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PHARMACEUTICAL NEEDS ASSESSMENT 2026

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Executive Summary

Introduction

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

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

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

The assessment considers:

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

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

Population and Geography

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

The assessment identified that:

- 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

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- rural settlement patterns
- 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

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- medicines supply disruption and pricing volatility
- 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

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.
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 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

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 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.

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.

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.

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

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.

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:

Powys Pharmaceutical Needs Assessment 2026

Prepared By: Powys PNA Delivery Group

Version: 1.0

Status: Approved

Issue Date: 01 Oct 2026

- Medicines Management
- Public Health
- 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 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).

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

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.

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.

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.

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

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 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.

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 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.

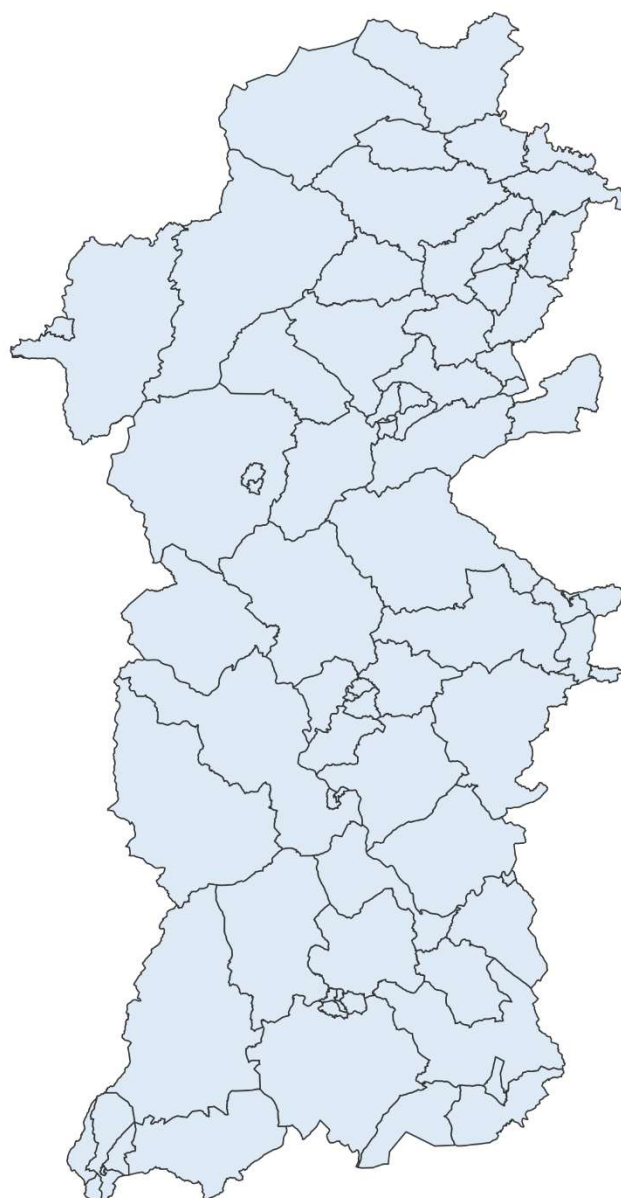


Figure 3:1: Lower Super Output Areas (LSOAs) of Powys

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.

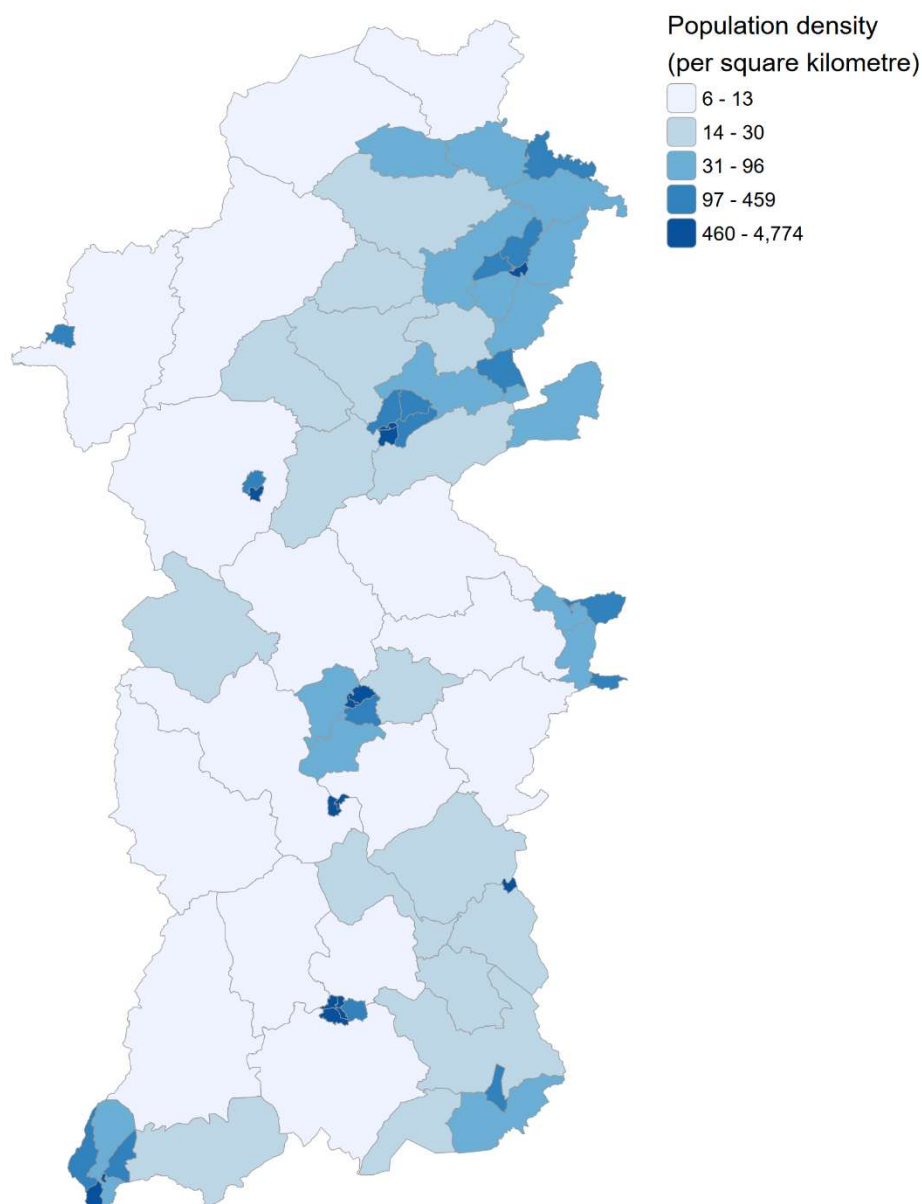


Figure 3:2 - Population Density by LSOA of Powys

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.

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.

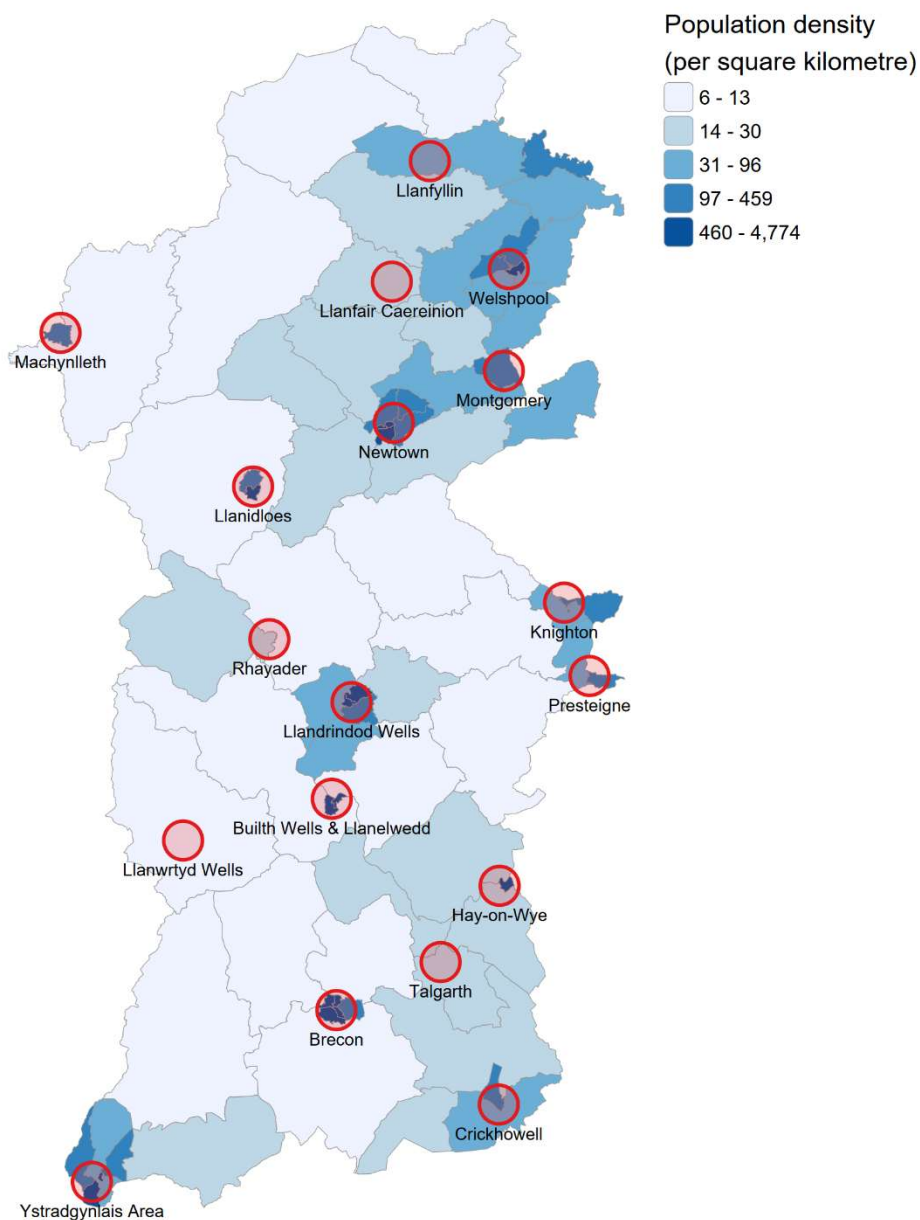


Figure 3:3 - Population Density and Main Settlements of Powys

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.

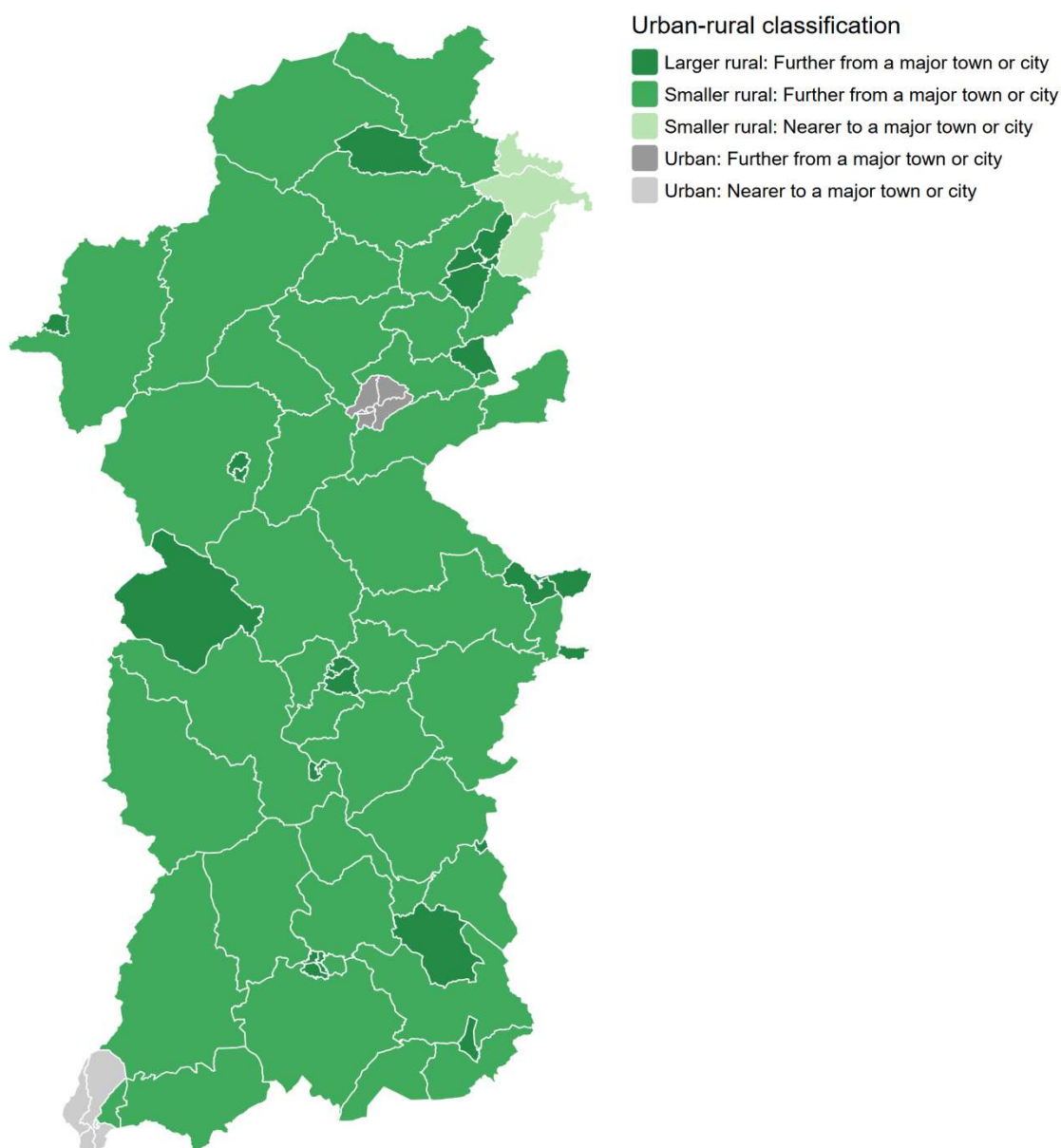


Figure 3:4 - Urban-Rural Classification by LSOA of Powys

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.

Population change in Powys: Census 2011 to Census 2021

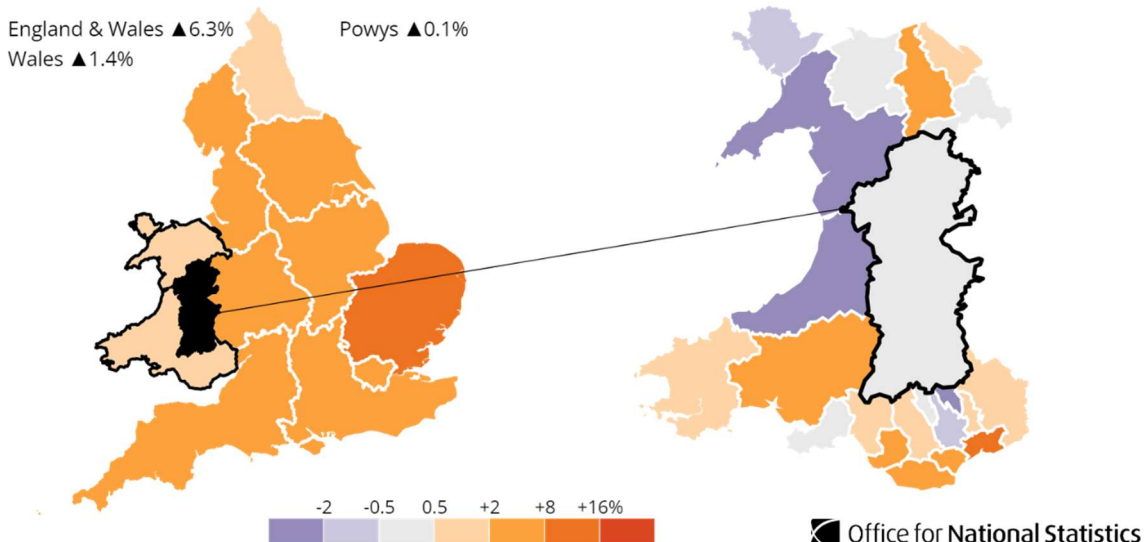


Figure 3:5 - Percentage population change, Powys and surrounding areas, Census 2011 to Census 2021

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.

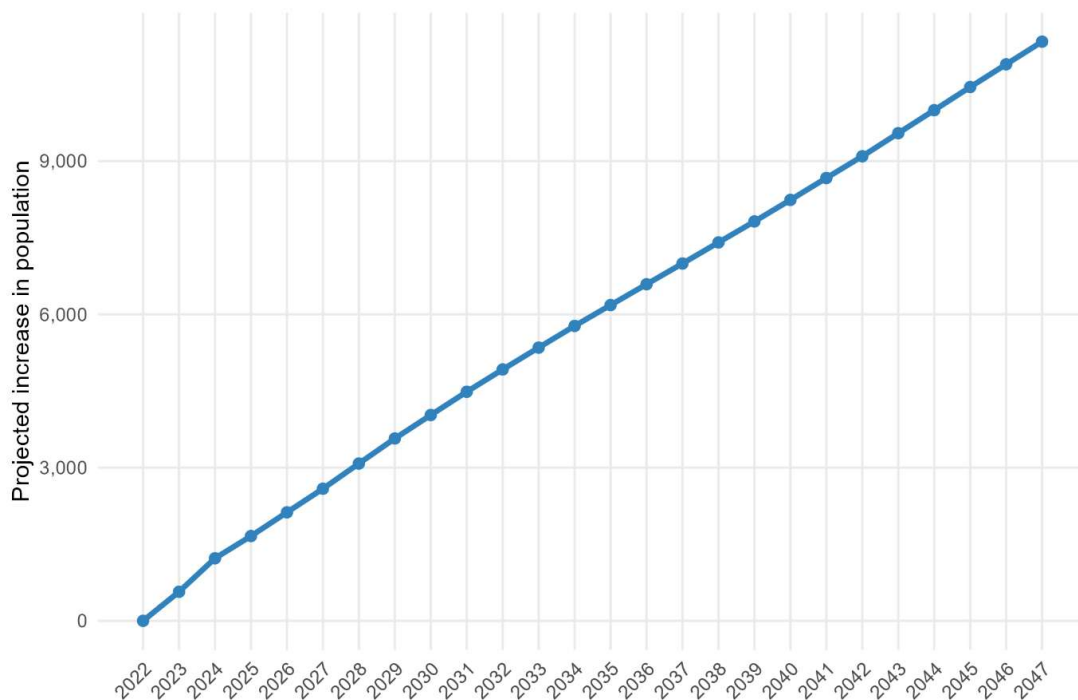


Figure 3:6 - Projected Population Change in Powys

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

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.

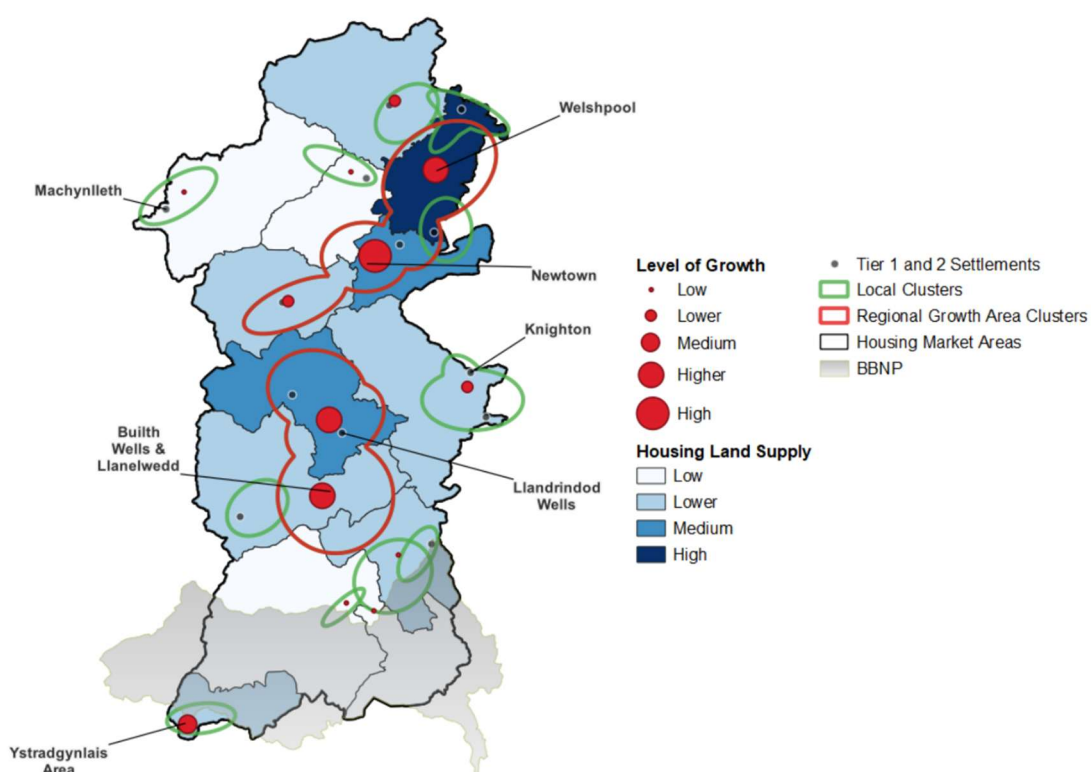


Figure 3:7 - Planned or Indicative Areas of Growth Across Powys

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.

