parts of the county?

OH noted that referral patterns were broadly even across Powys, with data showing similar levels of referral from all areas of the county. Some areas of deprivation had been identified as needing greater focus, particularly to support earlier intervention and prevent problems becoming more chronic. It was highlighted that this would form part of future service development, including closer work in North Powys and collaboration with primary care to strengthen local weight management support.

OH left: 11:16

The Committee:

- **NOTED** the contents of the report and the data provided by the level 2 and level 3 services relating to the weight management pathway
- **NOTED** the developments highlighted in the report, including the delivery of weight management medication as part of the level 3 service,
- **NOTED** the opportunities described in the report for closer integration of the level 2 and level 3 services, particularly in the context of national work related to the Obesity Pathway Innovation Programme being led by Public Health Wales

5.3. HEALTHY CHILD WALES PROGRAMME (CR) HEALTH VISITING PROGRAMME/26/009)

AS highlighted key areas from the Healthy Child Wales Programme:

It was noted that Children's Public Health Services in Powys offer preventative support from birth through school years, including Health Visiting, School Nursing, Healthy Child Wales, and immunisations. Services are established with Governance in place, but teams are small, rural travel is significant, and workforce flexibility is limited, creating pressures.

Covering staff leave and training is challenging, which can impact timely contacts. The Newtown pilot blending Health Visiting and Flying Start caseloads has improved flexibility and efficiency and will be expanded across Powys. School Nursing and Health Child Wales programmes have progressed steadily. E-Consent for teenage immunisations has been introduced, with paper consent still available. The flu immunisation campaign faced challenges due to late system introduction and limited staff training time. Improvements are ongoing, and early results for the HPV campaign are positive. Safeguarding is a key focus, with school nurses supporting many cases including around 130 children on the child protection register. Leadership and safeguarding teams provide oversight, and ongoing improvement is needed given workforce and rural challenges.

MB welcomed the Flying Start expansion, which is ensuring children get support based on need. Early intervention is important for improving outcomes, and school readiness will be a future focus. The impact of E-Consent on vaccination uptake will continue to be monitored.

Independent Members asked the following questions for assurance:

Clarification was sought as to whether Flying Start is funded by Powys County Council (PCC) and would therefore continue, with no separate review being undertaken by the Health Board as it is not directly within its control?

AS confirmed, that was the case.

What is the purpose of the Workforce Review?

AS confirmed the workforce review is intended to assess whether current caseloads are appropriate, taking account of the number of safeguarding cases, the wider demands of the role, and whether teams are positioned where children and families most need them. It is also being considered from a broader population health perspective. Alongside this, the review will consider national recommendations on staffing uplifts. Unlike many other nursing and midwifery services, these teams have not typically had additional staffing allowances built in for annual leave, sickness, and training, and the Chief Nursing Officer has asked all Health Boards in Wales to review this.

What are the implications of conforming to the nurse staffing levels?

AS confirmed that the first step is to make sure the current workforce is being used as efficiently and effectively as possible. The blended model is expected to improve how staff work and how services are delivered. Once that review is complete, the team would decide whether additional staffing is needed. If an uplift is recommended, this would likely require a business case, but the exact implications cannot be confirmed until the review has been completed.

How are we managing the safeguarding risk, given the fragility of the school nursing service and the number of children on the child protection register?

AS confirmed that safeguarding support is robust, with strong leadership, close collaboration with social services, and regular audits to ensure appropriate care plans. There are no concerns about safeguarding quality, but high caseloads require careful prioritisation by staff.

HB clarified that, if this issue is considered a risk, it currently sits at Directorate level rather than on the Corporate or Strategic risk register. It would only be escalated if the directorate could no longer manage it within its own resources. This does not appear to be an omission but rather reflects how the organisation's risk framework operates. Appropriate systems are in place to identify, assess and escalate the risk if needed.

HT reassured the Committee about the focus on safeguarding and support arrangements. Recent joint reviews confirmed strong partnership working. The issue is not currently a corporate risk, but this may change if needed. The challenge of sustaining rural services was noted, highlighting the value of the blended workforce model and national efforts to address rural caseloads. There are currently no safeguarding concerns requiring escalation, but the situation will be monitored.

AS left: 11:37

The Committee:

RECEIVED the report and took **ASSURANCE** in relation to:

- Provision of Children's Public Health Nursing in PTHB
- Progress of implementation of the Health Care Wales Programme (HCWP) for school age children
- Governance and reporting arrangements in place locally and nationally for the programme
- Progress of the immunisation programme
- Statutory responsibilities regarding safeguarding

5.4. WHOLE SYSTEMS APPROACH TO PREVENTION OF OBESITY (PPPH/26/010)

MB introduced the paper to the Committee and noted that this was the annual report on the whole-systems approach to preventing obesity. Members were informed that the report was written with this context in mind, and the presentation aimed to highlight key progress areas and included a short film to illustrate the work. It was also noted that leadership throughout the past year had been valued.

TD gave an update on the work which had continued as part of a wider whole-systems approach to healthy weight, aligned with the Public Service Board (PSB), Regional Partnership Board (RPB), the Health Board, and the new healthy weights delivery plan published in September. It was noted that the focus had been on early years, embedding the work into existing systems and creating environments that supported healthy weight.

It was highlighted that the breastfeeding welcome scheme had helped to shift social norms by increasing the number of registered settings. The Committee were shown a promotional video on the Gold Standard Healthy Snack developments and informed that it had been produced to support awareness and engagement. It was advised that significant work had been undertaken to develop the Gold Standard Snack Award and to support early years settings to achieve it. This had included helping settings strengthen policies and practices, supported by short-term funding for a practitioner working three days a week with small numbers of settings to help embed the approach.

Independent Members asked the following questions for assurance:

How far the programme's reach extended across childcare settings in Powys and how many settings had achieved the Gold Standard Snack Award?

TD reported that fifteen out of around ninety settings in Powys had achieved the Gold Standard Snack Award, with the programme also reaching others through training and communication. Some award requirements were influencing family habits, such as choosing fruit or non-food options instead of birthday cake, and feedback was positive. A Family First pilot provided families with subsidised fruit and vegetable boxes, shared meals and cooking sessions to support healthy eating at home.

How are the interventions' impacts on broader outcomes like healthy weight and dental health measured to help the Committee assess their effectiveness?

MB explained that the impact of the programme is not easily tracked individually, as it aims to shift culture and promote healthier behaviours across the wider system. The programme aimed to shape children's food preferences early, encouraging them to try more fruit and vegetables. It is part of a broader approach, including schools, retail, and policy, with tackling obesity requiring ongoing, multi-level action.

Is the work funded through the RPB or directly by the Health Board, how sustainable are the funding arrangements in the longer term?

MB confirmed that the work was funded through a preschool grant received from Public Health Wales from WG, with current funding confirmed until March 2027. It was noted that a national review of that funding had commenced, and that early clarity on future arrangements had been requested. It was also noted that the work was linked to the Healthy Schools programme and that this area had been grant funded for around ten years.

The Committee:

- **NOTED** the contents of the briefing
- took **ASSURANCE** about progress made on implementing a whole system approach to the prevention of overweight and obesity in Powys targeting 'Children, Families and Access to Healthy Food'

5.5. PTHB COMMISSIONED THIRD SECTOR SERVICES REVIEW (PPPH/26/011)

CL gave a review of the Third Sector Services was carried out between September and December 2025, covering 24 organisations and around £1.5 million of direct

Health Board commissioning. It assessed strategic fit, evidence, impact, value, equality, prevention, governance and risk. The review found strongest evidence in mental health and end-of-life services, but also highlighted gaps in county-wide coverage, sector fragility, limited collaboration, and weak information on outcomes and value. It also identified that current arrangements are not compliant with procurement requirements.

Next steps are to become compliant over 18 months, continue working with providers and NHS Wales Shared Services, explore opportunities for streamlining and joint commissioning, and phase implementation in line with wider national and local work.

Independent Members asked the following questions for assurance:

Assurance was sought for continued communication with Llais in relation to any potential services changes including communication, engagement and consultation?

KB left: 12:00

NJ confirmed that this is not currently being treated as a service change, but as a review of the commissioning arrangements that support the existing service model. On that basis, it is not considered to meet the threshold for formal engagement. However, Llais will continue to be kept updated through regular meetings, particularly so any community concerns can be identified early through the citizens' voice route.

In terms of next steps, what opportunities are there to for co-production to co-construct the future solutions?

CL stated that current work is focused on technical requirements, procurement compliance, and developing service specifications. Full co-production is limited due to legal requirements, but there will still be engagement on specifications, with formal market engagement handled by shared services procurement. This work forms part of the Better Together strategy, with previous broader discussion. The immediate priority is legal compliance for the Health Board.

Clarification was requested on when the 18-month compliance period for the Procurement Act begins, and what Third Sector Organisations should expect regarding contract and commissioning review timing and direction.

CL confirmed the 18-month compliance period began at the start of the financial year and will be phased, with some areas progressing quicker. Initial focus is on hospice and end-of-life services and consolidating voluntary bureau arrangements under PAVO. Mental health specifications will follow later, with timing dependent on procurement needs and engagement. With few staff leading, prioritisation is necessary to address the Health Board's unlawful position. The specification process also aims to better align services with the Preventing the Preventable strategy.

Could an update on the current position and provide reassurance to Third Sector Organisations that area continuing to deliver good services?

Lewis
10/09/2026
13:39:25

HT emphasised the vital role of the Third Sector in supporting the Health Board, filling gaps in statutory services and boosting community resilience. Although the sector often provides better value, procurement compliance remains essential. The Health Board is committed to working with partners to ensure a sustainable Third Sector in Powys, balancing immediate technical requirements with long-term strategic goals. The process will require strong relationships with providers and regular reviews, including six-monthly progress updates.

CL left: 12:09

CM left: 12:30

The Committee:

- **RECEIVED** the report as an UPDATE on progress in relation to the third sector services commissioned by Powys Teaching Health Board (PTHB) which were reviewed between September and December 2025.

5.6. COMMITTEE RISK REGISTER (PPPH/26/012)

HB gave an update on the Committee Risk Register confirming it remains valid and current, but it is also under active review. There are the four formal strategic risks within the Committee's remit, and while they do not change frequently, they will be reconsidered in light of the Health Board's annual plan and wider risk management framework. The update presented was the same as that previously reported to Board, noting that strategic risks are reviewed and reported on a cyclical basis. A fuller review is underway, including consideration of how these strategic risks relate to operational risks, with any proposed amendments due to come back to the July Board.

The Chair confirmed strategic risks remain valid but are being reviewed as part of annual planning and the risk management framework. Members discussed transformation risk, the effect of savings targets on the Better Together portfolio, and ongoing efforts to protect resources. Primary care risk remains high, and financial pressures may hinder progress on prevention.

The Committee:

- **RECEIVED** the strategic risks within the Committee's remit.
- **DISCUSSED** any relevant issues; and
- took **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

6. ITEMS FOR DISCUSSION (PPPH/26/013)

MB updated the Committee that, following recent developments, Powys is actively involved in the national incident management response to the hantavirus outbreak linked to a cruise ship. It was confirmed that there are currently no confirmed cases in Wales, but appropriate pathways and support arrangements are in place for people identified as at risk or as contacts of positive cases.

The Chair noted that a regular spot in each Committee for any key updates would be beneficial

Action: Director of Public Health/Director of Corporate Governance

7. CONSENT AGENDA (PPPH/26/014)

The reports below were taken under the Consent Agenda and recommendations supported:

- **FOR ASSURANCE:**
 - 7.1 NWSSP Performance Report

○ 7.2 JCC Planning, Performance and Finance Sub Committee Highlight Report (17 March & 23 March 2026) ● FOR INFORMATION: 7.3 Glossary ● FOR APPROVAL: 7.4 Committee Annual Report
8. OTHER MATTERS
8.1 ANY OTHER BUSINESS (PPPH/26/015)
<i>None</i>
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/26/016)
<i>None</i>
8.3 COMMITTEE REFLECTIONS (PPPH/26/017)
The following feedback was noted: • Members noted that the agenda felt well balanced and enabled proper scrutiny of substantial items while still finishing early. • Members welcomed the strong preventative focus across the agenda, particularly the three items highlighting this work. • The discussion was seen as positive and optimistic, with appreciation for the quality of the presentations and chairing.
8.4 DATE OF NEXT MEETING (PPPH/26/018)
15 September 2026, 10:00 via Microsoft Teams.
<i>Meeting closed at: 12:29</i>

Lewis, Raychelle
10/09/2026 13:39:25

Raychelle Lewis									
RAG Status:									
At risk	Red - action date passed or revised date needed								
On track	Yellow - action on target to be completed by agreed/revised date								
Completed	Green - action complete								
No longer needed	Blue - action to be removed and/or replaced by new action								
Transferred	Grey - Transferred to another group								
Planning, Partnerships and Population Health Committee									
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status	
OPEN ACTIONS FOR REVIEW (15 Septgember2026)									
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (15 September 2026)									
ACTIONS RECOMMENDED FOR CLOSURE (15 September 2026)									
18-May-26	PPPH/26/005	DPP&C - NJ/CGO	Annual Work Programme 2026/27	6 monthly one page update to be included on Annual Work Programme on Third Sector Review update to Committee	15.09.2026 Update: Third Sector Review 1 page update added to Commitee Work Programme for November 2026 and February 2027. Action recommended for closure	Sep-26		Completed	
18-May-26	PPPH/26/013	DoPH - MB	Items for Discussion	Chair requested a regular place on the agenda in each Committee for any key updates that are deemed beneficial from Public Health	15.09.2026 Update: A standard item has been added to the Committee Workplan for a verbal update (5 min) where required. Action recommended for closure		Sep-26	Completed	
20-Nov-25	PPPH/25/049	DPP&C - NJ	Strategic Change Report	Has the Health Board submitted its own comments regarding the key strategic changes and updates within the report, and could these be shared with Committee members, potentially in a confidential setting?	03.02.2026 Update: It was confirmed that the Health Board had submitted a response regarding the proposed changes, drawing on engagement from events hosted in Northwest Powys as well as its own consultations. It was mentioned that clarification would be sought as to whether further submissions had been made concerning specific changes, or if the Board concluded that those changes were not sufficiently impactful. Once available, the relevant team was expected to be able to share these responses with Committee members in confidence, as suggested. 18.05.2026 Update: Responses not yet shared, DCG to discuss with DPP&C and Committee Chair and provide update. Date has not been met, date change requested to end June. 15.09.2026 Update: Documents shaed with IM committee member prior to May meeting. Action recommended for closure	Feb-26	Jun-26	Completed	
CLOSED ACTIONS									



Bwrdd Iechyd
Addysgu Powys

Powys Teaching
Health Board



Lewis, Raychelle
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Integrated Plan Approach 2027/2028

Planning, Partnerships and Population Health Committee 15 September 2026

Lewis, Raychelle
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Purpose

- To have a discussion on the context, environment and approach for the Annual Plan 2027/28
- To support agreement of the organisation's framework for the Annual Plan 27/28 which will:
 - Reflect our strategic and policy drivers
 - Build on the progress towards de-escalation and delivery made in 26/27
 - Include further work on the Routemap to Financial Balance and Sustainability
 - Frame the prioritisation of PTHB provider choices and plans
 - Ensure alignment between the planning and commissioning cycles (to support the development and issue of Commissioning Intentions to commissioned providers as next step).
- The approach and process for developing the Annual Plan 27/28 will be formally recommended to the September Board following further consideration at Planning, Partnership and Population Health (PPPH) Committee on 10th September.

Lewis, Raychelle
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Feedback & Learning from 26/27

Lewis, Raychelle
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- Wellbeing Objectives
 - Focus on wellbeing
 - Early Help and Support
 - Tackling the Big Four
 - Joined up Care
- Enabling Objectives
 - Workforce Futures
 - Digital First
 - Innovative Environments
 - Transforming in Partnership
- The current plan has a set of Strategic Priorities which deliver against the critical areas of delivery for 'Risk, Recovery and Sustainability'



Plan on a Page 2026 > 2027

Quality is the golden thread across the whole plan, underpinned by the Quality Standards of Safe, Timely, Effective, Efficient, Equitable and Person-Centred Care



- Whole System Prevention approach including Population Health Strategic Framework
- Health protection response including Vaccination and Screening
- Women, children and family health including Maternity



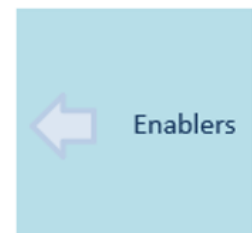
- Enhanced Primary and Community Care including Phase 2 Better Together
- Planned Care and Diagnostics including Phase 2 Better Together; Referral Optimisation
- Complex and Continuing Healthcare



- Major Conditions
 - Cancer
 - Cardiovascular including Stroke and Diabetes
 - Respiratory
- Mental Health including Phase 2 Better Together



- Improved System Resilience including Phase 2 Better Together and Six Goals / Pathways of Care/ Building Community Capacity
- Commissioning for Value including Strategic Commissioning Framework



Feedback from Welsh Government - summary of letters received April, May and July

Overall Assessment

Welsh Government recognised that the plan is aligned to the Joint Health & Care Strategy for Powys and the Better Together transformation programme but concluded that it did not meet the requirements of the NHS Wales Planning Framework. The plan was considered insufficiently robust to provide assurance on delivery, performance improvement or financial sustainability and therefore could not be supported or approved.

Strengths Identified

- Plan is clearly linked to strategic priorities through the Joint Health & Care Strategy and Better Together programme.
- There was recognition of the ambition to improve the financial position over future years and return towards the target control total.
- Progress in increasing identified savings and a significant opportunities pipeline arising from internal and external reviews.
- Additional information on service transformation and future service models, demonstrating a commitment to developing more sustainable services.

Finance

The principal concern throughout all feedback related to the financial position of a planned deficit of £44.7m and it therefore remained unacceptable and unsupportable.

Transformation and Service Change

The direction of travel described within the plan was welcomed; however, concerns were expressed regarding organisational capacity and capability to deliver transformation at the pace and scale required.

Overall Conclusion

The feedback recognises the strategic intent of the Annual Plan and the progress made in developing savings opportunities and transformation programmes. Need a much stronger focus on measurable delivery, financial recovery, performance improvement and demonstrable outcomes. Welsh Government's assessment was that the plan remained unsupportable until greater assurance could be provided on both financial sustainability and the delivery of key priorities.

Key Areas for Improvement

Plan Content and Delivery

Plan was overly descriptive and lacked sufficient detail on delivery, a "plan for a plan", with insufficient quantifiable commitments, performance trajectories and measurable outcomes. The relationship between the narrative plan, delivery plans and supporting templates was seen as repetitive and unclear. Specific concerns included:

- Insufficient evidence supporting delivery confidence assessments.
- Missing baseline information against key improvement programmes.
- Limited quantification of opportunities and expected benefits.
- Lack of clear productivity improvement plans

Performance

It was difficult to assess whether the plan would deliver required improvements due to the absence of detailed trajectories and expected outcomes. Concerns remained about performance variation across commissioned providers and the need to reduce reliance on externally commissioned activity.

Priorities for the Health Board:

- Strengthen the Annual Plan with measurable trajectories and quantifiable commitments.
- Improve alignment between the narrative, delivery plans and supporting documentation.
- Develop and implement a robust financial recovery plan - accelerate savings delivery and reduce financial risk.
- Provide clearer evidence of productivity improvements.
- Improve assurance regarding service transformation delivery.
- Strengthen performance management through defined milestones and outcome measures and address performance areas assessed as having low or medium confidence.

Summary Improvements:

- Financial deficit
- Include numerical performance trajectories in the Plan (expected to be supported by improved national MDS)

Feedback and Learning - Internal

A survey was sent to key internal stakeholders in August to gather feedback on the 2026/27 planning process undertaken last year.

Integrated Plan Survey

12 responses | Strong engagement and confidence | Clear opportunity to strengthen staff line-of-sight

92%

INVOLVED

11 of 12 helped develop the plan

92%

HEARD

11 of 12 rated opportunities positively

83%

SATISFIED

10 of 12 valued the final plan

83%

MONITORING

10 of 12 have team mechanisms

✓ STRENGTHS TO BUILD ON

- Strong engagement and opportunities to contribute
- High satisfaction with the final Annual Plan
- Planning support, touchpoints and templates are valued
- Most teams monitor delivery

! PRIORITIES FOR ATTENTION

- **9 of 12** say staff lack clarity on their role
- Only **4 of 12** felt complex elements were strongly integrated
- Level 4 escalation and risk knowledge is mixed
- **7 of 12** did not attend a workshop

Process Strengths in 26/27:

- Early agreement of finance assessment, financial challenge.
- Early consideration of performance assessment and choices.
- Setting transformation targets, e.g for UEC as a learning point for the organisation.
- Conscious consideration of prevention aspects of the plan

Process Improvements to Build On

1 SIMPLIFY	Make delivery visible. Use fewer headline actions, SMART outcomes, named owners, measurable trajectories and an at-a-glance benefits view.
2 CONNECT	Create staff line-of-sight. Link the plan to PADRs and team objectives, supported by concise role-specific communications and roadshows.
3 ALIGN	Integrate enabling functions earlier. Bring finance, workforce, commissioning, contracting and other enabling teams into the process from the outset.
4 ADAPT	Keep the plan current. Clarify governance for post-publication changes and consider a navigable, version-controlled digital format.

Aligning the Planning and Commissioning Cycle

GT Recommendations on PTHB Commissioning as a function and practice:

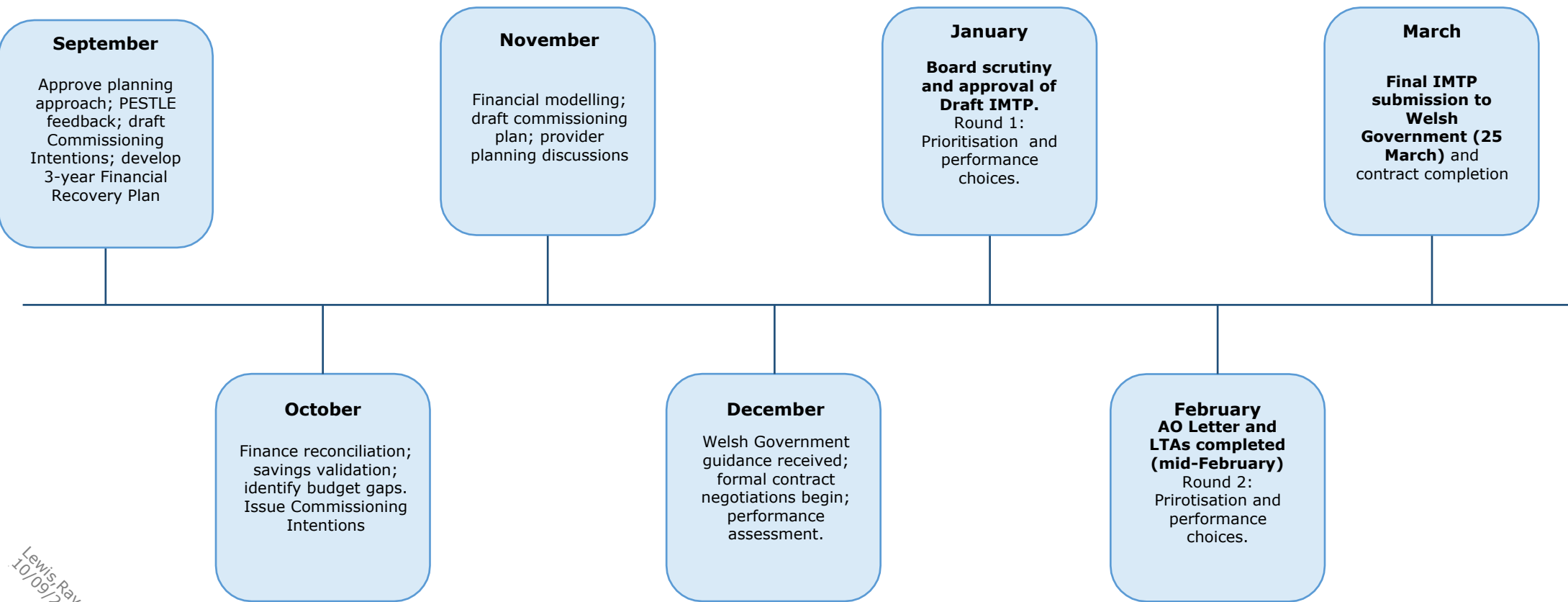


Target Operating Model for Commissioning (TOM)

The TOM describes the high-performing, integrated function across the organisation that brings strategic and service planning, commissioning, contracting, and performance management together as a single coherent system. It lays out the challenge and recommendations for delivering the Strategic Commissioning Framework and it sets out:

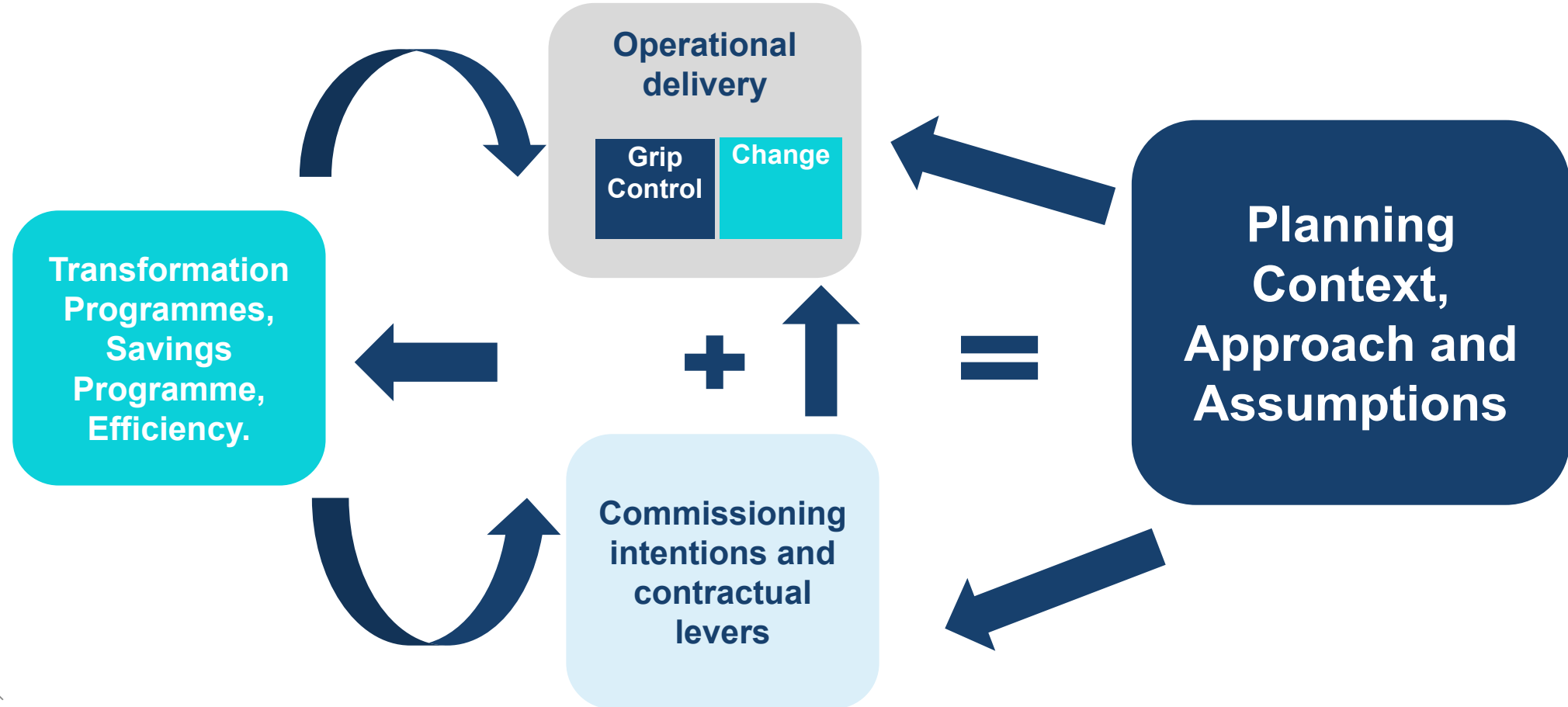
- The **vision**: an integrated commissioning function that plans, resources, contracts, and assures delivery as one system, clinically informed, intelligence-led, and focused on outcomes and value for the people of Powys.
- The **design principles**: integrated by design, outcomes and value focused, strong governance and grip, and people, relationships and culture.
- The **commissioning model**: a continuous cycle (Strategic Planning; Service Design and Procurement; Assurance and Evaluation) grounded in the Board-approved Strategic Commissioning Framework.
- The **governance framework**: a three-level structure from Contract Quality, Performance and Resource Meetings (CQPRM) through to Board, with a single consolidated Commissioning Performance and Value Group at its operational heart, replacing two previously inactive groups.
- The **partnership and system working** framework: covering the Regional Partnership Board, neighbouring health boards, cross-border English providers, PAVO, Llais, and the NHS Wales Joint Commissioning Committee.
- The **benefits framework**: across four domains: population health and outcomes, quality, safety and patient experience, financial sustainability and value, and operational effectiveness and governance.

Integrated Planning and Commissioning Timeline – Key Dates



Lewis, Raychelle
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Internal Framework



Lewis, Raychelle
10/09/2026 13:39:25

Context, Progress, Approach, Assumptions and Ambition for 2027/28

Lewis, Raychelle
10/09/2026 13:39:25

The 26/27 Plan included the critical actions to address the Escalation Criteria AND overtly included the ambition to remain in routine monitoring for all other domain.

De-Escalation Criteria – agreed by Welsh Government & PTHB

Strategy and Planning

- Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework
- Board clarity on the strategic vision for the organisation
- Evidence of a clear roadmap and implementation of the health board's clinical services plan
- Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix
- Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions

Finance

- Demonstrate that there is robust financial governance and a robust financial control environment in place with risks minimised
- Substantial progress to be made in delivering the level 4 action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities
- Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory and delivering as a minimum the target control total

Expected Outcomes (full de-escalation)

Finance:

- Financial governance and control environment and mechanisms; sufficient assurance on their effectiveness
- Articulation of drivers of deficit, triangulated approach and actions to improve efficiency and maximise use of resources
- Clear policies and processes supporting identification, delivery and monitoring of savings schemes and opportunities
- Integrated planning approach and strategy to deliver (recurrent) breakeven position medium term; roadmap and key milestones
- Submission of balanced three year medium term plan

Strategy and Planning:

- Improved integrated planning to develop approvable IMTP and route map to longer term ambition
- Effective regional planning to ensure patients have access to best possible care; demonstration that services of higher risk are more sustainable and benefit population (*may be removed*)
- Clinical strategy/ plan to lead future planning and investment – *Welsh Government terminology; for PTHB this is the translation of the Health and Care Strategy into a Routemap*

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Strategic Framework and Context

Local Strategic Framework:

- The RPB Health and Care Strategy, A Healthy Caring Powys runs to 2029, this underpins the PTHB Plan and 'Better Together', with a vision for Regional Rural Centres and care closer to home.
- A refresh of the strategy will be informed by an updated Population Needs Assessment and Wellbeing Assessment (due Spring 2027) and Market Stability Report (March 2027).
- The current RPB Joint Area Plan spans to March 2028, with annual delivery and resource planning (RIF funding ends March 2027, and an announcement expected in Autumn 2026 on successor funding).
- Powys Cluster Plans are also set in this context and consideration of priorities for 26/27.
- The Powys Wellbeing Plan is due to be updated by the Public Services Board by May 2028 and is subject to a period of consultation with the Future Generations Office.
- There has been significant progress on our Clinical Services Plan via Better Together with planned consultation on Phase 1 leading up to May 2027; and active delivery of Phase 2 (planned care & community model) starting in 26/27.

Nationally, early indications for 27/28 are:

- A National Clinical Services Plan will be agreed by April 2027 and early priorities will be included in the Planning Framework – it is not yet clear what they are.
- New Clinical Services Plan for Adult MH by Christmas.
- Ministerial priorities being trailed are:
 - Outcome of 100-day Plan review of RPBs
 - Shift to prevention, care closer to home and Community by Design
 - New dental contract
 - National 10-year Cancer strategy
 - Womens Health Plan
 - Learning Disability Transformation Programme 2026-29
- Continued emphasis on productivity and efficiency.
- Funding will remain constrained.

Members are invited to comment on the refreshed PESTLE analysis included in the Supporting Information section by September 12th (to be included in the Board paper).

- **Escalation Status:** PTHB remains in Level 4 escalation for Strategy, Planning and Finance and routine monitoring for all other domains.
- **Leadership:** Whilst acknowledging CEO personal challenges, the leadership of the organisation remains stable with good feedback received from WG and NHS P&I.
- **Strategy and Transformation:** Stable local Strategic environment; noting review of RPBs and challenges around RIF. Significant progress on Better Together, moving to consultation on Phase 1 of the Clinical Services Plan and delivery of aspects of Phase 2 (Planned Care GIRFT report and referral optimisation, community and IEC models). Response on planned care bid awaited.
- **Performance:** Generally good provider performance. Variable commissioner performance for UEC and cancer, balanced choices continuing to be made on Planned care. Evidence of good delivery of the Annual Plan at Q1.
- **Quality and Safety:** HSE investigation. Need to strengthen QMS, timely response to concerns & workforce aligned to key areas.
- **Workforce:** Productivity programme in place aligned to FRB. Fragility remains across services.
- **Governance and Risk:** Reputational pressure will increase during remainder of 26/27 due to BT consultation. Top 3 risks are financial sustainability, workforce capacity and managing transformation.
- **Finance:** £44.6m deficit plan with savings target of £22.9m. Very good progress on savings planning. Overspend of £2.288m on planned deficit at month 4.

Level 4
10/09/2026 13:39:25

Three-Year Financial Strategy

Year	Focus	Objective
2026/27	Stabilise & Change	Establish control and deliver plan
2027/28	Embed	Deliver recurring improvements
2028/29	Transform	Achieve sustainable financial position

Lewis, Raychelle
10/09/2026 13:39:25

Grant Thornton & GIRFT – Planned Savings

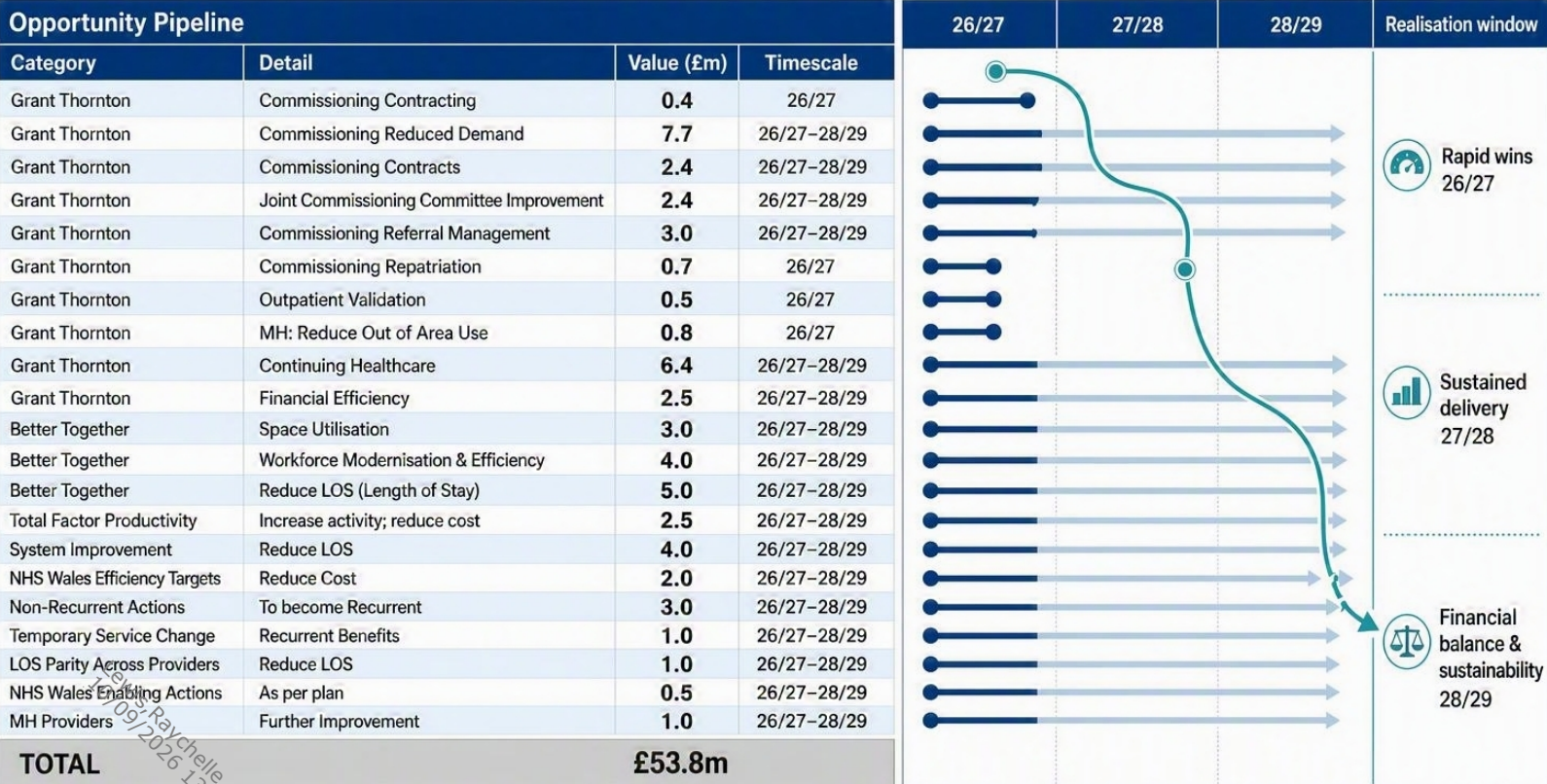
Area	2026/27 £m	2027/28 £m	2028/29 £m
Grant Thornton Opportunities	11.40	11.70	3.70
GIRFT and Other Opportunities	5.10	7.40	2.00
Total	16.50	19.10	5.70

Lewis & Clarke
10/09/2026 13:39:25

Routemap to Financial Balance & Sustainability

Board-scrutinised opportunities show a £53.8m pipeline, but the gap is not yet fully closed.

Opportunities have been assessed for scale of effort and degree of change. The pipeline below sets out what is intended to be realised and over what timescale.



Routemap to Financial Balance & Sustainability

- ❖ Sustaining Year 1
- ❖ What are the next steps required to firm up year 2 & 3 opportunities



Purpose: define the opportunity pipeline and timescale for financial balance and sustainability.

Next Steps Following Routemap Sprint

- Validate and sign off Years 2 and 3 opportunity assumptions.
- Confirm priority schemes and remove duplication across programmes.
- Assign Executive ownership and governance arrangements.
- Agree savings, investment and risk assumptions.
- Endorse the consolidated Financial Recovery Route Map.



SEPTEMBER BOARD

A Single, quantified Years 2 and 3 Financial Recovery Plan with clear ownership, phasing, risk and anticipated financial savings

Lewis, Raychelle
10/09/2026 13:39:25

Approach to the Development of the PTHB Annual Plan 2027/28

- Continue to respond to the needs and changes of the **Powys population's health**, centred around **Quality**, in line with agreed extension of 'A Healthy Caring Powys' up to 2029
- Respond to **PTHB De-escalation Criteria** and **NHS Wales Planning and Performance Frameworks** - a challenging balance to be achieved across escalation domains and a complex national picture including National Clinical Plan / JCC / RJC.
- **Continue to progress Better Together at pace** - outcome and implementation of consultation on Phase 1 and developing/delivering Phase 2 Community Model / Planned Care (inc referral optimisation)
- Progress significant work on the **Target Operating Model for Commissioning** to deliver high impact strategic commissioning in line with the Strategic Commissioning Framework; alongside tactical decisions signalled through Commissioning Intentions
- Development and Delivery of Year 2 of the 3 Year **Routemap to Financial Balance** - continuing strong Recovery approach.
- Undertake more granular **technical supporting work** – including quantification of assumptions, impacts and use of resources (demand and capacity/ productivity / efficiency / transformation / savings plans) – to produce numerical performance trajectories and to underpin savings plans
- This will include detailed trajectories for the **short-term** Year 1, and indicative milestones for the **medium and longer term** (five-to-ten-year planning horizon)
- Retain **agility** to respond to NHS Planning and Performance Frameworks and Allocation Letters when published, external change and emerging priorities.

Will inform PTHB Commissioning Intentions for commissioned providers and PTHB as a provider.

To quantify by end of September at a high level:

- Outturn position
- Scrutiny of non-recurrent savings and potential for recurrency
- Years 2 & 3 Routemap

Assumptions:

- Assume no growth in provider or commissioner services
- Assume no uplift
- Set efficiency expectations in line with national requirements / GIRFT recommendations
- Set initial savings requirements to inform baseline contracting position and provider choices
- Outline key areas of improvement / change in line with Routemap
- Note: will require development of plans to manage upstream growth in commissioned and provider services.
- Note: check back and alignment with Allocation Letters and other national intelligence will take place iteratively

Lewis, P.
10/08/2026 13:39:25

Plan Ambitions for 2027/28

- **Escalation status** - do we want to aim to reduce from level 4 next year and maintain routine monitoring for all other domains - see related key questions on finance.
- **Finance**
 - is the ambition to have an 'Acceptable' Plan next year? (Target Control Total)?
 - and, to have an 'Approvable', Plan in 28/29 as set out in our Financial Strategy (balance)?
- **Performance** - noting difficult choices will need to be made in the context of the above, the ambition is to retain good provider performance and make balanced choices in commissioned services.
- **Q&S** - ambition is to maintain good quality, strengthen QMS and address key quality challenges.
- **Workforce** - ambition is to continue to address key challenges and productivity.
- **Risk** - plan to respond to top 3 risks.

Lewis, Raychelle
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Supporting Information

Lewis, Raychelle
10/09/2026 13:39:25

External Environment – PESTLE Analysis

Updated August 2026 - for review and discussion

Political

- Global conflicts impacting on supply chain and associated costs
- Senedd Election outcome, new Government/ constituencies / members NHS Wales Performance and Improvement has new leadership team; changes to Accountability arrangements and requirements
- Differing policy for NHS and social care between England and Wales
- Changes in recent years in Powys County Council leadership, portfolios and management arrangements / responding to inspectorate findings

Economic

- Impacts of global conflicts (and residual impacts of Pandemic, Brexit); and potential energy supply issues; impacts on public sector resources; supply chain and cost of living
- Increase in climate related incidents particularly wildfires in Summer 2026; further impact on resources and budget prioritisation
- Impact of resolved & ongoing trade union / industrial action
- Employment challenges, in health and care, fragility in services and scarcity across workforce and professions
- Financial impact on healthcare of system pressure/ care delays
- New Government choices and direction in relation to public sector budget setting; some unknowns; potential impacts on funding streams

Social

- Complexity in civil life; balance of stability / protest in society and associated requirements for emergency planning preparedness
- Growing inequality and health inequalities; long term trends in life expectancy plateauing / increased excess mortality
- Increase in healthcare demand; Orford report NHS in 10+ Years
- Covid inquiry and learning, ongoing pandemic preparedness
- Trends for flexible 'portfolio' approaches to work and careers
- New technologies supporting new forms of social connection / intelligence sharing across traditional boundaries of state / place
- Differential impacts and benefits of social changes across population groups / characteristics and urban/rural geographies

Technological

- Exponential growth in new technologies including Artificial Intelligence (although evidence base for utility / effectiveness lacking; widely contrasting views on risk)
- Advancements in medicine including genetics, drug discovery and telecare
- Legacy of fast growth - high redundancy rate in infrastructure and devices
- Plurality of digital platforms which are not necessarily interoperable, high rate of replacement / refurbishment / investment required to keep pace
- Roles / functions/ education and training of workforce and users / public
- Lack of progress on national Digital programmes
- Advancements will radically transform our lives - and the way in which public services and healthcare need to be delivered

Legislative

- Existing legislative and policy requirements are significant and further major legislative reform of the NHS in recent years in England
- Potential further legislative change in Wales with new Government in place
- Complex architecture of statutory bodies and partnerships
- Ministerial Advisory Group report on Performance and Productivity highlighted the need for stronger and more public accountability; new machinery in NHS Wales
- Significant proportion of organisations across NHS Wales and wider UK with Escalation and Intervention arrangements, reflecting system wide challenges
- PTHB at Level 4 Escalation for Strategy, Planning and Finance (routine monitoring for all other domains) – requires additional and intensive action and responses

Environmental

- Increasing incidences of climate related major emergencies with significant impacts
- Welsh Government declared a Climate Emergency in 2019 supported by members of the Senedd – a number of actions and delivery plans in place including Net Zero Strategic Plan (2022) and Decarbonisation Strategic Delivery Plan 2021 – 2030
- Some progress particularly in decarbonisation of the estate and energy use reported by Welsh Government but further urgent change required
- Innovations in technology emerging will enable greater scale and pace of initiatives / alternatives beneficial to climate (such as those seen with electric vehicle charging and limitations on emissions)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.2

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		02 SEPTEMBER 2026	
Subject:	Strategic Change Report		
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning		
Prepared by:	Assistant Director of Planning, Planning Managers, Deputy Director (Engagement, Communication and Corporate Governance), Assistant Director for Performance and Commissioning		
Other Committees and meetings considered at:	Executive Committee – 02 September 2026		
PURPOSE:			
This report provides the Planning, Partnerships and Population Health Committee with an updated stocktake, of organisational strategies and plans and Strategic Change programmes around Wales and England, which individually or cumulatively may have an impact on healthcare for Powys residents. This provides a broad, whole system view which assists the organisation in understanding the evolving context across both Wales and England.			
RECOMMENDATION(S):			
The Planning, Partnerships and Population Health Committee is asked to: • NOTE the report and DISCUSS the content, and • TAKE ASSURANCE that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys			
Approve/Take Assurance		Discuss	Note
Y/N		Y/N	Y/N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys residents.
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	

5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

This report provides the Planning, Partnerships and Population Health Committee with an updated stocktake of Strategic Change programmes and a broad, whole system view of each area's strategic change ambitions.

This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.

This report includes a summary of organisational plans and strategies for the new financial year and has been prepared during the pre-election period.

Updates are gathered through various sources and provide a broad whole system view; this is a changing picture and unlikely to be fully complete at any one time.

BACKGROUND:

There are a number of strategic programmes that relate to health and care provision for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas.

The Strategic Change Stocktake provides an overview of the key programmes, as far as information is available at the time of producing the report. Updates are gathered through various sources including Welsh Government statements, Planning and Communications peer networks; Commissioning team intelligence, and regular searches of key websites including neighbouring health board transformation programmes/key documents and Board papers.

This report provides an update on the broad, whole system view of each areas strategic change ambitions and plans.

Strategic change is accelerating across NHS Wales, with major consultations, recovery programmes and service redesigns progressing through approval and delivery bringing significant implications for Powys throughout 2026–27.

It should be noted that this is a changing picture and unlikely to be fully complete at any one time, as it remains a challenging environment for engagement and delivery on transformation programmes.

Additional information in the slides for this quarter (highlighted in red font) includes:

- North Powys Wellbeing Programme engagement is ongoing alongside development of the Full Business Case for Phase 1 development of the Integrated Health & wellbeing Hub.
- The Powys Regional Partnership Board is planning for the transition from the time-limited Regional Integration Fund, which ends in March 2027.
- Consultation on the draft Powys Well-Being Assessment 2027 runs until 30 September 2026.
- Betsi Cadwaladr UHB remains in Level 5 Special Measures, with additional oversight, an independent review and a three-year recovery programme. Betsi Cadwaladr is developing a ten-year strategy alongside clinical-service changes, major capital schemes and a proposed PET-CT relocation affecting access from Powys.
- Hywel Dda UHB's stroke consultation closed on 26th July after extensive engagement; the Board expects to decide on the proposed service model in November.
- Swansea Bay UHB is refreshing its clinical strategy with engagement through the Summer while maternity and neonatal services remain in Targeted Intervention, with options including consideration of a single-site model.
- The Southwest Wales Regional Joint Committee has identified priorities for 2027/27.
- An independent assessment identified serious issues at Cardiff and Vale UHB; its new 2026–2035 clinical plan focuses on integrated, equitable and sustainable care.
- In Aneurin Bevan UHB, the Nevill Hall redevelopment case is awaiting Welsh Government feedback, while permanent centralisation of stroke rehabilitation at Ysbyty Ystrad Fawr proceeds to Executive Committee on 20th August.
- Cwm Taf Morgannwg UHB has been removed from escalation for cancer, finance, strategy and planning.
- The Southeast Wales Regional Joint Committee regional orthopaedic plan and Llantrisant Health Park business cases were approved for onward submission, with access implications for Powys residents highlighted.
- Stroke-service consultations are progressing in Hywel Dda and Aneurin Bevan, with decisions expected in August and November 2026.
- A rural health and wellbeing partnership is the preferred future model for Mid Wales Joint Committee collaboration, with delivery planned from July 2027.
- Joint Commissioning Committee and Emergency Medical Retrieval and Transfer Service - An eight-week engagement programme on rural emergency-care access and Rural Response Models was expected to begin in August 2026.
- Digital Health and Care Wales are reprioritising its 2026–29 plan following changes to national requirements, funding and workforce constraints
- NHS Performance and Improvement update on the National Clinical Plan and Community by Design programme

- 10 Year Health Plan for England: Fit for the Future NHS reform plans in England centre on three shifts: hospital to community, analogue to digital, and sickness treatment to prevention.
- Information about the NHS Oversight Framework for 2026/27 which explains how NHS England (NHSE) will oversee and support NHS providers and Integrated Care Boards.
- A new £5.5 million extension and operating theatre has opened at Hereford County Hospital, increasing capacity for planned surgery.
- Robert Jones and Agnes Hunt Hospital are on track to mobilise a new theatre during October 2026.
- The Care Quality Commission (CQC) inspected medical care and urgent and emergency care at Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) in March 2026. Its reports recognise sustained improvement, stronger leadership and a positive shift in culture, while confirming that services remain under significant pressure and further work is required.
- An update on the priorities for the English Integrated Care Systems access by Powys patients.

This report has also been shared previously with Directors and Assistant Directors of Planning across Wales where it was gratefully received and acknowledged as “a great point of reference”.

NEXT STEPS:

- The report will be shared with other key stakeholders including Welsh Government and Llais.

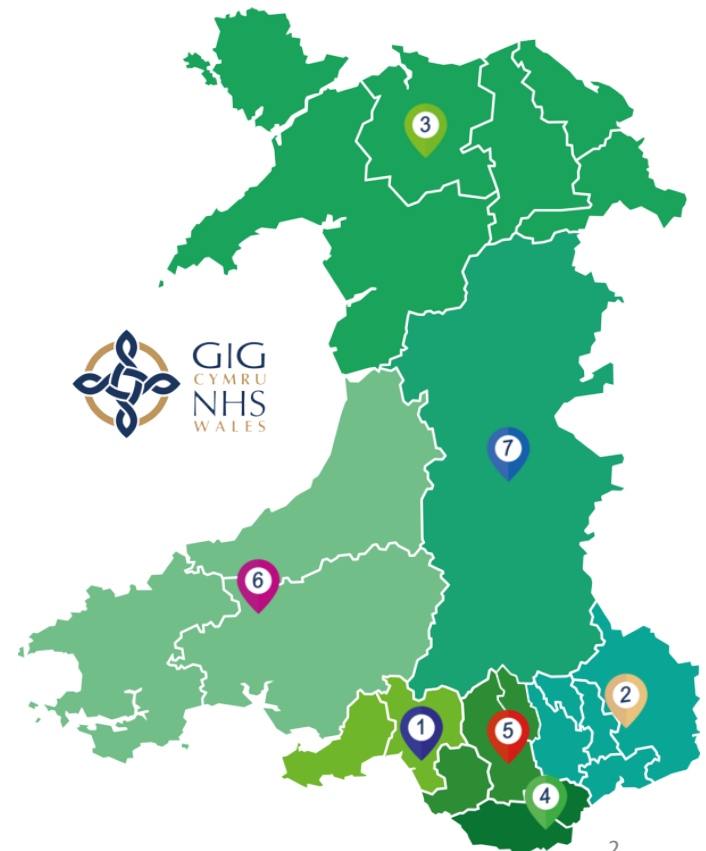
Strategic Change Update

Planning, Partnerships and Population Health Committee
08 September 2026

Lewis, Raychelle
10/09/2026 13:39:25

Purpose

- This report provides an update and broad, whole system view of each area's strategic change ambitions.
- This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.
- Any new information included for this quarter is highlighted in red font.



Lewis Raychelle
10/09/2026 13:39:25

Overview

PTHB developed a Five Year Integrated Plan 2024-29, aligned to the Ten-Year Health and Care Strategy 'A Healthy Powys'. An Annual Plan was submitted for 2026-27. Transformation is also progressing via 'Better Together' and North Powys Wellbeing Programme. A Population Health Strategic Framework was also published in 2025.

Betsi Cadwaladr University Health Board did not submit an Integrated Medium Term Plan (IMTP) for 2026-29. Instead, the Three-Year Plan sets out the organisation's programme of improvement, recovery and transformation, aligned to the Board's Strategic Intentions.

Robert Jones and Agnes Hunt Orthopaedic Hospital have developed a 5 year Trust strategy 2023-28.

Shrewsbury and Telford Hospital NHS Trust Transformation Programme is underway in line with outcomes of 'Future Fit' consultation.

The Mid Wales Joint Committee for Health and Care have annual priorities and programmes of work in the context of a Strategic Intent. They are currently reviewing the role and purpose of the Committee.

Hywel Dda UHB have developed an Annual Plan for 2026-27 and have a long term strategy "A Healthier Mid and West Wales – Healthier Lives, Well Lived".

Swansea Bay UHB have developed an Annual Plan for 2026-27 and launched a refreshed organisational strategy, 'A Healthier Swansea Bay'.

South West Wales Regional Joint Committee established; PTHB is an associate member.

Cardiff and Vale UHB have developed an Annual Plan for 2026-27 and have engaged on their Clinical Plan 'Shaping Services for the Future, Together – Shaping our Future Wellbeing'.

Cwm Taf Morgannwg UHB have developed an Integrated Medium Term Plan 2026-29 supporting their strategy 'Building Healthier Communities Together'.

South East Wales Regional Joint Committee established, PTHB is an associate member.

WAST have submitted an Integrated Medium Term Plan 2026-29 and have a long term strategic framework 'Delivering Excellence' up to 2030.

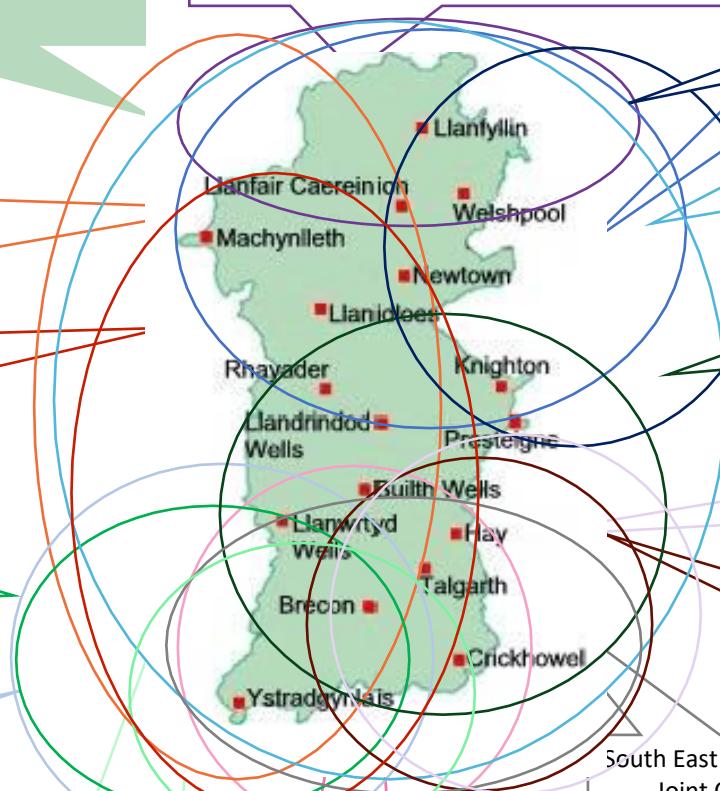
Herefordshire & Worcestershire Stroke Programme is ongoing with further engagement / consultation expected on the clinical model.

Velindre NHS Trust have developed an Integrated Medium Term Plan for 2026-29 and have a long term strategy "Destination 2033".

Aneurin Bevan UHB have developed an Annual Plan with 3 year intent 2026-29 and have a ten year strategy 'Gwent 35: Better Health, Better Care, Better Lives'.

In England, Integrated Care Systems (ICSs) are local partnerships that join up health and care. The main providers for Powys are:

- Coventry and Warwickshire, Herefordshire and Worcestershire Integrated Care Board Cluster
- Staffordshire, Stoke on Trent, Shropshire, Telford and Wrekin Integrated Care Board Cluster



Welsh Government Escalation and Intervention Arrangements

(Latest updates published 21st August 2026)

Organisation	Current Status
Aneurin Bevan UHB	- Level 4 for finance, strategy and planning - Level 4 for performance and outcomes related to urgent and emergency care
Betsi Cadwaladr UHB	Level 5
Cardiff and Vale UHB	Level 4 for whole organisation
Cwm Taf Morgannwg UHB	- Level 4 for performance and outcomes relating to urgent and emergency care - Level 3 for performance and outcomes relating to planned care (cancer services removed from escalation) Level 1 for finance, strategy and planning (removed from escalation)
Hywel Dda UHB	- Level 4 for finance, strategy and planning, and performance and outcomes related to urgent and emergency care, fragile services, (including ophthalmology) and Healthcare Associated Infections (HCAIs). - Level 3 for performance and outcomes related to planned care and cancer
Powys THB	Level 4 for finance, strategy and planning
Swansea Bay UHB	- Level 4 for Cancer, Urgent and Emergency Care, Healthcare Acquired Infections, Maternity & Neonatal Services, Finance, Strategy & Planning - Level 3 for Planned Care (removed from escalation for Child and Adolescent Mental Health)
Public Health Wales NHS Trust	Level 1
Velindre University NHS Trust	Level 1
Welsh Ambulance Services University NHS Trust	Level 1
Digital Health and Care Wales	Level 4
Health Education and Improvement Wales	Level 1

Powys Teaching Health Board

Organisation	Key developments
PTHB Annual Plan 2026-27	The Board approved Annual Plan was submitted to Welsh Government on 31st March 2026 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities. The Plan was written as Year 3 of the 5-year Plan and continues to set out the Vision, Wellbeing Objectives and Strategic Priorities for the organisation. The Health Board entered 2026/27 with a deficit Plan and for this reason, the Plan is not formally approved by Welsh Government.
North Powys Wellbeing Programme	Ahead of submission of the Full Business Case (expected Q4 26/27) there are increasing requirements for engagement relating to North Powys Wellbeing Programme. This includes a period of statutory pre-application consultation for planning permission (anticipated Q2), ongoing service user engagement to inform service models (Q1-Q3), and ongoing stakeholder engagement in the Business Case development (Q1-Q3).
Better Together Lewis Raychelle 10/09/2026 13:39:25	- PTHB Board on 29th July approved the consultation plan which sets out how to support a meaningful consultation including opportunities for staff engagement and wider public involvement with communities, partners and stakeholders. - The Board will consider the Pre-Consultation Business Case on 16th September. If approved, this would give approval for a period of formal consultation throughout the autumn on the Better Together options. - Feedback from the consultation will be considered carefully before a post-consultation decision case is brought to the Board in Spring 2027.

