

Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

TUESDAY, 20 FEBRUARY 2018 AT 15:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

3 APOLOGIES

4 MINUTES AND MATTERS ARISING

To confirm the Minutes of the last meeting

5 CHAIR'S UPDATE

Chair of the Health & Wellbeing Board

6 HEALTH & WELLBEING BOARD MEMBERSHIP AND FREQUENCY OF MEETINGS

Report of Adrian Phillips

3 - 12

13 - 18

	7	<u>CARE QUALITY COMMISSION REVIEW</u>	Report of Corporate Director for Adult Social Care & Health
<u>19 - 36</u>	8	<u>BIRMINGHAM PLACE BASED PLAN - PRESENTATION</u>	Report of Corporate Director for Adult Social Care & Health
<u>37 - 80</u>	9	<u>PROPOSED BIRMINGHAM INTEGRATED HEALTH AND SOCIAL CARE MODEL FOR OLDER PEOPLE</u>	Report of Mark Lobban - Programme Director, Adult Social Care & Health
<u>81 - 94</u>	10	<u>MULTIPLE AND COMPLEX NEEDS - VIDEO</u>	Report of Dr. Adrian Phillips - Director of Public Health
<u>95 - 142</u>	11	<u>UPDATE ON BIRMINGHAM BETTER CARE FUND Q2 & Q3 AND CHANGES TO COMMISSIONING EXECUTIVE</u>	Report of Louise Collett and Karen Helliwell
<u>143 - 152</u>	12	<u>NHS BIRMINGHAM AND SOLIHULL CCG TRANSITION UPDATE - PRESENTATION</u>	Report of Director of Organisational Development and Partnerships, NHS Birmingham and Solihull CCG
<u>153 - 266</u>	13	<u>BIRMINGHAM PHARMACEUTICAL NEEDS ASSESSMENT 2018 - PRESENTATION</u>	Report of Birmingham Pharmaceutical Needs Assessment Steering Group
	14	<u>OTHER URGENT BUSINESS</u>	To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD 3 OCTOBER 2017

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 3 OCTOBER 2017 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair; Graeme Betts, Andy Cave, Dr Andrew Coward, Chief Inspector Karen Greasley, Andrew Harkness, Councillor Brigid Jones, Dr Adrian Phillips, Dr Gavin Ralston and Stephen Raybould.

ALSO PRESENT:-

Margaret Ashton-Gray, Head of City Finance, BCC
Wayne Harrison, Assistant Director of Public Health, BCC
Paul Jennings, Interim Chief Executive, Birmingham CrossCity, Birmingham
South Central and Solihull Clinical Commissioning Groups
Mike Walsh, Head of Service, Commissioning, BCC
Dr Dennis Wilkes, Assistant Director of Public Health, BCC
Paul Holden, Committee Services, BCC

APOLOGIES

204 Apologies were submitted on behalf of Councillor Lyn Collin, Jonathan Driffill, Professor Nick Harding, Chief Superintendent Chris Johnson, Tracy Taylor and Alison Tonge.

NOTICE OF RECORDING

205 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/ public may record and take photographs. The whole of the meeting would be filmed except where there were confidential or exempt items.

DECLARATIONS OF INTERESTS

206 In referring to agenda item No 6 (Minute No 209 refers), Stephen Raybould declared a non-pecuniary interest because Birmingham Voluntary Service Council's (BVSCs) was the Accountable Body for Birmingham Changing Futures Together which had a strategic and delivery function related to aspects of the Health and Wellbeing Strategy. The member also declared a pecuniary interest in relation to agenda item No 10 (Minute No 213 refers) as BVSC may

deliver activity resourced through the Birmingham Better Care Fund.

MINUTES

- 207 The Minutes of the Board meeting held on 4 July 2017 were confirmed and signed by the Chair.

Further to Minute No. 203, Dr Adrian Phillips reported that he had been in contact with the managers for the Birmingham and Solihull Sustainability and Transformation Plan and was continuing to press for a suitable date for an informal meeting with the members of this Board.

CHAIR'S UPDATE

- 208 The Chair highlighted that summer had been a very busy and eventful time at Birmingham City Council with the bin strike being very traumatic for the City's citizens - something for which she could not apologise enough. However, she pointed out that the Council was negotiating with the Unions through the Advisory, Conciliation and Arbitration Service to come to a satisfactory conclusion for all concerned. In referring to some other developments since the last meeting the Chair advised members that she had:-

- 1) Attended a meeting at the West Midlands Combined Authority where interesting topics were discussed around the wellbeing agenda and mental health that she considered would be important going forward.
- 2) Accompanied social workers from Lifford Lane during a number of their visits to residents' homes. The Chair placed on record her thanks to the social workers and residents for allowing her to be present.
- 3) Met with a number of partners including Paul Jennings, Interim Chief Executive of the Birmingham CrossCity, Birmingham South Central and Solihull Clinical Commissioning Groups.
- 4) Joined the Local Government Association Community Wellbeing Board as a full member.
- 5) Raised with Government Ministers the fact that Birmingham was set to lose monies from the Better Care Fund because its performance in respect of Delayed Transfers of Care had fell short of the national target. She pointed out that if Birmingham did not win the argument on this issue it would put the City in a very difficult position. It was indicated that members would receive an e-mail on this issue. The Chair also thanked the Clinical Commissioning Groups and other NHS colleagues for their support on the matter.

In concluding, the Chair reported that she would be going to Buckingham Palace on 10 October 2017 to meet Prince William, the Duchess of Cambridge and Prince Harry and receive a commendation for her work around mental health.

HEALTH AND WELLBEING STRATEGY UPDATE

The following report was submitted:-

(See document No. 1)

Stephen Raybould declared a non-pecuniary interest in relation to this agenda item (see Minute No 206).

Dr Adrian Phillips, Director of Public Health and Wayne Harrison, Assistant Director of Public Health introduced the information contained in the report.

The following were amongst the issues raised and responses to questions:-

- 1) In relation to improving the wellbeing of people with Multiple Complex Needs, Stephen Raybould considered that there was an opportunity for Birmingham Changing Futures Together to provide leadership in terms of driving matters forward at a Birmingham level. The member also suggested a movement from crisis intervention to maintenance / stability amongst that client group as a possible early indicator of progress.
- 2) Dr Andrew Coward referred to the health benefits of active means of transport and mentioned a study carried out by the University of Glasgow which showed a 50 per cent reduction in cancer and vascular disease amongst people who cycled to work.
- 3) Further to 2) above, the Board was informed that there was a need not only for a shift from driving diesel and petrol vehicles to electric powered ones but also a move from using cars to more active means of transport for air quality in Birmingham to improve to a satisfactory level. It was highlighted that active transport was win-win owing to the increase in physical activity and also cleaner air.
- 4) The Director of Public Health reported that the Council was drawing up a policy aimed at improving the air quality in Birmingham and that what more stakeholders / partners could do to help on the issue would be covered in the document. He highlighted that the policy was being developed on the back of a Scrutiny report, 'The Impact of Poor Air Quality on Health' submitted to City Council in September 2017 and considered that it would be useful if that report was circulated to members.
- 5) It was pointed out by the Director of Public Health that in terms of causes of early deaths in Birmingham only tobacco (about 1,450) was worse than air pollution (up to 900). Furthermore, he reported that it was estimated that outside peak travel times about a quarter of all traffic in cities was health and social care related.
- 6) The Director of Public Health highlighted that power generation from renewable energy (e.g. wind, solar) was becoming more competitive and that the stage may be reached where it was more economical to use non-hydrocarbon sources for most of the country's electric power.
- 7) Councillor Brigid Jones referred to the unpleasant conditions (e.g. food waste / odours, insufficient heating in the winter) that she often experienced as a daily bus user. She felt that until this was satisfactorily addressed by the bus companies there would not be any massive shift to using public transport. Councillor Brigid Jones also made reference to

sites such as the University of Birmingham and Queen Elizabeth Hospital that bordered the Ward that she represented. The member highlighted that she did not believe that it was possible in the main for employees on lower salaries to be able to afford to live within an active travel distance of the locations. Consequently, the member considered that until the housing supply / cost issues at these and other sites where house prices were inflated (e.g. locations along the Cross-City railway line) were addressed the shift hoped for in terms of how people travelled in such areas would not happen.

- 8) Further to 7) above, the Director of Public Health commented that the safety of passengers on buses particularly children and the elderly was also a big issue. He reported that bus companies were making efforts to improve the image and quality of services and cited the National Express West Midlands Platinum bus service as an example. It was pointed out that there was also a report scheduled to go to Birmingham City Council's Cabinet on a pilot scheme for some hydrogen fuelled buses. However, he considered that bus travel was not cheap and indicated that most of the increased usage of public transport was journeys by metro and rail. Moreover, the Director highlighted that unlike places like Oxford, Birmingham did not have well-developed park and ride services.

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RESOLVED:-

- (a) That the developments related to the Strategy be noted;
- (b) that members report on how the Strategy relates to their organisational objectives;
- (c) that specific leadership be provided by members to individual objectives.

USING THE IMPACT OF CHILDHOOD ADVERSE EXPERIENCES TO IMPROVE THE HEALTH AND WELLBEING OF BIRMINGHAM PEOPLE

The following report was submitted:-

(See document No. 2)

Dr Dennis Wilkes, Assistant Director of Public Health, BCC presented the following PowerPoint slides circulated with the agenda papers:-

(See document No. 3)

The following were amongst the issues raised and responses to questions:-

- 1) Dr Andrew Coward congratulated the Assistant Director of Public Health on the work that he had carried out and referred to the tremendous opportunity that existed. He therefore proposed that representatives of the Birmingham Safeguarding Adults and Children's Boards, the Birmingham Community Safety Partnership and this Board meet to discuss what the strategic priorities should be coming out of the work taking place to ensure there was alignment across the City.

- 2) Stephen Raybould considered that there was a big challenge for the City around how activity should be constructed and commissioned. The member pointed out that at present there was a lot of focus on short term gains but that a good deal of the work covered in the papers received was concerned with having an impact over very long periods of time which was very difficult to evaluate. He was therefore pleased that the need for evaluation had been identified amongst the PowerPoint slides.
- 3) Chief Inspector Karen Greasley stressed that the Board had the full support of the Birmingham Community Safety Partnership which she considered had a big part to play in the work going forward.
- 4) The Assistant Director of Public Health reported on the added-value of the work taking place in terms joining-up thinking, providing a common purpose / focus and aligning different areas of activity e.g. Think Family, Early Help and Family Support.
- 5) Dr Gavin Ralston welcomed that no universal screening process was proposed and believed that the issue of childhood adverse experiences should be raised in a holistic manner in a trusted therapeutic relationship. Furthermore, he felt that it would be useful to highlight to clinicians the potential effects of childhood adverse experiences on a person's life and behaviour.
- 6) Andrew Harness referred to a substantial amount of work that Public Health Wales had been doing on childhood adverse experiences and enquired whether it would be possible to utilise their learning on the subject matter and work collaboratively with the organisation.
- 7) Further to 5) and 6) above, the Assistant Director of Public Health indicated that Birmingham had taken on some of the learning by Public Health Wales but considered that in the end it was a journey that the City would have to take itself. He also reinforced the benefits to be gained through opening up discussion in a trusted relationship, not so people relived them and were driven by the past, but to build a new future. The Assistant Director also referred to the importance of Birmingham Changing Futures Together in this area of work.
- 8) The Assistant Director of Public Health confirmed that the Birmingham Domestic Abuse Prevention Strategy was being taken on board and highlighted that the Birmingham Freedom Project would have an important part to play in work going forward.
- 9) The Director of Public Health pointed out that as research around childhood adverse experiences was moving forward at a rapid pace, developments needed to be monitored very closely. However, he underlined that untangling a person's brain so that it was less stressed and able to make the right connections could not be achieved simply by taking medication, unlike with a number of medical conditions. Furthermore, he referred to the need to identify how to make children and adults more resilient and better able to withstand adverse experiences as there were some in life that just could not be avoided. Mention was also made of excellent violence prevention work that was taking place at Washwood Heath Academy using peer mentoring and he emphasised the importance of properly dealing with the issue of childhood adverse experiences to break the intergenerational cycle that could run through families.

The Chair put the recommendations and the proposal in paragraph No. 1) to the meeting and it was:-

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RESOLVED:-

- (a) That this Board should broker the strategic drive for Primary Preventative effort;
- (b) that the Early Help and Safeguarding Partnership should:-
 - (i) Use the evidence to establish a common cultural understanding of the impact of adverse experiences in childhood, especially in schools, and nurture locality multi-agent learning to embed it;
 - (ii) broker an action learning set of specialist services to identify the opportunities and benefits of using Routine Enquiry of adverse experiences in childhood in their client groups;
 - (iii) align its outcome work stream to take account of the impact of the preventative focus and its implications;
- (c) that arrangements be made for representatives of this Board, the Birmingham Safeguarding Adults and Children's Boards and the Birmingham Community Safety Partnership to meet to discuss what the strategic priorities should be coming out of the work taking place to ensure there was alignment across the City.

DRAFT BIRMINGHAM HOMELESSNESS PREVENTION STRATEGY 2017+

The following report was submitted:-

(See document No. 4)

Mike Walsh, Head of Service, Commissioning, BCC introduced the agenda item and particularly drew members' attention to the five elements of The Positive Pathway Model outlined on pages 11-16 of the draft Strategy. He highlighted that the multi-agency and cross sector Homelessness Positive Programme Pathway Board was currently working on the development of an implementation plan.

The following were amongst the issues raised and responses to questions:-

- 1) The Chair considered that it was an excellent draft Strategy and asked that her comments be conveyed to its authors and the Homelessness Positive Programme Pathway Board by the Head of Service. She believed that a real difference could be made if partners worked together in the way proposed in the paper. She considered that the expectations would be difficult to achieve but nevertheless felt that there was a need to aim high.
- 2) The Head of Service reported that it would be part of the work of the Task and Finish Groups under the Homelessness Positive Programme Pathway Board to engage with people who had experienced

homelessness. Furthermore, he highlighted that although The Positive Pathway Model had first been developed by St Basil's in respect of young people at risk the Draft Strategy had also been informed by the Birmingham Homelessness Review and Council Scrutiny Inquiries.

- 3) Councillor Brigid Jones commented that she believed it was a great draft Strategy and particularly welcomed the upstream work many years before an individual might otherwise reach a crisis point.
- 4) Dr Gavin Ralston highlighted that anyone including people from well-off backgrounds could end up homeless by taking the wrong steps in life.

The Chair thanked the Head of Service for reporting to the meeting.

211

RESOLVED:-

That the development of the draft Birmingham Homelessness Prevention Strategy 2017+ and how it relates to the priorities and ambitions in the Health and Wellbeing Strategy be noted.

BIRMINGHAM CITY COUNCIL'S VISION AND STRATEGY FOR ADULT SOCIAL CARE SERVICES

The following report was submitted:-

(See document No. 5)

Graeme Betts, Interim Corporate Director, Adult Social Care and Health, BCC introduced the information contained in the report and confirmed that the Birmingham City Council's Cabinet had earlier in the day approved the Vision and Strategy. However, he pointed out that it was the next implementation phase that was especially important and reported that he would be bringing forward further strategies and plans that would include a community asset based approach.

The following were amongst the issues raised and responses to questions:-

- 1) Stephen Raybould advised members that the Vision and Strategy for Adult Social Care Services had been very well received by the Third Sector and highlighted that the comment had been made that it was the most coherent one presented to the Third Sector.
- 2) Andy Cave underlined the importance of co-production and highlighted that Healthwatch Birmingham could offer support in this regard.
- 3) In reiterating the importance of the implementation phase, the Interim Corporate Director thanked the members for their comments. He underlined that they were committed to engaging with residents and organisations.
- 4) Dr Andrew Coward expressed his support for the Vision and Strategy and reported that he had previously been involved with Andy Cave on a Healthy Villages project founded on similar principles. He highlighted that one of the features that had become apparent from the project was that

when people received help they wanted to give back into the system - resulting in a wonderful cumulative effect within communities.

- 5) The Chair highlighted that she was delighted with the Vision and Strategy and that so many people were excited with the proposed way forward. Furthermore, she welcomed what the Third Sector and others were saying because the Council would not be able to implement the Vision and Strategy without the help and support of its partners as it did not have the resources or sufficient staffing to meet service users' needs alone.

The Chair thanked the Interim Corporate Director for reporting to the meeting.

212

RESOLVED:-

That the Vision and Strategy for Adult Social Care Services be noted and supported.

BIRMINGHAM BETTER CARE FUND PLAN 2017/18/19

The following report was submitted:-

(See document No.6)

Stephen Raybould declared a pecuniary interest and did not take part in consideration or determination of this agenda item (See Minute No 206).

Mike Walsh, Head of Service, Commissioning, BCC introduced the information contained in the report and Margaret Ashton-Gray, Head of City Finance, BCC commented on the financial elements.

In also briefly referring to the BCF plan, Graeme Betts, Interim Corporate Director, Adult Social Care and Health, BCC highlighted that feedback on the document had been positive.

The Chair thanked the officers for reporting to the meeting.

213

RESOLVED:-

That the narrative plan and planning template be approved.

CARE QUALITY COMMISSION: REVIEW OF SOCIAL CARE AND HEALTH SYSTEM

The following report was submitted:-

(See document No.7)

Graeme Betts, Interim Corporate Director, Adult Social Care and Health, BCC introduced the information contained in the report.

Following brief comments from the Chair who highlighted that the Local Government Association had also offered assistance, it was:-

214

RESOLVED:-

- (a) That the contents of the report and the intention to provide a progress report to the Health and Wellbeing Operations Group in November be noted;
- (b) that this Board agrees to promote the Care Quality Commission Review across the Adult Social Care and Health System.

SUSTAINABILITY AND TRANSFORMATION PLAN (STP) – SYSTEM CHANGES UPDATE

215

Members were informed that the leaders on the STP had been asked to attend the July and now this meeting but unfortunately it had not been possible to secure any representation. The Chair highlighted that she hoped that the position would change because she would be expected to give a full report and account of the engagement that had been taking place on the STP to City Council. Furthermore, the Chair highlighted that she'd been informed that Paul Jennings would give an oral update but considered this to be unacceptable. It was pointed out that as Interim Chief Executive of Birmingham CrossCity, Birmingham South Central and Solihull Clinical Commissioning Groups, Paul Jennings was on the commissioning side. The Chair advised members that she was unhappy with the current position particularly as it had previously been indicated that engagement with partners on the STP would be taking place this week. The Chair highlighted that while beginning to have some concerns she remained positive and pointed out that the only way forward was to work jointly together.

CLINICAL COMMISSIONING GROUPS – CHANGES UPDATE

216

Paul Jennings, Interim Chief Executive, Birmingham CrossCity, Birmingham South Central and Solihull Clinical Commissioning Groups (CCGs) reported that a lot of work had been taking place on bringing the three organisations together as one and explained that the final document would be submitted to NHS England on 6 October, 2017. Members were advised that it was understood that the document would then be formally considered at a meeting towards the end of the month, where it was anticipated that NHS England was likely to support a formal merger, as it was believed that particular concerns raised (e.g. the West Birmingham and finance issues) had been addressed. In relation to the finance issue, he explained that going forward there would be a single plan for the proposed new CCG and also indicative budgets for the localities so that it was clear where funds were flowing. The Interim Chief Executive indicated that he was very confident and optimistic about what the proposed new single larger organisation operating with about 2 per cent of the NHS budget could achieve and which would include working in communities using an asset based approach.

The following were amongst the issues raised and responses to questions:-

- 1) The Interim Chief Executive explained that the work carried out so far had been around how the three organisations should operate as a single CCG

at a strategic level. In relation to communicating with citizens on the impact of the integration of the three CCGs, he pointed out that that work would be taking place in the localities and with social services at a constituency level. However, that work in terms of building from a General Practice level upwards had not yet started.

- 2) Graeme Betts, Interim Corporate Director, Adult Social Care and Health, BCC highlighted to members that he was very pleased to be working with the Interim Chief Executive and pointed out that his service area was already benefiting from the positive approach Paul Jennings had brought around the Better Care Fund Plan.
- 3) In relation to the Solihull CCG's financial position, the Interim Chief Executive reported that the organisation had to achieve a controlled total budget deficit of £5.5m for this year. Furthermore, the CCGs would be required to have balanced budgets from April 2018. Consequently, at the point at which the new CCG was created the historic deficit in Solihull and historic surplus in Birmingham would be brought together in accounting terms to balance each other out except for a small surplus in Birmingham. The plan for next year was a balanced budget for the whole system although as mentioned earlier the new CCG would also be operating with local indicative budgets so that there were no flows of money in any direction other than where positive choices were made to transfer resources to areas most in need.

The Chair thanked the Interim Chief Executive for attending and reporting to the meeting.

WEST MIDLANDS MENTAL HEALTH COMMISSION BRIEFING PAPER

The following report was submitted:-

(See document No.8)

217

RESOLVED:-

That the contents of the report be noted.

TRACY TAYLOR – LOCAL NHS PROVIDER REPRESENTATIVE

218

The Chair reported that Tracy Taylor would be leaving the Birmingham Community Healthcare NHS Trust and placed on record her appreciation for all Tracy's hard work as the Local NHS Provider representative on this Board.

The Chair thanked everyone for attending and highlighted that the next meeting was scheduled for Tuesday 16 January 2018.

The meeting ended at 1657 hours.

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CHAIRPERSON

	<u>Agenda Item: 6</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	HEALTH & WELLBEING BOARD MEMBERSHIP AND FREQUENCY OF MEETINGS
Organisation	Birmingham City Council
Presenting Officer	Adrian Phillips

Report Type:	Information
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1. Purpose:
1.1 To review the membership of the Health & Wellbeing Board in light of recent organisational changes

2. Implications: # Please indicate Y or N as appropriate]		
BHWP Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	Y
	All children in permanent housing	Y
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	Y
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	Y
	Improving stable and independent accommodation for those learning disability	Y
	Improve the wellbeing of those with multiple complex needs	Y

	Improve air quality	Y
	Increased mental wellbeing in the workplace	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

- 3.1 The Chair to review membership of the Health & Wellbeing Board in light of recent changes and will circulate a suggested membership and frequency of meetings ahead of the next meeting for comments

4. Background

- 4.1 To discharge the functions of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012, including the appointment of Board Members as set out in the schedule of required Board Members in the Act. The Health and Wellbeing Board will:
- a) promote the reduction in Health Inequalities across the City through the commissioning decisions of member organisations
 - b) report on progress with reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards
 - c) be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)

- d) deliver and implement the Joint Health and Wellbeing Strategy for Birmingham
- e) participate in the annual assessment process to support Clinical Commissioning Group authorisation
- f) identify opportunities for effective joint commissioning arrangements and pooled budget arrangements
- g) provide a forum to promote greater service integration across health and social care.

4.2 Terms of Reference

Under the Health and Social Care Act 2012 the composition of Board must include:-

- The Leader of the Council or their nominated representative to act as Chair of the Board
- The Corporate Director for Adult Social Care and Health Directorate
- The Corporate Director for Children and Young People Directorate
- Nominated Representatives of each Clinical Commissioning Group in Birmingham
- The Director of Public Health
- Nominated Representative of Healthwatch Birmingham

Each Local Authority may appoint additional Board Members as agreed by the Leader of the Council or their nominated representative. If additional appointments are made these will be reported to Cabinet by the Chair of the Board.

For the Board to be quorate at least one third of Board Members and at least one Elected Member must be present

Members of the Board will be able to send substitutes with prior agreement of the Chair.

Each member is to provide the name of an alternate/substitute member Vice Chair for 2017/2018 to be a Clinical Commissioning Group (CCG) representative (to be advised by the CCGs) - to reinforce the Board as

a joint body rather than a solely LA committee

4.3 Membership 2017/18

The current City Council Appointments to the Health and Wellbeing Board are:

- Cabinet Member for Health and Social Care as Chair
- Cabinet Member for Children, Families and Schools
- Opposition Spokesperson on Health and Social Care
- Corporate Director for Adult Social Care and Health Directorate
- Corporate Director for Children and Young People Directorate
- Director of Public Health

External Appointments to the Health and Wellbeing Board are:

- Representative of Healthwatch Birmingham
- Representative of Birmingham CrossCity Clinical Commissioning Group
- Representative of Birmingham South Central Clinical Commissioning Group
- Representative of Sandwell and West Birmingham Clinical Commissioning Group
- Representative of Third Sector Assembly
- Representative of NHS England Local Area Team
- Chair of the Birmingham Community Safety Partnership
- 1 local NHS Provider representative
- Member of the Birmingham Social Housing Partnership

4.4 Changes to Board Membership

Since the membership of the Board was last reviewed in June 2017, there have been significant changes in both personnel and organisational structures in the Council, CCGs and NHS Providers as well as in the strategic environment in which the Board operates. Due to the joint STP footprint consideration should also be given to joint meetings with Solihull Health & Wellbeing Board. With this in mind it is an appropriate time to revisit the membership of the Board to ensure it can continue discharge the functions effectively.

4.5 Next Steps

- The Chair to review membership of the Health & Wellbeing Board in

light of recent changes and circulate a suggested membership and frequency of meetings ahead of the next meeting for comments

5. Compliance Issues

5.1 Strategy Implications

This paper concerns development of the Board.

5.2 Governance & Delivery

To be overseen by the Health and Wellbeing Board

5.3 Management Responsibility

The Health and Wellbeing Board

6. Risk Analysis

A risk assessment cannot be completed until the draft strategy has been agreed

Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices

Signatures

**Chair of Health & Wellbeing
Board
(Councillor Paulette Hamilton)**

Date:

	<u>Agenda Item: 8</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	BIRMINGHAM PLACE BASED STRATEGY
Organisation	Birmingham City Council
Presenting Officer	Graeme Betts

Report Type:	Update
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1. Purpose:
1.1 To update the Board on the development of a Birmingham Place Based Strategy which aims to enable citizens of Birmingham to lead happy, healthy and independent lives, within their own homes and communities.

2. Implications: # Please indicate Y or N as appropriate]		
BHWP Strategy Priorities	Child Health	N
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		N
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		N
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3.	Recommendation
3.1	The Board to note the contents of this report and presentation for information and early sight on the development of the Place Based Strategy.

4.	Background
4.1	The NHS Shared Planning Guidance asked every local health and care systems in England to come together to create its own ambitious local plan for accelerating implementation of the Five Year Forward View. These are called Sustainability and Transformation Plans (STPs), multi-year plans built around the needs of local populations.
4.2	The Birmingham and Solihull (BSOL) STP has a range of work streams, one of which is focused on Place Based Integrated Health and Social Care Services. This workstream is led by Graeme Betts. Work is underway to develop a Birmingham Place Based Strategy to define the priorities for this group.
4.3	The Strategy will pull together the work already being undertaken across the council incorporating areas such as Prevention First, Carers Strategy, Dementia Strategy and Autism.
4.4	The aim of the Place Based Strategy is to enable citizens of Birmingham to lead happy, healthy and independent lives within their own homes and communities.
4.5	There is a stakeholder event planned for the 9 th March which aims to be a stakeholder driven event testing the Strategy.
4.6	The draft Placed Based Strategy will then be presented back to the STP Board for consideration in April 2018.