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.

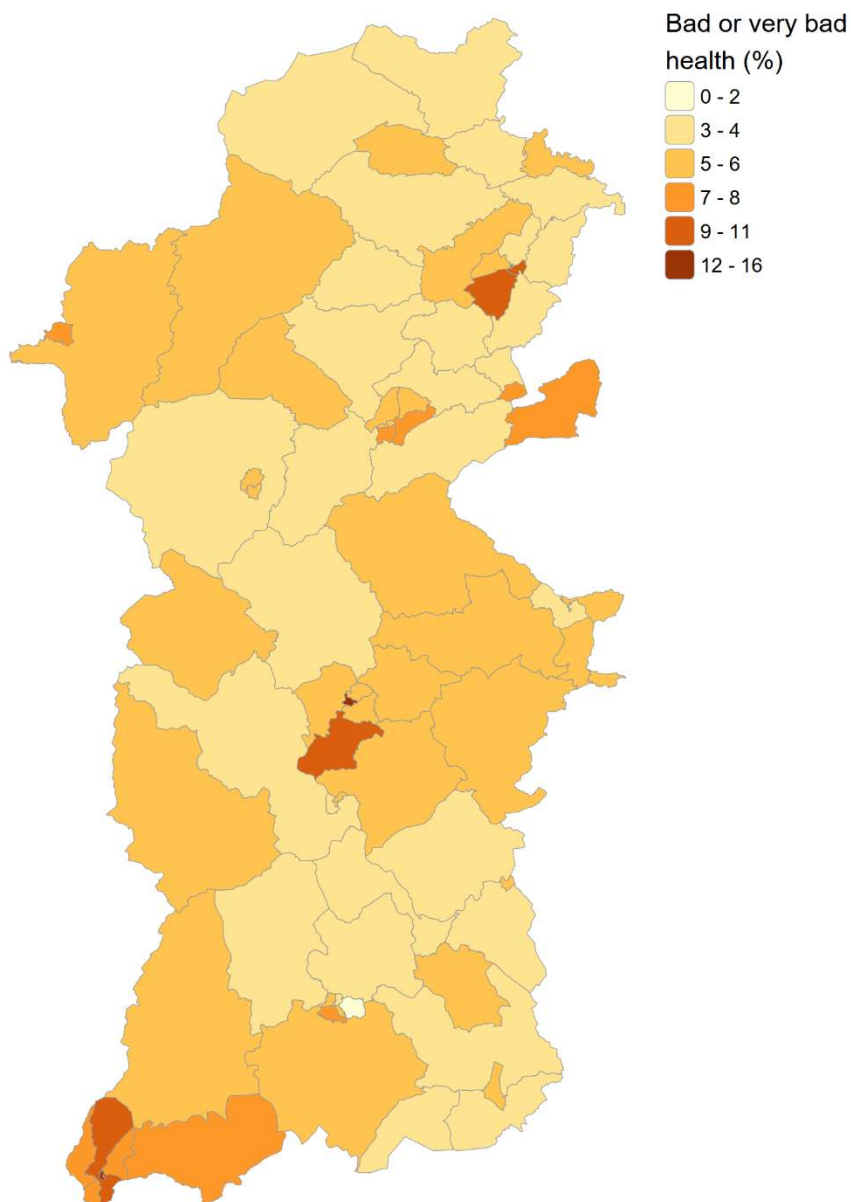


Figure 4:1 - Bad or Very Bad Health by LSOA of Powys

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.

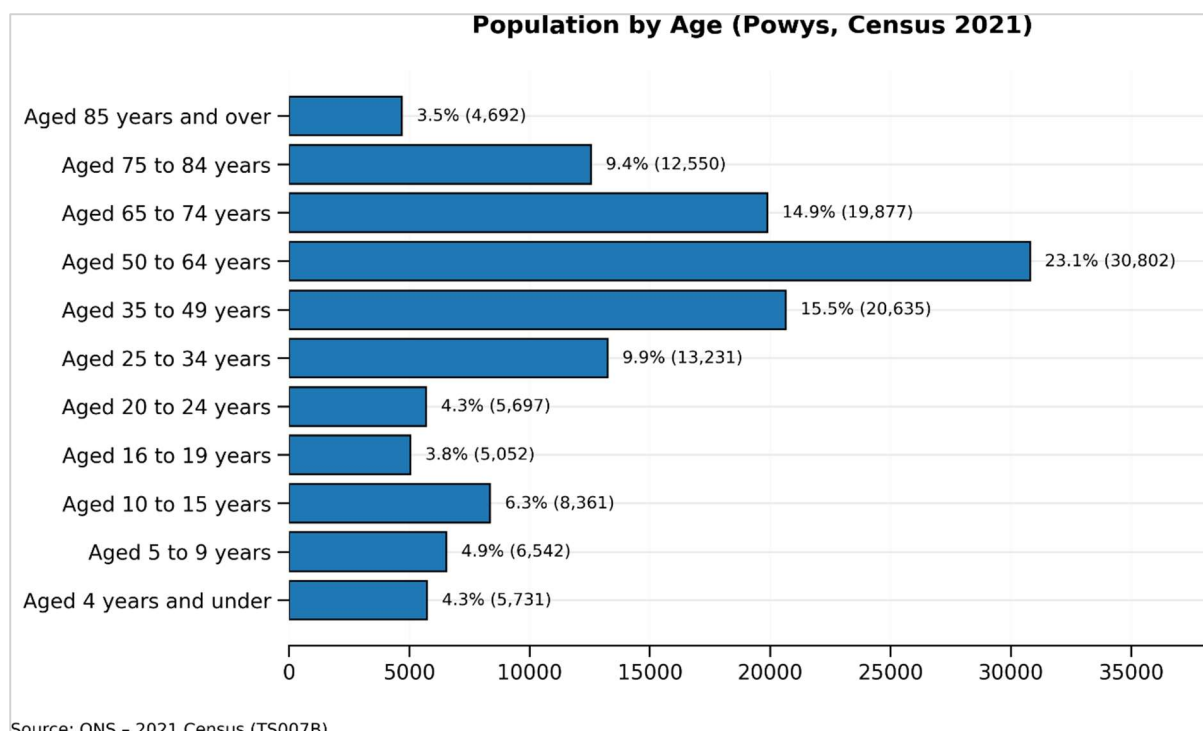


Figure 4:2 - Population by Age (Powys, Census 2021)

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:

- inward migration of older adults

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- 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.

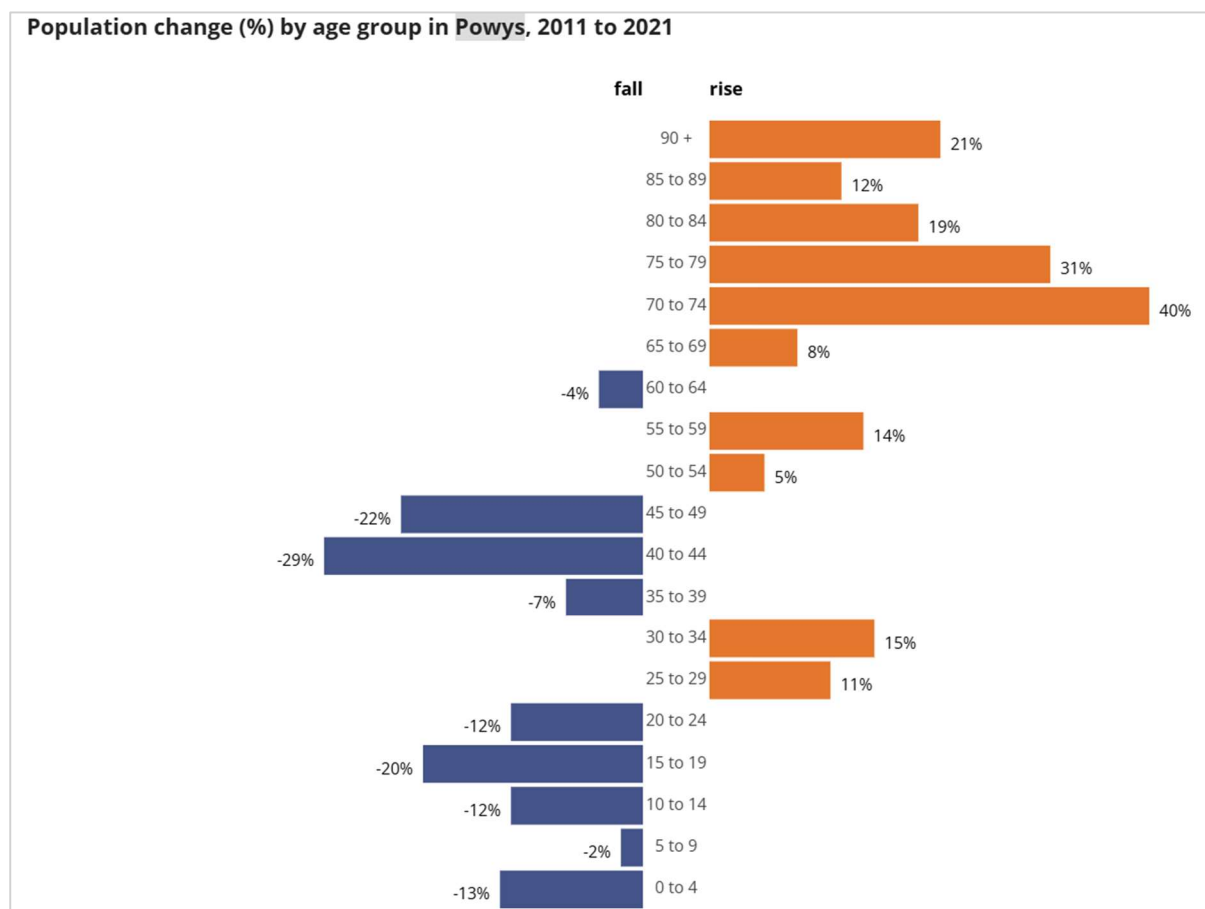


Figure 4:3 - Population Change (%) by Age Group in Powys, Census 2011 to 2021

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

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.

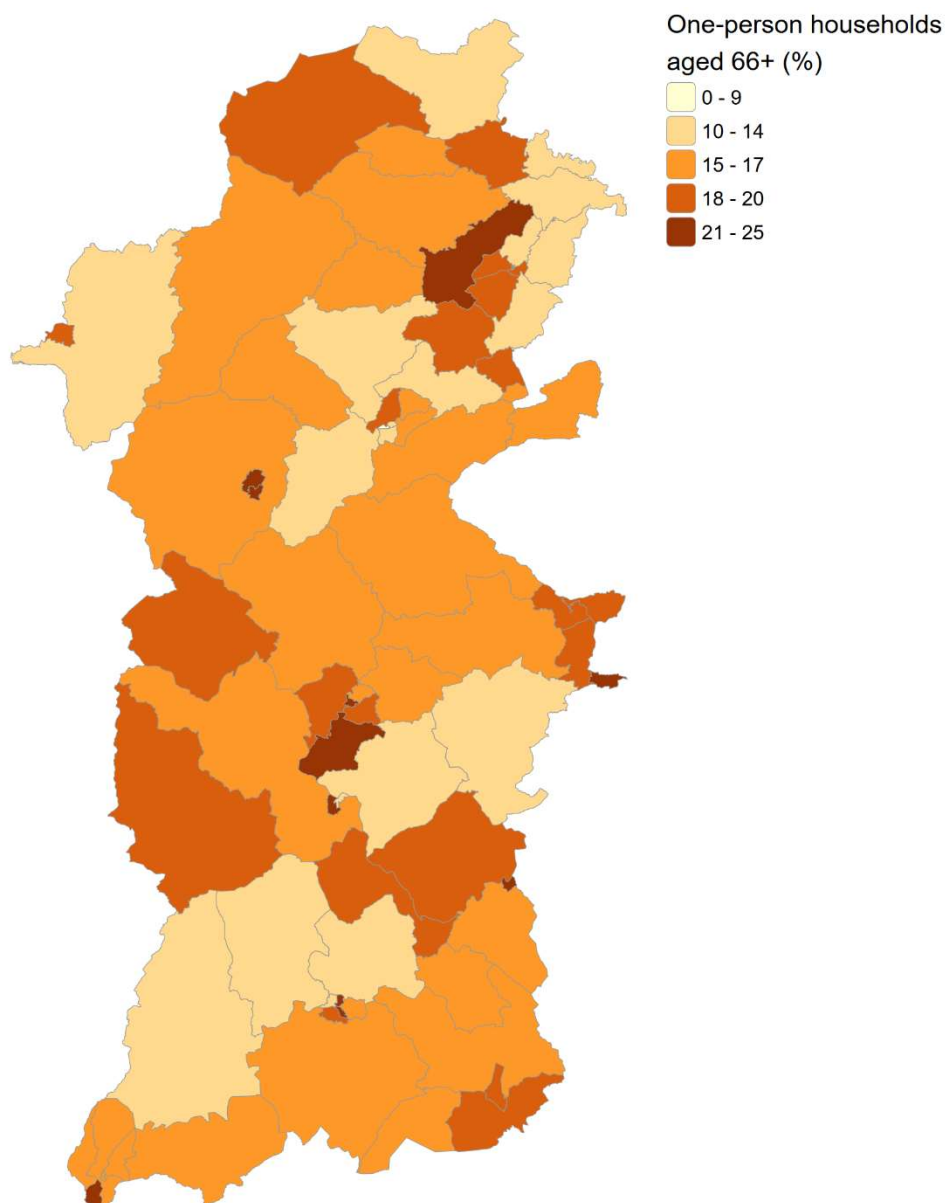


Figure 4:4 - One Person Households Aged 66+ by LSOA of Powys

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:

- 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.

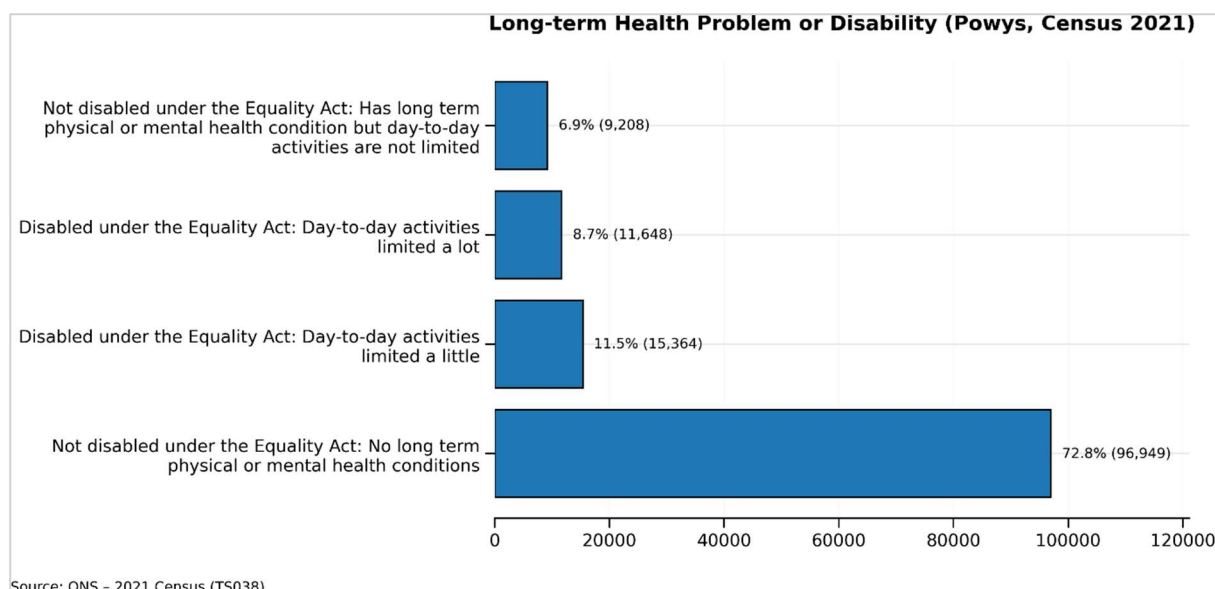


Figure 4:5 - Long-term Health Problem or Disability (Powys, Census 2021)

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.

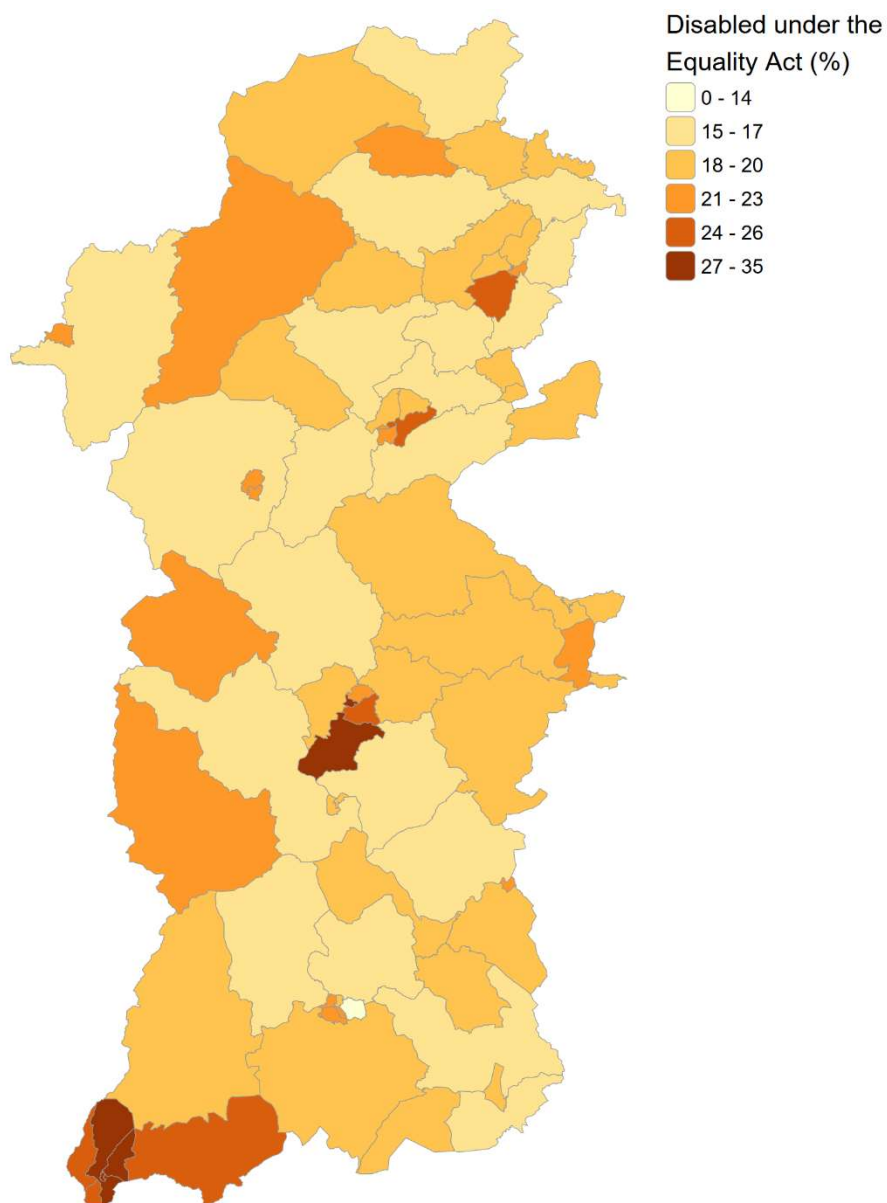


Figure 4:6 - Disability by LSOA of Powys

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.