Powys Teaching Health Board – Plan on a Page



To 2027 AND BEYOND



Plan on a page

2026/2027

Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEEP)



- Whole System Prevention approach including Population Health Strategic Framework
- Health protection response including Vaccination and Screening
- Women, children and family health including Maternity



- Enhanced Primary and Community Care including Phase 2 Better Together
- Planned Care and Diagnostics including Phase 2 Better Together; Referral Optimisation
- Complex and Continuing Healthcare



- Major Conditions
 - Cancer
 - Cardiovascular including Stroke and Diabetes
 - Respiratory
- Mental Health including Phase 2 Better Together



- Improve System Resilience including Phase 2 Better Together and Six Goals / Pathways of Care/ Building Community Capacity
- Commissioning for Value including Strategic Commissioning Framework

Wellbeing Objectives

Strategic Priorities

Enablers



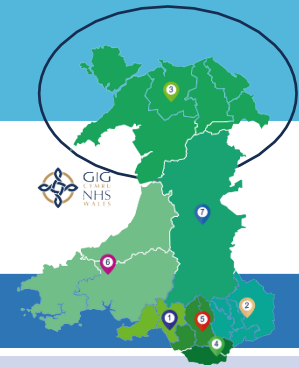
Powys Partnership working

Organisation	Key developments
Powys Cluster Plans	• The newly formed South & Mid Powys Cluster model creates a larger, more resilient footprint that can drive innovation, improve access, and enhance outcomes. • The Clusters are focussing on four key priorities to deliver integrated, person-centred care: Community services (with a particular emphasis on frailty, Prevention (particularly in diabetes and respiratory health), Urgent care (ensuring timely and appropriate access within the community) and Mental Health (prioritised through early intervention and community-based support for mild-to-moderate conditions)
Regional Partnership Board	• Powys Regional Partnership Board (RPB) is implementing its agreed 2026-27 Delivery and Resource Plan. The approved Delivery and Resource Plan is supported by a range of Welsh Government grants including the Regional Integration Fund; the Integration and Rebalancing Capital Fund; Further Faster; and Housing with Care Fund. The plan includes the actions being taken on a multiagency basis to manage the transition from the time-limited Regional Integration Fund which ends in March 2027. The RPB is helping to implement the shared Health and Care Strategy focused on: • Start Well: Dedicated to children and young people, including emotional health and wellbeing • Live Well: Spanning prevention, home support and adults with complex needs • Live Well Mental Health: mental health initiatives including perinatal mental health • Age Well: Supporting independence, fall prevention, and helping people return home from hospitals • North Powys Wellbeing: Specifically for the development of the Newtown Wellbeing Campus • Workforce Futures: Targeted at local recruitment, training, and retention of health and care staff"
Public Service Board Wellbeing Assessment	• The Well-being of Future Generations (Wales) Act requires public bodies in Wales to think about the long-term impact of their decisions and to conduct a well-being assessment every 5 years. This provides insight into the well-being of our residents and helps to understand what we need to do to improve well-being for all our residents and service users. The Well-being Assessment focuses on the general needs of the population under four key themes: social, economy, environment and culture and community. • Members of the PSB have worked together to gather data from a variety of sources, conducted a Living in Powys survey and used other engagement sources to get a good understanding of people's well-being needs across the county. This has informed the development of the draft Well-Being Assessment 2027. Following consideration of the draft Well-Being Assessment at the PSB meeting on 25 June 2026, a public consultation process has commenced and will run until 30th September. Responses received will inform the final Well-Being Assessment, which will in turn inform the next PSB Well-Being Plan.

Lewis, Raychelle
10/09/2026 13:39:25

Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board covers a large North Wales footprint spanning six Local Authority areas of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.



Organisation escalation

- On 30th June 2026, the Cabinet Secretary for Health and Social Care announced additional support and oversight arrangements for BCUHB to help accelerate improvement and strengthen organisational effectiveness. As part of this process, an independent expert panel will undertake a review of areas including patient safety, leadership, governance, organisational culture and Board capability. The panel's findings are expected to be reported to the Cabinet Secretary by the end of October 2026 and will help inform the Health Board's ongoing improvement, recovery and transformation programme

Three Year Plan 2026-29

- The Health Board did not submit an Integrated Medium Term Plan (IMTP) for 2026-29. Instead, the Three-Year Plan sets out the organisation's programme of improvement, recovery and transformation, aligned to the Board's Strategic Intentions
- Delivery of the Strategic Intentions will be supported through Foundations for the Future (FFTF), the Health Board's organisational improvement programme, which focuses on strengthening leadership, governance, organisational capability, planning arrangements and organisational culture.
- Alongside FFTF, four Major Change Programmes (MCPs) have been established to drive recovery and system-wide transformation: the Clinical Services Plan, Community by Design, Planned Care, and Urgent and Emergency Care programmes.
- The Health Board remains in Special Measures (Level 5 escalation). Delivery of these programmes forms a key component of the organisation's improvement and recovery agenda and will contribute to future consideration of de-escalation.

Lewis, Raychelle
10/09/2026 13:39:25

Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board covers a large North Wales footprint spanning six Local Authority areas of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.



Strategy	• Betsi Cadwaladr University Health Board (BCUHB) is developing a new 10-Year Strategy to provide the long-term direction for health and care services across North Wales. Pending completion of the strategy, the Board's four Strategic Intentions, approved in January 2026, provide the overarching framework for planning, improvement and transformation. These focus on improving population health and reducing inequalities, strengthening care closer to home, improving access, quality and sustainability of services, and developing a high-performing, future-focused organisation. • The strategy will be informed by a range of evidence, including assessments of current performance, population need, future trends and strategic priorities, alongside engagement with communities, staff and partners. It will have a strong focus on prevention, reducing inequalities and system-wide collaboration. The final strategy is expected to be considered by the Board during 2026/27.
Strategic Change	• Development of a pan-North Wales Clinical Services Plan (CSP) is progressing and will set out a strategic framework for the future configuration and delivery of clinical services across North Wales. • Public consultations on service proposals relating to Tywyn Community Hospital and Penley Community Hospital are taking place during 2026/27. • Major capital investment programmes continue to progress, including the Llandudno Hospital Planned Care Hub, Royal Alexandra Hospital Redevelopment, Adult and Older Persons Mental Health Unit, and the Wrexham Maelor Hospital Infrastructure Programme. These schemes will support service modernisation and the long-term sustainability of services across North Wales. • The longer-term model for PET-CT services is being developed through a Full Business Case for consideration by Welsh Government. Subject to approval, the proposal would establish a permanent PET-CT facility at Ysbyty Glan Clwyd, replacing the existing facility at Wrexham Maelor Hospital. This would increase travel distance from Wrexham by approximately 37.5 miles. The North Wales Joint Commissioning Committee (NWJCC) is considering the implications of the proposal and has committed to exploring options to support continued access for patients from Powys.

Lewis Raychelle
10/09/2026 13:39:25

Hywel Dda University Health Board



HDUHB has a footprint spanning the three Local Authority areas of Ceredigion, Carmarthenshire and Pembrokeshire in Mid West and West Wales.

Clinical Services Plan outcome:	Hywel Dda University Health Board’s Annual Plan for 2026/27 is set within the three-year planning horizon for 2026/29. The Clinical Services Plan continues to guide the medium term transformation of services. Decisions regarding the nine services within the Clinical Services Plan (Emergency General Surgery, Critical Care, Stroke, Ophthalmology, Orthopaedics, Dermatology, Urology, Endoscopy and Radiology) were taken at the Extraordinary Board Meeting in February 2026. Final decisions were confirmed for all services except Stroke which has been a key area of interest and impact for Powys residents. Implementation of these decisions will be included in the delivery of the organisations Plan.
Stroke consultation	For Stroke, a new merged option was explored, combining elements from two proposals to progress towards a 24-hour specialist Acute Stroke Unit in Carmarthen and an Acute Stroke Rehabilitation Unit in Bronglais. Due to the scale of change, further engagement with staff, communities and stakeholders was undertaken. Hywel Dda University Health Board public consultation on the future of stroke services closed on Sunday 26 July 2026. Currently, stroke services are provided across all four main hospitals in Hywel Dda – Bronglais, Glangwili, Prince Philip, and Withybush. However, services do not consistently meet national clinical standards and there is no specialist stroke cover available 24 hours a day, seven days a week. During the eight-week consultation patients, carers, staff, partner organisations and neighbouring communities shared their views on proposals for the future of stroke services across Carmarthenshire, Ceredigion, Pembrokeshire and neighbouring health board areas. The second phase of stroke consultation launched on 28 May 2026 received over 700 questionnaire responses and had conversations with more than 3,000 people at over 120 engagement events and activities. The consultation sought views on a preferred option which included: • 24-hour acute stroke and rehabilitation unit at Glangwili Hospital • A stroke rehabilitation unit at Bronglais Hospital • Treat and transfer services at Bronglais, Prince Philip and Withybush hospitals The preferred option was developed from feedback gathered during the first phase of consultation in 2025 as part of the Clinical Services Plan. A full report on the consultation findings will be provided at the November Board meeting, where a final decision on the future of stroke services will be made.

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Overview	- The South West Wales Regional Joint Committee (RJC) provides joint leadership for the planning, commissioning and delivery of health services across Swansea Bay and Hywel Dda university health boards. Established in 2025, the RJC brings together partners to drive improvements in patient care, service transformation, and regional collaboration. - The RJC oversees a portfolio of programmes to deliver its objectives through dedicated subgroups: - Regional health economy - Drives joint projects, strategy, and addresses health inequalities across the region - Clinical services planning - Oversees regional service planning, related capital programmes, quality, and transformation in care - Finance and contracting - Aligns regional finance, contracting, and resource allocation for services - Data and digital - Leads digital transformation, data intelligence, and innovation in health - Research and innovation delivery and oversight - Advances commercial research and innovation - Workforce and organisational development - Strategic workforce planning, education, and leadership development
Key deliverables for 2026/27 Lewis Raychelle 10/09/2026 13:39:25	- Key deliverables for 2026/27 - Orthopaedics - Includes hip, knee, foot and ankle, shoulder and elbow, and hand and wrist—with a current focus on reducing long waits for hip and knee arthroplasty. - Diagnostics – Cellular Pathology - Develop the case for a new single site and transition to a Regional Pathology Operational Delivery Network - Eye Care - The South West Wales Regional Eye Care Programme is focusing initially on Glaucoma, Cataracts, Medical Retina, and Paediatric Ophthalmology. - Vascular & Interventional Radiology - To develop and deliver a quality vascular service, across the whole pathway and in line with the agreed service specification for the South West Wales Vascular Network, on behalf of its constituent health boards, Swansea Bay (host organisation), Hywel Dda, Cwm Taf Morgannwg UHB (Bridgend area only) and Powys THB (south Powys only) - South West Wales Cancer Centre Programme Regional radiotherapy and oncology outpatient services

Mid Wales Joint Committee for Health and Care

Organisation	Key developments
Mid Wales Joint Committee for Health and Care	Mid Wales Priorities and Delivery Plan 2026/27 For 2026/27, the priority areas for joint working across Mid Wales will continue to align with WG expectations, as set out in the NHS Wales Planning Framework 2026/27. This framework emphasises the importance of collaboration across health and social care organisations to plan, commission, and deliver regional solutions that operate across organisational boundaries. As in previous years, the focus will remain on a whole-pathway approach, strengthening links between primary, secondary, community, and social care, and ensuring alignment with wider regional and national pathway developments. The priorities are Ophthalmology Powys Teaching Health Board (PTHB) nurse led wet age-related macular degeneration (AMD) service. Networking opportunities and joint pathway Development. Cancer - Radiotherapy pathway Chemotherapy pathway. Dental - Endodontic services, Paediatric General Anaesthesia (GA) service, Colorectal service development and expansion, Dermatology, Rural Health and Care workforce
Outcome of workshop to review the Committee	The Chief Executives of the three Mid Wales Health Boards held a workshop to assess whether the Mid Wales Joint Committee remains relevant and adds value, review the continuing relevance of the 2014 Mid Wales Healthcare Study, and inform future partnership and governance arrangements. The workshop identified that continued Mid Wales collaboration is supported, but future arrangements should be designed around clear strategic purpose, measurable outcomes, demonstrable added value, focused priorities and proportionate governance. The preferred option is a rural health and wellbeing partnership which creates a distinctive focus on rurality and sustainability, but its scope and links with existing partnerships must be clearly defined. The preferred model will be agreed by October 2026; with membership and priorities by March 2027; complete transition by June 2027; and begin delivery from July 2027.

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Swansea Bay University Health Board



Swansea Bay University Health Board was created on 1 April 2019 after responsibility for healthcare in the Bridgend County Borough Council area passed to the new Cwm Taf Morgannwg University Health Board; it spans the Local Authority areas of Swansea and Neath Port Talbot.

Strategy

A refreshed Organisational Strategy “A Healthier Swansea Bay ” has the vision is to create a healthier Swansea Bay where people live longer, happier, and more independent lives, with timely access to high-quality, compassionate, and equitable care close to home.

Transforming for the Future

Work is progressing on a refreshed Clinical Services Strategic Plan (CSSP) ‘Transforming for the Future’. Development is underway through 2026, moving from establishing the evidence base and context in the first half of the year, into engagement, design and agreement of future models of care, and concluding with final plan approval.

Key milestones include:

- July-August 2026: Engagement on Future Models of Care
- September 2026: agreement of strategic models of care
- October 2026: identification of priority transformation areas
- November 2026: Board approval of the final document – TBC pending National Clinical Services Plan

Maternity and Neonatal services

Maternity and neonatal services remain in Targeted Intervention. A stronger improvement plan was presented to the July 2026 Board for approval, bringing together feedback from reviews, Llais and the Independent Oversight Panel. Progress has been made in leadership, governance and safety, but further work is needed on maternity triage, postnatal care, paediatric radiology and induction of labour. Risks linked to operating across two sites remain, so the Board will continue to monitor improvements and consider the case for a single-site service in September 2026.

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Cardiff & Vale University Health Board

Cardiff and Vale UHB in South Wales covers the Local Authority areas of Cardiff and the Vale of Glamorgan; both areas also come together in the Cardiff and Vale Integrated Health and Social Care Partnership (RPB) footprint.



Level 4 Independent Assessment Report

NHS Wales Performance and Improvement has published an independent assessment of Cardiff and Vale University Health Board commissioned by Welsh Government as part of the support provided under Level 4 intervention arrangements. The health board was placed at Level 4 in July 2025 because of a growing financial deficit, concerns about quality, long waits for planned care, and problems with culture and leadership. In March 2026, the Welsh Government agreed a framework explaining the reasons for escalation and the support, intervention and oversight that would follow. The first stage was an independent assessment which reviewed governance, organisational culture, leadership, and existing improvement and recovery plans. It identified serious, long-standing problems with leadership, culture, governance and planning and inability to deliver and sustain the improvements needed. Welsh Government will closely monitor progress and will be formally reviewed in November 2026.

Strategy:

The ten year clinical services plan, “Shaping Services for the Future Together, Our Clinical Services Plan 2026-2035” was launched on 22nd June 2026.

The Clinical Services Plan explains how services will support the organisational strategy to improve population health and wellbeing by 2035.

The four strategic priorities are:

1. Putting people first
2. Providing outstanding quality
3. Delivering in the right places
4. Acting for the future

The Plan will create an integrated model of care. By 2035, care will be digitally enabled, person-centred and provided closer to home. Services will be more equitable and sustainable, with a strong focus on prevention working with partners, using research and innovation to build capacity and meet people’s needs. It acts as a framework for all services and specialities to develop their own detailed long term service plans. <https://shapingourfuturewellbeing.com/>

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ABUHB in South East Wales covers the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and also provides some healthcare services for residents in South Powys.

“Gwent 35: Better Health, Better Care, Better Lives “

The Health Board has launched their new strategy which has three aims to help ensure everyone has the best healthcare, environment, and lifestyle to be healthy:

<https://abuhb.nhs.wales/about-us/gwent-35-our-ten-year-strategy/>

Annual Plan

ABUHB have submitted an Annual Plan with 3 year intent (2026-29) which sets out what will be achieved for the population over the next three years, with a greater level of detail on the next 12 months. Following the launch of the new organisational strategy “Gwent 35” the plan outlines the targeted actions the Health Board will take against the three strategic aims :

- Better Health: Together support people to be healthy, active, & happy.
- Better Care: Together deliver what matters to people – supporting staff to thrive & achieving quality, kind, & sustainable care.
- Better Lives: Together create strong, safe, & connected communities

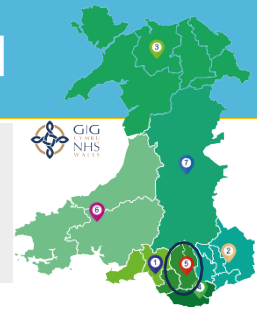
The Health Board enters 2026/27 with an underlying recurrent deficit.

Re- development of Nevill Hall Hospital

A Strategic Outline Case has been submitted to Welsh Government for the re-development of Nevill Hall Hospital. No update has been received from Welsh Government.

Centralisation of Stroke rehabilitation services at Ysbyty Ystrad Fawr

Engagement on the permanent centralisation of the Stroke Rehabilitation Service at Ysbyty Ystrad Fawr has concluded, following an urgent temporary change two years ago due to workforce challenges. The engagement outcome will now be considered by the Executive Committee on 20th August. Powys will continue to provide stroke rehabilitation services at Breconshire War Memorial Hospital.



Cwm Taf Morgannwg University Health Board was created on 1 April 2019, expanding the responsibility of the former organisation with responsibility for healthcare in the Bridgend area; it also spans the Merthyr Tydfil and Rhondda Cynon Taf local authority areas.

Strategy and escalation

Strategy:	“CTM 2030: Our Health, Our Future” is the organisational strategy to deliver the vision of ‘building healthier communities together’.
Integrated Medium Term Plan 2026-29	• The IMTP describes major programmes of transformation which have been grouped into the following 4 strategic initiatives: • Strategic Clinical Services Planning - including ‘Community by Design’, integrated community care services, addressing fragile secondary care services and transforming mental health care. • Digital First recognises that data and digital are more than simply enablers of transformation, but a cornerstone of how the population expect to receive services and a route to ensure that people can deliver care more effectively, to a higher quality when the population are empowered with their own information in a seamless way. • Working in partnership acknowledges the interconnectedness of peoples’ wellbeing and strategic intent of ‘building healthier communities together’ with statutory partners, the voluntary sector and communities themselves. • South East regional working will ensure that those services that are best planned and delivered at a scale are designed and provided in a way that best serves the collective needs of the 1.5 million people living in the areas served by CTM, Cardiff & Vale, Aneurin Bevan and Powys Health Boards. Emphasising the collective opportunity offered by working at scale this programme of work includes the state-of-the-art development of the Llantrisant Health Park and work to secure world class outcomes and facilities for more complex hospital-based specialties (for example, ophthalmology, pathology and orthopaedics)
Changes in escalation level July 2026	• In February 2026, performance and outcomes related to cancer services at Cwm Taf Morgannwg University Health Board were officially de-escalated by Welsh Government from enhanced monitoring down to level 1 (routine arrangements) after meeting sustained 62-day cancer target improvement. • Following further improvements in cancer performance, the escalation for cancer was removed via formal correspondence in July 2026.

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South East Wales Regional Joint Committee

Organisation	Key developments
South East Wales Regional Joint Committee	• The South-East Wales Regional Joint Committee (RJC) brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this. (Powys is an associate member.) • LHP Phase 2 (Orthopaedic Centre) business case has been submitted for Ministerial approval • Lower Limb Arthroplasty Plan - There has been significant clinical engagement with principles developed with the clinical body around the outline model, regional performance accountability and progressing refreshed demand and capacity to pull together a theatre utilisation model. There will be significant work over the next month to develop the detail around these principles. • Cataracts - 4 new suppliers engaged at the end of 2025, The Programme remains on track to deliver the 12,492 additional cases requested by Welsh Government which will deliver over 25,000 cases this year. In addition, Health Boards are rolling out both Open Eyes and OPERA in the spring of this year.
July update	• The (Regional) Committee met in July and noted that the Llantrisant Health Park Outline Business Case/Full Business Case forms a key enabling component of the Regional Orthopaedic Plan, supporting the proposed use of Llantrisant Health Park to increase regional lower limb arthroplasty capacity, accelerate backlog reduction and contribute to a more sustainable regional service model. The Committee also noted key delivery dependencies including workforce capacity, digital and data requirements, funding, pathway standardisation and shared regional governance arrangements. • Following discussion, the Committee approved onward submission of the OBC/FBC through Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Board governance arrangements and then to Welsh Government, subject to each organisation's own approval process. The Committee also approved the Regional Orthopaedic Plan as the regional route map for recovery, stabilisation and long-term sustainability. • Powys implications and engagement: The Committee noted the implications for Powys residents who currently travel into provider Health Boards for hip and knee replacements, and the importance of ensuring ongoing engagement with the Powys population alongside engagement with provider Health Board communities.

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National and Regional Stroke Programmes

The updated [Quality Statement for Stroke](#) was published in February 2026. Several organisations are making decisions around stroke service provision. PTHB will need to understand implementation timelines and monitoring arrangements and link with WAST to understand any potential changes in catchment areas. We will maintain a Powys First approach to rehabilitation services and make commissioning assessments as plans progress. PTHB are preparing a readiness assessment for stroke and neurological conditions. There is an initial draft of the framework and will require further input from the clinical leadership team to ensure alignment on timeframes and strategic direction.

BCUHB	Acute stroke units currently at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital. Review and development of stroke services is under way to reflect the Quality Statement.
South West Wales Regional Joint Committee (SBUHB and HDUHB)	Development of a regional model, including hyper acute stroke unit (HASU)
Mid Wales Joint Committee	The Mid Wales Joint Committee for Health and Care is actively overseeing the reconfiguration of stroke services in the region, focusing on regional solutions for Hywel Dda University Health Board (HDDUHB), Powys Teaching Health Board, and Betsi Cadwaladr University Health Board (BCUHB).
HDUHB	Hywel Dda University Health Board consulted on plans to improve stroke services by providing 24-hour acute stroke and rehabilitation care at Glangwili Hospital, rehabilitation at Bronglais Hospital, and treat-and-transfer services at Bronglais, Prince Philip and Withybush hospitals. The eight-week consultation ran from 28 May to 26 July 2026. A findings report will be considered at the November Board meeting, when a final decision is expected.
CTMUHB	Acute stroke units currently located at RGH following temporary changes made in December 2024 to stroke services provided by CTMUHB, with consolidation of acute stroke provision at the Royal Glamorgan Hospital, temporarily ceasing the service at Prince Charles Hospital but retaining the initial response for self presenters prior to onward transfer for the acute stroke service. CTM are evaluating the delivery of the temporary model ahead of determining next steps.
ABUHB	Engagement on the permanent centralisation of the Stroke Rehabilitation Service at YYF has concluded, following an urgent temporary change two years ago due to workforce challenges, and the engagement outcome will now be considered by the Executive Committee on 20 August.
South East Wales Regional Joint Committee (ABUHB, CTMUHB, CAVUHB)	Stroke Programme formally stood down in February as not a current priority for the Committee.
Herefordshire and Worcestershire:	Powys residents currently access acute stroke unit at Hereford County Hospital. Stroke programme is under way and identified preferred option as HASU in Worcester with Treat-Triage-Transfer in Hereford. Archus Consulting now engaged and the business case is expected at the May Stroke Programme Board. A period of Public Consultation for the proposed clinical model (acute element) will be undertaken when funding for the case has been achieved, with public consultation not currently expected to commence in 2026.
Shropshire and Telford & Wrekin:	Powys residents currently access acute stroke unit at Princess Royal Hospital. Hospitals Transformation Programme includes relocation of HASU from PRH Telford to RSH Shrewsbury from 2028.

Digital Healthcare Wales

Organisation	Key developments
DHCW Integrated Medium Term Plan 2026-29	The DHCW IMTP 2026-29 was approved before receipt of the Welsh Government Remit Letter on 16 th March 2026 and prior to confirmation of the Digital Priority Investment Fund funding position. To reflect these developments and support confidence in a deliverable plan, DHCW has undertaken a review of planned activity, including prioritisation of work and removal of a number of milestones. Further assessment of programme and project dependencies, recruitment freeze impacts and wider workforce controls remains ongoing, with any resulting changes managed through established governance and change control arrangements.

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NHS Wales Performance and Improvement

NHS Wales Performance and Improvement is the national support function tasked with overseeing, driving, and transforming the delivery of healthcare across Wales. Originally established in April 2023 as the NHS Wales Executive, the organization was formally renamed NHS Wales Performance and Improvement on 1st June 2025 following recommendations from the independent Ministerial Advisory Group. The body bridges the gap between the policy decisions of the Welsh Government and the daily operations of local health boards and NHS trusts.

Areas of focus

National Clinical Services Plan

- The National Clinical Services Plan is due to be published in April 2027 and will deliver a clear national strategic direction on how clinical services should be organised and delivered to achieve a sustainable NHS Wales with improved health outcomes. The Plan will be developed through collaboration with clinical colleagues within Welsh Government, NHS Wales and academia.
- The Plan will be evidence led, based on population health and preventive research and recommendations and ensure outcomes are measurable. It will be aligned to existing strategies, legislation and the new programme for government and iteratively tested with key stakeholder groups.

Community By Design

“Community by Design” refers to the emerging national approach across Wales to transform community services across the country, moving from Hospital By Default to Community By Design. It aims to create a fundamental shift to a health system that is designed around people and their needs, not around institutions or buildings or legacy models of care.

- A national Community By Design programme has been established to look at how services work together differently, with clear national direction and strong local delivery so services feel joined-up for the people who use them and the staff who provide them.
- At its heart are three shifts that together will reshape how care is delivered to create a system that is preventative, coordinated and delivered closer to home, achieving better health outcomes, improved experience and long-term sustainability of the health system:
 - Shift one: Embedding prevention and population health as core business
 - Shift two: A new model for managing chronic conditions in the community
 - Shift three: Urgent and same-day care needs are met in a timely manner in the community where possible
- Comments are welcomed via the Community by Design Engagement Portal by 10 September
https://nhs.wales365.sharepoint.com/sites/POW_Better_Together/SitePages/Better-Together--Coproducting-the-national-approach-to-%E2%80%9CCommunity-By-Design%E2%80%9D.aspx

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JCC – Emergency Medical Retrieval Transfer Service

Update on Emergency Medical Retrieval and Transfer Service (EMRTS)

- Following the NHS Wales Joint Commissioning Committee's consideration of a Rural Response Options paper in March 2026, work has been undertaken by the JCC to develop an approach to re-engage rural communities and stakeholders on ambulance response arrangements in rural areas.
- It is expected that the purpose of this engagement will be to better understand current and emerging concerns following the changes to the ambulance performance framework, to inform future service improvement proposals, and support development of a rural ambulance improvement proposal for consideration by the Joint Committee later in 2026/27.
- JCC indicate that discussions with Llais have helped shape the focus of the engagement around a single key question: "What would be important to you if you, or a family member, needed an urgent medical response whilst in a rural area?" This approach reflects the programme's objective of improving rural ambulance response and ensuring that future proposals are informed by patient and community perspectives.
- It is expected that an eight-week engagement programme will be undertaken during summer/autumn 2026, coordinated by the JCC and delivered where possible through existing Health Board and WAST engagement arrangements. The findings from the engagement, together with clinical, operational and workforce considerations, will inform the development of a rural ambulance improvement proposal. Further details are awaited from the JCC.

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NHS in England

10 Year Health Plan for England: Fit for the Future

A comprehensive strategy launched by the UK Government (July 2025) to radically reform and modernise the National Health Service (NHS). The framework relies on three fundamental strategic shifts:

- Hospital to Community
- Analogue to Digital
- Sickness to Prevention

1. From Hospital to Community

This shift aims to move resources out of major hospitals and into local neighbourhoods to manage long-term conditions closer to home. **Neighbourhood Health Services** creating multidisciplinary teams in localized health hubs. **Closer Care** bringing routine treatments directly into patient homes and local communities. **Integrated Care**: Uniting mental health, physical health, and community services under one roof.

2. From Analogue to Digital

The plan focuses on eliminating administrative burdens and using technology to modernise patient interactions. **Expanded NHS App** centralising booking, medical histories, and digital communication. **AI & Virtual Assistants** deploying advanced tools to speed up administrative workflows and diagnoses. **Personalised Care Plans** giving patients digital ownership of their health tracking data. **Genomics Integration** harnessing DNA screening data to create targeted, individualised medical therapies.

3. From Sickness to Prevention

Instead of only treating acute illness, the NHS will actively target the root causes of poor health. **Life Expectancy Goals** targeting to halve the regional gap in healthy life expectancy. **Targeted Health Risks**: Implementing stricter public controls on obesity, smoking, and alcohol use. **Child Health Focus**: Prioritising early intervention to raise the healthiest generation of children. **24/7 Mental Health**: Expanding round-the-clock psychiatric and psychological support structures.

Implementation and Operational Changes

To achieve these outcomes, the government is modifying how the health service operates at a structural level:

- **New Operating Model** creating a refreshed financial and accountability framework for localized NHS Trusts.
- **Transparency Era** opening up NHS data to improve public tracking of surgical waiting lists and performance.
- **Workforce Realignment** overhauling staff training models to prioritize digital skills and community-first care

The NHS Oversight Framework for 2026/27

The NHS Oversight Framework for 2026/27 explains how NHS England (NHSE) will oversee and support NHS providers and Integrated Care Boards (ICBs). It aims to make oversight fair, proportionate, consistent, transparent and predictable.

The framework supports value-based care by focusing on better outcomes and experiences for patients and communities, while making effective use of public resources.

During 2026/27, NHSE will develop a way to assess ICB capability. This will consider how well ICBs act as strategic commissioners, including their responsibility for primary care and their alignment with neighbourhood health. The framework will be reviewed and updated for 2027/28.

Each organisation is placed in one of four delivery segments. The segment is based on performance data and shows the overall scale of the challenges it faces.

The segment is not a judgement on leadership quality or the organisation's ability to improve. It helps identify delivery risk and determines the level of oversight, support or intervention required.

Delivery segments

- 1: The organisation has a narrow range of challenges and is likely to need lighter-touch oversight.
- 2: The organisation has some delivery challenges and may need targeted support.
- 3: The organisation has significant or wide-ranging challenges and is likely to need closer oversight and support.
- 4: The organisation has the broadest range of challenges and is likely to need the most intensive oversight, support or intervention.

The oversight response also considers organisational capability and other available information. Organisations in higher segments with lower capability are likely to receive more intensive support or intervention. Those in lower segments with stronger capability are likely to receive lighter-touch oversight and may be given greater freedoms and incentives.

<https://www.england.nhs.uk/long-read/nhs-oversight-framework-2026-27/>

Information on the 3 main providers for Powys can be found here - <https://data.england.nhs.uk/dashboard/nofacute>

Wye Valley NHS Trust & Robert Jones and Agnes Hunt Orthopaedic Hospital

Wye Valley NHS Trust is the provider of healthcare services at Hereford County Hospital, along with a number of community services for Herefordshire and its borders including Powys.

The connection between The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJA) in Gobowen near Oswestry and Powys involves dedicated patient care infrastructure and cross-border NHS commissioning. Powys Teaching Health Board is a primary commissioner of services at RJA.

Strategy	Key Points
Opening of new Theatre at Hereford County Hospital	A new £5.5m extension to Hereford's County Hospital, complete with a new operating theatre, has opened over the Summer 2026. The extension will address its current lack of capacity, particularly in surgical theatres. According to plans, this will include elective Caesarean sections, gynaecology and breast surgery.
Robert Jones and Agnes Hunt Orthopaedic Hospital	As part of a long term multi year investment programme RJA are on track to mobilise a new theatre during October 2026. Building works are expected to complete in August with final checks and commissioning for operational readiness, including recruitment of additional staff during September. This additional capacity will enable more surgical procedures to be undertaken and directly improve current waiting times.

Shrewsbury and Telford Hospital NHS Trust

	Key developments
Care Quality Commission recognises learning and improvement in hospital services (21st August 2026)	The Care Quality Commission (CQC) inspected medical care and urgent and emergency care at Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) in March 2026. Its reports recognise sustained improvement, stronger leadership and a positive shift in culture, while confirming that services remain under significant pressure and further work is required. • RSH - medical care: Improved from Requires Improvement to Good overall. Effective, Caring, Responsive and Well-led are rated Good; Safe remains Requires Improvement. Urgent and emergency care: Remains Requires Improvement overall. Effective is rated Good, and Responsive improved from Inadequate to Requires Improvement. • PRH medical care: Remains Requires Improvement overall. Caring and Well-led are rated Good, with Well-led improving since 2024. Urgent and emergency care: Improved from Inadequate to Requires Improvement overall. Effective, Caring and Well-led are rated Good; Safe and Responsive improved to Requires Improvement. The CQC recognised • A positive shift in organisational culture, with many staff feeling supported and able to speak up • Kind, friendly and responsive staff who treated patients with dignity and involved them in care decisions. • A strong culture of safety, learning, continuous improvement and innovation. • Sufficient progress in urgent and emergency care for the CQC to remove the final condition from the Trust’s provider licence in July 2026; 60 conditions had originally been imposed in 2018. The Trust will continue its multi-million-pound transformation programme, focusing on: • Reducing waiting times, particularly for stroke and cancer services, and improving access to scans and tests. • Transforming urgent and emergency care through additional diagnostic equipment and investment in community services. • Digital improvements, including ambient voice technology and electronic prescribing. • Modernising estates, including development of a larger Emergency Centre at RSH. • Filling staffing gaps, reducing reliance on agency and bank staff, and improving mandatory and specialist training compliance. • Continuing cultural and wellbeing improvements and strengthening patient involvement and feedback.

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Integrated Care Systems (England)

In England, Integrated Care Systems (ICSs) are local partnerships that join up health and care. Each ICS operates through two main statutory bodies: an Integrated Care Board (ICB) to manage the NHS budget and services, and an Integrated Care Partnership (ICP) to set the broad health and wellbeing strategy with local authorities. The main Integrated Care Boards for Powys are:

- Coventry and Warwickshire, Herefordshire and Worcestershire Integrated Care Board Cluster
- Staffordshire, Stoke on Trent, Shropshire, Telford and Wrekin Integrated Care Board Cluster

Organisation	Key Points
Coventry and Warwickshire, Herefordshire and Worcestershire Integrated Care Board Cluster	The Coventry and Warwickshire and Herefordshire and Worcestershire Integrated Care Boards (ICBs) work together under one executive leadership team and joint board. They share planning, budgets and strategic priorities to improve efficiency and oversee healthcare for nearly one million people. Each area continues to provide local services, while both focus on developing more integrated and resilient healthcare. Coventry and Warwickshire ICB Strategy & Priorities Core Priorities • Prevention and Future Health Outcomes: Prioritizing preventative care tackling the wider determinants of health, like housing and green spaces, to improve overall community wellbeing • Improving Access and Trust: Enhancing access to health and care services to build greater public trust and confidence in local healthcare delivery. • System Pressure and Resilience: Addressing immediate service pressures building structural resilience to ensure the NHS can manage spikes in demand Herefordshire and Worcestershire ICB Strategy & Priorities Core Priorities • Shared Senior Leadership and Efficiency: Running unified management structures under a joint chair to meet national NHS savings targets without reducing local patient care frontline budgets. • Preserving Local Care: Safeguarding individual county relationship to guarantee that unique rural health needs in Herefordshire and Worcestershire receive distinct attention. • System Stability and Continuity: Phasing administrative changes carefully to protect patient pathways from disruption during organizational restructuring.

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- Coventry and Warwickshire, Herefordshire and Worcestershire Integrated Care Board Cluster
- Staffordshire, Stoke on Trent, Shropshire, Telford and Wrekin Integrated Care Board Cluster

Organisation	Key Points
Staffordshire, Stoke on Trent, Shropshire, Telford and Wrekin Integrated Care Board Cluster	The Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin Integrated Care Board (ICB) cluster operates jointly to align health planning for over 2.1 million residents. The cluster aims to join up local NHS services, councils, and charities to tackle health inequalities and improve regional care. Core System Aims • Improving population health: Enhancing physical and mental well-being across urban and rural communities. • Tackling inequalities: Addressing gaps in life expectancy and varying access to health services. • Enhancing productivity: Delivering financial stability and better value from public resources. • Supporting social and economic development: Working with local partners to boost wider community health determinants like housing and employment. Key Strategic Priorities • Strengthening community care: Shifting more care into neighborhoods and primary care networks to support independent living. • Improving urgent and emergency care: Easing hospital pressures and expanding care options at home. • Targeting clinical services: Recovering and upgrading performance in elective (planned) care, cancer services, and maternity care. • Promoting healthy aging: Better managing frailty and supporting mental health services growth

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'Archived' Baseline information - included for information

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The Regional Joint Committee (RJC) was set up on 15 January 2025 as a joint committee between Swansea Bay and Hywel Dda University Health Boards.

The RJC will provide joint leadership for the regional planning, commissioning, and delivery of services for both health boards. The RJC will consider the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through A Regional Collaboration for Health (ARCH).

The delivery of operational services through the Regional Clinical Services Planning Subgroup ambitions are to: -

- Deliver a more resilient, safer, and equitable services.
- Improve equity of access across the region through a single regional waiting list and standardised Pathways
- Reduce waiting times and backlogs by increasing activity and optimising end-to-end diagnostic Capacity
- Improve patient outcomes through timely diagnostics, targeted pathways and clearer follow-up
- Strengthen workforce capacity and sustainability - Standardise protocols to reduce unwarranted variation.

• Key deliverables for 2026/27

- Orthopaedics - Includes hip, knee, foot and ankle, shoulder and elbow, and hand and wrist—with a current focus on reducing long waits for hip and knee arthroplasty.
- Diagnostics – Cellular Pathology - Develop the case for a new single site and transition to a SWW Regional Pathology Operational Delivery Network
- Eye Care - The South West Wales Regional Eye Care Programme is focusing initially on Glaucoma, Cataracts, Medical Retina, and Paediatric Ophthalmology.
- Vascular & Interventional Radiology - To develop and deliver a quality vascular service, across the whole pathway and in line with the agreed service specification for the South West Wales Vascular Network, on behalf of its constituent health boards, Swansea Bay (host organisation), Hywel Dda, Cwm Taf Morgannwg UHB (Bridgend area only) and Powys THB (south Powys only)
- South West Wales Cancer Centre Programme Regional radiotherapy and oncology outpatient services modernisation.

Baseline information

Integrated Medium Term Plan 2026-29

Strategy:

The Long-Term Strategic Framework **‘Delivering Excellence’** sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of the clinical services model to ensure that patients receive the **‘right advice and care, in the right place, every time’**.

The strategic objectives are:

- Providing the right care or advice, in the right place, every time
- Enabling people to be the best they can be
- Being at the forefront of innovation and technology
- Developing services in collaboration
- Being quality driven and clinically led
- Delivering exceptional value

Integrated Medium Term Plan

This three-year planning cycle will see the conclusion of the current long-term strategy ‘Delivering Excellence’. The strategy was developed in 2019 and continues to be the strategic anchor for the organisation, setting out a clear vision and roadmap for the organisation up to 2030. Whilst ‘Delivering Excellence’ has served the organisation well, it is now recognised that as the right time to refresh for 2030 and beyond.

The plan is framed around the 6 strategic objectives included below:



Reducing harm
and improving
clinical outcomes
and patient
experience



Greater focus on
embedding,
evaluating change
and **benefits**
realisation



Improving
organisational
and service
productivity
and **efficiency**



Less
transformation,
focus on
smaller scale
improvements



Greater focus
on **financial**
sustainability
and **income**
generation



Consolidation
(reduction) in the
number of IMTP
priorities



Remaining
agile for wider
opportunities
(in year)

Baseline information

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Velindre NHS Trust

The Trust provides a range of specialist services at the national and regional level with two main clinical divisions - Velindre Cancer Service and Welsh Blood Service in addition to corporate functions. Velindre is also responsible for hosting two further All Wales Services on behalf of Welsh Government and NHS Wales, namely NHS Wales Shared Services Partnership and Health Technology Wales.

Organisation

Key developments

Strategy "Destination 2033"

The long-term strategy, 'Destination 2033' sets out the future vision for the organisation. The strategy is based around the transformation of clinical services to ensure provision of treatment and care which is as good as the best elsewhere within the United Kingdom and Europe.

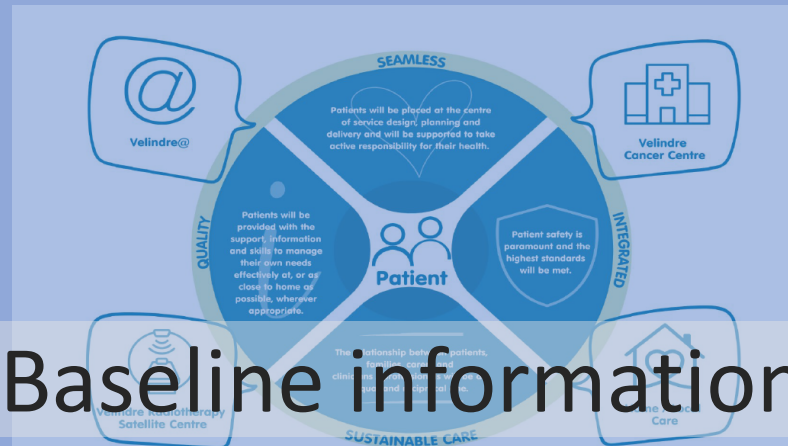
Destination 2033 is an organisational strategy which is not only focused on clinical services but also how support functions will support the provision of world class care and support to patients, donors and partners.

Integrated Medium Term Plan 2026-29:

The Integrated Medium Term Plan (IMTP) sits within the context and framing of the longer-term strategy, setting out what action will be taken over the coming three years to contribute to the realisation of the strategic goals and objectives:

1. Outstanding for quality, safety and experience
2. An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed, expectations
3. A beacon for research, development and innovation in stated areas of priority
4. An established University Trust which provides highly valued knowledge and training for all
5. A sustainable organisation that plays its part in creating a better future for people across the globe

Clinical Model:



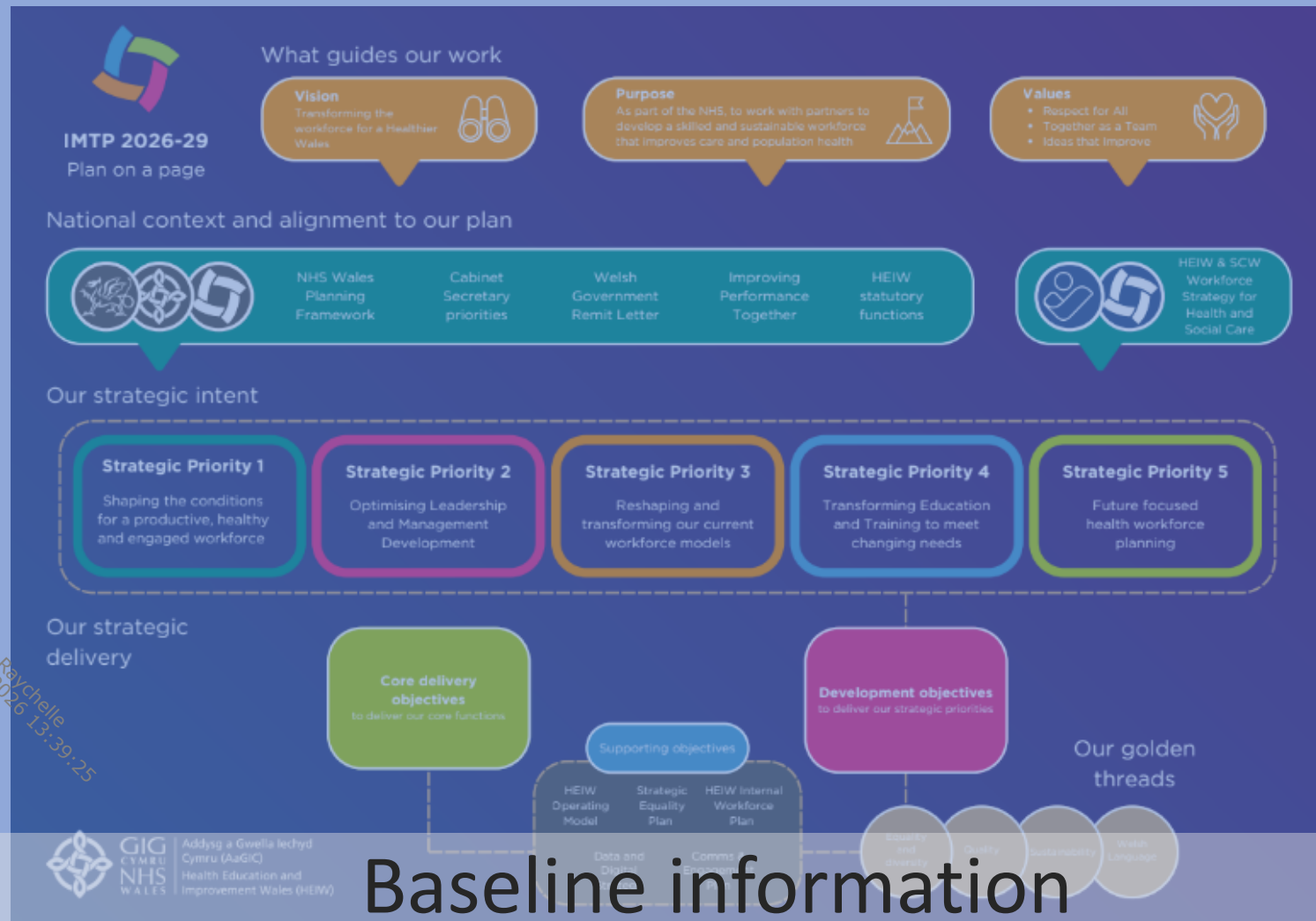
Baseline information

National Assurance Assessment of Maternity and Neonatal Services in Wales	
	Key developments
Welsh Government: all-Wales maternity services assessment	The Cabinet Secretary for Health and Social Care commissioned the assessment in May 2025 following significant concerns raised in recent reviews, including those relating to Swansea Bay University Health Board. These reviews highlighted unacceptable experiences, cultural issues, safety risks and variation in care. An independent expert panel oversaw the work and led a whole-system, multi-method approach across Wales between September 2025 and January 2026. Powys Teaching Health Board participated fully in the process through structured self-assessment, executive sign-off, and engagement with the national review team, including direct engagement with clinical teams. The assessment indicates that maternity services in Powys are operating without immediate safety concerns. A report has been submitted to PTHB Patient, Experience, Quality and Safety Committee in April 2026 confirming the Health Board has implemented a structured and prioritised improvement programme aligned to national expectations and embedded within existing governance and escalation frameworks. Work is ongoing with partner organisations to strengthen oversight of care pathways for Powys residents, including data sharing, escalation processes, and quality assurance. This includes specific actions to strengthen assurance of commissioned and cross-border maternity and neonatal services, through clearer escalation arrangements, strengthened partnership governance, improved data visibility and information sharing (supported by BadgerNet), and the development of shared standards and assurance metrics across care pathways. https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/patient-experience-quality-safety/
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Health Education and Improvement Wales (HEIW)

Integrated Medium Term Plan 2026-29

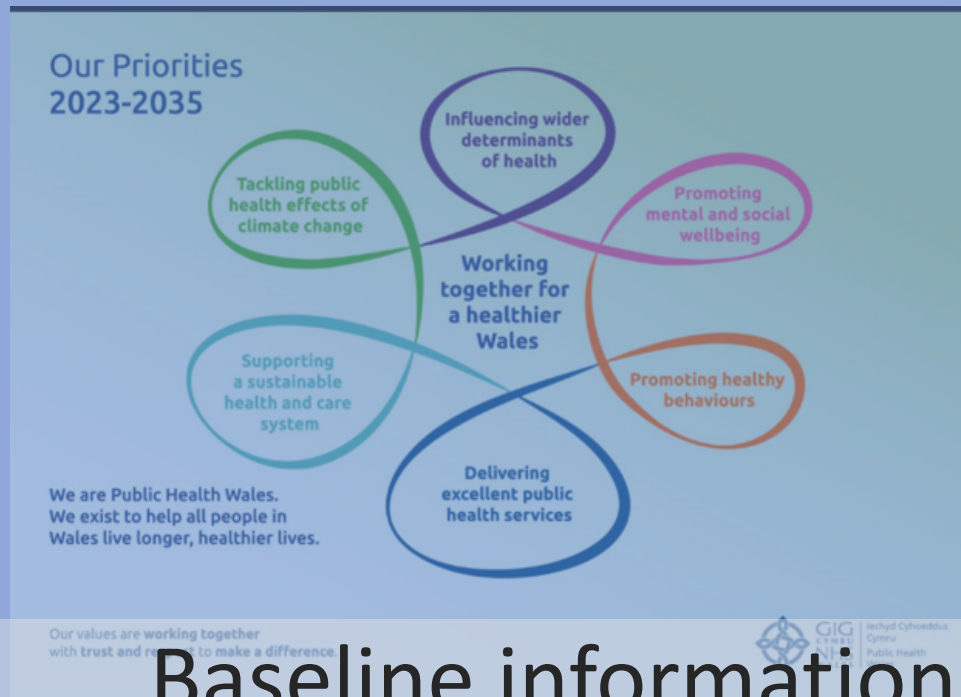
- HEIW have submitted an Integrated Medium Term Plan for 2026-29. HEIW is the national strategic workforce organisation for NHS Wales and is part of the NHS. They work with other NHS Wales organisations, Welsh Government and a range of partners to develop a skilled and sustainable workforce that improves care and population health.



Baseline information

Strategic Plan (IMTP) 2026-29

- The Strategic Plan 2026-29 outlines how to deliver a healthier Wales focussing on six strategic priorities set out in the Strategy “Working Together for a Healthier Wales (2023-35)” and the overarching outcomes, which are to increase healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived areas in Wales.
- This will be by delivering a range of core clinical public health services to the public and partners, working in partnership across the public health system to advise on key public health data and evidence, advocate for evidence based action to improve and protect health and mobilise the translation of evidence into practice. This will support the strategic direction set out by Welsh Government and reflected in the Remit Letter for 2026/27.
- This plan also sets out how to address specific service and quality improvements issues identified within Breast, Bowel and Diabetic Eye Screening Programmes, and Sexual Health Test and Post Service.



Baseline information

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NHS Wales Joint Commissioning Committee

Joint Commissioning Committee 2026-27 Annual Plan

The plan is structured around the NWJCC's Strategic Objectives, to:

- Maximise Value
- Ensure Quality
- Reduce Duplication
- Improve Equity and Population Health
- Facilitate Integration

The plan will continue delivery of many of the strategic priorities set out in the NWJCC Foundation Plan in 2025/26, and the Joint Committee has agreed that immediate focus is needed on a number of areas through a collaborative approach, delivering changes and improvements at pace to mitigate the financial challenges in the plan whilst maintaining safe, equitable and high-quality services.

There will be programmes of work across the immediate priorities for 2026/27:

Deep Dives

- Renal and kidney services
- Individual patient funding requests
- Thrombectomy

Strategic Reviews are continuing on :

- Neonatal services (including NICU)
- Cardiac services
- Mental Health, Learning Disabilities and Vulnerable Groups
- Ambulance Service Commissioning Enabling projects
- Pathways and referral management transformation project

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Baseline information

NHS Wales Shared Services

Organisation	Key developments
Independent Review of the NHS Wales Shared Services Partnership (NWSSP) Accountability and Governance Arrangements	• In April 2025, the former Director General of Health, Social Care and Early Years (HSCEY) and NHS Wales Chief Executive commissioned an independent review into the governance and accountability arrangements of NHS Wales Shared Services Partnership. The review engaged Velindre, NWSSP, and other NHS stakeholders. It concluded that the framework for governance and accountability for the Shared Services Partnership Committee/NHS Wales Shared Services Partnership is fundamentally sound, although it would benefit from some adjustments and strengthening. The report and initial response have now been published. Independent review of the NHS Wales Shared Services Partnership GOV.WALES • The next phase of the Independent Review will focus on progressing and refining this work and developing a more detailed understanding of the areas identified for strengthening. This will be done through a collaborative programme of work between both organisations and Welsh Government to implement the recommendations aimed at strengthening governance and accountability.
Integrated Medium Term Plan 2026-29	Principles of the Plan: • Digital Transformation and Innovation - recognising the transformative potential of digital technologies in improving service quality, efficiency, and the experiences of both staff and partners across NHS Wales. • Workforce Development, Leadership & Culture – developing a confident, skilled and compassionate workforce that is empowered to lead change and deliver high quality services. • Operational Efficiency & Service Modernisation to deliver greater value, improve performance and increase consistency across Wales. • Collaboration, Governance & Strategic Partnerships with Health Boards. Trusts, Welsh Government and national partners to ensure alignment, transparency and shared accountability. • Sustainability, Decarbonisation and Resilience - Through more sustainable practices, procurement, and energy-efficient estate planning, we will contribute to national climate goals while improving resilience across our services.

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Baseline information

Welsh Government National Oversight and Interface Arrangements

Organisation	Overview
Welsh Government	Welsh Government have reviewed and updated their arrangements as a result of recent discussions at NHS Leadership Board and the responses to the two Ministerial Advisory Group (MAG) reports - MAG Accountability (November 2024) and MAG Performance and Productivity (April 2025). The first phase of the changes is to simplify the current interface arrangements and align assurance meetings with the organisational levels of escalation. NHS Wales organisations will be expected to meet the following requirements to support these changes: • Provide timely, accurate data and updates via the common reporting pack • Utilise the single reporting pack within Board papers and discussions • Maintain delivery plans (IMTP/annual plan) and corrective action plans aligned to escalation requirements. • Participate in risk-based Chief Executive/Executive Review Meetings with the NHS Wales Chief Executive Officer (cadence set by escalation level) to reinforce earned autonomy. As a result, monthly Integrated Quality Planning and Delivery Board meetings and the twice-yearly JET meetings will be removed and replaced with an NHS Wales CEO led Executive review meetings. The escalation and intervention framework will set out the criteria and align the support provided to organisations through Welsh Government and NHS Performance & Improvement. The Framework’s intent is to simplify the interface, with NHS Performance & Improvement acting as the single operational conduit for Welsh Government. The role of NHS Performance & Improvement in the NHS Wales system is set out below: • Acts as the single operational assurance interface with each NHS organisation. • Consolidates data and narrative against the four pillars (quality, workforce, finance, performance). • Operates a structured support offer (diagnostic, targeted support, improvement plans) matched to escalation level. • Provides monthly system synthesis to Welsh Government, including risks, mitigations and recommended actions.

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Baseline information

Coventry and Warwickshire, Herefordshire and Worcestershire Integrated Care Board Cluster

Strategy	Key Points
Operational Delivery and Transformation Plans Summary 2026-2031	The Integrated Care Board operates a disciplined performance and delivery framework aligned to organisational priorities, commissioning intentions, and NHS England standards, with a strong focus on reducing long waits, improving access and flow, supporting financial sustainability, and contributing to NHS 10-Year Plan transformation. Over the next 3-5 years, the organisation will focus on delivering safe, effective, and financially sustainable services through the transformation of core service models. The overarching aim is to support people to live independently at home, with access to the right support—both digitally and in person—when they need it. Ahead of April 2026, the Board is establishing a transformation team who will assess future service requirements and determine how to meet patient need safely within the financial envelope. Working alongside operational teams, they will identify best practice, map current services and processes, and design new models of care that deliver improved outcomes, supported by appropriate digital tools and technologies. They will develop three-year plans collaboratively with commissioners and partners, ensuring alignment with commissioning intentions, coordinated multi-year investment, and a shared focus on agreed outcomes. Patient and carer voice will be central to this work, particularly as they expand selfcare technologies and increase the use of patient initiated follow up. This approach will reduce unnecessary handovers and create a more seamless experience for people moving between services. A number of programmes are already underway including Community Hospital Transformation, Neighbourhood Health developments, Urgent and Emergency Care Interface, Children and Young Peoples Services Transformation and Mental Health Redesign.

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Baseline information

Staffordshire, Stoke on Trent, Shropshire, Telford and Wrekin Integrated Care Board Cluster

Health and Care: Five-Year Plan (2026–2031)

The Five-Year Plan was published on 1 April 2026 and aims to improve services for over 500,000 residents by shifting focus from treating illness to proactive prevention.

The strategy outlines five core delivery changes:

- Neighbourhood Health Model: Shifting more care away from hospitals and into local communities and homes.
- Prevention First: Focusing on health and wellbeing to reduce future demand
- Digital Transformation: Using the NHS App as the "front door" for appointments and self-management
- Life Stage Approach: Priorities are structured around five stages: Start Well (0-5), Grow Well (6-18), Live Well (19-64), Age Well (65+), and End Well.
- Financial Sustainability: Implementing a Finance Strategy (2025-2030) to ensure every pound spent delivers maximum benefits

Building on the Joint Forward Plan and the ambitions of the NHS 10 Year Plan for England, the Plan sets out the key health challenges in communities, five major changes to deliver, commissioning intentions and how they will be delivered, how partnership working will improve coordination of care, access, quality and financial sustainability.

The plan and its commissioning intentions have been developed by clinicians, commissioners and other specialists working together to turn local needs and evidence into clear actions and priorities.

The Joint Forward Plan is a rolling 5-year system plan created to deliver the Integrated Care Strategy, focussing on the following areas:

- Person centred care.
- Place, neighbourhoods and collaboration.
- Improving access to services – General Practice, Dentistry, Elective and Diagnostics, Urgent and Emergency Care, and Cancer.
- Clinical transformation priorities – Hospital transformation, Infection, CVD, Musculoskeletal (MSK), Mental Health, Children and Young People, Healthy Ageing and Frailty, and End of Life.