5.	Compliance Issues
5.1	<i>Strategy Implications</i>
	The development of the Place Based Strategy crosses both health and social care, and shares priorities with the Health and Wellbeing Strategy.
5.2	<i>Governance & Delivery</i>
	The Place Based Strategy is being led by Graeme Betts, with Lead Officer support from Pip Mayo (Birmingham City Council).

Regular reports will be provided to both the Shadow Health and Wellbeing Board.

5.3 Management Responsibility

The Accountable Board member for the delivery of the Place Based Strategy will be Graeme Betts.

6. Risk Analysis

6.1 This paper is the scoping and early sight of the Place Based Strategy and no risks have yet been identified.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Appendices

1. Place Based Strategy Presentation

Signatures

**Chair of Health & Wellbeing
Board
(Councillor Paulette Hamilton)**

Date:

The following people have been involved in the preparation of this board paper:

Graeme Betts, Director Adult Social Care and Health
Tapshum Pattni, Assistant Director Adult Social Care and Health
Public Health Intelligence
Pip Mayo, Head of Service
Kalvinder Kohli Head of Service
Karen Helliwell, Director Primary Care and Integration, Birmingham and Solihull CCG

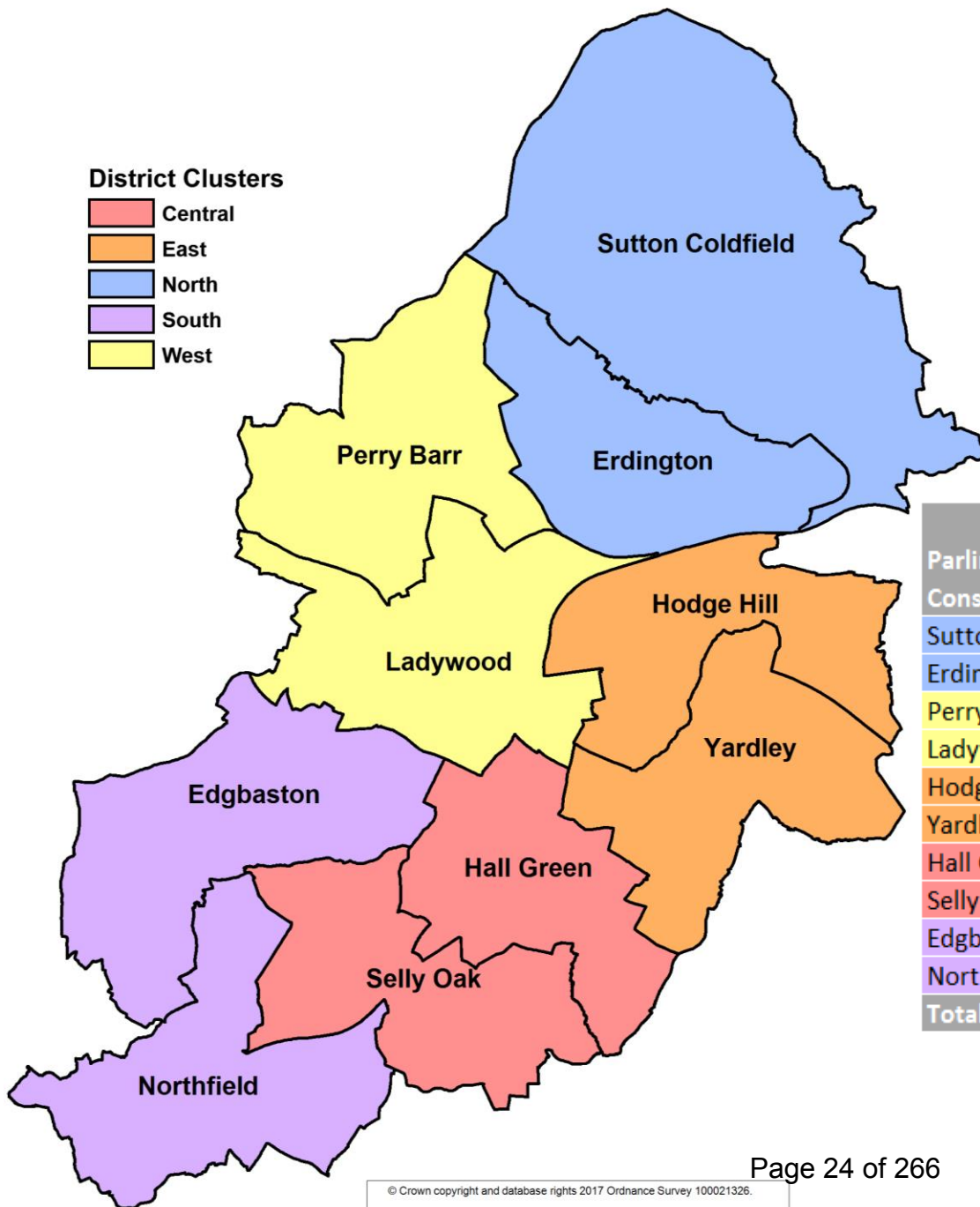
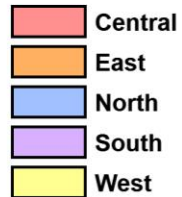
Presentation to Health and Wellbeing Board February 2018

Birmingham Place Based Plan

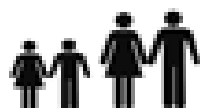
Professor Graeme Betts
Interim Corporate Director
Adult Social Care and Health
Birmingham City Council

Our Geography

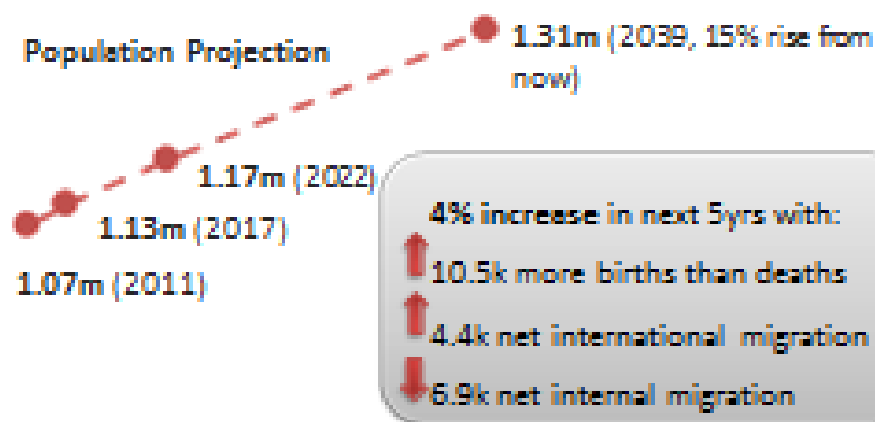
District Clusters



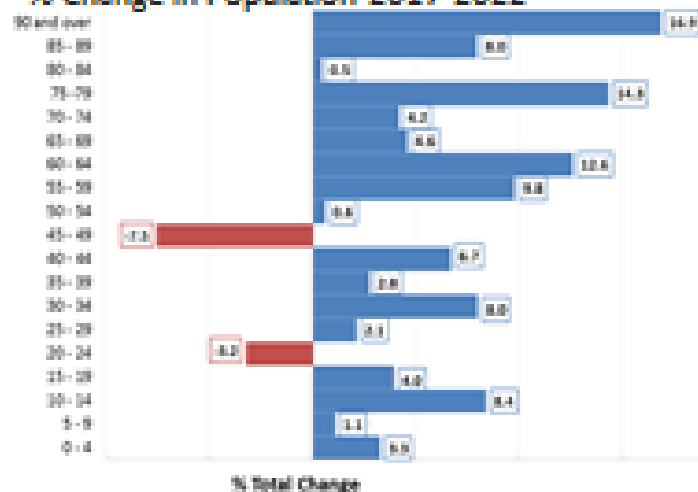
Parliamentary Constituency	Population (MYE 2016)	District Cluster	Population (MYE 2016)	Registered Population (2017)*
Sutton Coldfield	94,743	North	196,385	241270
Erdington	101,642			
Perry Barr	111,118	West	253,724	238269
Ladywood	142,606			
Hodge Hill	128,774	East	241,008	253078
Yardley	112,234			
Hall Green	119,609	Central	226,690	334218
Selly Oak	107,081			
Edgbaston	103,305	South	206,762	239958
Northfield	103,457			
Total	1,124,569	Total	1,124,569	1,306,793



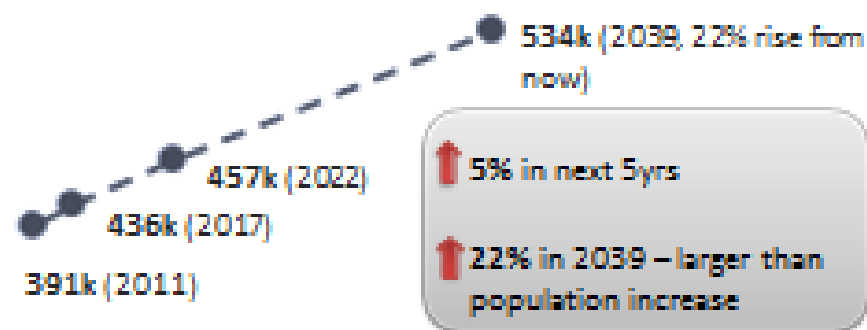
Population



% Change in Population 2017-2022



Households

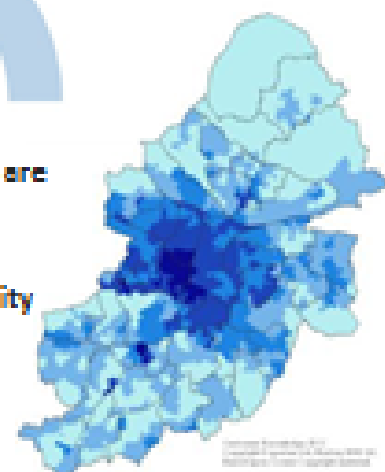
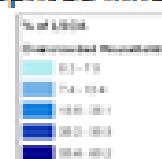


Tenure Change



Of all lived in households are overcrowded

Concentrated in deprived inner city



Sources:

- Population: ONS Population Estimates Mid-2016; ONS Population Projections 2014
- Households: ONS Household Projections 2014; DCLG (2016)
- Childhood Obesity: National Child Measurement Programme (NCMP), 2015-16 school year, Nov 2016
- Overcrowding: Census 2011
- Tenure Change: PWC economic outlook 2015 (Graphics by Strategy & research)

Deprivation

1st

Most deprived LA in region

41%

Population live in most deprived decile

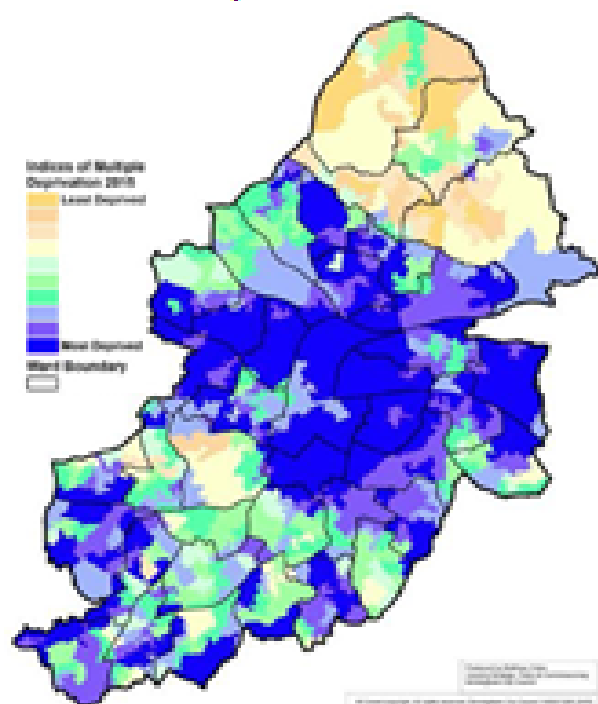
6th

Most deprived LA in England

Increase from 8th 2010, i.e. worsened

50%

Children 0-17 years live in most deprived decile



Huge disparity in city..

12

LSOAs in the most deprived 1%

5

LSOAs in the least deprived 5%

Little improvement over last 5 years

LIFE IN BOTTOM DECILE

People who live in the most deprived decile are

3x

MORE LIKELY TO

be ADMITTED FOR TREATABLE CONDITIONS



DIE PREMATURELY from PREVENTABLE CONDITIONS

People who live in the most deprived decile are

3x

MORE LIKELY TO

be IN CONTACT WITH MENTAL HEALTH SERVICES



have a LONG TERM CONDITION

DISABILITY FREE YEARS

MOST AFFLUENT



13

years less lived disability free in the most deprived areas

14

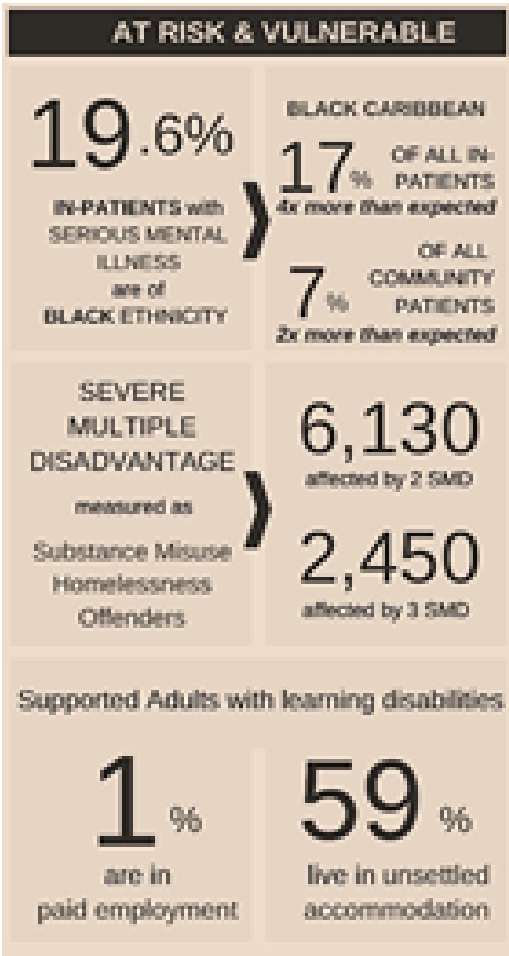


MOST DEPRIVED

Source:

- Index of Multiple Deprivation 2015 (DCLG) & ONS Population Estimates Mid-2015
- Life in bottom decile / disability free years: Hard Edge Report; Public Health England Life Expectancy Segment Tool; BBC Public Health (Graphics: Canva, The Noun Project)

Health in Birmingham



Adult Physical Activity
 30mins/wk
 30%
 (36% national)

INACTIVITY	Birmingham	National
Female	38.4%	31.5%
Male	24.9%	23.8%
White British	32.7%	27.5%
BAME	30.4%	28.0%

Source:
 • Life Expectancy 2013-15 - BCC Public Health, June 2017 (Graphics: Canva, The Noun Project)
 • At risk and vulnerable – Public Health England Life Expectancy Segment Tool, BCC Public Health (Graphics: Canva, The Noun Project)
 • Adult Physical Activity -Sport England Active People Survey 10, 2016
 • Inactivity - Sport England 2015-2015
 • Preventable cardiovascular disease – Public Health Outcome Framework 2013-15 - BCC Public Health (Graphics: Canva, The Noun Project)

An ageing population

21k

Aged 85+

2% of Birmingham population
and 11% rise since 2011

+25%

**Aged 85+
by 2022**

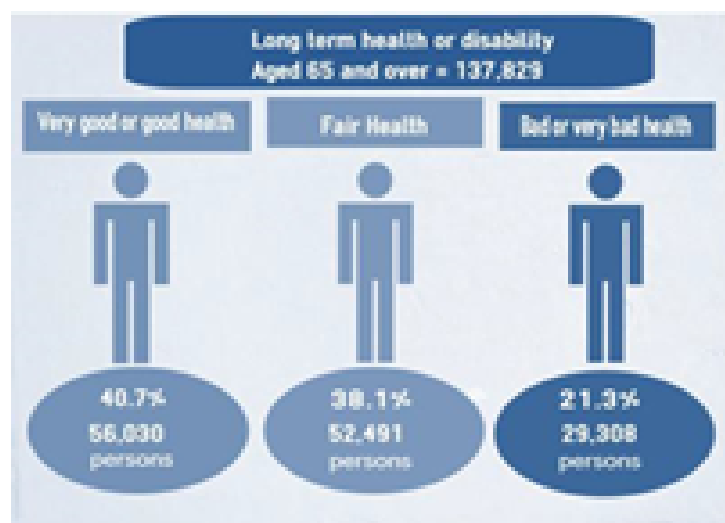
133k

Aged 65-84

11% of Birmingham population
and 4% rise since 2011

+24%

**Aged 65-84
by 2022**



Elderly, infirm & living alone



1 in 5

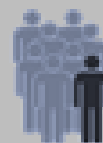
31K households



21% of households
with someone with a long
term health problem/
disability are one person
households aged 65 and
over

These are vulnerable older people - more likely to require
support from services such as Social Care/Health.

A caring population



1 in 8
Adults

6.5m carers in
Britain, to rise to
9m by 2037
(1 in 8 also work)

128%

Predicted increase in
carers age 85+
2015-2025

46%

Suffered depression
due to caring role

£132bn

Value of unpaid
carers /yr (similar
to NHS budget)

107k

In Birmingham
are unpaid carers
(+9% from 2001)

Sources:

- Population Age: ONS Population Estimates Mid-2016 (Census 2011 to calculate 2011-2017 change)
- Long term health or disability: Census 2011
- A caring population: Census UK website (based on Census 2011 and their own research)

Our Ambition

To enable citizens of Birmingham to lead happy, healthy and independent lives within their own homes and communities by:

- Building supportive responsive communities
- Delivering high quality, integrated place based services
- Personalising services and promoting choice

Create a coherent plan across the STP footprint which draws on work from Solihull and West Birmingham

Our Priority Groups

- Older People
- Adults with multiple complex needs
- Carers

Building supportive, responsive local communities

- Implementing neighbourhood networks model to include community catalysts
- Co-ordinated investment in voluntary and community sector services
- Implementing social prescribing
- Local support services for carers

Integrated Place Based Services



Choice, Control and Personalisation

- Advice and information
- Market shaping and development
- Housing options
- Assistive technology
- Day opportunities
- Personal budgets and direct payments
- Devolving budgets to the locality level

Key Outcomes

- Enhance self reported quality of life measure for the priority groups
- Increase number of citizens with care needs living in their own home
- Increase take up of personal budgets
- Decrease demand for statutory services

Priority Actions

- Develop Birmingham Place Based Strategy for consideration by the STP Board in April 2018
- Commence implementation of locality based model commissioning and delivery for adult social care— April 2018
- Develop 4 locality based multi-disciplinary HUBs – July 2018
- Implement putting prevention first strategy to include commissioning of neighbourhood network leads – June 2018

Lead Officer

Pip Mayo

Head of Commissioning, Adult Social Care and Health

pip.mayo@birmingham.gov.uk

07881 358 470

	<u>Agenda Item: 9</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	PROPOSED BIRMINGHAM INTEGRATED HEALTH AND SOCIAL CARE MODEL FOR OLDER PEOPLE
Organisation	NHS Organisations and Birmingham City Council
Presenting Officer	Mark Lobban, Programme Director, Adult Social Care & Health

Report Type:	Information
---------------------	--------------------

1. Purpose
To set out a proposed integrated future pathway model for older people, that is joined up and puts the person at the centre ensuring they receive the right level of support at the right time by the right professional (see presentation).

2. Implications:		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Yes
	Systems Resilience	Yes
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Yes
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		Yes
Prevention		Yes

3.	Recommendations
3.1	The Health and Wellbeing Board is asked to provide any initial comments to help further shape the model.
3.2	To provide direction on how progress will be reported to the Health and Wellbeing Board

4.	Background
4.1	The recent CQC review highlighted that we need to build a system around the person and need a 5 year forward view of how this will be delivered.
4.2	A recent assessment has been undertaken on behalf of the partnership by external consultant Newton Europe that has identified significant opportunities for integrating service.
4.3	Recent Sustainability and Transformation (STP) Board engagement activity through the production 'Phyllis' highlighted true stories of working that isn't joined up.
4.4	The attached presentation was presented to the STP Board on 5 th February. The STP Board supported the model and comments included greater emphasis needed on how we support carers and older people mental health issues.
4.5	The STP Board have also asked for a resource plan proposal on specific elements of the model relating to early intervention to be submitted to the March STP Board Meeting.
4.6	This is the work of a small group of Senior Executive representing the various NHS organisations and Birmingham City Council. The intention is to further develop the pathway model for older people by discussing wider within individual organisations and collectively across the partnership.

5.	Compliance Issues
5.1	<i>Strategy Implications</i>
	The model is a key strategic development for health and social care
5.2	<i>Governance & Delivery</i>
	See recommendation 2.

5.3 *Management Responsibility*

Board: STP, HWB, Individual organisation governance Day-to-day:
Representative Partnership Senior Executive Team

6. Risk Analysis

Significant reputational and service risks (including financial) if an integrated model is not agreed and implemented.

Identified Risk	Likelihood	Impact	Actions to Manage Risk


Appendices

Proposed Birmingham Integrated Health and Social Care Model for Older People

Signatures

**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

Date:



Proposed Birmingham Integrated Health and Social Care Model for Older People

Dr Zoe Wyrko, STP Clinical Lead for Older People

Mark Lobban, Programme Director Service Improvement, BCC

- Need to build a system around the person – would like to see a 5 year forward view of how this will be delivered.
- Lack of a long-term vision. Examples of “sticking plasters” in place as tactical responses to pressures. Stressed the critical role of primary care - opportunity to develop community services and social prescribing.
- No specific system vision for older people. What is the offer for older people? Inconsistent availability of services across the system.



The proportion of people we admit into hospital who could have been better looked after elsewhere.

23% | 36%

The proportion of people who could achieve greater independence, following a stay in a short-term bed, with our support.

The proportion of people in elderly care and longer stay wards who are medically fit but delayed, waiting to leave hospital.

51% | 37%

The proportion of people currently with a long-term care package who could benefit from better enablement.

The proportion of people who could benefit from a different pathway out of hospital, one better suited to their needs.

19% | 50%

The proportion of people who's mental health reached crisis point (and went into hospital) that could have been avoided.

'Phyllis'

- ❑ Phyllis' really got people talking, across boundaries, about how to make changes >500 people from >25 stakeholders.
- ❑ True stories of working that isn't joined up.
- ❑ 'Ebay for Grannies'.



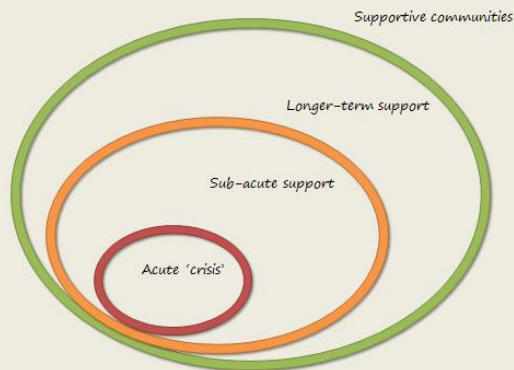


Our aims are to:

- Create a 'Home First' approach
- Promote health and wellbeing
- End the crisis driven model of care
- Create an outcome focussed culture that nurtures creativity and innovation
- Support access to good quality advice and information enabling people to self-care
- Find solutions that promote wellbeing outside of traditional models
- Encourage community development and increase volunteering
- Support carers in their vital role
- Provide flexible and proactive models of care
- Free up professionals from the rules and bureaucracy to do the right thing
- Bring services (people) together to ensure better communication and use of resources



An equitable offer – regardless of how or where a person presents to the system



If we work within the system we have to trust each other, and so remove in-built duplication

Prompt, skilled assessment at a time it is needed by a professional who is trained, and has resources to call on

Seamless flow through the system. People receive what they need, in the best place for them to receive it

‘We don’t say no’

Supportive communities

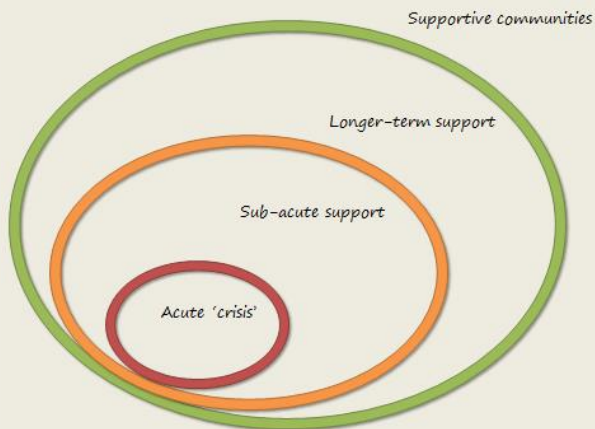
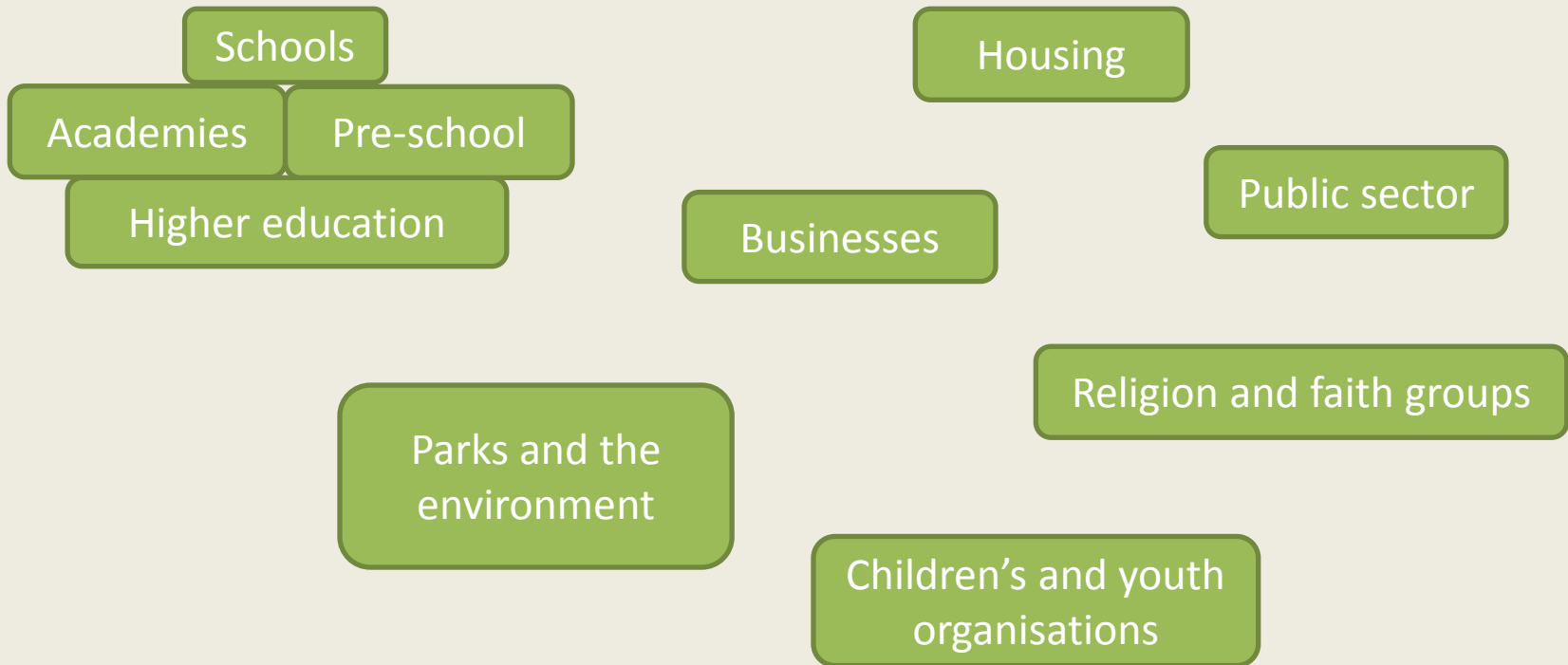
Longer-term support