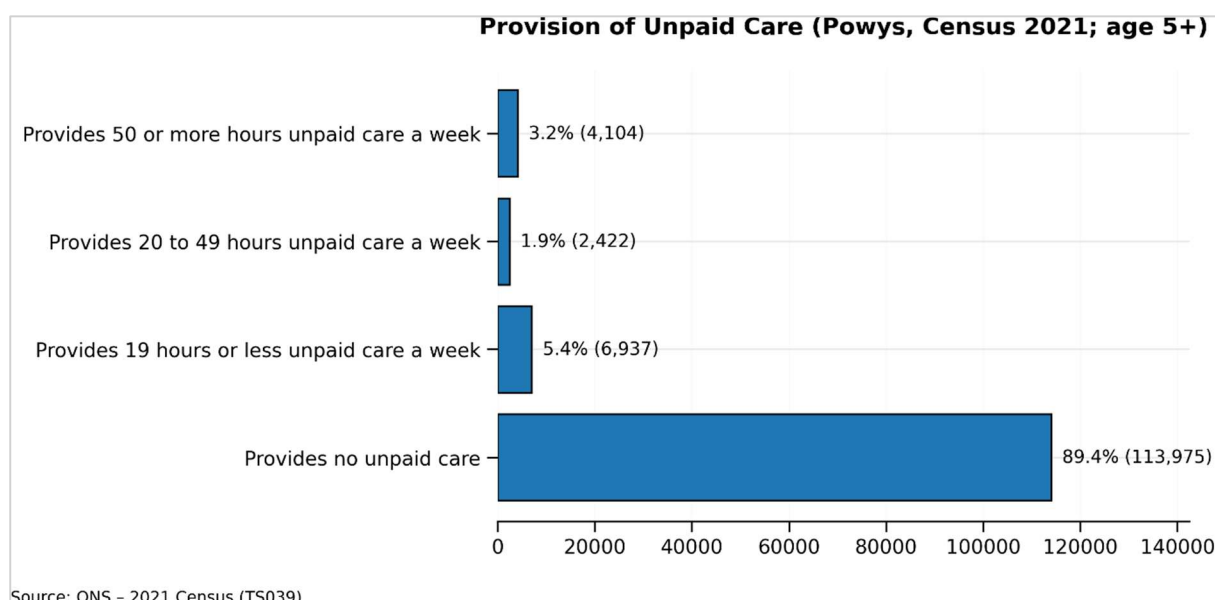


Figure 4:7 - Provision of Unpaid Care (Powys, Census 2021; age 5+)

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.

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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.

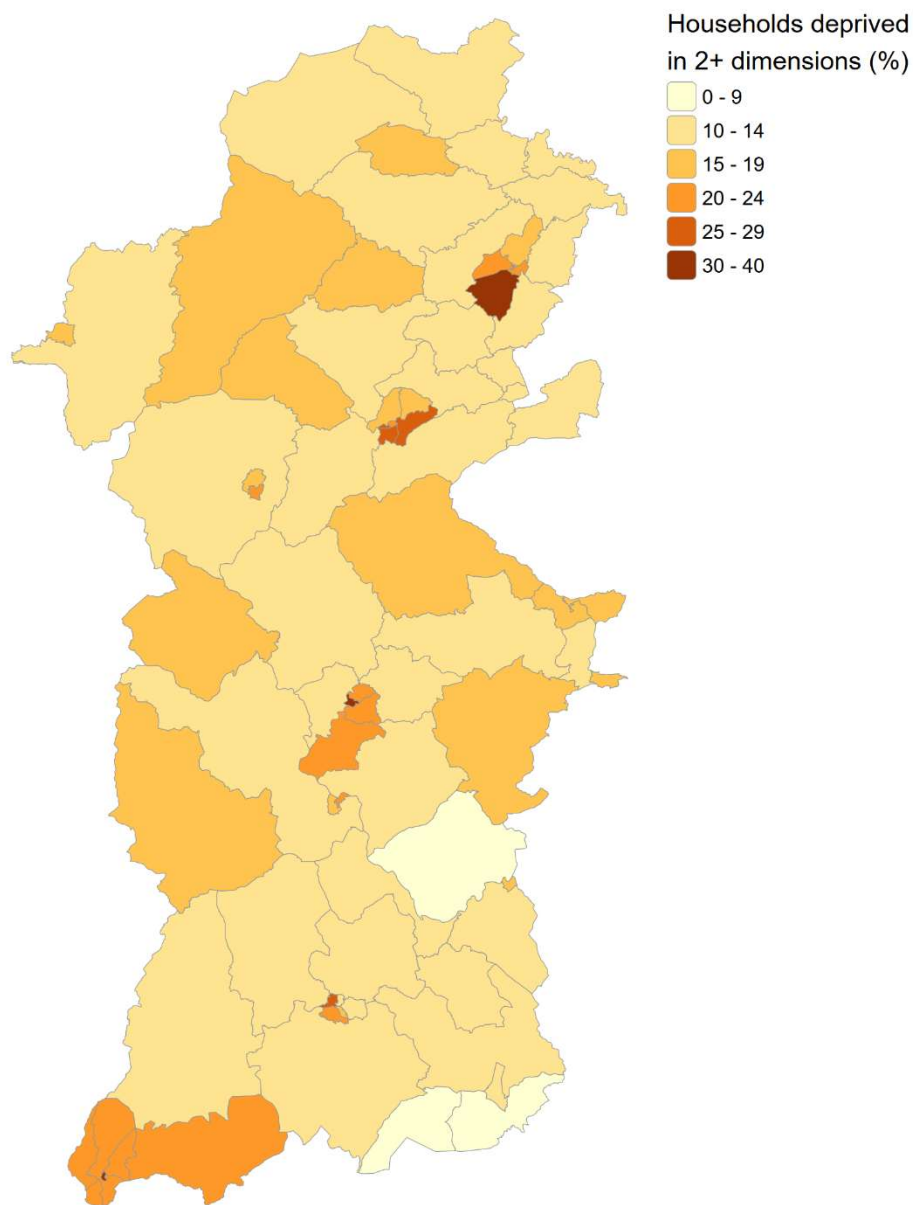


Figure 4:8 - Households Deprived in 2+ Dimensions by LSOA of Powys

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.

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.

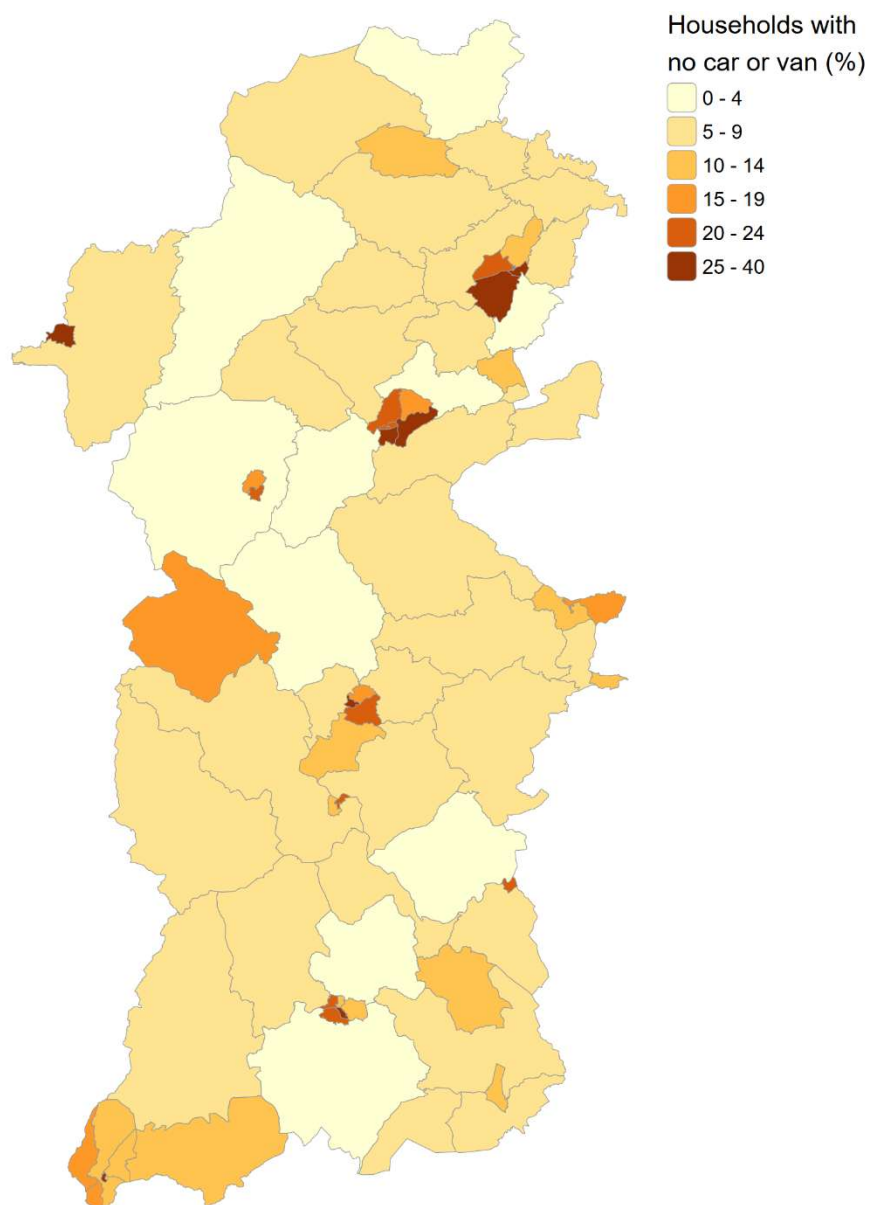


Figure 4:9 - Households with no car or van by LSOA of Powys

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.

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.

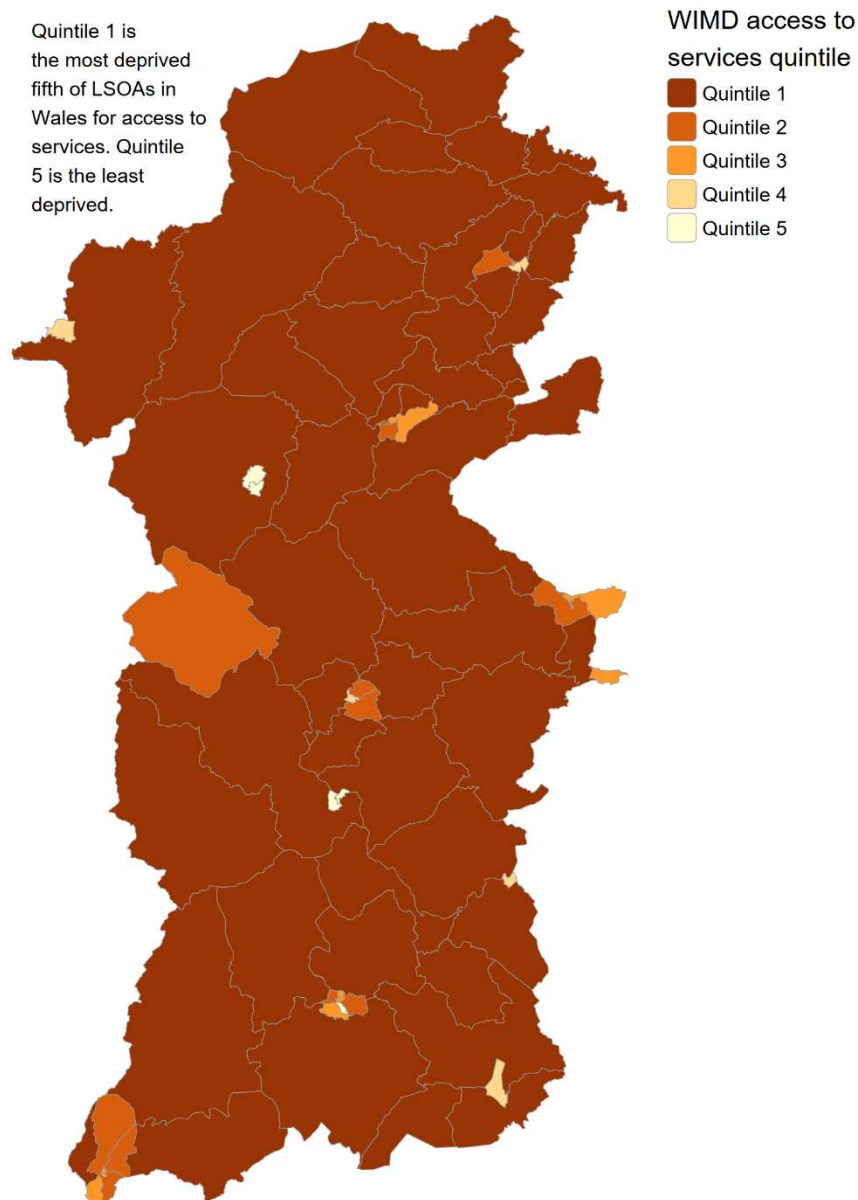


Figure 4:10 - The Welsh Index of Multiple Deprivation (WIMD) Access to Services by LSOA, Powys

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.

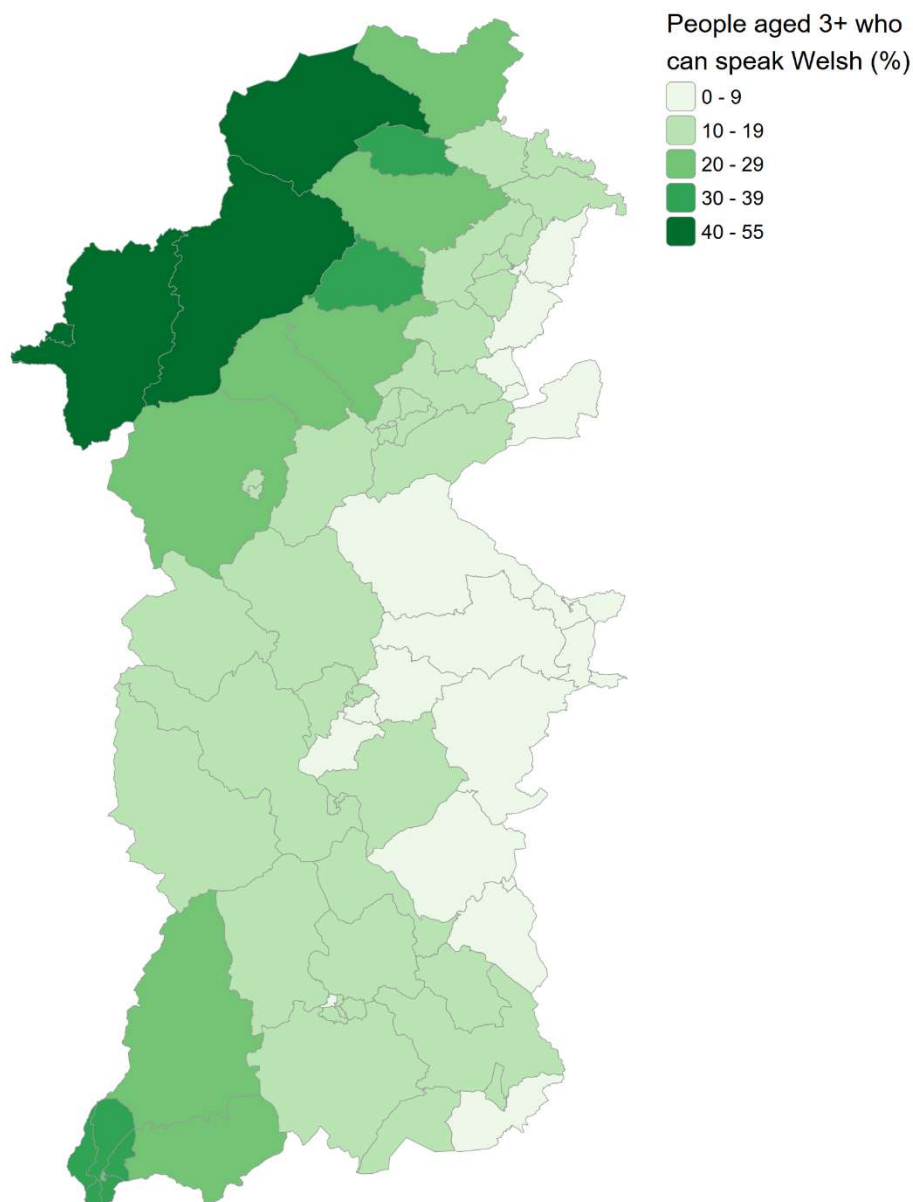


Figure 4:11 - Welsh Language Ability by LSOA of Powys

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
- 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

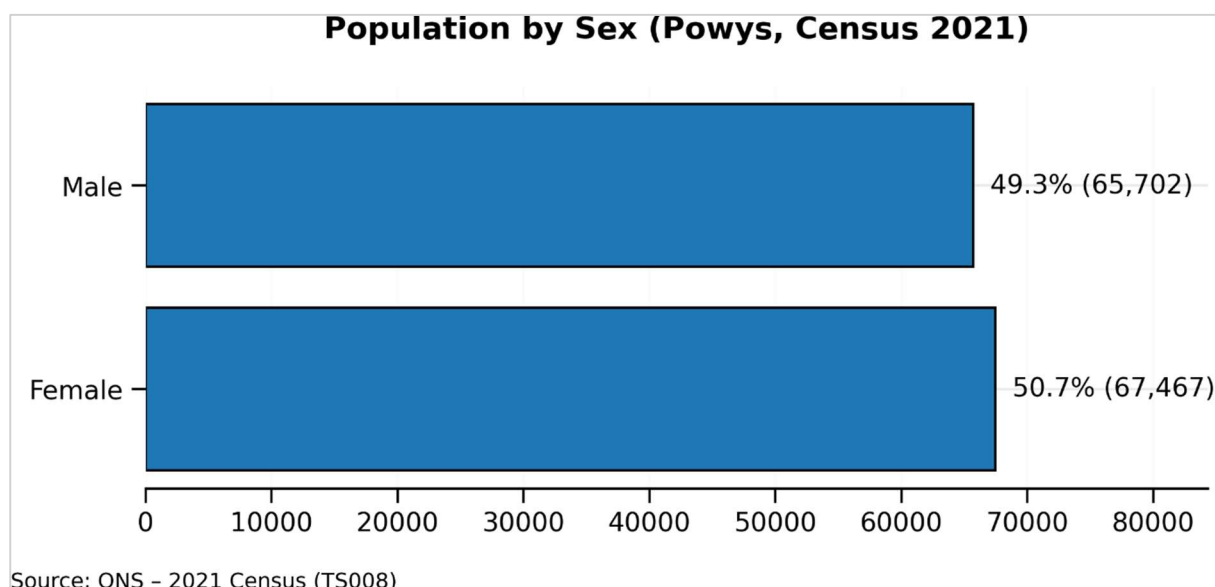


Figure 4:12 - Population by Sex (Powys, Census 2021)

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

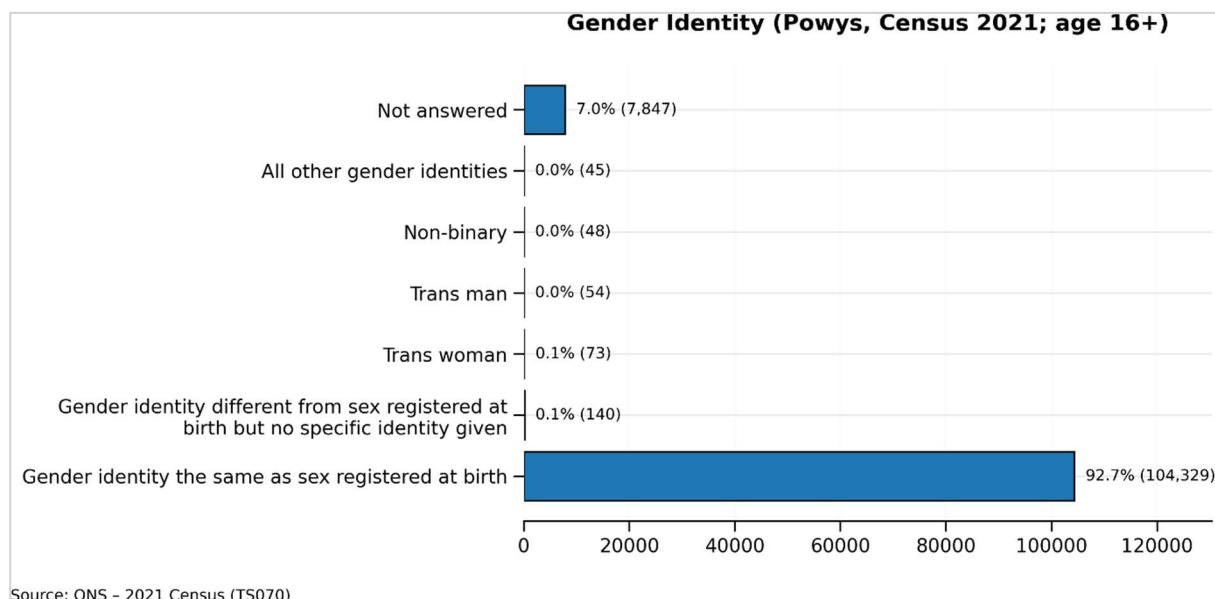


Figure 4:13 - Gender Identity (Powys, Census 2021; age 16+)

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.