Baseline information

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Shrewsbury and Telford Hospital NHS Trust

Organisation	Key developments
The Shrewsbury and Telford Hospital NHS Trust (SaTH)	Work is progressing on The Shrewsbury and Telford Hospital NHS Trust's (SATH) Hospital Transformation Programme. The most recent development includes the opening of the third phase of the Royal Shrewsbury Hospital (RSH) Emergency Department refurbishment. The redesigned area now houses Ambulatory Majors, providing timely assessment and treatment for patients who are stable, able to walk, and do not require an overnight stay. The full redevelopment of the emergency department is set for completion in 2027, with RSH fully established as the Trust's emergency and critical care site by 2028. These developments will see services such as consultant maternity, neonatology, paediatrics and acute stroke services relocated from Princess Royal Hospital in Telford to RSH.
Exit from special measures	In an important development for the safety and sustainability of the services we commission for Powys residents, SATH has exited NHS England special measures. It follows a review by NHS England, which recognised the Trust has delivered significant, sustained and demonstrable improvements including in finance, performance and governance. We continue to work with SATH through our Strategic Commissioning Framework and welcome this positive progress www.sath.nhs.uk/news/milestone-as-sath-exits-special-measures-after-sustained-improvement/
Governance arrangements	The Boards of Shropshire Community Health NHS Trust (Shropcom) and SATH are forming a new Group model from April 2026. The two organisations have appointed a Chief Executive (CEO) in Common, Jo Williams, who will lead both organisations working with Andrew Morgan, as Chair in Common. The trusts will remain as separate statutory organisations, while having a shared leadership to oversee strategy and service delivery.

Baseline information

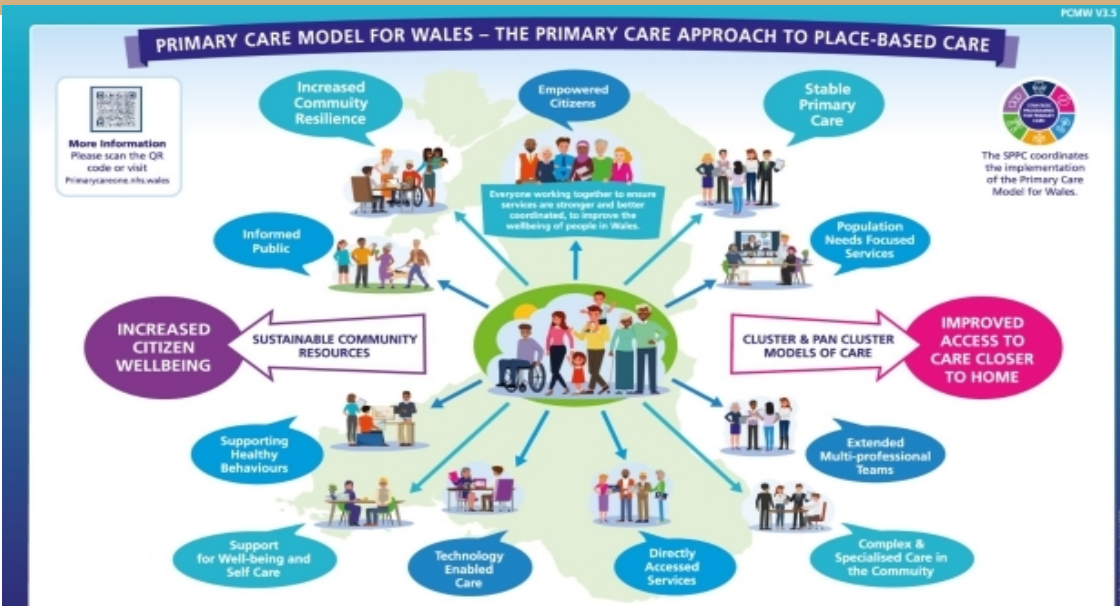
Planning, Partnership and Population Health COMMITTEE – 08 SEPTEMBER 2026		Agenda Item 5.3
Subject:	Primary Care Cluster Reporting against Delivery 2025/2026 & Update on 2026-2027 Progress	
Approved and Presented by:	Elaine Lorton, Executive Director of Primary Care, Community & Mental Health Services	
Prepared by:	Assistant Director Primary Care	
Purpose:	The purpose of the paper is to provide assurance on the Primary Care Cluster Delivery during 2025/2026 and update on 2026/2027 progress	
Recommendations:	The Committee is asked to: • RECEIVE the report and take ASSURANCE that primary care clusters plans are in place and monitored.	
Executive Summary:	The national Strategic Programme for Primary Care (SPPC) supports the Accelerated Cluster Development (ACD) Programme, enabling clusters to drive innovation, supporting integration and wider service transformation. During 2025/26, Powys successfully transitioned from a three-cluster model to a two-cluster model. The revised structure has created a more equitable population spread between clusters, strengthened leadership capacity, providing a stronger foundation for strategic planning, stakeholder engagement, and the delivery of services. During 2025/26 Frailty, Urgent Care and Mental Health remained the agreed Pan Powys Cluster priorities, with a range of existing and new cluster projects delivered across Powys to support the delivery of the Start Well, Live Well and Age Well agenda. Throughout the year, several innovative projects were developed, with a number of established initiatives expanded or mainstreamed to support service sustainability, improve access and deliver improved outcomes for local populations. While the clusters did not fully utilise their ring-fenced allocation during 2025/26, this was primarily due to the implementation of the Provider Selection Regime (PSR) procurement regulations, which created unforeseen delays in progressing a small number of larger projects. Despite these challenges, continued progress was made in piloting and development of service models. 2026/27 will focus on embedding the new two-cluster model, with the Cluster Leadership Group strengthening governance arrangements and supporting the continued maturity and development of both clusters. Priorities will include continuing to align cluster projects and developments with the Better Together and Community by Design programmes, strengthening collaborative working across primary and community care services.	

Cluster Development Programme: Purpose & role of Clusters

- Brings together local services involved in health and care across a geographical area
- Supports better coordinated person-centred care, that improves the wellbeing of individuals and communities
- Supports embedding of the Primary Care Model for Wales
- Strengthens partnership working across primary, community and third sector services
- Drives innovation and service transformation, through locally led initiatives that improve access, outcomes and sustainability
- Primary Care remains the first of contact for over 90% of NHS interactions, Cluster provides a forum for independent contractors and multi-disciplinary teams to work together improving pathways of care

Alignment to wider system

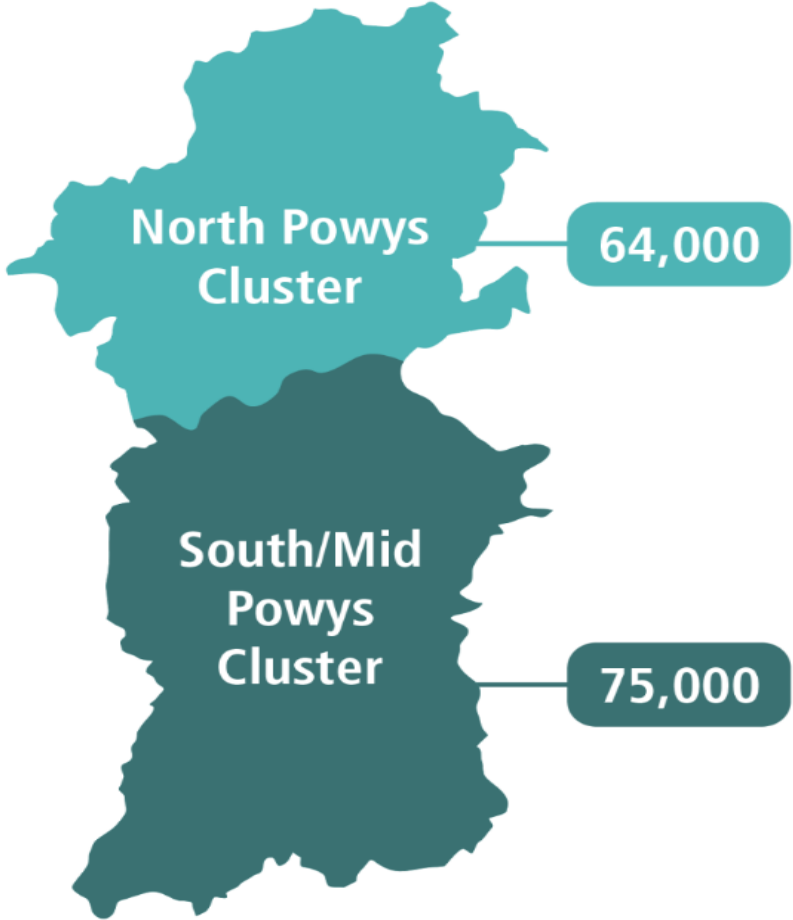
- The Primary Care Model for Wales (PCMw) is a model for Primary and Community Care, developed as a whole system approach to sustainable and accessible local health and wellbeing care. Focusing on place-based care, care closer to home and multi-professional working.
- Clusters are at the heart of this, bringing together all local services involved in health and care ensuring care is better coordinated to promote the wellbeing of individuals and communities.
- Clusters continue to mature, with progress underpinning and aligning with the Community by Design approach to achieve A Healthier Wales, and supporting the Better Together ambitions of creating a future that enables people to stay healthy for longer, while improving local services and delivering more integrated, joined-up care



- Transitioned to a two-cluster model (North, and Mid & South Powys) improving alignment of population distribution across cluster footprint
- Strengthened leadership, collaboration, governance, consistency and opportunities for integrated planning
- Cluster Leadership Group (CLG) formed providing direction and accountability for Clusters
- Shift in thinking from smaller 'Cluster Projects' to larger 'Cluster Services'
- Executive support providing clear direction to develop local solutions to Powys-wide service issues
- Cluster priorities clearly aligned with Better Together, A Healthier Wales & Community by Design

Maturity, challenges & risks

- Clusters are not legal entities, creating governance, employment and information sharing complexities
- Procurement, clinical governance and workforce issues can delay project implementation negatively, impacting on Cluster agility
- Effective delivery relies on Cluster and Collaborative Lead engagement and capacity
- Releasing independent contractor time for leadership and development work remains challenging
- Leadership vacancies, impacting cluster maturity and programme development



The Clusters continued to focus on three priority areas in 2025/26: Frailty, Urgent Care, and Mental Health

Through ongoing investment and development, clusters built on the progress achieved in previous years, further strengthening collaborative working and ensuring alignment with *Start Well, Live Well and Age Well* priorities across the following key areas:

- **Early help and prevention models of care** – improving access to Primary Care through, First Contact Practitioner services, Frailty service provision and Diabetes Prevention
- **Integrated Joined up Care** – provision of care closer to home, the scoping of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients
- **Workforce Futures** - collaborating with the Academies for the provision of education, training and development of the workforce, enabling alternative recruitment models, portfolio careers, and expanding opportunities for greater rural placements
- **Continued Transforming in Partnership** – collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional and organisational approach to the provision of frailty services

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2025/26 saw new projects developed, whilst seeing some existing projects extended, scaled up, or mainstreamed, supporting the sustainability and delivery of services across the Clusters.

New project developments included:

- **Pharmacy professional led frailty medicines management service** – Mid Cluster – supporting the management of medication and pathways of care for some of the most vulnerable and frail patients
- **Dental nurse oral educator Pan Powys** – development and implementation of service supporting the proactive oral healthcare of severely frail housebound patients, as part of the wider MDT model of care
- **Frailty coordination service in the south Cluster** – to support proactive care planning and coordination of care to frail patients planning through the development of the wider MDT model
- **Womens health skills training for community pharmacist** – providing skills development to support access and provision of Primary Care services, with support from PCCA and Womens Health teams

Maturing project developments included:

- **First contact MSK professionals:** fully established across all Clusters, providing equity of provision across Powys, supporting improved access, early intervention, improved patient outcomes, and capacity across the system. MSK FCP has mainstreamed in the Mid & South Cluster, and is due to be main streamed fully across the North in July 2026
- **CRP point of care testing (POCT):** across the South Cluster, supporting the wider development of POCT services across the Health Board, helping informing the wider development and implementation of a WAG supported project for 2026/27
- **Atrial fibrillation (AF) proactive screening service:** supporting the early identification of AF in the population across South Powys, helping inform a wider pan cluster approach
- **Digital Accurx:** supporting day to day provision and sustainability for GMS practices across all three Clusters
- **Pre-diabetes (AWDPP All Wales Diabetes prevention):** all Clusters are supporting the national pilot delivery of the new service, improving pathways of care, providing early intervention, and improved outcomes for patients
- **Pan Powys AHP Frailty specialist service** – embedding of frailty AHPs into a wider MDT model across community and primary care services, strengthening integrated working and supporting more coordinated, person-centred care for patients with frailty

Summary of Pilot Project Status 2025/2026

North Cluster

Status	No:	%	Reason/mitigation:
Completed/ implemented	1	12	
On track	5	63	5 Carried forward into 26/27 plan
Delayed	1	12	Secondary Care collaboration: discussions and engagement with Commissioning Team taking place
Under review	1	12	Frailty Practitioner Service: currently under review by GMS and AHP collaboratives

Mid Cluster

Status	No:	%	Reason/mitigation:
Completed/ implemented	2	20	
On track	3	60	3 projects carried forward to 26/27 plan – Frailty Pharmacy Professionals and AHP Frailty Professionals
Delayed	0	0	
Under review	0	0	

South Cluster

Status	No:	%	Reason/mitigation:
Completed/ implemented	4	40	
On track	5	50	5 Carried forward into 26/27 plan
Delayed	1	10	Frailty Co-ordination Service: Planning underway for implementation commencing April 2026
Under review	0		

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2025/26 North Project Summary										
	Funding Project Title	New or Existing Project	Collaborative/Dept	Brief Project Description	Results/ benefits expected by end March 2026	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
	Frailty Dental Nurse Educator	New 2025/26	Dental	Introduction of a Frailty Dental Nurse to support provision of care to Frail patient	To support the dental assessment of severely frail patients, supporting provision of care through Virtual Wards Provide education and coordinate onward referrals for any aspect of dental health.	Population Health	July 2027	£106,000	Cluster	
	Frailty Practitioner Service	Existing	GMS, AHP, Professional Nursing, 3 rd Sector	Introduction of North Frailty Practitioner Coordination Service.	To support the coordination and delivery of services and care to the most severely frail.	Population Health	Spring 2026	£345,614	Cluster	
	AHP Frailty Professionals	Existing	AHP's	Multiprotection AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening.	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support.	Population health	March 2027	£380,000	NHS Wales	
	MSK FCP (service extension)	Extension 2024/25	GMS & AHPs	Continued development of an MSK-FCP service in partnership with PthB – service extension to remaining 6 practices.	Improved patient outcomes and recovery timescales reduced referrals to other NHS departments/ improved patient satisfaction more capacity and value created across the system.	Early Help and prevention	July 2026	£112,000	Cluster	
	Secondary Care Collaboration	Existing (2022-23 plan)	GMS	Build productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through facilitating Cluster and Collaborative lead attendance at quarterly Commissioning/provider meetings.	Improved pathways of care for patients, improved partnership working with specialist providers.	Joined up Care / Transforming in partnership	March 2026	£5,000	ACD	
	CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health through improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	
	Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs/Optometry	Developing alternative access to services utilising the use of digital apps and software to support day to day service delivery & long-term condition management.	Improved alternative access to services for patients. Improved efficiencies with back-office functions.	Joined up Care / Transforming in partnership	March 2026	£103,555	Cluster	
	Better Together Primary Care	New (2025/26)	GMS/Community Pharmacy/Optometry	Supporting Primary Care clinical and operational input to the PTHB Better Together Transformation portfolio.	Facilitated active participation of Primary Care clinicians in the Better Together transformation of healthcare services, to ensure future healthcare is patient-centred, effective, and sustainable.	Transforming in partnership	March 2026	£49,950	Cluster	

Completed

On track

Delayed

Under review

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2026	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprofessional AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2027	£380,000	NHS Wales	On track
Pharmacy Professionals - Frailty	New (2024/25)	GMS	Focus on the management of medication for the most vulnerable and frail patients.	Improved pathways of care for patients, reduction in Medicines related admissions	A healthier Wales	March 2026	£180,000	Cluster	On track
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health through improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	Completed
Digital & Patient Access	New (2025/26)	GMS Community Pharmacy AHPs Optometry Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management	Improved alternative access to services for patients. Improved efficiencies with back-office functions	Joined up Care / Transforming in partnership	Feb 2026	£64,021	Cluster	Completed
Better Together Primary Care	New (2025/26)	GMS/Community Pharmacy/ Optometry	Supporting Primary Care clinical and operational input to the PTHB Better Together Transformation portfolio.	Facilitated active participation of Primary Care clinicians in the Better Together transformation of healthcare services, to ensure future healthcare is patient-centred, effective, and sustainable.	Transforming in partnership	March 2026	£49,950	Cluster	On track

Completed

On track

Delayed

Under review

2025/26 South Project Summary

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2026	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	RAG Status
MSK FCP Physiotherapy	New (2023 -24 plan)	AHP & GMS	Direct access to a Musculoskeletal professional within Primary Care	Improved outcomes, reduce referrals to secondary care. Improved service for patients, closer to home	A Healthier Wales	August 2025	£243,648	Cluster	
Prediabetes AWDPP	New (2022-23 plan)	GMS	Introduction of the AWDPP and enhance pre-diabetes care.	Reduction in the number of patients developing type 2 diabetes.	A Healthier Wales	Extended to September 2026	£78,000	Cluster	
Frailty coordination Service	New (2025/26)	GMS	Introduction of a South Cluster frailty coordination service	To support the coordination and delivery of care to those patients identified as Moderately and severely frail	A Healthier Wales	Spring 2028	£353,114	Cluster	
AHP Frailty Professionals	New (2023/24)	AHP's	Multi-profession AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2027	£380,000	NHs Wales	
Cluster GMS Website	Existing (ongoing from 2021-22 plan)	GMS & All	Expansion of ICT and patient access via cluster website	Increased access for patients. Increased technology available for patient reviews, requests. Streamlining of services across the cluster.	A Healthier Wales	March 2026	£14,000	Cluster	
Point of Care Testing Development	Existing (2022-23 plan)	GMS	Continuation of antimicrobial stewardship using CRP tests for LRTI	Reduction in unnecessary antibiotic prescribing.	Population Health	March 2026	£12,000	Cluster	
AF Prevention	Existing (2022-23 plan)	GMS	Opportunistic pulse checks for AF carried out on patients attending the influenza vaccine program	Capture of undiagnosed AF in patient population	A Healthier Wales	Spring 2026	£10,000	Cluster	
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health through improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	
Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs /Optometry/Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management	Improved alternative access to services for patients. Improved efficiencies with back-office functions	Joined up Care / Transforming in partnership	March 2027	£100,000	Cluster	
Better Together Primary Care	New (2025/26)	GMS/Community Pharmacy/ Optometry	Supporting Primary Care clinical and operational input to the PTHB Better Together Transformation portfolio.	Facilitated active participation of Primary Care clinicians in the Better Together transformation of healthcare services, to ensure future healthcare is patient-centred, effective, and sustainable.	Transforming in partnership	March 2026	£49.950	Cluster	

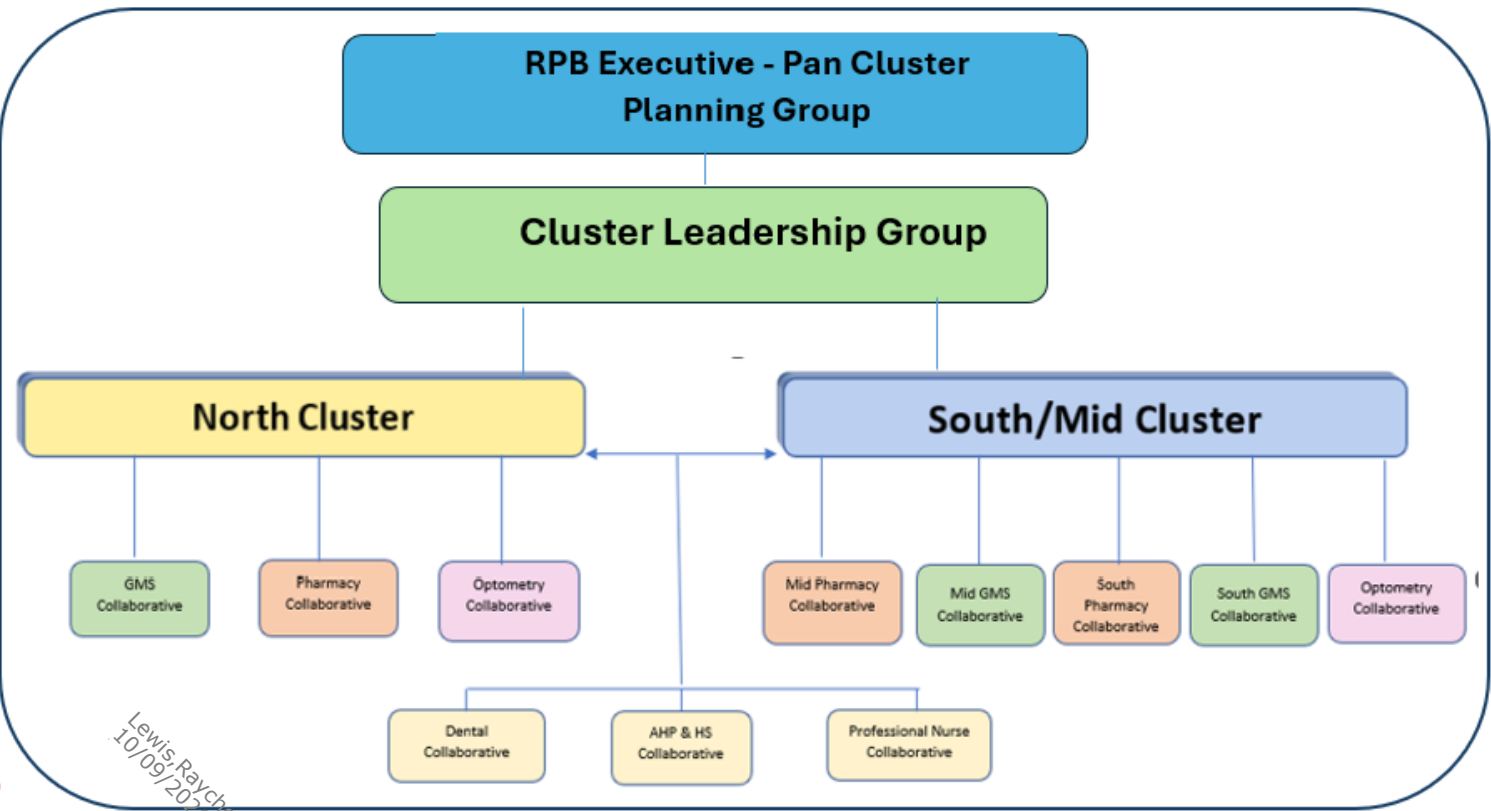
Completed

On track

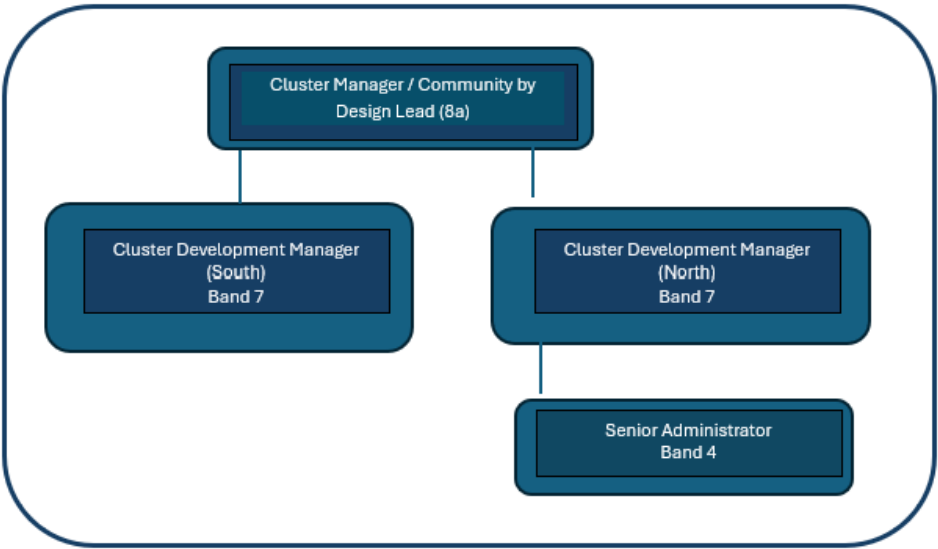
Delayed

Under review

Cluster Delivery Model



Cluster Support Model



- The Cluster Leadership Group will strengthen leadership, governance, planning and delivery.
- Will provide a strategic link between Clusters and the Regional Partnership Board
- PTHB Executive membership.

The role of CLG will be to:

- Provide strategic advice in line with Welsh Government and local priorities.
- Guide Cluster development in support of Health Board planning objectives.
- Promote engagement and participation from relevant Health Board teams.
- Champion Clusters as the primary delivery mechanism.
- Review Cluster financial performance and advise on funding opportunities.
- Support the spread and adoption of successful innovation and best practice.
- Strengthen collaboration and integration across Clusters and the wider health and care system.

Cluster	Status	RAG
South/Mid	Established - Lead in Place	
North	Established - Lead in Place	

Collaboratives	Location	Status	RAG
GMS	South	Established - Lead in Place	
	Mid	Established - Lead in Place	
	North	Established - Lead in Place	
Community Pharmacy	South	Established - Lead in Place	
	Mid	Established - Lead in Place	
	North	Established - Lead in Place	
Optometry	South	Established - Lead in Place	
	North	Established - Lead in Place	
Dental	Pan Powys	Newly established April 26 – lead to be appointed	
Allied Health Professionals & Health Sciences	Pan Cluster	Established – Leads in place	
Professional Nursing	Pan Cluster	Under development - formation in progress	

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- The future of Clusters are recognised as a potential place-based delivery mechanism for Community by Design through the three transformational shifts:
 - Prevention & Population Health Management
 - Chronic Conditions
 - Urgent & Same Day Care
- Consolidate the new two-cluster model
- Embed the Cluster Leadership Group
- Strengthen planning and expectations of the Clusters
- Strengthen governance, leadership and resilience across the Clusters
- Support the continued maturity and development of the Cluster model
- Continue to align cluster projects with wider service developments within Better Together and Community by Design programmes
- Continue to facilitate innovation and development of services to meet population needs
- Supporting and help inform the delivery of Community by Design initiatives through improved local solutions that can be scaled up
- Strengthen delivery of the 2026/2027 Cluster Plans, approved by the Regional Partnership Executive Group and included in the PTHB Integrated Plan



North IMTP



Mid & South
IMTP

Summary of Cluster Projects 2026/27

Cluster	Project Title	Project Start Date	Project End date (estimated)	Project Status
Supported Projects				
North	Frailty Dental Nurse Educator	Jul-25	Jun-27	Live
North	MSK FCP Scaling up provision	Jul-25	Jun-26	Live
North	Digital & Patient Access - Accurx	Feb-25	Mar-27	Live
North	Secondary Care Collaboration - Primary Care representation at Commissioning meetings	Apr-25	Mar-27	Delayed
South/Mid	Digital & Patient Access - Accurx (south)	Apr-25	Mar-27	Live
South/Mid	Pharmacy Professionals – Frailty (Mid)	May-25	May-27	Live
South/Mid	Frailty coordination Service (South)	Oct-26	Oct-28	To be implemented
South/Mid	Stroke Prevention – AF diagnosis (Mid/South)	tbc		Delayed
South/Mid	Tissue Viability Nurse - prevention (Mid)	Nov-26	Oct-27	To be implemented
Pan Powys	Better together - Primary Care Input	Apr-25	Mar-27	Live
Pan Powys	Skills Development - Community Pharmacy ACI	Sep-26	Mar-27	To be implemented
Pan Powys	Optometry - Developing Dispensing Opticians	Sep-26	Jun-29	To be implemented
Pan Powys	GMS Collaborative Lead Cluster attendance	Sep-22	on going	Live
Pan Powys	Optom/ Community Pharmacy Collab Lead Cluster attendance	Sep-22	on going	Live
Project Proposals In Development				
Pan Powys	Respiratory – FeNO testing			
Pan Powys	Primary Care Paediatric Dietitian with Enhanced Care Role			
North	Stroke Prevention - AF			
North	Triage A&G			
North	Document processing (AI) & docman			
North	EMIS template search support			
North	Collaborative Admin			
North	Wellness improvement/Social Prescriber Service in Practice			
North	Frailty Service			

	Live
	To be implemented
	Delayed

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2025-2026

- £870,000 recurring ring-fenced Cluster allocation across Powys
- Some projects were delayed or did not commence as planned, resulting in an underspend in 2025/26 of £311,412
- Underspend was largely due to implementation and procurement delays

2026-2027

- £870,000 continues to be ring-fenced for Clusters,
- £500,000 committed to existing and new projects
- £370,000 currently uncommitted, however it is anticipated that these funds will be allocated to a number of projects being scoped and developed by the Clusters and Collaboratives

Pan Cluster allocation schedule

Totals	25-26 £
Core funding	869,965
Total allocation	869,965
Allocation/forecast	558,553
Unallocated	311,412

North Cluster	25-26 £
Core	398,000
Total allocation	398,000
Allocation/forecast	210,046
Unallocated	187,954

Mid & South Cluster	25-26 £
Core	471,965
Total allocation	471,965
Allocation/forecast	348,507
Unallocated	123,458

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Powys Teaching
Health Board

Agenda item: 5.4

Planning, Partnerships and Population Health Committee

15 September 2026

Subject:	Winter Preparedness 2026/27 Readiness Assessment Template
Approved and presented by:	Elaine Lorton, Executive Director of Primary Care, Community and Mental Health
Prepared by:	Planning Manager
Other Committees and meetings considered at:	Executive Committee – 19 August 2026

PURPOSE:

The purpose of this paper is to present the Winter Preparedness 2026/27 Readiness Assessment Template. The template has been completed collaboratively with the Regional Partnership Board (RPB) in line with guidance received from Welsh Government.

Due to the operational nature of the template, it is provided to the Committee as a background paper and not added to the Committee pack provided to the public via the website.

The winter plan itself will be provided to the PTHB Board on the 30 September 2026.

This paper is also supported by paper 5.4b (Covid and Influenza Vaccination Programme 2026/27) provided by the Executive Director of Public Health.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee are asked to:

- Take **ASSURANCE** that there has been engagement and collaborative working with the RPB in the completion of the template with active participation and coordination of Health Board, Powys County Council and Third Sector input.
- **NOTE** that the template met the Welsh Government submission deadline of 27 August.
- **Note** that this template forms a part of the Winter Preparedness Plan which is also being worked up with system colleagues for submission on the 25 September 2026.

Lewis Raychelle
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Winter Plan

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	
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:

This paper provides the Planning, Partnerships and Population Health Committee with the Powys RPB Winter Preparedness 2026/27 Readiness Assessment Template submission which forms part of the RPB System Winter Preparedness Plan.

The template is being completed through the RPB to include inputs from system partners in line with Welsh Government requirements and timelines. There are a small number of metrics which are still being compiled which are highlighted in yellow, these will continue to be completed post Executive Committee and prior to submission.

BACKGROUND

In preparation for Winter 2026/26, Welsh Government wrote to all organisations outlining expectations for preparedness across Health and Social Care. As a part of this 9 critical outcomes have been outlined with a focus on delivery. These being: -

1. Reduce time spent at high levels of escalation
2. Achieve all ambulance patient handovers within <45 mins
3. Discharge or admit all patients within 12 hrs of arrival at ED
4. Increase vaccination uptake across all eligible groups
5. Aim for delivery of no care in corridors or temporary spaces
6. Realise 33% of discharges by midday, 7 days a week
7. Reduce POCDs and days delayed
8. Reduce Winter mortality
9. Reduce both ambulance conveyance to emergency departments and hospital admissions from care homes

These outcomes will form the basis of the System Winter Preparedness Plan.

As part of Welsh Government Guidance 5 System Priorities have also been outlined. These being: -

1. Proactive Frailty Care in the Community

2. Protect Acute Hospital Capacity
3. Discharge Without Delay
4. Effective Operational Command
5. Workforce and Staff Wellbeing

As part of planning for 2026/27 Organisations have been asked to work in partnership to review and complete a Winter Readiness Assessment Template. This is designed to consider local readiness arrangement against a number of domains which align to the 5 System Priorities. It will also support a consistent national approach.

This completed template will form part of the System Winter Plan 2026/27 as it continues to be worked up in collaboration with system partners before final submission in line with Welsh Government Timelines.

NEXT STEPS:

There are a number of key dates outlined which will form the governance arrangements for the System Winter Plan 2026/27 in line with Welsh Government timelines.

PTHB Executive Committee	19 th August
Winter Preparedness Template submission	27 th August
RPB Executive Committee	10 th September
PTHB PPPH Committee	15 th September
PTHB Exec Committee	16 th September
RPB Board	23 rd September
Winter Plan Final Submission	25th September
PTHB Board	30 th September

The winter plan itself will be provided to the PTHB Board on the 30 September 2026.

This paper is also supported by paper 5.4b (Covid and Influenza Vaccination Programme 2026/27) provided by the Executive Director of Public Health.

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Winter Plan



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Health Board

Agenda item: 5.4

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		15 SEPTEMBER 2026	
Subject:	Covid and Influenza Vaccination Programme 2026/27		
Approved and presented by:	Mererid Bowley, Executive Director of Public Health		
Prepared by:	Deputy Head of Service: Immunisation and Vaccination		
Other Committees and meetings considered at:	Executive Committee 19 August 2026		
PURPOSE:			
The purpose of this paper is to inform members of the:			
- Plan for delivering COVID-19 to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance. - Plan for delivering the Autumn/Winter 2026 to 2027 Influenza immunisation programme to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance.			
RECOMMENDATION(S):			
The Planning, Partnerships and Population Health Committee is asked to:			
- NOTE the National changes made to the Influenza and COVID-19 Immunisation programmes - Take ASSURANCE Executive Committee approved the plan for delivering the COVID-19 immunisation programme in Powys - Take ASSURANCE the Executive Committee approved the plan for delivering the National Influenza immunisation programme in Powys - NOTE the proactive approach being taken to increase vaccination uptake across all eligible groups and reduce the inequity gaps in vaccination uptake across Powys			
Approve		Discuss	Note
Y		N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems. The hub and spoke model of the Vaccination service delivery enables citizens to receive appointments and community hospitals and settings across Powys.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	N	

EXECUTIVE SUMMARY:

Vaccination remains one of the most effective interventions for reducing the impact of respiratory viruses within communities, protecting vulnerable populations, and maintaining the resilience of health and care services.

As in 2025 to 2026, the influenza and COVID-19 immunisation programmes will continue to operate as two distinct programmes during 2026 to 2027, rather than as a combined winter respiratory vaccination programme.

Building on the successful changes introduced to the influenza programme in 2025 to 2026, the 2026 to 2027 programme incorporates further enhancements designed to improve vaccine uptake, strengthen data reporting, and increase flexibility in vaccine supply and delivery.

Covid-19 Vaccination Programme

The JCVI announced their advice for COVID-19 vaccination in Autumn/Winter 2026 to 2027 and Spring 2027 on 16 July 2025 (available at hyperlink [JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 - GOV.UK](#)).

A Welsh Health Circular (WHC) was issued to Health Boards on the 1 July 2026, setting out the COVID-19 Autumn Vaccination Programme 2026 to 2027 (available at hyperlink [The national COVID-19 vaccination programme autumn 2026 \(WHC/2026/009\) \[HTML\] | GOV.WALES](#))

The programme will commence as soon as vaccines and the relevant legal authority (Vaccine Group Direction and Patient Group Direction) are available in October 2026 and conclude on 31 January 2027. The expectation is that all eligible people should receive a vaccination appointment scheduled to take place by 31 December 2026. Health boards should actively issue first appointment invitations to all eligible people to receive a vaccination as early as possible in the programme but by no later than 31 December. 'Mop up' activity, including recall and follow-up opportunities where the first offer of vaccination is not taken up, can start as early as required to meet local needs where the first offer of vaccination is not taken up.

Flu Vaccination Programme

The JCVI released guidance on the National flu immunisation programme 2026 to 2027 on 12 November 2025 (available at hyperlink [JCVI statement on influenza vaccines for 2026 to 2027 - GOV.UK](#))

Following this, a WHC was issued to Health Boards on 1 July 2026 setting out detailed guidance for the national influenza immunisation programme in Wales (available at hyperlink [The national influenza immunisation programme 2026 to 2027 \(WHC/2026/010\) \[HTML\] | GOV.WALES](#))

The adult influenza vaccine will be procured centrally by NHS Wales Shared Services Partnership on behalf of Welsh Government and will be supplied directly to GPs and Pharmacies who are providing NHS flu vaccinations for adults. This is a continuation of the new model of flu delivery introduced in 2025 to 2026 which included the move to the central procurement of flu vaccines and the universal use of the Welsh Immunisation System.

The flu vaccination programme will begin in September for children and pregnant women, with the adult programme commencing on 1 October 2026, and conclude by 28 February 2027.

The main period of activity for delivery of the flu programme for the 2026 to 2027 season will be shorter than in previous years with the aim of maximising vaccine uptake early in the programme to protect those most at risk from flu and reduce hospital pressures before the peak of Winter infections circulating in the community.

1.0 AUTUMN COVID-19 VACCINATION PROGRAMME

The Autumn COVID-19 Vaccination Programme is guided by the latest clinical and scientific evidence, and the latest advice from, the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI).

The COVID-19 Autumn programme will start on 1 October 2026 and will conclude on 31 January 2027.

The eligible groups, as set out by the JCVI guidance is as follows:

- immunosuppressed persons aged 6 months and over
- care home residents
- adults 75 years and over on 31 January 2027.

It is expected that COVID-19 vaccines will continue to be updated to match circulating variants on a yearly basis. JCVI advises that, when possible, the latest updated vaccine should be used in a vaccination campaign, provided this does not delay the start of the campaign.

For children and young people under the age of 18 years who are immunosuppressed, JCVI continues to advise the use of the Pfizer-BioNTech

COVID-19 mRNA (Comirnaty) vaccine, with the vaccine dose appropriate to the child's age.

1.1 AUTUMN COVID-19 VACCINATION PROGRAMME DELIVERY

A blended delivery model is being deployed for the Autumn Covid-19 programme incorporating vaccination centres, community clinics, District Nursing and Ward teams.

The deployment model for Autumn 2026 has been planned to reduce inequalities in uptake of vaccinations. The Service will deliver clinics in communities across Powys to improve accessibility to vaccinations and reduce travel distance for residents. Uptake data will continue to be monitored throughout the campaign with the aim of reducing inequity of uptake between the most and least deprived areas, and further 'pop-up' community clinics organised in targeted areas.

The deployment plan commences with residents of care homes for older adults in October 2026, once vaccines and the relevant legal authority (Vaccine Group Direction and Patient Group Direction) are available. The programme will then invite Powys residents to vaccination appointments in priority group order, ensuring that those most at risk from harm if infected with the virus are prioritised for vaccination. Eligible groups will initially be invited to attend an appointment at one of the main vaccination centres in Newtown or Bronllys, or a clinic in the local community. District Nursing staff will offer vaccination to individuals who are designated housebound.

Please see delivery summary plan at Appendix 1.

2.0 The National Influenza Immunisation Programme 2026 to 2027

The Welsh Government has set an ambition to maximise uptake whilst ensuring an equitable offer to all eligible people. The WHC outlines that local systems should deliver robust delivery plans to achieve high levels of coverage as early as possible in the programme and monitor progress closely, taking remedial action where uptake trajectories are not being achieved.

The eligible groups as set out in the WHC for the flu vaccination programme 2026 to 2027 are as follows;

- children aged two and three years on 31 August 2026
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- people aged 65 years and older (age on 31 March 2027)
- all adult residents in Welsh prisons
- pregnant women
- carers of a person whose health or welfare may be at risk if the carer falls ill
- health and social care workers and NHS Trust Staff

- people experiencing homelessness
- household contacts of the immunocompromised
- poultry workers and livestock (cattle and swine) workers who are at higher risk of exposure to zoonotic influenza.

Welsh Government Improvement Target

The overall target remains at 75% uptake for each cohort. Every practicable step must be taken by Health Boards to ensure a trajectory towards achieving at least a two-percentage points improvement in uptake towards this overall target in each of the eligible cohorts compared to the previous season campaign.

2.1 Adult Flu Vaccination Programme

The adult flu programme will commence on 01 October 2026, delivered through 15 GPs and 20 Pharmacies utilising centrally procured vaccines and the WIS data system. One GP practice will be vaccinating their 70 years and over age group and the Health Board will ensure vaccination of the remaining eligible groups either through community pharmacy or through Health Board clinics.

The Welsh Government uptake target for adults aged 65 years and older is 75%. To continue the trajectory towards achieving 75% uptake, each Health Board should ensure that 66% of eligible older adults have been vaccinated by 30 November 2026.

For people aged under 65 years of age in a clinical risk group eligible for flu vaccination, the uptake ambition is to show clear progress to achieving 75% uptake by the end of the programme. Welsh Government has set an expectation that at least 38% of people in clinical risk groups have been vaccinated by 30 November 2026.

Where the expectations on vaccine uptake have not been met by 30 November 2026 through GPs and Pharmacy commissioned services, health boards will be expected to commence "mop up" activities immediately, alongside primary care contractor activity. The Health Board Vaccination Service will work closely with all contractors to monitor uptake and offer additional support where necessary.

2.2 Children's Flu Vaccination Programme

Starting as soon as Live Attenuated Influenza Vaccine (LAIV) becomes available in September 2026, 2- and 3-year-olds and school aged children should be vaccinated as quickly as possible, to help protect them and to reduce flu transmission in the community to other vulnerable groups.

The ambition set out in the WHC is to achieve 75% uptake amongst these groups in the 2026/27 programme.

2.3 Flu Vaccination Delivery in Powys

2.3.1 Adults and Clinically Vulnerable

The 15 GP Practices and all 22 pharmacies across Powys have submitted an order for adult flu vaccines for the 2026/27 flu season, commencing on 1 October 2026. There are ongoing discussions with GPs regarding vaccination in care homes, however the Welsh Health Circular details that flu vaccination delivery to care home residents is completed by no later than 31 October 2026. The Vaccination Service, GPs and District Nurses will work closely to ensure all Care Homes residents are vaccinated before 31 October 2026.

2.3.2 Care Home Residents

The Vaccination Service will provide ongoing oversight and assurance of flu vaccination delivery within Powys care homes, with the objective of ensuring that all eligible residents are offered vaccination by 31 October 2026. Targeted follow-up visits will be undertaken throughout the programme to maximise uptake, including among newly admitted residents and those requiring a subsequent vaccination opportunity.

2.3.3 Pregnant Women

The Health Board will offer pregnant women the flu vaccination through the Midwifery Service which has been hailed as best practice at a national level. Pregnant women will also be able to access flu vaccination through their GP Practice. In line with JCVI guidance, released on 12 November 2025 ([JCVI statement on influenza vaccines for 2026 to 2027 - GOV.UK](#)) ([National flu immunisation programme 2025 to 2026 letter - GOV.UK](#)), vaccination of pregnant women will begin in September, as soon as the vaccine is available.

2.3.4 Health and Social Care Workers

All Powys Teaching Health Board employed staff will be invited for flu vaccination through the Health Board Vaccination Service. The delivery model will also utilise a peer vaccinator model, as well as vaccination service "walkabouts" at Health Board sites across Powys.

Staff who are involved in supporting the delivery of the NHS services in a patient facing role may be vaccinated at the GP practice where they are registered as a patient.

Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination and will be able to take up this offer at community pharmacies across Powys.

2.3.5 Poultry Workers and Livestock Workers

Vaccinations for poultry workers and livestock workers will be offered by community pharmacies in line with Welsh Government directive.

A proactive approach to raising awareness of eligibility will be implemented working in partnership with the animal health team of Powys County Council to promote flu vaccination.

2.3.6 Pre-School aged children

GP Practices across PTHB are delivering the influenza programme to two-and three-year-olds, and those children aged 6 months to 2 years who are in a clinical at-risk group, from September 2026.

The uptake in children aged 2 and 3 years in Powys Health Board during the 2025/26 flu programme was 56.4%. This was an increase of 3.3% uptake on the 2024/25 programme and was the highest uptake when comparing to other Health Boards across Wales, and above the Wales average of 47%.

2.3.7 School-aged children

School Health Nursing Service will be offering vaccination to school-aged children from reception class to year 11 in the school setting. In the previous 2025 to 2026 flu vaccination season, uptake in children in primary school aged children was 56.3% (Wales average 57.6%) and uptake in children of secondary school age reached 40.3% (Wales average 46.1%). This was a decrease in uptake compared to the previous years.

In preparation for the 2026 to 2027 campaign the school health nursing team have developed a School Flu Immunisation Improvement Action Plan to increase uptake which will be monitored weekly through governance arrangements.

The school health nursing team will be providing clinics for home educated children and those who have missed their vaccine during the school clinics.

Please see delivery plan at Appendix 2.

3. Ensuring Equity

Welsh Government have expressed an improvement this year on reducing the inequity gap in vaccination uptake. Alongside maximising vaccine uptake, providers are expected to retain their focus on reaching the most vulnerable. Disparities persist in uptake between the most deprived communities compared to the least deprived communities across all eligible cohorts. Where inequities exist, there is an expectation that there will be an incremental improvement in uptake compared to last season as part of a planned approach.

Some of the actions the Health Board will implement is:

- ensuring vaccine access is as close to home as possible to reduce travel time
- to provide late afternoon, early evening and weekend clinics
- to actively monitor uptake through the WIS system on a weekly basis and adapt plans accordingly to reach the harder to serve groups
- to implement a range of generic and bespoke communication methods promoting vaccination offer and benefits
- to offer personalised invite letters

- to work with third sector organisations to actively promote covid-19 and flu vaccination to their eligible client groups
- to actively chase outstanding consents from parents of school age children

NEXT STEPS:

- Continue with finalising planning to commence delivery of Winter Respiratory Vaccination Programme from 01 September 2026 and monitor uptake weekly to maximise uptake in eligible cohorts.

Lewis, Raychelle
10/09/2026 13:30:26

Appendix 1: Plan on a Page: COVID-19 Autumn Vaccination Programme Delivery

PTHB Autumn 2026/27 COVID-19 Delivery Model

PTHB Delivery of COVID-19 Autumn 2026/27			
Key Information	Clinic Locations	Care Home Delivery	Mobile provision
Eligible Cohorts COVID-19 - Individuals aged 6 months and over who are immunosuppressed - Residents in a care home for older adults - Adults aged 75 years and over Approximately 23,801 individuals eligible in Powys The Autumn vaccination programme will run from 1 October 2026 with first offers of appointments to be completed by end of December 2026. The COVID-19 Autumn Programme will be delivered through PTHB Vaccination Service The first 2 weeks of delivery will concentrate on administration of COVID-19 vaccination at care homes across Powys, followed by public vaccination appointments at our vaccination centres and community clinics. Invitations will be sent to all individuals irrespective of previous vaccinations. Individuals will be invited in priority group order; - Immunosuppressed citizens - Adults aged 80 years and over - Adults aged 75 years and over All eligible individuals will receive a vaccination appointment prior to 31 December 2026	Newtown Vaccination Centre Bronllys Vaccination Centre Bro Ddyfi Hospital, Machynlleth COWSHAAC, Welshpool Knucklas Community Centre, Knighton Glan Irfon Health and Care Centre, Builth Wells Ystradgynlais Rugby Club, Ystradgynlais Regular clinics will be held in each of our clinic locations, with the aim being that citizens will be invited to their most local clinic for their vaccination appointment. Clinics will take place 5 days per week including late night clinics with appointments until 7pm and Saturday clinics.	Care homes for older adults Nurses from the vaccination service will commence Powys care home visits in Sept 2026 to complete Mental Capacity Assessments (MCA) and make Best Interest decisions for residents, where this is required. This is in line with National Best Practice and all nurses in the vaccination service have completed MCA training. Care Home Vaccination visits will commence on 1 October 2026 The vaccination service will continue to offer care home vaccinations throughout the duration of the Autumn 2026/27 programme to ensure that new residents are offered their COVID-19 vaccinations.	People who are housebound PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound Inpatients The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards during the Spring Vaccination Programme.

Lewis Raychelle
15/09/2026 13:39:25

Appendix 2: Plan on a Page: Adult Flu Vaccination Programme Delivery 2026 to 2027

Lewis Raychelle
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PTHB Adult Influenza Programme 2026/27

PTHB Delivery of Influenza Programme 2026 to 2027

Key Information	Supply and Logistics	GP Practice	Community Pharmacies	Health Board
Eligible Cohorts - people aged 65 years and older (age on 31 March 2027) - all adult residents in Welsh prisons - pregnant women - carers of a person whose health or welfare may be at risk if the carer falls ill - frontline health and social care workers - people experiencing homelessness - household contacts of the immunocompromised - poultry workers and livestock workers Approximately 61,179 citizens eligible in Powys The programme will begin for pregnant women in September 2026, as soon as vaccine is available,, followed by the adult programme which will commence on 1 October 2026. First offer of appointments completed by early December 2026. Programme will conclude on 28 February 2027. Uptake target for all eligible groups is 75%	TIVc for all eligible adults Health Board to ensure timely ordering and robust stock management across all contractors. Expectation to minimise wastage and ensure efficient stock use Data and Digital WIS to be used at point of delivery to enter flu vaccinations administered to all eligible cohorts in all settings.	Delivering to; - People aged 17-64 years in a clinical risk group - People aged 65 years and older (age on 31 March 2027) - Pregnant women (if not received with midwife) - School aged children in a clinical risk group if preference is to receive at GP - Primary care staff (including dentists and optometrists and locum GPs) who are registered with the practice Vaccination for pregnant women to begin in September as soon as vaccination is available. 15 GP Practices in Powys have submitted a signed PCCS:I to deliver flu vaccination to eligible adults commencing on 1 October 2026, with one practice offering to a reduced cohort of patients aged 70 years and over.	Delivering to; - People aged 17-64 years in a clinical risk group - People aged 65 years and older (age on 31 March 2027) - Staff working in adult residential homes, nursing care homes and children's hospices - Staff providing domiciliary care - Poultry and livestock workers 20 pharmacies in Powys have submitted a signed PCCS:I to deliver flu vaccination to eligible adults commencing on 1 October 2026	The vaccination service will deliver influenza vaccination to Health Board staff through pre-booked clinics and PTHB site walkarounds. The Vaccination Service will be offering vaccination to patients where the GP practice is not participating, or is offering to a reduced cohort for the flu programme. The service will continue monitoring uptake in all eligible groups and will provide support to contractors where they are not on a trajectory to meet the uptake targets by 1 December 2026 or the 75% target by 31 March 2027. The Vaccination service will offer co-administration with covid vaccine and offer flu appointments from January to 28 February 2027 for any eligible person who has not yet received their vaccine

Appendix 3: Plan on a Page: Childrens Flu Programme Delivery 2026 to 2027

PTHB Childrens Influenza Programme 2026/27

PTHB Delivery of Influenza Programme 2026 to 2027

Key Information	Supply and Logistics	GP Practice	School Health Nursing	Health Board
Eligible Cohorts - children aged two and three years on 31 August 2025 - school aged children from reception to year 11 (inclusive) - people aged 6 months to 64 years in a clinical risk group Approximately 17,968 children eligible in Powys The programme will begin in September 2026 for children, as soon as vaccine is available. Programme will conclude on 28 February 2027 Uptake target for all eligible groups is 75% Concerted drive towards increased LAIV administration from September 2026 to 30 November 2026	LAIV for all eligible children TIVc available at point of delivery for children unable to receive LAIV Health Board to ensure timely ordering and robust stock management across all contractors. Expectation to minimise wastage and ensure efficient stock use Data and Digital WIS to be used at point of delivery to enter flu vaccinations administered to all eligible cohorts in all settings.	Delivering to; - Children aged 6 months to 2 years in a clinical risk group - Children aged 2-3 years of age - School aged children in a clinical risk group if preference is to receive at GP Clinics to begin as soon as vaccine is available in September	Delivering to; School aged children from reception to year 11 (inclusive) The school health nursing team will be running LAIV clinics in schools for all eligible children. TIVc vaccine available in school setting as an alternative where LAIV is declined. School clinics running 5 days per week Primary schools timetabled for visits before October half term Secondary schools timetabled after October half term Clinics throughout October Half Term and Christmas Holidays for home educated children and mop up clinics Aiming to increase staffing establishment to improve consent return for the flu programme	Letters sent to all parents of 2 and 3 year olds in Powys to inform of child's eligibility and promote early uptake of flu vaccine Vaccination service to monitor uptake of 2–3-year-olds flu vaccine from September and support GP practices where uptake is not as expected Vaccination service to offer mop up clinics in January and February for all children who have not yet received flu vaccination.

Lewis Raychelle
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.5

PLANNING, PARTNERSHIP & POPULATION HEALTH COMMITTEE		DATE: 15 SEPTEMBER 2026	
Subject:	Regional Partnership Board (RPB) Annual Report 2025-2026		
Approved and presented by:	Mererid Bowley, Executive Director of Public Health, Powys Teaching Health Board		
Prepared by:	Powys RPB Coordinator Assistant Director Partnership Development, Powys Teaching Health Board		
Other Committees and meetings considered at:	Regional Partnership Board, 24th June 2026 (Scheduled for Powys County Council Senior Management / Cabinet in August 2026) Executive Committee, 22 nd July 2026		
PURPOSE:			
To present the Regional Partnership Board Annual Report for April 2025 to March 2026 to the PTHB Planning, Partnership & Population Health Committee. The report provides assurance on the progress made in delivering the five-year Joint Area Plan and broader outcomes set within the Health and Care Strategy “A Healthy Caring Powys”, through collaborative partnership working of the Powys Regional Partnership Board across health, social care, housing, the third sector and communities.			
RECOMMENDATION(S):			
The Planning, Partnership & Population Health Committee is asked to:			
• RECEIVE the Regional Partnership Board (RPB) Annual Report and • Take ASSURANCE that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten-year Health and Care Strategy “A Healthy, Caring Powys”.			
Approve/Take Assurance		Discuss	Note
Y		Y	Y

Lewis Raychell
10/09/2026

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Regional Partnership Board Annual Report demonstrates strong alignment with the Powys Teaching Health Board's wellbeing objectives through its continued focus on prevention, early intervention, integrated care, workforce development, innovation and partnership working.
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:

Strategic Context

The Powys Regional Partnership Board (RPB) brings together partners from health, social care, housing, the third sector, independent providers and local communities to improve wellbeing and deliver more joined-up services for the people of Powys. Established under the Social Services and Well-being (Wales) Act 2014, the RPB provides strategic leadership for integrated planning, prevention, co-production and service transformation. Through its Health and Care Strategy, *A Healthy Caring Powys*, and Joint Area Plan the Board works to improve outcomes, reduce inequalities and ensure people can access the right support, at the right time, in the right place.

In July 2026, Welsh Government commissioned the Institute of Public Care (IPC) to undertake an independent review of Regional Partnership Boards across Wales. The review will examine how RPBs are established in law, compare arrangements across other UK nations and internationally, and consider opportunities to strengthen the partnership arrangements further to maximise their impact – the initial findings from the review are due at the end of August 2026.

Alongside this, Powys RPB will continue to maintain a focus on delivering its priorities as set out in the agreed RPB Delivery and Resource Plan 2026-27 and maximising the impact of its work. This includes maintaining a strong focus on managing the exit from the Regional Integration Funding Programme (RIF), which is one of Welsh Government's time-limited funding streams allocated to the partnership. The Powys RPB continues to recognise both the benefits delivered through the RIF funded programme and the need to minimise risks to staff, communities and partner organisations as funding arrangements change. Through a structured approach to exit planning, impact assessment, risk management and lessons learned, partners have sought to identify system critical priorities, capture innovation and learning, and use the experience to inform future models of integrated working and investment. This work will continue at pace into Q3 / Q4 of this year. Information from Welsh Government about what may follow RIF is not expected until the Autumn.

RPBs Annual Report 2025-26

The RPB's most recent Annual Report provides a look back and reflection opportunity on the achievements and impact of its work over the last year and helps to provide assurance on the delivery of the Health and Care Strategy "A Healthy Caring Powys", and the progress made in improving outcomes through integrated partnership working in Powys. The report demonstrates how partners have continued to strengthen prevention, community-based support, innovation and integration, with a shared focus on delivering accessible, person-centred care across Powys.

The RPB has continued to strengthen collaborative working across partners, with a sustained focus on improving outcomes through Prevention, early intervention, and person-centred approaches to care and support. Delivery has been progressed through the life-course partnerships of Start Well, Live Well and Age Well, alongside key cross-cutting priorities including workforce development, unpaid carers, Welsh language (Active Offer), social value, and the North Powys Wellbeing Programme.

Whilst there is a shared commitment to prevention it was recognised in year that the partnership's work has predominantly focused on secondary and tertiary prevention – with a need to develop a shared understanding of primary prevention. With this in mind the RPB has endorsed the "Preventing the Preventable Framework" and developing that understanding is a priority within the current year's delivery plan.

In-year work continued following the Evaluation, Prioritisation and Assurance process including bringing together more closely separate projects such as Community Connectors, Befriending and Social Prescribing. A self-assessment was also undertaken across the RPB to inform partnership development.

Annual Report development, engagement and governance

The report has been developed by collating a wide range of information across the RPB, including quarterly RIF reporting and RPB Partnership / Programme six-monthly Reporting Dashboards. Information from these sources include detailed quantitative and qualitative information at the project level – including project case studies and the views of people using services, which have helped create an information bank to develop the Annual Report. RPB Partnerships have then been engaged to develop a strong narrative from this to highlight key achievements and progress.

The draft report, in line with RPB Governance, was received and approved by the RPB Board on 24 June, which includes citizen and unpaid carer representatives. The report was submitted to Welsh Government on 30th June as per the statutory requirement to do so. Final graphics and translation will take place in July with a view to publishing the report online, supported with a series of communications to highlight the impact of the work of the RPB to a wider audience.

Key highlights

Start Well

- Continued development of integrated services for children, young people, and families, with a focus on early intervention, prevention, and emotional wellbeing.
- Strengthened partnership approaches to improve access to timely, coordinated support, including supporting children and families at the edge of care.

Live Well

- Ongoing delivery of community-based, integrated models of care, supporting individuals with complex needs to maintain independence in their community.
- Increased emphasis on co-production and lived experience, ensuring services are responsive to local needs – especially through the Live Well Forum.