Sub-acute support

Acute 'crisis'

Supportive communities

Supportive communities



Clubs and community groups

3rd sector

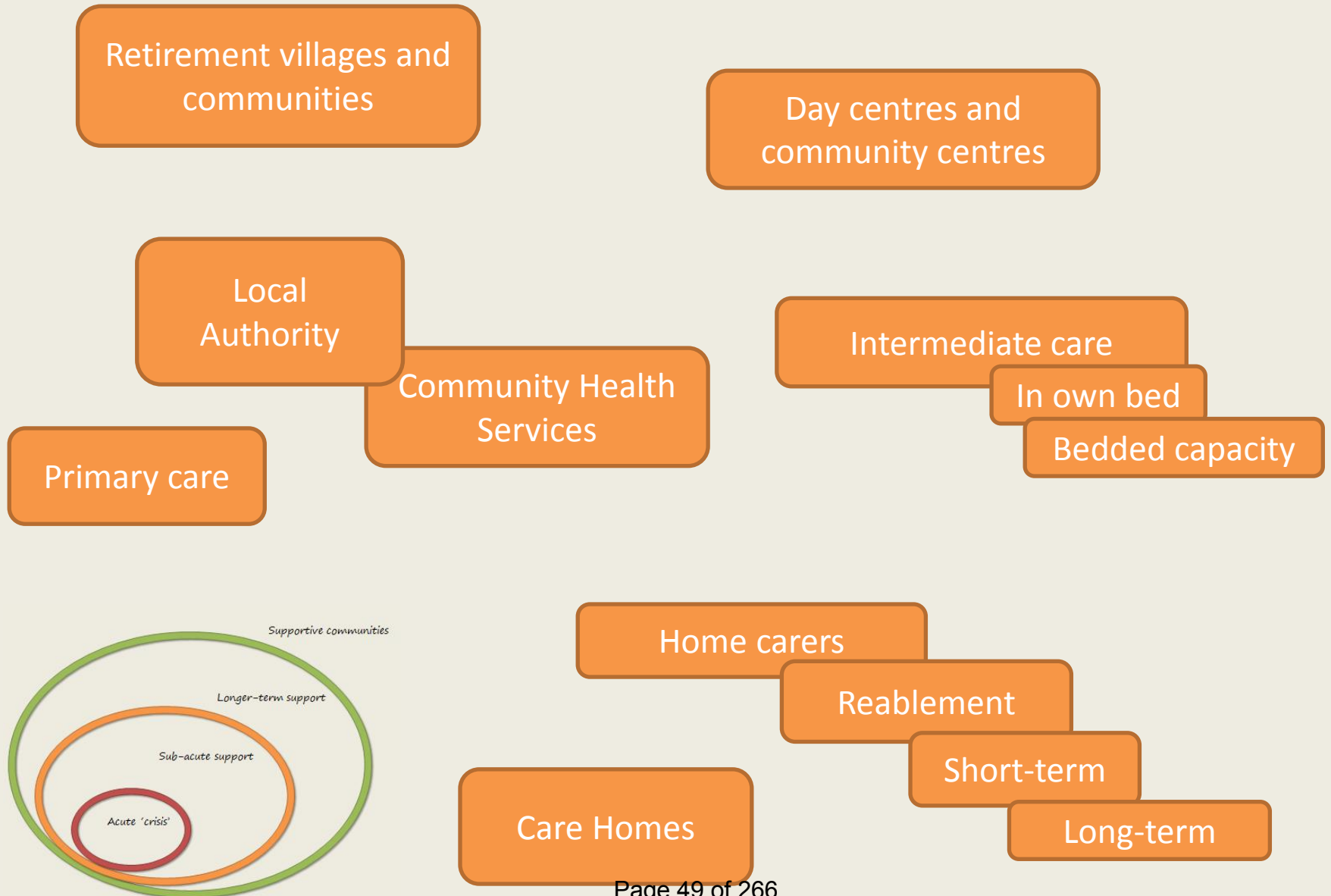
Taking a life-course perspective on ageing

Public health/ prevention are key

Longer-term support

Sub-acute support

Longer-term support
Sub-acute support





Acute 'crisis'

Acute 'crisis'

Acute hospital admission

Rapid Response at home

Acute review

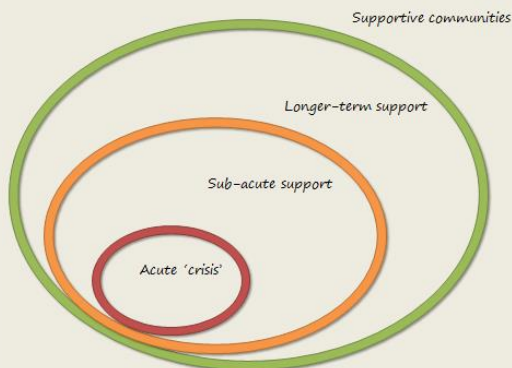
Emergency 'needs' assessment

Primary care review

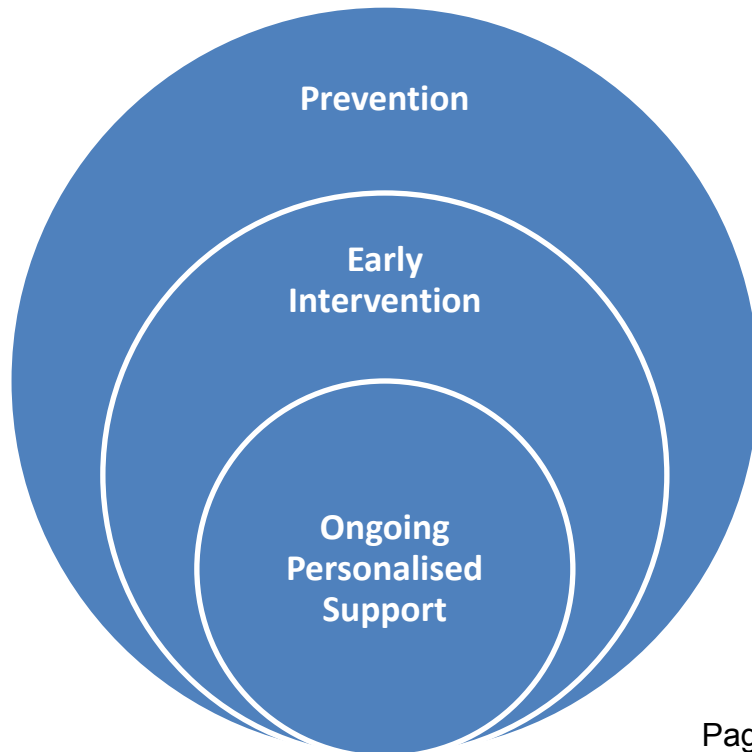
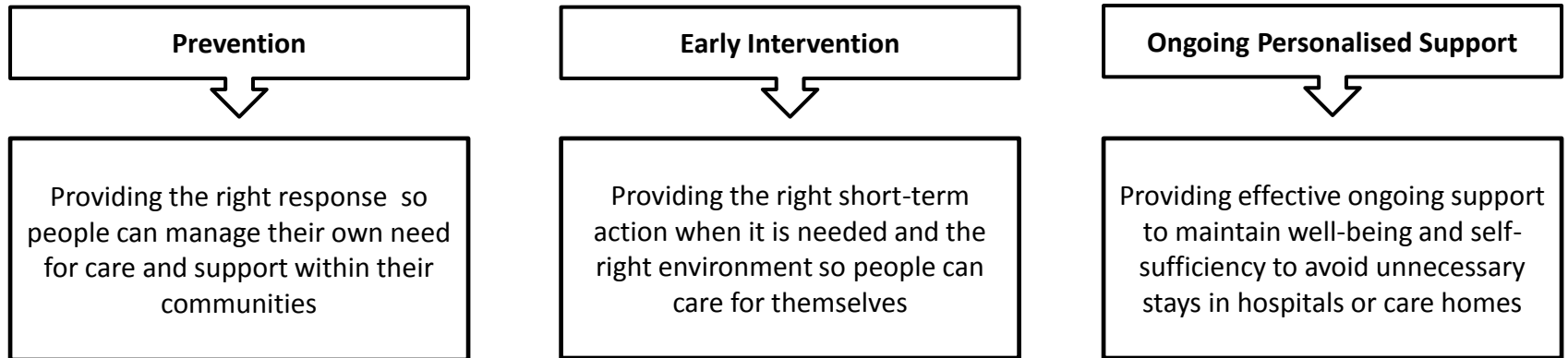
Equipment, people, support

Multidisciplinary, multi-agency, trust and co-operation

"A system that doesn't say 'no'"



Birmingham Integrated Care Model



Our model is described through three groups of interventions. This is not a linear relationship and the interventions overlap. All support will be fully integrated, silos will be avoided and people will be able to access ***the right care at the right time*** in order to be as independent and well as possible at all times

Birmingham Integrated Care Model

Prevention

Providing the right response so people can manage their own need for care and support within their communities

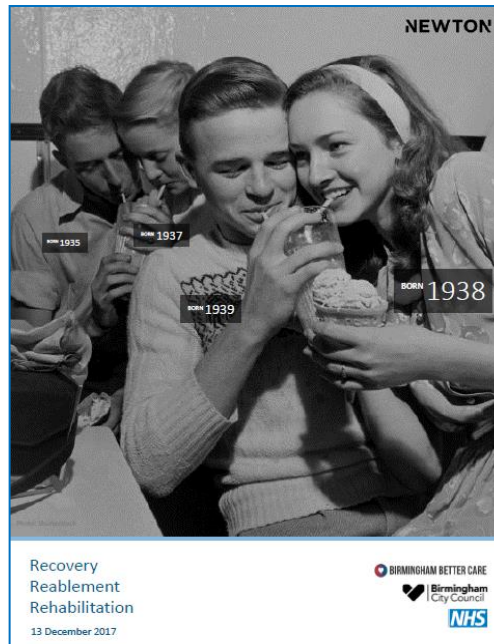
Early Intervention

Providing the right short-term action when it is needed and the right environment so people can care for themselves

Ongoing Personalised Support

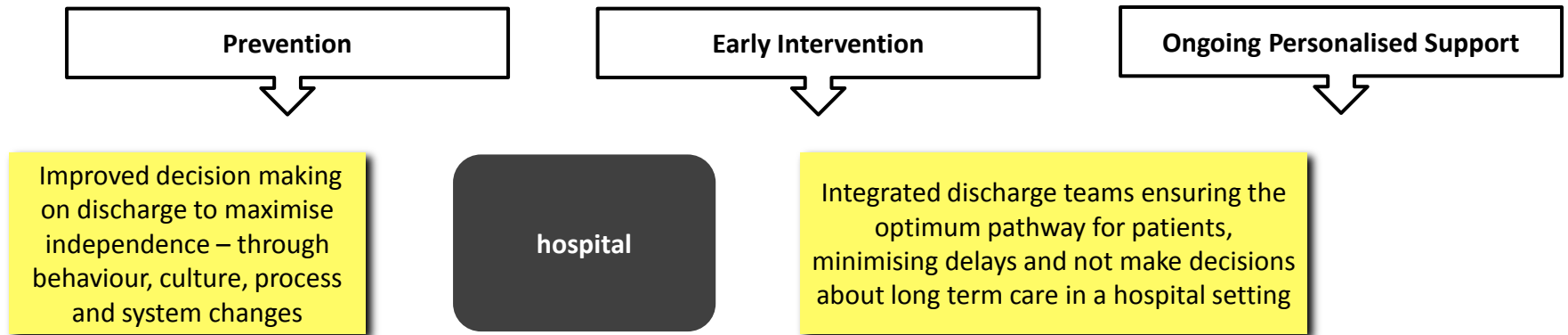
Providing effective ongoing support to maintain well-being and self-sufficiency to avoid unnecessary stays in hospitals or care homes

The 3Rs Programme is established and a Placed Based Strategy is being developed. Needs to be framed within an overall model for local care and interdependencies clearly understood

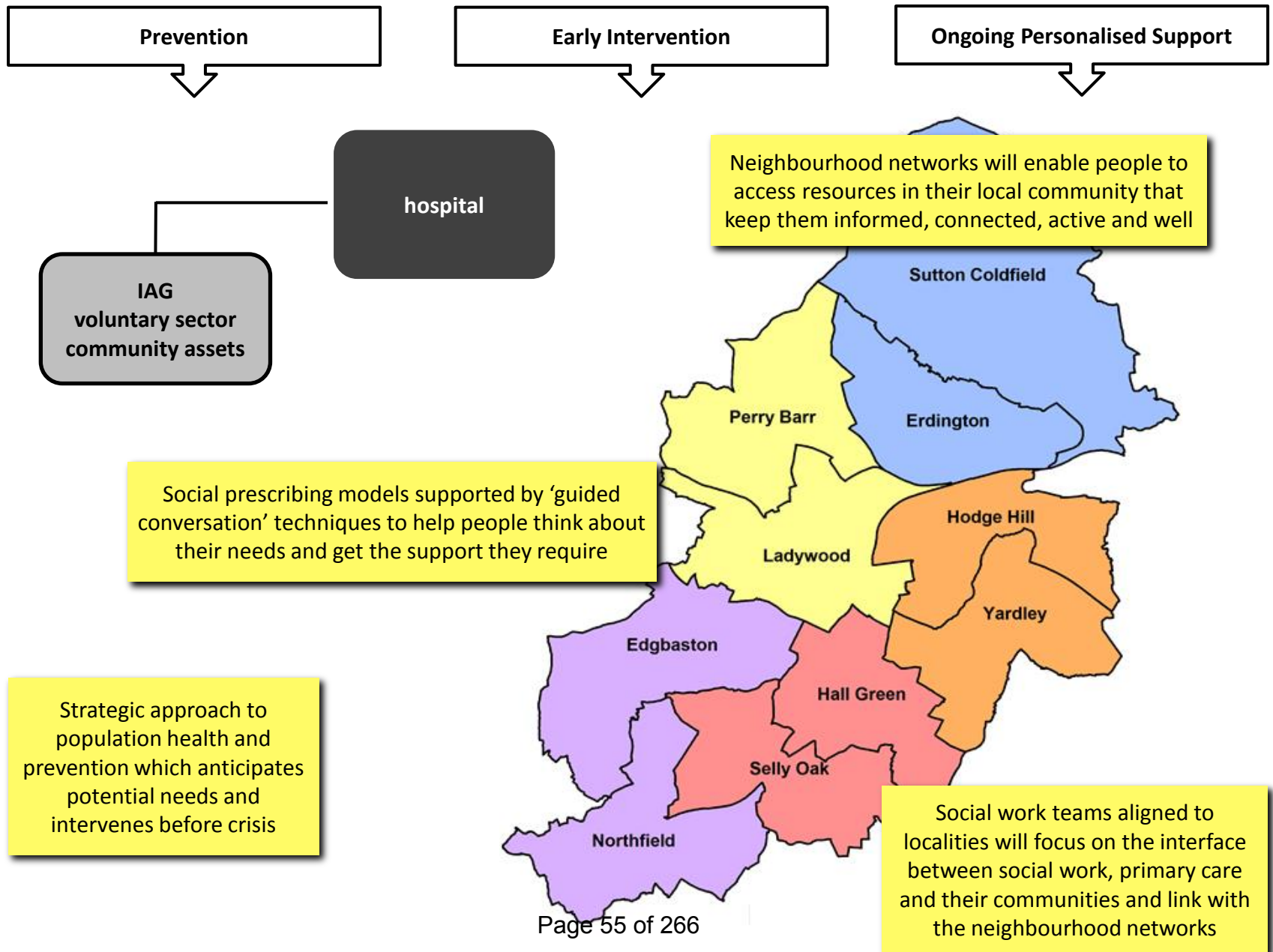


Interdependencies

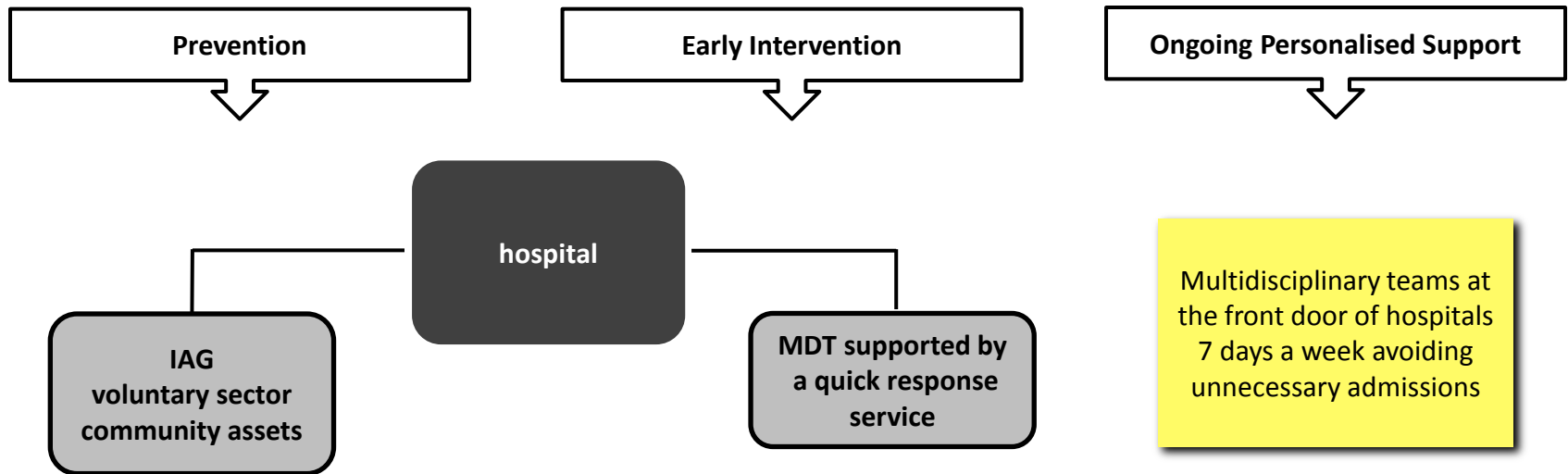
Birmingham Integrated Care Model



Birmingham Integrated Care Model



Birmingham Integrated Care Model



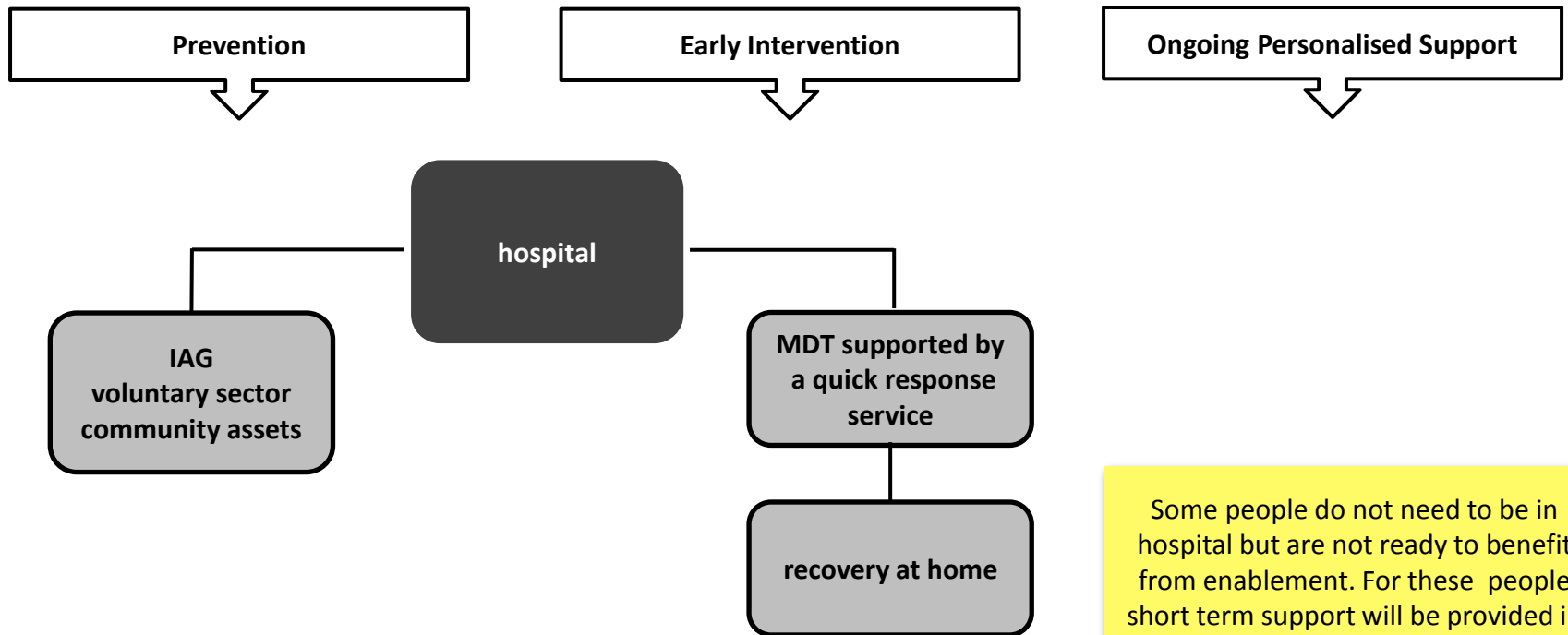
Multidisciplinary teams at the front door of hospitals 7 days a week avoiding unnecessary admissions

The quick response service will identify any ongoing support required and ensure that people can be diagnosed quickly if needed

46% of avoidable admissions at UHB could have needs met by a quick response service



Birmingham Integrated Care Model

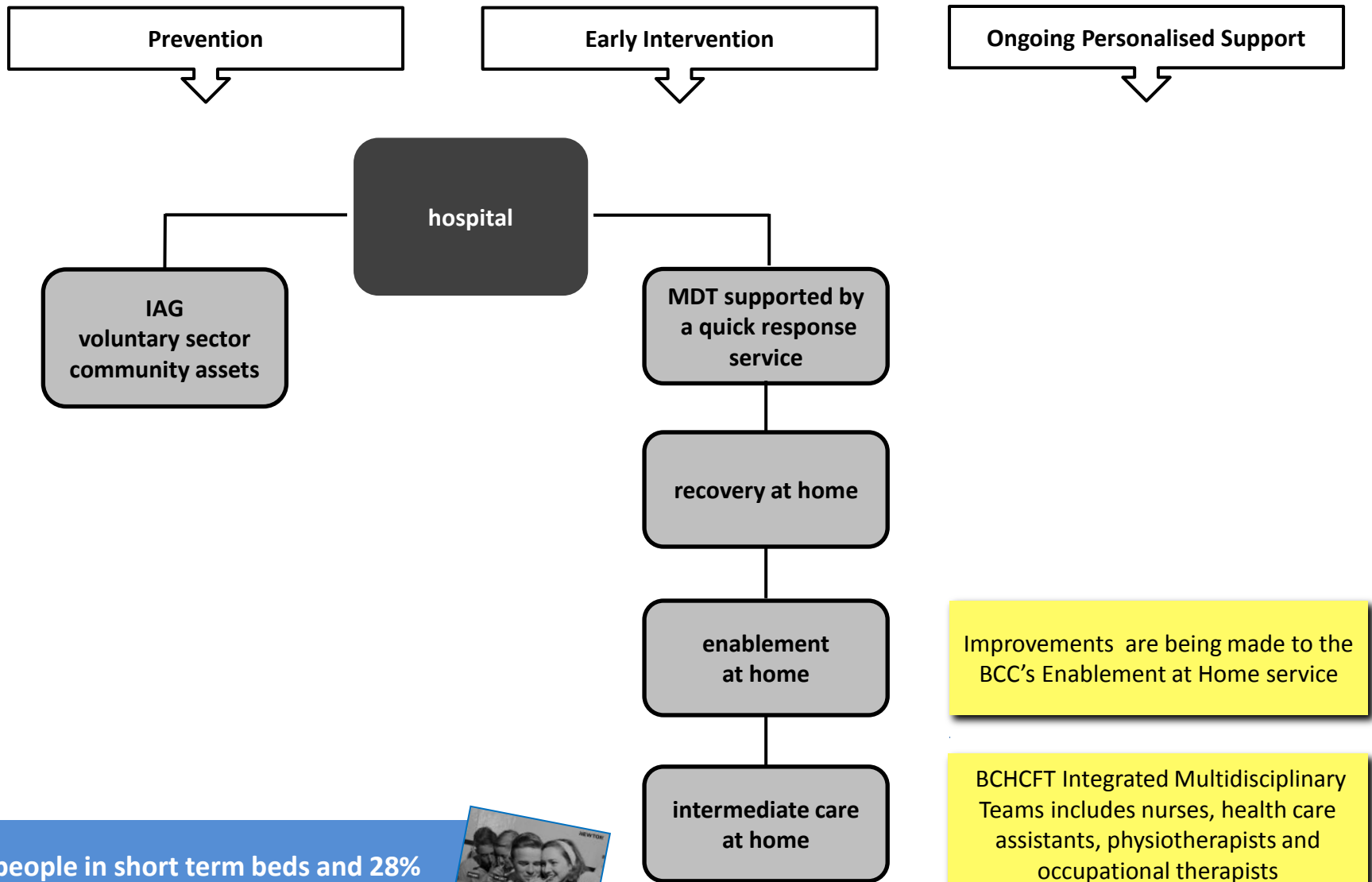


Some people do not need to be in hospital but are not ready to benefit from enablement. For these people short term support will be provided in their own homes wherever practical

19% of people discharged on wrong pathway
72% going into short term beds when
2/3rds could have gone home