4.8.3 Ethnicity

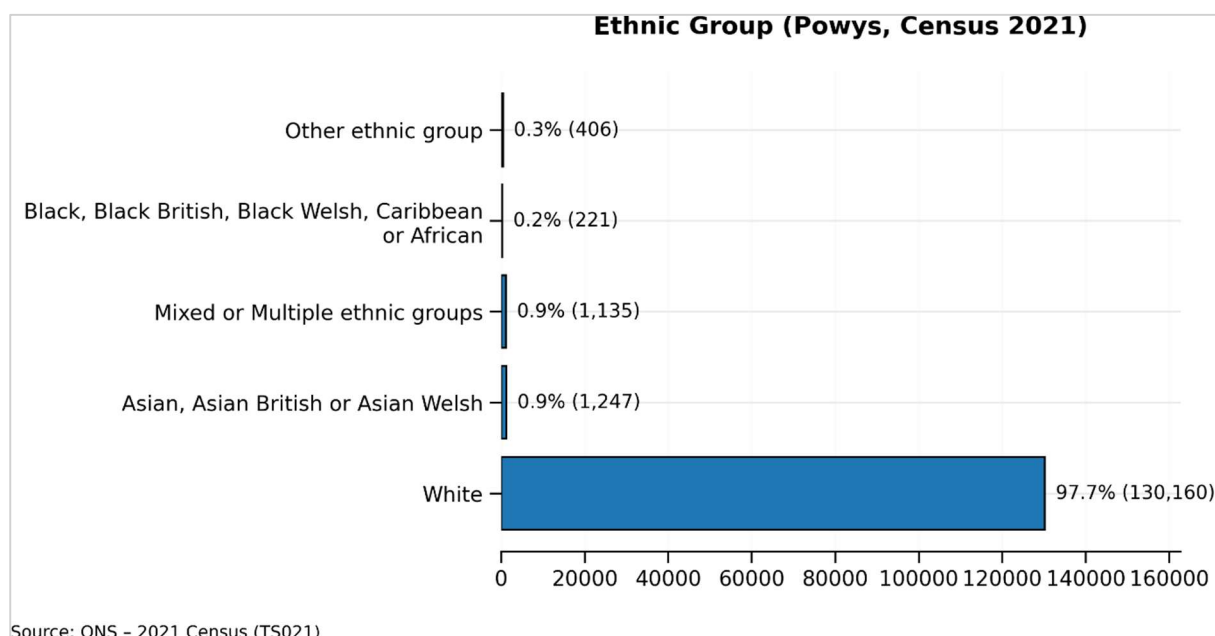


Figure 4:14 - Ethnic Group (Powys, Census 2021)

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.

4.8.4 Religion or Belief

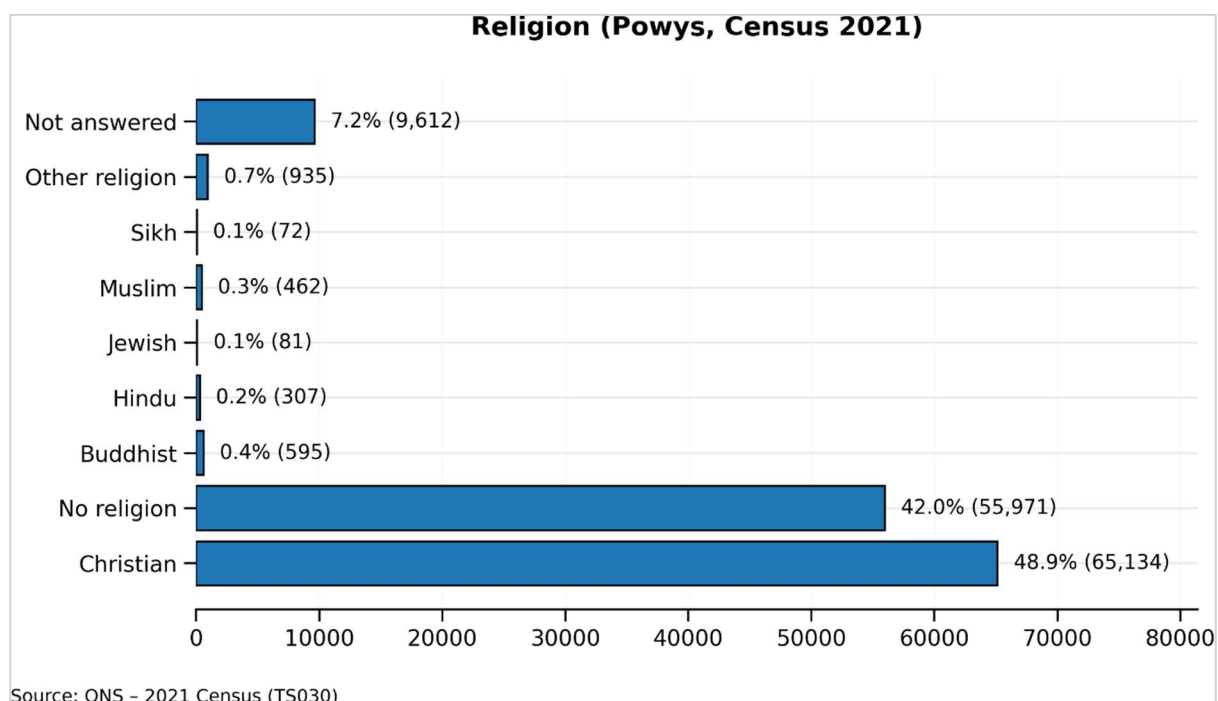


Figure 4:15 - Religion (Powys, Census 2021)

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

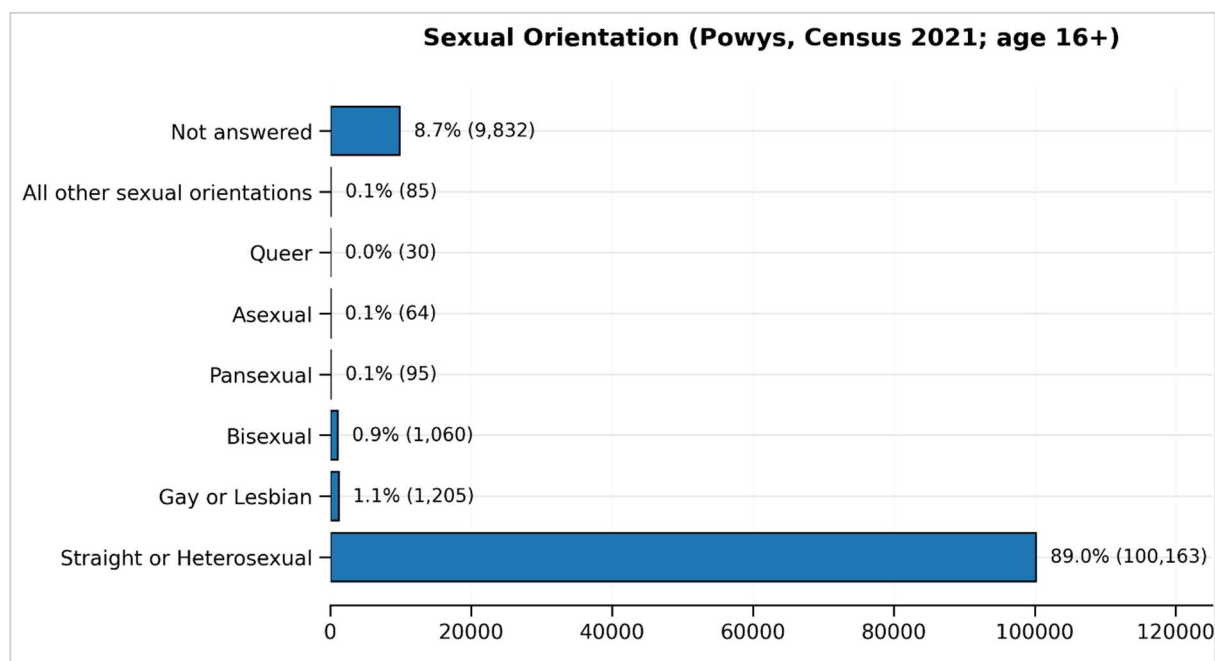


Figure 4:16 - Sexual Orientation (Powys, Census 2021; age 16+)

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 Powys.

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

4.9 Inclusion Health Groups

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

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

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

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

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

4.10 Composite Picture of Need Modifiers

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

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

- higher proportions of older people living alone
- 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.

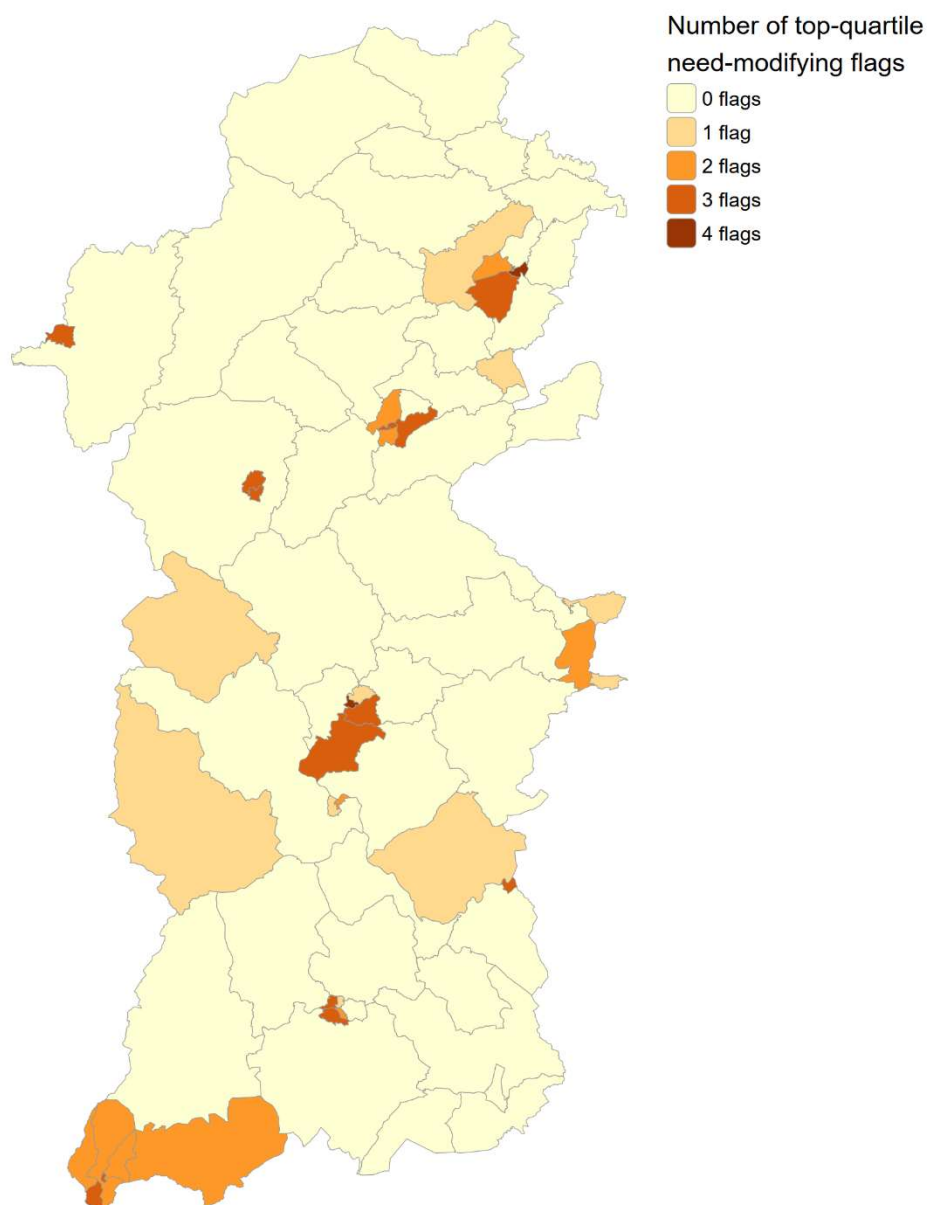


Figure 4:17 - Composite Need-modifying Factors by LSOA, Powys

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

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

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

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

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

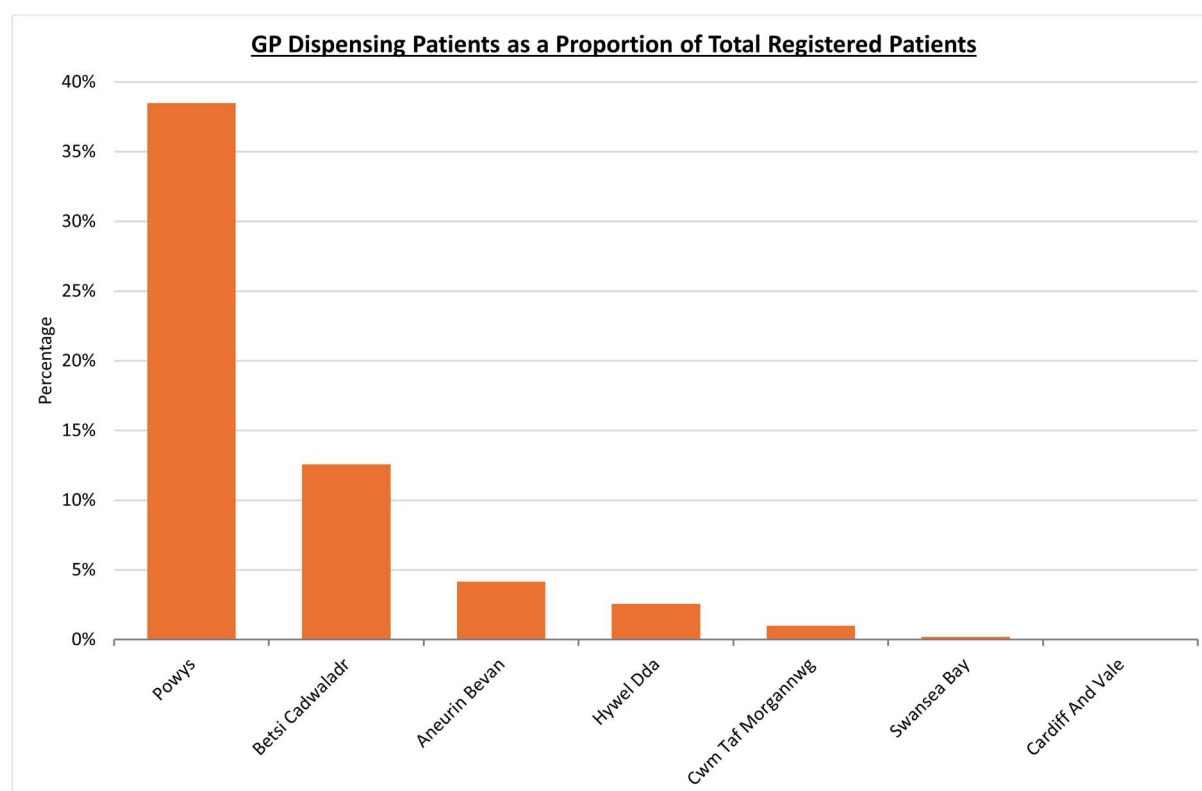


Figure 5:1 - Dispensing patients as a proportion of registered GP population by health board (January 2026)

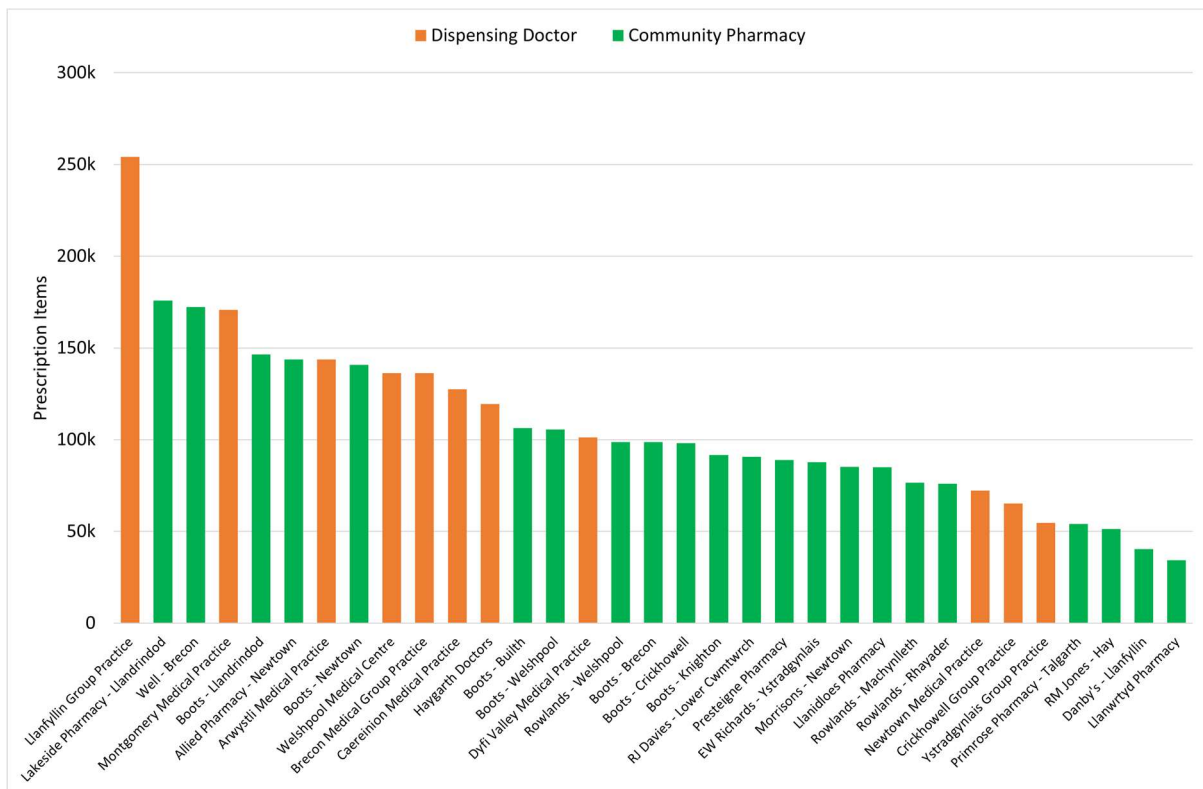


Figure 5:2 - Volume of prescriptions dispensed by community pharmacies and dispensing GP practices in Powys (2025)