Age Well

- Progress in supporting older people to live independently within their communities, including enhancements to home-based and care services.

Cross-Cutting Priorities

- Unpaid Carers: Strengthened support, recognition, and engagement to improve carer wellbeing and resilience.
- Workforce Development: Investment in workforce capacity, skills, and leadership to support sustainable service delivery.
- Welsh Language (Active Offer): Embedding accessible, bilingual services across the partnership.
- The Powys Social Value Forum: Bringing together partners, communities, and the third sector to support co-production, strengthen community-led approaches, and maximise the wider social, economic, and wellbeing benefits of health and care delivery.
- North Powys Wellbeing Programme: Supporting community-based approaches that enhance wellbeing and strengthen local resilience; securing funding to further develop the integrated health and wellbeing hub in Newtown.

The report concludes by outlining the focus of work for the year ahead, as follows:

- Prevention First: work to strengthen prevention and also supporting people earlier and closer to home
- Co-Production and Engagement: Putting people at the centre
- Deeper Integration and Joint Working
- Innovation and Learning: Building a more resilient system from learning what works
- Strategic Planning and a focus on sustainability (including exit planning).

Together, these priorities provide a clear framework for delivering the Regional Partnership Board's Joint Area Plan and Health and Care Strategy, ensuring that

partnership efforts remain focused on improving and demonstrating outcomes, reducing inequalities, and supporting healthier, more resilient communities across Powys.

NEXT STEPS:

Final graphics and translation will take place in July 2026 with a view to publishing the report online by mid-July (on the RPB Partnership webpages), supported with a series of communications to highlight the impact of the work of the RPB to a wider audience.

Powys Teaching Health Board remains committed to working with Regional Partnership Board partners to build on successful collaborative approaches, maximise opportunities for improvement and innovation, and to collectively respond to the challenges and opportunities facing health and social care services across Powys.

The RPB's work will continue to be guided by the Joint Area Plan (2023–2027) and Delivery and Resource Plan (2026–2027), with a continued focus to strengthen prevention and early intervention, citizen voice and co-production, integrated community-based care, innovation and learning, and the long-term sustainability of services, (including exit planning).



Powys Regional Partnership Board

Annual Report- **DRAFT**
April 2025 to March 2026



Bwrdd Partneriaeth
Ranbarthol Powys
Iechyd a Gofal
Cymdeithasol



Powys Regional
Partnership Board
Health and
Social Care



Llywodraeth Cymru
Welsh Government



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Lewis, Rachelle
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EXECUTIVE SUMMARY

Over the past year, the Powys Regional Partnership Board (RPB) has continued to bring together health, social care, and wider partners to improve outcomes for people across Powys. This annual report reflects a year of collaboration, innovation, and shared commitment to making health and care services more integrated, accessible, and person-centred.

At the heart of the RPB's work is the shared Health and Care Strategy, "*A Healthy Caring Powys*," which sets out a long-term vision for integrated, person-centred care. The Board's work is delivered through its life-course partnerships—**Start Well, Live Well, and Age Well** - each of which has continued to strengthen early help, prevention, and community-based support across Powys.

- **Start Well** expanded early help and emotional wellbeing provision, supporting over **8,000 children, young people and families**, including more than **2,200 accessing support for the first time**, helping to identify need earlier and reduce escalation.
- **Live Well** strengthened community-based support and system coordination, including progress on neurodevelopmental pathways, development of a co-produced respite model for carers, and delivery of preventative services such as the **Prevention Assessment Service, supporting 80 individuals** in its initial pilot phase.
- **Age Well** enhanced preventative support and care closer to home, with services such as Home Support and Community Connectors supporting over **2,800 individuals combined**, alongside improved hospital flow, community capacity, and continued investment in extra care housing.

Beyond age-specific services, the RPB has continued to deliver a wide range of cross-cutting programmes that support people across the life course:

- **Carers:** Over **2,500 unpaid carers** were supported, alongside targeted initiatives and digital engagement reaching over **176,000 views**, helping carers feel more connected, supported, and able to sustain their caring roles.
- **Welsh Language:** The **Gofal Welsh Language** Steering Group was re-established. This multi-agency steering group brought together partners from across the Regional Partnership Board (RPB) to provide collective oversight, coordination, and leadership in promoting the use of Welsh within services.
- **Cancer Support:** The **Improving Cancer Journey** programme strengthened its single point of access, increasing referrals and enabling more people to receive holistic, person-centred support.
- **Workforce Futures:** Over **22,000 individuals** were reached through workforce development activity, supporting skills, leadership, and resilience across the health and social care system.

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Prevention at the Core

A key theme throughout the year has been the continued shift toward **prevention and early intervention**. Across all partnerships, services have focused on identifying need earlier, reducing escalation, and supporting people to remain independent within their communities. This included the expansion of community-based support, the use of Technology Enabled Care to support over 900 individuals, and integrated approaches that enabled over 2,400 people to remain safely at home.

Integration and Partnership in Action

The RPB's strength lies in its collaborative approach, bringing together partners across health, social care, housing, and the third sector. During the year, this has supported more coordinated pathways, improved patient flow, and strengthened delivery of integrated models such as virtual wards and community care coordination.

Alignment with Wider Partnership Reporting

The Powys Regional Partnership Board Annual Report complements the work of partner organisations' individual annual reports and the Powys Public Service Board (PSB) Annual Report ([Powys Public Service Board - Our Annual Progress Report - Powys County Council](#)) which reports progress against the Well-being Plan under the Well-being of Future Generations (Wales) Act 2015. While the PSB report provides a strategic overview of multi-agency progress across broader well-being objectives, the RPB Annual Report focuses specifically on the integration of health and social care services and delivery against statutory duties under the Social Services and Well-being (Wales) Act 2014. Together, these reports provide a complementary and coherent picture of partnership working in Powys, avoiding duplication while strengthening transparency and shared accountability across the system.

Engagement and Co-Production: Listening, Learning, Acting

The voices of citizens and carers have remained central to shaping services. Through forums, networks, and representative roles, people with lived experience have actively influenced service design and improvement.

The work of the **Powys Engagement and Insight Network, Partnership Engagement Forums, and co-production initiatives** has strengthened participation, supported more inclusive engagement, and helped ensure that services reflect what matters most to people across Powys.

Innovation and New Ways of Working

Innovation continued to play a key role in driving improvement. The RPB adopted new approaches, including digital tools, workforce innovation, and new models of care aligned to prevention and integration.

The **Regional Innovation Coordination Hub** supported the development and scaling of innovative practice, while programmes such as digital consent systems and Technology

Enabled Care demonstrated practical, system-wide benefits in improving access, efficiency, and outcomes.

Looking Ahead

As the RPB moves forward, the focus will be on embedding and scaling the progress made during 2025–26. This includes strengthening prevention, continuing to integrate services, and ensuring co-production remains central to delivery.

With strong partnerships, a clear strategic direction, and continued investment in community-based support, the RPB is well positioned to deliver sustainable, person-centred improvements in health and wellbeing for the people of Powys.

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THE BOARD'S ROLE AND PURPOSE

Powys Regional Partnership Board (RPB) brings together a range of public service representatives and other key people, including citizens, to ensure that organisations work better together to improve the health and wellbeing of the people of Powys. The RPB Terms of Reference contains a statement of intent which sets out what it is trying to accomplish:



- Create a momentum for critical improvements, by identifying key priorities for Powys citizens and concentrate efforts to ensure those are being addressed
- Increase the focus on early intervention and prevention by encouraging citizen control and ownership in health and wellbeing matters to minimise the escalation of need
- Ensure the voice of the citizen is not only heard but acted upon to improve services
- Utilise intelligence on existing and future needs of citizens in the planning of services throughout the spectrum of need and ensure resources are maximised through judicious engagement with other bodies undertaking similar activity
- Ensure quality services are delivered efficiently and effectively through a skilled and motivated workforce and volunteers
- Promote the integration of care and support between Social Services and Health
- Ensure co-production and the commissioning of services with the public, private and voluntary sectors that promotes connected and seamless services working effectively together
- Foster innovative new practices and promote a learning culture ensuring effective mechanisms are in place to bridge the gap between organisational and public communication on the planning and achievements of services.

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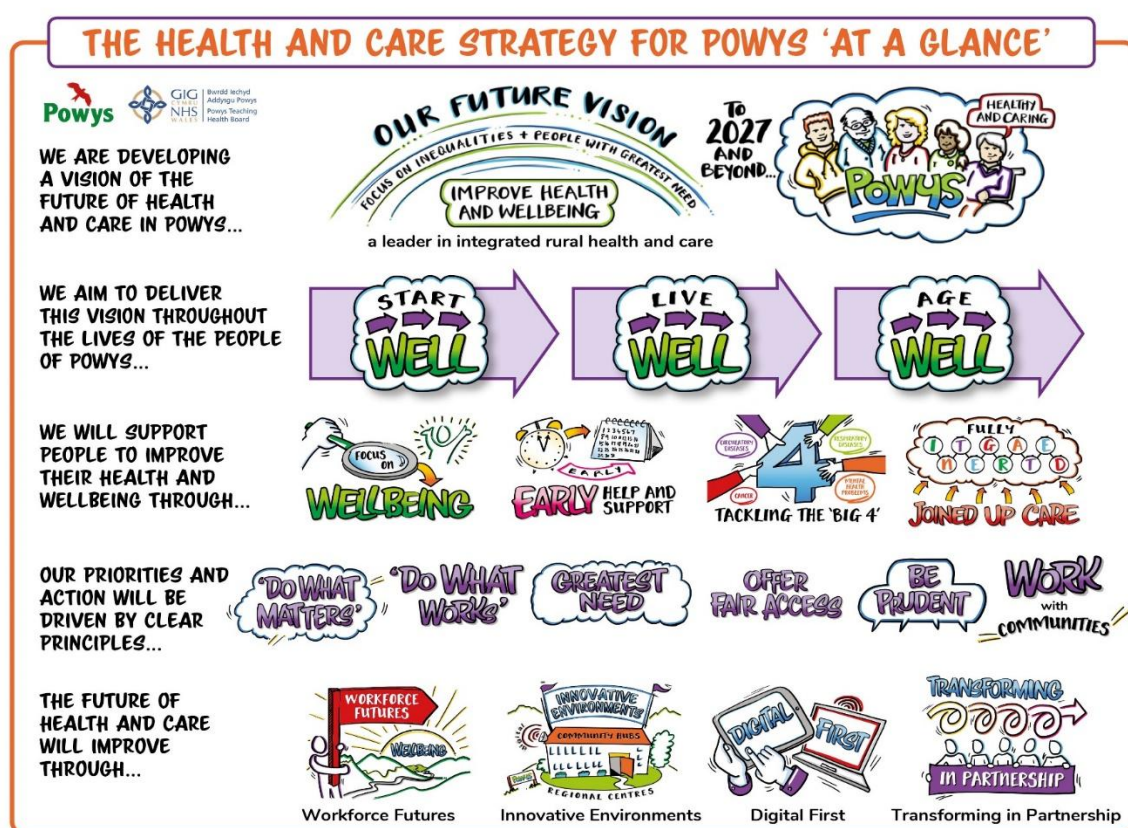
HEALTH AND CARE STRATEGY

The RPB's work is driven by Powys' Health and Care Strategy, "A Healthy Caring Powys" which sets out the priorities for transforming health and care in Powys up to 2028. All partners came together to review and refresh these priorities and to produce our second Regional Partnership Board Joint Area Plan.

The Joint Area Plan builds on the progress and learning of the previous five years and responds to what people of Powys have said about their health and care, and what matters to them.

We've drawn extensively on our refreshed understanding of life in the county with the updated views and evidence gathered as part of the [Powys Population Needs Assessment \(refreshed 2025\)](#), [Wellbeing Assessment \(2022\)](#), [Powys Market Stability Report \(2022\)](#) as well as other new research, feedback and policy.

The new Area Plan sets out how we can improve the health and wellbeing of people in Powys and will deliver the final stages of our ten-year ambition. To see the updated Area Plan along with reviewed priorities visit www.powysrpb.org



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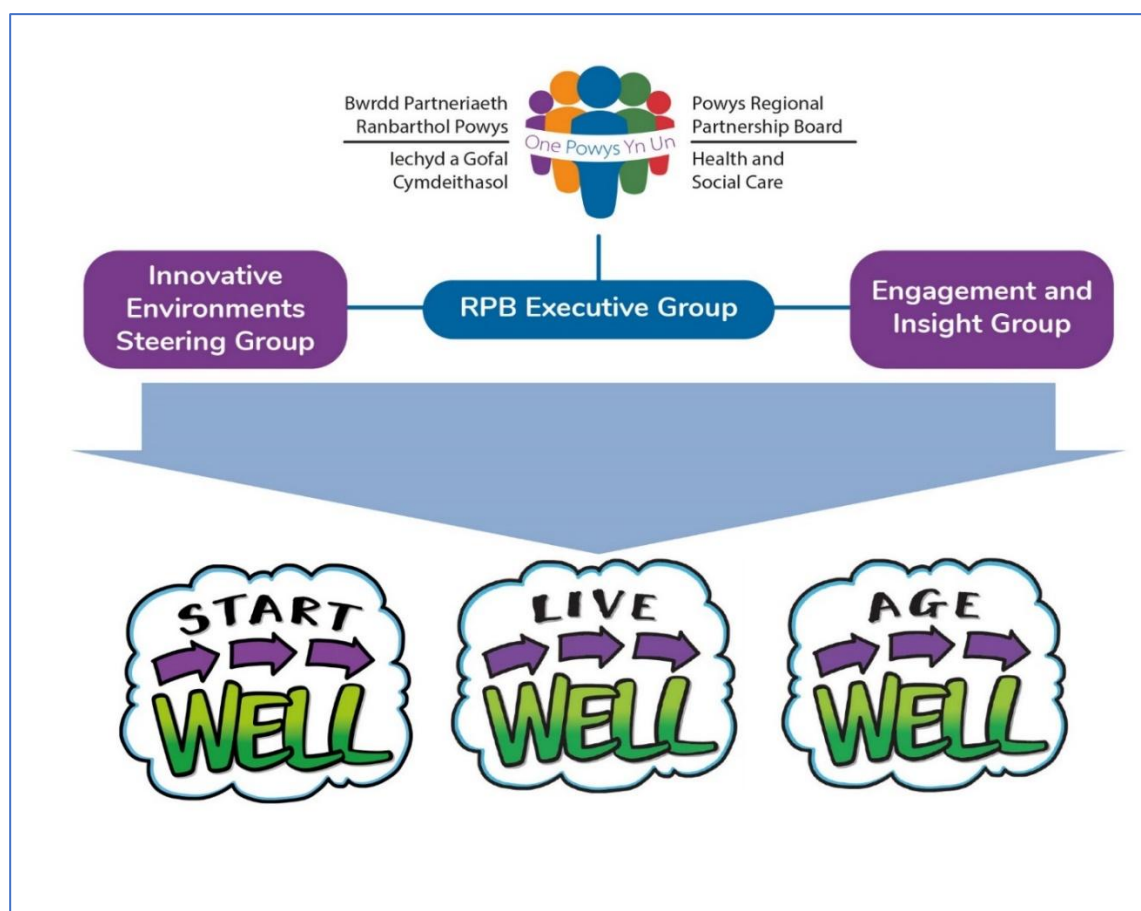
HOW THE WORK OF THE BOARD GETS DONE

The Regional Partnership Board sets the strategic direction for health and care in Powys and the joint priorities for working together. Key to delivering on the ambition and priority areas, are the four subsidiary partnerships: **Start Well, Live Well, Live Well (Mental Health) and Age Well**. They each involve a much wider group of people and have their own sub-groups that carry out more detailed work.

Each has a particular focus on a specific population group – children, young people and families (Start Well), Adults (Live Well), and Older People (Age Well). Some areas of focus are relevant to all these age groups and therefore are cross-cutting. These include unpaid carers for example, as well as the requirement to provide relevant information, advice and assistance.

Wider engagement with people is crucial and the partnerships and subgroups have various ways in which they can involve people to help shape decisions. Start Well for example have a Junior Start Well Board made up of young people who can discuss key issues and feed these in.

The RPB Executive Group helps drive the work of the RPB forward across partners and offers support and challenge for key decisions. The Boards' work is co-ordinated through the RPB Team which provides high level support and co-ordination across all this.



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RPB SELF-ASSESSMENT AND PARTNERSHIP DEVELOPMENT

During 2025–2026, the Regional Partnership Board undertook a series of structured self-assessment and development sessions across its partnership arrangements. These sessions were designed to support reflection, strengthen partnership effectiveness, and inform future development.

The assessment highlighted a strong foundation across the Powys partnership landscape, with **positive and collaborative relationships**, a clear commitment to **co-production**, and a shared focus on **prevention and improving outcomes for citizens**.

Alongside these strengths, the process identified opportunities to further enhance the way partners work together. These include improving **alignment across partnerships**, strengthening **governance connectivity and communication**, and developing more consistent approaches to **demonstrating impact and learning**.

In response, a focused set of recommendations has been agreed to support the continued development of the RPB. These are designed to:

- Improve **clarity of roles, responsibilities, and accountability** across partnership arrangements
- Strengthen **alignment and reduce duplication**, enabling resources to be used more effectively
- Enhance **citizen voice and co-production**, ensuring lived experience continues to inform decision-making
- Develop **simpler and more consistent approaches to measuring impact and outcomes**
- Support more effective use of **partnership time and capacity**, recognising wider system pressures

These actions reflect a commitment to **continuous learning and improvement**, building on existing strengths to ensure the partnership remains effective, responsive, and focused on delivering positive outcomes for the people of Powys.

Lewis, Raychelle
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THE BOARD'S MEMBERSHIP

The Powys Regional Partnership Board brings together senior representatives from Powys County Council, Powys Teaching Health Board, the third sector, independent sector, housing partners, citizen and unpaid carers representatives to support the planning and delivery of integrated health and social care services.

In line with Part 9 of the Social Services and Well-being (Wales) Act 2014, the Board is supported by designated responsible named partners from both the local authority and health board. During 2025-2026, these roles were undertaken by **Nina Davies, Director of Social Services and Wellbeing, Powys County Council**, and **Elaine Lorton, Executive Director of Primary Care, Community and Mental Health, Powys Teaching Health Board**. Together, Board members provide strategic leadership, oversight and accountability for partnership arrangements across Powys, ensuring a continued focus on integration, collaboration and improved outcomes for people and communities.

Regional Partnership Board Membership and Representation	
Individual Agency Governance Representatives	One elected member (councillor) of Powys County Council representing adults
	One elected member (councillor) Powys County Council representing children
	One person to represent Powys Teaching Health Board (non-executive)
	One person to represent county voluntary council PAVO (non-executive)
Strategic – Health	One Powys Teaching Health Board Strategic representative
	One Powys Teaching Health Board strategic representative and nominated responsible person for RPB partnership
Strategic - Social Services	The person appointed as director of social services under section 144 of the 2014 Act in respect of Powys County Council
	One senior Powys County Council officer to represent social services
Strategic Links	One person to represent the interests of Public Health
	one senior Powys County Council officer responsible for housing including the responsibility for links to capital investment in housing
	One senior Powys County Council officer who has responsibility for education
	A representative of the Welsh Ambulance Service University National Health Service Trust.
Third Sector	One person to represent the County Voluntary Councils PAVO
	Two people who represent the interests of third sector organisations
Care provider	One person who represents the interests of care providers
	One person who represents the interests of primary care providers
	One person who represents the interests of registered social landlords
Citizen voice	Two people to represent the interests of carers ('RPB carer rep')
	Two people who represents the interests of people with needs for care and support ('RPB citizen rep')
	One person to promote the involvement of people who need care and support and carers in the work of the regional partnership as an observer

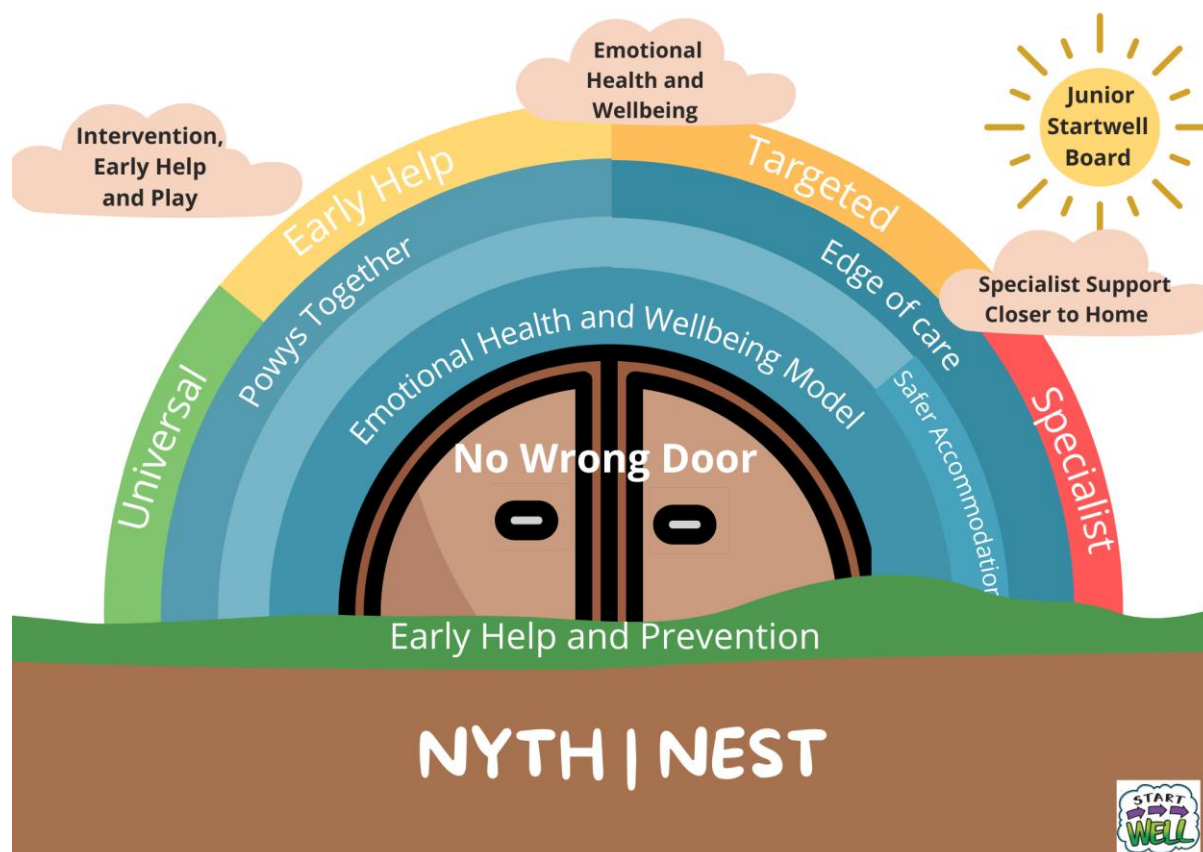
START WELL



The Start Well Partnership plays a central role in improving outcomes for children, young people and families across Powys through a coordinated, preventative and multi-agency approach. Working across partners, the Start Well Board is developing Early Help hubs across the county to strengthen access to support at the earliest opportunity, reduce escalation of need and ensure services are shaped around children and families. These hubs are designed to provide safe, nurturing and empowering environments, bringing together a range of support, including health and social care, closer to home and within communities.

During 2025–26, the Start Well Partnership projects demonstrated a strongly preventative, systemwide response to supporting children, young people and families in Powys. Across the year, **8,098 individuals accessed support**, with **2,233 people engaging with services for the first time**. This indicates that the Start Well projects are not only sustaining ongoing support for known families but also successfully identifying and engaging new families earlier, helping to address emerging needs before they escalate.

Keeping Children Safely at home is a key priority for the Start Well Board and the provision of an Edge of Care Service. Where children do need to come into care the Board works to ensure that specialist support can be provided closer to home.



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Emotional Health and Wellbeing

Powys has developed an Emotional Health and Wellbeing Model, which brings together all elements of children, young people and families' emotional health and wellbeing. The project primarily works with children, young people, families, and staff to provide support across a range of needs by addressing the gaps in emotional health and wellbeing services.

The services delivered range from specialist one to one sessions to group work and activities where a whole class can be involved. Partnership working has allowed for delivery partners to work collectively to establish and fill gaps and share and develop ideas. This has included the development of ideas suggested by young people, in particular a Youth Café in Newtown which was initially funded through the project but has now attracted Lottery Funding and goes from strength to strength.

Across the year, **1,836 individuals were supported**, with a **high proportion (1,471) accessing support for the first time**. Activity increased notably in Q3 and Q4, reflecting school-based delivery, Sport Powys involvement and wider partner activity.

Satisfaction levels were also very high, reinforcing the effectiveness of relationship-based, preventative interventions, particularly for children and young people experiencing anxiety, emotionally based school avoidance or emerging mental health needs. The data supports the conclusion that this project is preventing escalation to more specialist services.

Overall, 90% have reported reduced isolation, maintained or improved emotional wellbeing and increased confidence accessing services.

This year the partnership also worked to further develop the **NEST/NYTH model**, which ensures a comprehensive approach to mental health, well-being, and support services. The partnership has achieved positive outcomes, such as increased access to emotional health support, appropriate referrals to services, and the development of therapeutic provision to support young people and practitioners.

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During 2025–2026, progress was made in implementing the NYTH/NEST framework across Powys, strengthening a more consistent, **relationship-based approach to supporting emotional wellbeing among children and young people.**

Young people across Wales were asked what words best described how support for mental health and wellbeing should feel ...

	N RHOI NERTH (give strength/empower)	N NURTURING (taken care of and cherished)	
	Y Ymddiried (Trust)	E Empowering (feeling strong and listened to)	
	T Tyfu'n ddiogel (growing safely)	S Safe (protected and able to be yourself)	
	H Hybu (encourage)	T Trusted (reliable and there for you)	

Engagement activities were undertaken with children, young people and families across the county to better understand their experiences and perspectives. This work identified the key values and behaviours associated with a **“trusted adult”**, **highlighting the importance of trust, consistency and feeling understood.** These insights informed the development of a co-produced **Trusted Adult video**, which reached its final stages during the year, alongside the creation of Powys-specific online training resources.

The training incorporated real, local examples to support staff in understanding how the approach can be applied in practice. It also emphasised the importance of services working more effectively together around the needs of children and families. **This work was complemented by a strong focus on workforce development**, including the introduction of a recruitment factsheet to support the consistent application of NYTH/NEST values and behaviours in recruitment and supervision, as well as the delivery of trauma-informed training across schools and services.

Together, this activity represented clear progress towards a more joined-up, whole-system approach. Foundations were established to support the continued rollout of the framework, with a focus on strengthening consistency so that children, young people and families experience support that is connected, relational and responsive across Powys.

Early Help and Play

The partnership continues to support early help and play through several key initiatives and projects. One of these is **Powys Together, which offers a variety of free activities, events and opportunities for children, young people, and families**. This initiative is crucial in enabling the most disadvantaged families to participate in enriching experiences, aiming to reduce disadvantage whilst building community resilience and connections.

The four Powys Together co-ordinators are based in Welshpool, Newtown, Llanidloes and Machynlleth and are actively engaging with their local communities to understand their strengths and needs.

Highlights

- The project **engaged over 6,000 children**, young people and families.
- Delivery included **227 sessions and activities** shaped directly by local consultation, alongside extensive engagement with community and stakeholder groups.
- **81% of attendees returning to activities**. This indicates strong trust, relevance and community ownership, rather than one-off participation.

The Powys Togethers contribution to reducing isolation, strengthening protective factors and building community resilience, helping to prevent needs escalating into targeted or statutory services. Activities and sessions were prioritised and focused on health and wellbeing

This year the co-ordinators have worked with over 6037 children, young people and families. A total of 227 activities and sessions have been delivered with 81% returning to meet their outcomes.

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Neurodevelopmental (ND) Pathway Remodel

During 2025–2026, the ND Pathway Remodel supported improved flow across the neurodevelopmental pathway, with over **600 diagnostic assessments completed**. Improvements were made to triage processes, referral quality and workforce capacity, helping to strengthen the overall efficiency and responsiveness of the system.

Data indicated greater clarity and effectiveness through redesigned pathways, the introduction of Patient Choice appointments, and the embedding of Assistant Practitioner roles. This approach enabled clinicians to focus on more complex assessments and interventions, working at the top of their professional scope. The **establishment of a multi-agency ND Professional Forum** further strengthened consistency across the system and built confidence among practitioners.

The ND Remodel contributed to reducing waiting list pressures, improving the experience of children and families, and helping to prevent escalation associated with delays and uncertainty. This work supported longer-term sustainability across children's services.

PCC have developed a multiagency task and finish group that are currently working on redrafting Powys' current Parenting Roadmap. This will eventually include more specific ND-related support and a graduated response with resources such as an ADHD-workshop for parents and ND-specialist support programmes. This work has been informed by the Powys Coproduction Group which includes over 1500 Powys Parents from the group 'Parent Voice'.

Specialist Services Closer to Home



The partnership continues to provide intensive support to improve the current living arrangements for children and young people so that they can remain living with their families rather than entering care, where it is safe to.

The **Edge of Care Project** works with children, young people and their families to support children on the "Edge of Care".

Through evidence-based interventions and an early intervention approach, the project supports families to stay together and keep children at home safely. The project

collaborates with families using trauma-informed approaches including building resilience, establishing routines, and promoting self-care. For the young people and children supported by the project, there is a focus on helping them manage anger, build resilience, regulate emotions, and develop healthy relationships, among other skills.

During the year, the Edge of Care service supported a consistent number of children and families, with referral levels broadly in line with previous years. This reflected stable and anticipated demand, which was well managed within existing staffing capacity.

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Activity levels varied across the year, with higher demand observed during the third quarter and a reduction in the final quarter, likely influenced by seasonal factors such as school holidays and festive periods.

On average, **66% of children accessed the service for the first time**, demonstrating continued reach to new families at risk of escalation.

Re-referrals were also observed and reflected the changing and often complex nature of family circumstances, rather than unsuccessful intervention. The service achieved a **high referral acceptance rate of 99%**, indicating strong alignment between referral pathways and the service's remit, as well as effective triage processes. Progress was measured at the point of case closure, providing a consistent assessment of outcomes.

In a small number of cases where progress was more limited and risk remained or increased; safeguarding action was taken. These decisions reflected timely and appropriate responses to ensure the safety and wellbeing of children, in line with best practice and statutory responsibilities.

The project experienced a 99% referral rate and supported 563 children.

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The Live Well Partnership works to create a supportive, empowering environment in Powys that will enable people to “Live Well” and achieve good health outcomes, through being healthy and active and by being able to access the right help and support, at the right time.

The Partnership addresses the wider determinants of health and wellbeing of the working age population in Powys, through a public health and community development approach, including strengthening and transforming services for people with disabilities.

Live Well links with other strategic partnerships in Powys, including the Area Planning Board and the Live Well Mental Health Partnership, where there is an overlap with complex care and mental health. They also partner with the Housing Support Grant Board where support for homelessness prevention intersects with supported living.



There are a number of subsidiary partnership groups, particularly to engage with and hear the voice of service users and their carers and to engage with Third Sector Providers of mental health services.

Early Intervention and Prevention

Autism and Neurodiversity

An “everybody’s business” approach continues to underpin neurodiversity work in Powys, ensuring strong alignment across partnerships, including Start Well and Live Well, and close links with the Carers Steering Group and wider community engagement.

During the year, progress was made in strengthening support for autistic people and those with wider neurodevelopmental conditions, in line with the Autism Code of Practice and the All-Age Neurodevelopmental Support approach, including the development of ADHD support.

Governance and coordination were enhanced through the strengthened Strategic Neurodiversity Board, the appointment of a new Autism Lead, and improved collaboration

arrangements across partners. Early evaluation and engagement activity has provided valuable insight, highlighting the importance of accessible, peer-based support—particularly for individuals awaiting diagnosis.

This learning will inform ongoing service development, with a continued focus on improving access, strengthening support pathways, and evidencing impact for individuals and communities.

Planned and Emergency Respite for Unpaid Carers in Powys

During the year, significant progress was made in developing a co-produced model of planned and emergency respite for unpaid carers. A **clear service framework** was established, designed to provide short-term replacement care and support carers to maintain their health, wellbeing, and ability to continue in their roles.

A **detailed grant specification**, including eligibility, referral pathways, and delivery expectations, was developed in partnership with stakeholders. Key performance indicators and monitoring arrangements were also introduced, strengthening accountability and readiness for delivery.

A **comprehensive needs analysis**, combining data, partner insight, and lived experience, identified clear gaps in provision. As a result, the service was targeted at unpaid carers supporting people with dementia, with an initial pilot in Welshpool and Montgomery, where demand is highest and dedicated provision is limited.

Strong governance arrangements, including a multi-agency Programme Board and Working Group, ensured effective oversight and embedded co-production throughout. Engagement with carers in the pilot area directly informed the design, improving accessibility and responsiveness to real needs.

Highlights

- A **co-produced, evidence-based respite model** aligned to local need
- **Clear delivery, governance, and performance frameworks**
- Improved **understanding of barriers** faced by unpaid carers
- Stronger partnership working and **shared ownership**
- Increased readiness to implement and **evaluate the service**

The next phase will focus on implementing the pilot, monitoring uptake and carer wellbeing, and using learning to inform future development. This work represents an important step towards more responsive and sustainable support for unpaid carers across Powys.

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Technology Enabled Care

During 2025–2026, Technology Enabled Care (TEC) continued to support people in Powys to live safely and independently within their communities, while enabling earlier intervention and more responsive support.

TEC was provided to 916 individuals, exceeding the planned level of delivery. In addition to this, the overall number of people supported in the community with monitored solutions increased throughout the year, rising from 803 at the start of the year to 956 by year-end, demonstrating sustained growth and ongoing demand for this form of support. These TEC solutions are monitored either through a 24/7 monitoring centre or by family and informal carers, helping people to remain safe at home and maintain independence.

TEC also played an important role in supporting early intervention and system flow, with 119 targeted prescriptions issued through frontline services, including ASSIST (Social Care Front Door) and PAVO Community Connectors. These interventions provided timely, low-level support to address emerging needs, helping to prevent escalation and reduce the need for more intensive services.

Overall, TEC continues to contribute to improved outcomes by enabling people to remain independent for longer, enhancing safety and reassurance, and supporting a more proactive and preventative approach across health and social care services in Powys.

Prevention Assessment Service

During the year, the Prevention Assessment Service (PAS) was delivered through a multi-agency steering group, including partnering directly with the Third Sector organisation Care & Repair in Powys. The service provided a proactive, early intervention approach, supporting people to remain safe, independent, and well in their own homes while helping to reduce demand on statutory services.

“The initial survey and the work undertaken was very professional. Thank you” Citizen feedback

The service delivered a range of timely, preventative interventions focused on identifying risks within the home and promoting wellbeing and continues to do so. **It is available free of charge to all adults aged 18 and over in Powys**, regardless of income or housing tenure.

“The rails that were put up helped really well especially the handrail by the toilet” Citizen feedback

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"Now I have a key safe I can relax knowing my loved ones can enter my home when necessary" Citizen feedback

During 2025-2026, support included home safety checks, testing of assistive technology systems, advice on digital switchover, and the prescription of Technology Enabled Care (TEC). The service also promoted self-assessment and provided access to digital tools, alongside onward referrals where additional support was required. This approach enabled early identification of need and supported individuals to take proactive steps to maintain independence.

The pilot launched on 1 January 2026 and demonstrated strong early progress. In its first quarter, **the service supported 80 individuals**, all new to the service. Demand increased steadily, with a high number of referrals received towards the end of the reporting period.

The service **consistently met its target timeframe of 15 working days from referral to visit**, with some visits scheduled into the following quarter due to increased demand. Early feedback indicated positive experiences from both service users and partners, alongside strong uptake of the offer.

Highlights

- Increased identification and mitigation of risks within home environments
- Improved access to technology enabled care and preventative support
- Greater awareness and use of self-assessment tools
- Timely onward referrals, reducing the likelihood of escalating need
- Contribution to reducing pressure on statutory health and social care services

Referrals were made via the ASSIST front-door service, ensuring a clear and consistent access pathway.

The pilot remained in progress, with a full evaluation scheduled for July 2026 to assess outcomes, effectiveness, and future scalability. Findings will inform the potential development and wider rollout of the service across Powys.

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Complex Care and Support

Supporting people with the most **complex, multiple and profound disabilities to live fulfilling lives** within Powys remains a key priority. The Complex Care and Support project is focused on strengthening both the support offer and the infrastructure required to ensure people can remain closer to home, with the right care in place.

During the year, significant progress has been made in developing a more coordinated, system-wide approach to complex care as well as strengthening the understanding of the support and infrastructure needed to meet the current demand of services. This has included the **establishment of a committed multi-disciplinary team (MDT) to develop the project scope**, bringing together expertise from health and social care. This collaborative approach is helping to ensure that individuals receive the right support, at the right time, in a way that is tailored to their needs.

Alongside this considerable research has been done to learn from similar projects and needs across the UK, as well as on our own data to inform how services can be designed and developed to prevent individuals from leaving the communities they consider home.

Building the Foundations for Transformation

A key milestone this year has been the development of a **Complex Care Blueprint for Powys**, beginning with the first stakeholder workshop. This session brought together partners from across the system to shape the early direction of the programme, combining learning from UK-wide research with local insight and experience.

The first session for the Complex Care Blueprint for Powys enabled emerging findings from research to be included from examples of complex care models from across the UK. The session also gathered key stakeholder feedback to inform the initial scope and priorities for the programme.

Through structured and collaborative discussion, partners explored what complex care should look like in Powys, what success should achieve in the coming years, and which approaches could be adapted locally.

A Shared Vision for the Future

The workshop was held that established a strong, shared ambition to develop a **whole-system, person-centred model of care**, with a clear focus on:

- Strengthening integration between Powys County Council and Powys Teaching Health Board

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- Expanding community-based provision and reducing reliance on out-of-area placements
- Promoting prevention and least restrictive approaches to care
- Developing flexible supported living models and improving pathways, including step-down support

Alongside this, partners were open about the challenges that remain. These include limited-service capacity, gaps in provision for people with autism and complex needs, housing pressures, and the need for stronger system coordination and market development.

Looking forward, the programme will move into a more detailed and delivery-focused phase. The next stage of work will include mapping current provision, understand demand and workforce capacity, and identify priority cohorts to test new approaches.

Overall, this year has **laid strong foundations for redesigning complex care in Powys**—bringing partners together around a shared vision and creating a clear pathway towards more integrated, sustainable and person-centred support.

Live Well Mental Health Partnership

The Live Well Mental Health Partnership continues to play a vital role in **strengthening and transforming mental health services** across Powys. Working collaboratively across sectors, the Partnership supports the ongoing development of services to meet the evolving requirements of mental health legislation, while ensuring the voices of people with lived experience and their carers remain central to service design and delivery. This is achieved through a range of partnership forums, including dedicated engagement with Third Sector providers and service users.

Delivering Impact: Perinatal Mental Health Service



The Perinatal Mental Health project continued to provide timely, trauma-informed interventions that improved emotional wellbeing during pregnancy and post-birth. A key achievement during the year has been the continued development of the Perinatal Mental Health Service. The

introduction of Eye Movement Desensitisation and Reprocessing (EMDR) therapy has delivered significant benefits, enabling timely and targeted psychological support for individuals during pregnancy and the postnatal period. By reducing reliance on traditional waiting lists, the service has ensured people receive support when they need it most, leading to highly positive feedback from both those accessing the service and professionals across the wider system.

Demand for the service has continued to grow, with **404 individuals supported during the year, including 114 people accessing the service for the first time in Powys**. This growth reflects both increasing awareness of the service and confidence in the support it provides.

“If I could shout from the rooftops how amazing this service is I would... It is invaluable.”

The Partnership has also taken a proactive role in responding to Welsh Government’s new 10-year Mental Health and Wellbeing Strategy. Throughout the year, the Live Well Mental Health Planning and Development Partnership Board has worked collaboratively to review the Strategy and its delivery plan, undertaking workshops to **identify and agree local priorities for Powys**. This has been a significant and comprehensive piece of work, reflecting the scale and ambition of the Strategy.

As the Partnership moves forward, plans are in place to strengthen its structure and strategic oversight. A planned restructure in 2026/27 will support more effective delivery of the national Strategy at a local level, ensuring that the Partnership remains well-positioned to drive continued improvement in mental health outcomes for people in Powys

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The Age Well Partnership works to support older people, including those with frailty and frailty of memory, to live a thriving and independent life, maximising opportunities in the community, reducing isolation and loneliness, and providing care closer to home through an early intervention and prevention approach.



Where individuals' care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs with an emphasis on a 'home first' ethos, ensuring seamless patient flow across the health and care system whilst maximising opportunities for care closer to home. The partnership also recognises the importance of addressing wider issues too, such as food poverty and homelessness.

Early Intervention and Prevention

Work is underway to develop and implement a **Community Model for Health and Wellbeing**. The vision and purpose of this model of care is to support Powys citizens to live at home with confidence, in good health and wellbeing, independently and safely, and can help themselves and access the right support and care in the right place and at the right time.

Home Support

The partnership's **Home Support Service** provides support and practical assistance to individuals in their day-to-day life to live at home with confidence and in good health. The service is free and not means tested. Support offered includes community care line responders 24/7/365, proactive wellbeing checks, and practical support and assistance.

During the year, the Home Support Service continued to grow, with increasing numbers of people supported across both delivery areas (Knighton and Presteigne, and Builth and

Llanwrtyd Wells). In total, 657 individuals accessed the service, reflecting sustained demand and its established role within local communities.

The service predominantly delivered early help and preventative support. Most activity focused on supporting individuals at an early stage, enabling needs to be managed proactively and reducing the likelihood of escalation to more intensive services. This preventative approach supported people to maintain independence and wellbeing within their own homes.

A smaller group of individuals required more intensive support, particularly in response to urgent situations such as falls or care alarm activations. The service played a key role in responding quickly to these situations, supporting people to remain safely at home and helping to avoid or delay the need for statutory health and social care interventions.



The service maintained a high level of contact with individuals, delivering regular, responsive support tailored to need. This high-touch approach enabled ongoing monitoring, early identification of risks, and sustained engagement, contributing to positive outcomes for those supported.

"I can't thank Home Support enough. You have been invaluable throughout my unfortunate accident. You are my Guardian Angels. – her family also expressed their gratitude." Citizen feedback

Although formal survey data was not collected during the year, due to a review of tools to improve accessibility and usability, other feedback indicated consistently high levels of satisfaction. This was evidenced by a high number of compliments received and very low levels of complaints, despite increased demand.

"Thank you, you were marvellous, your service was exceptional." Citizen feedback

Highlights

The service delivered a number of key outcomes during the year:

- **Supported 657 individuals to remain independent** within their communities
- Delivered predominantly preventative, early help support, reducing escalation of need
- 135 individuals required Intensive Support, receiving **571 intensive interventions**
- Provided timely responses to higher-risk situations, including **falls and emergency alerts**
- Maintained high levels of engagement through **regular, personalised contact**

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- **Sustained high satisfaction levels**, with minimal complaints despite increased demand

Overall, the Home Support Service demonstrated strong and sustained demand, delivering effective, preventative support. The service remained accessible, responsive, and valued by those who use it, even during periods of increased pressure, and continued to play an important role in supporting independence and reducing demand on statutory services.

“Thank you for arranging the visit and being with me. I get very nervous and worried when people visit my home, but knowing you were going to be here to support me with the visit took some of that worry away”. **Citizen feedback**

Community Connector Service

At the core of the Community Connector Service is the provision of information, advice, and assistance. This activity directly addresses the needs of individuals presenting with various needs, connecting them with relevant community and voluntary sector resources or with statutory services.

During the year, the Community Connectors service **provided support to 2,228 individuals across Powys, delivering over 6,700 contacts**. Demand remained strong, with more than half of those supported accessing the service for the first time, demonstrating continued reach into local communities. The service received **2,386 referrals, with over 98% accepted**, indicating effective referral pathways and strong alignment with identified need.

The service worked proactively to connect individuals with local support, community and voluntary sector resources, and statutory services, helping to address a wide range of social, emotional, and practical needs. This included targeted support for people living with dementia and unpaid carers, alongside extensive partnership working across health and social care.

Feedback from individuals accessing the service demonstrated strong preventative and wellbeing outcomes:

- **Reducing escalation of need:** The majority of respondents reported that support helped prevent issues from worsening, reducing the need for more intensive interventions
- **Maintaining independence:** Almost all respondents reported that the service helped them to maintain or improve their ability to live independently
- **Improving wellbeing:** High levels of reported improvement in emotional wellbeing highlighted the value of early, community-based support
- **Reducing isolation and increasing confidence:** Many individuals reported feeling less isolated and more confident in accessing services and support

- **Supporting community-based care:** The service strengthened connections to local networks and services, promoting support closer to home

The service also contributed to system-wide outcomes through strong partnership working, including attendance at health and social care multi-disciplinary meetings, where it plays a key role in highlighting and coordinating support across agencies. The service supports the development and integration of locally based services through the facilitation of 11 Locality Networks.

“I had no idea what I needed but CC had said she was at the end of the phone and that was what I needed to hear more than anything. Very supportive”.

Community Connector Service Feedback

In addition, the service delivered significant estimated cost avoidance, demonstrating its value in reducing demand on statutory services, while recognising the assumptions underpinning this modelling.

Key Highlights

- **2228 individuals accessing the project**
- **1289 new individuals accessing the project for the first time**
- **2386 referrals received**
- **6700 Number of contacts**

Overall, Community Connectors continued to play a key role in delivering preventative, person-centred support, helping people remain independent, connected, and well within their communities.

“I didn't want to bother neighbours, really pleased to have all of this information in front of me and the options for different transport”.

Community Connector Service Feedback

Powys Befriending Service

The Powys Befriending Service delivered a county-wide, quality **befriending offer aimed at improving the independence and confidence of people aged 50 and over**. The service supported individuals to maintain social networks and remain in their own homes for as long as possible, helping to reduce or delay the need for higher levels of health and social care support.

This was achieved by **reducing loneliness and social isolation** through facilitated befriending and social activities, supported by a network of volunteers. Through this approach, individuals were supported to improve their emotional wellbeing, feel part of their local community, develop new skills, and enable unpaid carers to take a break from their caring

responsibilities. The service offered a flexible range of support options to meet individual needs, including both face-to-face and remote contact such as telephone, email and virtual engagement.

“Thank you so much for matching me with MVD (volunteer), she's made such a difference to my life” Citizen Feedback

Feedback from individuals receiving support demonstrated a strongly positive emotional and social impact. The service was particularly effective in reducing loneliness and improving day-to-day wellbeing, with individuals highlighting the value of regular contact in providing companionship, emotional uplift, and a meaningful break from isolation. This support was often described as personally significant, with clear improvements in mood and overall quality of life.

“It helps me a lot, otherwise I'd be on my own all day, it really picks me up. It's a great help,” Citizen Feedback

Volunteers benefitted from strengthened procedures, alongside improved support and supervision, and also reported positive experiences. They highlighted the importance of patience, mutual respect and shared enjoyment in developing meaningful relationships. Overall, the service demonstrated clear mutual benefit, with both individuals and volunteers experiencing improved wellbeing through reciprocal engagement.

Key Highlights

- 236 individuals accessed the project
- 97 Social Isolation Loneliness Score reviews conducted
- 52 Baseline Assessments Carried Out
- 283 'Keeping In Touch' Calls Made

Integrated Community Care Approach

During the year, partners worked collaboratively to strengthen an integrated community care approach, supporting seamless, person-centred care and improving outcomes for older people. This work focused on enhancing independence, improving patient flow, and ensuring individuals received the right support at the right time across health and social care.

Progress was demonstrated through reduced delays in care pathways, increased community capacity, and improved hospital avoidance. Key programmes contributing to these outcomes included Technology Enabled Care (TEC), Unscheduled Care Improvement, and Integrated Health and Social Care Brokerage. Collectively, these services supported early intervention, more efficient use of resources, and improved coordination across the system.

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Technology Enabled Care (TEC)

During 2025–26, Technology Enabled Care supported **916 individuals**, exceeding the target of 900. A total of **1,186 referrals** were received, demonstrating strong demand for preventative, technology-based support.

TEC enabled earlier intervention and supported people to remain safely independent at home. Based on an estimated annual saving of £1,744 per person, the service delivered approximately £795,000 in cost avoidance to social care, exceeding the target of £780,000.

Unscheduled Care Improvement

The Unscheduled Care programme supported **1,522 individuals** across community hospitals and virtual ward models, contributing to improved patient flow, admission avoidance, and timely discharge.

Powys Community Hospitals recorded **1,180 admissions** across the year, with consistent access to beds supported through coordinated patient flow arrangements. The Patient Flow Team played a key role in facilitating appropriate admissions and supporting safe and timely discharge, including linking people to community and third sector services.

Virtual Wards supported **342 individuals**, with a significant increase in activity in the final quarter, when **264 individuals** were supported. This reflected strengthened delivery and increased capacity to support people at home with enhanced care, reducing the need for hospital admission.

Integrated Health and Social Care Brokerage

The Integrated Brokerage function became operational in Quarter 4 and supported **18 individuals** during this period. All individuals had their needs advertised to approved providers, with **10 securing home care packages**, **6 awaiting offers**, and **2 no longer requiring support**.

For those supported, outcomes were positive. Individuals who received care reported satisfaction with the service, alongside benefits including reduced isolation, maintained or improved independence, and prevention of escalation of need. Packages were secured within **1 to 30 days**, demonstrating the ability to respond quickly where capacity was available, while also highlighting ongoing market pressures.

Across the programme, the integrated approach contributed to key early help and prevention outcomes:

- **Maintaining independence:** Over 2,400 individuals were supported across community-based services to remain safely at home
- **Preventing hospital admission and supporting discharge:** Expanded use of virtual wards and coordinated patient flow supported admission avoidance and timely discharge

- **Reducing escalation of need:** Early intervention through TEC and community services reduced reliance on more intensive care
- **Improving system flow:** Coordinated pathways and brokerage improved access to care and reduced delays
- **Delivering value for money:** TEC alone delivered significant cost avoidance to social care

Overall, the Integrated Community Care Approach strengthened the delivery of preventative, community-based care across Powys. The work improved system coordination, supported independence, and reduced pressure on hospital and statutory services, providing a strong foundation for continued development.

Accommodation Developments

During 2025–2026, progress continued on a number of key **Extra Care developments** to improve housing options for older people across Powys.

Highlights

- At **Neuadd Maldwyn in Welshpool**, a major refurbishment of former council offices has been undertaken to create 66 one- and two-bedroom extra care apartments for people aged over 60. The scheme opened in April 2025 and has been designed to support independent living, while providing access to care and support when needed, helping to address a gap in suitable older persons' housing within the area.
- At **Pont Aur in Ystradgynlais**, a previous sheltered housing scheme has been extended, modernised and transformed into an extra care light development for people aged 55+. The scheme provides 41 independent living units (12 new purpose-built extra care apartments, 29 refurbished apartments, with 2 attached bungalows) offering improved accommodation and support to enable residents to live more independently within their community. The scheme will officially open in January 2027.
- In **Brecon**, development has also progressed on a new extra care scheme, which will provide up to 68 units. This development will support older people to remain living within their community of choice, with access to appropriate housing, care and support as their needs change. This scheme is due to open in November 2028.

Together, these developments represent a significant investment in improving housing, wellbeing and independence for older people across the county.



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The extra care developments support the [Sustainable Powys](#) goal of being financially, socially and environmentally sustainable, while keeping people at the heart of services and helping them live the best life possible with the right support at the right time.

The aim is to enable fair access to high quality services in the core localities keeping residents closer to their homes, families and communities.

Dementia

Dementia continued to present a significant and growing challenge across Powys, as one of the leading causes of death in the UK and the area's ageing population. Powys has a higher proportion of older residents than the national average, with projected increases in both the 65+ and 80+ population groups, further increasing demand for dementia support and services.

In response, partners including [Powys Teaching Health Board](#), [Powys County Council](#), and [third sector organisations](#) worked collaboratively to deliver care aligned to the [All-Wales Dementia Care Pathway of Standards](#). This approach supported a more consistent, person-centred model of care, focused on early identification, coordinated support, and enabling people to live well with dementia for as long as possible.

Progress during 2025–26 was delivered through four integrated workstreams, focusing on community engagement, memory services, hospital care, and workforce development. These workstreams supported improved awareness, strengthened care pathways, and enhanced the ability of services to respond to the needs of individuals and their families at an earlier stage.

The objectives remain as:

- Improving coordination across health, social care, and third sector services through the workstreams.
- Increasing awareness of brain health messages and understanding of dementia within communities and the workforce.
- Supporting earlier identification, improving diagnostic rates, reducing wait times and access to dementia support, enabling people to remain at home.
- Embedding the Dementia Friendly Hospital Charter pan Powys, enhancing the experience of people with dementia who require a hospital admission.
- Improving opportunities for staff to access dementia training.

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Community engagement

The workstream was involved in the recruitment of the Dementia Navigators and started phase 1 in April 2025. The focus of phase one is supporting newly diagnosed people.



During the year the focus has been developing a plan to raise awareness of dementia with a specific focus on embedding the brain health messaging and modifiable risk factors. Raising awareness is a key message delivered during Dementia Action Week collaboratively with partners across Powys.

Memory Assessment Service

The Memory Assessment Service (MAS) have continued to strengthen early intervention and focus on improving dementia diagnostic rates. Data demonstrates an improvement to 49.7%, despite recruitment and sickness issues. The MAS teams and Dementia Navigators continue to offer home-based, multidisciplinary assessments, which have enabled earlier identification of need and reduced anxiety for people following diagnosis.

Dementia Navigators

The Dementia Navigator role has been particularly valuable in supporting people and carers to understand and access services, following diagnosis.

Case studies from the MAS and Navigator services demonstrate the preventative impact of home-based assessments and how ongoing navigation supports families to understand the diagnosis with support to access the support required in a timely way. Families report feeling more confident to manage at home. The support has reduced anxiety and, in some cases, prevented situations escalating to crisis, reinforcing the importance of community-based, specialist input early in the pathway.

Dementia Home Treatment Team (DHTT)

The Dementia Home Treatment Team (DHTT) has been highly effective in providing rapid, face-to-face interventions within 24–48 hours, helping to stabilise individuals at home and maintain low hospital admission rates in line with least restrictive care principles.

The team have developed specialist knowledge, accessing Teepa Snow and Positive Approach to Care (PAC) training with a plan to embed this approach across services, including care homes, improving person-centred practice and reducing reliance on medication or restrictive interventions.

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Close collaboration with care homes has improved understanding of dementia-related behaviours, leading to more compassionate care and fewer placement breakdowns.

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 has improved and reached 86% on wards, compared to 55% organisationally. Dementia Link Nurses and RITA Champions identified across wards to support including more meaningful activities to reduce the risk of de-conditioning and enhance the patient experience.



Dementia training opportunities

Dementia training opportunities are available for staff to access with the Good Works Informed level being included in the mandatory matrix. This has seen a 12% increase to 55% in staff completing dementia training. The Good Works Skilled level dementia e-book has been developed with local authority partners with positive feedback received and national level interest in adopting the resource.

Over the past year, partners have continued to strengthen community-based dementia support, with a clear focus on early intervention, person-centred care and supporting people to remain in their own homes for as long as possible, with improved training opportunities available for staff.

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CROSS-CUTTING WORK

Carers



During the year, the partnership's carers service was delivered by CREDU, a registered carers charity in Powys. The service provided high-quality, person-centred support, enabling unpaid carers to feel listened to, valued, and better able to identify what supports their own wellbeing and personal outcomes. Carers reported feeling more connected to others and better supported to sustain their caring roles.

Engagement and System Influence

The Carers Steering Group was re-established, alongside the reset of the **Engage to Change (E2C) forum**. This created a collective platform for carers and partners to share experiences, identify challenges, and highlight opportunities for improvement. Key themes were fed into the Carers Steering Group, strengthening the voice of carers in shaping services.

This work supported collaborative problem-solving, including the development of task and finish groups focused on improving access to information, guidance, and support, particularly in relation to Direct Payments. This strengthened partnership working and contributed to more responsive, carer-informed service development.

The service demonstrated significant reach through both direct support and digital engagement.

Identifying and Valuing Unpaid Carers

During the year, the Identifying and Valuing Unpaid Carers project **strengthened awareness, engagement, and support for carers across Powys**, delivered in partnership with CREDU.

Co-produced initiatives and targeted engagement improved inclusion, particularly among under-represented groups, and strengthened opportunities for carers to share their experiences. This included supporting young carers to engage at a national level.

- Increasing identification and awareness of unpaid carers
- Improving access to information and support
- Strengthening the voice of carers in shaping services
- Reducing isolation and supporting wellbeing through community engagement

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Highlights

- Over **176,000 views** were recorded across CREDU's social media platforms, including 70,622 Facebook views in last quarter of the year.



- The CREDU Powys website had **2,244 unique visitors, with 312 returning users**, indicating sustained engagement
- 386 link clicks were recorded across Facebook and Instagram, with a **231% increase** in just the first part of the year.



Awareness activity was further strengthened through events and campaigns, including **Carers Week, Young Carers Action Day, and Carers Rights Day**. This included engagement with schools across Powys, community events, and national platforms such as the Royal Welsh Show.

These figures highlight the growing visibility of unpaid carers and the accessibility of information and support for both carers and professionals. Overall, the project demonstrated the value of early, partnership-led

approaches in identifying carers sooner, improving access to support, and enabling carers to sustain their caring roles.

Supporting Life Alongside Caring

The service provided direct support to over **130 unpaid carers**, with additional carers reached through group-based activities and wellbeing support. A flexible, early help approach ensured support was tailored to individual circumstances and delivered at the right time.

Evidence from case studies demonstrated that outcomes were often achieved through timely, personalised support rather than formal interventions. Carers reported reduced stress, improved emotional wellbeing, and increased confidence to continue in their caring role.

Short breaks and wellbeing support were particularly impactful. Carers consistently reported that having choice and control over how support was provided was critical. Even small-scale interventions, such as a short break, counselling, or creative activity, delivered significant emotional benefit when shaped around individual needs. In some cases, this supported longer-term outcomes, including increased confidence, resilience, and personal development.

Group-based activities, including wellbeing events and targeted sessions, reduced isolation and strengthened peer networks. Engagement with under-represented groups, including male carers, improved where activities were flexible and tailored. Feedback indicated that relationships developed through these sessions were sustained beyond the activity, providing ongoing social and emotional support.

You can find stories on the [Credú Carers You Tube channel](#).