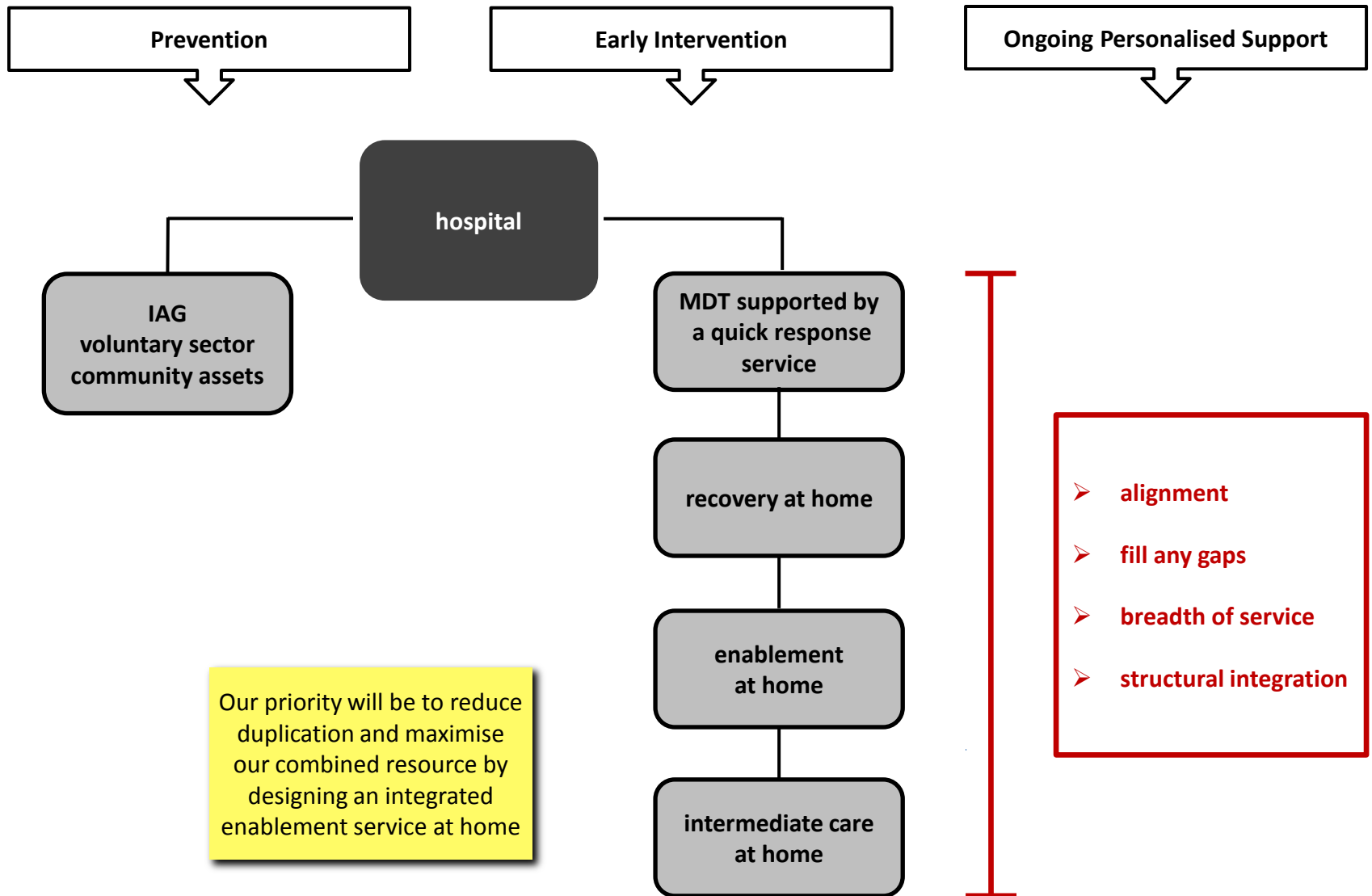
Birmingham Integrated Care Model



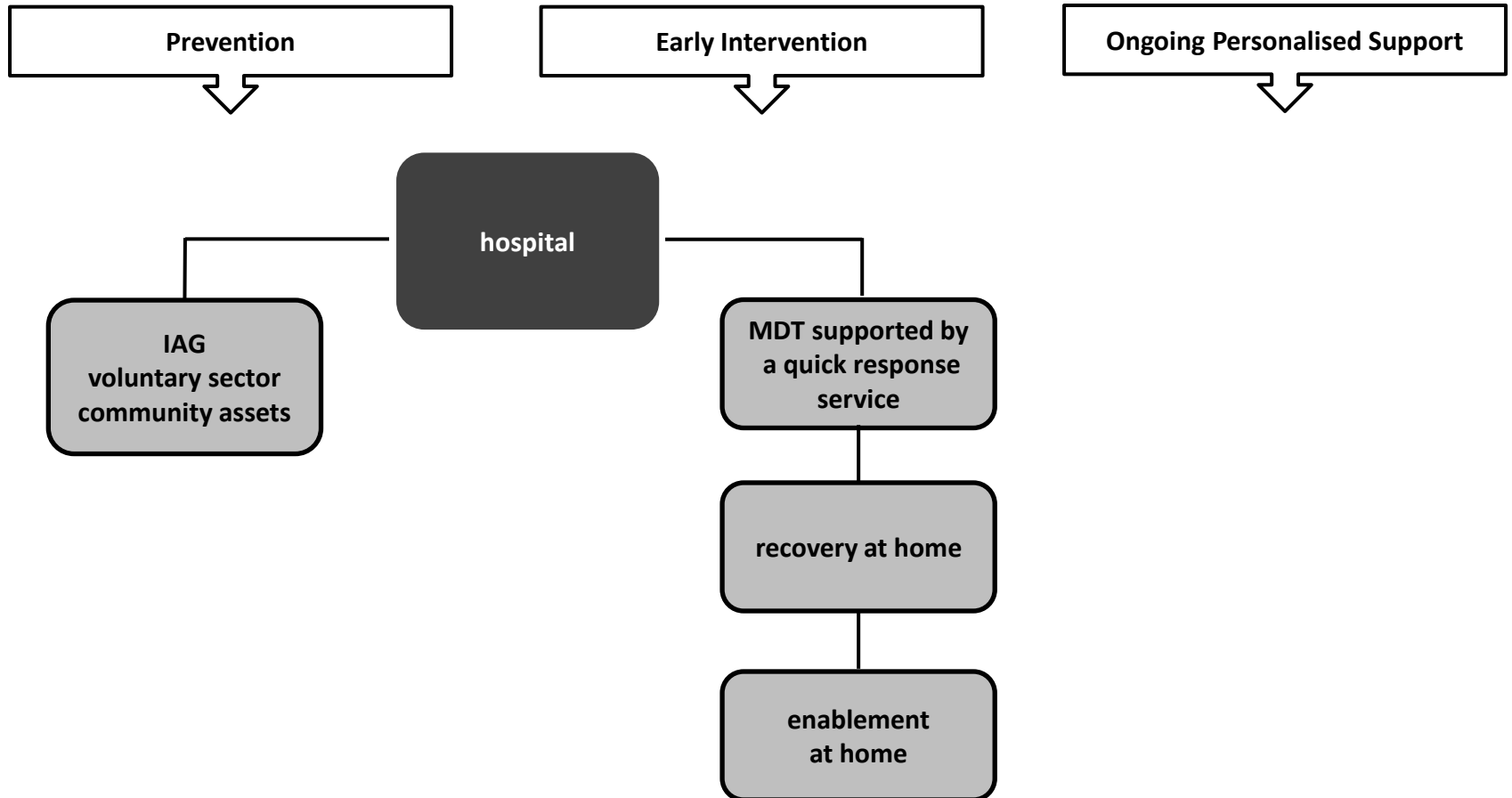
36% of people in short term beds and 28% receiving home-based enablement could Be enabled more efficiently



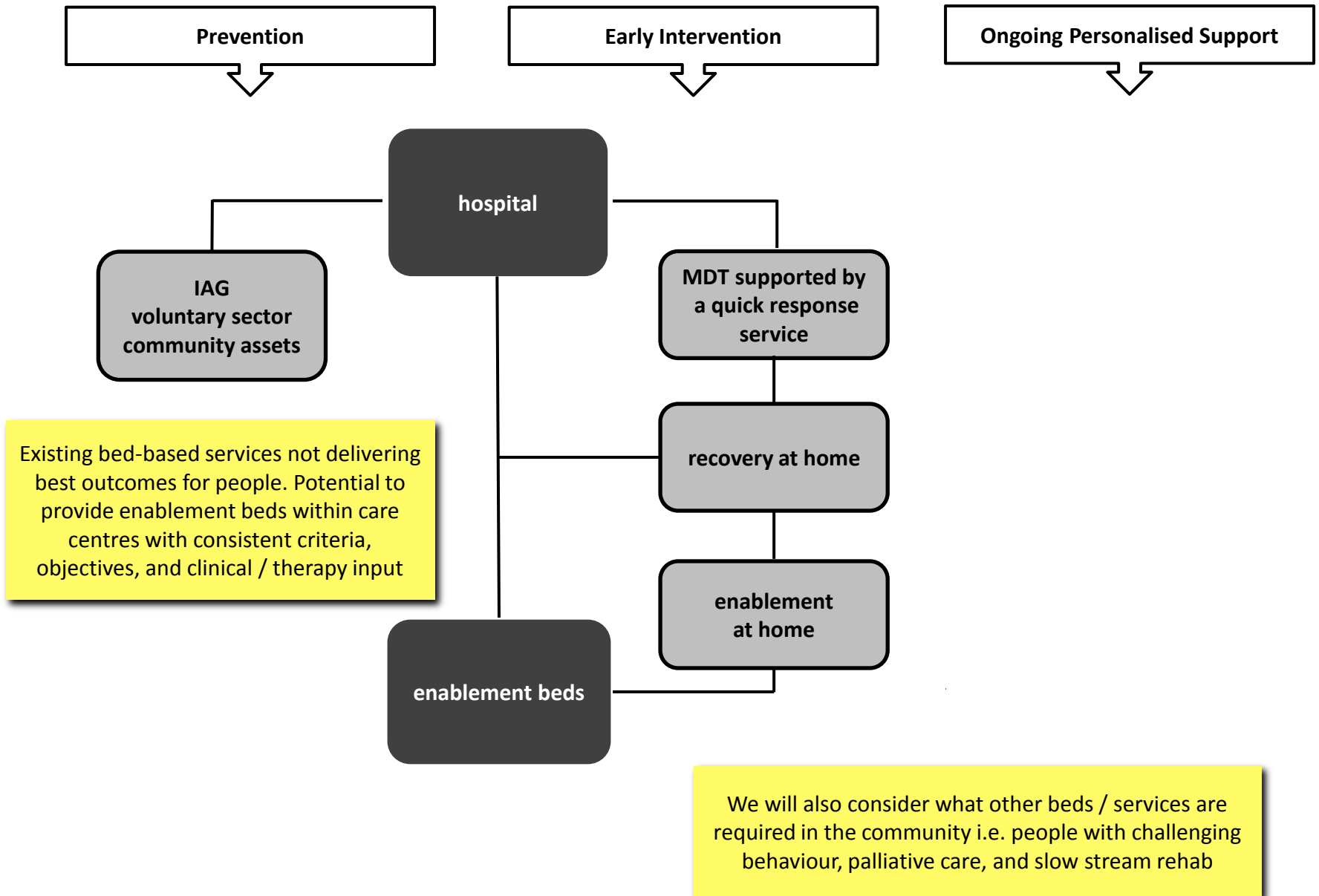
Birmingham Integrated Care Model



Birmingham Integrated Care Model



Birmingham Integrated Care Model



Birmingham Integrated Care Model

Perry Tree Centre Erdington



Norman Power Centre Ladywood

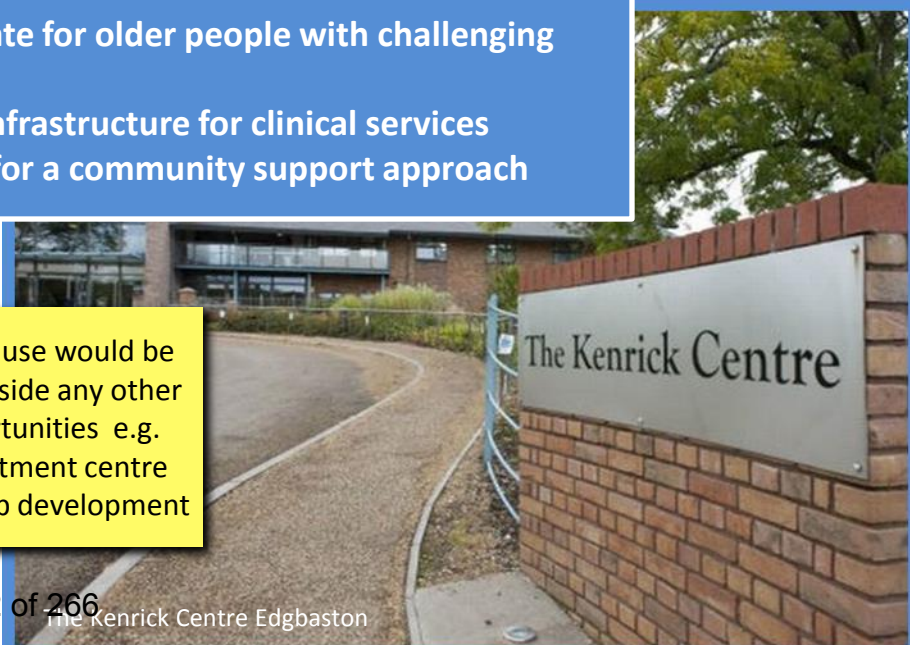


Strategically the centres:

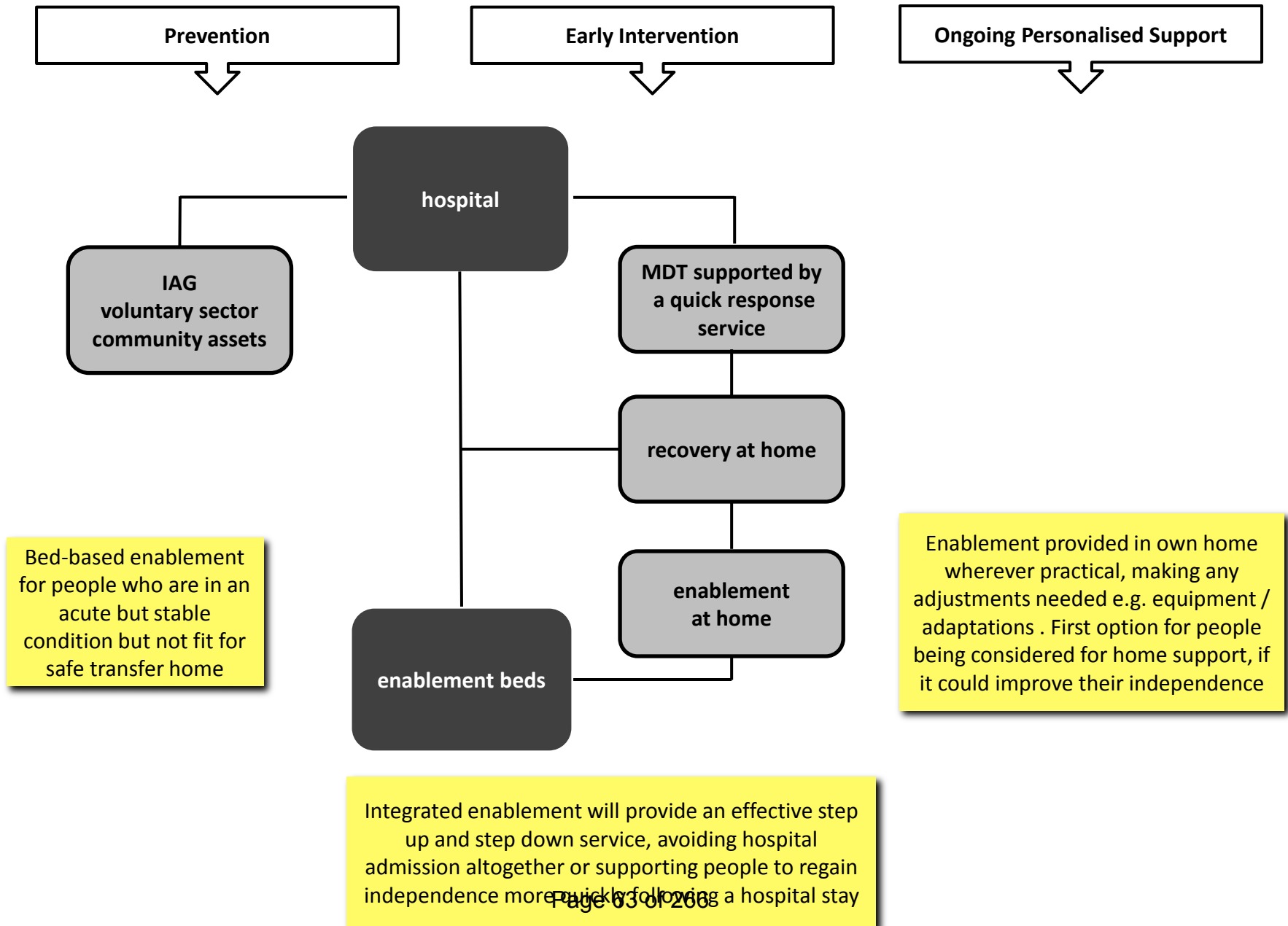
- are in locations across the City that can support the Birmingham hospitals
- are embedded in their communities
- offer good quality, purpose built estate for older people with challenging behaviours
- already have the supporting estate infrastructure for clinical services
- have the infrastructure to be a base for a community support approach

Potential future use would be considered alongside any other potential opportunities e.g. urgent care treatment centre and GP access hub development