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

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

5.3 Community Pharmacy Network

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

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

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

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

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

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

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

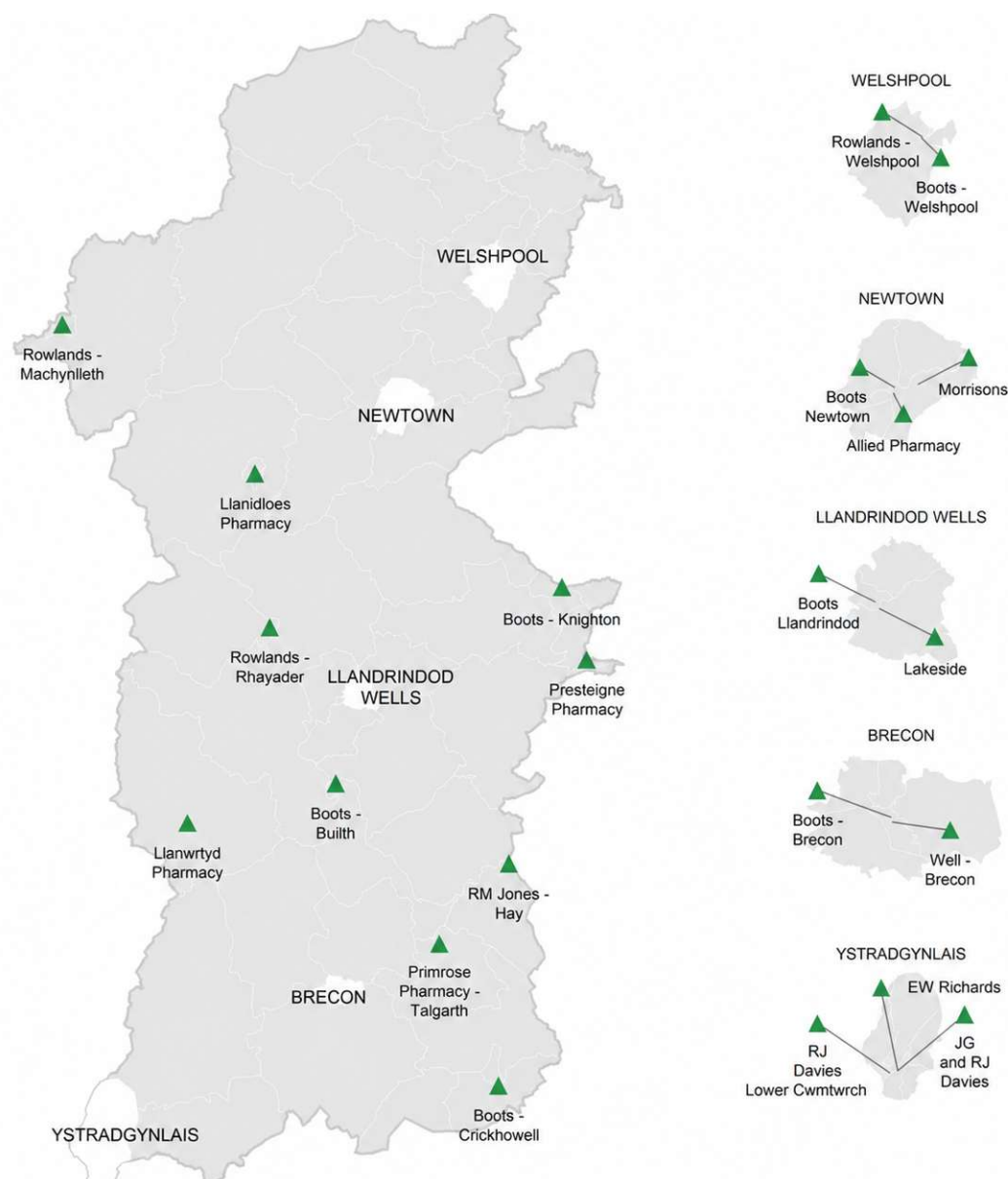


Figure 5:3 - Community Pharmacy locations across Powys

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

5.3.1 Community Pharmacy Dispensing Activity

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

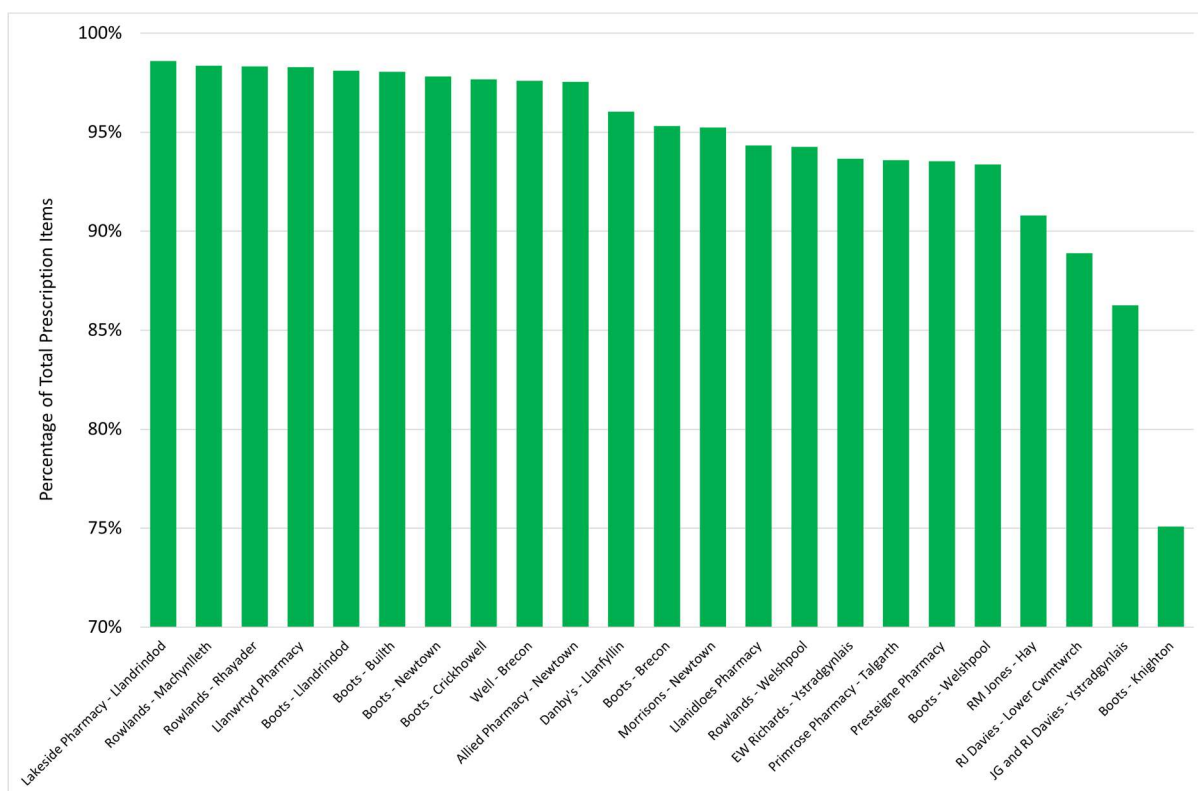


Figure 5:4 - Percentage of prescriptions dispensed that originated from Powys GP practices (2025)

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.

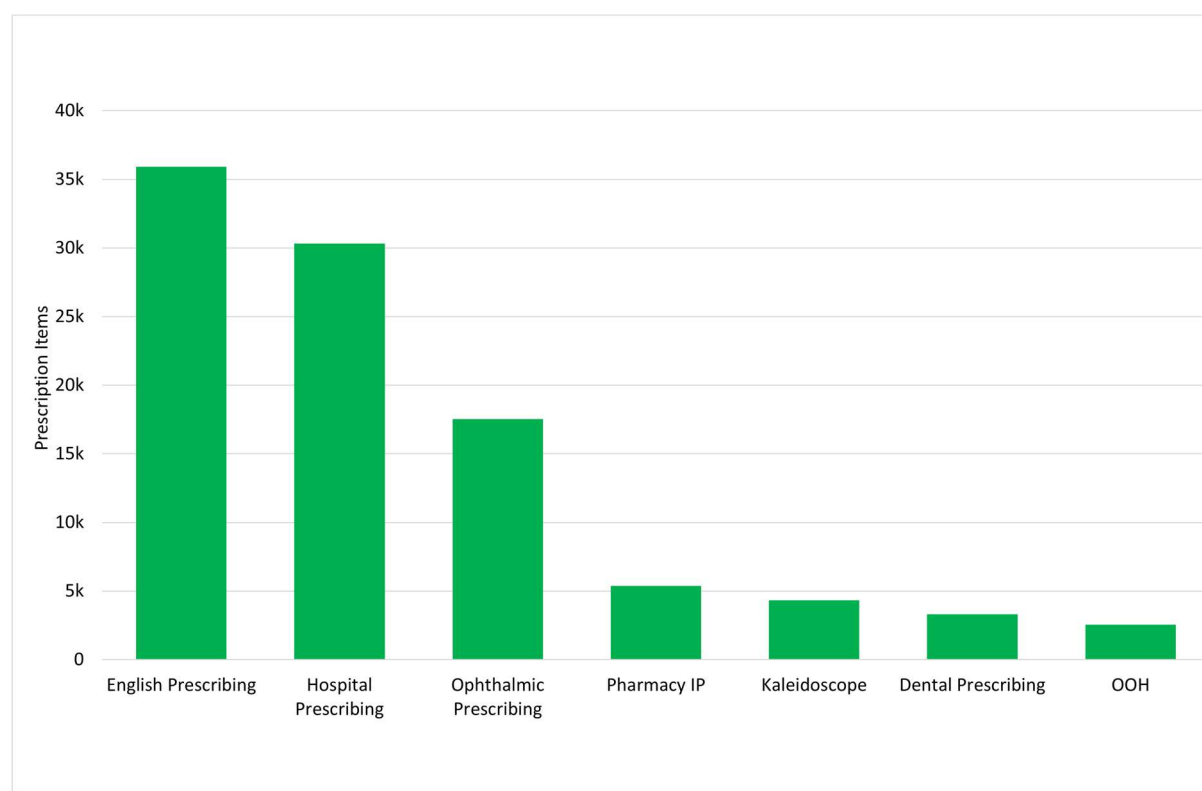


Figure 5:5 - Prescriptions from other providers dispensed in Powys community pharmacies (2025)

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

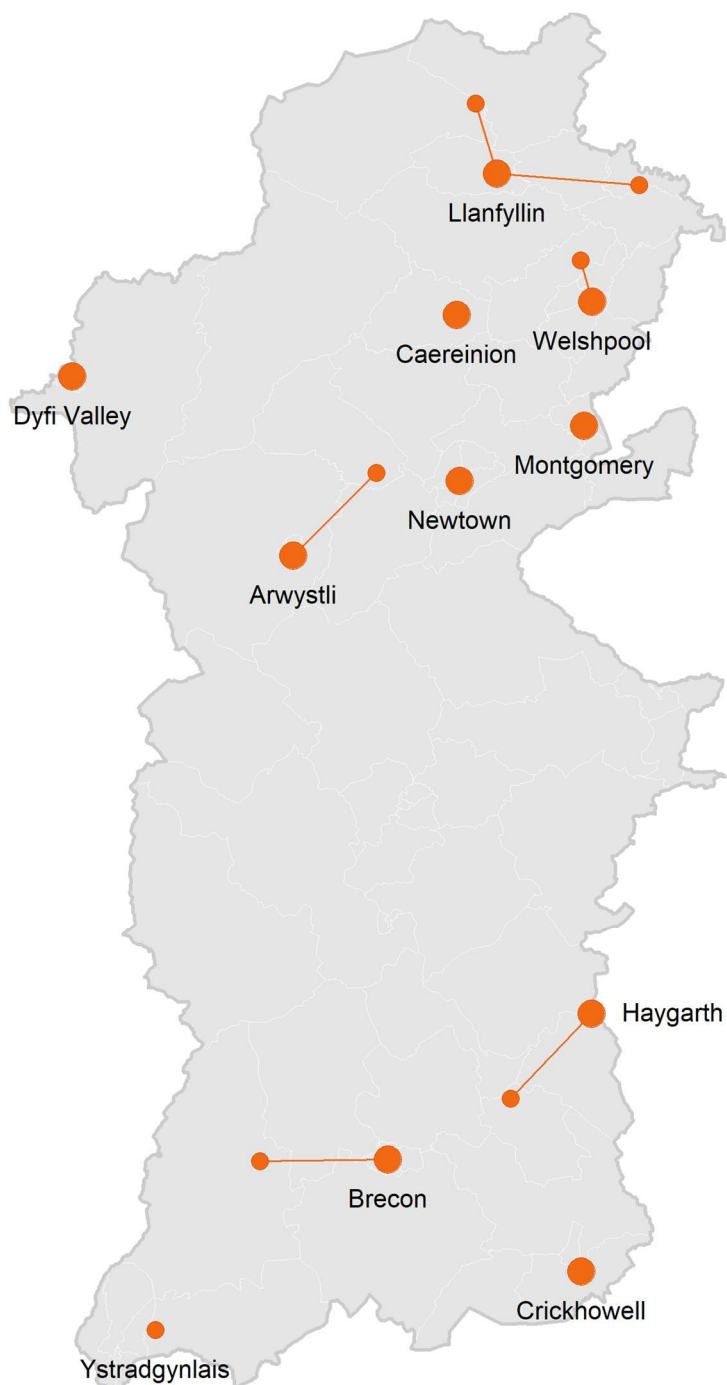
Patients who live within 1.6 kilometres of a community pharmacy may still be eligible where serious difficulty in obtaining pharmaceutical services can be demonstrated, taking account of factors such as geography, transport and practical access.

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.

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.



Large circles show main practices.
 Small circles show branch practices.
 Lines show branch--practice links.
 Non-dispensing practices/branches not shown.

Figure 5:6 - Dispensing GP practice locations across Powys

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**.

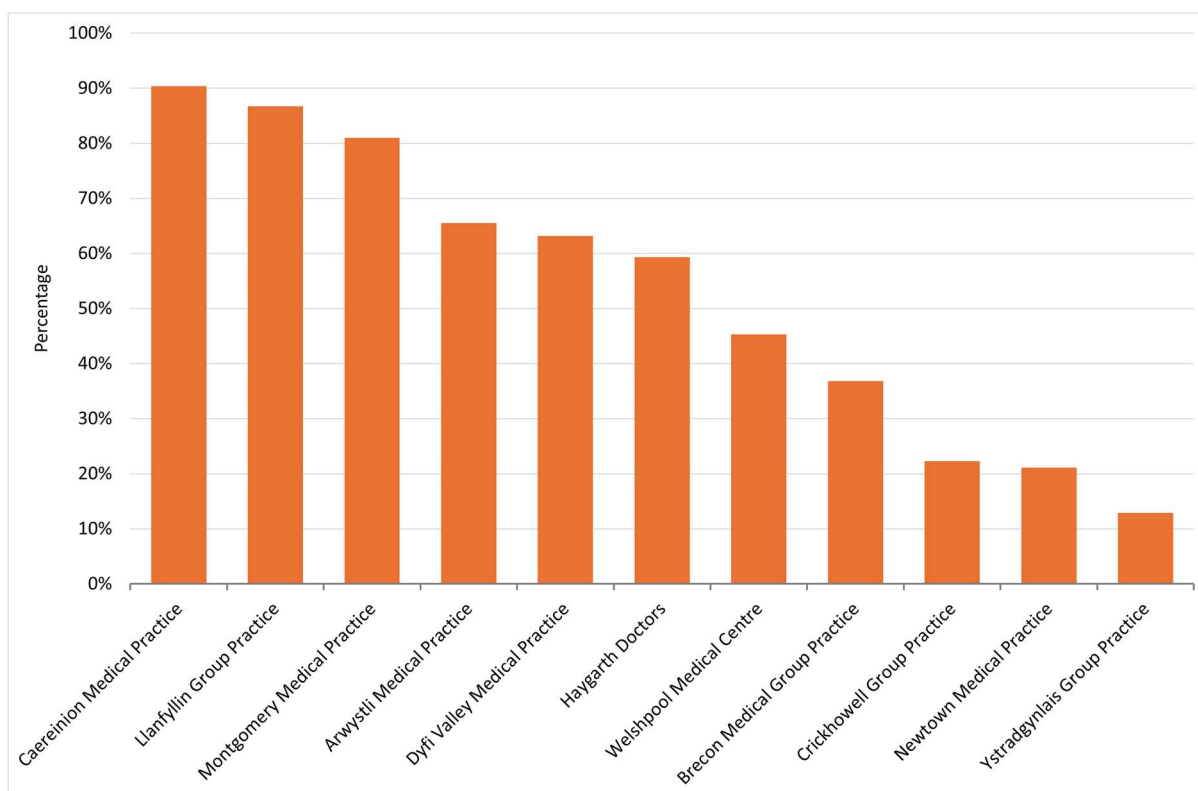


Figure 5:7 - Dispensing patients as a proportion of total registered practice population (2025)

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.

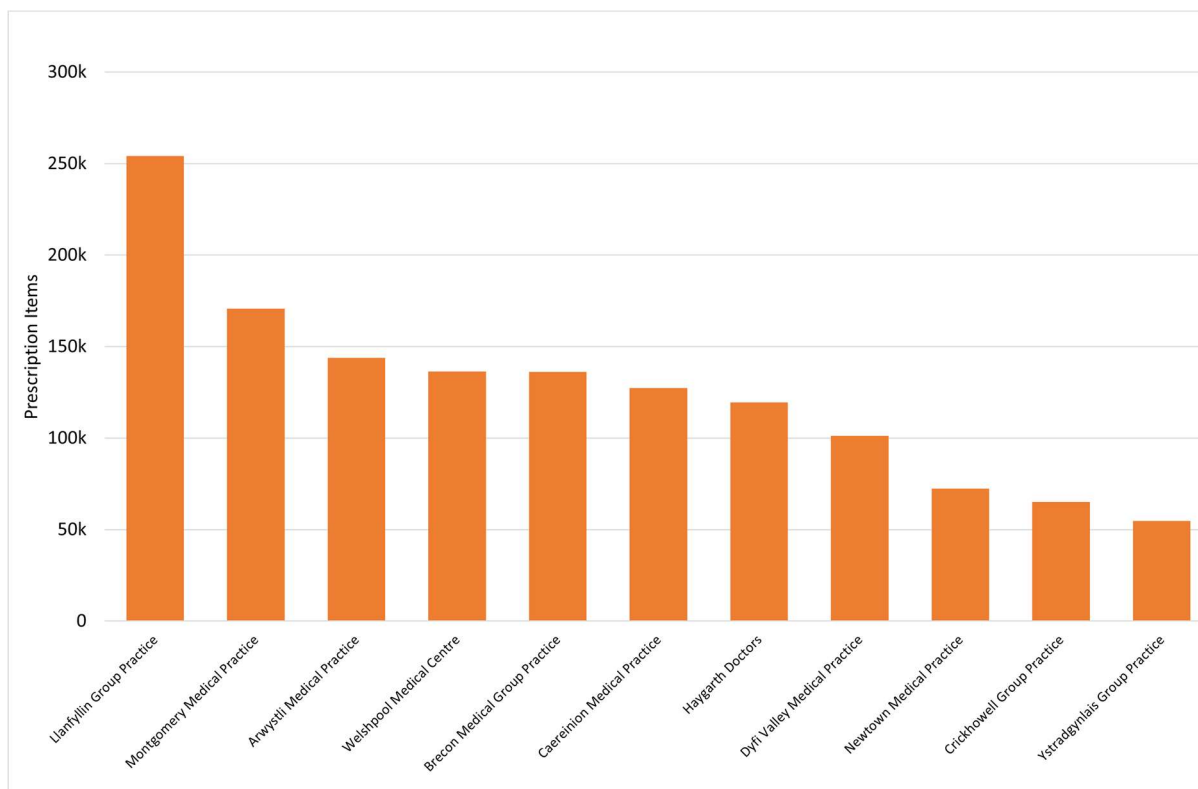


Figure 5:8 - Volume of prescriptions dispensed by GP practices in Powys (2025)

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.