Planned and Emergency Respite for Carers

During the year, significant progress was made in developing a planned and emergency respite service for unpaid carers. While the service had not yet commenced delivery, strong foundations were established to support implementation.

A **co-produced service model** was developed, including a detailed service specification covering eligibility, referral pathways, and delivery expectations. Key performance indicators and monitoring arrangements were also put in place, strengthening accountability and readiness for delivery.

A **comprehensive needs analysis**, informed by data, partner insight, and lived experience, identified clear gaps in provision. As a result, the service was targeted at unpaid carers supporting people with dementia, with an initial pilot planned for the Welshpool and Montgomery area.

Governance arrangements, including a multi-agency Programme Board and Working Group, ensured effective oversight and embedded co-production throughout. Engagement with carers in the pilot area directly informed the model, highlighting the importance of flexibility, clarity, and responsiveness, particularly in crisis situations.

Overall, the programme demonstrated the value of early help and prevention in supporting unpaid carers. By providing flexible, person-centred support and strengthening system-wide coordination, the work helped carers remain connected, resilient, and able to sustain their caring roles.

Welsh Language

During 2025–26, progress was made in strengthening the strategic approach to the Welsh language across health and social care in Powys through the establishment of the **GOFAL: Welsh Language in Care Promotion Group**. This multi-agency steering group brought together partners from across the Regional Partnership Board (RPB) to provide collective oversight, coordination, and leadership in promoting the use of Welsh within services.

The Group was established to support compliance with the **Social Services and Wellbeing (Wales) Act**, the **Welsh Language Standards**, and the **More than Just Words** strategic framework. Its formation marked an important step in embedding a more consistent and system-wide approach to delivering services that meet the needs of Welsh-speaking individuals, families, and communities.

The Group developed a clear programme of work, focused on monitoring progress against the More than Just Words plan, strengthening accountability, and identifying areas for improvement. This included gathering and analysing data on Welsh language need and service access, mapping gaps in workforce skills and service provision, and promoting practical solutions to improve delivery.

A key objective of the Group was to strengthen partnership working and ensure alignment across organisations, linking with wider Welsh language forums and initiatives. Through this coordinated approach, the Group supported the sharing of good practice, celebrated progress, and promoted a culture where the Welsh language is actively valued and used in service delivery.

The Group also played a role in shaping workforce development, supporting access to Welsh language training and contributing to the development of a Welsh language workforce plan aligned with the Health and Social Care Academy. This helped to improve confidence and capability among staff and volunteers to deliver services bilingually.

Governance arrangements were established to support effective oversight, with the Group meeting regularly and reporting into partnership structures. This ensured that progress, risks, and areas for improvement were clearly identified and escalated as required.

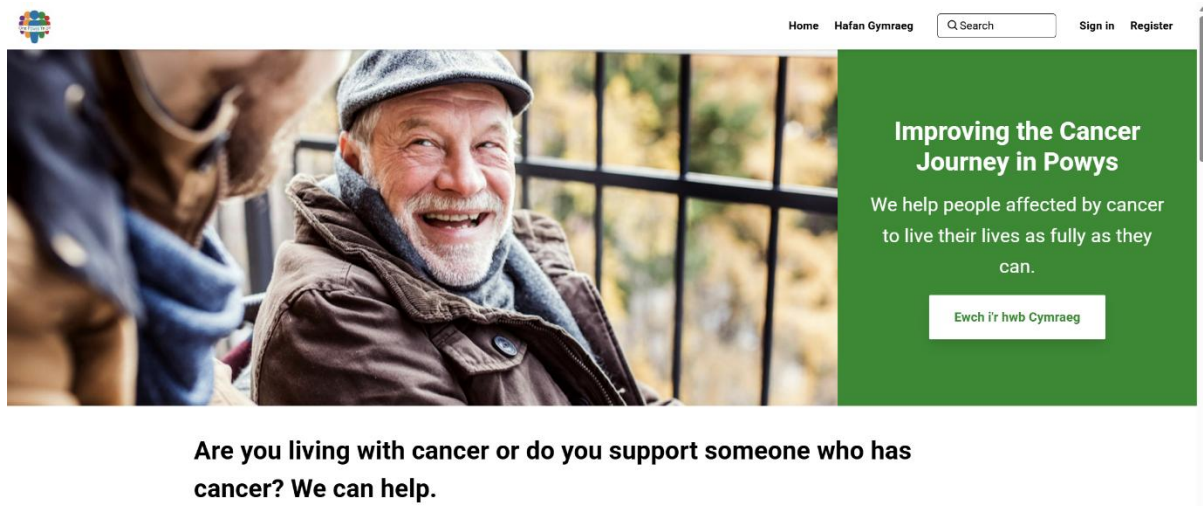
The establishment of the GOFAL Group strengthens the system's ability to:

- **Improve compliance** with national Welsh language policy and legislative requirements
- **Increase visibility** and uptake of Welsh language services
- **Identify gaps** in workforce skills and service provision
- Promote consistent, high-quality **bilingual service delivery**

- **Strengthen partnership working** and shared accountability

Overall, the creation of the Group provided a strong foundation for ongoing improvement, supporting a more coordinated, proactive, and person-centred approach to delivering Welsh language services across health and social care in Powys.

Improving the Cancer Journey



The Improving the Cancer Journey programme in Powys (ICJ) continues to strengthen personalised support for people living with and affected by cancer across Powys.

In a rural county where many people travel outside Powys for their cancer treatment, **ICJ helps ensure individuals can access emotional, practical and physical support locally.** Through person-centred 'what matters to me' conversations, people are connected to the right support at the right time.

During 2025/26, the programme saw a 25% increase in referrals through the Single Point of Access, delivered via the PAVO Cancer Community Connector. These supportive conversations enable people to connect with the services that best meet their needs. An online e-referral system has also been introduced to improve access, alongside a text-based version of the Macmillan Holistic Needs Assessment. This allows individuals to review a concerns checklist and share their needs at a time that suits them.

ICJ continues to play a central coordination role across Powys. Over the past year, the programme made more than 140 onward referrals to 24 services and signposted individuals to over 100 community and third sector organisations, helping people access a wide range of local support.

Work is underway to develop information and resources that support people to prepare for and recover from their cancer treatment.

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Engagement activity has expanded, including community events, healthcare partnerships and the distribution of **over 7,500 promotional materials to raise awareness of available support**. New web pages were also launched, making it easier for people to access information and get involved.

Macmillan Lead Nurse for Cancer and Palliative Care in Powys, Louise Hymers, explains *"Improving the Cancer Journey in Powys is about listening to what matters most to people affected by cancer and making sure they are connected to the right support at the right time."*

"This new webpage makes it easier for people and their families to find help locally and to know they don't have to navigate their cancer journey alone."



The team continues to raise awareness of the programme, contributing to conferences and events and working closely with health, social care and the third sector. The programme has also supported initiatives such as 5k Your Way, promoting wellbeing and community connection.

The voice of people with lived experience continues to shape the programme, supported by the re-established Journeying Together group and ongoing community engagement.

Overall, ICJ is building a more connected, community-based approach across Powys - improving access, strengthening partnerships, and helping people live well with and beyond cancer.

Find out more at www.haveyoursaypowys.wales/ici



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Regional Innovation Coordination (RIC) Hub

The Powys RIC Hub operates as a coordinating and **enabling function, bringing together innovation, research and improvement activity** that would otherwise be fragmented. Its role is to ensure activity is aligned to local priorities and national direction, support the identification of innovation that delivers value, enable testing and scaling of what works, and promote shared learning across organisations and sectors. The Hub's work is aligned with national innovation policy in Wales, while remaining responsive to local challenges such as rurality, demographic change and system capacity pressures.

Supporting Innovation

Panel Y Ddraig is the RIC Hub's dedicated innovation grant scheme, designed to encourage and support research, innovation, and quality improvement across the partnership. The scheme invites staff and partners to propose project ideas, providing access to targeted funding and specialist support to test and implement their proposals. Its aim is to nurture a culture that is both research-active and improvement-focused, ultimately enhancing patient care, service user experience, and service delivery through locally led innovation.

During 2025/26, three Panel Y Ddraig projects received support through grant funding and access to expertise in research, innovation, and improvement. A key requirement for recipients is to evaluate the impact of their work and report findings to the RIC Hub, ensuring a cycle of continual learning and improvement.

Innovations Working at Scale

The Welsh Government has mandated increased collaboration across RIC Hubs, forming part of a nationally coordinated innovation network. This strategy prioritises the sharing of good practice, the transfer of learning, and the accelerated adoption of proven innovations at scale.

The Minister for Mental Health and Wellbeing wrote to RPB Leads, RIC Hub Executive Leads, and Directors of Public Health, requesting the formation of a national project implementation team to scale up innovative approaches for linking data to inform service delivery decisions. A Working Group has been established to oversee delivery, with representation from across the RPB.

Child Health E-Consent Project

The RIC Hub led the introduction of a robust and secure electronic consent platform for school-based vaccination programmes. The system allows parents and carers to conveniently provide their consent online, eliminating the need for traditional paper forms.

By digitising the consent process, the scheme has significantly improved accessibility, making it easier for families to respond promptly. Furthermore, the electronic approach enhances operational efficiency for staff, reduces administrative burdens, and ensures greater protection of sensitive data through advanced security measures. The result is a more streamlined, reliable, and inclusive process for managing consent in child health interventions within schools.

North Powys Wellbeing Programme



The North Powys Wellbeing Programme was established as a key priority to deliver the county's joint Health and Care Strategy with a vision to **"assess and deliver a new integrated model in North Powys, and to support effective learning and transfer across Powys."**

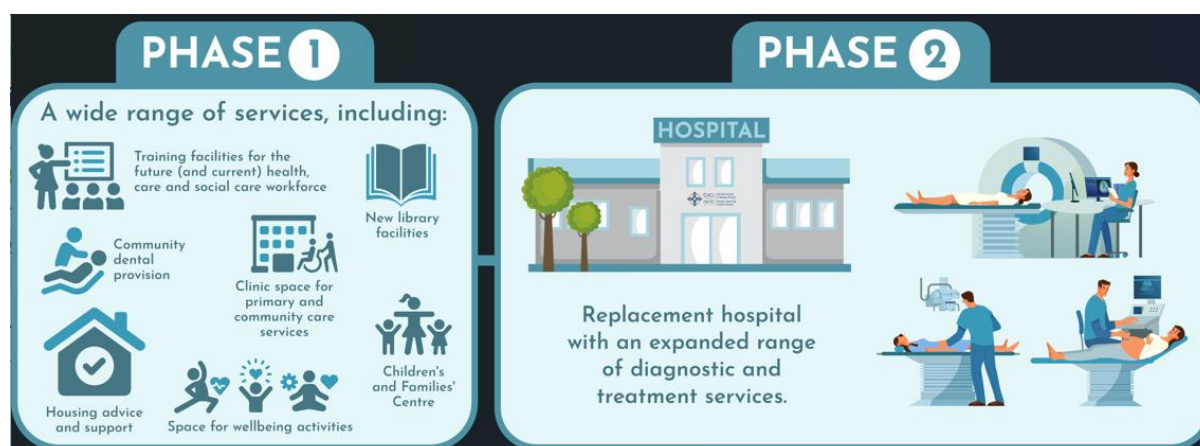
This programme is a once in a generation opportunity to bring together partner organisations to enhance and transform the way services are delivered to the local community. The overall Programme Business Case was approved in 2021.

The first phase and a key strand of this programme is the proposed **multi-agency health and wellbeing hub in the centre of Newtown.**

To ensure a deliverable and affordable programme in the context of the wider national capital budget for Wales, the programme has developed a phased approach as summarised below:

Phase 1 **The Hub** – a new multi-agency Health & Wellbeing hub incorporating the library in the centre of Newtown replacing the existing Y Parc offices.

Phase 2 **Provision of a new building** where the existing library is in the centre of Newtown to replace the existing Montgomery Infirmary and provide additional diagnostic capability.



During 2025–2026 the team produced a Strategic Outline Case/Outline Business Case (SOC/OBC) for the proposed Integrated Wellbeing Hub, setting out a clear case for change and the strategic direction for the programme.

The SOC/OBC set out the Strategic case for change, the key performance indicators, the options and the option shortlisting process. The options were appraised at a workshop in September 2025 attended by key representatives from PAVO, PCC and PTHB. The agreed preferred option of an Integrated Health & Care Hub as a new build with phased delivery was incorporated into the SOC/ OBC document.

The SOC/ OBC demonstrates why the development of a multi-agency Health, Care and Wellbeing Hub for north Powys in Newton is a key cross cutting priority in the Regional Partnership Board's Strategic Capital Plan which acts as the overarching Programme Business Case for all IRCF bids.

Welsh Government approval of the SOC/OBC unlocked funding to enable the team to develop a Full Business Case (FBC) for the Hub. A robust partnership governance structure was also established between the three organisations, strengthening joint decision-making and oversight.

Extensive engagement and communication activities are underway with communities, stakeholders and partners, helping to ensure that the design is informed by local needs and priorities. In parallel, service redesign work progressed across the services moving into the new hub incorporating one front door and a wellbeing.

Services moving into the new hub have been agreed to be:

- Dental care
- Extended community healthcare
- Library
- Adult community care
- Adult mental health
- Children and Family services
- Education & training

Initial 1:200 planning designs were also developed to support the emerging proposals.

A **benefits framework** was established within the SOC/OBC, providing an initial structure for assessing programme impact. This focusses on key outcomes including integrated local services, prevention & wellbeing, a left shift from primary to community care, the development of a flexible and sustainable workforce, decarbonisation, revitalisation of the local economy and the delivery of a fit-for-purpose estate.

Highlights

- The **Strategic Outline Case/Outline Business Case** was submitted to the Integrated Regional Capital Fund (IRCF) Panel on 11 February 2026 and was subsequently **approved by Welsh Government** in March 2026. This approval provided a key milestone for the programme, **enabling progression to the Full Business Case**.
- **Partnership working matured** significantly, with stronger relationships established across health, local authority and wider stakeholder groups. This enabled more open, collaborative and constructive dialogue, supporting better alignment of priorities and approaches.

- Early engagement with stakeholders and service leads played a key role in shaping the proposals, ensuring that they were **closely aligned with population need and strategic objectives**.
- Positive feedback from Welsh Government confirmed a **strong strategic fit with both national and regional priorities**. The feedback also highlighted confidence in the robustness of the business case development to date, recognising the strength of the programme narrative, the clear alignment to population needs, and the defined outcomes.

Next steps for 2026-2027

The team are focussing on delivery of the Full Business case for the Hub which is due for submission to Welsh Government in 2027. Work ongoing to achieve this is broadly in two categories:

Design: We are in the process of procuring a design & build contractor to progress detailed design and the planning application for the building.

Service Redesign: We are working with each service to start the transformation process as services decide how they will develop when they move into the new building. We will then develop specifications incorporating measurable benefits.

Work on the Strategic Case for Phase 2 of the NPWP will also commence this autumn.

More information about the Programme can be found at www.powyswellbeing.wales or via www.haveyoursaypowys.wales/hub-page/north-powys-wellbeing

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Workforce Futures

The Workforce Futures Programme continues to support a **resilient, skilled and compassionate workforce** across health and social care in Powys, combining career pathways, leadership development, and workforce wellbeing to support long-term system sustainability.



A key component, the **Academy Careers Education Enterprise Scheme (ACEES)**, maintained strong delivery during 2025–2026, engaging **4,826 learners** (including **1,152 Welsh-medium learners**) through a structured Whole School Approach across Powys and neighbouring areas. Learner feedback remained positive, with **91% gaining the information they needed** and **78% rating sessions at the highest level**.

The programme offers a clear progression pathway from early awareness through to volunteering and career intent. Targeted delivery included **78 post-16 learners**, **67 Careers Festival participants**, and **95 learners in Additional Learning Needs settings**, with strong engagement (87% enjoyment). Volunteering pathways were strengthened, with **24 enquiries**, **9 placements secured**, and a further **18 expressions of interest**.



A **Primary School Pilot** expanded from three to **ten schools**, reaching **168 learners**, with **94% reporting enjoyment** and all schools requesting continuation, demonstrating the value of earlier intervention in strengthening the future workforce pipeline.

The wider Academy offer continued to develop through complementary programmes:

- The **Engagement HQ platform** provides accessible careers information, showcasing over **350 roles**, alongside staff stories, pathways into work experience, apprenticeships and volunteering, supporting informed career choices.
- A redesigned **Joint Induction programme** introduced a streamlined six-day blended learning approach aligned to national standards, improving consistency and learner experience.
- The **Exploring Caring programme** increased awareness and self-identification of unpaid carers, supporting access to appropriate support and strengthening resilience.
- **Working Carers Networks** strengthened peer support across organisations, improving wellbeing, inclusion, and early access to support.

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- Continued development of **volunteering pathways**, including new befriending roles and specialist training, supported improved experiences for people accessing services.

The **Transformation Skills and Development** offer further strengthened system capability, providing targeted organisational development, leadership support, and facilitation to support service transformation. This included delivery of collaborative workshops, leadership programmes such as the Compassionate Leadership Immersive Programme (CLIP), and wellbeing initiatives, contributing to improved confidence, resilience, and culture across teams.



Overall, Workforce Futures delivery demonstrates **growing reach, strong partnership working, and a maturing end-to-end workforce pathway**, supporting both immediate workforce challenges and long-term sustainability across the health and care system in Powys.

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Participation

Much of the work relating to Participation have been woven into the report but it is worth highlighting here some key pieces of work and our approach. We recognise the importance of involving Powys citizens across RPB partners, making best use of resource, and maximising voice and impact for people.

Citizen and Carer Representatives

The Regional Partnership Board remains deeply proud of its work in supporting citizens and carers to actively lead and shape the partnership's agenda. With two citizen representatives and two carer representatives sitting as full, equal members of the RPB, their **lived experiences continue to provide the vital compass for identifying and tackling "what matters" to the people of Powys**. Supported closely by the Powys Association for Voluntary Action (PAVO), these individuals ensure that grassroots perspectives directly influence our strategic health and social care decisions. Over the past year, representatives consistently brought their expertise to five RPB Board meetings, four pre-board sessions, a dedicated development day, and various regional forums.

A huge thank you is extended to our Carer and Citizen members for their immense dedication on the board and beyond. This year, we saw important transitions in our membership; with Hayley Pugh's tenure coming to an end, thanking her warmly for her valued service, and successfully running a full recruitment campaign to welcome our newest carers' representative, Amanda Elkes-Clark. The Board also agreed to offering sitting citizen and carer members a 12-month term extension, ensuring vital continuity for their work.

Through ongoing mentoring, accessibility adjustments, and briefing support from PAVO, our representatives have confidently broken-down complex policies to act as equal decision-making partners. They have also been active ambassadors for Powys on the wider stage. This year, four representatives participated in the PTHB Better Together workshop at the Royal Welsh Showground to shape adult community health services, while representatives also attended the National Co-production Conference in Pontypridd to bring cutting-edge Welsh public service insights back to our region.



Heather | Hayley | Nick | Jean

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Engagement and Insight Network

The Powys Engagement and Insight Network (PEIN) was established to ensure that how we engage with Powys citizens across the partnership is joined up and to enable citizens to be more meaningfully involved in shaping policy, service design and delivery. The group meets monthly to share information on engagement activities, good practice and training.

The network has started to strengthen co-production across the county by developing and driving a set of actions to improve participation practices. This work has been carried out collaboratively with the Powys Public Service Board.

Co-production

Developing a shared definition of what we mean in Powys by co-production has been the first step, along with the guiding principles that will support groups, services and organisations to improve their co-production journeys.



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There are examples of great co-production working across the partnership— doing 'with' local communities and not doing 'to' which have been highlighted in this report. Looking forward, we will learn from these good examples and support a more consistent approach to citizen involvement. Building more equal relationships of shared power and shared responsibility with our communities, based on understanding and respect.



Workshops to develop the Co-production Journey Tracker in Powys brought together a group of people with different lived-experiences and professionals from across the health board, council services and third sector representatives.

These sessions and wider feedback from a range of fora and networks have enabled us to develop, test and refine the Powys Co-production Journey tracker. The next step is to

make this available across the county.

Wider engagement with people is hugely important and the partnerships and subgroups have various ways in which they can hear the voice of people to help shape decisions. Live Well for example have a Live Well Forum made up of people with lived experience of learning and physical disabilities who can discuss key issues and feed these into the partnership work.

This year PEIN produced their first Powys People and Communities Insight Report, a six-monthly report to gather insight on continuous engagement between citizens and communities with public, third and independent sector organisations. The report collates the intelligence received and highlights emerging key themes, for the purpose of consideration by decision makers.

This year the Powys Engagement and insight Network took up organisational membership of the [Coproduction Network for Wales](#). With 15 Co-production Champions already identified and taking up additional training and support to embed best practice methods in their work.

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Llais, the Citizen Voice Body for Health and Social Care in Wales

Llais, the statutory Citizen Voice Body for Health and Social Care in Wales, **plays a key role in ensuring that the views and experiences of people in Powys inform the planning, delivery and improvement of services**. The Powys team works across local communities to gather feedback from people using health and social care services through visits, engagement events, community groups, surveys and digital channels.



Eich llais mewn iechyd | Your voice in health
a gofal cymdeithasol | and social care

During the year, the **Regional Partnership Board and its partners continued to work closely with Llais through the Powys Engagement and Insight Network** and wider

partnership arrangements. This has supported shared ambitions to strengthen citizen voice and embed co-production, ensuring that lived experience informs both strategic planning and service improvement.

Throughout 2025–26, **Llais Powys heard from almost 1,300 people** through community events, Llais Local sessions, public forums, advocacy and wider engagement activities. While every community has its own unique circumstances, the messages we heard were remarkably consistent. People told us they continue to face difficulties accessing GP, dental and hospital services, experience long waits for care and treatment and often struggle to navigate a system that can feel fragmented and difficult to understand. Rurality and transport remain significant barriers, affecting almost every aspect of accessing health and social care. In social care, people also spoke about delays in accessing support, pressures on carers, and the need for services that are better connected, easier to access and more person-centred.

Listening is only valuable if it leads to action. During the year, **Llais Powys made 112 formal representations on behalf of people across the county**, ensuring that their experiences influenced decisions at local, regional and national levels. This work contributed to practical improvements including better access to repeat prescriptions, increased NHS dental provision, improved support for people experiencing mental health challenges, clearer discharge planning, improved accessibility for Deaf people, and greater recognition of the challenges faced by people accessing cross-border healthcare. The **evidence gathered throughout the year has also helped shape strategic priorities for 2026–27**, ensuring that the voices and experiences of people in Powys continue to drive improvements in health and social care services.

In addition to its engagement activity, Llais provides a free, independent complaints advocacy service, supporting individuals to raise concerns in an accessible and constructive way and helping organisations learn from feedback to improve services. Overall, Llais continues to play an important role in amplifying the voice of citizens across Powys and helping partners ensure that services are shaped around what matters most to local people.

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Junior Start Well

The **Powys Junior Start Well Board (JSWB)** is a group of young people aged 11–17 who meet regularly to discuss the issues that matter most to children and young people across Powys. They gather views from their peers and work together to influence services, shape projects, and help ensure all young people can be healthy, happy, and supported. JSWB also works in partnership with the Start Well Board to inform planning and decision-making.

“By talking to our friends and peers, we find out what issues are important to them and work on solutions to ensure everyone can be healthy and happy. We also collaborate with the Start Well Partnership Board to help plan services and projects that meet the needs of young people. We also take on our own projects to make changes in our community.”

Key projects this year are outlined below:

The Junior Start Well Board (JSWB) **prioritised emotional safety**, exploring what a “trusted adult” means to young people across Powys. Engagement with children, young people and professionals has informed a shared understanding of trust, with a multi-agency workgroup now embedding these values into workforce practice and shaping a county-wide awareness campaign.



JSWB also led a **Powys-wide Odd Socks Day** campaign in response to concerns about bullying. Schools used a shared presentation to promote kindness, inclusion and speaking out, supported by Powys senior leaders who wore odd socks to visibly champion the campaign and reinforce a strong commitment to safe, supportive environments.

JSWB is now **focusing on widening its reach**, working in partnership with a range of groups across Powys to ensure more young people can influence early help and wellbeing priorities.

A key example is the newly renovated **Youth Café in Newtown**, developed as a JSWB initiative and opening next month. It will provide a safe, welcoming space for young people to connect, access support and build trusted relationships locally.

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Live Well Forum

Over the past year, the Live Well Forum made **strong progress in improving outcomes and strengthening engagement** with its members. Activity focused on key priority themes, enhancing co-production, and increasing participation across Powys. This work has helped ensure that the voices of people with lived experience continue to shape service development and strategic planning.

The Forum explored several priority topics, **including transport, housing, and community resources**. These themes were discussed collaboratively, enabling a better understanding of the barriers individuals face, as well as the opportunities to improve access and outcomes across communities in Powys.

Co-production remained central to the Forum's work. Members worked together to develop a new engagement leaflet to support the recruitment and involvement of new participants. In addition, a survey was co-designed to inform the Live Well Strategy and Market Position Statement, identifying key priorities, challenges, and barriers experienced by individuals. This approach strengthened the integration of lived experience within strategic decision-making.

A **range of guest speakers** contributed to Forum sessions throughout the year, providing insight on topics identified by members. These sessions increased awareness of key issues, improved access to relevant information and resources, and supported shared learning. All materials and resources were consistently circulated to members to encourage ongoing engagement.

Targeted engagement activity was undertaken to expand and diversify membership, ensuring broader representation from across Powys. This has supported a more inclusive and representative Forum.

The Forum worked in **partnership with the Communities for Work Plus team** to develop process maps and support individuals to better understand and navigate their personal journeys. This collaborative approach contributed to clearer pathways and improved access to support.

Overall, the Live Well Forum demonstrated positive progress, with strengthened co-production, improved engagement, and a clear focus on priority areas. This work provided a strong foundation for future development. Members identified priority topics for the coming year, including engagement and co-production, and planned and emergency respite for carers.

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Focus has been given to looking at ways in which membership of those with lived experience can be further increased we have co-produced a webpage dedicated to Live Well forum, sharing what the forum does and how to get involved. You can view the webpage on [Have Your Say Powys](#)



Older People Forum

The 2025–26 period marked a significant year for the Powys Older People’s Forum (OPF) and the Powys Association of Voluntary Organisations (PAVO). Tasked by Powys County Council to carry out engagement activities and support citizen representatives, the initiatives successfully reached 470 older residents at 21 community engagement events. Despite a temporary pause in activities to implement a forum 'reset' and clarify the terms of reference, the engagement successfully amplified the voices of older residents across 13 localities, feeding directly into strategic decision-making bodies such as the Powys RPB Age Well Partnership.



Through **diverse community channels**—ranging from lunch clubs to agricultural events—residents consistently raised five core themes and concerns. Transport and infrastructure emerged as the most critical issues, with unreliable public transit and the closure of public toilets severely limiting mobility. Residents also faced severe digital exclusion, describing online-only appointments as a "minefield", alongside mounting cost-of-living pressures regarding heating and travel expenses. Finally, participants expressed confusion about carers' support and noted declining health and medical access, with GP shortages and local pharmacy closures particularly evident.



A primary highlight of the year was a high-profile collaborative **engagement event at the Royal Welsh Show on July 21, 2025, alongside the Older People’s Commissioner for Wales, Rhian Bowen-Davies**. This platform allowed Powys residents to discuss the specific challenges of ageing in rural Wales directly with national policymakers. To further boost strategic impact, PAVO integrated resident feedback into Powys County Council’s application to the WHO

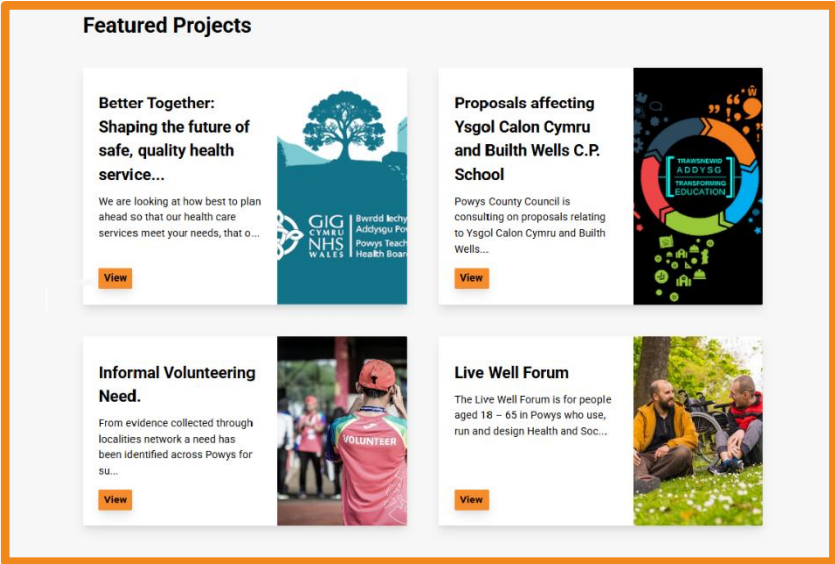
Network of Age-Friendly Communities and consistently routed health-specific findings to the Powys Teaching Health Board (PTHB) Patient Experience Steering Group.

A major case study during Quarter 3 exemplified the practical impact of this engagement following the sudden closure of the Llanfyllin Pharmacy. Initial lack of communication from the health board left vulnerable residents anxious over medication continuity. In response, the forum escalated these concerns, driving rapid local intervention that led to improved public communication, targeted guidance, and the successful deployment of an interim prescription drop-box system at the local surgery. This agile response successfully preserved safe, reliable access to medication for older people with limited mobility, highlighting the immense value of early community engagement and rural contingency planning.

Digital Tools

We have continued to build on digital opportunities around engagement.

'There have been **62,162** visits to the 'Have Your Say' Powys Engagement HQ site with **10,119** visitors taking part in engagement activities.'



Through the Engagement HQ platform, the partnership can access the latest engagement tools such as quick polls, social subscribing, and online focus groups, to help capture and report on people's views in a timely and ongoing way.

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Social Value Forum

Social Value continues to remain a key pillar of supporting people in Powys to improve health and wellbeing outcomes through a focus on prevention and community-based support.

This year much progress has been made by and via Powys' Social Value Forum. Some highlighted impact includes:

- The **Social Value Forum Co-ordination Group** met twice during the year, 17 out of the 38 member organisations attended, with others voting online.
- **16 activities** related to Social Value initiatives were developed

During the first half of the year, the 2025–2027 funding round opened on 24 March 2025 and closed on 28 April 2025. The opportunity was widely promoted through the programme website, social media channels, and the Social Value Forum network, generating strong interest from across the sector.

A total of **44 applications were received**, with requests amounting to approximately £1.8 million against an available funding pot of £290,000. Throughout the application process, all applicants were offered tailored support from the Fund Officer. This included early discussions, feedback on draft applications, and guidance on governance requirements, helping to build capacity and strengthen submissions.

The 2026-27 round of funding opened in October 2025, a total of 27 applications were received and the panel met in January 2026 to review applications in detail and awarded funding to seven projects across Powys, allocating the full £130,000 available. Project delivery commenced on 1 March 2026 and will run until 31 March 2027, providing 13 months of delivery.

A diverse range of community projects were started for the period 2025-2027 and made a meaningful impact across Powys, fostering creativity, connection, and wellbeing among participants of all ages. These included:

- **Erwood Singers** meet on alternate Tuesdays, welcoming everyone to their inclusive singing sessions featuring traditional folk songs, rounds, and harmonies from around the world. Participants report significant benefits to their wellbeing — one attendee described the sessions as “a life-saver,” offering respite while her husband undergoes cancer treatment. Another, aged 88, shared, “It keeps me happy and up to date. I feel exhilarated after a singing session.”
- **Sploj** continues to provide young people with a strong sense of community and belonging. One under-18 participant reflected, “I feel connected to my community. It’s definitely helped me meet new people — it really feels like a community that welcomes everyone.”
- **Aberhafesp Community Association - Use it or lose it** - delivers a safe and welcoming local exercise class that participants greatly value as time to focus on their own wellbeing. Many have expressed appreciation, with one participant commenting, “Could we have the class each week?” — a request being actively considered for the future.

- **Arts Connection** reported strong collaboration between facilitators, which enhanced the planning and delivery of creative activities. Sessions combining painting, drawing, and textile-based crafts proved highly engaging, with the seaside theme encouraging imagination and tactile exploration. While one session experienced lower attendance due to its remote location, this has highlighted the importance of venue accessibility for future planning. Activities were successfully adapted to suit all abilities, ensuring inclusivity and participation.
- **Cultivate – Green Shorts Children’s Groups** have had a positive impact on both facilitators and participants. Staff report increased motivation, physical activity, and inspiration from leading nature-based crafts. Children expressed enthusiasm for a wide range of activities including cooking, planting, and building bug hotels, with comments such as “I loved planting and talking about different plants” and “Finding worms and playing in the mud kitchen.”
Early challenges included limited equipment and kitchen facilities, which affected activity flow, but creative solutions encouraged teamwork and peer support. The sessions have helped children build confidence, learn new skills, and develop social connections. An unexpected benefit has been the emergence of peer support networks among families, who now connect beyond the formal sessions.
- **Rekindle** has extended accessible mental health support for young people in Welshpool and surrounding areas, removing barriers faced by those who previously needed to travel to Newtown. The inclusion of outdoor sports and games such as pickleball, football, and table tennis has been especially beneficial, helping young people engage more easily and reduce social anxiety.
- **Sidney Nolan Trust** reported that shared food experiences significantly enhanced the sense of warmth and connection within sessions. Expanding from simple refreshments to shared meals, such as homemade leek and potato soup, fostered companionship and strengthened community bonds.

Further projects commenced in 2026 and included:

- **Dementia Matters in Powys (DMiP)** – piloting DMiP Respite+, providing trained personal assistants to deliver personal care for people living with dementia in Brecon, allowing unpaid carers to attend essential health and wellbeing appointments.
- **Hay & District Dial-a-Ride** – introducing a Shopping Buddy Scheme, pairing trained volunteers with members to provide practical help while shopping alongside social interaction.
- **Hwb Cymunedol Taj Mahal Community Hub CIC** – delivering the *Dyfi Hwb Community Bus*, a volunteer-led initiative providing accessible and affordable transport for residents in Machynlleth and the Bro Ddyfi area.
- **Montgomeryshire Wildlife Trust** – delivering *Wild Guardians*, enabling 84 children and young adults in North Powys to access wildlife experiences through free, supported transport.
- **The Walsh Connection** – running *Men’s Hub Llanddewi*, a weekly face-to-face men’s group with participant-led activities that reduce isolation and improve wellbeing.
- **The Ystradgynlais Miners Welfare and Community Hall Trust Limited** – delivering *YOUR Welfare / EICH Les*, an arts programme supporting the mental health, wellbeing and social inclusion of young people aged 11–18.

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- **Welshpool Community Haven** – introducing a *Carer & Diagnosis Navigation Pathway*, a new GP- and hospital-supported referral service offering early practical support to people who become carers or receive a new diagnosis.

Across all projects, **145 volunteers** contributed **2,273 hours** of their time, equating to a value of **£30,003** (based on the Welsh Government's average volunteering value of £13.20 per hour).

Highlights

- 81% report feeling **less isolated**
- 94% are maintaining or **improving their emotional health and wellbeing**
- 78% feel they are **influencing decisions** that affect them
- 98.5% are maintaining or improving their **independence**
- 73% feel **more confident** accessing additional services following project support
- 46.5% reported that they **did not need to escalate their level of support**

These projects collectively demonstrate how creative, social, and wellbeing activities can reduce isolation, improve mental health, and strengthen communities across Powys

As part of ongoing monitoring and support, the Fund Officer undertook visits to eight of the nine Social Value Forum-funded projects during the year, with the remaining visit scheduled. The newly established projects will receive a visit later in the year once the projects are underway. These visits provided valuable insight into both the breadth and impact of activity taking place across Powys. Engagement with citizens, volunteers and staff highlighted the positive difference these projects were already making within their communities.

A wide range of activities was observed, including chair-based exercise sessions, creative workshops, cooking activities and social groups. Together, these projects contributed to a diverse and inclusive programme of support, helping to improve wellbeing, reduce isolation, and strengthen community connections across the county.

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HOW THIS WORK WAS RESOURCED

The Board uses its allocations from Welsh Government revenue and capital funds as a key resource. The largest proportion of revenue funding comes from the *Regional Integration Fund* (RIF). The *Housing with Care Fund* (HCF) is also accessed to resource the Boards capital work.

Decisions around the use of funding are made collectively by the Board's Members. Proposals for how it is used are put forward by the Board's partnerships (Start Well, Live Well, Age Well) which involves the input of other stakeholders and citizen/carer representatives.

Spend is closely monitored to ensure good financial management of the funding and to maximise the benefits from it. Additional funds are also committed for some projects and there continues to be significant contributions of time and staff resource.

Powys RPB was allocated approximately £7.6million in revenue funding and £2.5million in capital funding in 2025-26. The RPB also secured additional capital investment in year to support the development of integrated health and care hubs in Powys. As the RPB continues to develop it will continue to seek opportunities to access other funding to maximise the reach and impact of its work.

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FORWARD LOOK and ANNUAL DELIVERY PLAN

The Powys RPB remains firmly committed to working together to improve health and wellbeing outcomes for people across Powys. The past year has demonstrated the value of collaboration, and our focus remains to strengthen and deepen our partnerships, embedding innovation, and ensuring that people remain at the heart of everything we do.

Our Strategic Focus for the Year Ahead

The RPB's work will continue to be guided by our [Joint Area Plan \(2023–2027\)](#), with a clear and targeted [Annual Delivery Plan for 2026–27](#). This plan sets out the specific actions we'll take to deliver real change, with a strong emphasis on prevention, citizen voice; partnership working and integration; innovation and learning; and sustainability of good practice.

Delivery Plan

Building on the progress achieved during 2025–2026, the Regional Partnership Board has developed a [Delivery and Resource Plan for 2026–2027](#) which sets out a clear and focused approach to delivering improved outcomes for the people of Powys.

The plan reflects a **refined set of strategic priorities**, designed to focus collective effort on the areas of greatest need and system pressure. These include supporting **children and young people**, strengthening the **shift towards prevention and early intervention**, enabling people to **remain independent and closer to home**, and continuing to develop **more integrated, whole-system ways of working**.

A key focus for the year ahead is the continued development of **community-based models of health and social care**, with partners working collaboratively to provide support closer to home and reduce reliance on more intensive services. This includes strengthening early help for families, expanding preventative services for adults and older people, and developing more coordinated pathways of care across health, social care, housing, and the third sector.

Across the coming year, delivery will be supported through a number of key areas of focus:

- **Prevention and early intervention**
A continued shift towards prevention, early help, and community-based support, enabling individuals and families to maintain wellbeing and independence for longer.
- **Integrated, place-based models of care**
Strengthening collaboration across health, social care, housing, and the third sector, with a focus on joined-up services, improved pathways, and support delivered closer to home.
- **Children, families and transitions**
Ongoing development of integrated early help, emotional health, and support for children and young people, including those with complex needs, alongside improved transition pathways into adulthood.

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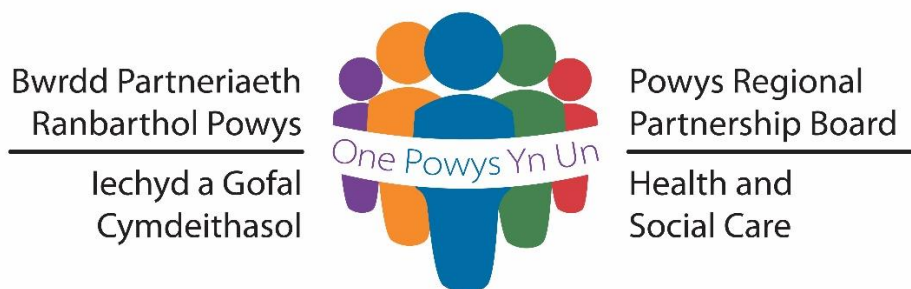
- **Community wellbeing and independence**
Expanding support for older people and adults with complex needs to live independently, including home-based care, accommodation solutions, and technology-enabled care.
- **Co-production and citizen voice**
Continued embedding of co-production across all partnerships, ensuring that lived experience informs planning, delivery, and decision-making, supported by established engagement forums and development tools.
- **Workforce and system enablers**
Investment in workforce development, digital approaches, and partnership effectiveness to support sustainable delivery and the embedding of new ways of working.
- **Learning, evaluation and improvement**
Strengthening the use of data, evaluation, and feedback to demonstrate impact, support learning, and inform future service development and resource allocation.

The Delivery and Resource Plan also reflect the importance of **flexibility and continuous improvement**, ensuring that delivery evolves in response to learning, emerging needs, and opportunities at both a local and national level.

In the context of a changing financial and policy environment, there is a continued focus on **sustainability and long-term impact**, with partners working collaboratively to:

- maximise the value of available resources,
- embed and mainstream successful approaches, and
- support effective transition from time-limited funding where appropriate.

Overall, the plan demonstrates a strong collective commitment to delivering **ambitious but realistic system change**, underpinned by partnership working, co-production, and a shared focus on improving outcomes for the population of Powys.



For more Information contact the Powys Regional Partnership Team
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Powys Teaching
Health Board

Agenda item: 5.6

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		15 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. Final Board approval is scheduled for 30 September 2026.	
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 Planning, Partnerships and Population Health Committee 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; • RECOMMEND to the Board the approval of 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	
4. Enable Joined up Care	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.
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	Approval does not itself commission a service or commit expenditure.

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.
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 and population change. Reg 8(2)	Population projections, housing/development, ageing, tourism and changing service patterns are considered.	Met	Llanrhaeadr clarification complete
10. Consult every body/person specified in regulation 7(1).	Appendix E lists Community Pharmacy Wales, the LMC, contractors, dispensing and	Met	Retain the master distribution list and record nil categories, including any pilot provider or

Mandatory requirement and legal basis	Evidence in the final draft	Status	Required assurance/action
	non-dispensing practices, Llais/community bodies, RPB, local authority, NHS trusts, neighbouring LHBs and English border systems.		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.

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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; include pharmacy, appliance contractor and dispensing-doctor provision and analyse 24-hour availability.	Detailed provider, service, activity and opening-hours schedules are included. No appliance contractor is identified.	Met pending a final point-in-time reconciliation of 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 service/hours, travel time, health need and cross-border provision.	The draft contains provider, travel-time/access and cross-border mapping and uses small-area overlays.	Largely met.
Consultation report: summarise questions, responses, resulting	Appendix J reports respondent groups, themes, Health Board consideration and outcomes. It does	Met, refer to Appendix J

Guidance good practice	Powys position	Chief Pharmacist assessment/action
changes and reasons where no change was made.	not reproduce all consultation questions.	
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 PPPH consideration and then 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 for PPPH consideration to
recommend to the PTHB Board

October 2026

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Document Control

Field	Detail
Document Title:	Powys Pharmaceutical Needs Assessment 2026
Version:	1.0
Status:	Final Draft for Executive Approval
Prepared By:	PNA Delivery Group, Powys Teaching Health Board
Lead Authors:	Emlyn Pritchard Head of Primary Care Medicines Management Gail Brown Senior Medicines Management Pharmacy Technician
Consultation Period:	01 June 2026 – 30 July 2026
Publication Date:	01 October 2026
Review Date:	30 September 2031

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Powys Pharmaceutical Needs Assessment 2026

Author(s): Powys PNA Delivery Group

Status: FINAL DRAFT for Executive Approval
2026

Version: 1.0

Issue Date: August

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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Status: FINAL DRAFT for Executive Approval

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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.

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.

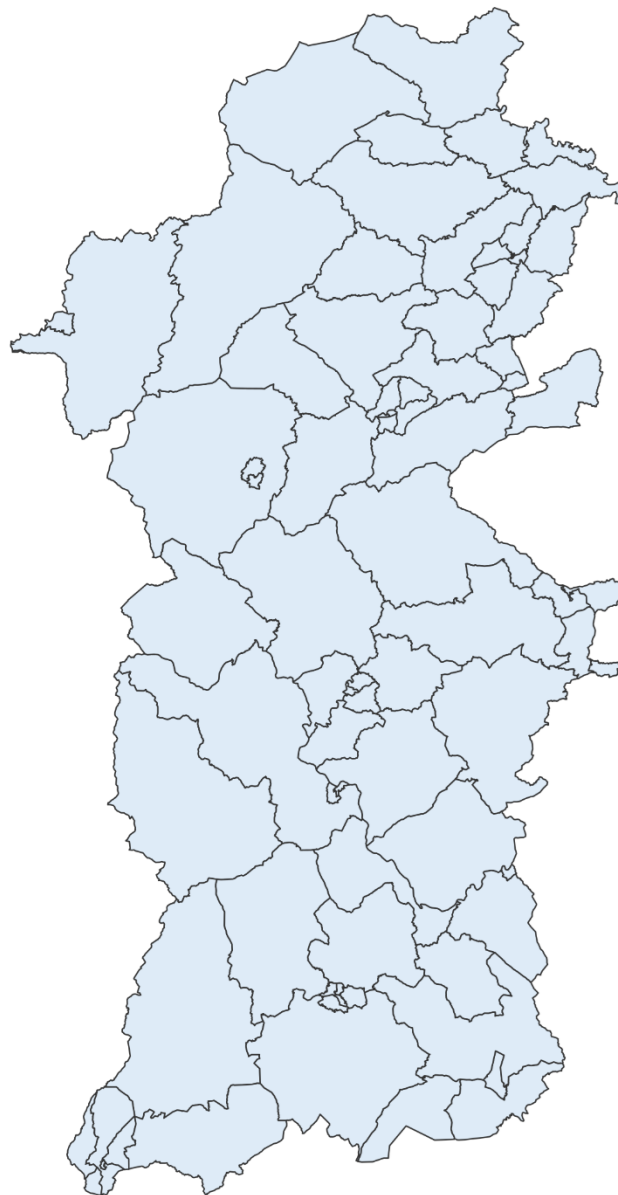


Figure 3:1: Lower Super Output Areas (LSOAs) of Powys

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.

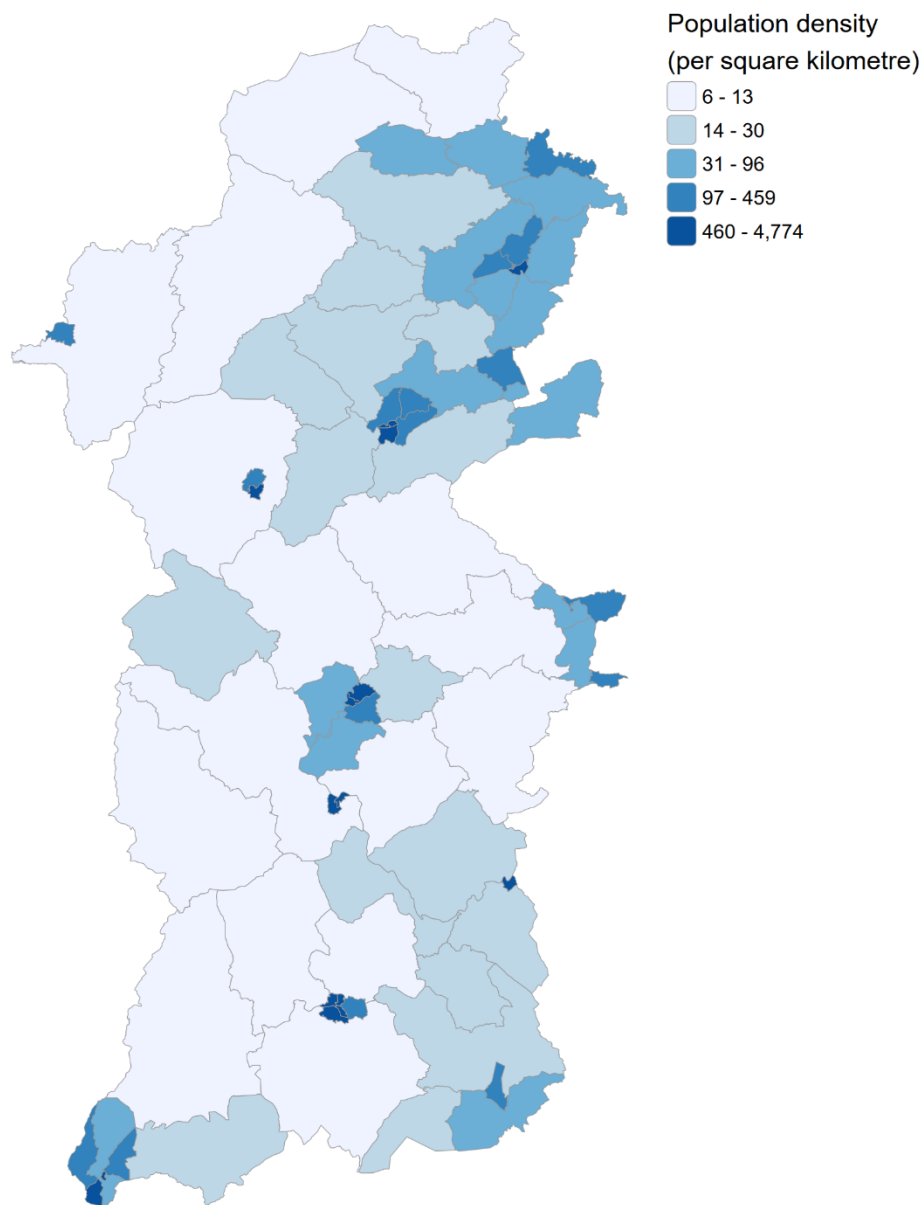


Figure 3:2 - Population Density by LSOA of Powys

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.

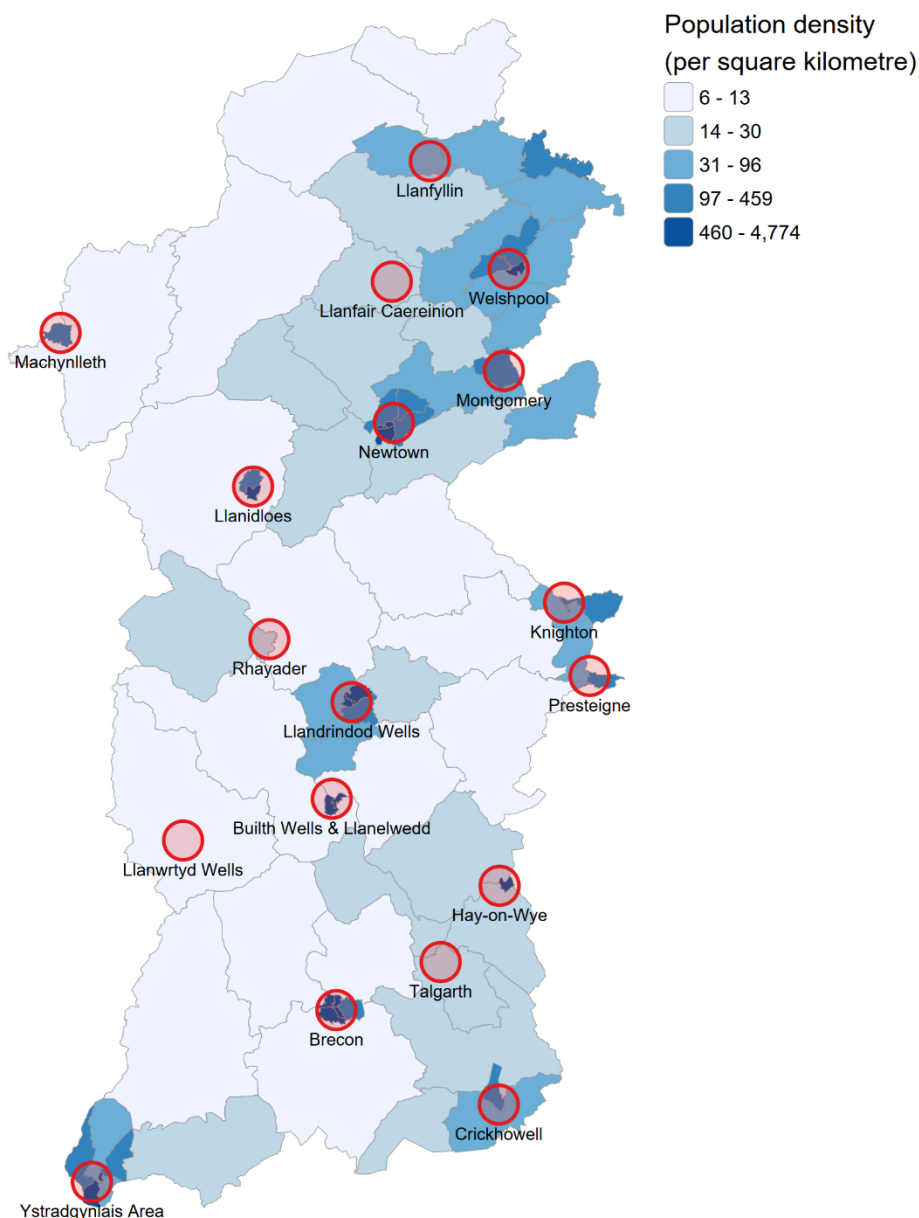


Figure 3:3 - Population Density and Main Settlements of Powys

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.

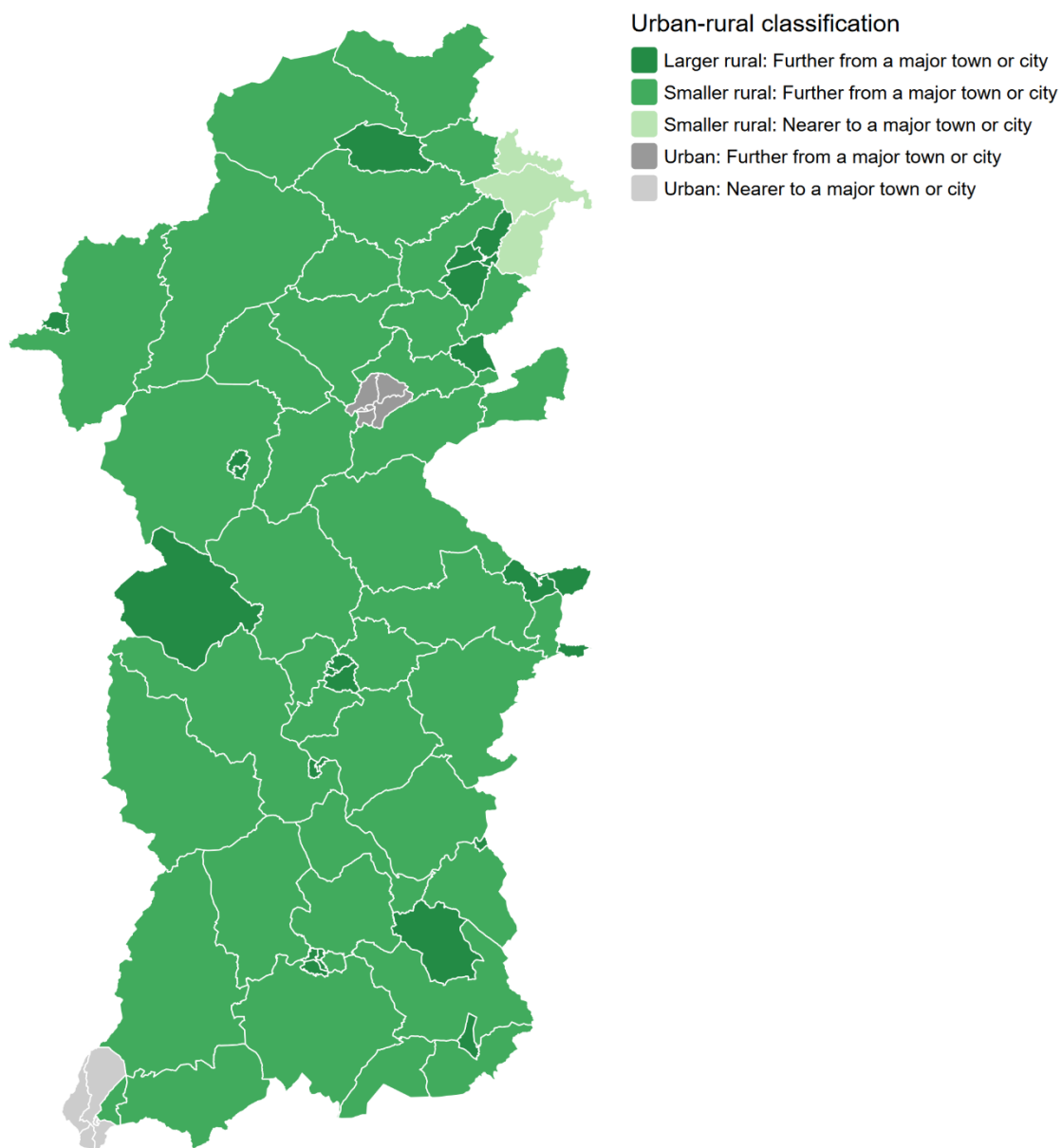


Figure 3:4 - Urban-Rural Classification by LSOA of Powys

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.

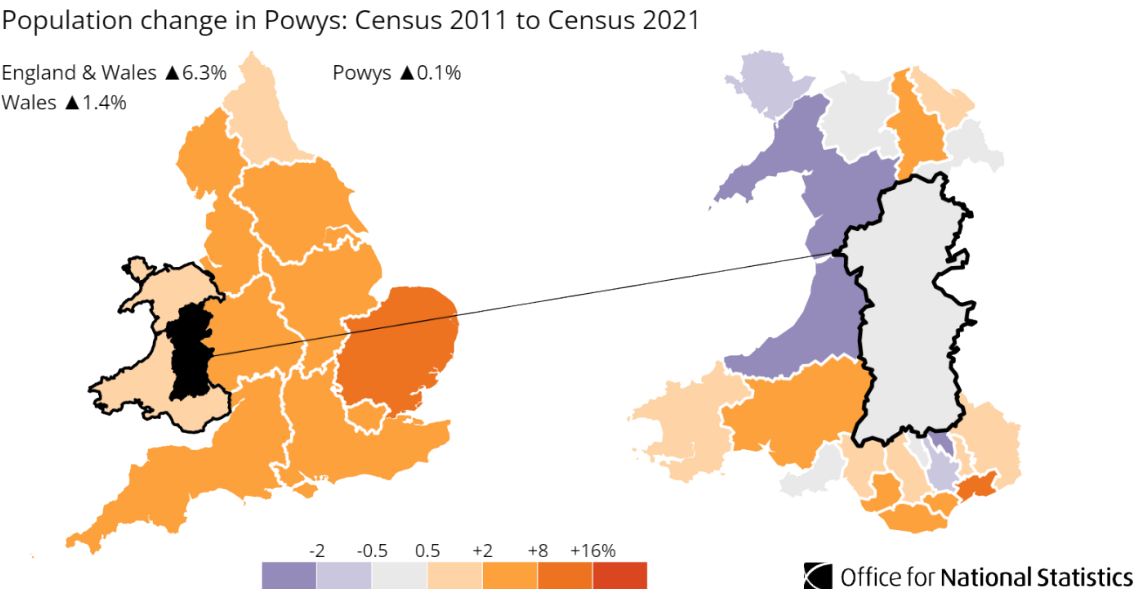


Figure 3:5 - Percentage population change, Powys and surrounding areas, Census 2011 to Census 2021

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.