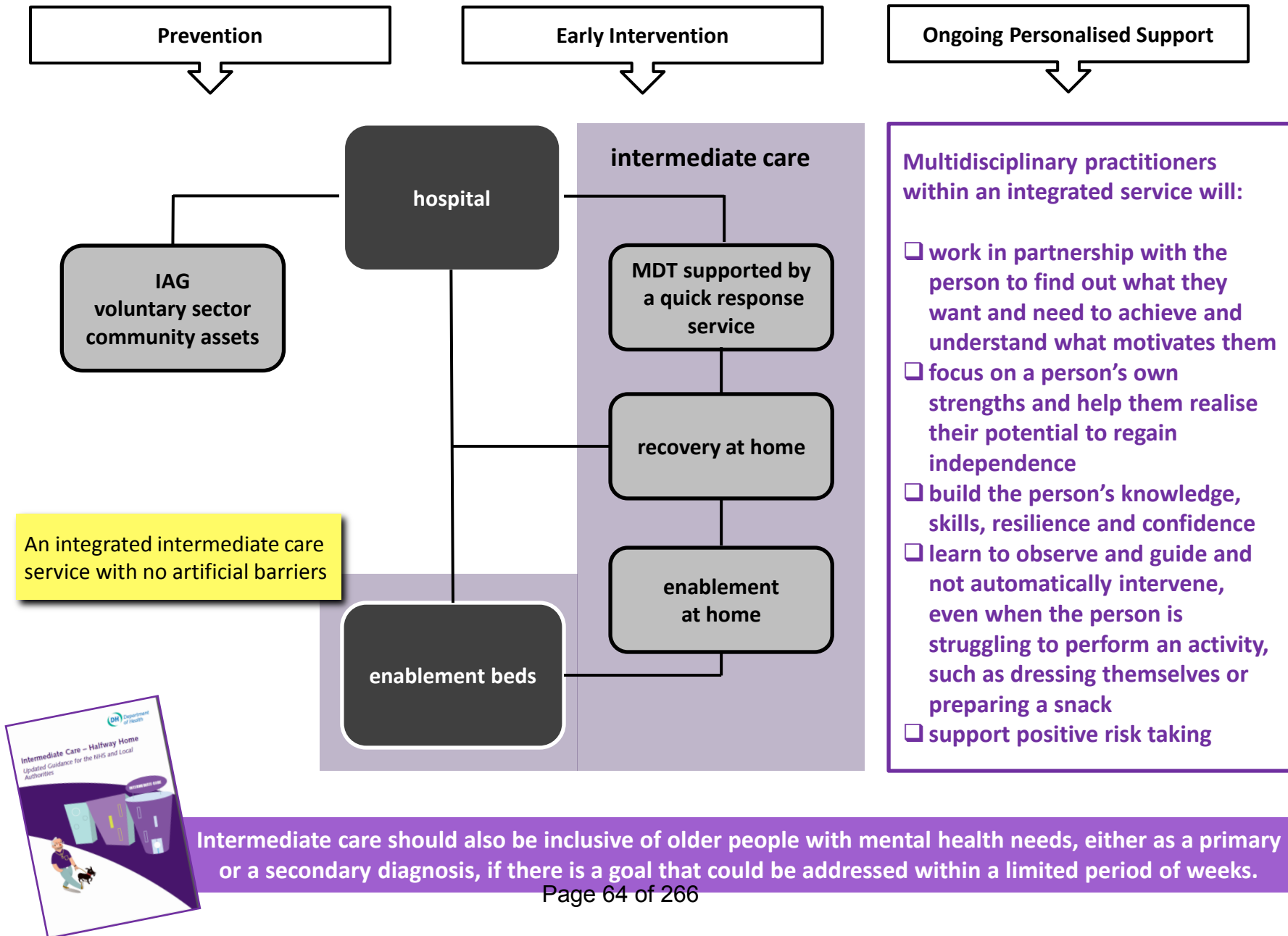
Ann Marie Howes Centre Yardley



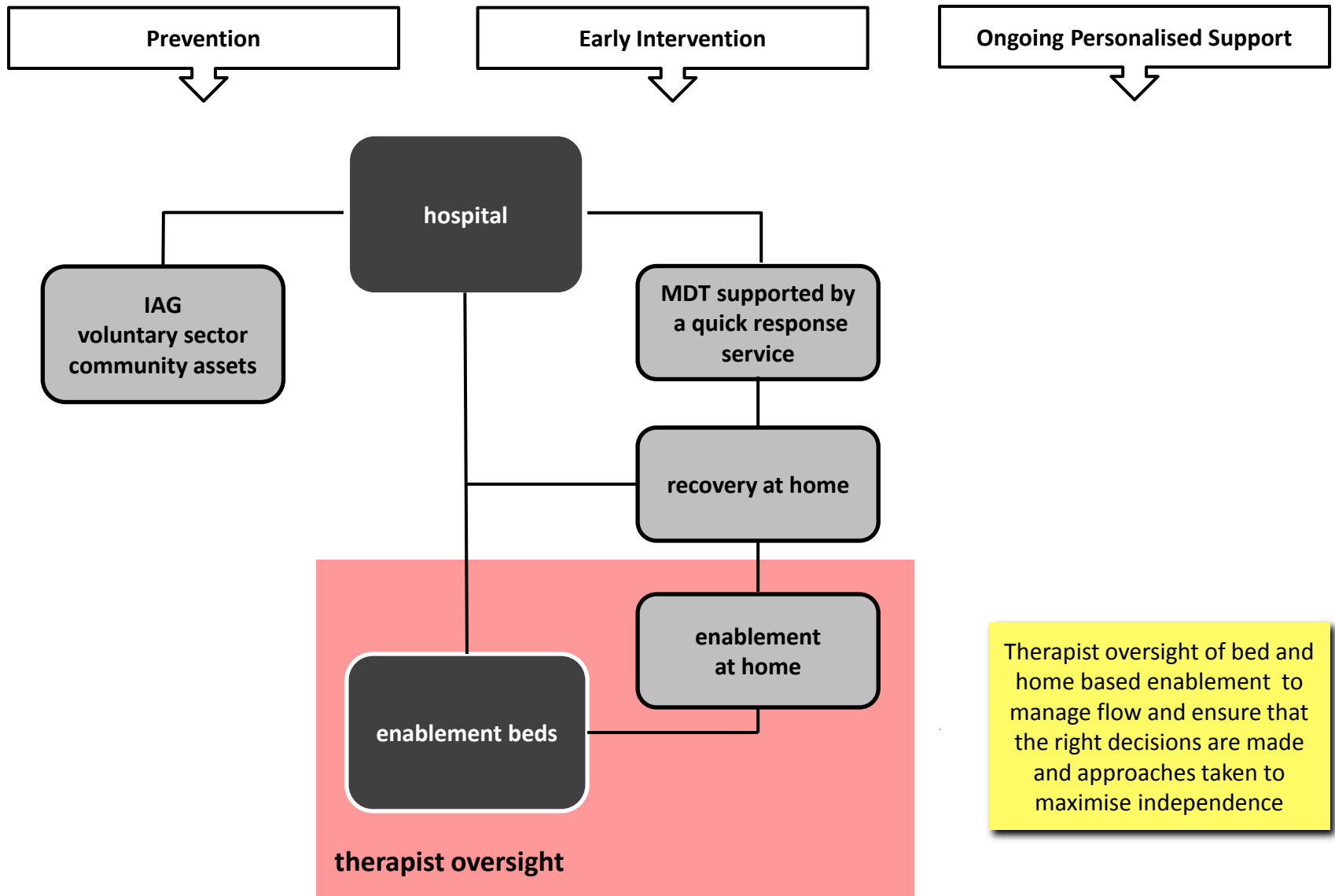
Birmingham Integrated Care Model



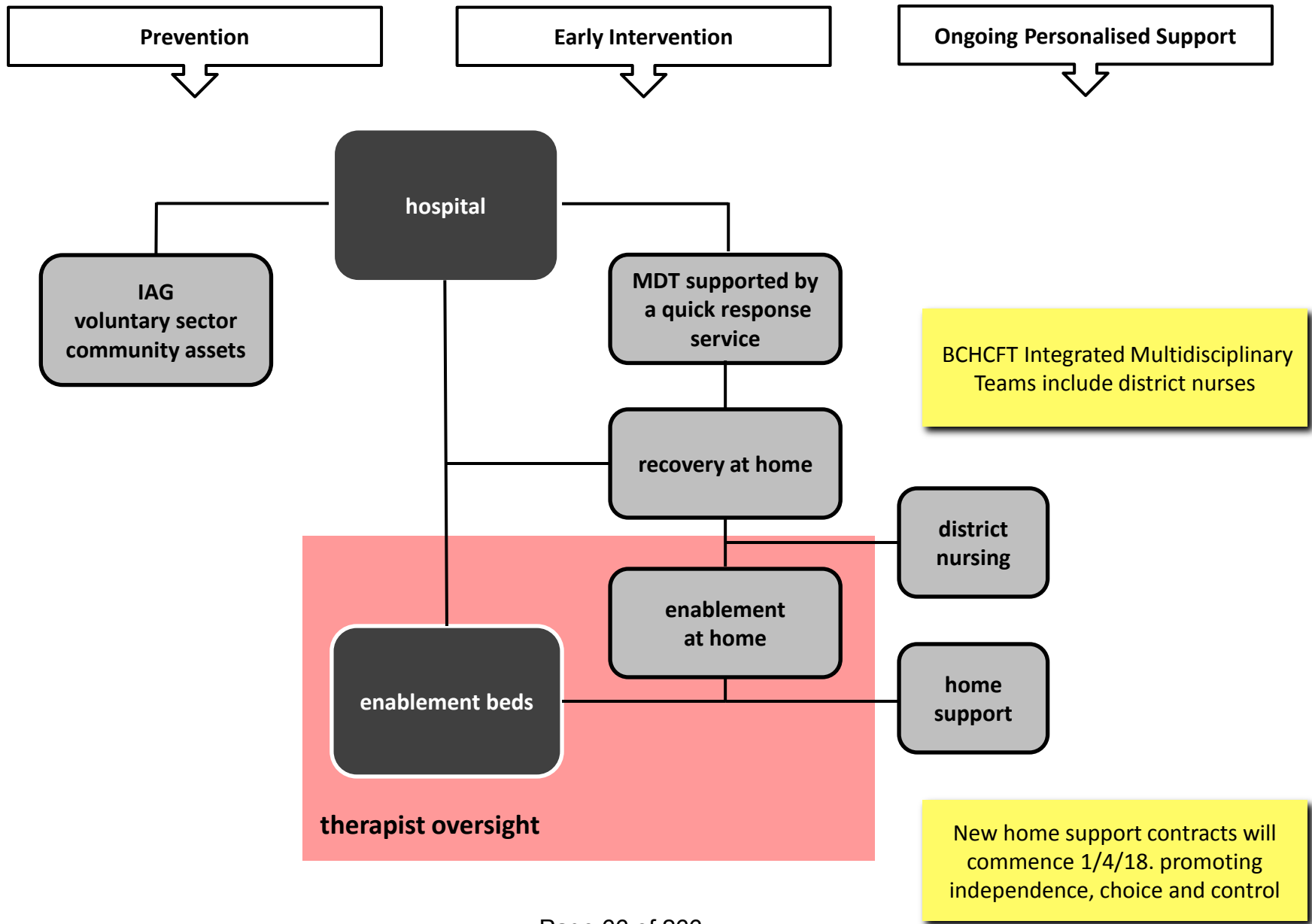
Birmingham Integrated Care Model



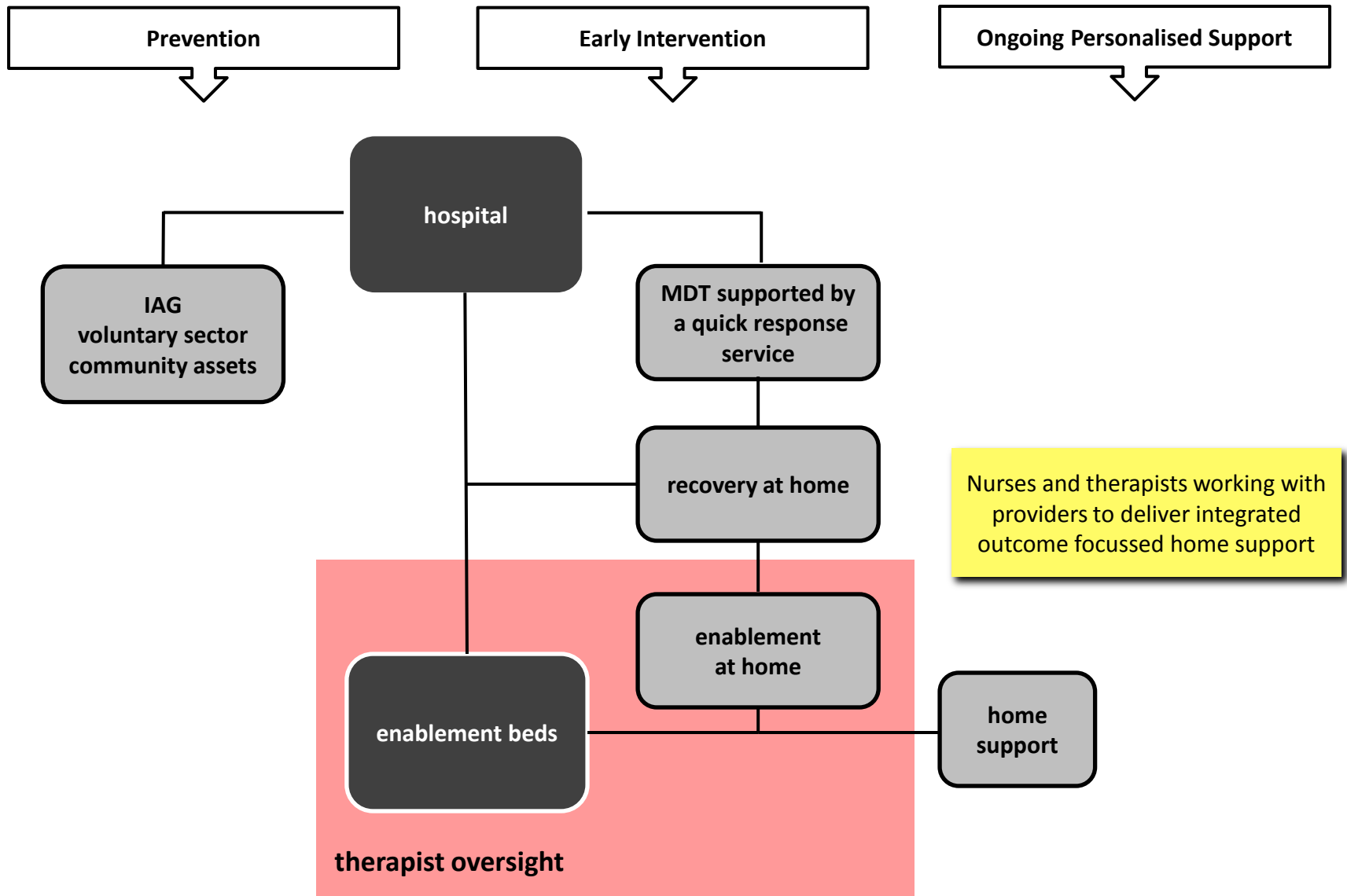
Birmingham Integrated Care Model



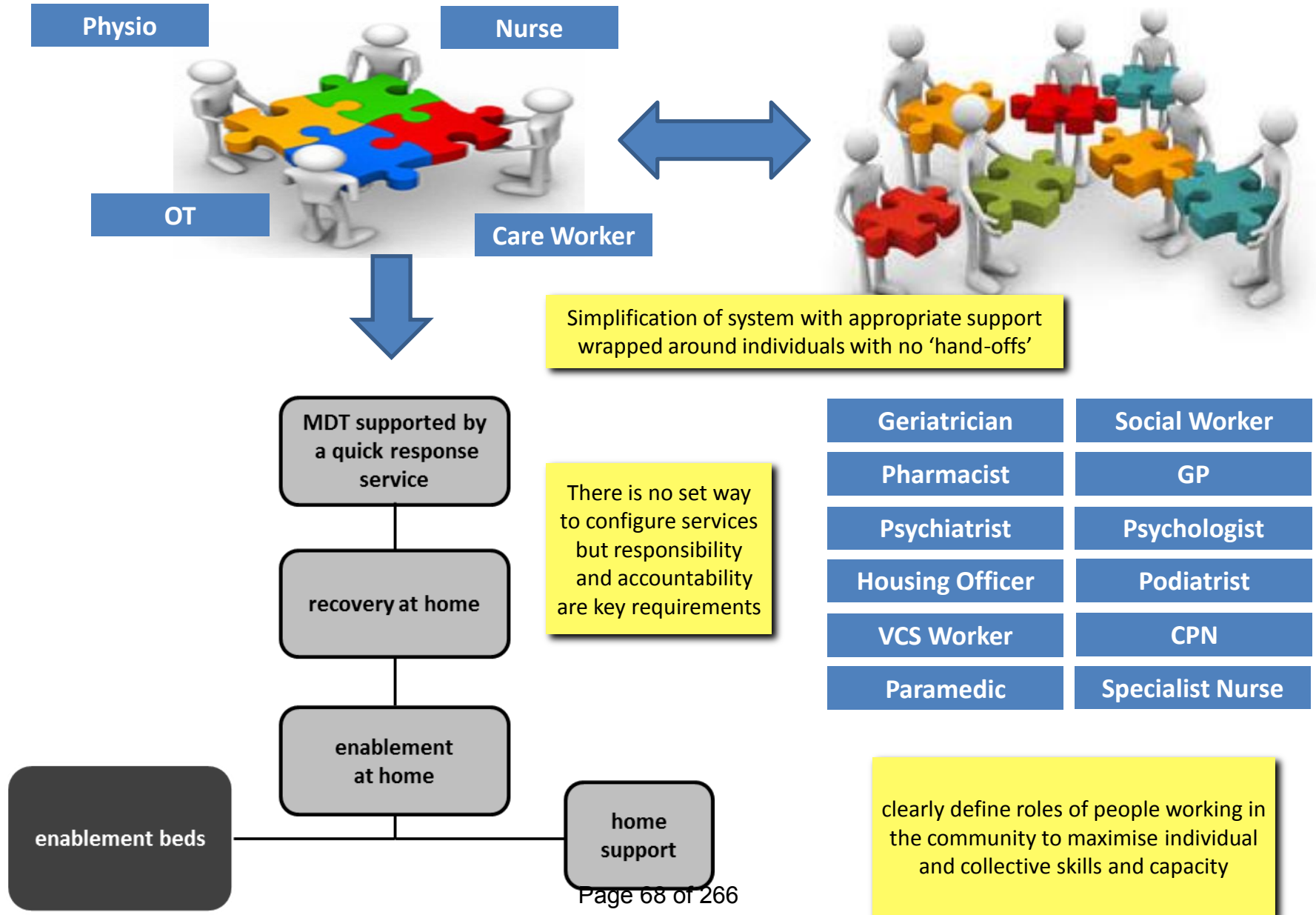
Birmingham Integrated Care Model



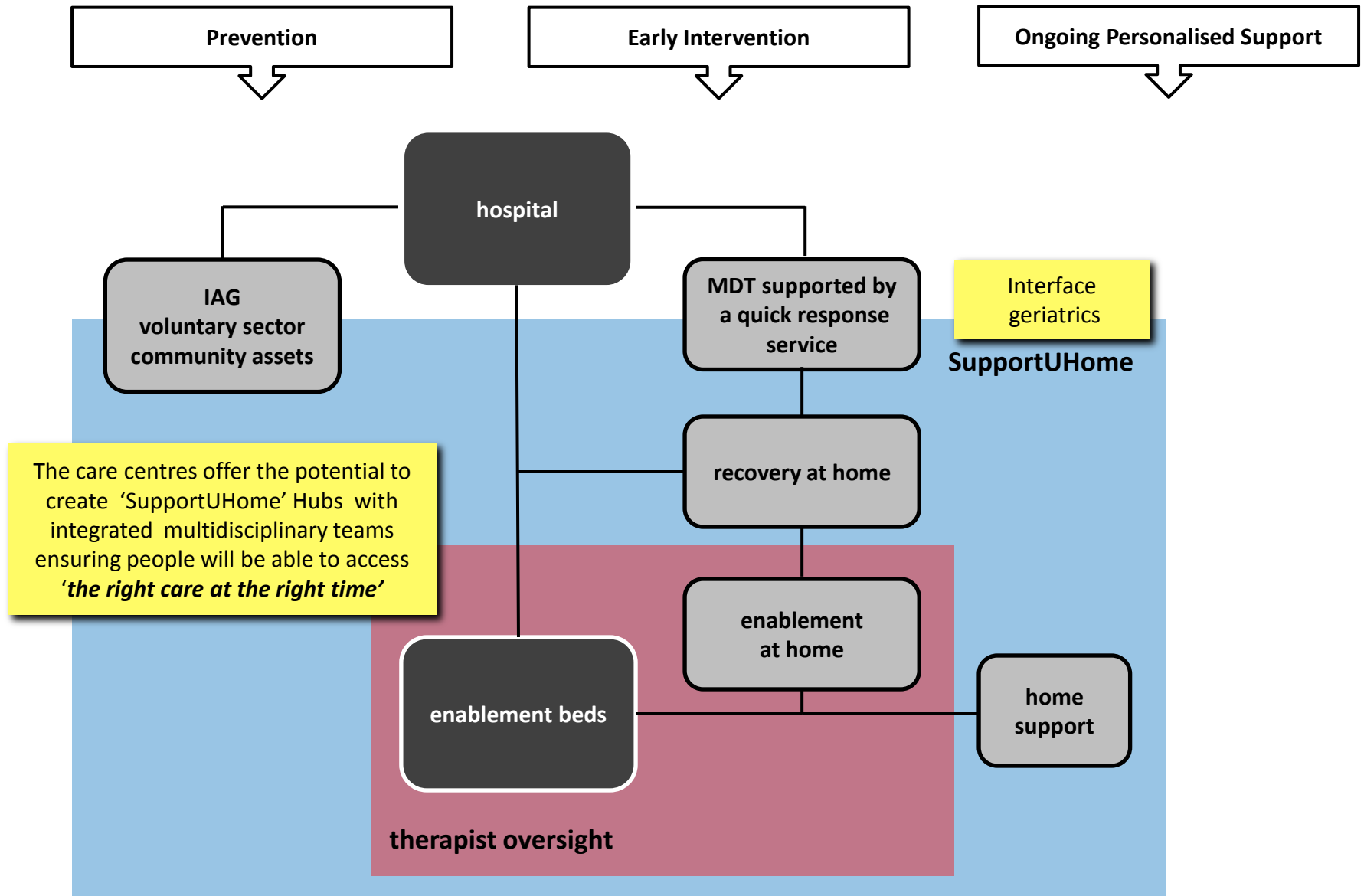
Birmingham Integrated Care Model



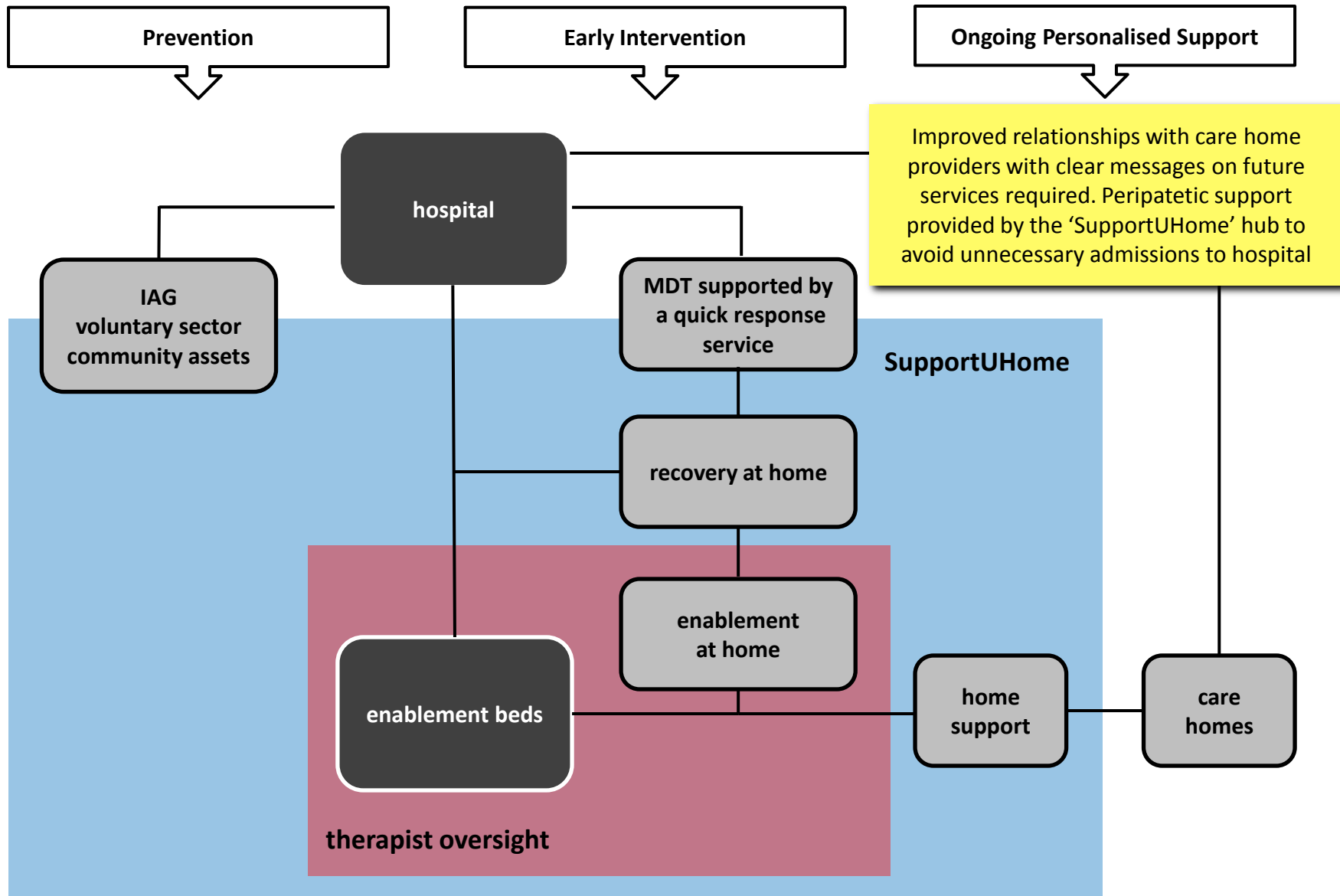
Birmingham Integrated Care Model



Birmingham Integrated Care Model



Birmingham Integrated Care Model



Birmingham Integrated Care Model

Prevention

Early Intervention

Ongoing Personalised Support

Clinical oversight of whole integrated pathway

IAG
voluntary sector
community assets

hospital

MDT supported by
a quick response
service

SupportUHome

recovery at home

Social workers will not focus on case management. Professional social work staff will use their skills and experience as appropriate throughout the pathway

GP
practices

enablement
at home

enablement beds

home
support

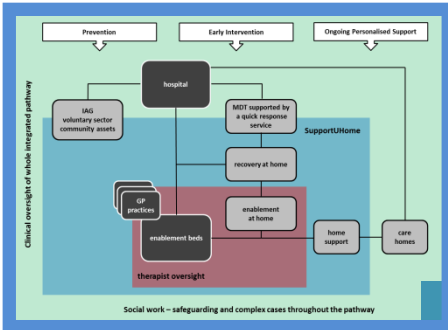
care
homes

therapist oversight

GP practices will be networked to the SupportUHome Hub. GPs and consultant geriatricians working together to oversee clinical aspects of the pathway and champion the 'home first' ethos

Social work – safeguarding and complex cases throughout the pathway

Birmingham Integrated Care Model



model



assets



people

Build upon good work already in place at a local level

North Locality GP Practices

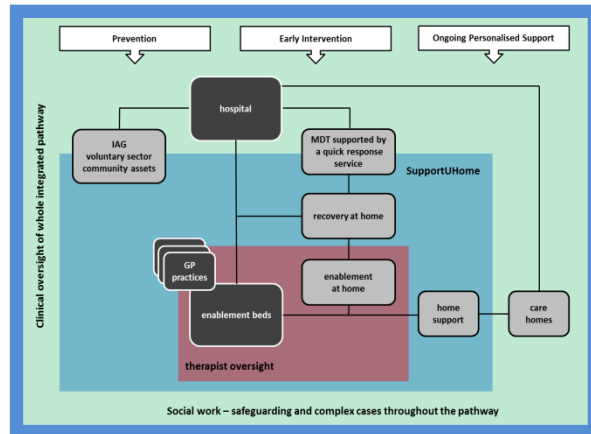
Getting the best from our community assets and people to deliver the model

Good Hope Hospital

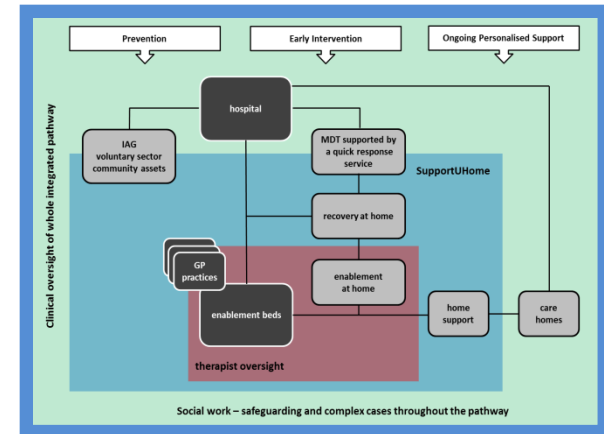
Understanding our opportunities and co-designing the best solution for a locality

Perry Tree Centre

Birmingham Integrated Care Model



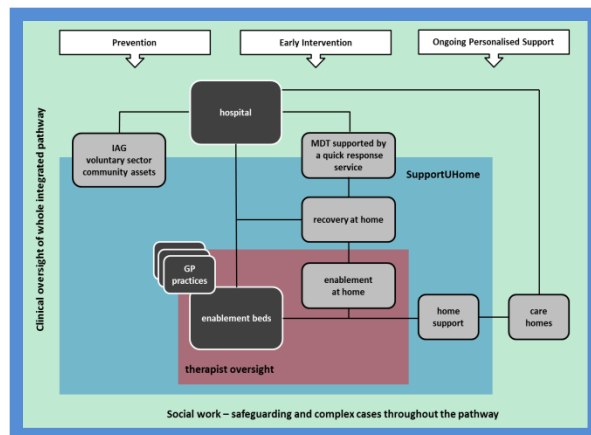
Shared care
record



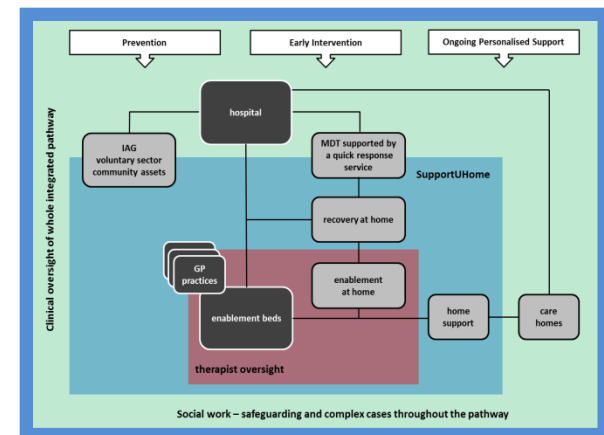
Digital catalogue
of support

contact support
digital front door

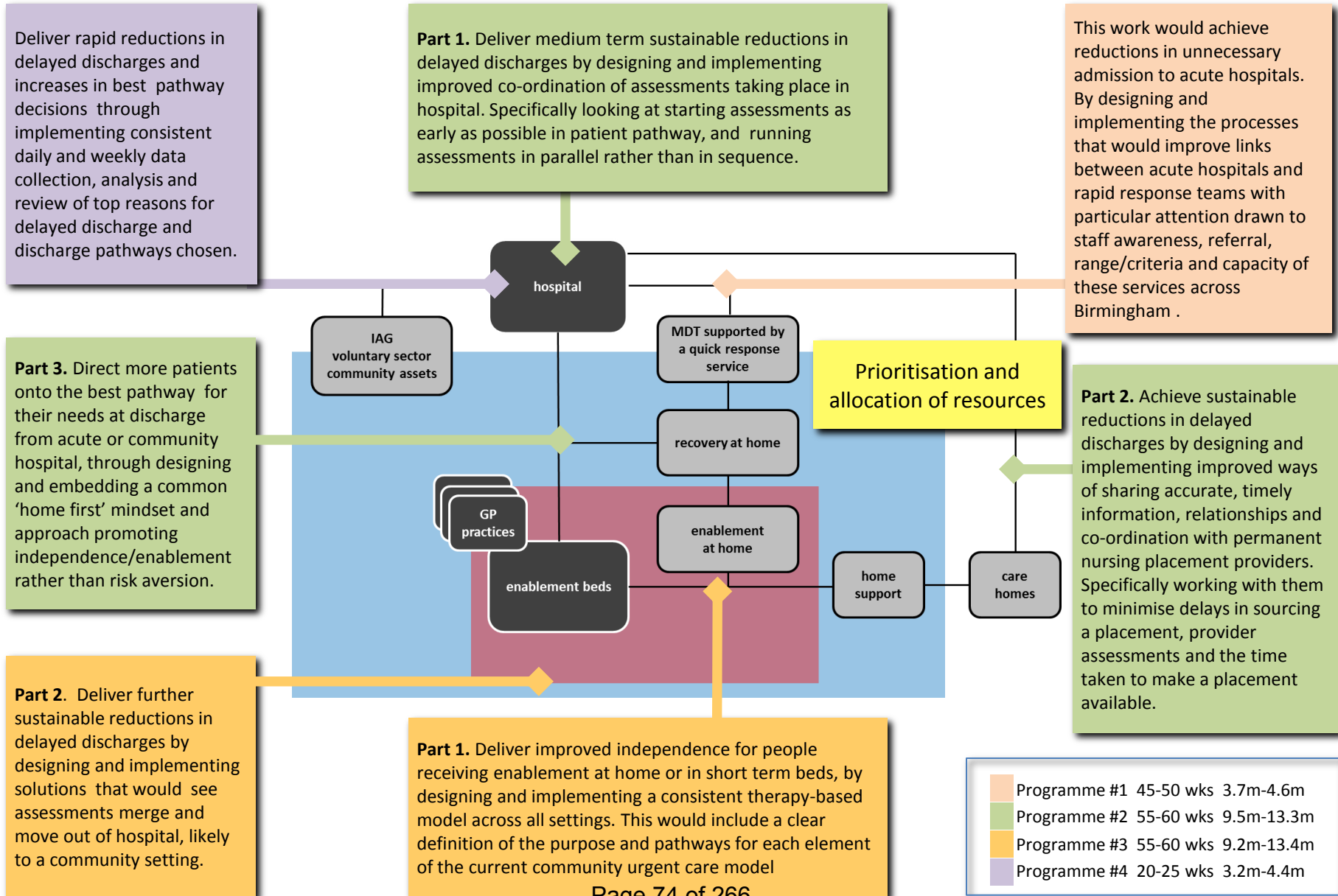
Consistency with
local variation



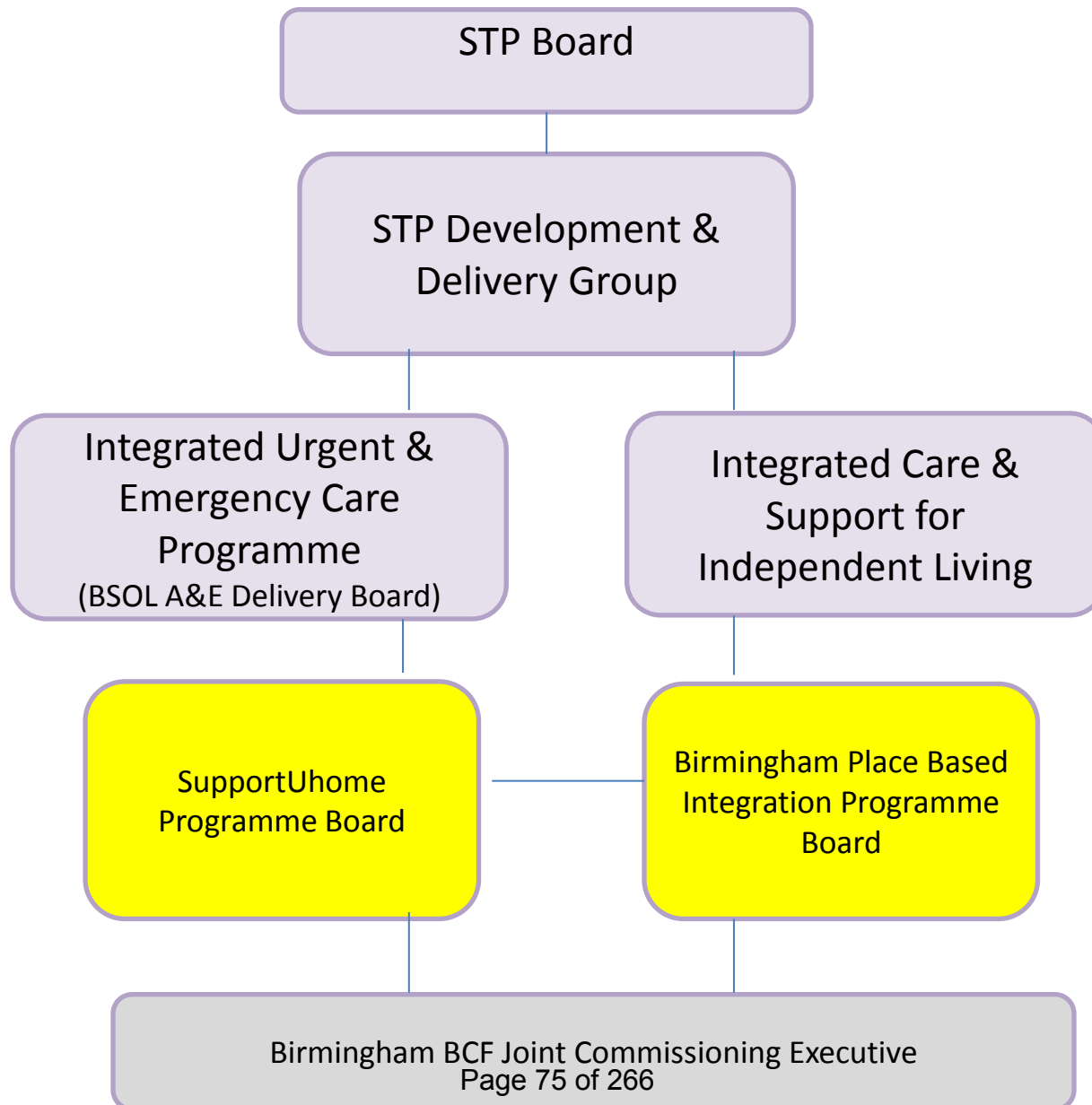
Whole system
flow information



Birmingham Integrated Care Model



Birmingham Integrated Care Model Governance



Next Steps

- Request STP Board support to the proposed model.
- Model to be shared within and across system partners.
- Finalise resource plan proposal for submission to March STP Board (includes Newton offer of support) .
- Confirm system governance process for consideration and approval.