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

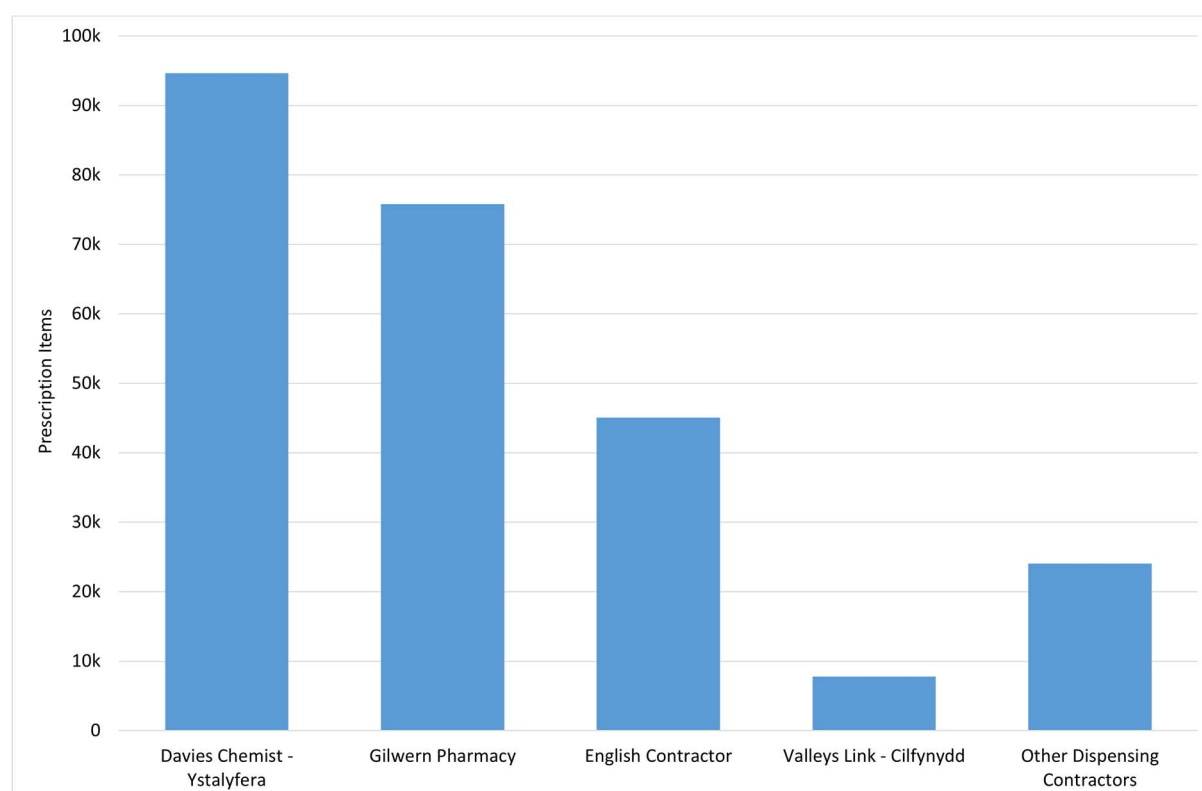


Figure 5:9 - Powys Prescriptions Dispensed by Out of Area Contractors

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.

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.

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
- 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 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.

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.

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.

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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.

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.

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**.

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.

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 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.

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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.

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.

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.

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.

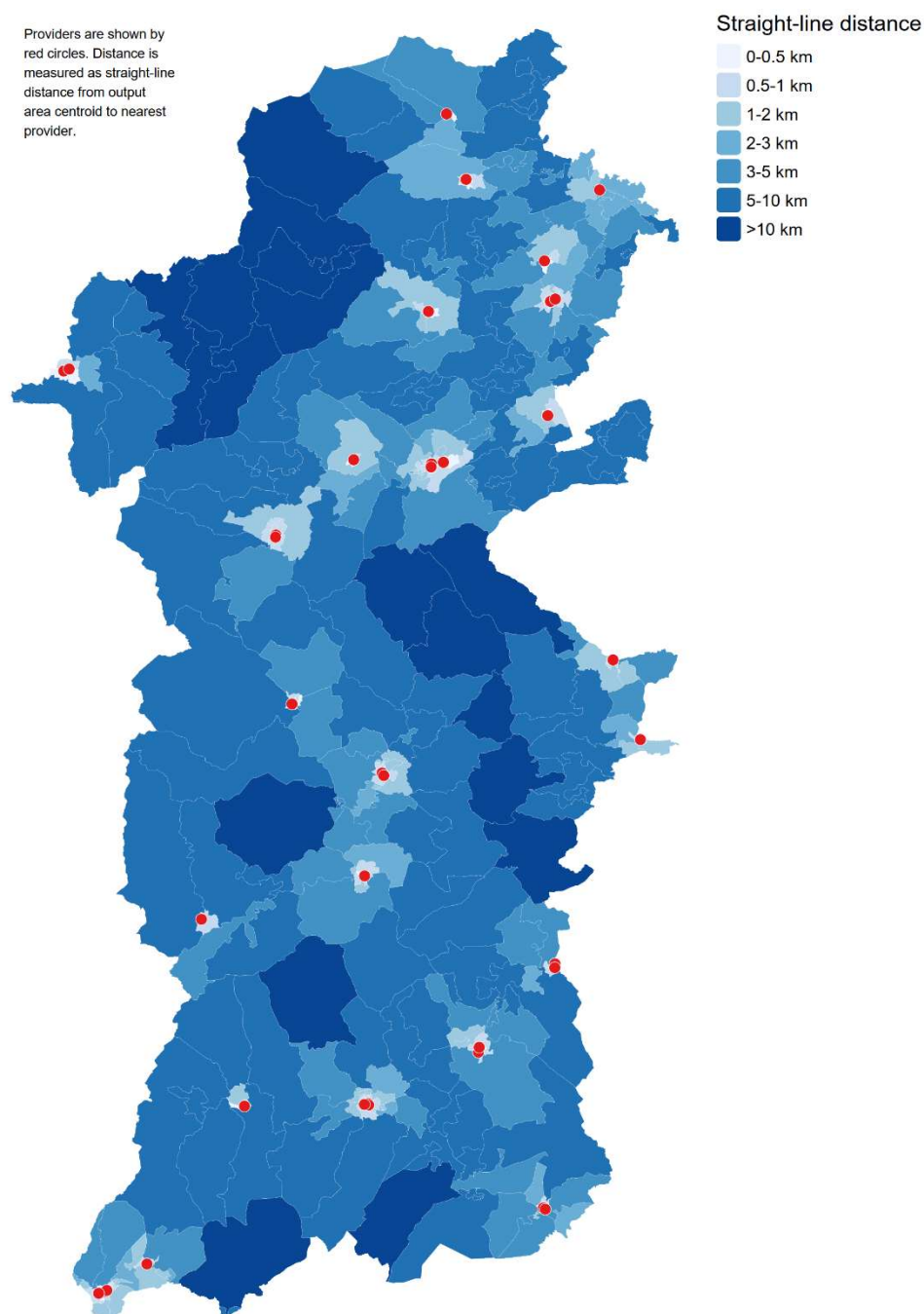


Figure 6:1 - Straight-line distance to nearest pharmaceutical service provider, Powys

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.

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

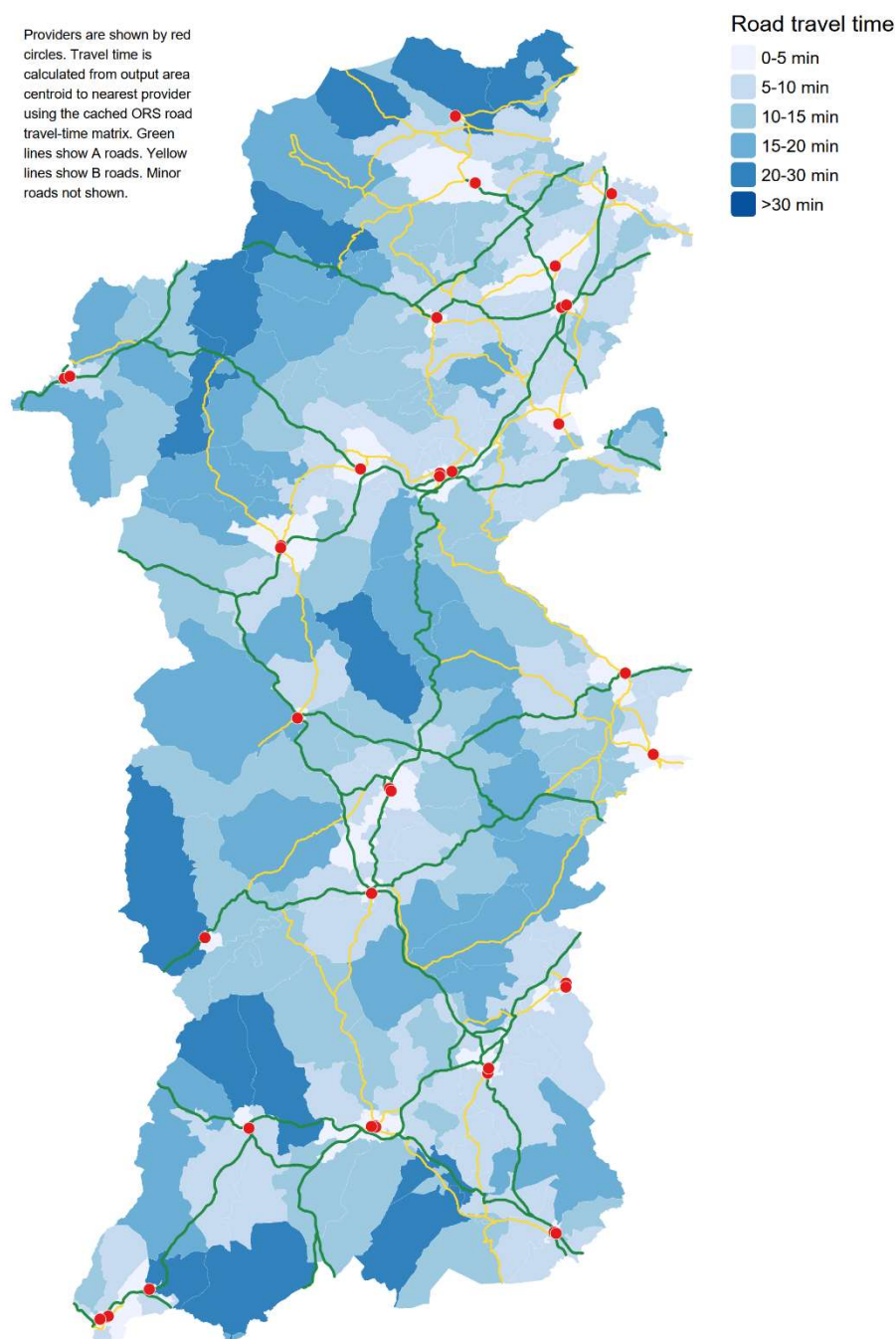


Figure 6:2 - Road Travel Time to Nearest Pharmaceutical Service Provider, Powys

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

The analysis also demonstrates that the principal road network extends the practical catchment areas of providers beyond the immediate settlements in which they are located. Much of the county falls within the 10–15 minute and 15–20 minute travel-time bands, reflecting the extent to which the main road network connects surrounding rural communities to established pharmaceutical service centres across Powys.

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

6.3.1 Influence of Providers Outside Powys

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

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

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

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

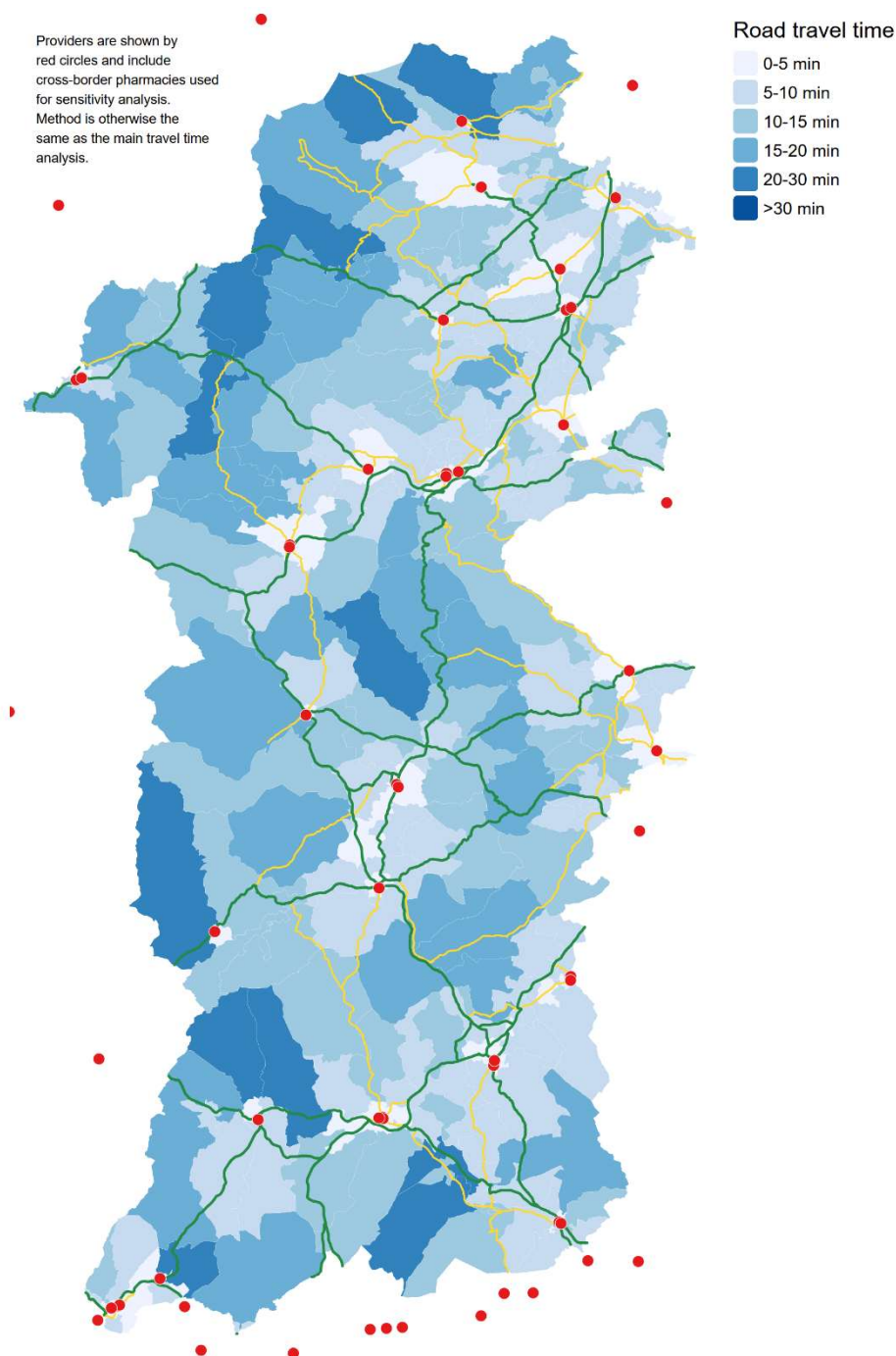


Figure 6:3 - Road Travel Time Including Neighbouring Pharmaceutical Service Providers

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

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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B4391 corridor towards Llangynog and includes a dispersed rural population distributed along the valley and surrounding rural road network.

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.

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

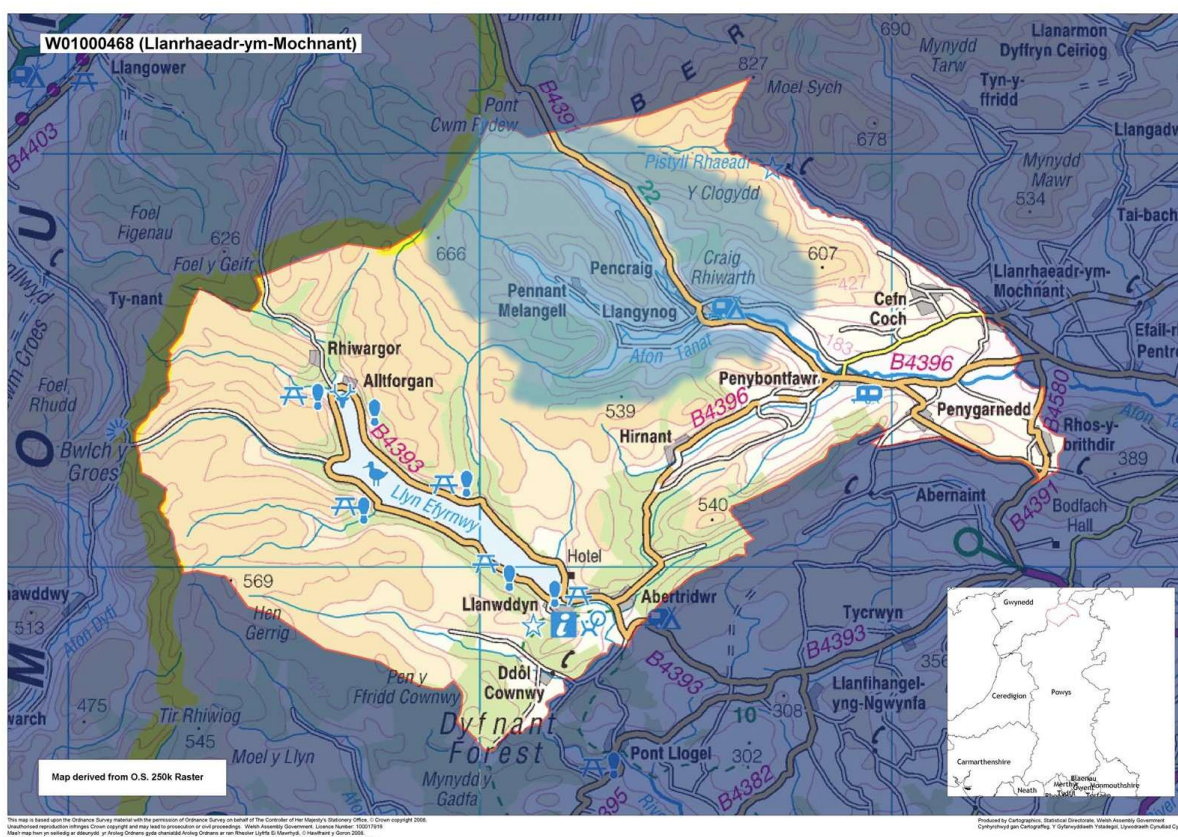


Figure 6:4 - W01000468 (Llanrhaeadr-ym-Mochnant)

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.

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

In practice, the settled population is more closely associated with the principal road network and settlements located towards the eastern and southern parts of the area, including around

Llansilin and the B4580 corridor, where practical access to the wider pharmaceutical services network remains stronger than may initially be suggested by the overall geography of the Output Area.

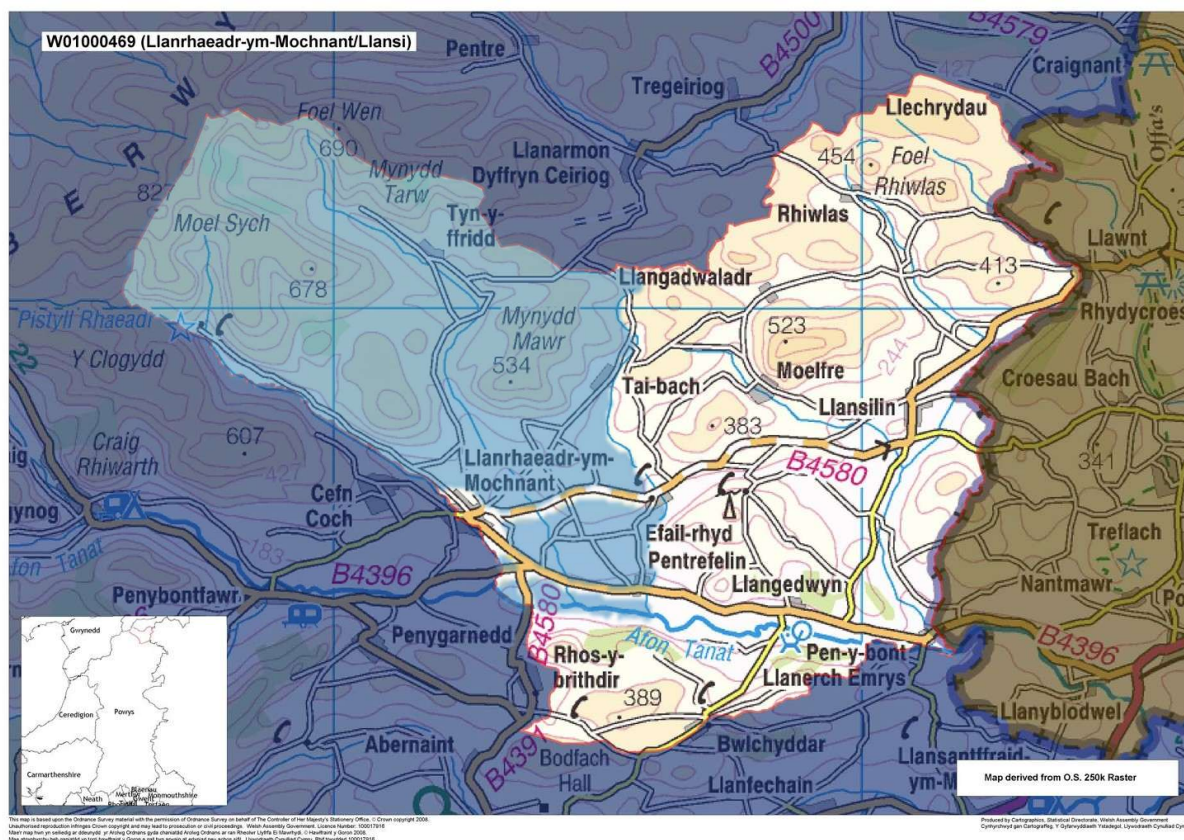


Figure 6:5 - W01000469 (Llanrhaeadr-ym-Mochnant/Llansilin)

6.3.2.2 Llanbrynmair

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

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

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.