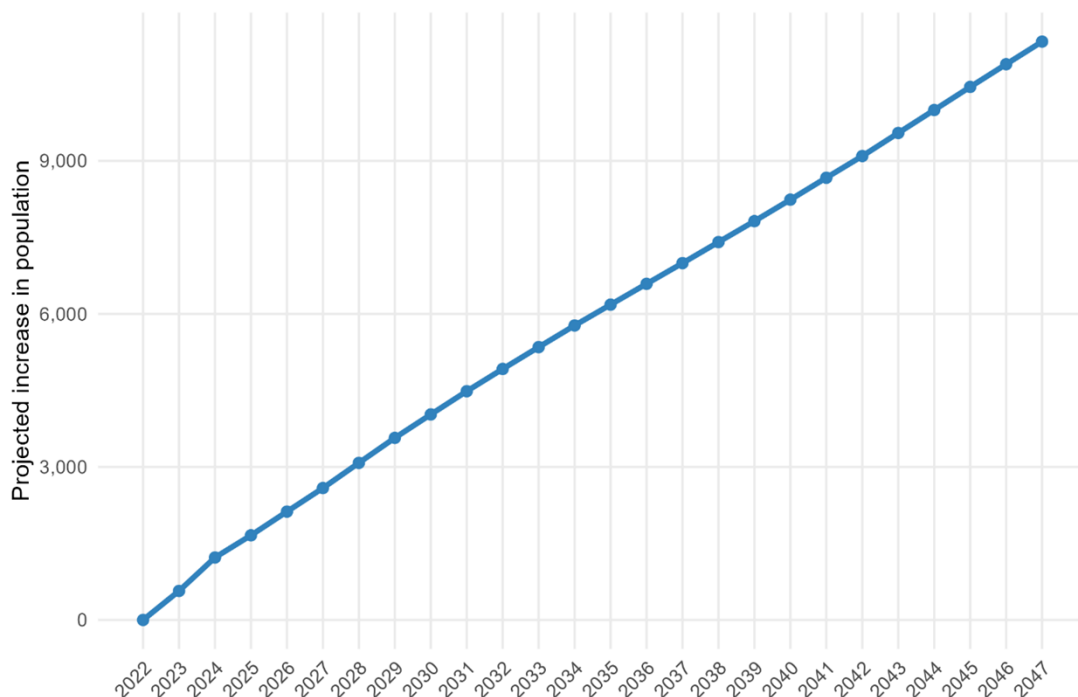


Figure 3:6 - Projected Population Change in Powys

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.

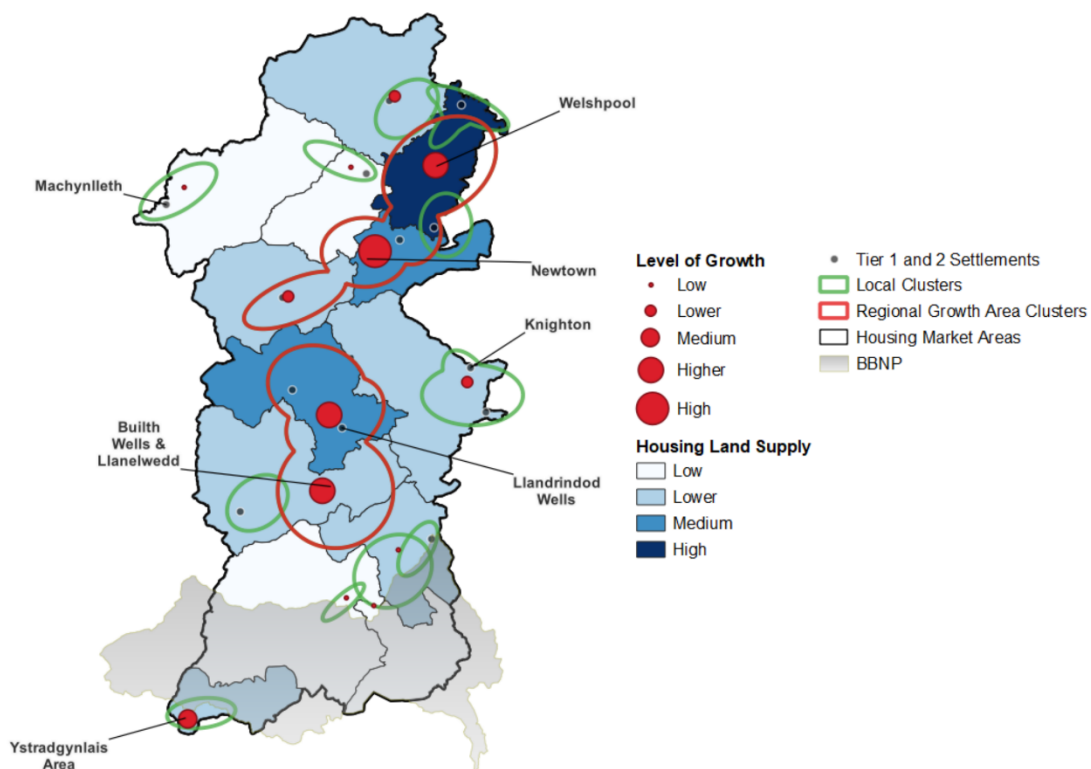


Figure 3:7 - Planned or Indicative Areas of Growth Across Powys

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.

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.

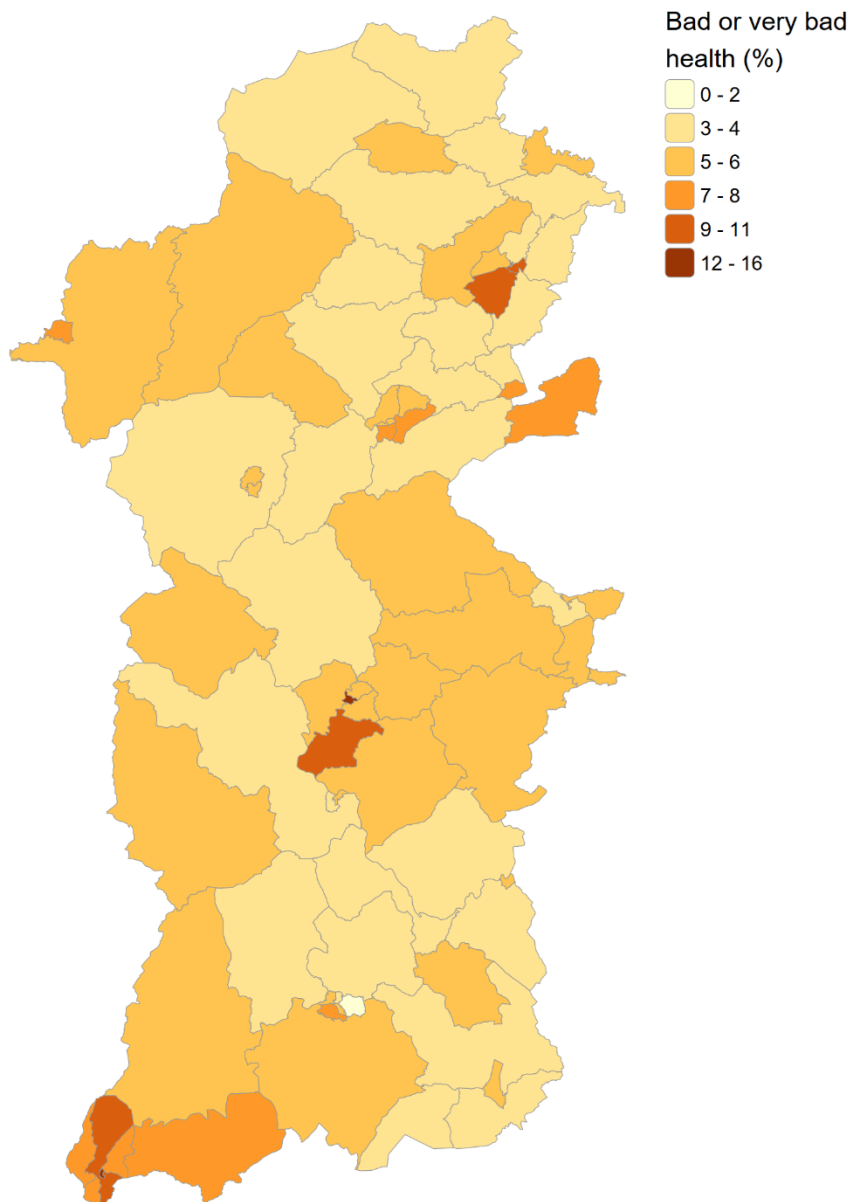


Figure 4:1 - Bad or Very Bad Health by LSOA of Powys

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.

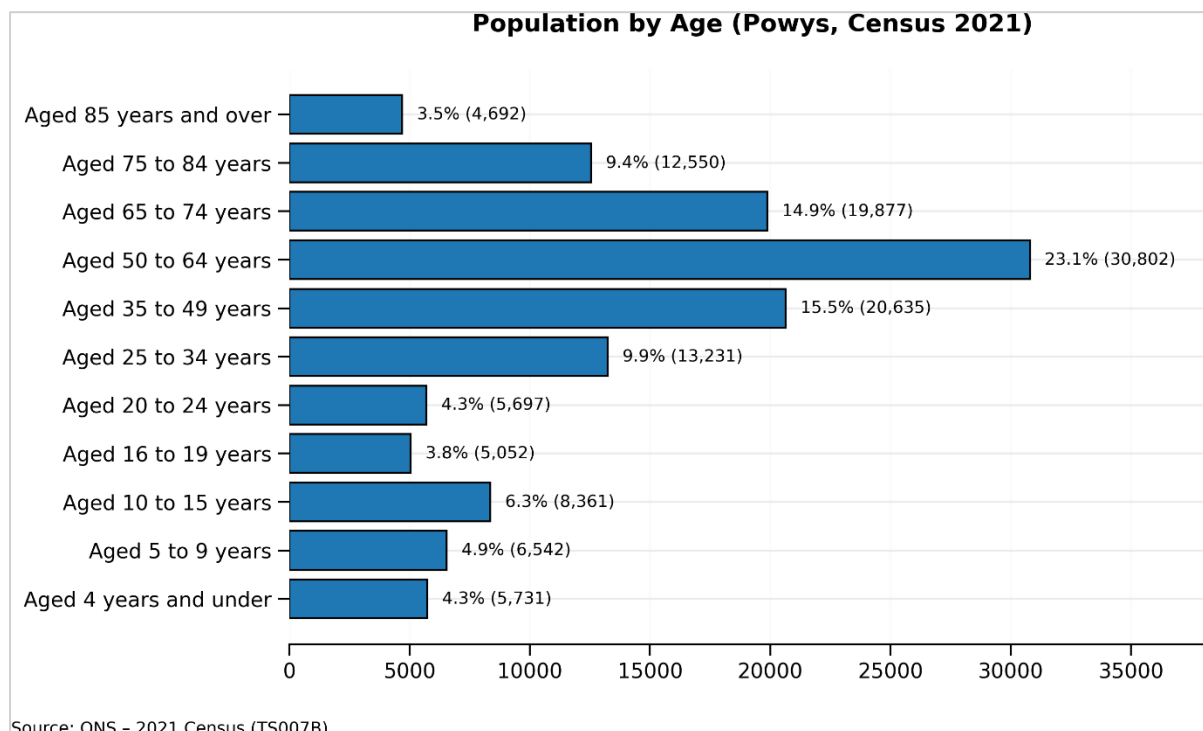


Figure 4:2 - Population by Age (Powys, Census 2021)

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.

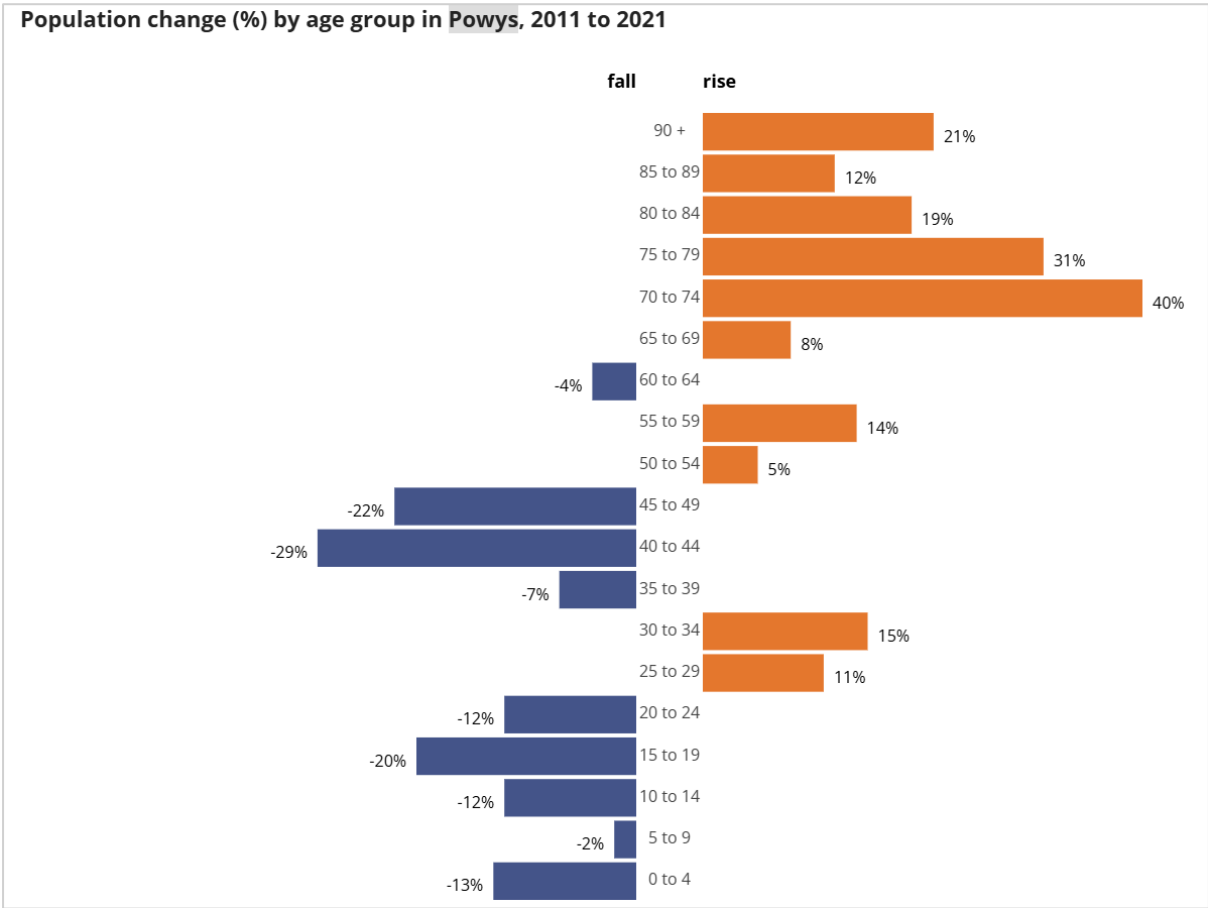


Figure 4:3 - Population Change (%) by Age Group in Powys, Census 2011 to 2021

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.

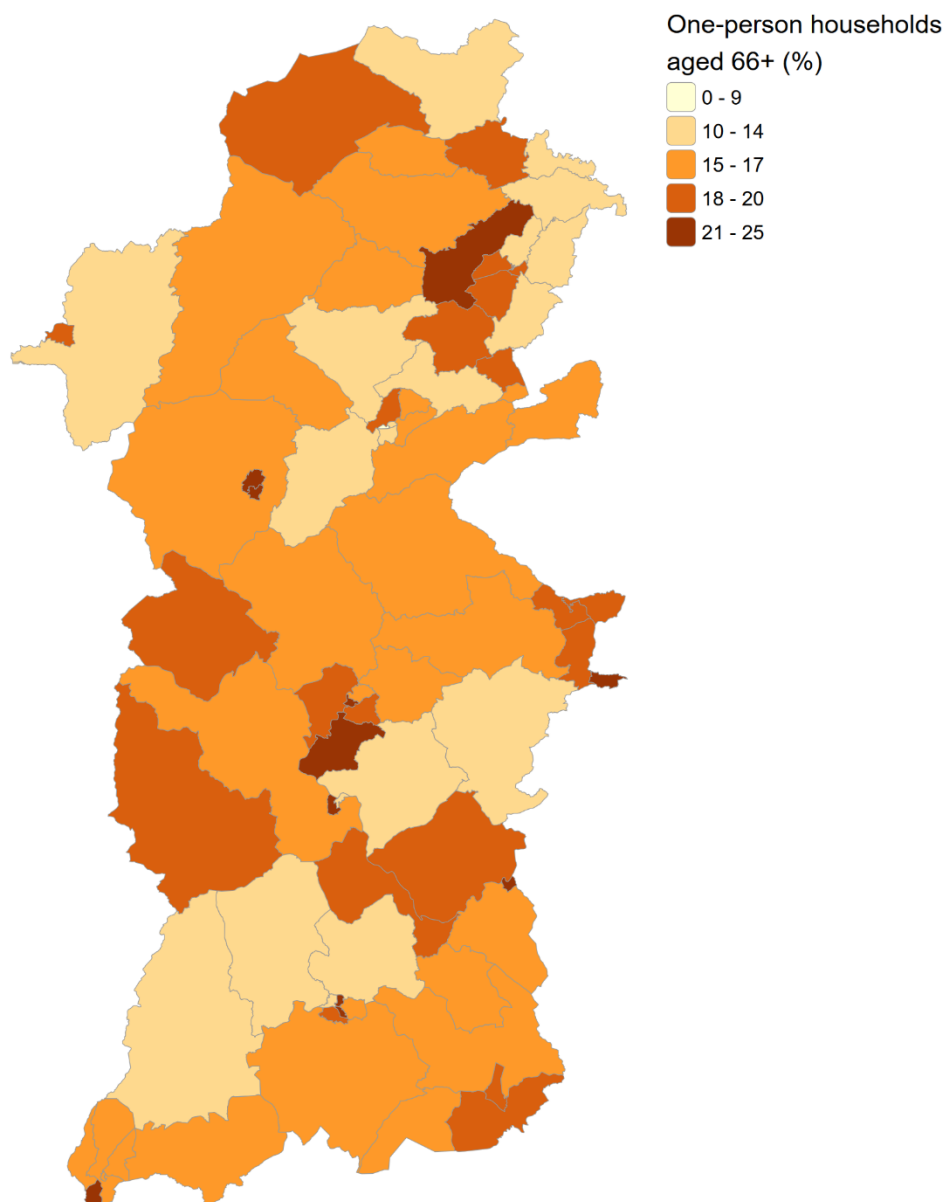


Figure 4:4 - One Person Households Aged 66+ by LSOA of Powys

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.

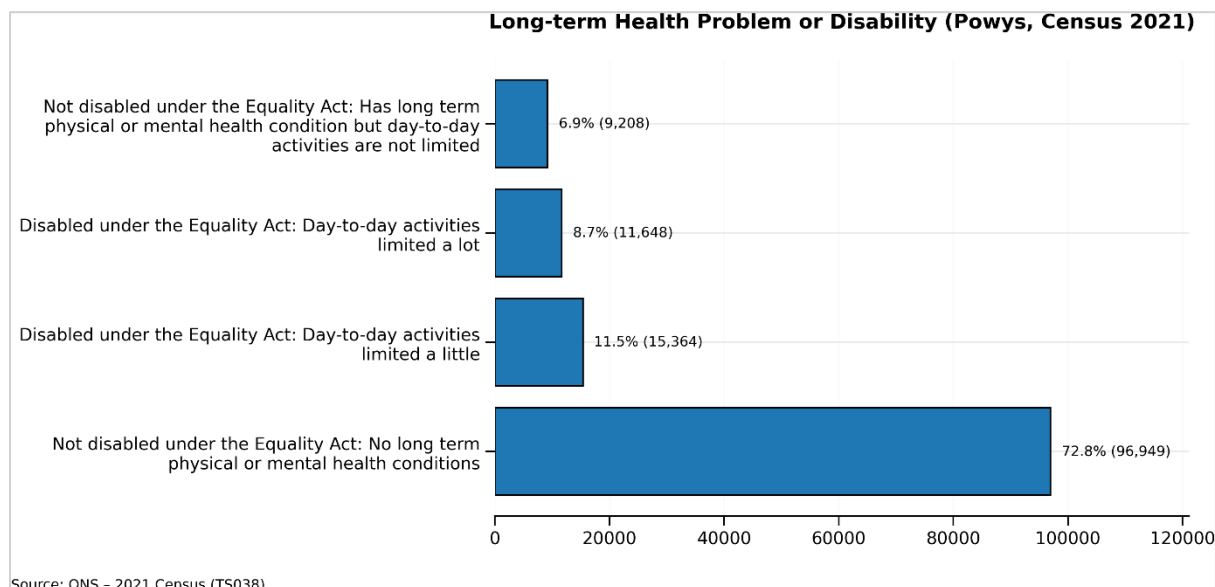


Figure 4:5 - Long-term Health Problem or Disability (Powys, Census 2021)

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.

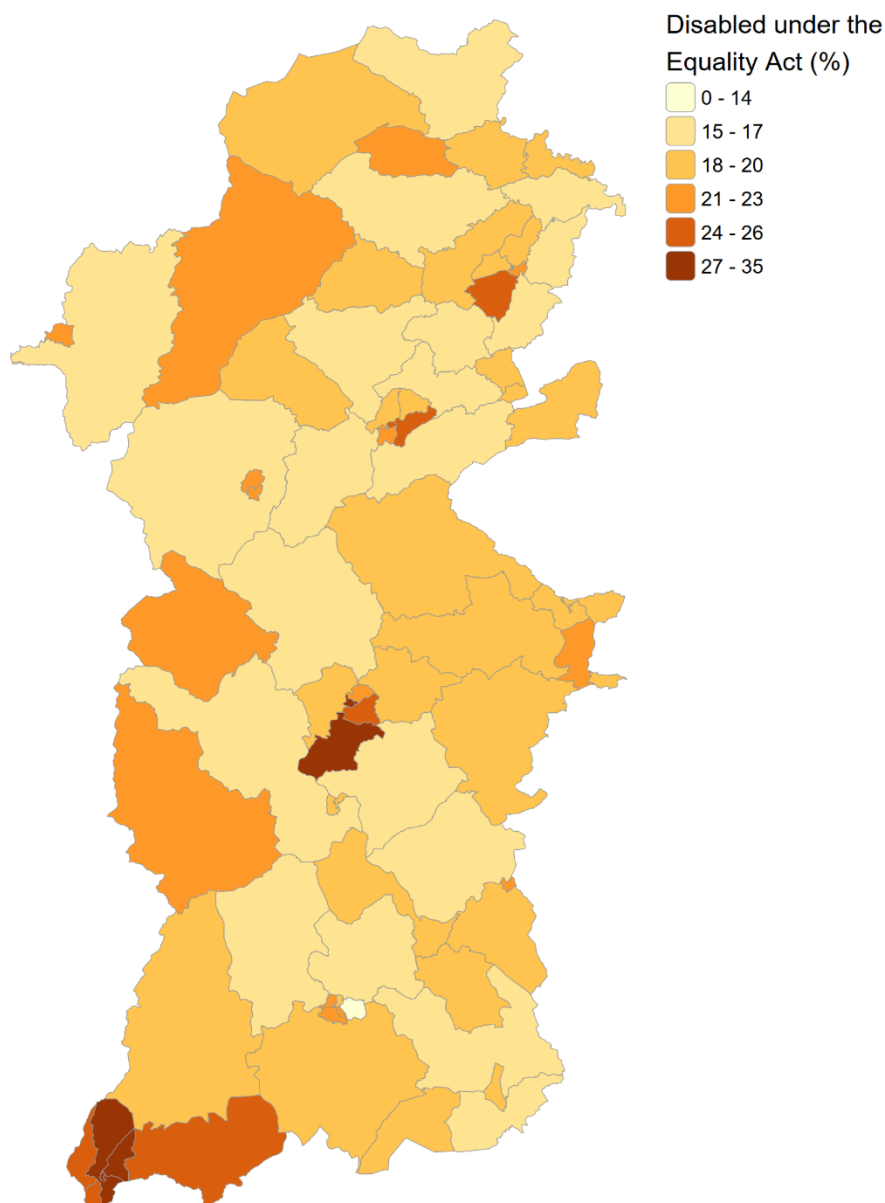


Figure 4:6 - Disability by LSOA of Powys

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.

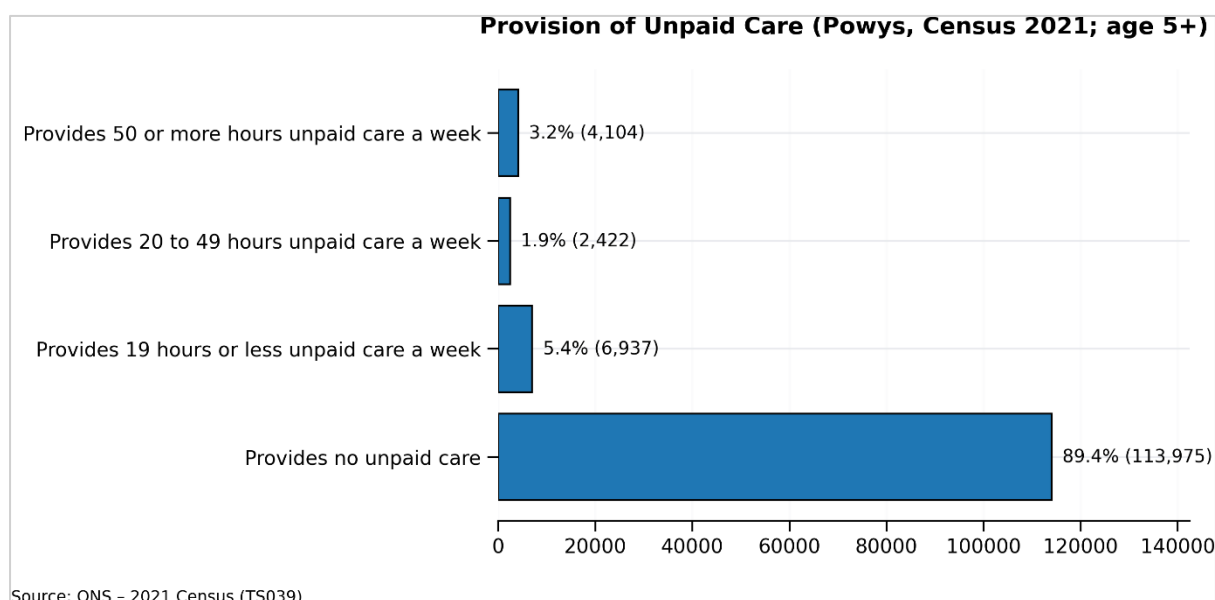


Figure 4:7 - Provision of Unpaid Care (Powys, Census 2021; age 5+)

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.

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.

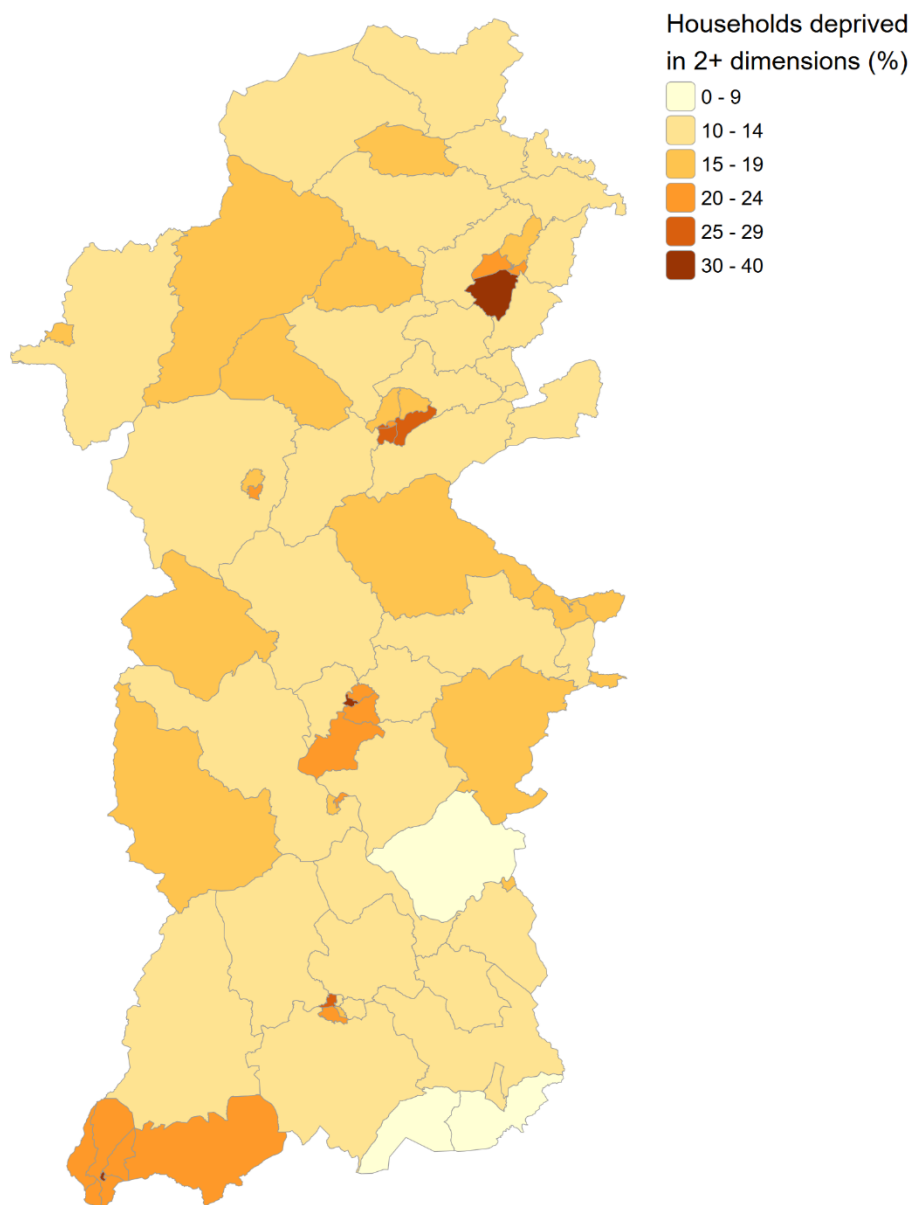


Figure 4:8 - Households Deprived in 2+ Dimensions by LSOA of Powys

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.

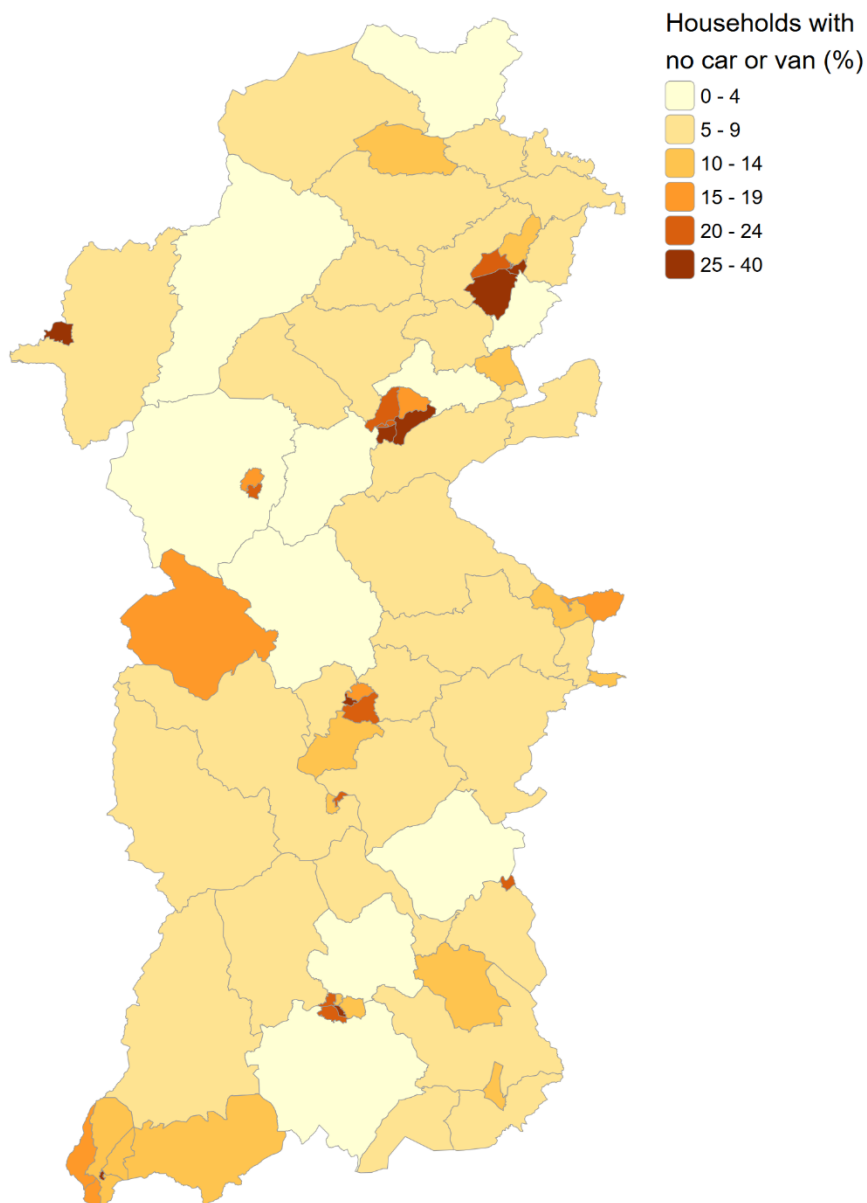


Figure 4:9 - Households with no car or van by LSOA of Powys

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.

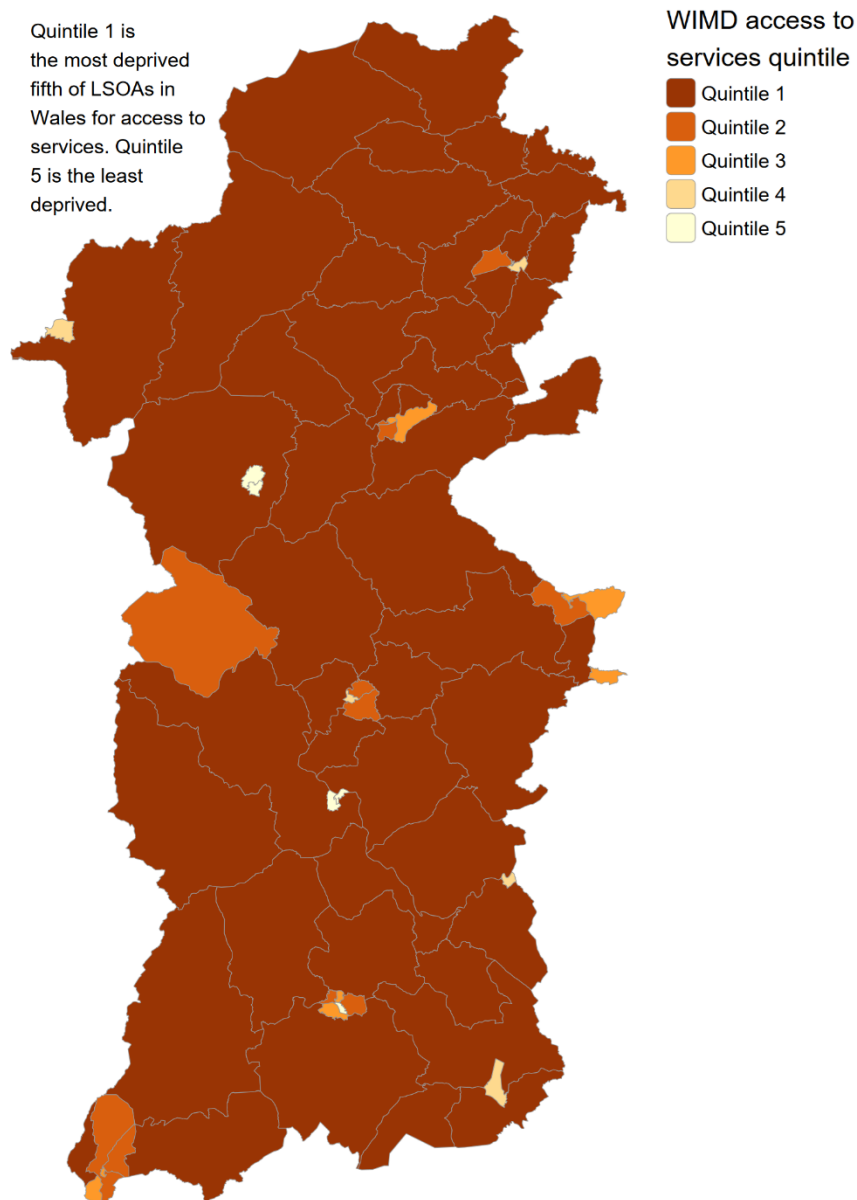


Figure 4:10 - The Welsh Index of Multiple Deprivation (WIMD) Access to Services by LSOA, Powys

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.

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.

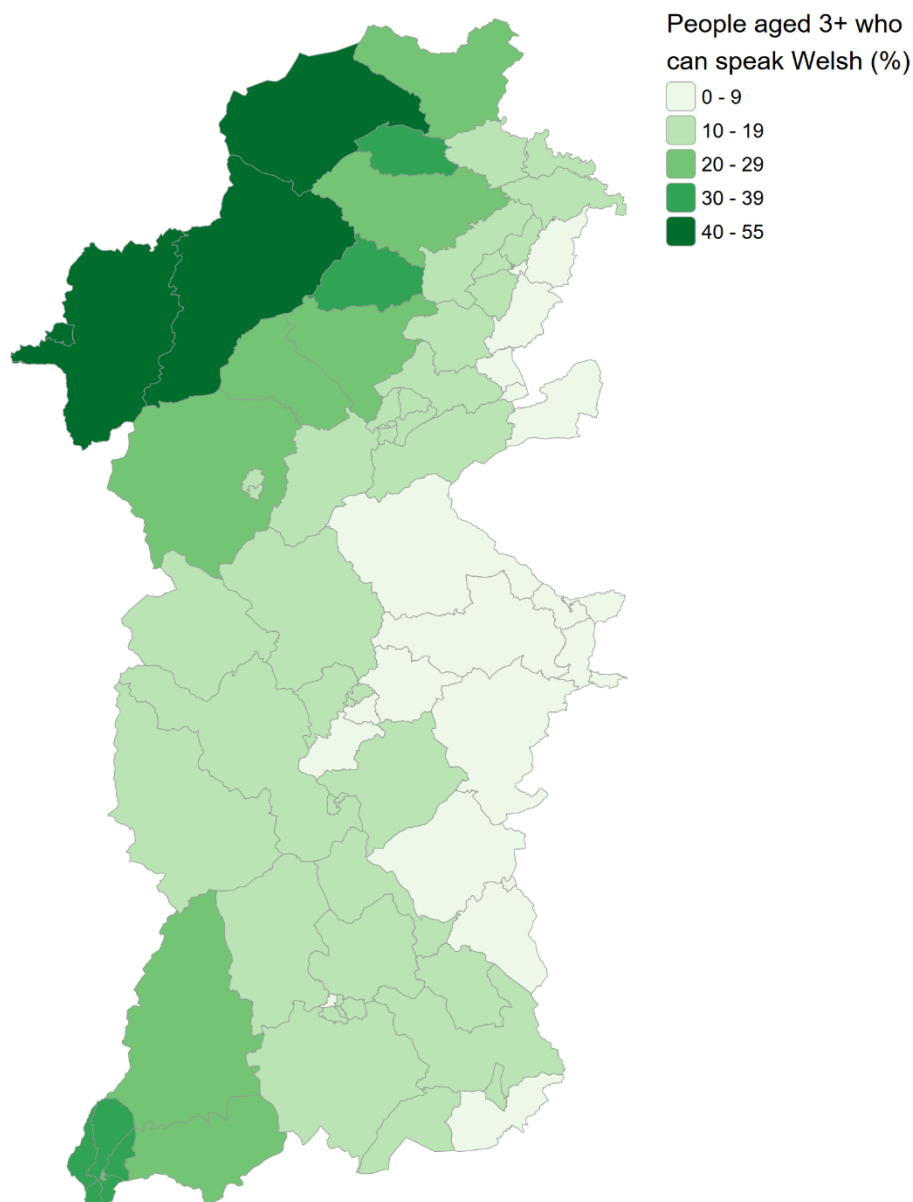


Figure 4:11 - Welsh Language Ability by LSOA of Powys

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

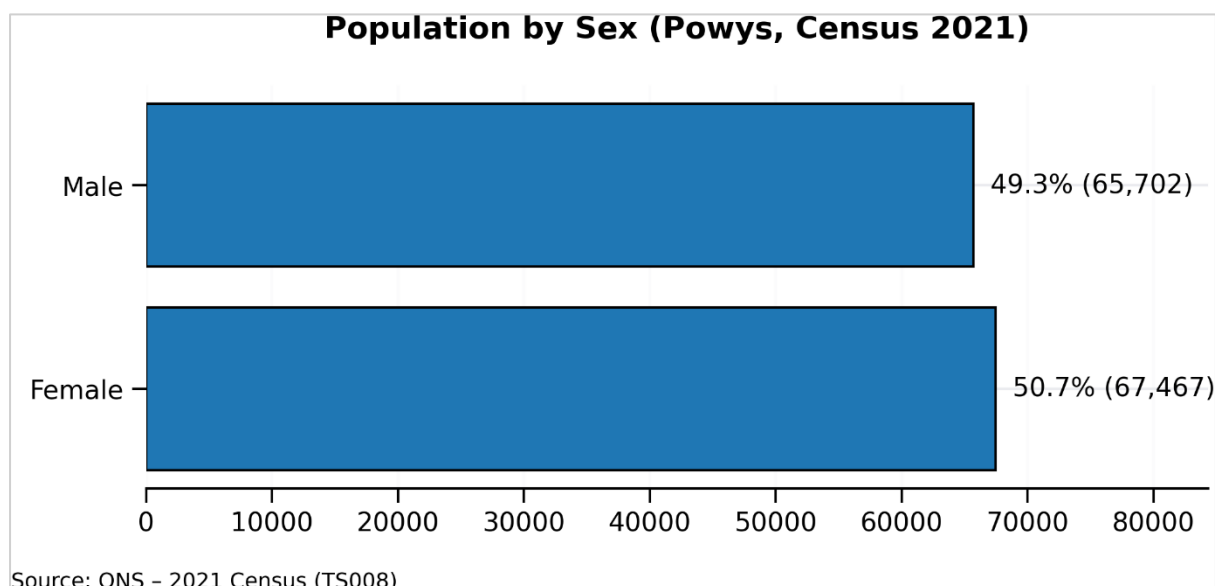


Figure 4:12 - Population by Sex (Powys, Census 2021)

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

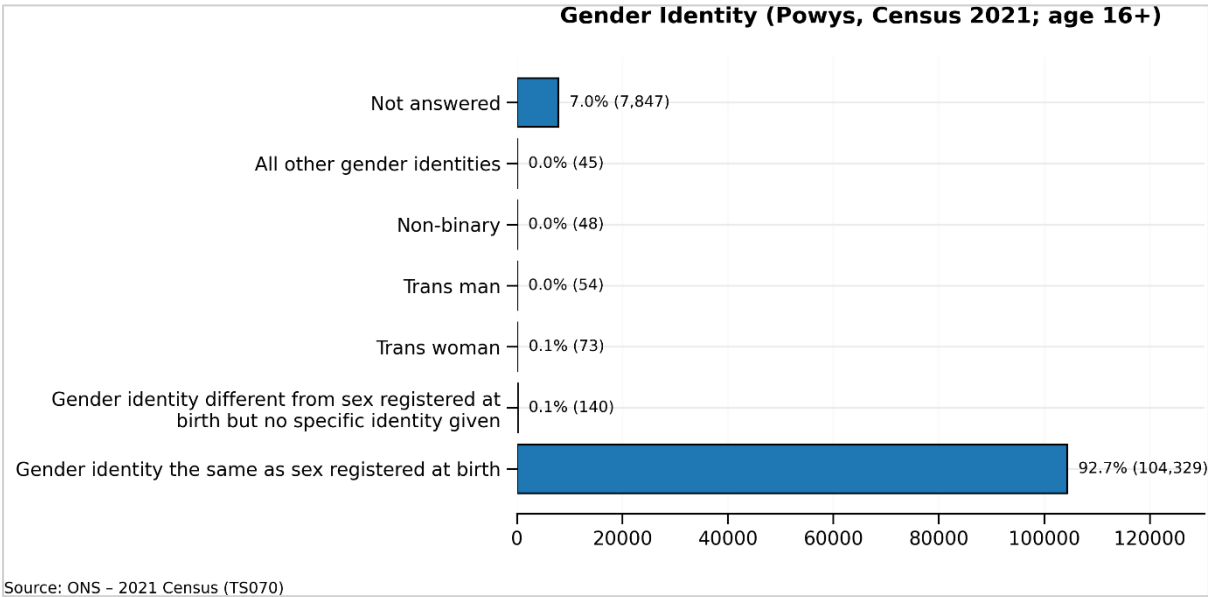


Figure 4:13 - Gender Identity (Powys, Census 2021; age 16+)

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

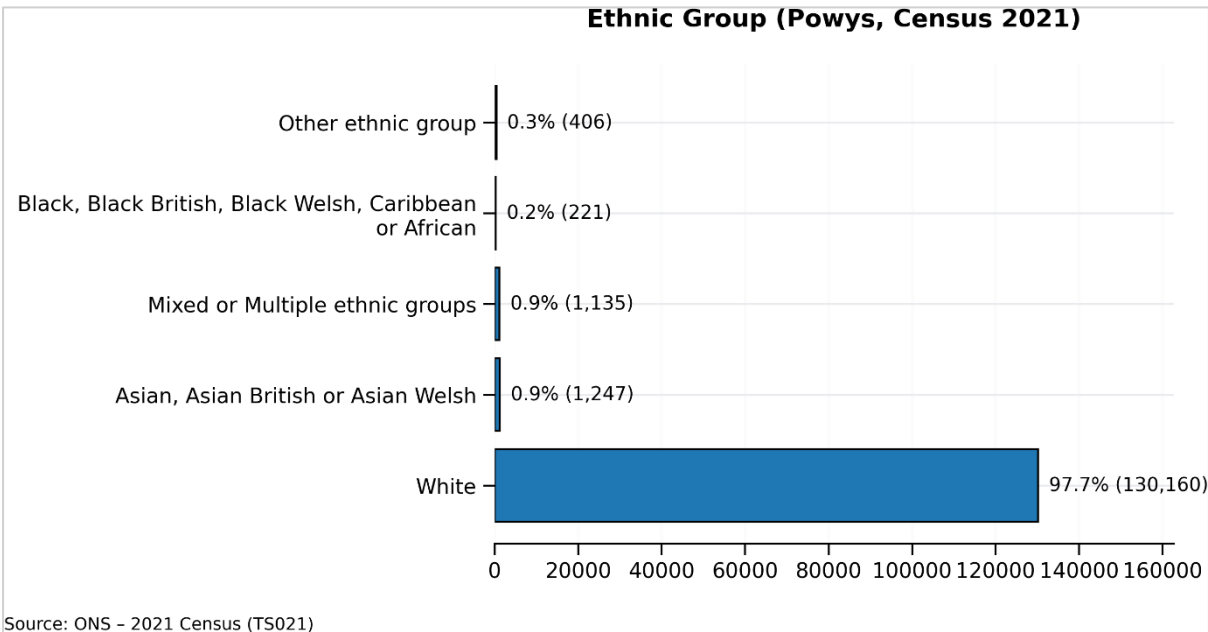


Figure 4:14 - Ethnic Group (Powys, Census 2021)

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

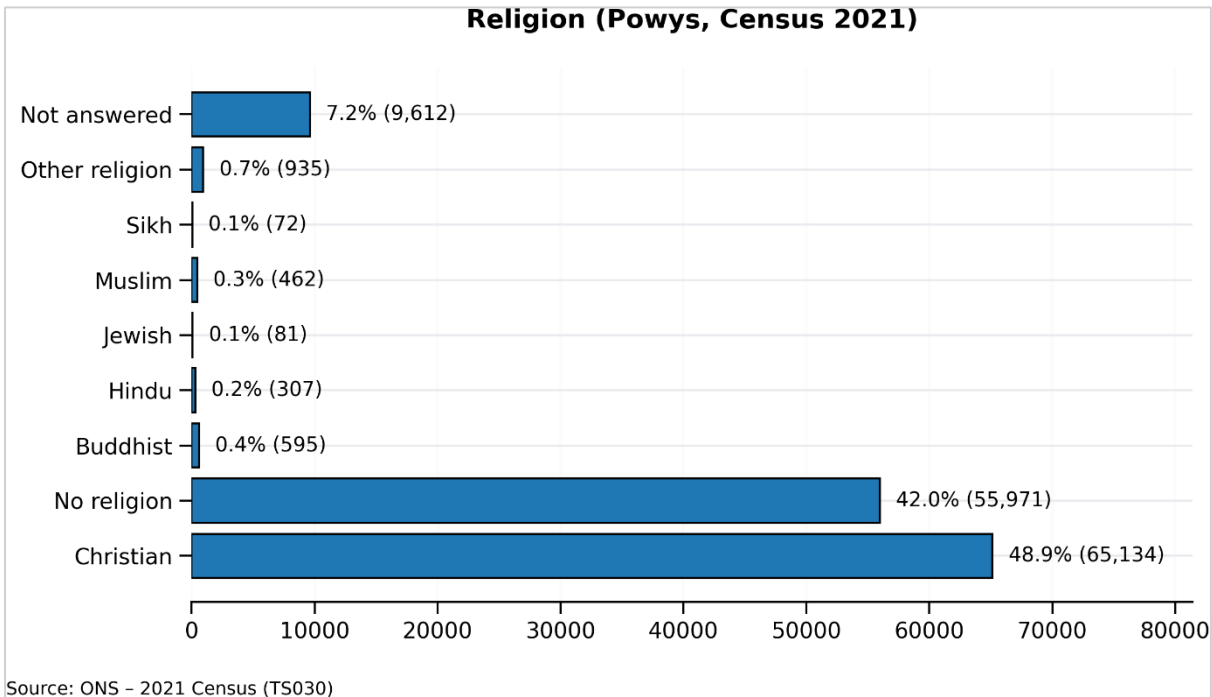


Figure 4:15 - Religion (Powys, Census 2021)

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.

4.8.5 Sexual Orientation

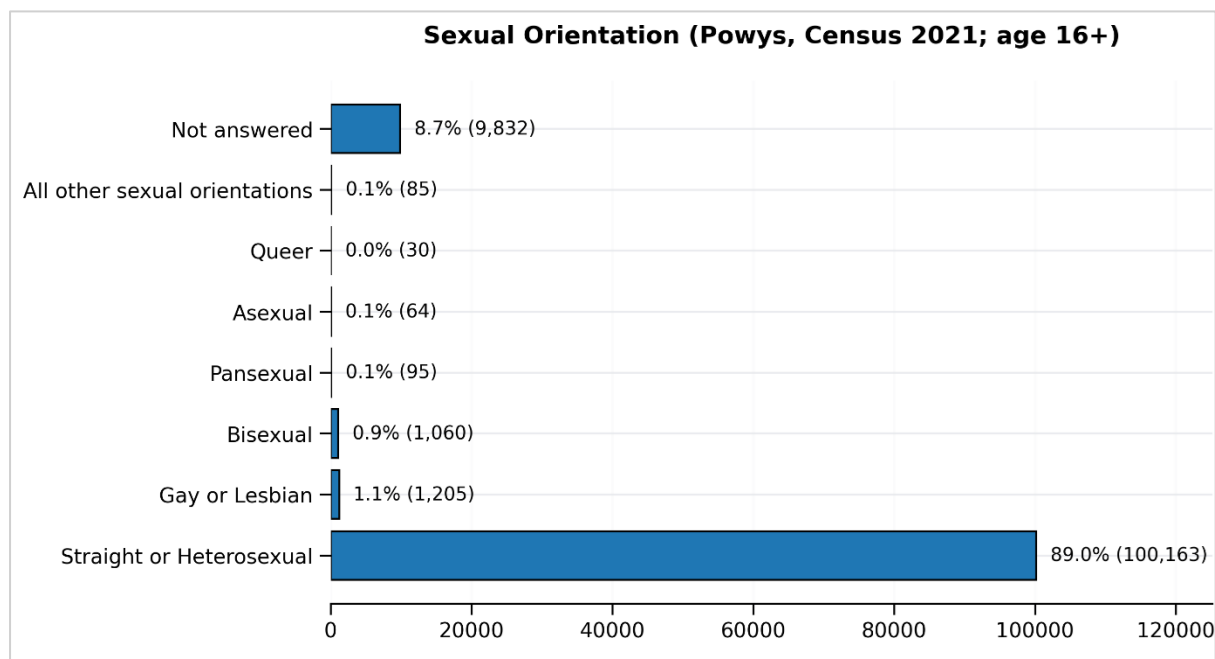


Figure 4:16 - Sexual Orientation (Powys, Census 2021; age 16+)

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

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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.

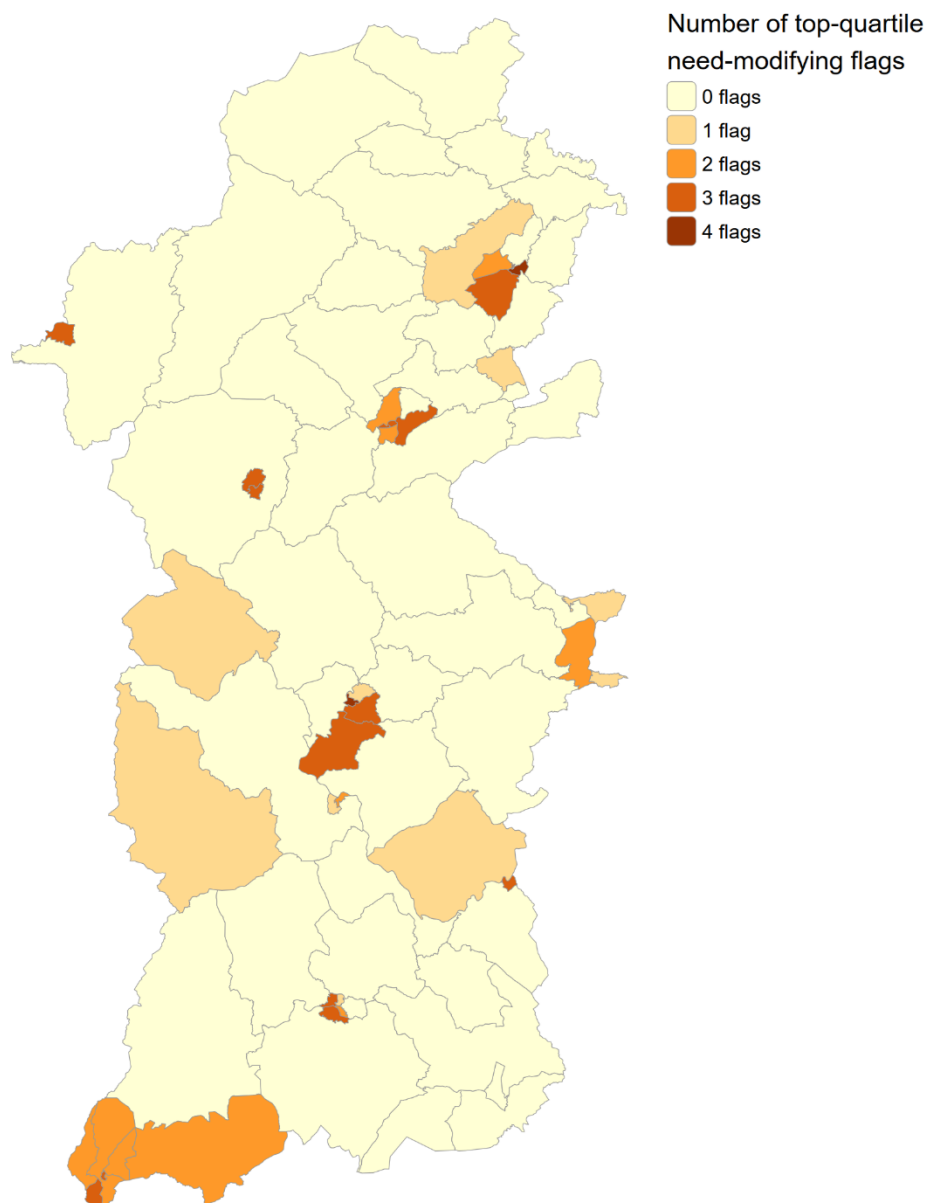


Figure 4:17 - Composite Need-modifying Factors by LSOA, Powys

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.