Questions

SUMMARY

The proportion of people we inappropriately admit into acute hospitals.

23%

Awareness of Rapid Response service in A&E.

Referral process, criteria and capacity in Rapid Response.

2,900 to 3,500

people avoiding acute hospitals.

Admissions to QE Hospital

The proportion of people delayed in hospital waiting to leave.

51%

Multiple assessments, delays between each

Complex nursing care market, and starting care promptly across all providers

22,000

fewer days patients spend in hospital

Patients on wards with longer length of stay or geriatric focus in QE, Heartlands and Moseley Hall

The proportion of people we discharge out of hospitals inappropriately.

19%

Risk aversion in decision-making on discharge pathways

Knowledge of the best options for the patient; best-placed professional making decision

600 to 1,000

people living more independently

Older adults discharged from QE, Heartlands, Good Hope, Moseley Hall

The proportion of people we could provide better short-term bed enablement for.

36%

Variable 'therapy model' across short-term beds.

Delays and risk averse decisions when leaving a short-term bed

300 to 600

people living more independently or going home sooner

Patients in Intermediate Care or EAB beds

The proportion of people we could provide better home-based enablement for.

37%

Not fully considered by all referrers and reviewers

More input needed from therapists into plans and delivery

2,300 to 4,000

people living more independently

Users in domiciliary care who had not received enablement in last 6 months; users who had received enablement

	<u>Agenda Item: 10</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20 February 2018
TITLE:	MULTIPLE COMPLEX NEEDS
Organisation	Birmingham Voluntary Service Council / BCC
Presenting Officer	Natalie Allen & Adrian Phillips

Report Type:	Information
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1. Purpose:	
1.1	The purpose of this report is to make Board Members aware that Birmingham falls in the top 20 local authorities with the highest incidence of individuals with Multiple and Complex needs, up to three times the national average.
1.2	Those with Multiple Complex Needs have disproportionally adverse outcomes which are often related to their own ACEs. Their children are likely to suffer multiple ACEs and fall into this group in the future.
1.3	There are significant social costs associated with Multiple and Complex Needs with potentially negative impacts on the children of individuals experiencing multiple disadvantages.
1.4	Extrapolated across Birmingham and Solihull, an expenditure of over £127 million per annum for people with at least two of homelessness, offending and substance misuse is estimated. 60% of this cohort are unemployed.
1.5	Extensive research, consultation with experts by experience and service analysis in Birmingham has indicated shortcomings in services.
1.6	The “Changing Futures” programme has shown that some simple interventions of the system can help improve outcomes for people with Multiple Complex Needs.

2. Implications: # Please indicate Y or N as appropriate]		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

3. Recommendation	
3.1	<p>Agree that the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> ➤ Identifies individuals with Multiple Complex Needs as a priority group due to their disproportionately poor outcomes and effect on future generations ➤ Supports the work of Changing Futures ➤ Engages partner organisations to simplify their offer, support appropriate work placements especially through the STP process ➤ Works with housing partners in terms of stable accommodation ➤ Adopts targets from the Changing Futures programme in the interim
3.2	<p>In addition the Board is invited to “walk the Frontline with Birmingham Changing Futures” and experience life at first hand for this group and use the experience and learning to challenge policy, partner organisations etc. and promote systems change within their position of influence.</p>

4. Background

- 4.1 There is growing awareness that populations experiencing homelessness, substance misuse, poor mental health and offending behaviours overlap considerably. These vulnerable individuals often fall through the gaps in policy and service provision leading to an inter-generational cycle of disadvantage.
- 4.2 Individuals are often seen as a succession of separate “issues” by service providers working in silos as part of an uncoordinated approach. Often these individuals are themselves children of parents with complex needs and whose own children are likely to be in the same circumstances.
- 4.3 Addressing this group is about breaking the cycle of disadvantage. This group are at the “bottom of the pile” when it comes to socio-economic advantage. Their outcomes are poor and their effects on society are large.
- 4.4 Shortcomings in services have been identified in Birmingham. Addressing these shortcomings is essential to effect systems change to ensure that individuals with Multiple and Complex Needs achieve their aspirations and make their own vision of a ‘fulfilling life’ a reality. Research and consultation locally tells us that:
- **Silo-working must be broken down** – services must be seamless and integrated.
 - **Sometimes help comes too late to prevent crisis** – there must be better and earlier identification and diagnosis of complex needs so that an integrated, holistic service response is triggered sooner.
 - **Clients ‘fall out’ of the system** – better tracking and monitoring of progress and outcomes is needed.
 - **Information isn’t ‘pooled’ or used intelligently** – information needs to be shared between providers so that service users are not repeatedly required to “tell their story”.
 - **Support needs to be improved in order to improve outcomes** – support needs to be more intensive and more ‘guided’.
 - **Services need to be improved so that complex ‘navigation’ of the system is no longer necessary** – better signposting and referral pathways and mechanisms are needed.
 - **Greater service user involvement is vital** – service users must be at the forefront of service design and system change.
 - **This work is challenging and demanding** – partners too will need support and encouragement in this challenging work.

- 4.5 The “Changing Futures” programme has shown that some simple interventions of the system can help by offering those supporting features which many take for granted like a chance of employment and stable housing. The system can help by simplifying its “offer” and involving them in service change. Additionally large organisations have influence through the “Social Value Act” (Birmingham Business Charter) to influence how others engage with this small group of people.

5. Compliance Issues
5.1 Strategy Implications
5.2 Governance & Delivery
5.3 Management Responsibility
Natalie Allen, Programmes Director at Birmingham Changing Futures, is the Operational Lead on the Health and Well Being Operations Group.

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

Natalie Allen -BVSC
Adrian Phillips – Birmingham City Council

Health and Wellbeing Board

Multiple and Complex Needs

February 2018

Adrian Phillips
Director of Public Health
Birmingham City Council

Natalie Allen
Programme Director
Birmingham Voluntary Service Council

Introduction

There is growing awareness that populations experiencing homelessness, substance misuse, poor mental health and offending behaviours overlap considerably.¹ These vulnerable individuals often fall through the gaps in policy and service provision leading to an inter-generational cycle of disadvantage. Individuals are often seen as a succession of separate “issues” by service providers working in silos as part of an uncoordinated approach. Often these individuals are themselves children of parents with complex needs and whose own children are likely to be in the same circumstances. Addressing this group is as much about them as individuals as it is about breaking the cycle of disadvantage. This group are at the “bottom of the pile” when it comes to socio-economic advantage. Their outcomes are poor and their effects on society are large. Through extensive research, consultation with experts by experience and service analysis in Birmingham² the following shortcomings in services have been identified. Addressing these gaps is essential to effect systems change and to ensure that individuals with Multiple and Complex Needs achieve their aspirations and make their own vision of a ‘fulfilling life’ a reality.

- **Silo-working must be broken down** – services must be seamless and integrated.
- **Sometimes help comes too late to prevent crisis** – there must be better and earlier identification and diagnosis of complex needs so that an integrated, holistic service response is triggered sooner.
- **Clients ‘fall out’ of the system** – better tracking and monitoring of progress and outcomes is needed.
- **Information isn’t ‘pooled’ or used intelligently** – information needs to be shared between providers so that service users are not repeatedly required to “tell their story”.
- **Support needs to be improved in order to improve outcomes** – support needs to be more intensive and more ‘guided’.
- **Services need to be improved so that complex ‘navigation’ of the system is no longer necessary** – better signposting and referral pathways and mechanisms are needed.
- **Greater service user involvement is vital** – service users must be at the forefront of service design and system change.
- **This work is challenging and demanding** – partners too will need support and encouragement in this challenging work.

The Scale of Multiple and Complex Needs

A nationwide mapping exercise undertaken by Lankelly Chase³ looked at individuals affected by Multiple and Complex Needs. *Hard Edges* defined these individuals as experiencing two or more of homelessness, substance misuse and offending behaviour simultaneously.

The report indicates that Birmingham falls in the top 20 local authorities with the highest incidence of individuals with multiple and complex needs, at two to three times the national average.

Dependencies (requiring contact with relevant agencies)	Estimated total for Birmingham and Solihull*
Two of homelessness, offending and substance misuse	6,700
All three of homelessness, offending and substance misuse	2,000
All three as well as mental health problems	1,000

*Rounded to nearest 100

National Demographic

The individuals affected are predominantly white males, aged 25–44, with long-term histories of economic and social marginalisation and in most cases, childhood trauma of various kinds.⁴ The findings support ongoing work into Adverse Childhood Experiences (ACEs), that it is within childhood trauma, family relationships and poor educational experience that we find the most important early origins of Multiple and Complex Needs.

Associated Costs

There are significant social costs associated with Multiple and Complex Needs, not least the potentially negative impacts on the children of individuals experiencing multiple disadvantage.

The *Hard Edges*³ report estimates that each individual with Multiple and Complex Needs has an average total public expenditure of £19,000 (of which £6,020 is benefits) per annum. This is four to five times the benchmark cost of £4,600 for an

average individual. It also confirms the strong relationship to “Adverse Childhood Experiences” and the inter-generational impact.

Extrapolated across Birmingham and Solihull, the report indicates an expenditure of over £127 million per annum for people with at least two of homelessness, offending and substance misuse. There is a high overlap between people in this cohort and those who are unemployed; it is estimated that just 6% of those with the three disadvantages of homelessness, offending and substance misuse are currently employed (60% are unemployed).

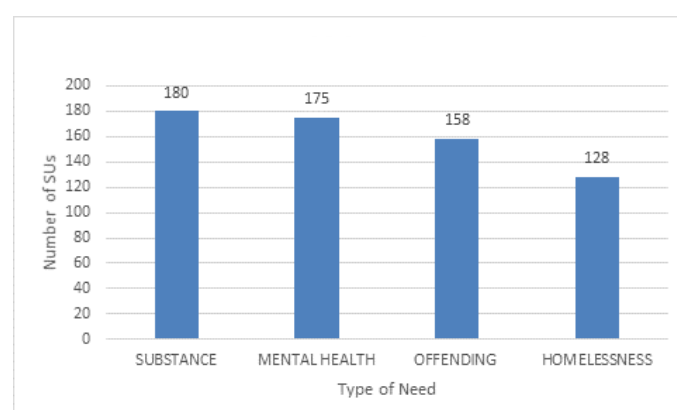
Summary of local data

Data provided by Birmingham Changing Futures Together suggests there is a higher level of Multiple and Complex Needs in Birmingham than original anticipated.

It was estimated that 156 of the most entrenched individuals (with three or more of homelessness, problematic substance misuse, reoffending and mental ill health) would receive support from Birmingham Changing Futures Together (Multiple and Complex Needs partnership supported by the Big Lottery Fund) between December 2014 and June 2019. This figure was exceeded in the first 2 years, working with 255 to date.

The below data is based on 191 individuals worked with up until December 2016.

Multiple Needs



- 98% of clients faced Substance Misuse issues.
- 95% of clients faced Mental Health issues.
- 86% of clients faced Offending issues
- 70% of clients faced Homelessness issues.

Despite the above percentages, current service users perceive housing to be by far the priority issue.⁵ Comments mainly concern: perceived ineligibility for social housing, few options for permanent accommodation, difficulty in using computer-based application systems, the stress attached to being in temporary and hostel accommodation alongside people engaged in antisocial behaviours, particularly after detox or at a vulnerable point in life.

“It’s rubbish. As a single male, I get no help. (Provider) have said that there’s no hostels or bedsits or anything for me, as I need help with my mental health needs.”

The most positive interventions made by key workers are: navigating IT based systems, budgeting and resolving benefit issues affecting rent, and accessing appropriate health care including access to GPs which is highlighted as a particular issue⁵.

Suitability of treatment is also a problem and many end up in A&E by default. Individuals want professionals to understand more about the interaction between mental health and addictions in particular, and to see this reflected in treatment packages. They thought there was little point in treating mental health in isolation.⁵

Having a criminal record is preventing individuals with Multiple and Complex Needs getting into work. When asked, they saw having to disclose their record to a potential employer as deeply hostile to their chances of getting a job. Interviewees did not seem familiar with the Rehabilitation of Offenders Act, even those with fairly minor sentences.

“If they help you get on a course or into training or whatever, you’d have something to do with the day, and you’d be less likely to offend”.

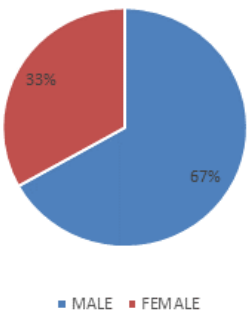
“All I need is help with drugs and jobs. There’s loads of work out there but the problem to me is my criminal past. I’m not a lazy arse. I’m qualified to work on the railways. They need to loosen up the law on rehabilitation to help people like me get back into jobs”.

Interviewees faced multiple barriers in the labour and training markets. These included: unaddressed

personal and behavioural issues, severe and chronic health problems, substance misuse and dependency, lack of stability (especially in accommodation), lack of appropriate role models, low educational achievement, lack of information and low self-confidence. They thought that providers could help them better by working together. When ready to enter the labour market, they needed help when declaring a criminal record.

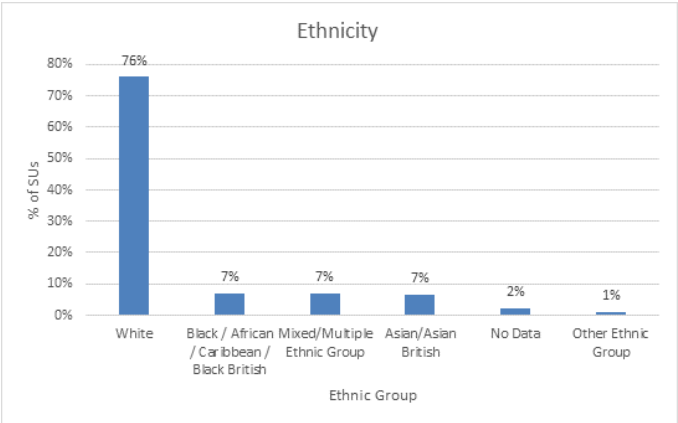
Demographic

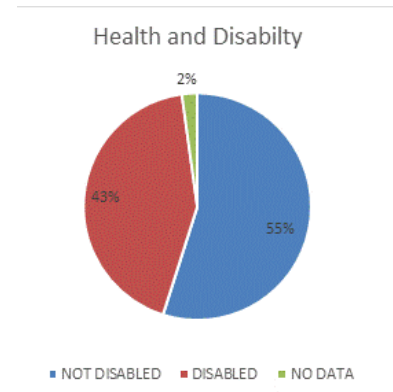
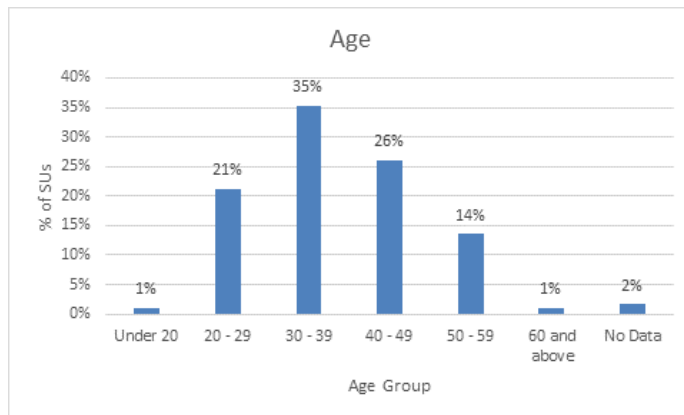
Women experience Multiple and Complex Needs differently to men and are more likely to have experienced extensive abuse and violence. This can leave women feeling that it is not “safe” to access mainstream services. Women may also “play-down” the level of need or disengage from services due to the fear of having children removed from their care.



Specialist women’s services are generally better placed to meet the needs of women, yet more than a quarter of all specialist support for women facing Multiple and Complex Needs is for pregnant women or those with a young baby (this is often the only time that they are visible). There are only a tiny number of services specifically for BME women.⁶

Ethnic Breakdown of Individuals in the Changing Futures Programme





Peer Mentors and Employment

The journey to employment for individuals with Multiple and Complex Needs can be a long one. There are several necessary prerequisites to allow individuals to take this next step.

- supporting individuals to stabilise their chaotic behaviour
- building resilience through positive, supportive relationships, preparation for employment, volunteering opportunities and developing leisure interests that aid recovery and rehabilitation
- promoting systems change so that organisations can successfully employ and retain individuals, minimising risk and drawing upon good practice and experience
- reducing system complexity, simplifying services and making them personal

People with lived experience of Multiple and Complex Needs are now being employed as Peer Mentors. This is evidence of how service user involvement is effecting systems change and an example of how the experience and expertise of service users is being captured and used to inform the design and delivery of services for the better.

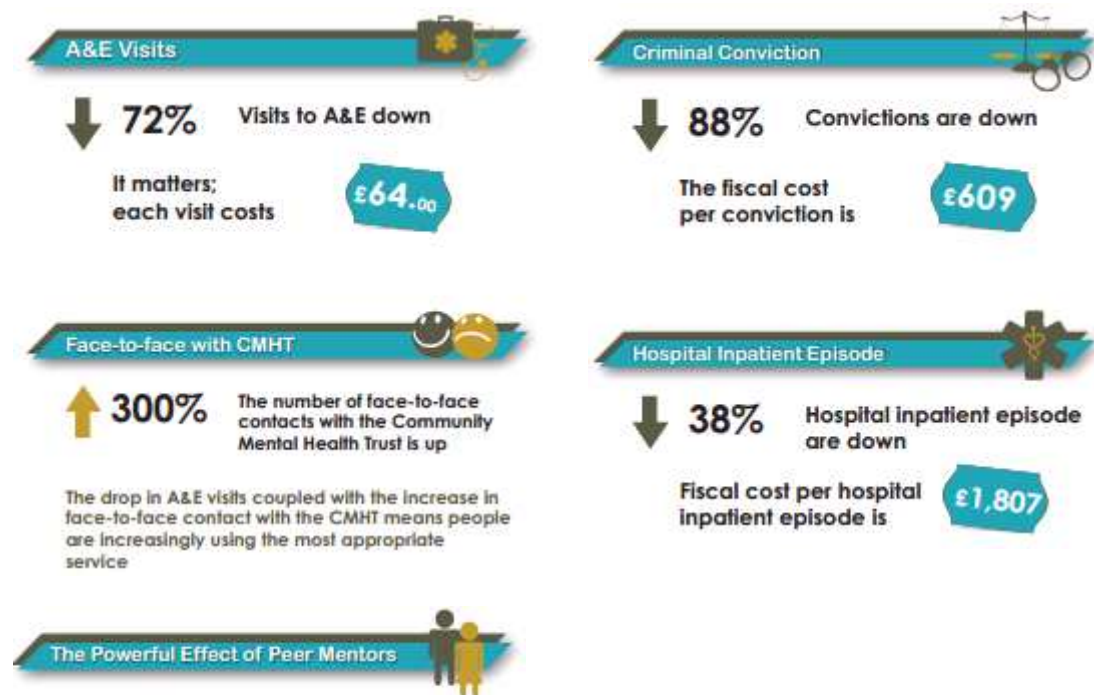
The impact on professionals who are now working alongside Peer Mentors has been significant as have been the changes to working practices, recruitment policies and procedures as a result.

The different skill sets brought to bear by those with lived experience and the existing professionals are well matched such that people learn from each other in the workplace:⁷

“...the moment you have a more diverse workforce you have people bringing different skills to share within that team. The impact working with PMs has had on other professionals includes a greater understanding of the client group and an awareness of what their needs are on a changing basis and what approach is needed at any given juncture.”

Employment is a key factor in sustaining individuals in recovery and creating meaningful, long-term, paid positions is essential in order to do this. Much success has been seen in the health and social care field, with evidence supporting better outcomes for service users and the individuals who are now in paid employment.

The Impact of Peer Mentors on Early Stabilisation Indicators



Peer Mentors and professionals working together consistently produce better results than professionals working alone



The impact can be seen in the wellbeing of people with multiple and complex needs:

Homelessness Outcome Star Assessment

58% Improvement between the first and most recent assessment

New Directions Team Assessment

50% Improvement between the first and most recent assessments, indicating more structure and less chaos in their lives.

Conclusion

Those with Multiple Complex Needs have disproportionately adverse outcomes which are often related to their own ACEs. Their own children are likely to suffer multiple ACEs and fall into this group in the future. The “Changing Futures” programme has shown that some simple interventions of the system can help by offering those supporting features which many take for granted like a chance of employment and stable housing. The system can help by simplifying its “offer” and involving them in service change. Additionally large organisations have influence through the “Social Value Act” (Birmingham Business Charter) to influence how others engage with this small group of people.

Recommendations

Agree that the Health and Wellbeing Board:

- Identifies individuals with Multiple Complex Needs as a priority group due to their disproportionately poor outcomes and effect on future generations
- Supports the work of Changing Futures
- Engages partner organisations to simplify their offer, support appropriate work placements especially through the STP process
- Works with housing partners in terms of stable accommodation
- Adopts targets from the Changing Futures programme in the interim

In addition the Board is invited to “walk the Frontline with Birmingham Changing Futures” and experience life at first hand for this group and use the experience and learning to challenge policy, partner organisations etc. and promote systems change within their position of influence

References

1. *Fitzpatrick et al 2011*
2. *Birmingham Changing Futures Together Business Plan 2014*
3. *Lankelly Chase Foundation. Hard Edges: Mapping Severe and Multiple Disadvantage.*
4. *Fitzpatrick et al 2013*
5. *Birmingham Changing Futures Together Annual Report November 2017*
6. *AVA and Agenda. Mapping The Maze: Services for women experiencing multiple disadvantage in England and Wales*
7. *A Review of the Impact of Birmingham Changing Futures Together on systems Change: ABIC Ltd, May 2017*

	<u>Agenda Item: 11</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	UPDATE ON BIRMINGHAM BETTER CARE FUND – QUARTER 2
Organisation	Birmingham Better Care Fund
Presenting Officer	Louise Collett / Karen Helliwell

Report Type:	Endorsement /Information
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1. Purpose:
<p>The Birmingham Better Care Fund has been asked to report on progress to the Birmingham Health & Wellbeing Board. This report summarises:</p> <ul style="list-style-type: none"> • Quarter 2 reporting to NHSE

2. Implications:		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

Board members are asked note the contents of this report.

4. Background

4.1 The Integration and Better Care Fund plan for 2017-18 and 2018-19 is a requirement of the policy framework agreed by the Department of Health (DH) and the Department for Communities and Local Governments (DCLG), developed in partnership with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and NHS England.

4.2 The plan included:

- Information about the national planning requirements and how Birmingham plans to meet them.
- Details of local financial allocations including CCG and Local Authority contributions to the pooled budget and additional iBCF allocations.
- Information about those National Metrics BCF will be measured against.
- Clear planning reflecting integration and alignment of BCF with 'Out of Hospital' work-streams.
- A description of developing governance and accountability arrangements.

4.3 Summary of Quarter 2 reporting

Following informal approval of the plan areas have been required to submit quarter 2 planning. This has included reporting on National Conditions, performance on metrics and achievements against the High Impact Change model.

4.3.1 National Conditions

The BCF Plan includes four national conditions and all four have been reported to have been met in quarter 2. National conditions for 17/18 are:

- 1) Plans to be jointly agreed
- 2) Planned contribution to social care from the CCG minimum

contribution is agreed in line with the planning Requirements

3) Agreement to invest in NHS Commissioning out of hospital services

4) Managing transfers of care

4.3.2 Metrics and High Impact changes

BCF includes Key Metrics around Reducing non-elective admissions, reducing residential admissions, reablement and Delayed Transfers of Care. Quarter 2 performance showed achievement to trajectories for Non-elective admissions and residential admissions but not for reablement and the very challenging DToC target.

Quarter two reporting also included an update on progress with the High Impact Changes into which many of the actions described below also feed.

A number of actions are in place spanning health and social care, these include:

- The development of multi-disciplinary teams to support a reduction in non-elective admissions, DToC and readmissions.
- The development of a trusted assessor role to ensure assessments are undertaken in a timely way and provide access to a timely discharge to the appropriate location.
- A review of Continuing Health Care (CHC) processes to support a reduction in health delays.
- Clarification of the choice policy to ensure its use supports timely and appropriate discharge from acutes.
- Increasing bed capacity in terms of developing additional interim beds as well as long term capacity for complex needs.
- Stabilising the care market and improving the quality of care.
- Reducing delays in the provision of care at home through use of a Quick discharge service, potential night service for vulnerable people and expansion of the Hospital from Home service.
- Workforce and capacity through a series of actions to improve critical capacity particularly in light of winter pressures.
- Developing Joint Strategic Needs Assessment to inform market position statement and strategic work.