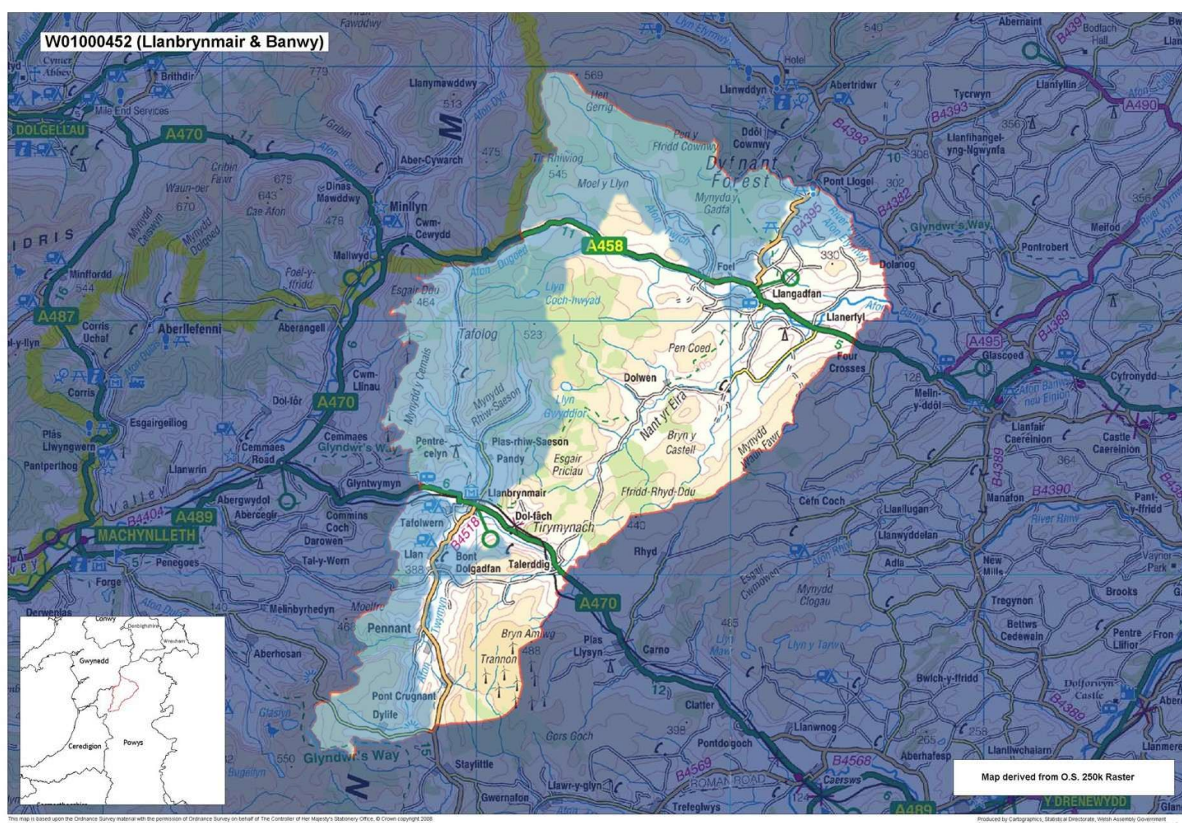


Figure 6:6 - W01000452 (Llanbrynmair)

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.

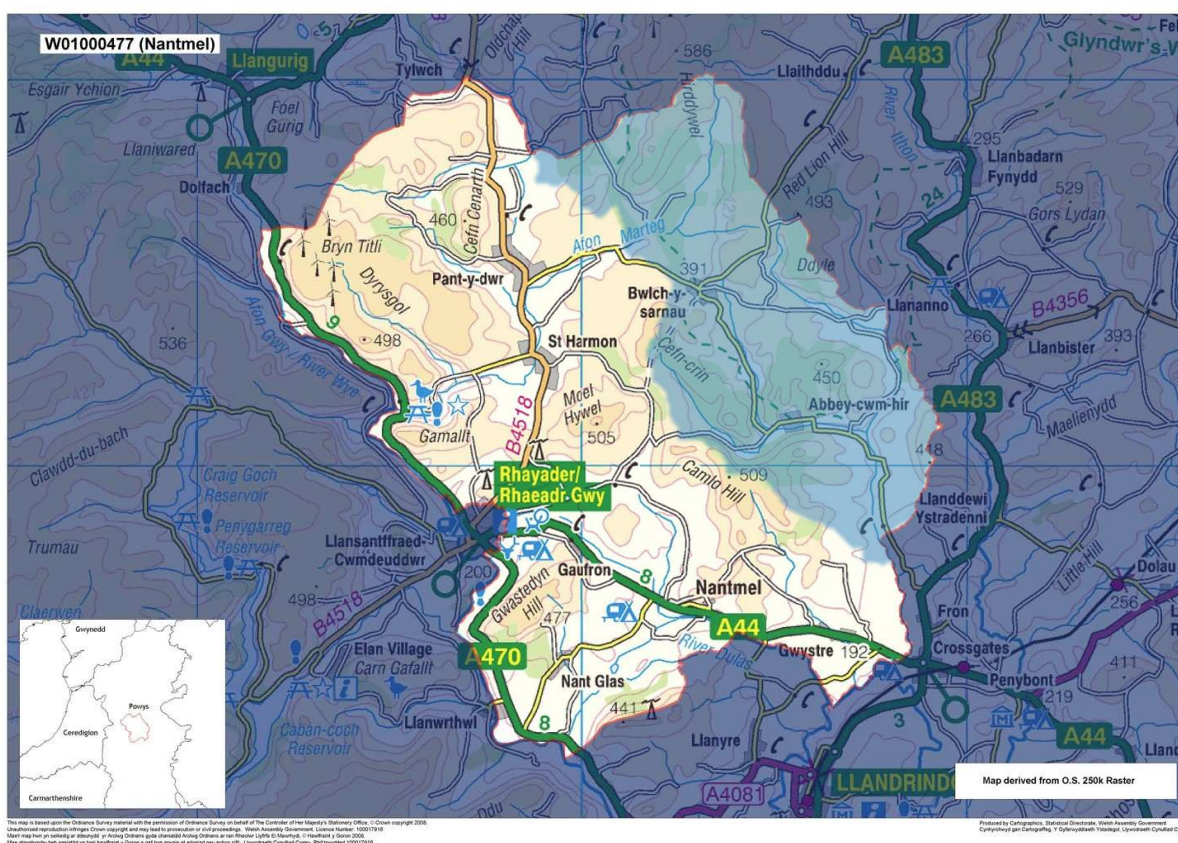


Figure 6:7 - W01000477 (Nantmel)

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.

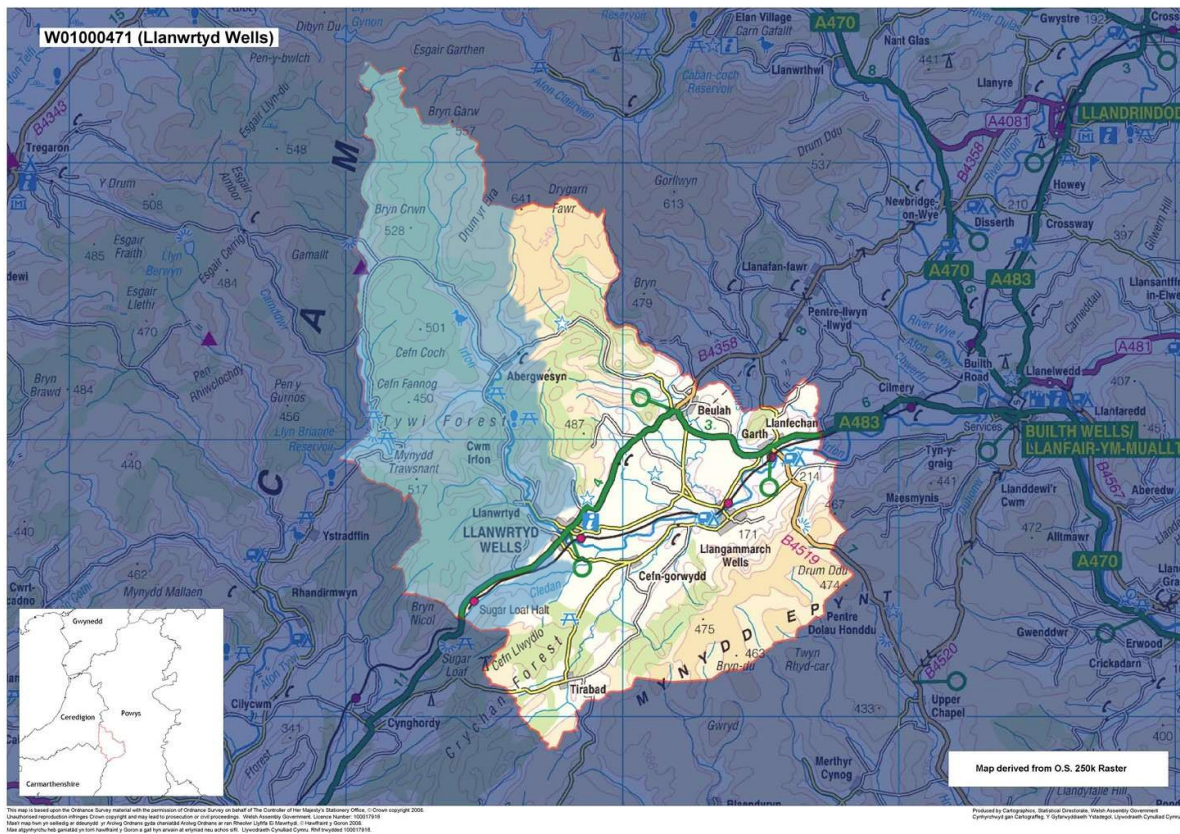
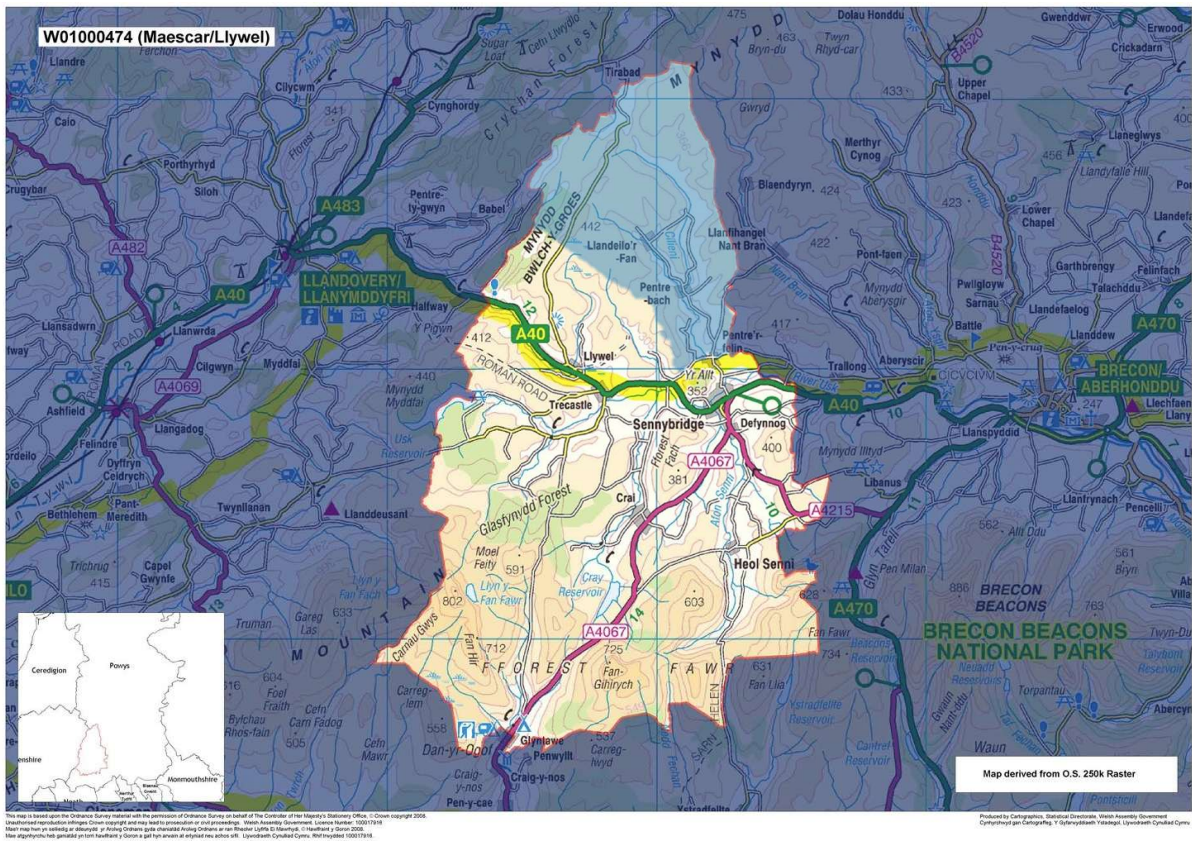


Figure 6:8 - W01000471 (Llanwrtyd Wells)

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.



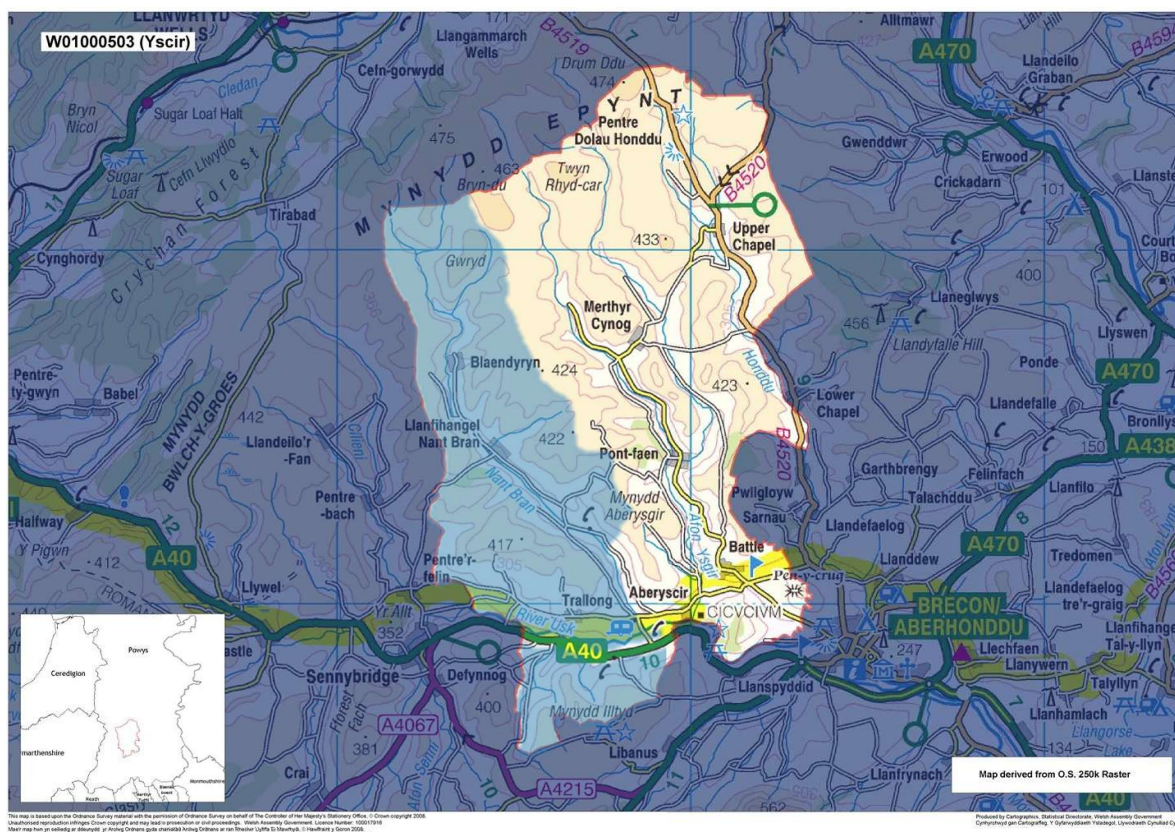


Figure 6:10 - W01000503 (Yscir)

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.