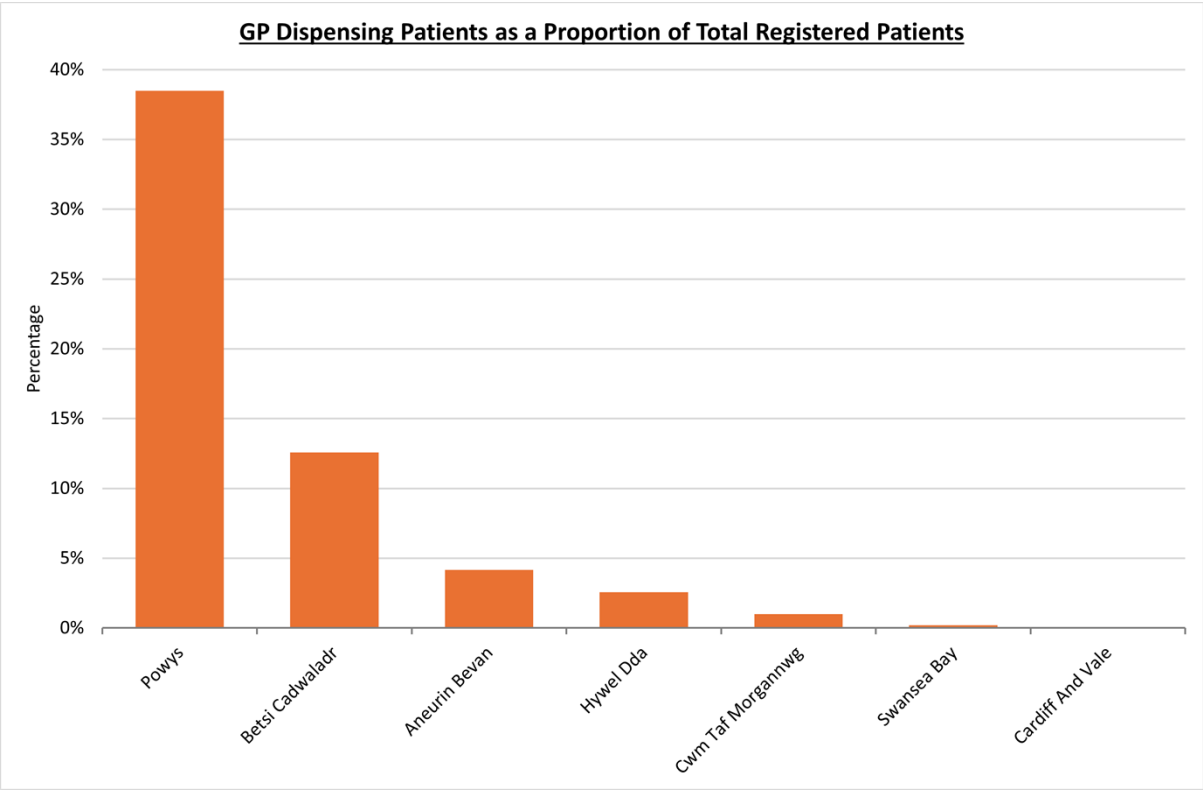


Figure 5:1 - Dispensing patients as a proportion of registered GP population by health board (January 2026)

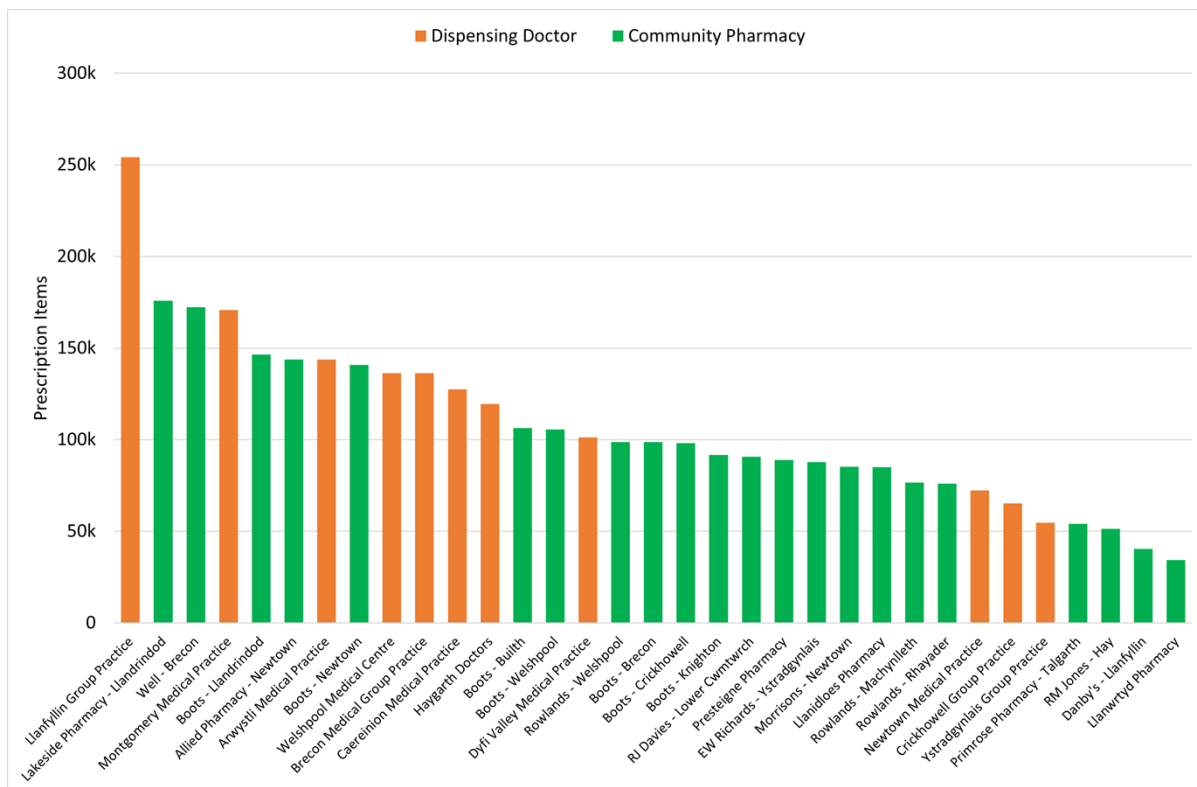


Figure 5:2 - Volume of prescriptions dispensed by community pharmacies and dispensing GP practices in Powys (2025)

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), Llandrinodod 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**.

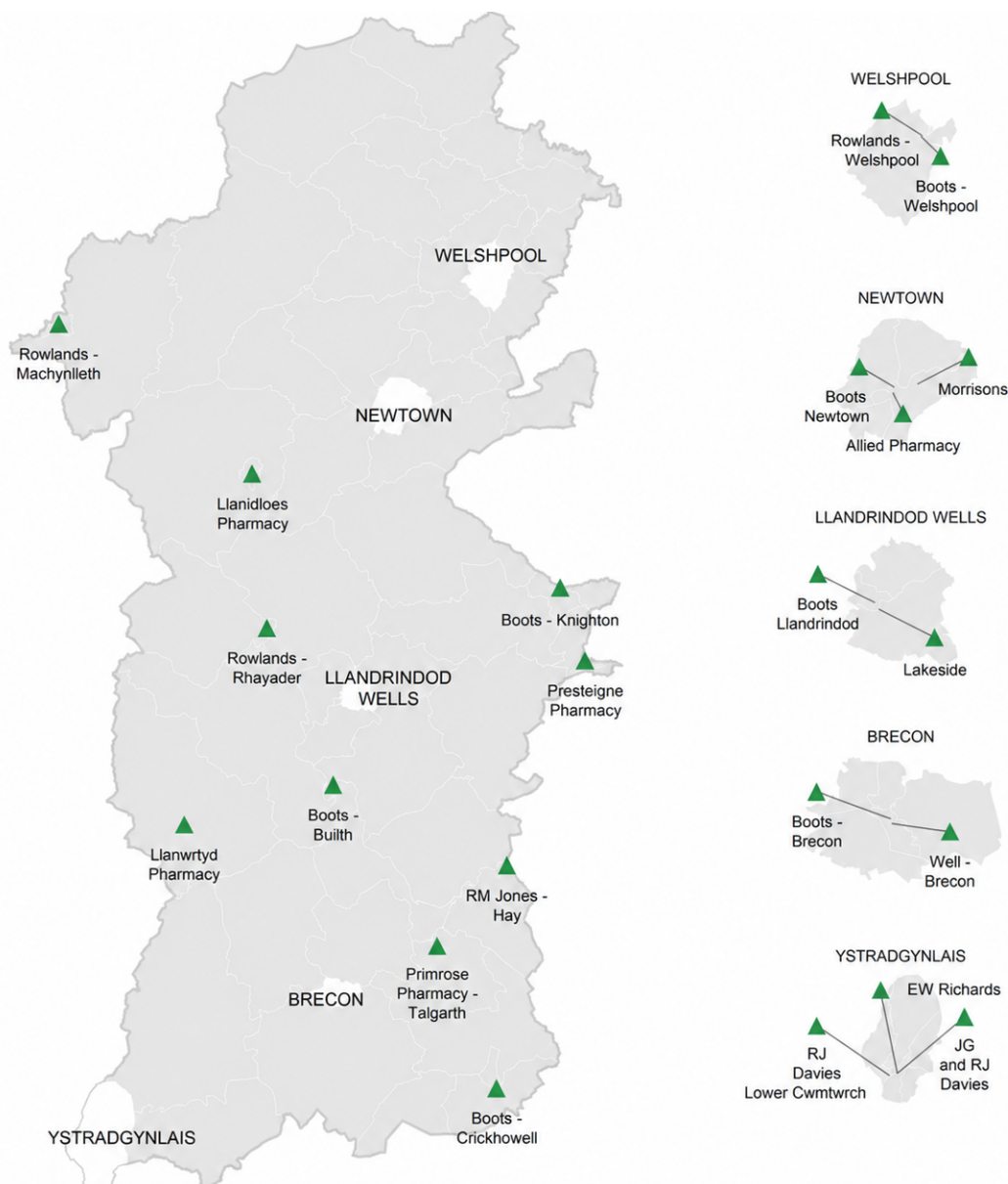


Figure 5:3 - Community Pharmacy locations across Powys

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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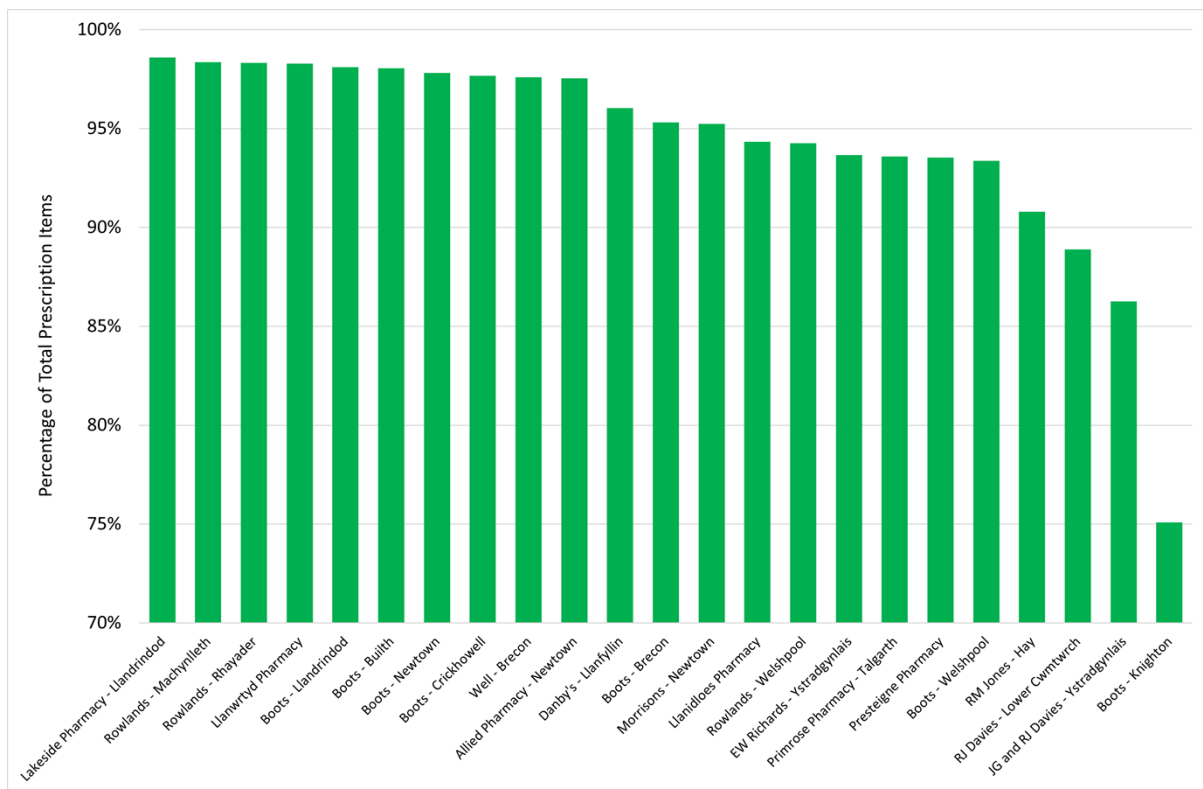


Figure 5:4 - Percentage of prescriptions dispensed that originated from Powys GP practices (2025)

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.

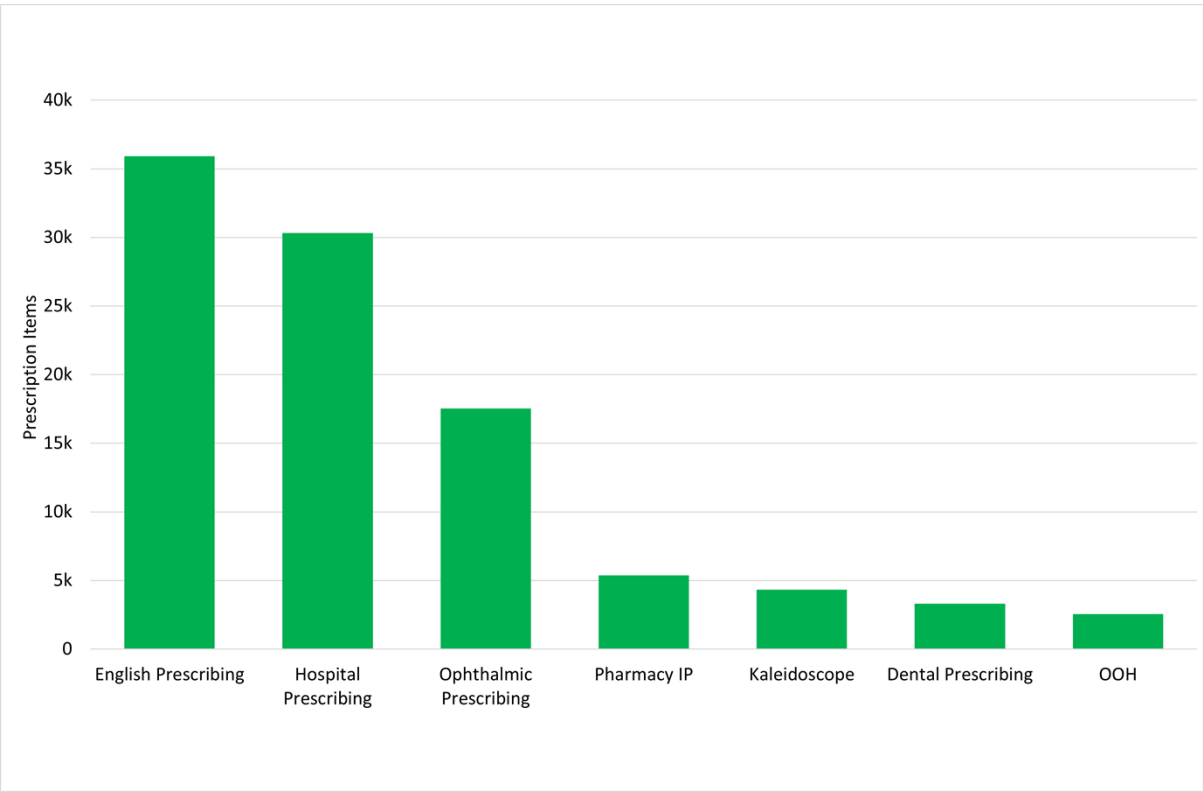


Figure 5:5 - Prescriptions from other providers dispensed in Powys community pharmacies (2025)

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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.

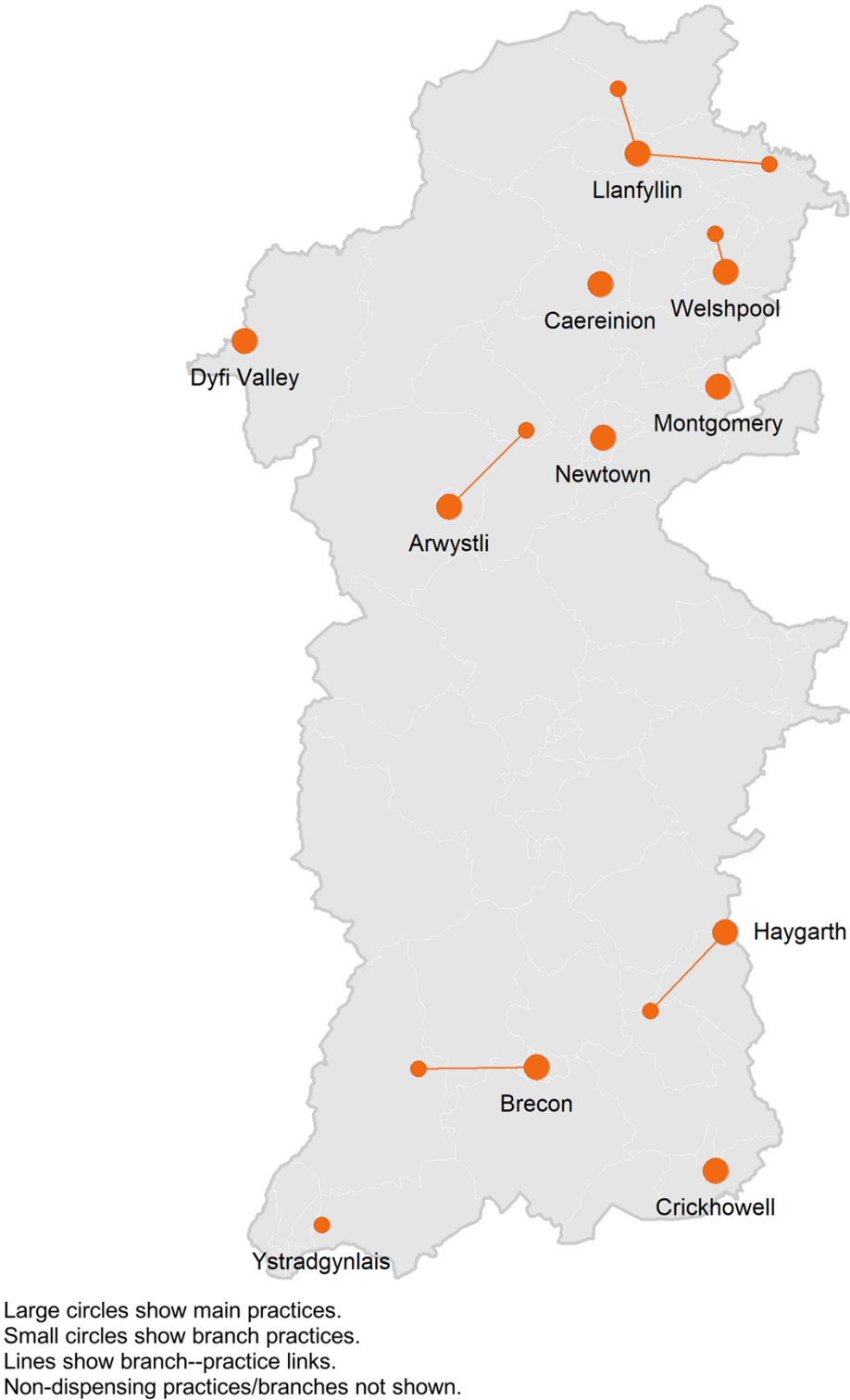


Figure 5:6 - Dispensing GP practice locations across Powys

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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**.

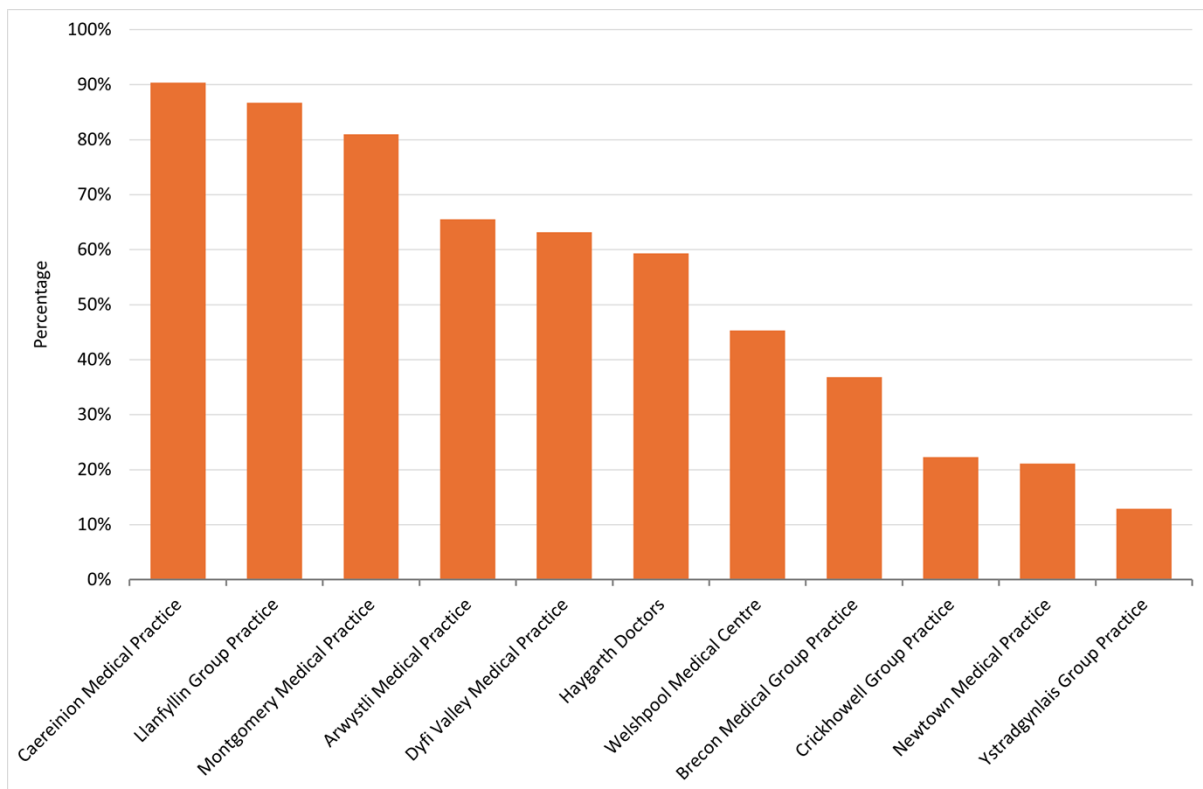


Figure 5:7 - Dispensing patients as a proportion of total registered practice population (2025)

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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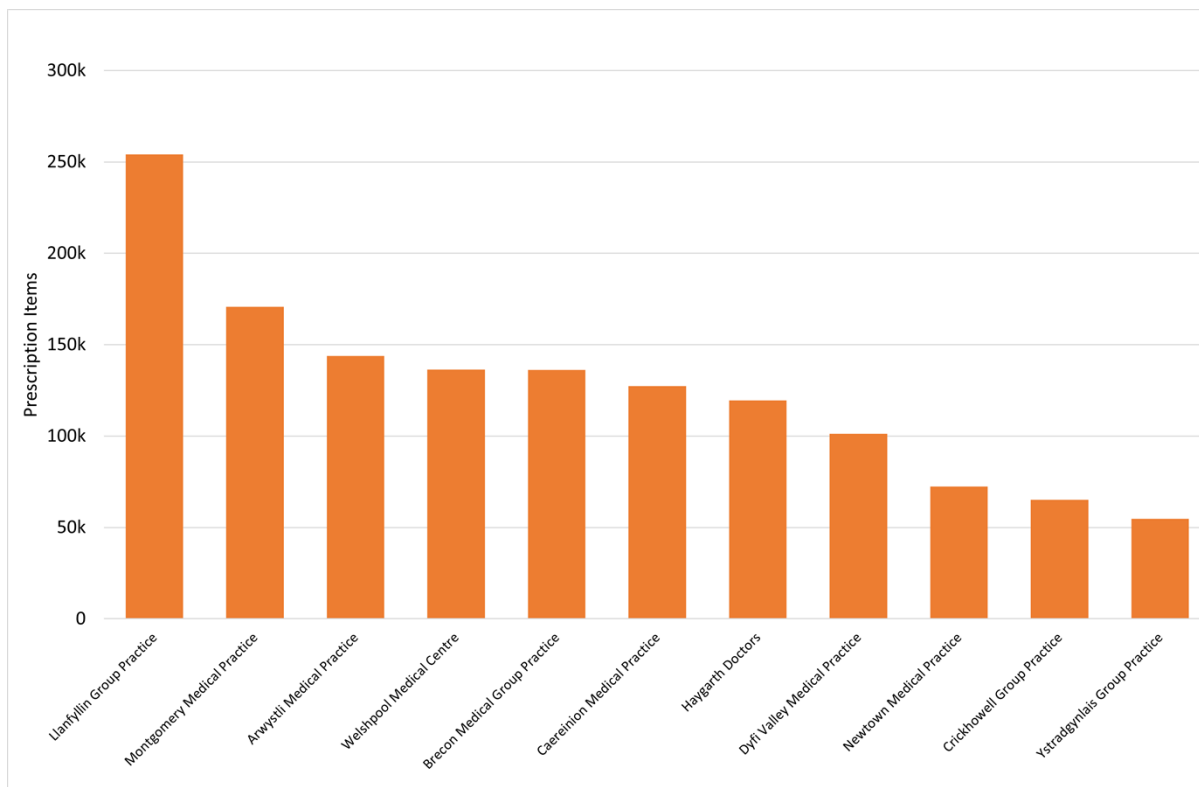


Figure 5:8 - Volume of prescriptions dispensed by GP practices in Powys (2025)

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.

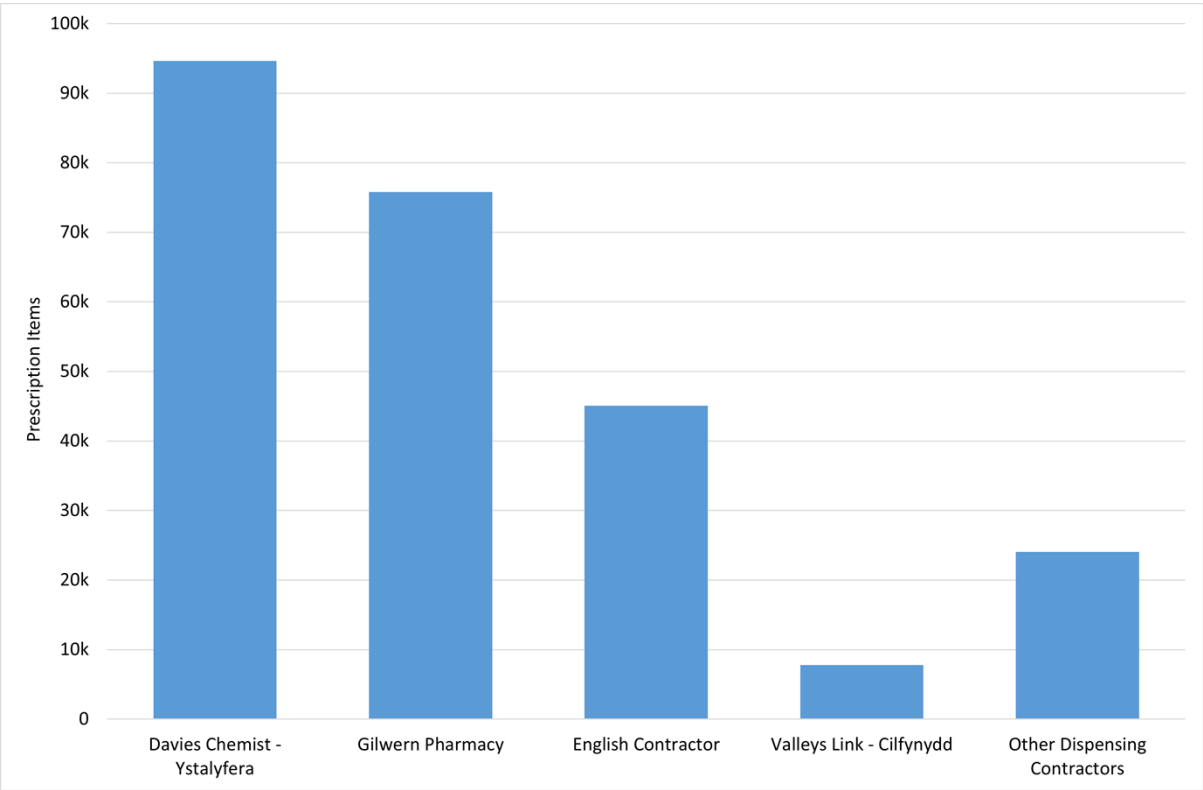


Figure 5:9 - Powys Prescriptions Dispensed by Out of Area Contractors

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.

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.

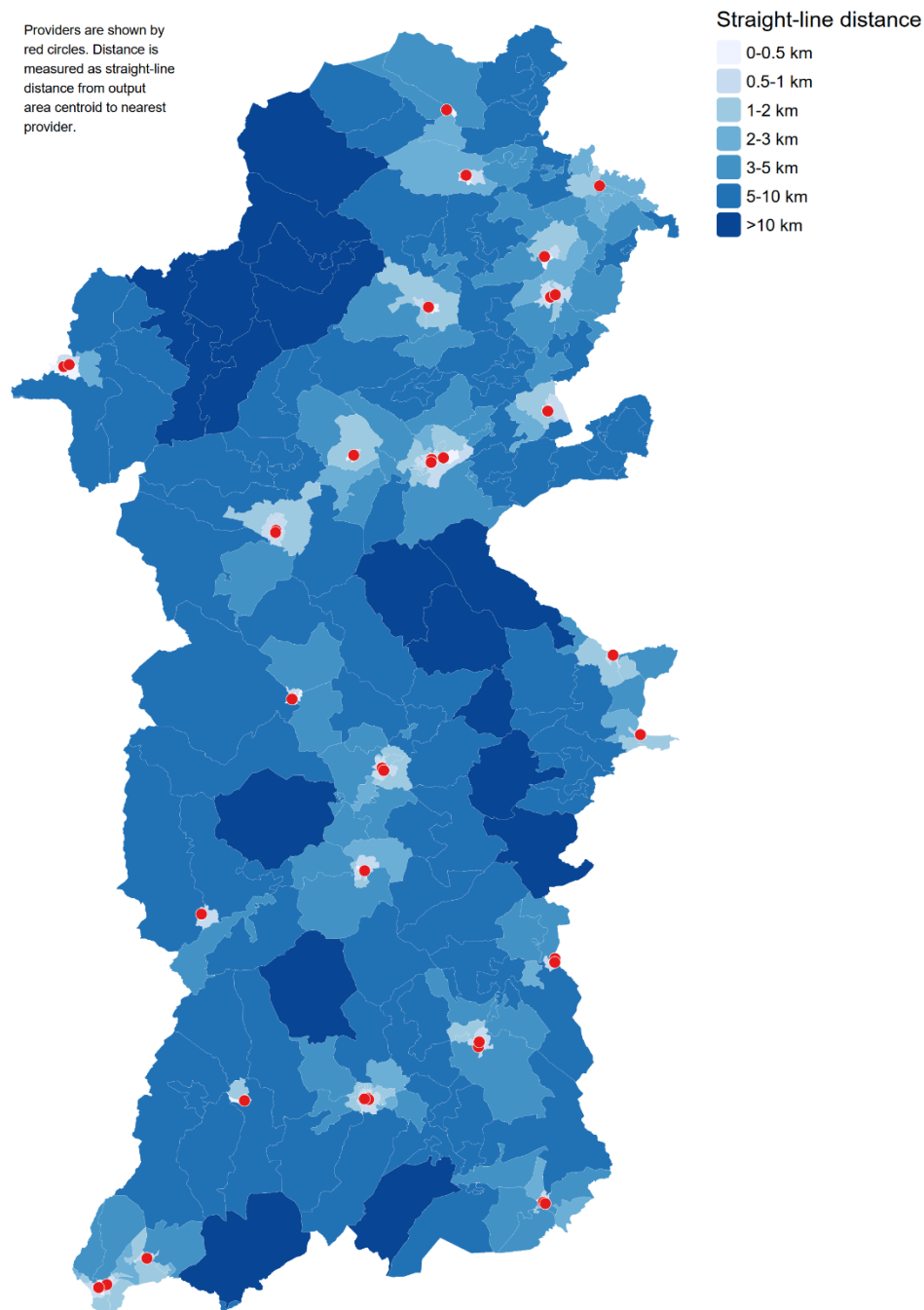


Figure 6:1 - Straight-line distance to nearest pharmaceutical service provider, Powys

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.

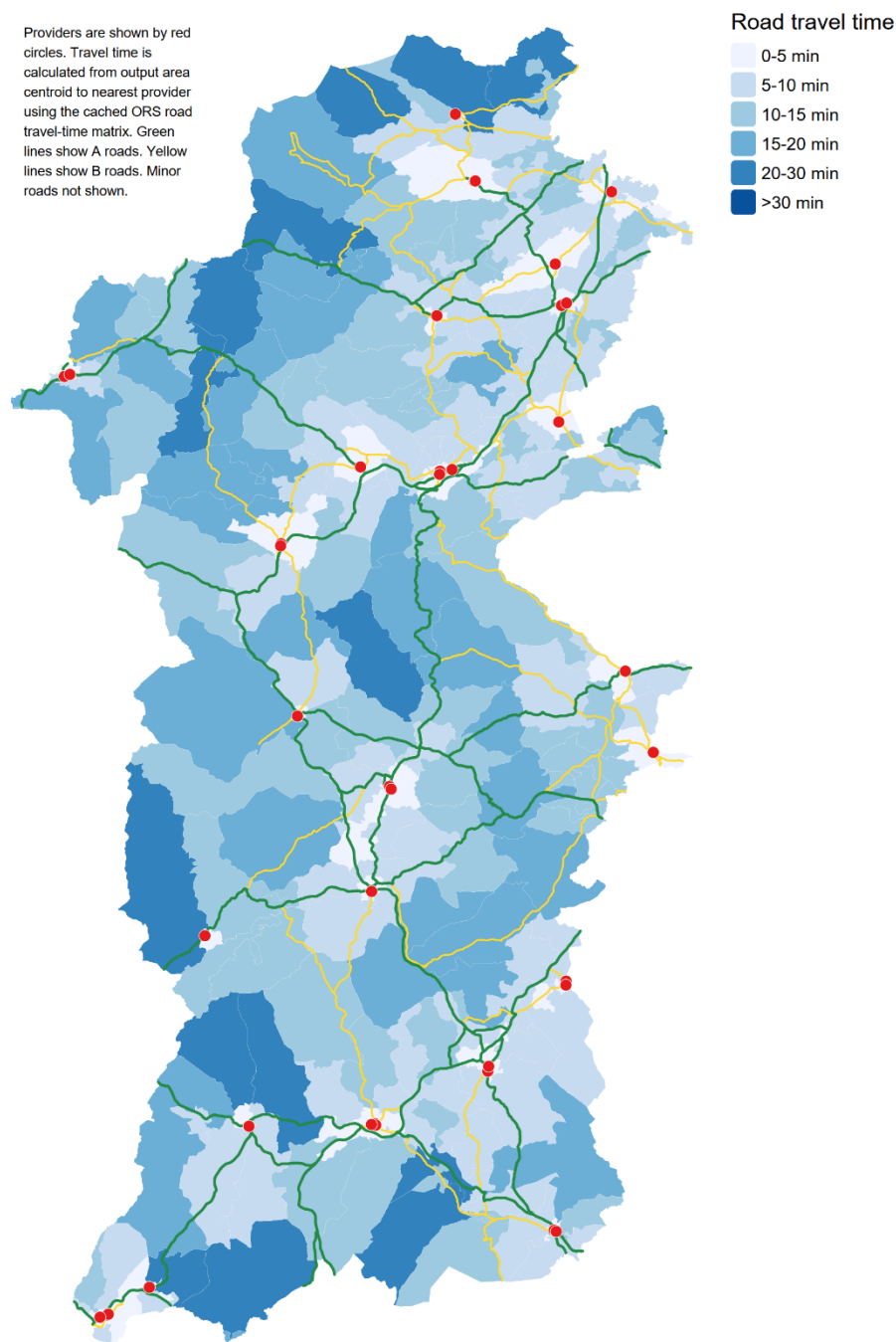


Figure 6:2 - Road Travel Time to Nearest Pharmaceutical Service Provider, Powys

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.

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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.

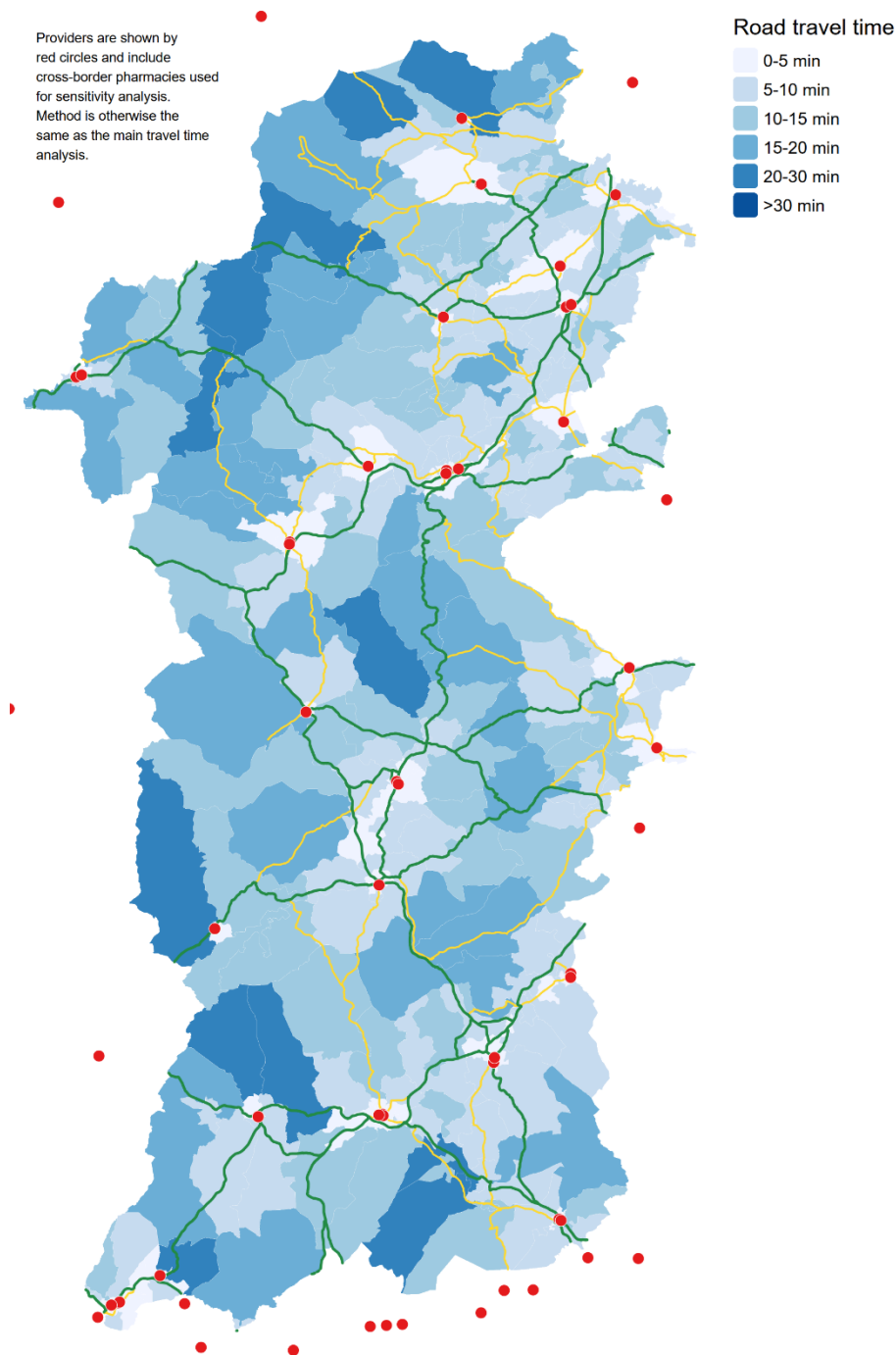


Figure 6:3 - Road Travel Time Including Neighbouring Pharmaceutical Service Providers

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

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Although the Output Area falls within the higher travel-time category identified through centroid analysis, practical access within the locality remains strongly influenced by the principal road corridor linking settlements to Llanrhaeadr-ym-Mochnant and the wider pharmaceutical services network.

WO1000468 (Llanrhaeadr-ym-Mochnant)

Map derived from O.S. 250k Raster

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The second area relates to parts of W01000469 (Llanrhaeadr-ym-Mochnant/Llansilin), as shown in Figure 6:5. The highlighted area includes parts of the northern and western extent of the Output Area where centroid analysis identified comparatively longer road travel times.

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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.

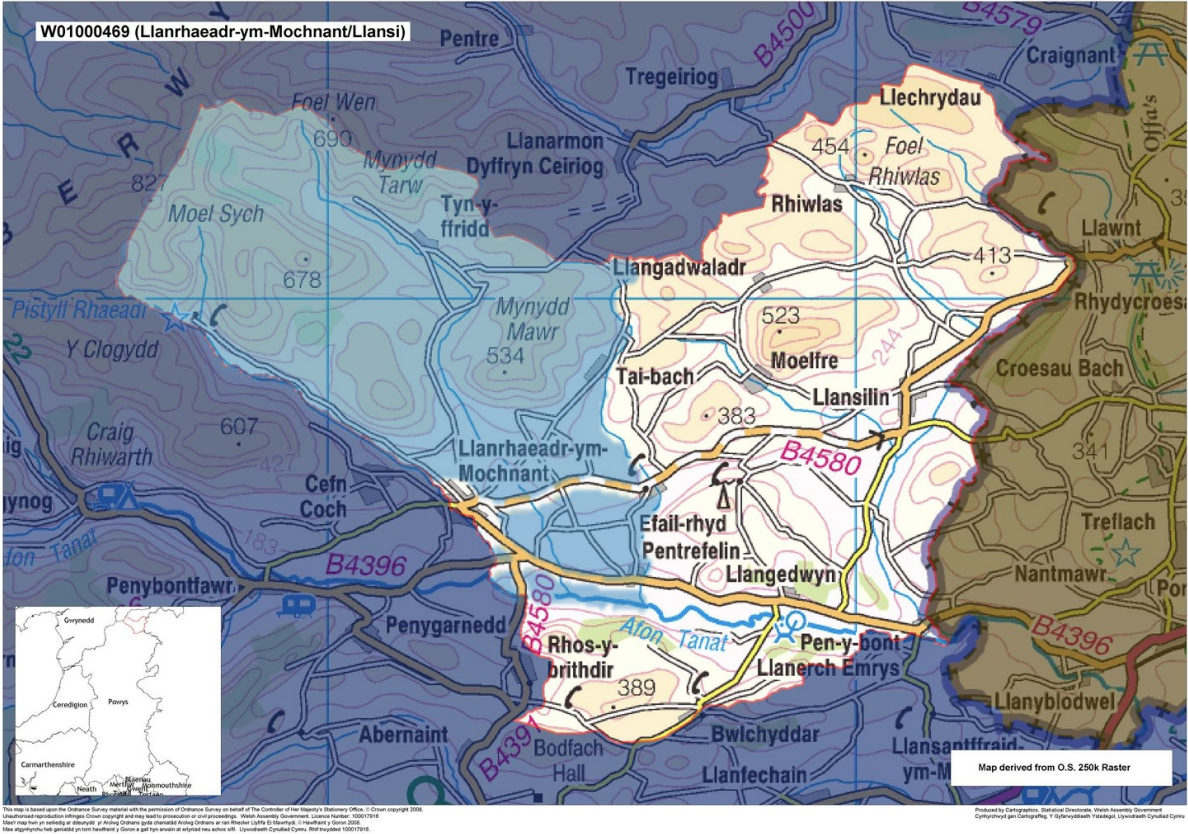


Figure 6:5 - W01000469 (Llanrhaeadr-ym-Mochnant/Llansilin)

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.

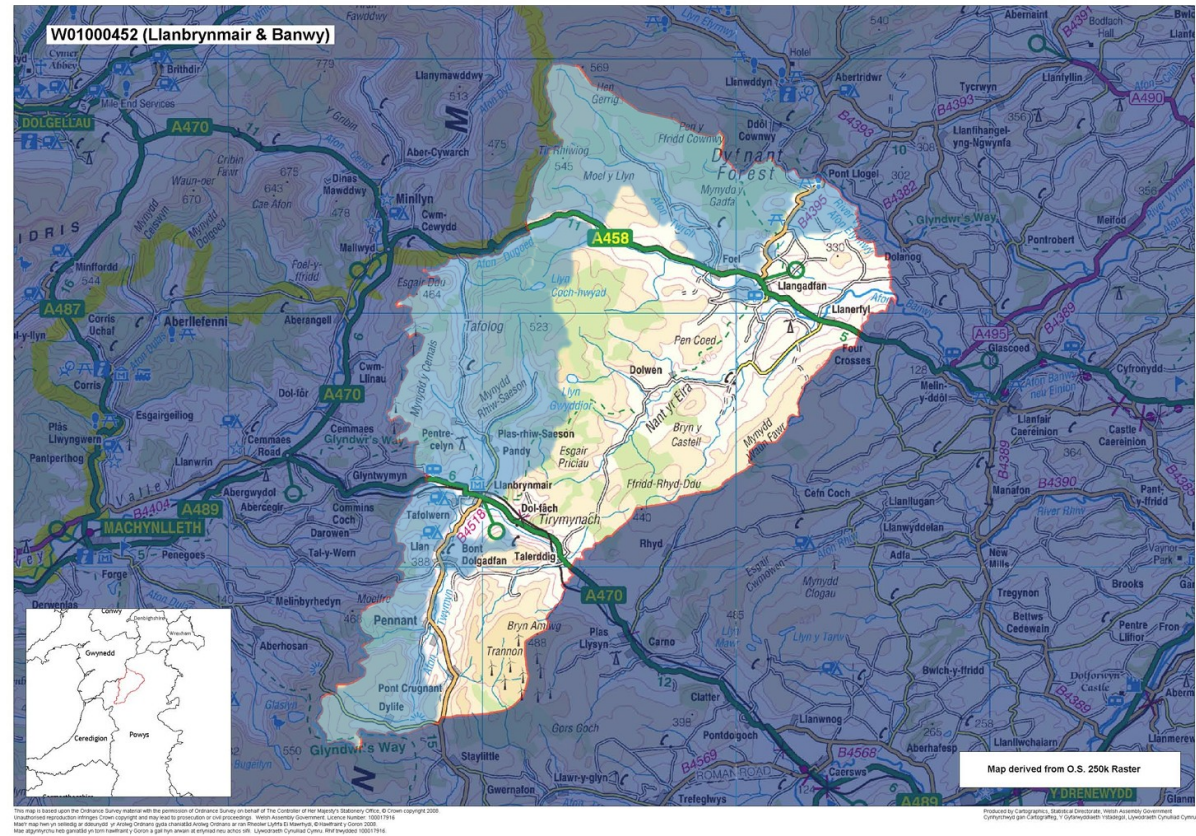


Figure 6:6 - W01000452 (Llanbrynmair)

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.

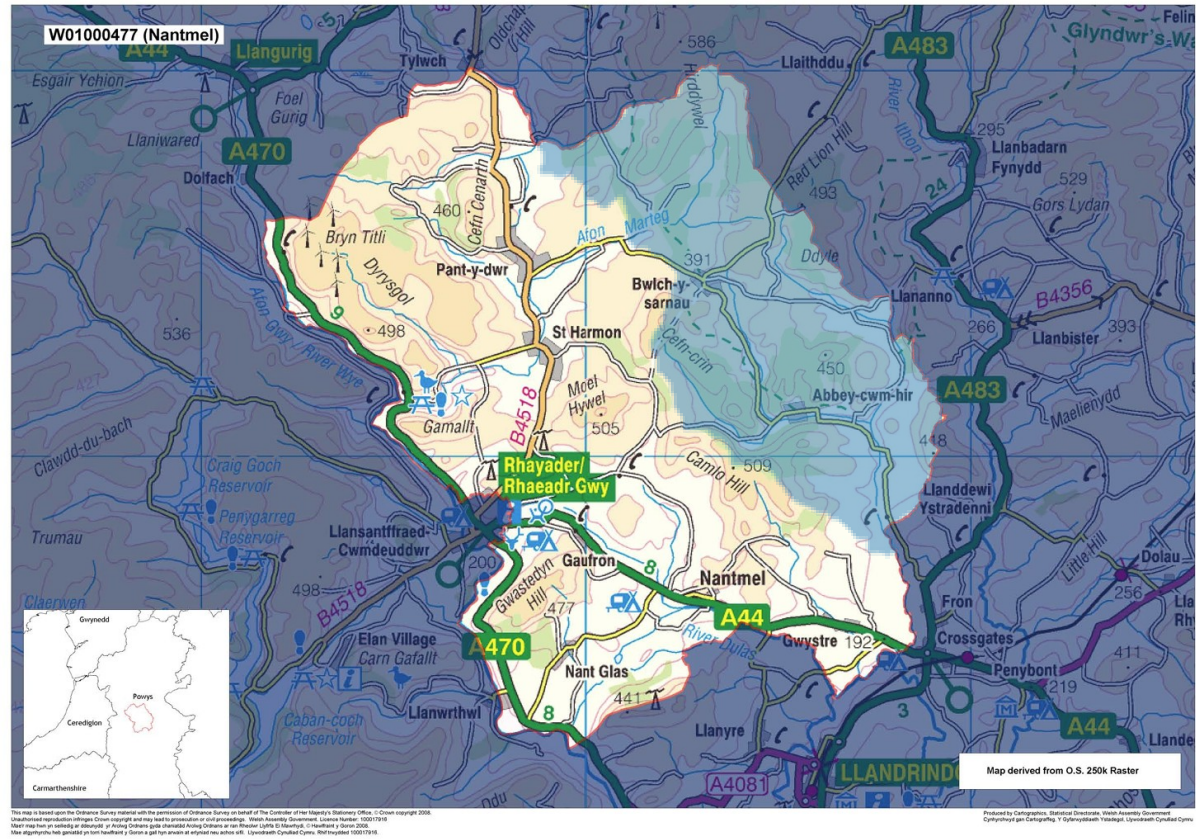


Figure 6:7 - W01000477 (Nantmel)

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.

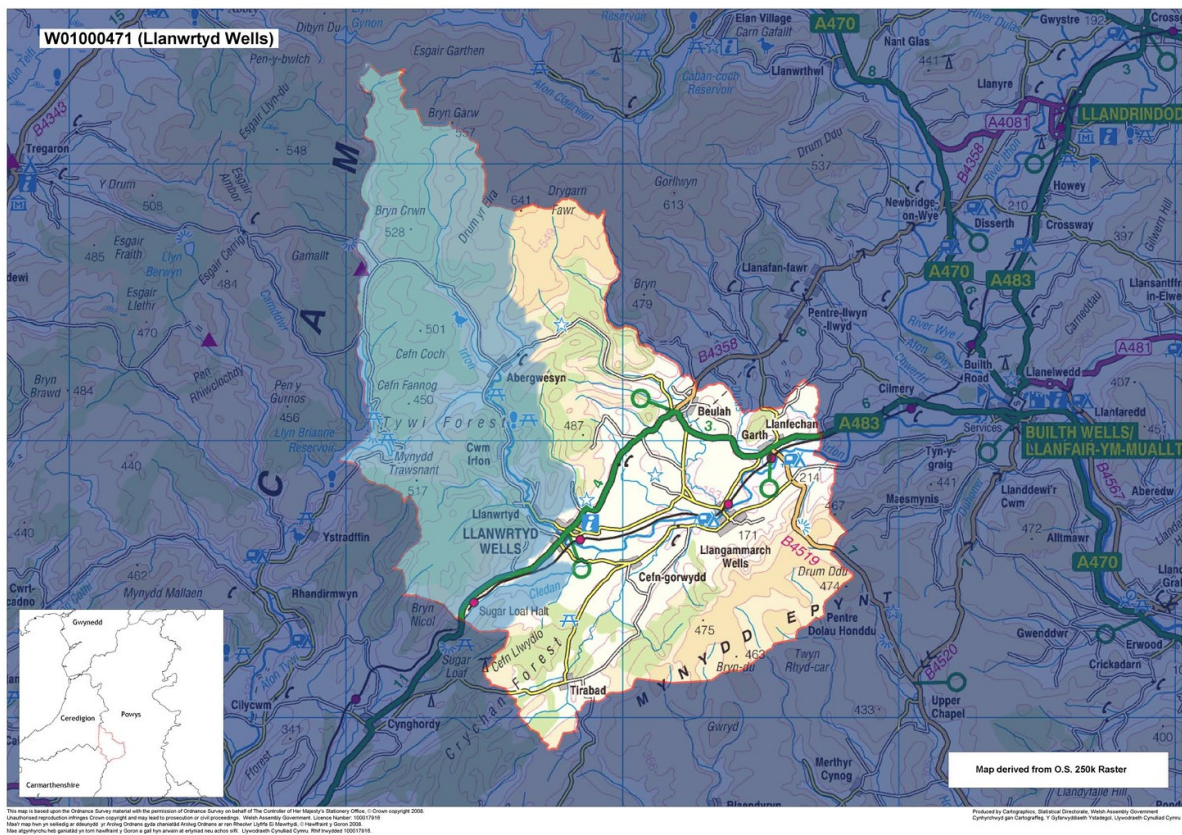


Figure 6:8 - W01000471 (Llanwrtyd Wells)

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.

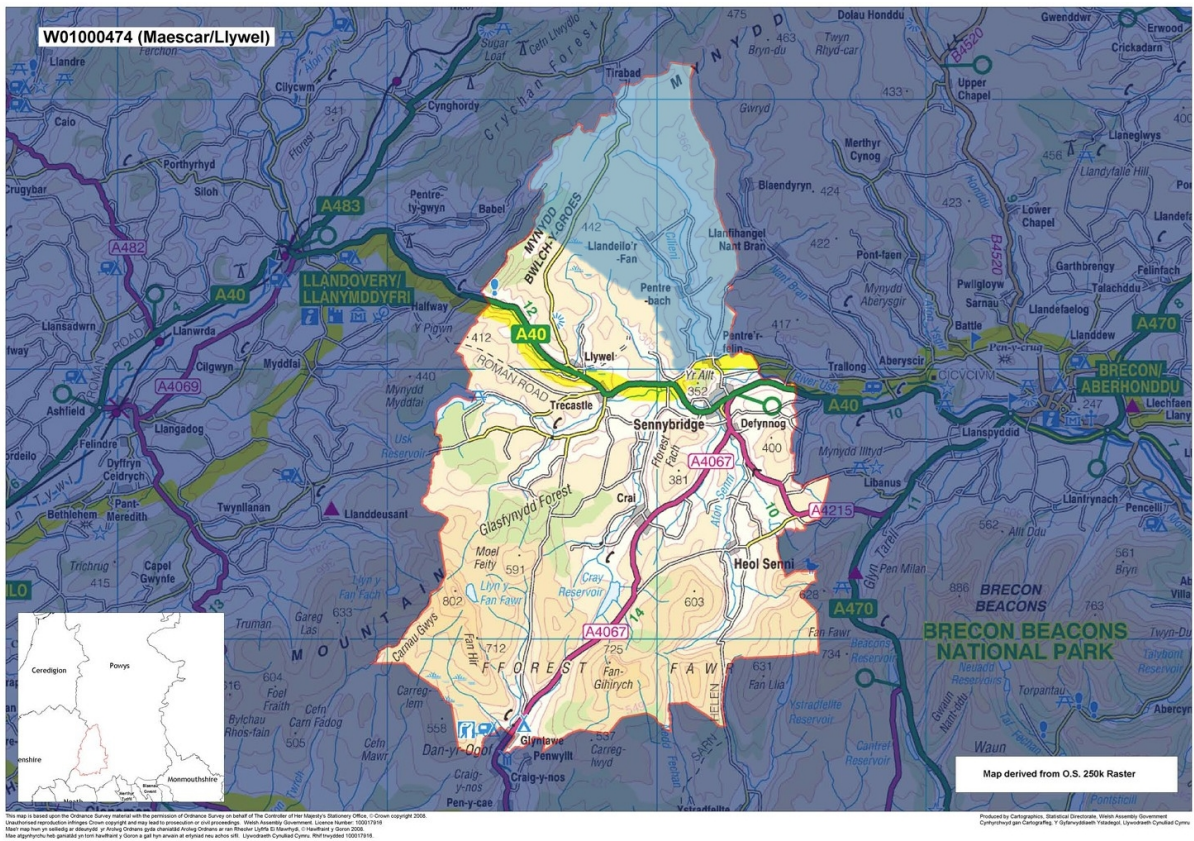


Figure 6:9 - W01000474 (Maescar/Llywel)

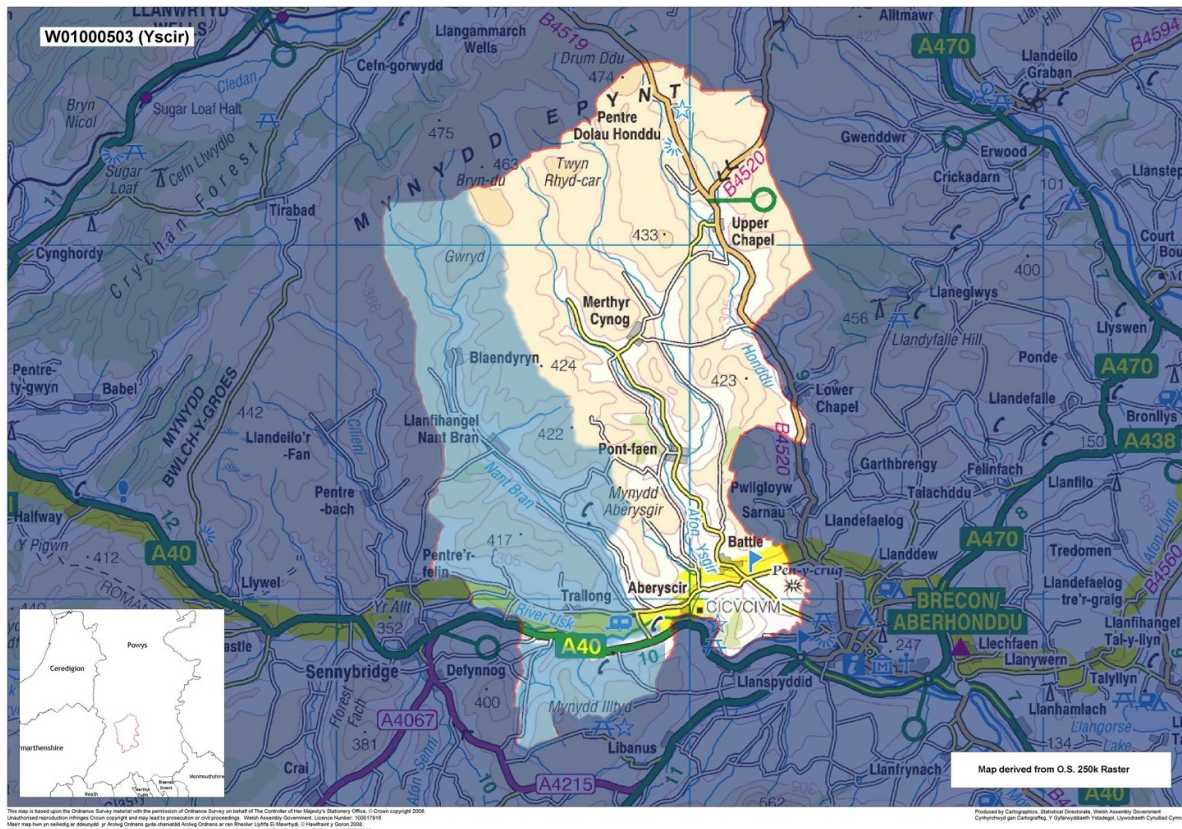


Figure 6:10 - W01000503 (Yscir)

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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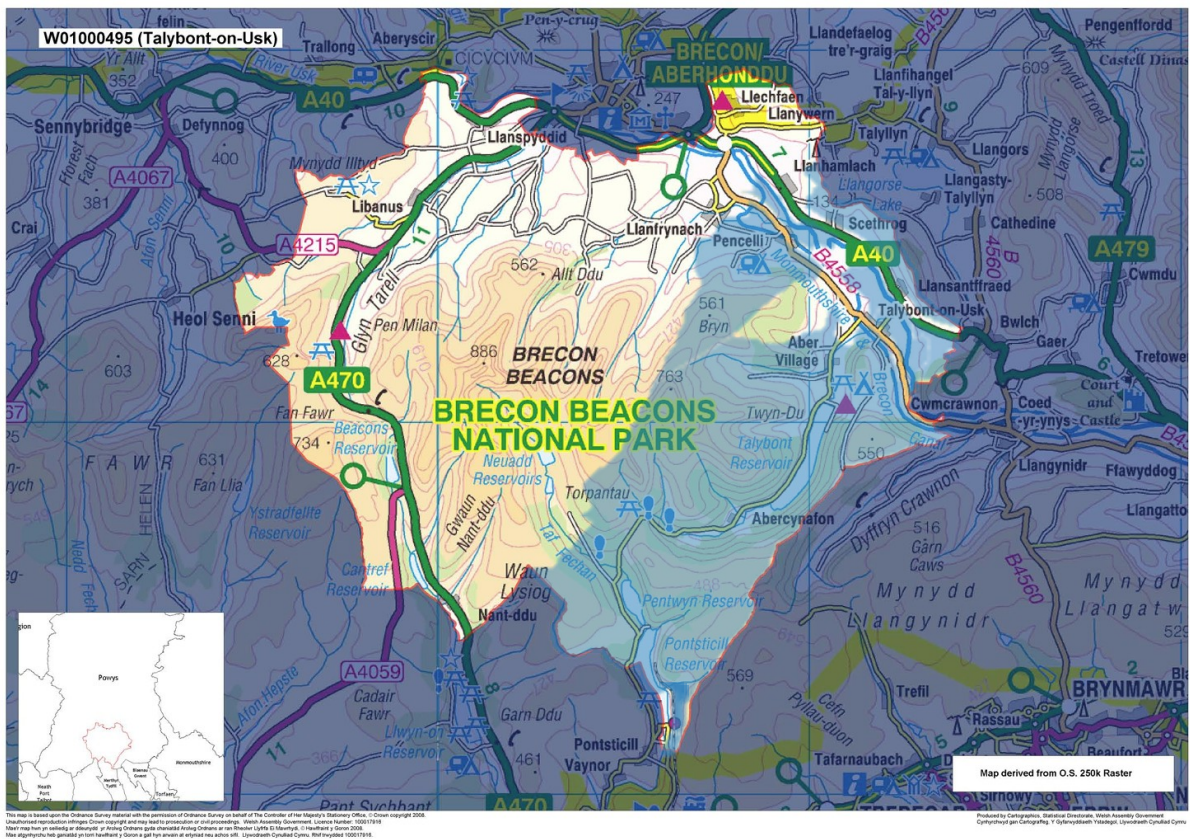


Figure 6:11 - W01000495 (Talybont-on-Usk)

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.