- System diagnostic (Newton work) undertaken and reporting to strategic partnership in December 2017.
- Commissioning of preventative services
- Implementation of the Clinical Review Tool in the Acutes
- Developing Dementia services and support for informal carers.

5. Compliance Issues

5.1 Strategy Implications

Health and Wellbeing Boards have overall responsibility to ensuring the integration of health and care functions within their localities and it is a requirement of the BCF that local plans are agreed by Health and Wellbeing Boards. This agreement was given in October 2017 and this report is intended to update the Board on progress to the objectives included within the plan.

5.2 Governance & Delivery

Governance arrangements link firmly with the BSol STP plan, Adult Social Care Transformation plan and local NHS Commissioning Reform plans. It is intended that BCF will complement the refreshed approach to the BSol STP and its governance. This is a significant move from the previous BCF programme and governance arrangements, which were set separately to the other system programmes.

The Terms of Reference (ToR) for the BCF Commissioning Executive and underpinning programme management have been refreshed to reflect these changes in approach.

5.3 Management Responsibility

Louise Collett, Service Director Commissioning
Mike Walsh, Service Lead, Commissioning Centre of Excellence

6. Risk Analysis

A detailed Risk Assessment is included in the narrative plan and will be monitored through refreshed/ revised programme management arrangements with key risks and issues escalated and managed by the Commissioning Executive. These responsibilities are detailed in the revised terms of reference for the BCF Commissioning Executive. Major risks identified in the planning process so far are outlined below.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Governance arrangements are insufficient to make investment decisions, ratify the vision and ensure ongoing alignment of the programme with whole system strategic direction	Low	High	<ul style="list-style-type: none"> • Programme has a clearly defined purpose • Commissioning Executive • established - Members AO and CFOs • Defined process for decision • Making with appropriate schemes of delegation. • Clear method for disagreement resolution. • Rules on data and performance management agreed
BCC financial position remains challenging impacts on 17/19 onwards available budgets, making plan delivery impossible	Medium	High	<ul style="list-style-type: none"> • Clear and shared financial planning • Financial governance and scrutiny in place • Clear accountability as part of Terms of reference
Unprecedented level of Workforce change required across; clinical and	High	High	<ul style="list-style-type: none"> • Workforce will form part of the Sustainability and Transformation

professional practice, terms and conditions, organisations, culture, engagement with people and each other			Plans. <ul style="list-style-type: none"> Strategic partnership gives opportunity for collaboration and change
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Appendices

Quarter 2 BCF Reporting

Signatures

**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

Date:

The following people have been involved in the preparation of this board paper:

Mike Walsh, Service Lead, Commissioning Centre of Excellence
Mary Latter, Programme Manager BCF
Perminder Paul, Programme Manager BCF

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.

This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets

4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area:

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geograph

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcome:

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide further detail on the initiatives implemented and related actions that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter and any impact to highlight, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

Hospital Transfer Protocol (or the Red Bag Scheme):

The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:

A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:

<https://www.youtube.com/watch?v=XoYZPxmULHE>

5. Narrative

This section captures information to provide the wider context around health and social integration.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q2 2017/18

1. Cover

Version 1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
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Health and Wellbeing Board:	Birmingham
Completed by:	Perminder Paul
E-mail:	perminderpaul@nhs.net
Contact number:	07971 773 906
Who signed off the report on behalf of the Health and Wellbeing Board:	

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please go to the [Checklist](#) for further details on incomplete fields - Click for link

	Pending Fields
1. Cover	1
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Better Care Fund Template Q2 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board:

Birmingham

Confirmation of National Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q2 2017/18					
3. Metrics					
Selected Health and Well Being Board: Birmingham					
Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	Uncertainty about status of BCF and IBCF plans has created difficulties in some stages of implementation. This is set against a background of change created by a system wide Health and social care restructure which presents challenges as well as opportunities	<p>Has facilities to Birmingham Cross-City, Birmingham South Central and West Birmingham non elective admissions. There is some variation between CCG's but good performance by West Birmingham has contributed to improved achievement across the area.</p> <p>Collaborative working Reducing the number of non-elective admissions requires effective collaboration across health and care systems to support people in managing conditions and reducing the frequency and necessity for emergency admissions. This presents challenges and whilst a key focus of work being undertaken in the system diagnostic work by Newton (as part of BCF) is on delayed transfers of care it is also looking closely at variations in admission rates and services following attendance at the Emergency Department (ED), the reasons for</p>	N/a
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	N/a	<p>In the 12 months up to September 2017, 626 clients aged 65+ were admitted into permanent accommodation - down from 764 in the 12 months up to September 16 and in line with the target of 650 included in the BCF plan.</p> <p>Previous achievement Birmingham has performed well against this target in previous years and has adopted a cautious approach in 17/18 to maintaining reductions whilst working to manage and reduce their impact on community and home care services. Some commissioning of long term beds has taken place focussing on providing beds for those with the most complex needs including dementia. Mobilisation of new beds from November 2017 onwards</p> <p>Interim Beds Additional interim beds have been</p>	N/a
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Not on track to meet target	Uncertainty about status of BCF and IBCF plans has created difficulties in some stages of implementation. This is set against a background of change created by a system wide Health and social care restructure which presents challenges as well as opportunities	<p>SALT return which looks at discharges between 1/10/16 and 31/12/16. This shows 730 discharges to rehabilitation of clients aged 65+ with the intention of them returning home, in the period. Of these 566 were still at home 91 days later, giving a proportion of 77.5%.</p> <p>System Diagnostic: As above, work around Enhanced Assessment Beds is ongoing as part of the system diagnostic work and it is planned that any major reconfiguration of provision will only take place after that is concluded. This work will also impact on other parts of the reablement/ rehabilitation pathways.</p> <p>System diagnostic - to be completed December 2017</p> <p>Home from Hospital services Other work to support this metric</p>	Support is being provided through the system diagnostic workstream.
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	The planned target for Birmingham is not considered to be realistic in the timescale.	<p>Admissions The establishment of integrated multi-disciplinary teams based at the front door of hospitals, based upon the AdAPT model established at City Hospital.</p> <p>Trusted Assessors The roll out of a trusted assessor process in UHBT following a successful pilot which saw a c35% reduction in delayed days for simple packages of care. The hospital OTs being granted trusted assessor status, following appropriate training, has freed up social care staff from assessments, hospital OTs can also directly input into the social care system, following appropriate data sharing agreements. This approach will be rolled out across HEFT and BCHFT in the next quarter.</p> <p>Review of CHC The CCGs have commissioned and</p>	As a system we are committed to achieving the required level of DTOTC, but this will require certainty in terms of resource allocation and a realistic timeframe to put in place longer term sustainable solutions.

* Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DTOTC trajectory template

Better Care Fund Template Q2 2017/18

4. High Impact Change Model

Selected Health and Well Being Board:

Birmingham

		Maturity assessment			Narrative		
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Not yet established	Plans in place				First Newton Review report on 14/11. Main areas of work. Developing an integrated service supporting ED and short stay units to reduce LOS. Data sharing agreement with integrated IT systems. Capacity and flow tool at Solihull site. Improved commissioning information. Digital systems to better track performance. Work to be progressed once priorities agreed
						This is a system challenge that has been r	Support required to implement will be determined during next phase of system diagnostic work.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place			Partners have commissioned 'Newton' to undertake a system wide analysis, whilst immediate action is being taken to reduce DTOC for winter 2017/2018, system leaders recognise that it is essential to identify why Birmingham DTOC is so high. -Teams are working together to review the assessment and commissioning processes for people ready for discharge from hospital. This has enabled the teams to identify where activity can be changed / stopped in order to speed up the process.	The Newton findings concerning in hospital flow and proposed actions will be considered following the presentation on 14/11 and integrated into current delivery programmes. Work to be progressed once priorities agreed. Reviewing the existing process to make it leaner E.g. reviewing the commissioning process has reduced the timescale to identify provision by two days per client. For home support providers it has been possible to introduce a 'work around' which has reduced the time for commissioning the service by half a day. It is anticipated that the outline of a model could be in place by end Nov 2017.
							Support required to implement will be determined during next phase of system diagnostic work.

Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established			<p>Multi-disciplinary/multi-agency discharge teams are in place at all acute hospitals. Teams conduct daily joint ward visits to assess status and to plan for discharge. It is acknowledged that processes need to be refined through the system diagnostic work to improve co-ordination of activity.</p>	<p>First Newton Review report due on 14/11. Main areas of work, developing MDT teams supporting ED and short stay units. Joint BCC/CCG commissioning strategy for home care and resi/nursing home providers. Work to be progressed once priorities agreed.</p>	<p>Support required to implement will be determined during next phase of system diagnostic work.</p>
Chg 4	Home first/discharge to assess	Not yet established	Plans in place			<p>The previous model of bed capacity out of hospital where people are further assessed is being reviewed and the preference is to get people home where possible</p>	<p>The Newton Recovery, Rehabilitation and Re-ablement review funded by the iBCF will report to system executives on 14/11. Initial feedback is that Birmingham does not have a home first model and this will be addressed. The Newton work includes indicative changes to capacity required and the financial consequences of changes for partners and options for change. The Support U Home programme in Solihull has already established this. Work to be progressed once priorities agreed</p>	<p>Support required to implement will be determined during next phase of system diagnostic work.</p>
Chg 5	Seven-day service	Plans in place	Established			<p>Discussions taking place to establish the requirements for support services in order to ensure a fully functioning 7 day service offer. Review the need for support services to be available over a 7 day period</p>	<p>Recruitment of 10 Social Workers across the Acute Hospitals as the first phase in implementing a sustainable 7 day social work service is underway.</p>	<p>Support required to implement will be determined during next phase of system diagnostic work.</p>
Chg 6	Trusted assessors	Plans in place	Established			<p>Scoping the trusted assessor model for care homes as part of the care home programme. Front door team and trusted assessments between professionals being tested</p>	<p>Continuation of SIDs model at HEFT over winter. Incorporate short stay and base ward projects. OT Trusted assessor model has been rolled out across wards following successful evaluation in one trust. This has included data sharing agreements. Aim to roll out similar approach through OTs in HEFT and BCHCFT.</p>	<p>Support required to implement will be determined during next phase of system diagnostic work.</p>

Chg 7	Focus on choice	Plans in place	Established			Further review of the single system choice policy has been undertaken with actions identified to clarify the position of self funders.	The Newton Review, reporting on 14/11 will identify any opportunities/actions required to enhance the care home market which will enhance choice, including working collaboratively with the market to incentivise.	Support required to implement will be determined during next phase of system diagnostic work.
Chg 8	Enhancing health in care homes	Plans in place	Established			<p>Whilst Birmingham partners have commissioned additional capacity in short and long term beds to reduce delays in discharges from hospital, the benefit of such increases has not been always evident as the system has also been losing beds due to poor quality at the same time.</p> <p>To establish a joint working group is in the process of being established to fully understand the needs of the care homes sector and options for MDT support</p>	<p>By working in partnership with CQC, commissioners has identified older adult bed based providers in Birmingham who are at risk of failure if their services do not improve. It has been agreed to fund additional commissioning staff capacity through IBCF to work with providers at risk of failure to support them to improve their quality and reduce the risk of CQC taking action around their failure to improve.</p> <p>Health has been asked to bring forward the JQAF quality visits to these providers, (as health lead the quality work with Nursing Homes in the City). BCC will double up with health on the nursing home quality visits.</p>	Support required to implement will be determined during next phase of system diagnostic work.

Hospital Transfer Protocol (or the Red Bag Scheme)								
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.								
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Not yet established	Plans in place		There are no alternative plans in place	This work stream is part of the STP programme which is now being picked up by the system	Opportunities for integrated commissioning with BCC are now being investigated with joint projects particularly around support for care homes being developed. Discussed as an action to be picked up	No support required currently

Better Care Fund Template Q2 2017/18

5. Narrative

Selected Health and Wellbeing Board:

Birmingham

Remaining Characters:

15,085

Progress against local plan for integration of health and social care

There have been a number of key areas of progress in the last quarter:

1. A single interim accountable officer for the two largest CCGs in Birmingham (also including Solihull) was appointed in July, with the CCGs proposed merger being authorised in November. Formal arrangements around joint working are also being agreed with Sandwell and West Birmingham CCG. This has moved a reality of a single voice for health commissioning much closer and opportunities for integrated commissioning with BCC are now being investigated with joint projects particularly around support for care homes being developed.
2. An initial meeting of the 'Integrated care and support for those who wish to remain independent' STP programme chaired by the Director of Health and Social Care in BCC. This is a multi-agency group that will drive the identification of 'place' in Birmingham and how multi-disciplinary working will be established within these localities. An initial workshop is planned in December from which a more detailed programme will be developed. The agreement of localities will be a key milestone within the city as it has not been possible to reach agreement to date.
3. The 'integrated care and support when people need urgent and emergency care' programme has agreed a joint winter plan which incorporates many of the elements of iBCF and delivery is progressing. These plans as well as supporting winter also aim as far as possible to support a future integrated system. Of specific note are:
 - a. The establishment of integrated multi-disciplinary teams based at the front door of hospitals, based upon the ADAPT model established at City Hospital which has considerably lower DTOCs than other hospitals in Birmingham (see below);
 - b. The roll out of a trusted assessor process in UHBFT following a successful pilot which saw a c35% reduction in delayed days for simple packages of care. The hospital OTs being granted trusted assessor status, following appropriate training, has freed up social care staff from assessments, hospital OTs can also directly input into the social care system, following appropriate data sharing agreements. This approach will be rolled out across HEFT and BCHCFT in the next quarter.
 - c. The CCGs have commissioned and received an independent review of CHC processes to improve the DTOC position in this area of health delays. A senior executive has been identified to oversee the improvement plan which is being developed and individuals released from current roles to prioritise.
- d. The system wide Choice Policy is further clarifying the position in relation to self funders to assist staff.
4. The completion of the assessment phase of the independent review of the Recovery, Rehabilitation and Re-ablement system in the city by Newton Europe. Newton reported their findings on 14th November to executives across the system. These findings will form the basis of a formal agreement around multi-agency collaboration to achieve integration within the city and a communications strategy for staff and the public, alongside the STP production 'Phyllis' which is a theatre performance telling the story of Phyllis and the negative consequences of poor integration to her and her family.
5. 'Phyllis' was developed from a series of interviews with health and social care staff and people who have received services and their families. It has initially been performed at STP Board and hospital

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:

18,961

Integration success story highlight over the past quarter

Following Audits at the front door at the acute trusts over the summer, a model for MDT at the front door has been developed and has been implemented at HEFT since October 2017. The model is geriatrician led with an integrated community, therapy, and social services team. The team predominantly see patients from the assessment unit and will look for alternative provision in the community for care if this is more appropriate, instead of the patient being referred to a base ward. The MDT have been working together and understanding each other job roles before modifying to develop this model of working. As a consequence there is scope to develop the trusted assessment model. The impact of having the MDT at the front door has led to better communication, more coordination and combined decision making. Currently the model is focused on assessment but as more provision is identified in the community and other services are developed there will be more opportunity to get people to the most appropriate destination of care.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q2 2017/18

Checklist

[<< Link to Guidance tab](#)

Incomplete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	No
Sheet Complete:		No

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes
Sheet Complete:		Yes

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes
Sheet Complete:		Yes

4. HICM

	Cell Reference	Checker
Early discharge planning Q2	D8	Yes
Systems to monitor patient flow Q2	D9	Yes
Multi-disciplinary/multi-agency discharge teams Q2	D10	Yes
Home first/discharge to assess Q2	D11	Yes
Seven-day service Q2	D12	Yes
Trusted assessors Q2	D13	Yes
Focus on choice Q2	D14	Yes
Enhancing health in care homes Q2	D15	Yes
Red Bag scheme Q2	D19	Yes
Early discharge planning, if Mature or Exemplary please explain	G8	Yes
Systems to monitor patient flow, if Mature or Exemplary please explain	G9	Yes
Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	G10	Yes
Home first/discharge to assess, if Mature or Exemplary please explain	G11	Yes
Seven-day service, if Mature or Exemplary please explain	G12	Yes
Trusted assessors, if Mature or Exemplary please explain	G13	Yes
Focus on choice, if Mature or Exemplary please explain	G14	Yes
Enhancing health in care homes, if Mature or Exemplary please explain	G15	Yes
Red Bag scheme, if Mature or Exemplary please explain	G19	Yes
Early discharge planning Challenges	H8	Yes
Systems to monitor patient flow Challenges	H9	Yes
Multi-disciplinary/multi-agency discharge teams Challenges	H10	Yes
Home first/discharge to assess Challenges	H11	Yes
Seven-day service Challenges	H12	Yes
Trusted assessors Challenges	H13	Yes
Focus on choice Challenges	H14	Yes
Enhancing health in care homes Challenges	H15	Yes
Red Bag Scheme Challenges	H19	Yes
Early discharge planning Additional achievements	I8	Yes
Systems to monitor patient flow Additional achievements	I9	Yes
Multi-disciplinary/multi-agency discharge teams Additional achievements	I10	Yes
Home first/discharge to assess Additional achievements	I11	Yes
Seven-day service Additional achievements	I12	Yes
Trusted assessors Additional achievements	I13	Yes
Focus on choice Additional achievements	I14	Yes
Enhancing health in care homes Additional achievements	I15	Yes
Red Bag Scheme Additional achievements	I19	Yes
Early discharge planning Support needs	J8	Yes
Systems to monitor patient flow Support needs	J9	Yes
Multi-disciplinary/multi-agency discharge teams Support needs	J10	Yes
Home first/discharge to assess Support needs	J11	Yes
Seven-day service Support needs	J12	Yes
Trusted assessors Support needs	J13	Yes
Focus on choice Support needs	J14	Yes
Enhancing health in care homes Support needs	J15	Yes
Red Bag Scheme Support needs	J19	Yes
Sheet Complete:		Yes

5. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes
Sheet Complete:		Yes

	<u>Agenda Item: 11</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	UPDATE ON BIRMINGHAM BETTER CARE FUND – QUARTER 3
Organisation	Birmingham Better Care Fund
Presenting Officer	Louise Collett/Karen Helliwell

Report Type:	Endorsement /Information
---------------------	---------------------------------

1. Purpose:
<p>The Birmingham Better Care Fund has been asked to report on progress to the Birmingham Health & Wellbeing Board. This report summarises:</p> <ul style="list-style-type: none"> • The development of the plan since the last report to the Board (October 2017) • Current status of the plan (at December 2017) • Quarter 3 reporting to NHSE

2. Implications:		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		Y

Early Intervention	Y
Prevention	Y

3. Recommendation

Board members are asked note the contents of this report.

4. Background

4.1 The Integration and Better Care Plan for 2017-18 and 2018-19 is a requirement of the policy framework agreed by the Department of Health (DH) and the Department for Communities and Local Governments (DCLG), developed in partnership with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and NHS England.

4.2 The plan included:

- Information about the national planning requirements and how Birmingham plans to meet them.
- Details of local financial allocations including CCG and Local Authority contributions to the pooled budget and additional iBCF allocations.
- Information about the National Metrics BCF that will be measured against.
- Clear planning reflecting integration and alignment of BCF with 'Out of Hospital' work-streams
- A description of developing governance and accountability arrangements

4.3 The development of the plan since the last report to the Board (October 2017)

Some initial amendments were made to the plan in response to early feedback from NHS England. These were to ensure that compliance with Key Lines of Enquiry (KLOE's) and planning requirements were evidenced to their satisfaction. More substantively the plan was amended to demonstrate compliance with the nationally prescribed target for Delayed Transfers of Care (DToc).

4.4 Current status of the plan (at December 2017)

Following alignment of the plan with the prescribed DToC Trajectory the plan was 'approved with conditions' by NHSE subject to satisfactory compliance with all KLOE requirements. A final submission of the plan with the outstanding information was submitted and plan was approved on the 21st December 2017. Approval of the plan was followed by confirmation (in a joint letter from DH and DCLG) that the progress made against the DToC target has been sufficient to remove the possibility of a reduction in the 2018/19 Improved Better Care Fund allocated to the city.

4.5 Summary of Quarter 3 reporting

BCF reporting includes compliance with National Conditions, performance on metrics and achievements against the High Impact Change model.

4.5.1 National Conditions

The BCF Plan included four national conditions and all four have been reported to have been met in quarter 3. National conditions for 17/18 are:

- 1) Plans to be jointly agreed
- 2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the planning Requirements
- 3) Agreement to invest in NHS Commissioning out of hospital services
- 4) Managing transfers of care

4.5.2 Metrics and High Impact changes

Reporting against BCF Key Metrics

The target for reducing non-elective admissions to below 34,569 was not met in quarter 3. The system continues to work under the pressure of increasing demand. However, robust winter planning is in place:

- GP Forward View plans have been approved and commended – including improved access to GPs through extended service hours;
- Review of Rapid Response service will shortly commence;
- Successful MDT front-door model at City hospital is now being replicated at all acute sites in the city;

- Winter Planning processes are being extended to Easter. The target that 80% of older people (65 and over) are still at home 91 days after discharge from hospital into reablement / rehabilitation services was recorded as not met – although it should be noted that this indicator is currently only measured on an annual basis. The outturn for 2016/17 was 77.5%. The Newton system diagnostic has highlighted particular issues with reablement pathways and inconsistent access to therapy led services. An improvement plan is being developed to implement the findings of the diagnostic.

Rates of permanent admission to residential care homes continued to reduce in Q3 in-line with the target included in the BCF plan.

The quarter has seen a positive trajectory towards meeting the DToC target for the system. The rate of delayed days per 100k population fell from 22 in January to 17.6 in November. A number of initiatives to support a reduction in DToC including the investment of iBCF to increase the number of hospital social workers, capacity for complex needs placements and further interim beds are making an impact with expectation that final figures for December will show a further improvement

Q3 reporting also included an update on progress made to implement the High Impact Change Model. Actions taken in the quarter include:

- The implementation of multi-disciplinary teams to support a reduction in non-elective admissions, DToC and readmissions at the front door of HEFT
- Integrated Discharge Hubs in hospitals now include social care discharge facilitators and voluntary sector partners who provide support for people to get back home.
- Changes within the Quick Discharge Pathway have been implemented which now provides assessments for patients in the community
- The development of a trusted assessor role to ensure assessments are undertaken in a timely way and provide access to a timely discharge to the appropriate location.
- A review of Continuing Health Care (CHC) processes to support a reduction in health delays.
- There is an agreed choice policy which supports timely and appropriate discharge from acutes.
- Ensuring bed capacity in the system meets the needs of the patient and that additional capacity is considered for those patients with

complex needs.

- There is now an established group with a focus on care homes that will address issues such as workforce, quality and stabilising the care home market.
- System diagnostic (Newton work) undertaken and reported to strategic partnership in December 2017.
- Commissioning of preventative services.
- Implementation of the Clinical Review Tool in Acute Hospital Trusts.
- Developing Dementia services and support for informal carers.

5. Compliance Issues

5.1 Strategy Implications

Health and Wellbeing Boards have overall responsibility to ensuring the integration of health and care functions within their localities and it is a requirement of the BCF that local plans are agreed by Health and Wellbeing Boards. This agreement was given in October 2017 and this report is intended to update the Board on progress to the objectives included within the plan.

5.2 Governance & Delivery

Governance arrangements link firmly with the BSol STP plan, Adult Social Care Transformation plan and local NHS Commissioning Reform plans. It is intended that BCF will complement the refreshed approach to the BSol STP and its governance. This is a significant move from the previous BCF programme and governance arrangements, which were set separately to the other system programmes.

The Terms of Reference (ToR) for the BCF Commissioning Executive and underpinning programme management have been refreshed to reflect these changes in approach.

5.3 Management Responsibility

Louise Collett, Service Director Commissioning

Mike Walsh, Service Lead, Commissioning Centre of Excellence

6. Risk Analysis

A detailed Risk Assessment is included in the narrative plan and will be monitored through refreshed/ revised programme management arrangements with key risks and issues escalated and managed by the Commissioning Executive. These responsibilities are detailed in the revised terms of reference for the BCF Commissioning Executive. Major risks identified in the planning process so far are outlined below.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Governance arrangements are insufficient to make investment decisions, ratify the vision and ensure ongoing alignment of the programme with whole system strategic direction	Low	High	<ul style="list-style-type: none"> • Programme has a clearly defined purpose • Commissioning Executive • established - Members AO and CFOs • Defined process for decision • Making with appropriate schemes of delegation. • Clear method for disagreement resolution. • Rules on data and performance management agreed
BCC financial position remains challenging impacts on 17/19 onwards available budgets, making plan delivery impossible	Medium	High	<ul style="list-style-type: none"> • Clear and shared financial planning Financial governance and scrutiny in place • Clear accountability as part of Terms of reference

Unprecedented level of Workforce change required across; clinical and professional practice, terms and conditions, organisations, culture, engagement with people and each other	High	High	<ul style="list-style-type: none"> • Workforce will form part of the Sustainability and Transformation Plans. • Strategic partnership gives opportunity for collaboration and change
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Appendices

Quarter 3 BCF Report

Signatures

**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

Date:

The following people have been involved in the preparation of this board paper:

Mike Walsh, Service Lead, Commissioning Centre of Excellence
 Mary Latter, Programme Manager BCF
 Perminder Paul, Programme Manager BCF

Better Care Fund Template Q3 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.

2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"

4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.

6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.

This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets

4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area:

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcome:

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement:

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-mode>

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide further detail on the initiatives implemented and related actions that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter and any impact to highlight, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

Hospital Transfer Protocol (or the Red Bag Scheme):

The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:

A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:

<https://www.youtube.com/watch?v=XoYZPXmULHE>

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. However, the AEDB lens is a more representative operational lens to reflect both health and social systems. Where there are wide variations in their maturity levels, making a conservative judgment is advised. Please note these observed wide variations in the narrative section on 'Challenges'.

Also, please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making this assessment, which could be useful in informing design considerations for subsequent reporting.