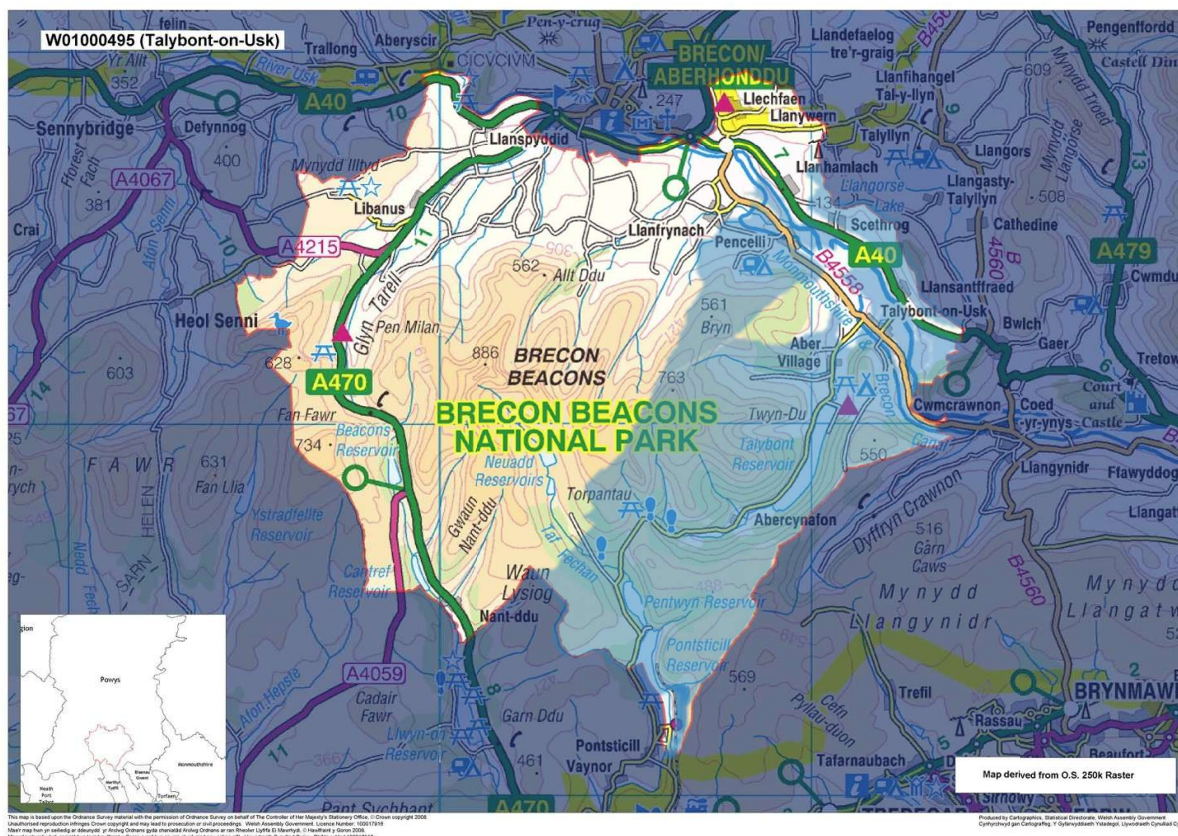


Figure 6:11 - W01000495 (Talybont-on-Usk)

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

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

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

6.3.2.7 Tawe Uchaf / Coelbren

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

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

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

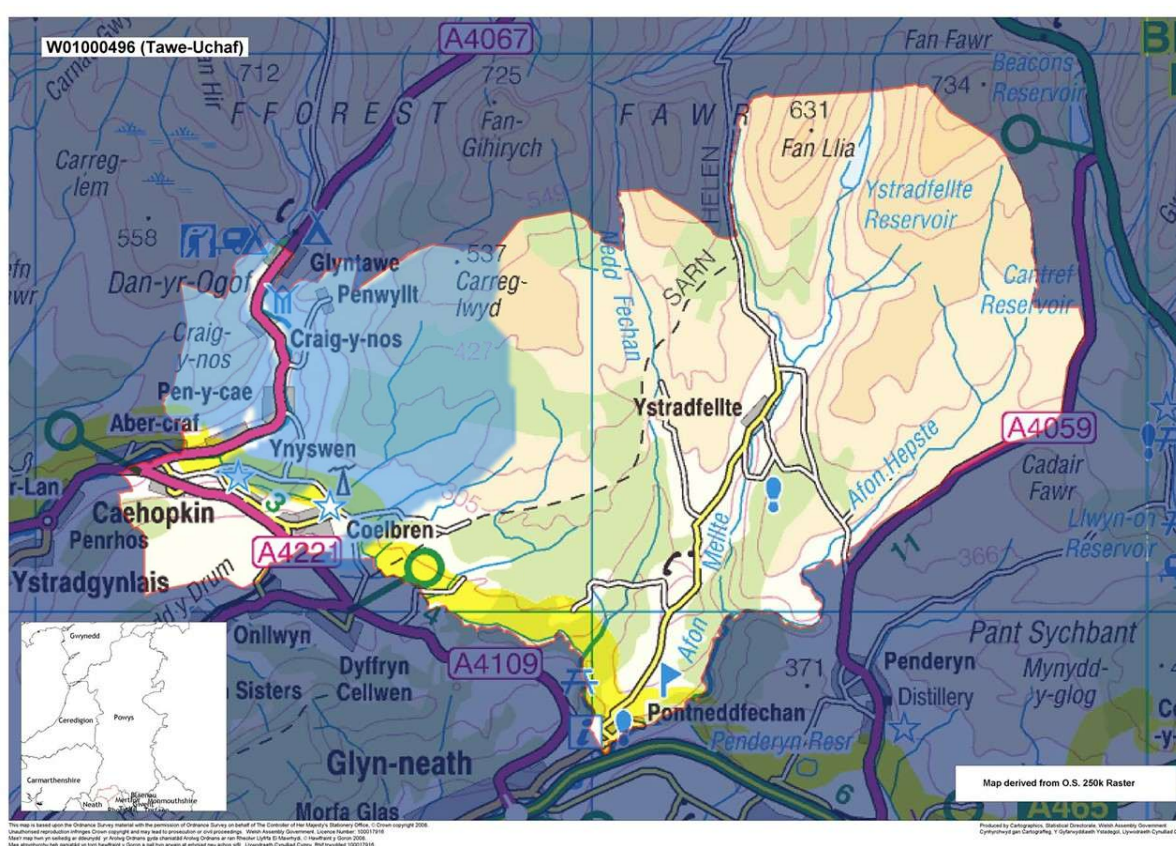


Figure 6:12 - W01000496 (Tawe-Uchaf)

6.3.2.8 Summary

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

- sparsely populated upland and rural geographies
- large Output Areas

- 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.

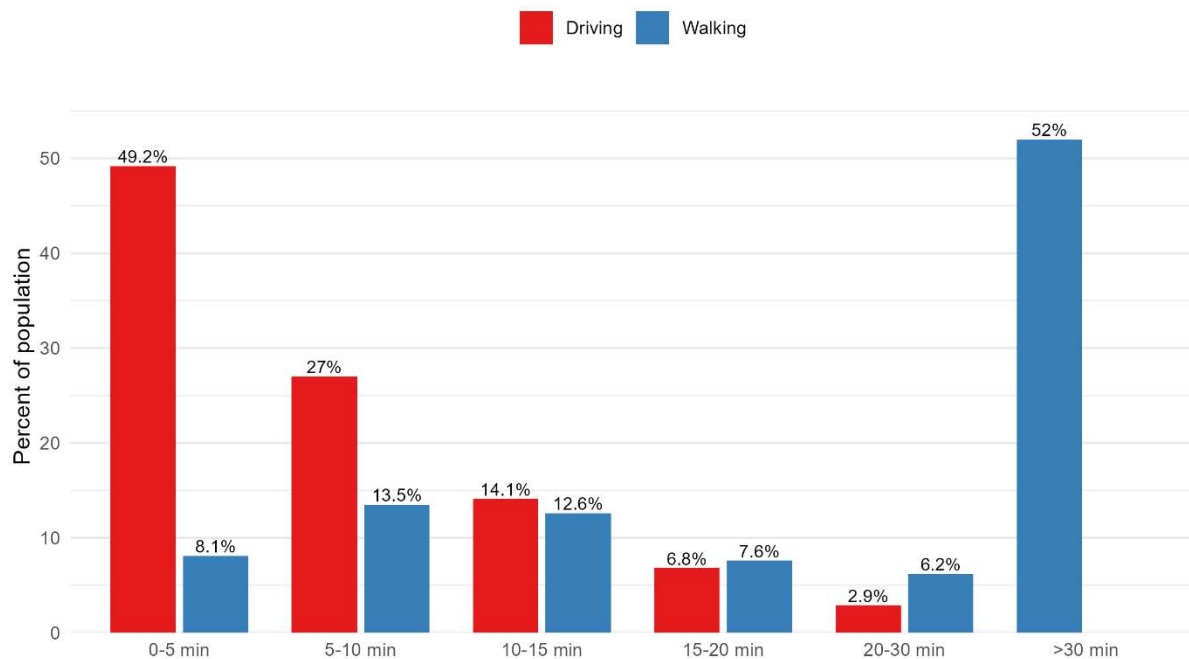


Figure 6:13 - Population Access to Nearest Pharmaceutical Service Provider by Travel Time (Driving and Walking), Powys

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.

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.

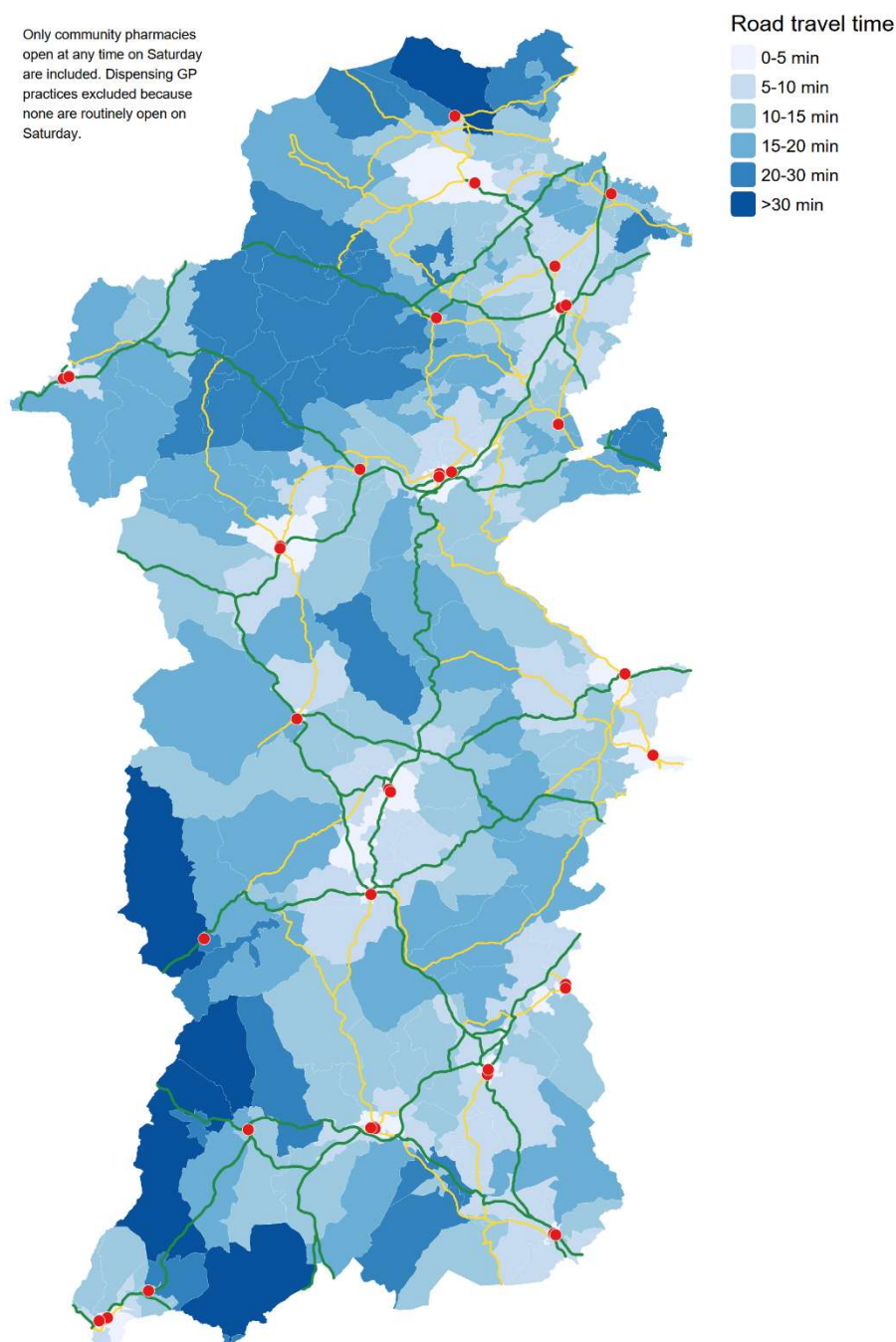


Figure 6:14 - Saturday Road Travel Time to Powys Pharmacies

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 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.

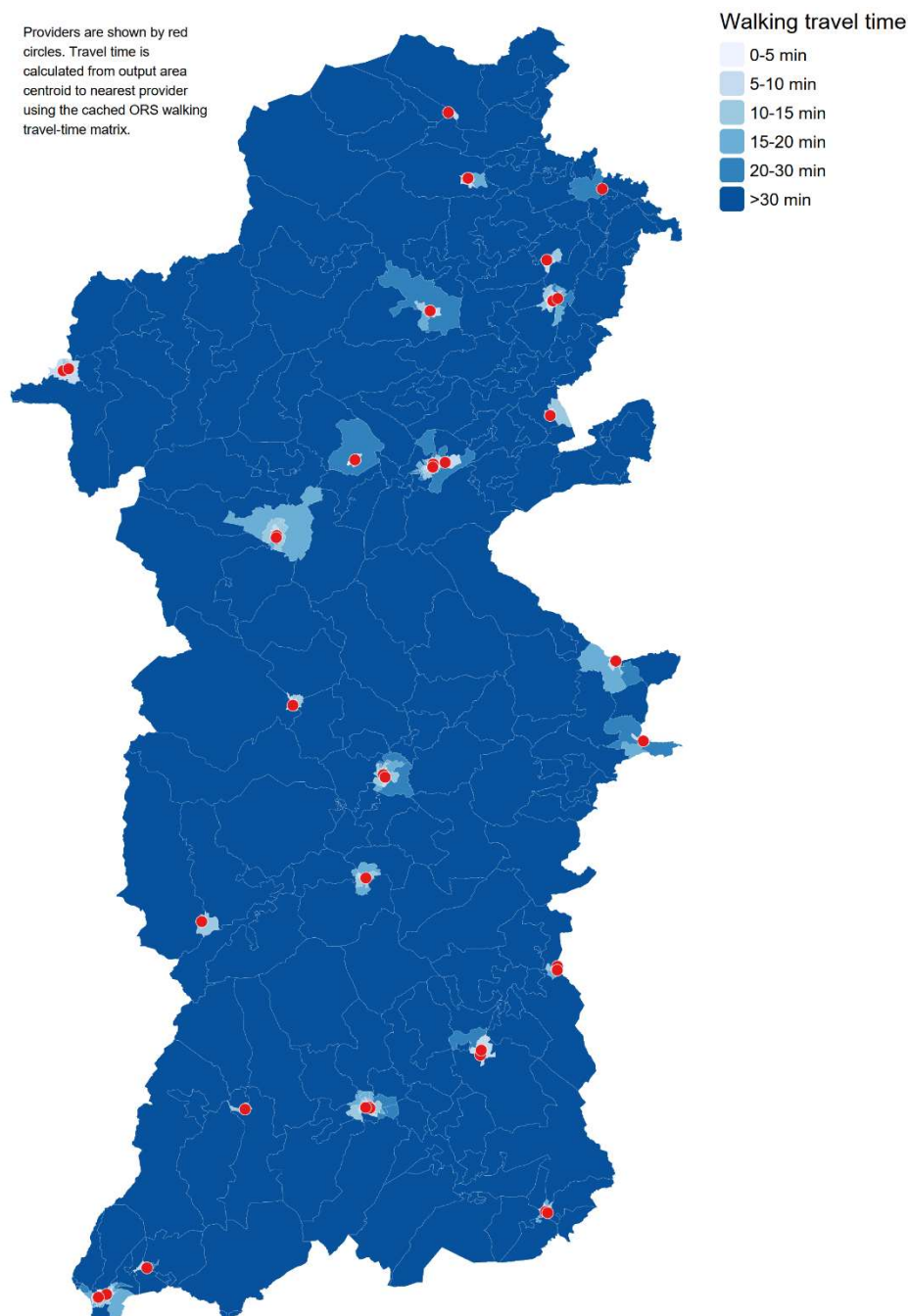


Figure 6:15 - Walking Travel Time to Nearest Pharmaceutical Service Provider, Powys

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. 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:

- 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

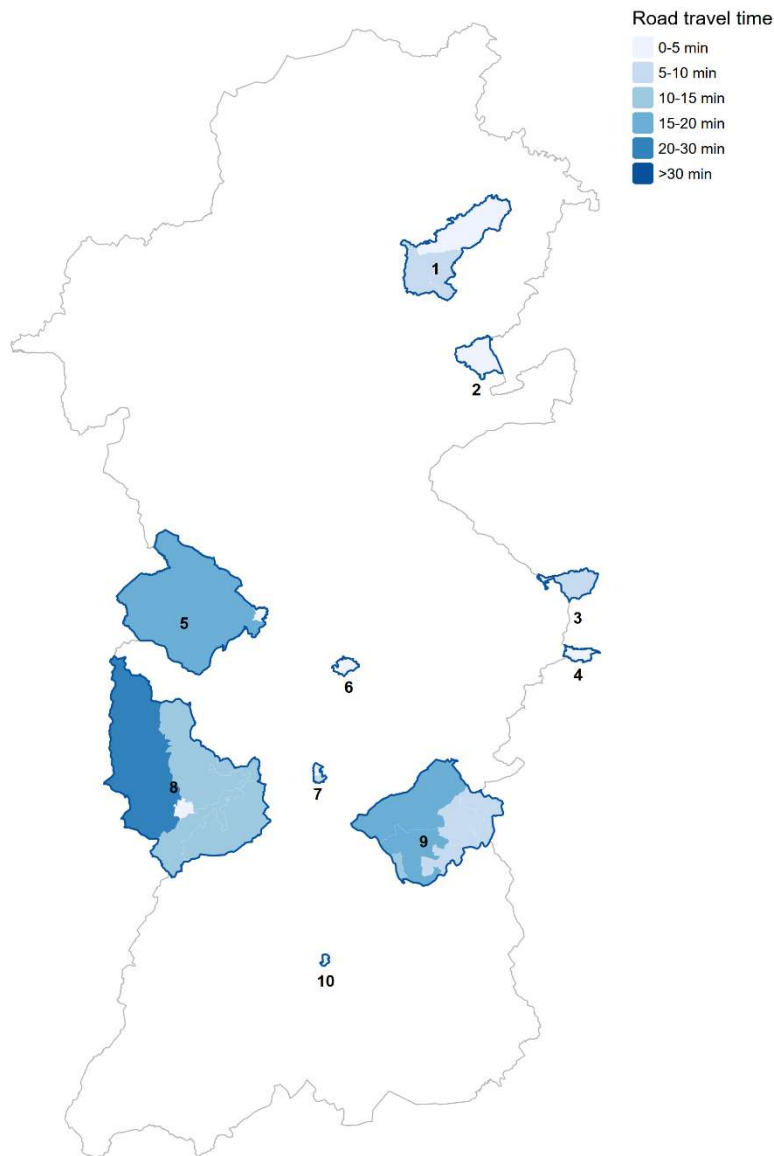


Figure 6:16 - Travel time to pharmaceutical services in LSOAs with one need modifier flag

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, 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

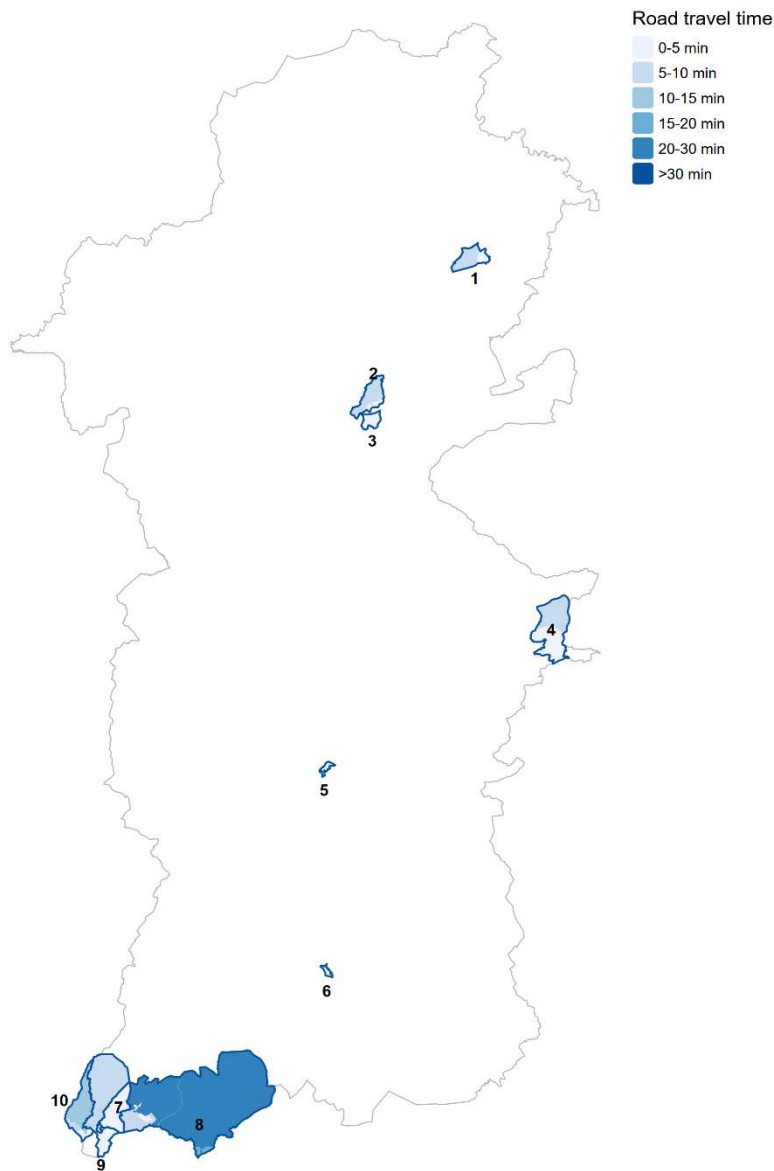


Figure 6:17 - Travel time to pharmaceutical services in LSOAs with two need modifier flags

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

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- 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:

- 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 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

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- 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:

- 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.

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:

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- 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
- 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 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.

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.

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 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 prejudge 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.

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.

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.

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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.

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.

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.