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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.

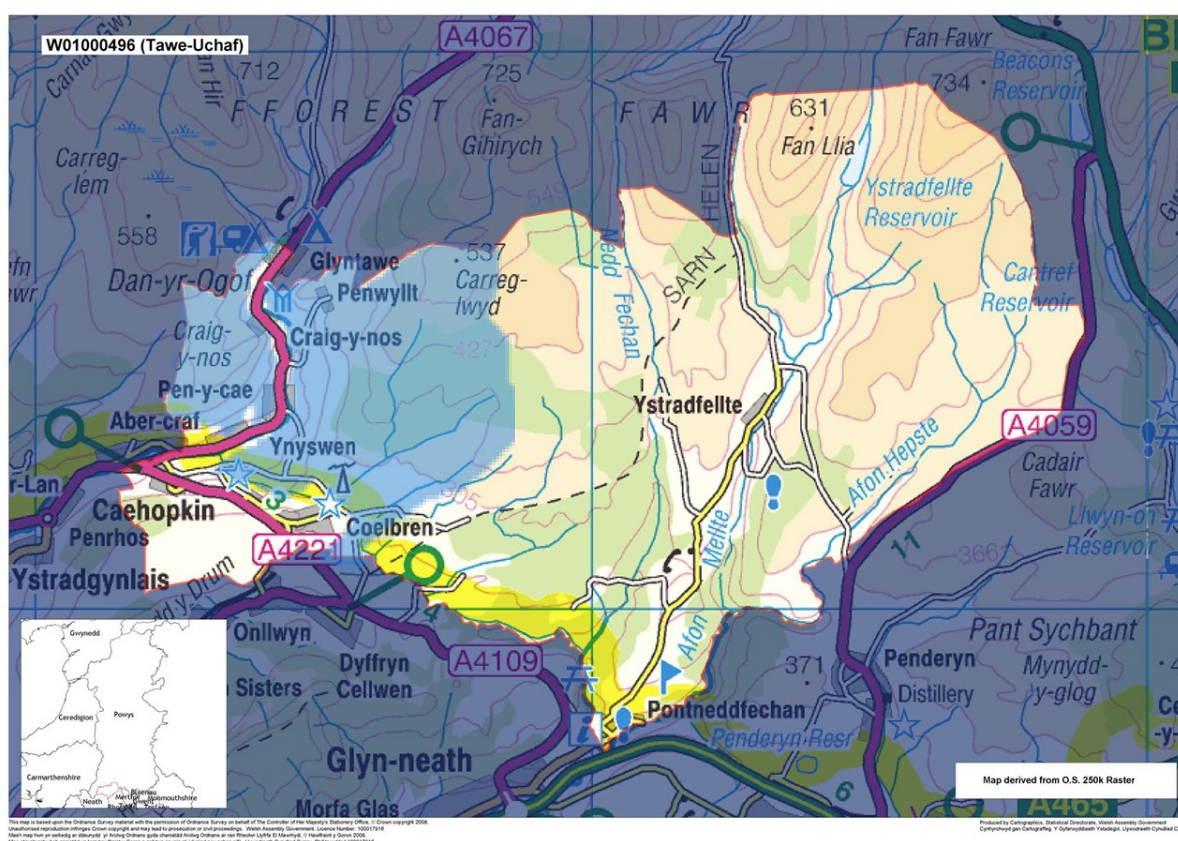


Figure 6:12 - W01000496 (Tawe-Uchaf)

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.

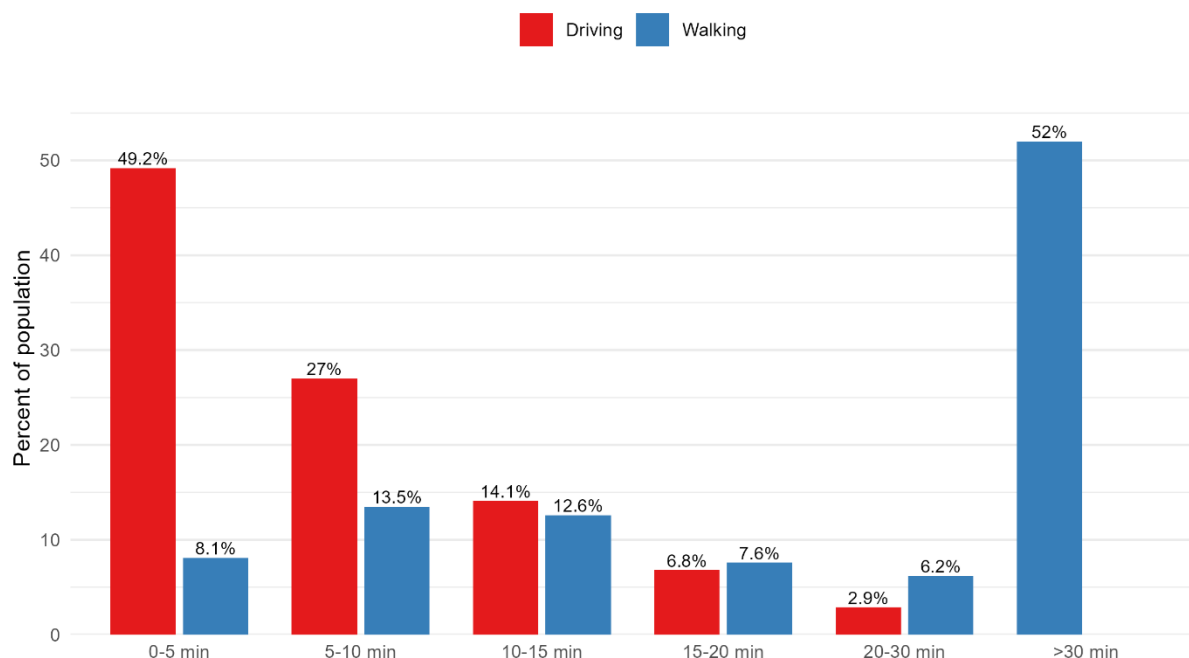


Figure 6:13 - Population Access to Nearest Pharmaceutical Service Provider by Travel Time (Driving and Walking), Powys

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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.

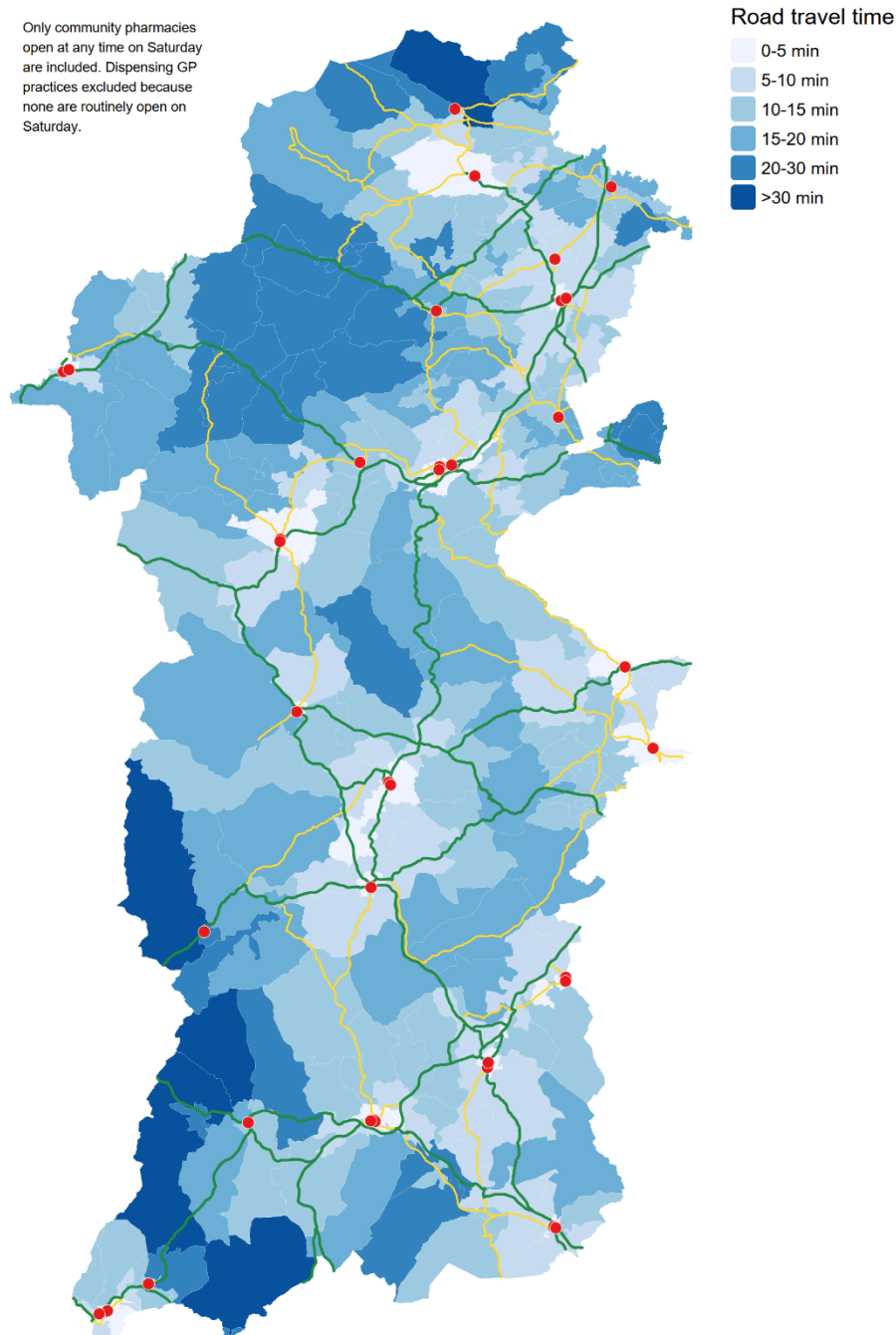


Figure 6:14 - Saturday Road Travel Time to Powys Pharmacies

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.

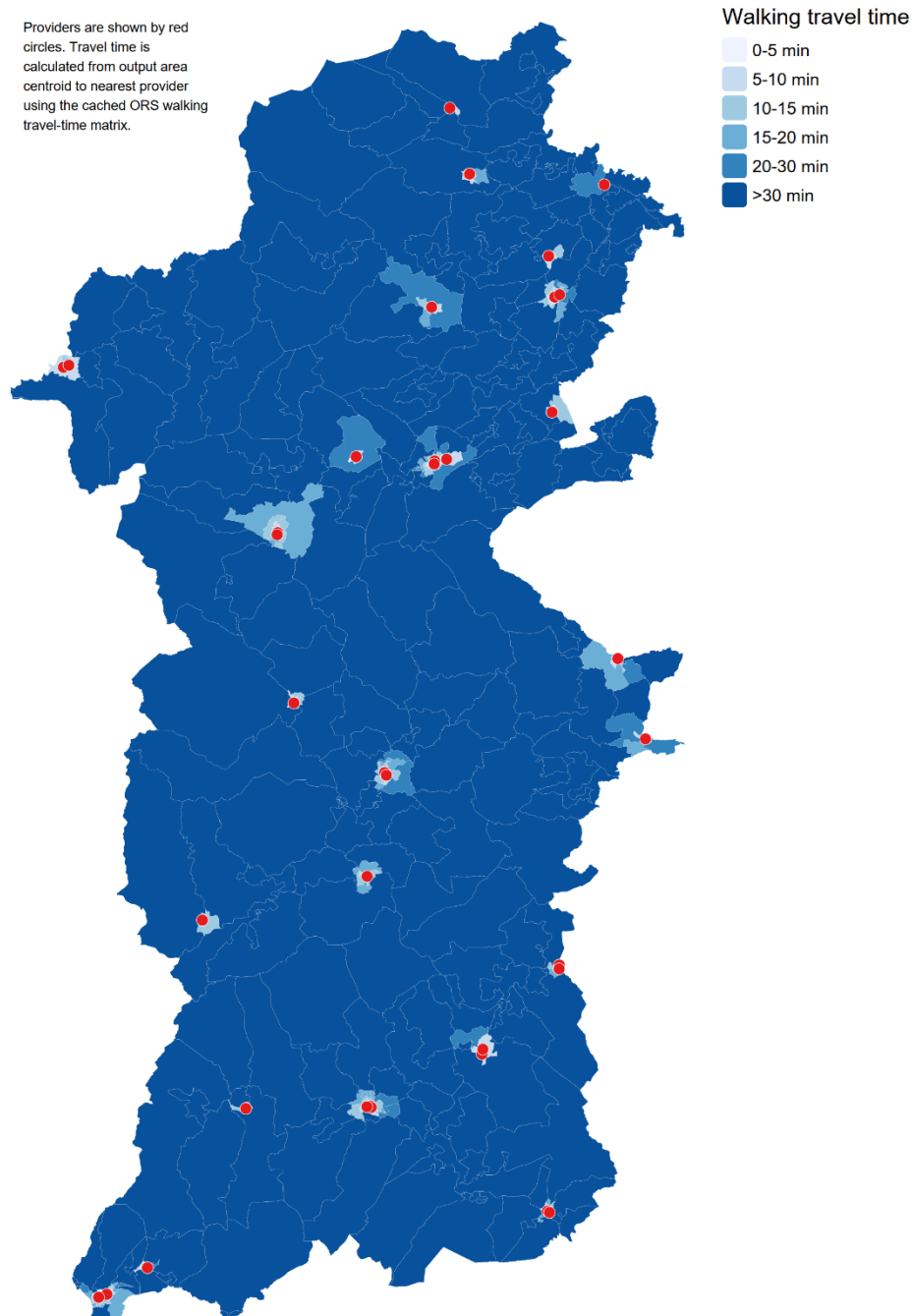


Figure 6:15 - Walking Travel Time to Nearest Pharmaceutical Service Provider, Powys

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

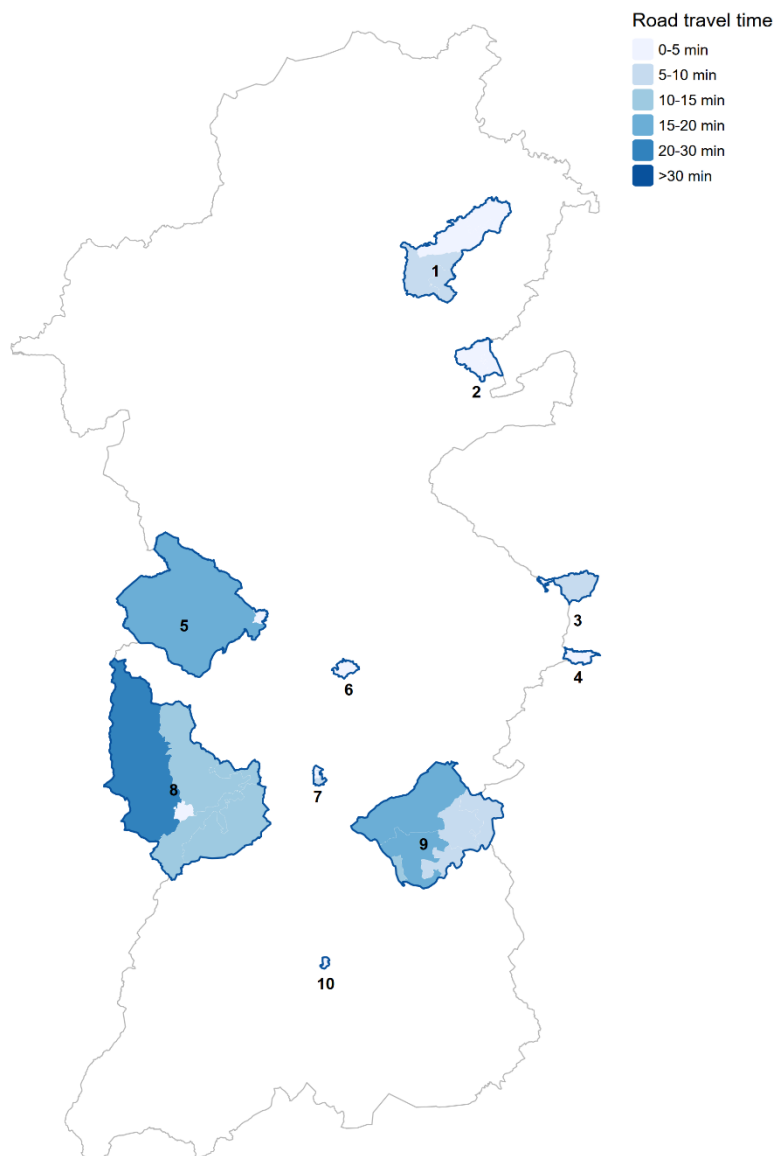


Figure 6:16 - Travel time to pharmaceutical services in LSOAs with one need modifier flag

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

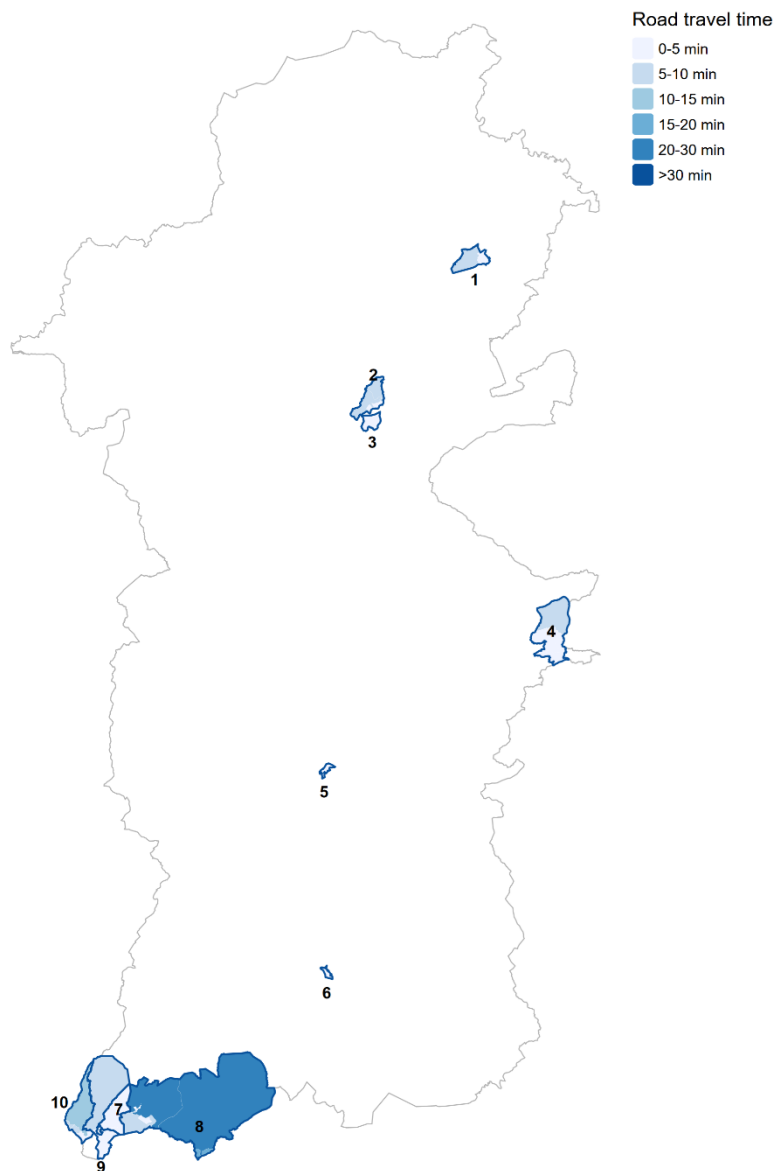


Figure 6:17 - Travel time to pharmaceutical services in LSOAs with two need modifier flags

LSOAs identified with two need modifier flags are limited in number and generally associated with shorter travel times to pharmaceutical services.

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.

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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.

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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

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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.

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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.

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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.

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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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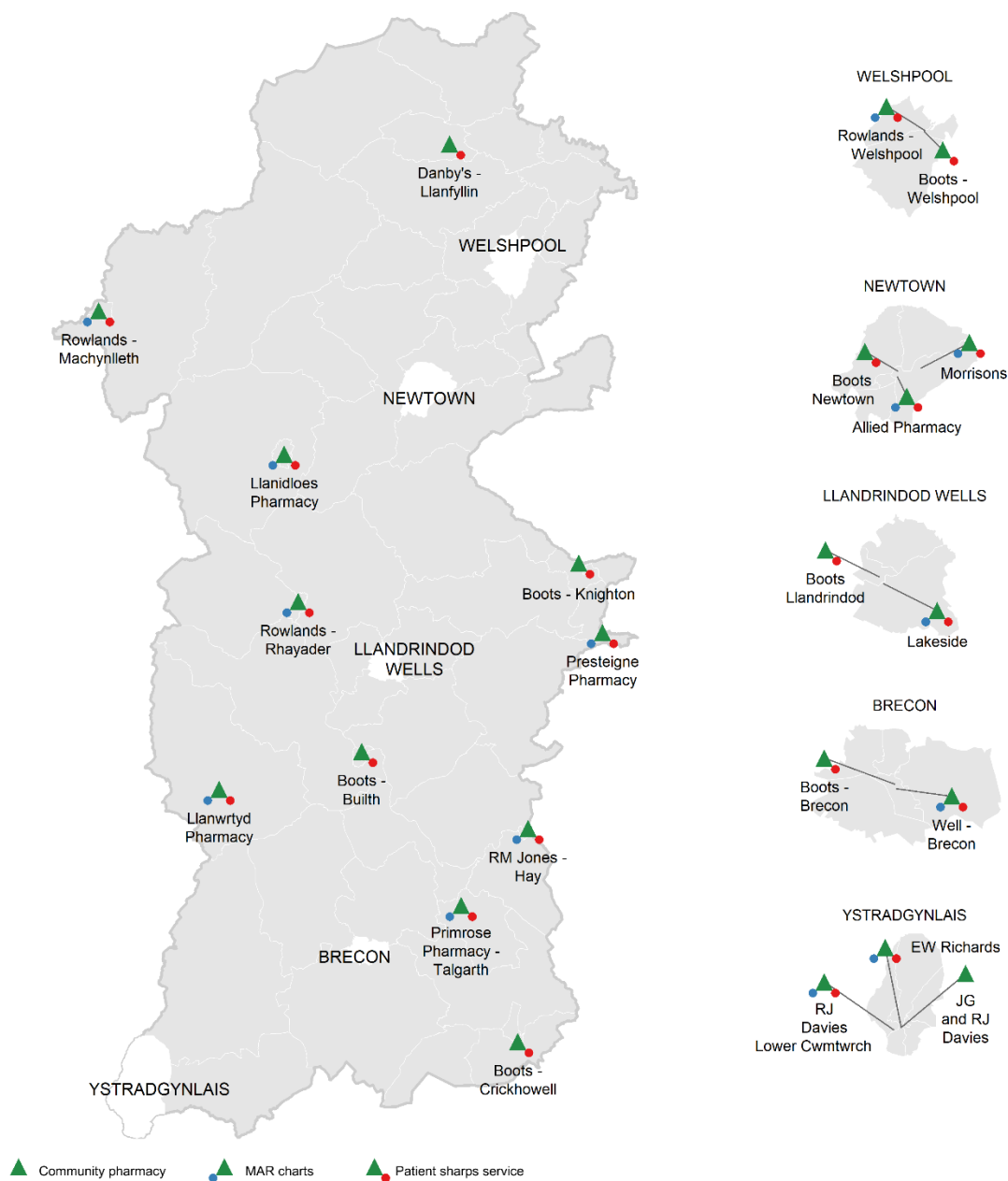


Figure 1 - Distribution of selected medicines support services (MAR charts and Patient Sharps Service) across Powys

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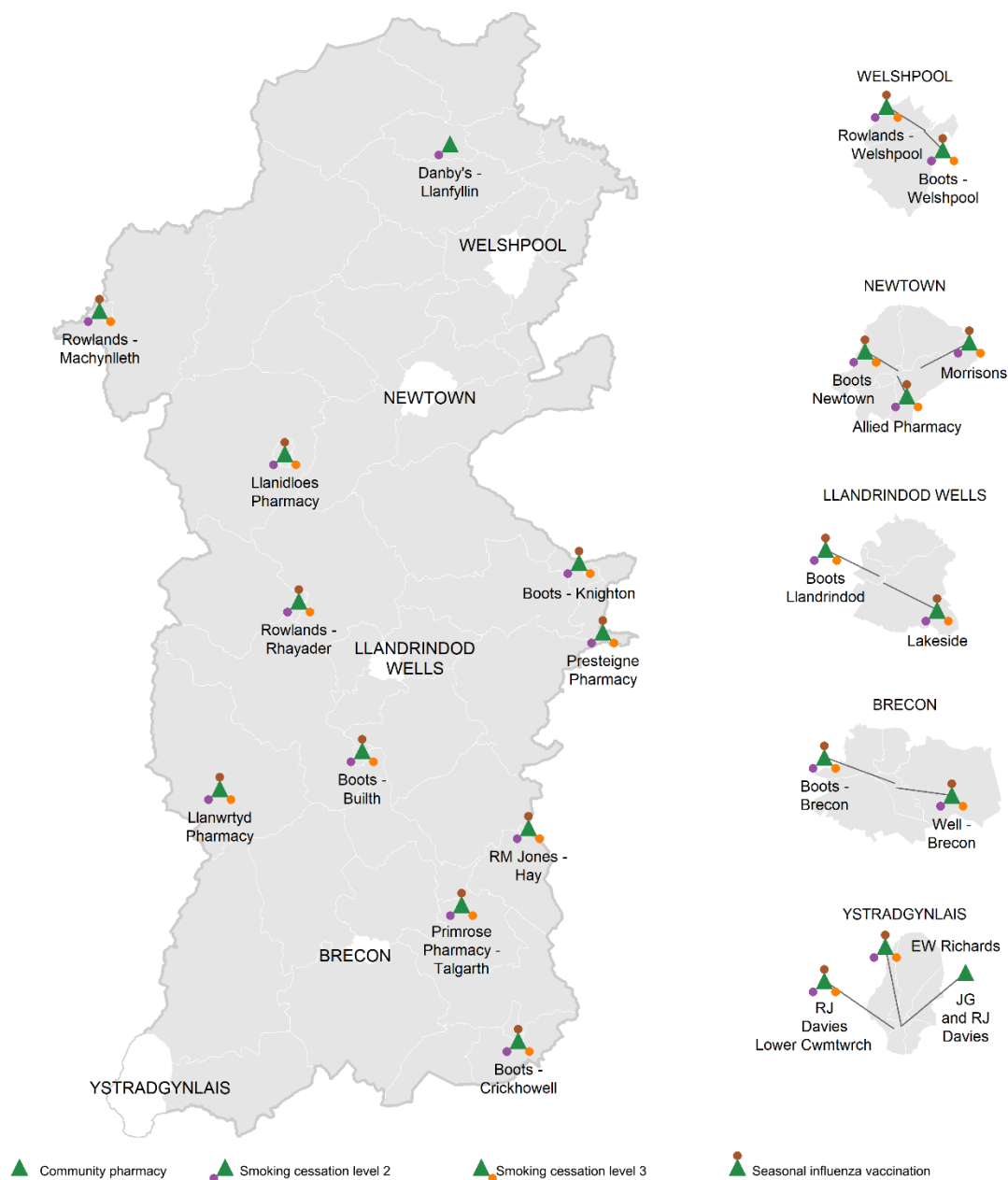


Figure 2 -Distribution of selected medicines support services (MAR charts and Patient Sharps Service) across Powys

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.

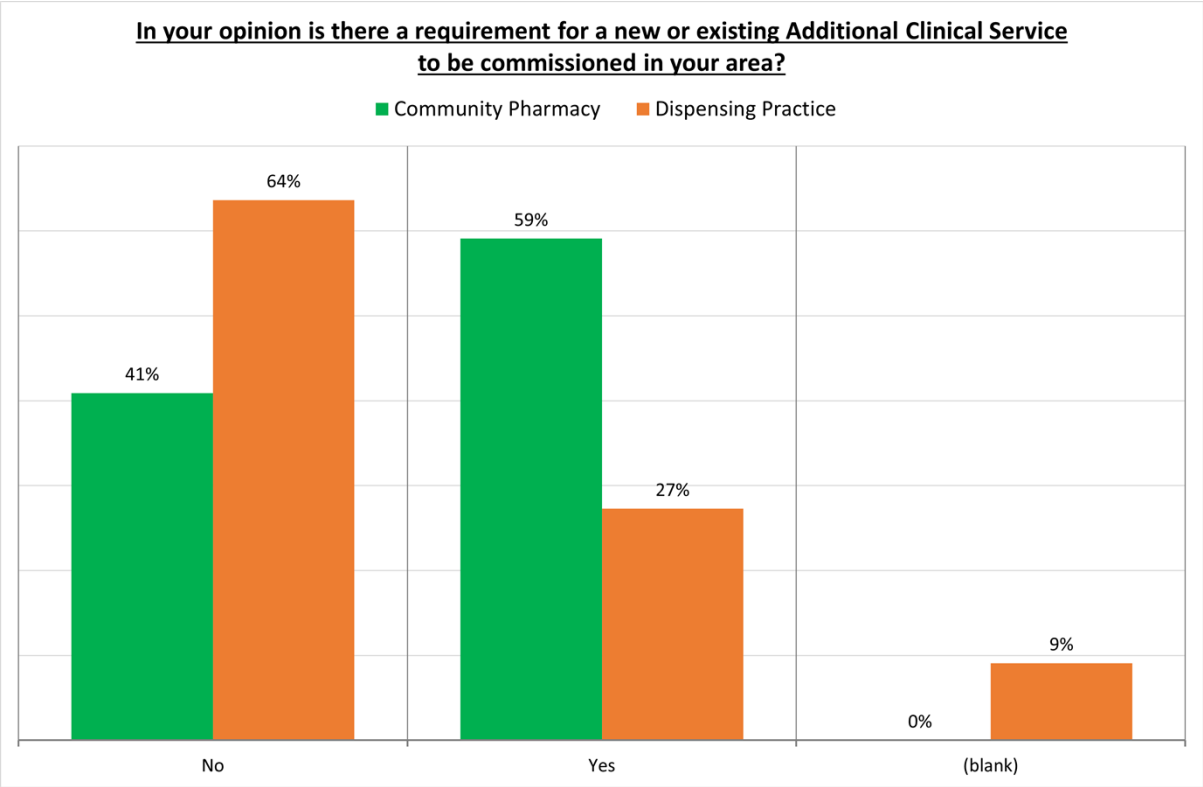


Figure 3 - Contractor Responses - In your opinion is there a requirement for a new or existing Additional Clinical Service / dispensing supplementary service to be commissioned in your area?

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.

Lewis, Raychelle
10/09/2026 13:39:25

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.

Lewis, Raychelle
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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 1b (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.

Lewis, Raychelle
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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

Lewis, Raychelle
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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
--	----------

Lewis, Raychelle
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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 .	

Lewis, Raychelle
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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.

Lewis Raychelle
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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.

Lewis, Raychelle
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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		

Lewis Raychelle
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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.	

Lewis, Raychelle
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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.

Lewis, Raychelle
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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):

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- 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

Lewis, Raychelle
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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

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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

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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

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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

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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

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		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.

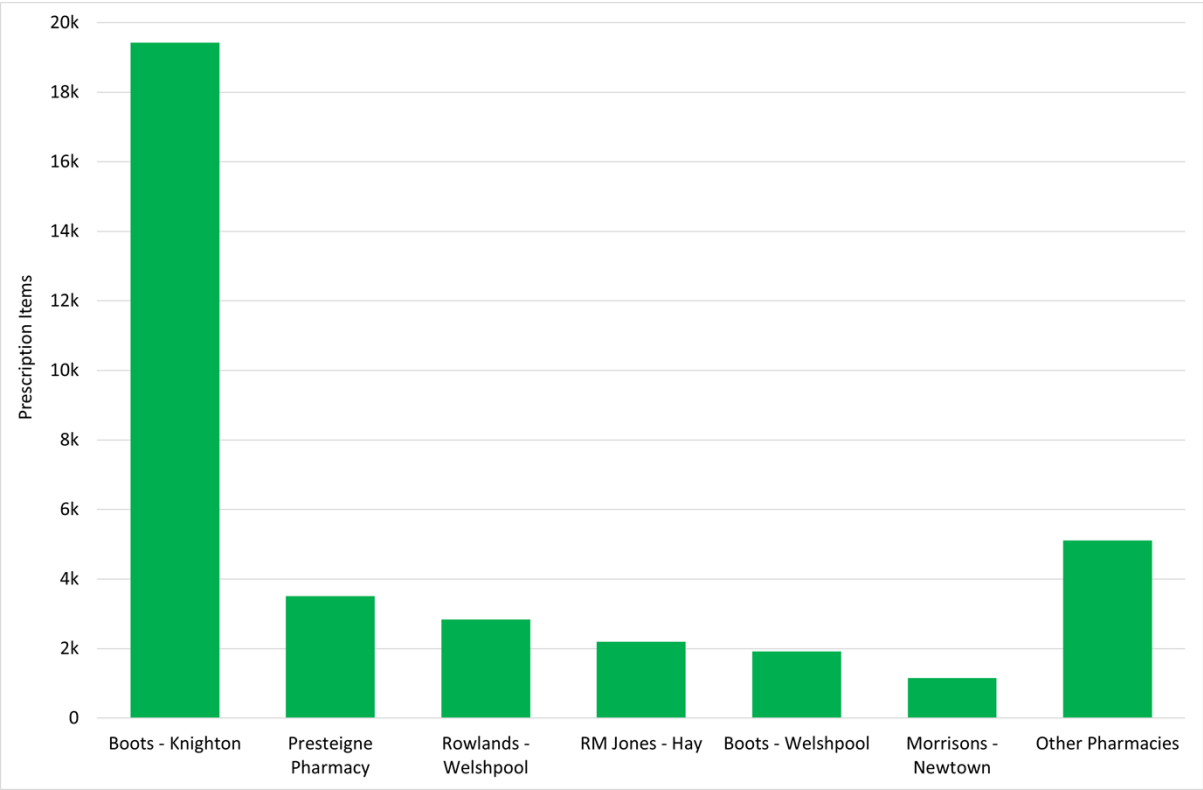


Figure 4 - Volume of English Prescriptions Dispensed by Community Pharmacies in Powys (2025)

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

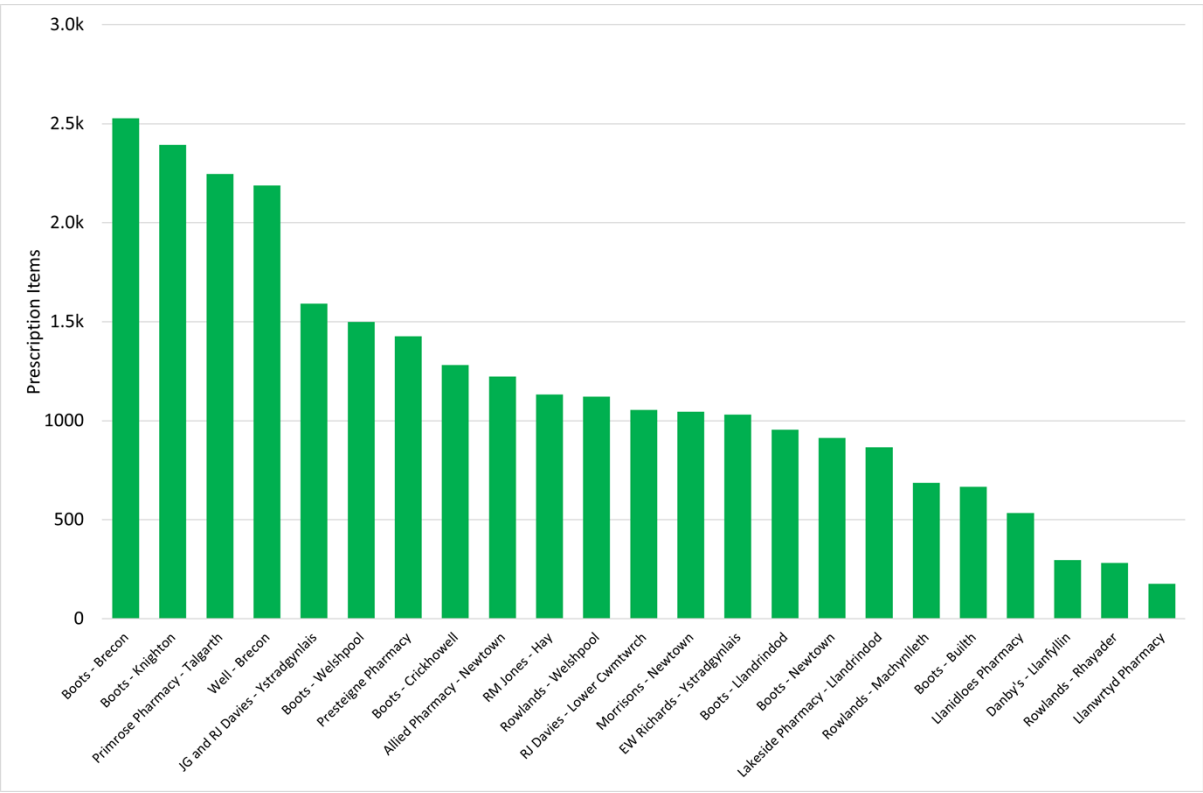


Figure 5 - Volume of Hospital Prescriptions Dispensed by Community Pharmacies in Powys (2025)

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

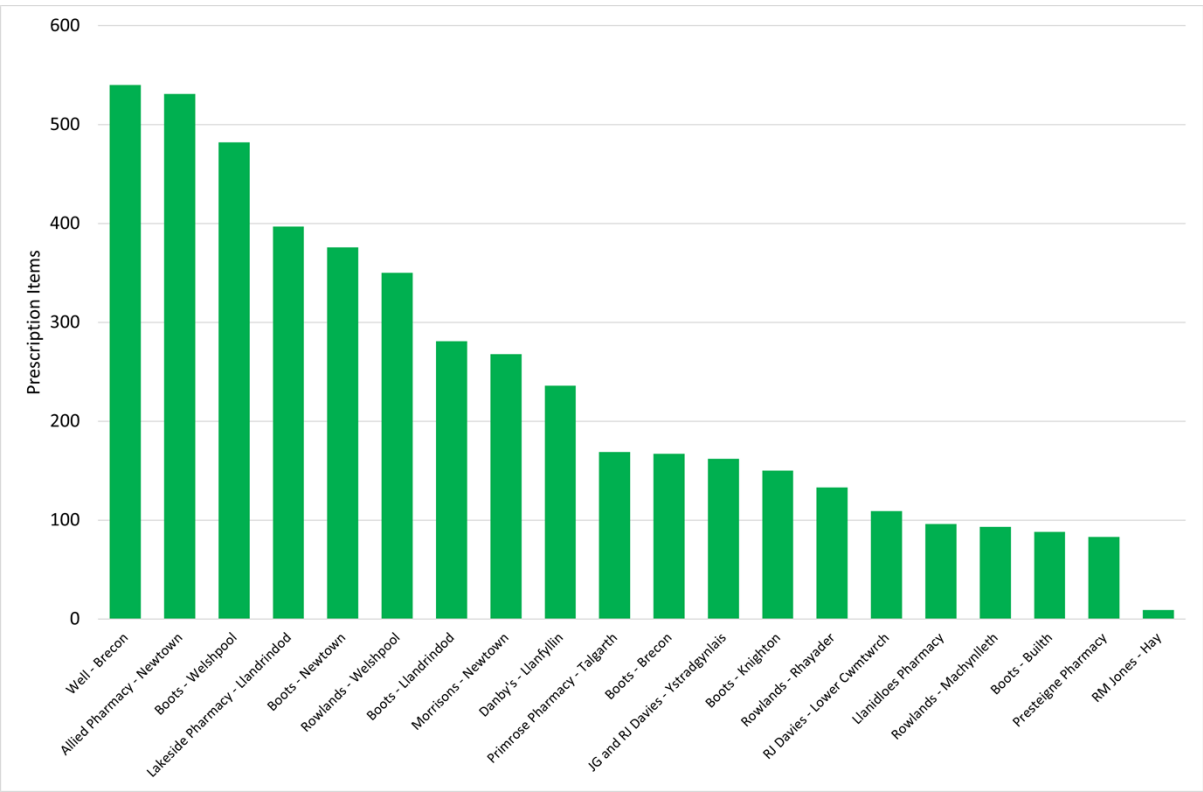


Figure 6 - Volume of Kaleidoscope Prescriptions Dispensed by Community Pharmacies in Powys (2025)

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.

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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

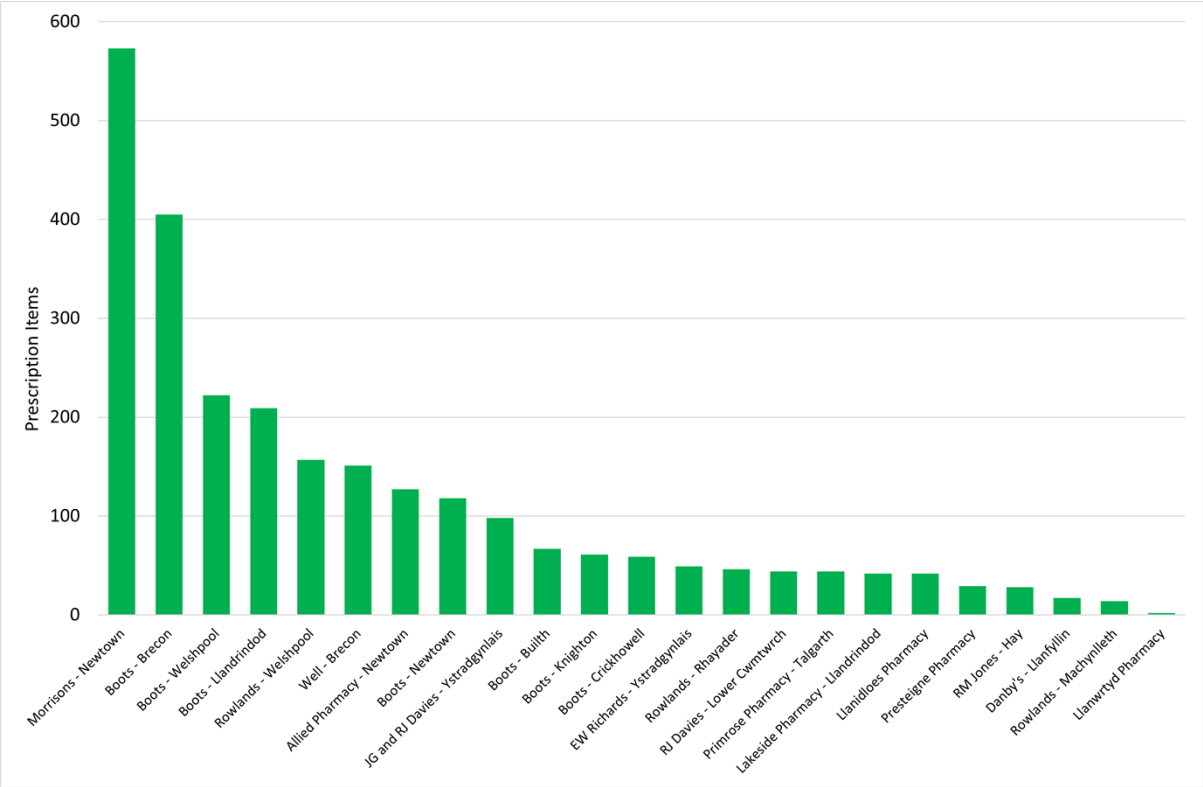


Figure 7 - Volume of Out of Hours Prescriptions Dispensed by Community Pharmacies in Powys (2025)

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,

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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.

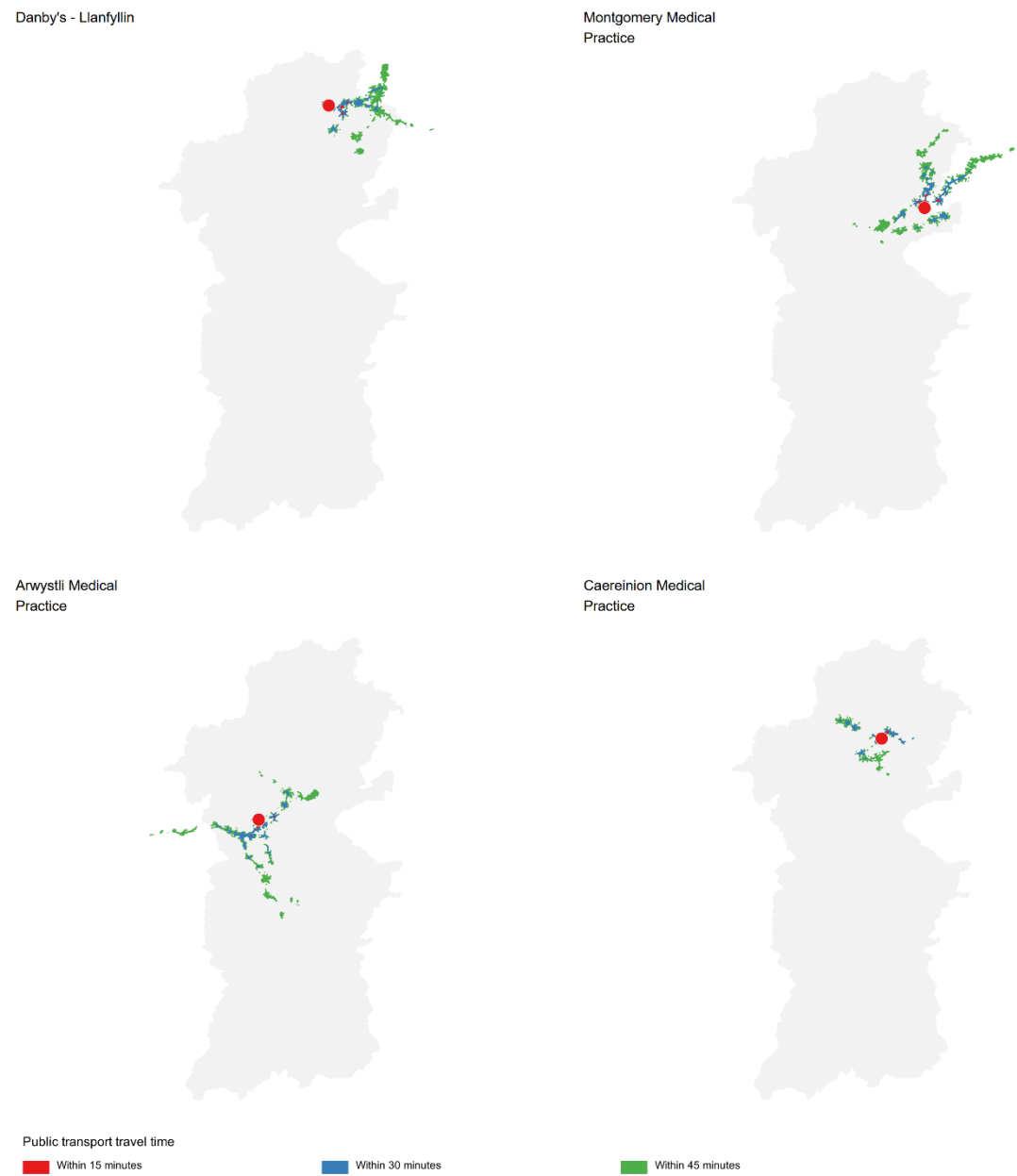
Although Out of Hours prescribing activity represents a relatively small proportion of overall dispensing volume, it forms an important component of maintaining timely access to medicines, reducing avoidable escalation of care and supporting continuity of treatment during periods when routine primary 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.

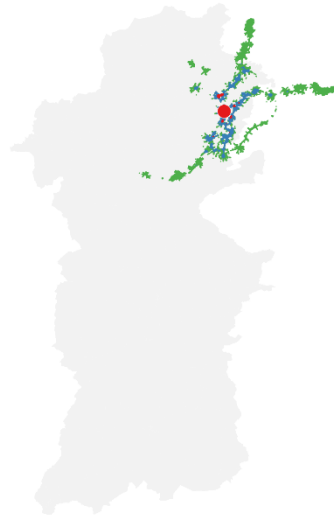


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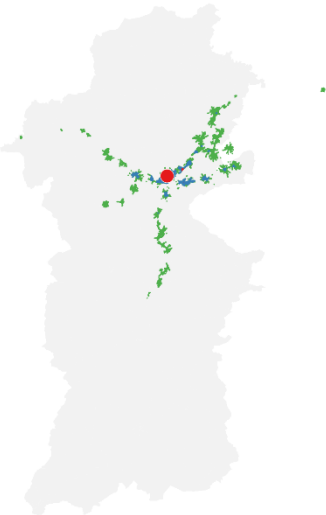
Llanfyllin Group Practice



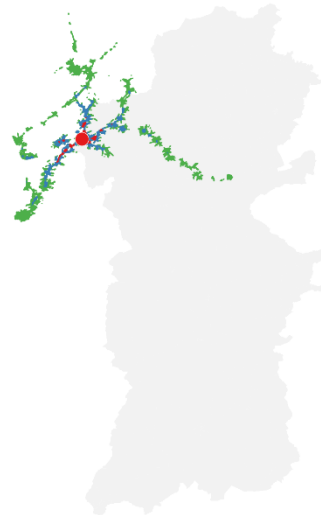
Welshpool



Newtown



Machynlleth



Public transport travel time

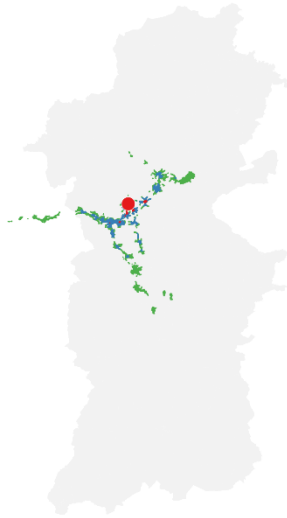
Within 15 minutes

Within 30 minutes

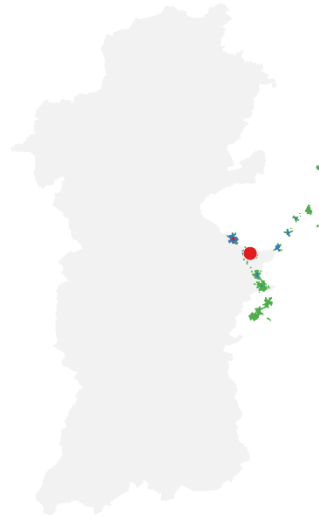
Within 45 minutes

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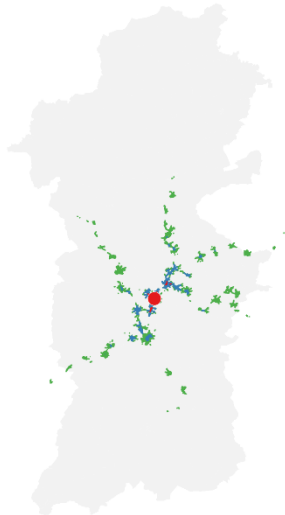
Llanidloes



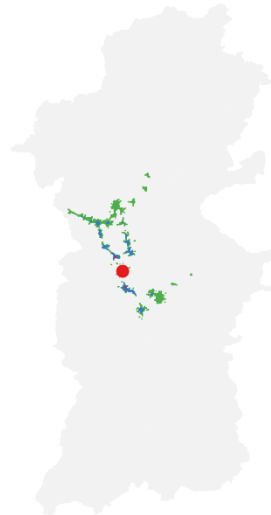
Knighton



Llandrindod



Rhayader



Public transport travel time

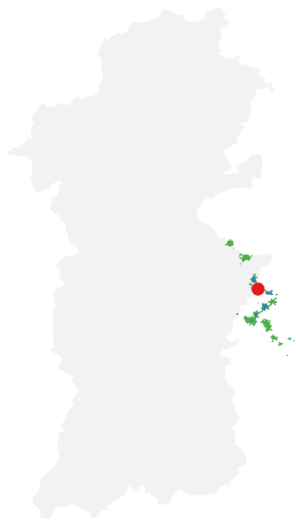
Within 15 minutes

Within 30 minutes

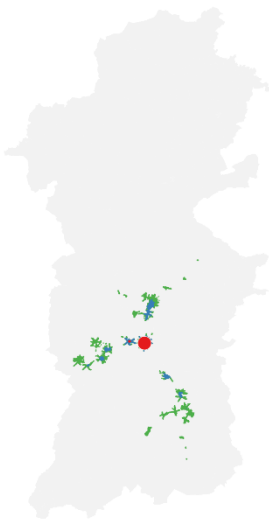
Within 45 minutes

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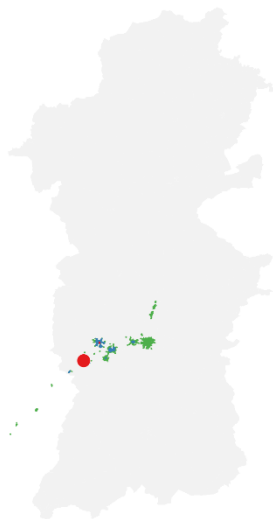
Presteigne



Builth



Llanwrtyd



Hay



Public transport travel time

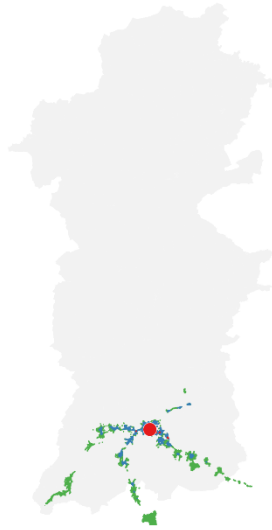
Within 15 minutes

Within 30 minutes

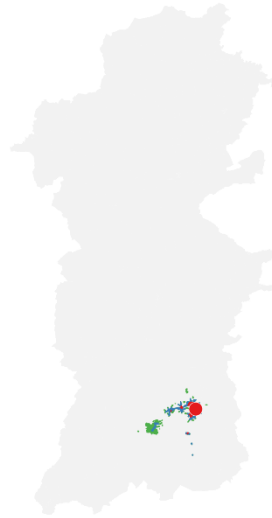
Within 45 minutes

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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

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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.

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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

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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.

Lewis Raynville
10/09/2026 13:39:25

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

Lewis Raychelle
10/09/2016 13:25

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.

Lewis Playchelt
10/09/2025 13:39:25

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.

Lewis, Raychelle
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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.

Lewis, Raychelle
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