5. Narrative

This section captures information to provide the wider context around health and social integration.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q3 2017/18

1. Cover

Version 1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Birmingham
Completed by:	
E-mail:	
Contact number:	
Who signed off the report on behalf of the Health and Wellbeing Board:	

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please go to the Checklist for further details on incomplete fields - Click for link

	Pending Fields
1. Cover	4
2. National Conditions & s75 Pooled Budget	4
3. National Metrics	3
4. High Impact Change Model	54
5. Narrative	2

Better Care Fund Template Q3 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board:

Birmingham

Confirmation of National Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	<Please select>	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	<Please select>	
3) Agreement to invest in NHS commissioned out of hospital services?	<Please select>	
4) Managing transfers of care?	<Please select>	

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q3 2017/18

3. Metrics

Selected Health and Well Being Board:

Birmingham

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

** Your assessment of progress against the Delayed Transfer of Care target should reflect*

--

Challenges	Achievements	Support Needs
We have a H&WB target of 34,569 non-elective admissions for Q3. Estimated performance based on actual data for October & November and forecast data for	Whilst the system continues to work under the pressure of increasing demand, there has been robust winter planning in place	
Trend of increasing complexity of care needs may impact upon ability to maintain trend of increasing the proportion of citizens who receive their care at	In the 12 months up to December 2017, 624 clients aged 65+ were admitted into permanent residential accommodation – continuing the established	
Our assessment is based on latest available data from 2016/17 SALT return. This gave an out-turn of 77.5%. This data will shortly be refreshed to give a more timely	We have completed our system diagnostic which has highlighted particular issues with reablement pathways and inconsistent access to therapy led services. Our	
The planned target for Birmingham is not considered to be realistic in the timescale.	The quarter has seen a positive trajectory towards meeting the DToC target for the system. The rate of delayed days per 100k population has continued to fall	As a system we are committed to achieving the required level of DToC, but this will require certainty in terms of resource allocation and a realistic

ect progress against the monthly trajectory submitted separately on the DToC trajectory template

Better Care Fund Template Q3 2017/18

4. High Impact Change Model

Selected Health and Well Being Board:

Birmingham

		Maturity assessment				Narrative		
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Not yet established	<Please select>	<Please select>	<Please select>			
Chg 2	Systems to monitor patient flow	Plans in place	<Please select>	<Please select>	<Please select>			
Chg 3	Multi-disciplinary/multi- agency discharge teams	Established	<Please select>	<Please select>	<Please select>			
Chg 4	Home first/discharge to assess	Not yet established	<Please select>	<Please select>	<Please select>			
Chg 5	Seven-day service	Plans in place	<Please select>	<Please select>	<Please select>			
Chg 6	Trusted assessors	Plans in place	<Please select>	<Please select>	<Please select>			
Chg 7	Focus on choice	Plans in place	<Please select>	<Please select>	<Please select>			
Chg 8	Enhancing health in care homes	Plans in place	<Please select>	<Please select>	<Please select>			

Hospital Transfer Protocol (or the Red Bag Scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Not yet established	<Please select>	<Please select>	<Please select>			

Support needs

Support needs

Better Care Fund Template Q3 2017/18

5. Narrative

Selected Health and Wellbeing Board:

Birmingham

Remaining Characters:

20,000

Progress against local plan for integration of health and social care

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:

20,000

Integration success story highlight over the past quarter

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q3 2017/18

Checklist

[<< Link to Guidance tab](#)

Incomplete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	No
E-mail:	C12	No
Contact number:	C14	No
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	No

Sheet Complete:	No
-----------------	----

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	No
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	No
3) Agreement to invest in NHS commissioned out of hospital services?	C10	No
4) Managing transfers of care?	C11	No
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	No
-----------------	----

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	No
Res Admissions Support Needs	G8	No
Reablement Support Needs	G9	No
DToC Support Needs	G10	Yes

Sheet Complete:	No
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4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q3	F8	No
Chg 2 - Systems to monitor patient flow Q3	E9	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3	F10	No
Chg 4 - Home first/discharge to assess Q3	F11	No
Chg 5 - Seven-day service Q3	F12	No
Chg 6 - Trusted assessors Q3	F13	No
Chg 7 - Focus on choice Q3	F14	No
Chg 8 - Enhancing health in care homes Q3	F15	No
UEC - Red Bag scheme Q3	F19	No
Chg 1 - Early discharge planning Q4 Plan	G8	No
Chg 2 - Systems to monitor patient flow Q4 Plan	G9	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 Plan	G10	No
Chg 4 - Home first/discharge to assess Q4 Plan	G11	No
Chg 5 - Seven-day service Q4 Plan	G12	No
Chg 6 - Trusted assessors Q4 Plan	G13	No
Chg 7 - Focus on choice Q4 Plan	G14	No
Chg 8 - Enhancing health in care homes Q4 Plan	G15	No
Chg 1 - Early discharge planning Q1 18/19 Plan	H8	No
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	H9	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	H10	No
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	H11	No
Chg 5 - Seven-day service Q1 18/19 Plan	H12	No
Chg 6 - Trusted assessors Q1 18/19 Plan	H13	No
Chg 7 - Focus on choice Q1 18/19 Plan	H14	No
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	H15	No
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	I10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I19	Yes
Chg 1 - Early discharge planning Challenges	J8	No
Chg 2 - Systems to monitor patient flow Challenges	J9	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J10	No
Chg 4 - Home first/discharge to assess Challenges	J11	No
Chg 5 - Seven-day service Challenges	J12	No
Chg 6 - Trusted assessors Challenges	J13	No
Chg 7 - Focus on choice Challenges	J14	No
Chg 8 - Enhancing health in care homes Challenges	J15	No
UEC - Red Bag Scheme Challenges	J19	No
Chg 1 - Early discharge planning Additional achievements	K8	No
Chg 2 - Systems to monitor patient flow Additional achievements	K9	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K10	No
Chg 4 - Home first/discharge to assess Additional achievements	K11	No
Chg 5 - Seven-day service Additional achievements	K12	No
Chg 6 - Trusted assessors Additional achievements	K13	No
Chg 7 - Focus on choice Additional achievements	K14	No
Chg 8 - Enhancing health in care homes Additional achievements	K15	No
UEC - Red Bag Scheme Additional achievements	K19	No
Chg 1 - Early discharge planning Support needs	L8	No
Chg 2 - Systems to monitor patient flow Support needs	L9	No
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L10	No
Chg 4 - Home first/discharge to assess Support needs	L11	No
Chg 5 - Seven-day service Support needs	L12	No
Chg 6 - Trusted assessors Support needs	L13	No
Chg 7 - Focus on choice Support needs	L14	No
Chg 8 - Enhancing health in care homes Support needs	L15	No
UEC - Red Bag Scheme Support needs	L19	No

Sheet Complete:

No

5. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	No
Integration success story highlight over the past quarter	B12	No

Sheet Complete:

No

	<u>Agenda Item: 11</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	BETTER CARE FUND – CHANGES TO COMMISSIONING EXECUTIVE
Organisation	Birmingham Better Care Fund
Presenting Officer	Louise Collett / Karen Helliwell

Report Type:	Endorsement /Information
---------------------	---------------------------------

1. Purpose:
<p>This report outlines changes to the governance and focus of the Better Care Fund (BCF) in respect of refreshed Terms of Reference for the BCF Commissioning Executive.</p>

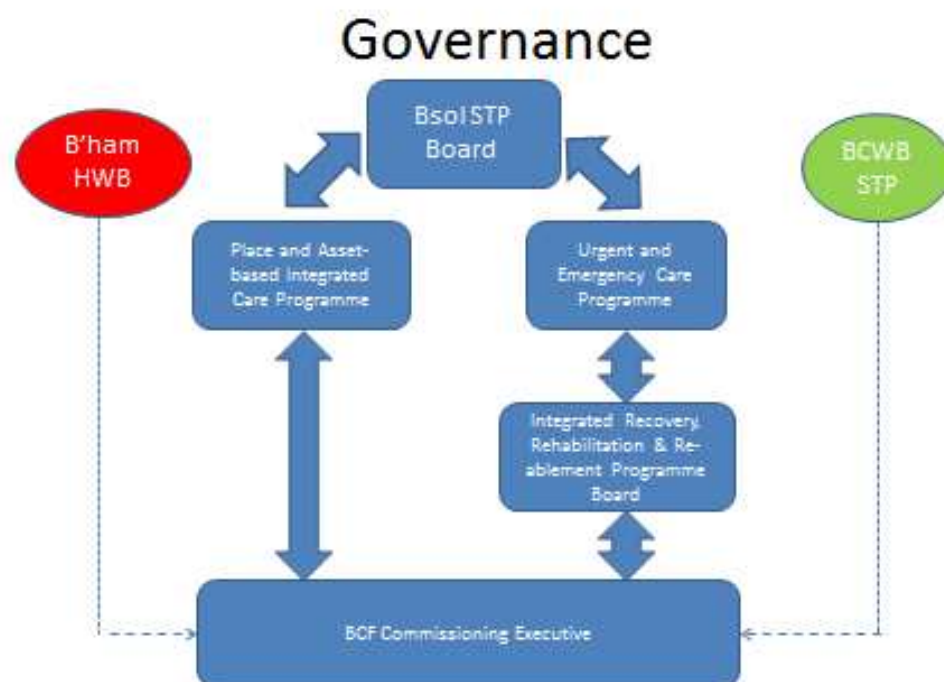
2. Implications:		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

Board members are asked note the contents of this report.

4. Background

- 4.1 Delivery of the Integration and Better Care Plan is co-ordinated and monitored through the BCF Commissioning Executive.
- 4.2 The terms of reference for the BCF Commissioning Executive have been refreshed to:
- Reposition the BCF Commissioning Executive as the integrated commissioning function for commissioning activity relating to the Sustainability and Transformation (STP) Plan.
 - Add a NHS provider representative to work alongside BCC and CCG commissioners.
 - Specifically co-ordinate commissioning activity relating to two STP workstreams – Place and Asset-based Integrated Care and Urgent and Emergency Care:



- 4.3 The revised Terms of Reference are attached as Appendix 1.
- 4.4 The Commissioning Executive has approved an initial, draft BCF Commissioning Plan to begin the process of moving towards more integrated commissioning arrangements. Key priorities in the plan are:
- Integrated management of the care home market – we recognise that at present we have a disjointed approach to procurement and market management. There are clear benefits to adopting a single voice in how we jointly work with the market.
 - Integrated third-sector commissioning – opportunities to streamline and rationalise our commissioning of third sector providers.
 - Establishing an integrated commissioning fund – the current BCF programme does not properly reflect the scope of activity where better integration is required.
- 4.5 iBCF2 has provided funding to stabilise the system in Birmingham and an opportunity to plan for a sustainable future. However, it is imperative that during 2018/19 the system makes the most of this opportunity to tackle the key challenges in the system including:
- Reducing Non-elective Admissions;
 - Reducing Delayed Transfers of Care;
 - Increasing the effectiveness of reablement.
- 4.6 Responding to this challenge will require the BCF Commissioning Executive to direct BCF/integrated investment against these key measures. Similarly it is suggested that the Health and Well-being Board has a major system leadership role to play in driving improvement in these areas.

5. Compliance Issues

5.1 Strategy Implications

Refreshing the Terms of Reference for the Commissioning Executive will better align BCF arrangements to deliver the strategic objectives of the HWB and STP by providing a lead partnership board for the delivery of commissioning activity.

5.2 Governance & Delivery

The BCF Commissioning Executive is accountable to the Health and Well-being Board.

5.3 Management Responsibility

Louise Collett, Service Director Commissioning
Mike Walsh, Service Lead, Commissioning Centre of Excellence

6. Risk Analysis

Changes to the governance arrangements are intended to reduce risk by ensuring that the BCF Commissioning Executive is fit-for-purpose.

Appendices

BCF Commissioning Executive Terms of Reference

Signatures

**Chair of Health & Wellbeing
Board
(Councillor Paulette Hamilton)**

Date:

The following people have been involved in the preparation of this board paper:

Louise Collett, Service Director – Commissioning, Adult Social Care and Health

Mike Walsh, Service Lead – Commissioning, Adult Social Care and Health

Birmingham Better Care Commissioning Executive

TERMS OF REFERENCE

November 2017

PURPOSE OF THE GROUP

The Birmingham Better Care Commissioning Executive has been established in order to develop and operate the Better Care Fund pooled budget arrangement (section 75). I

The Health and Wellbeing Board has statutory ownership of the Better Care Fund and therefore has responsibility for overseeing its delivery.

The Commissioning Executive will:

- Act as a collective vehicle for integrated commissioning action on behalf of the CCGs and Local Authority
- Focus on prevention of silo thinking so as to maximise investment and the continued development of a whole system approach
- Recommend investment decisions regarding the pooled budgets to respective Governing Bodies.
- Be responsible for monitoring progress and the outcomes of investments
- Ensure ongoing alignment of the programme with the priorities of the Birmingham and Solihull STP.
- Oversee performance of BCF measures
- Review the Section 75 agreement on an annual basis and recommend ratification to Governing Bodies
- Identify opportunities for integration and establish investment priorities
- Provide timely updates to HWB and Governing Bodies
- Effectively manage any differences in view as they arise by reaching consensus or agreeing a way forwards ensuring whatever actions necessary to achieve this are put in place e.g. extraordinary board to board meeting.

The work programme will focus on:

- Agreement of the Section 75 for 2017/18 (To be reviewed again before 18/19)
- Confirmation of the 2017/19 work programme
- Prioritisation of work programmes within the Better Care Programme

MEMBERSHIP OF THE GROUP

The group will be chaired by the Corporate Director for Adults Social Care and Health

The members will be:

Organisation	Representative
Birmingham City Council	Corporate Director for Adult Social Care and Health (Graeme Betts)
Birmingham City Council	Service Director Commissioning (Louise Collett)
Birmingham City Council	Senior Finance Officer (Margaret Ashton-Gray)
Birmingham and Solihull CCGs	Interim Chief Executive (Paul Jennings)
Birmingham and Solihull CCGs	Chief Financial Officer (Phil Johns)
Birmingham and Solihull CCGs	Director of Integration (Karen Helliwell)
Sandwell and West Birmingham CCG	Locality Director
In attendance: NHS provider representative	To be nominated
In attendance: Other officers may attend to present items or may be invited to attend all or part of the meeting	

The expectation is any individual representing an organisation has the appropriate delegated authority to act within the boundaries of the agreed annual work programme.

The Executive will reserve the right to co-opt identified non-voting members to provide professional advice.

QUORUM

The below membership is required for the meeting to be quorum:

- 2 Representatives from CCGs.
- 2 Representatives from Birmingham City Council

Deputies are acceptable providing the individual has the necessary delegated authority to act on operational decisions

MEETING ARRANGEMENTS, ADMINISTRATION AND FREQUENCY

Meetings will be held bi-monthly for maximum of 2 hours. Extraordinary meeting will be called as required.

Meetings will be held at either Woodcock Street or Bartholomew House where available.

Agenda papers and minutes for the meeting will be circulated at least 72 hours in advance of all meetings. Administrative support will be provided by the Better Care Programme.

CONFLICTS OF INTEREST

To ensure transparent governance arrangements, all members are requested to declare any conflict of interest at the start of each meeting, this is to be recorded by the minute taker.

Any member of the executive who has declared a conflict of interest should not take part in the discussion and any voting for that part of the meeting. It will be at the discretion of the Chair to permit the relevant member/s to remain in the room during discussions or ask them to step out of the meeting.

In the event that the Chair or the Chair and Deputy Chair have a conflict of interest, another voting member of the Committee will chair that part of the meeting.

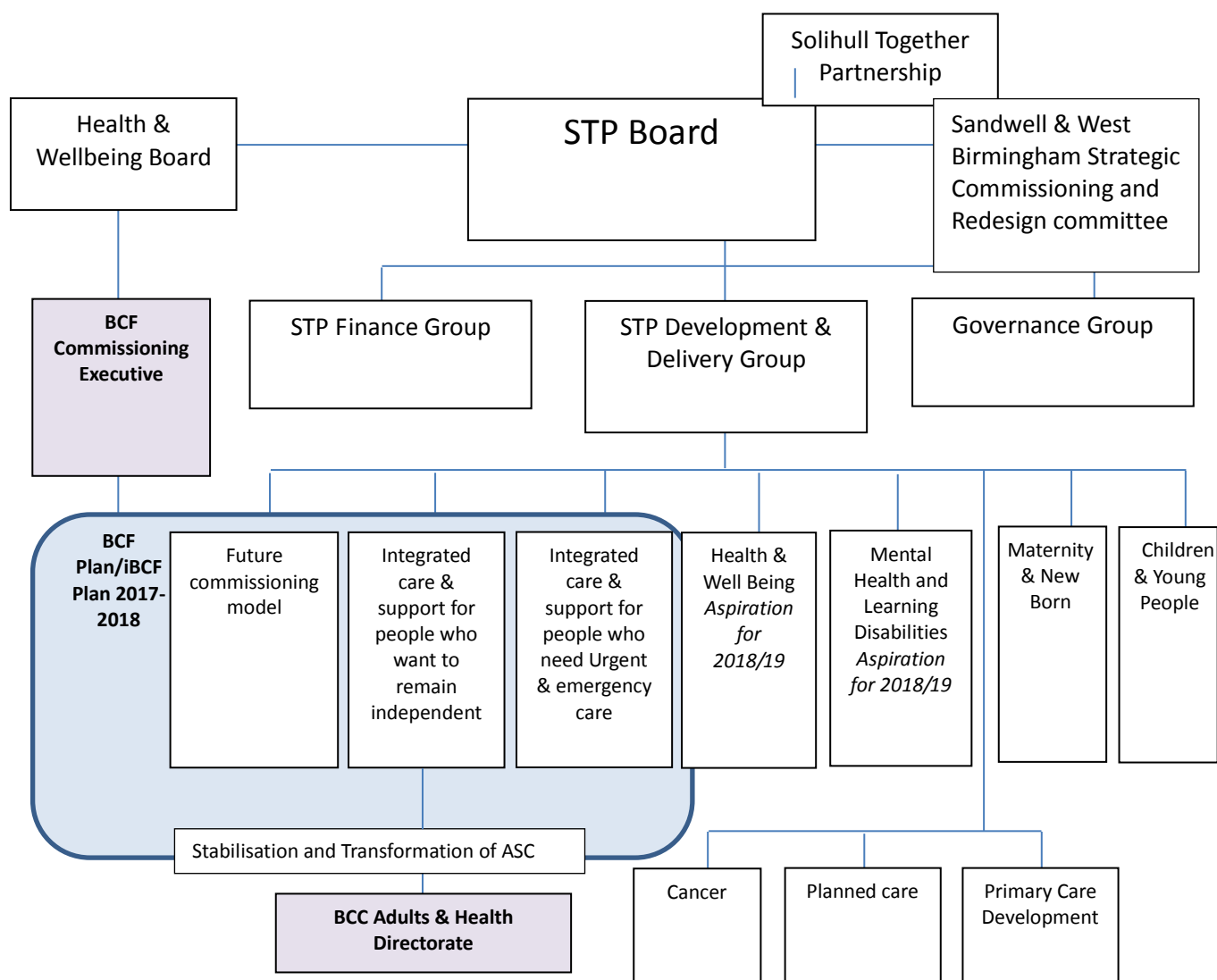
Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member.

ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Executive is responsible to the Birmingham Health and Wellbeing Board who hold the statutory responsibility for the delivery of the Better Care programme. It will also report to the CCG Governing Bodies and Local Authority Cabinet.

The Executive will have close links with the System Resilience Groups and their programmes of work and will also link through to the wider Unit of Planning work

programme. The diagram below shows the accounting/reporting arrangements for the Executive taken from the BCF Plan 2017/19.



ASSURANCE AND RISK

The Executive is responsible for reviewing the risks relating to the objectives in its work plan and; escalating key concerns to the Health and Wellbeing Board of any updates or actions, or actions outstanding.

REVIEW

These terms of reference will be reviewed in twelve months of the date of this document.

	<u>Agenda Item: 12</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	NHS BIRMINGHAM AND SOLIHULL CCG TRANSITION UPDATE
Organisation	NHS Birmingham and Solihull CCG
Presenting Officer	Paul Sherriff, Director of Organisational Development and Partnerships

Report Type:	Information
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1. Purpose:
To provide an update on the progress of the merger of NHS Birmingham CrossCity, Birmingham South Central and Solihull Clinical Commissioning Groups, to create NHS Birmingham and Solihull CCG on 01 April 2018.

2. Implications: # Please indicate Y or N as appropriate]		
BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

3. Recommendation

To receive the presentation and note its content, for assurance.

4. Background

This presentation provides an update on the progress of the merger of NHS Birmingham CrossCity, Birmingham South Central and Solihull Clinical Commissioning Groups, to create NHS Birmingham and Solihull CCG on 01 April 2018, including key pieces of work, key appointments, locality development, commissioning for West Birmingham and organisational development.

5. Compliance Issues

5.1 Strategy Implications

Explain in no more than ten lines how this proposal is aligned to the objectives of the Health and Wellbeing Board.

5.2 Governance & Delivery

Outline in no more than twelve lines how this proposal will be managed paying particular attention to how progress will be reported to the Shadow Health and Wellbeing Board and the methodology for managing day to day progress.

5.3 Management Responsibility

Identify the Member of the Board that will be accountable for delivery and the manager that will be responsible for day to day delivery.

6. Risk Analysis

Analyse in no more than twelve lines the major risks associated with the proposal and explain how these risks will be managed. This information may be presented using the following pro forma.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices

Presentation

Signatures

Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
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Date:	
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The following people have been involved in the preparation of this board paper:

Gemma Coldicott, Senior Communications and Engagement Manager, 0121 255 0757 gemma.coldicott@nhs.net

NHS Birmingham and Solihull Clinical Commissioning Groups

February 2018 – transition update

Key pieces of work



The Birmingham and Solihull CCGs are making excellent progress towards the creation of the new CCG on 1 April 2018. There are a number of key pieces of work which the CCGs are working on in preparation for 1 April 2018, these are:

Developing an organisational strategy for Birmingham and Solihull, which will set out vision, values and purpose.

Development of the governance arrangements, including the localities and sub-structures.

Consideration to the alignment of the refreshed Birmingham and Solihull STP plan.

Recruitment to the CCGs' operational structures.

A new communications and engagement strategy, which will set out our vision and framework for the way in which we communicate and engage with stakeholders within the six localities, as well as more strategically across the whole area.

Key appointments



Clinical Chair

Dr Peter Ingham, a partner at Sutton Group Medical Practice, has enjoyed a 27-year career in general practice in Birmingham, as well as sitting on the Governing Body of Birmingham CrossCity CCG for the past four years – overseeing the two largest acute hospital contracts as Contracting Lead.

Independent Vice Chair

Sir Tony Hawkhead, has held several high profile chief executive posts, including his current role with the national charity Action for Children, as well as non-executive roles with the UK National Advisory Board on Social Investment and the Department of Environment, Food and Rural Affairs.

Independent members

The CCGs' lay advisors have been appointed.

Chief Executive Officer

The interview for this position is the 7 February 2018.

Executive Team

All positions have now been filled.

Governing Body GPs

GPs for all six localities have now been appointed.

There have been a number of sessions for GPs from across Birmingham and Solihull to come together to discuss and debate the vision and purpose for the new organisation.

Progress to date includes:

An agreement to create six localities, consistent with parliamentary constituencies;

The locality structures will include a focus on the integration of general practice at a place based practice level;

A GP commissioning leader will be identified for each place, supported by dedicated officer resources;

An understanding that engagement and development at a local level will need to balance the need for consistency across Birmingham and Solihull as a system; and

Recognition that this is part of the journey, in relation to commissioning reform.

A formal agreement between the BSol CCGs and Sandwell and West Birmingham CCG is currently being finalised for approval at respective Boards.

In summary:

It builds on existing joint working arrangements.

Is set out in a memorandum of understanding, with a clear delegation agreement and terms of reference.

Provides for the CCGs to:

- a) exercise the existing joint commissioning functions;
- b) develop a single commissioning plan for West Birmingham; and
- c) ensure the two CCGs are working collaboratively, for the benefit of the population.

It is recognised, and expected, that this will further evolve during the course of 2018/19.

The CCG's organisational development strategy and constitution were submitted for NHS England's approval on 13 February.

The staff consultation feedback and documentation has been shared with staff and Trade Unions – final structures have been published.

The management of change for CCG staff process will be complete by the 19 March 2018.

Recognising the importance of different places throughout Birmingham and Solihull, the staff structure for the new CCG reflects a commitment to supporting the six localities.

	<u>Agenda Item: 13</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	20th February 2018
TITLE:	BIRMINGHAM PHARMACEUTICAL NEEDS ASSESSMENT 2018
Organisation	Birmingham Pharmaceutical Needs Assessment Steering Group (including lead authors at Birmingham City Council, Public Health; with support from Birmingham Local Pharmaceutical Committee; NHS England West Midlands; Commissioners from Birmingham City Council and Midlands and Lancashire CSU and Healthwatch Birmingham).
Presenting Officer	Rebecca Willans, Specialty Public Health Registrar Susan Lowe, Service Manager: Public Health Intelligence

Report Type:	Endorsement
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1. Purpose:
To inform the board of the findings presented in the Birmingham Pharmaceutical Needs Assessment (PNA) 2018 and to seek endorsement of the conclusions and recommendations based on the assessment.

2. Implications:		
BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		Y
Patient and Public Involvement		Y

Early Intervention	Y
Prevention	Y

3. Recommendation

The Health and Wellbeing Board (HWB) is asked to endorse the conclusions and recommendations set out in the 2018 Birmingham PNA.

The conclusions are:

- 3.1 Evidence in the 2018 PNA indicates that there is good coverage of provision for pharmaceutical services in Birmingham.
- 3.2 Some advanced and enhanced services may require examination by the relevant commissioners to assess whether a pharmaceutical service offer could enhance provision.
- 3.3 There are high levels of access to locally commissioned services, which are well geographically distributed.
- 3.4 The recommendations are:
 - 3.4.1 The HWB may wish to consider whether the Medicine Use Review service and Minor Ailments Service should now be listed as essential services in the Birmingham PNA.
 - 3.4.2 Commissioners of services related to management of minor ailments, appliances and palliative care should consider whether pharmacy provision would improve access in their area.
 - 3.4.3 All commissioners and providers should ensure that information regarding patient and public involvement and engagement is collated and made accessible to inform local commissioning decisions. The PNA steering group should further peruse collated information from NHS choices (e.g. multilingual staff, facilities) and results of the Community Pharmacy Patient Questionnaire 2016/17).

4. Background

- 4.1 Production of a 'Pharmaceutical Needs Assessment' (PNA) is a statutory requirement of Health and Wellbeing Boards in England. Its purpose is to inform pharmacy market entry decisions made by NHS England and can be used to inform commissioning decisions by local commissioning organisations.

- 4.2 The method to assess need for pharmaceutical services is described in Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. This includes a definition of 'pharmaceutical services' as pharmaceutical providers and the services that they may offer. The PNA must identify where there are gaps in access to basic pharmacy service provision and which services are to be considered 'necessary' and which are 'relevant' based on local need. This is defined in statute as:
- 4.3 Necessary service: services that are necessary to meet a pharmaceutical need.
- 4.4 Relevant service: services that are not considered necessary, but may secure improvements in, or access to pharmaceutical services. Gaps in relevant services are not used as a basis to determine market entry.
- 4.5 The PNA is not a standalone document but must be informed by needs identified in the Joint Strategic Needs Assessment (JSNA) and other relevant local health needs assessments.
- 4.6 This PNA is the second published under the Birmingham HWB and is in line with the requirement for the board to do so at least once every three years. The document must be published by 31st March 2018.
- 4.7 The 2018 Birmingham PNA was produced with input from the Birmingham PNA steering group and contributions from member organisations of the HWB and bordering local authority health intelligence teams. The needs assessment was undertaken by Birmingham City Council's Public Health team; the first draft was circulated to members of the PNA steering group and the HWB operations group for feedback before the document was published on Birmingham Be Heard for a 60 day public consultation. The feedback from the consultation has been reviewed and the document is at final draft stage, for final comments from the HWB in order to meet the publishing deadline of 31st March 2018.
- 4.8 The key findings and conclusions of the 2018 Birmingham PNA were:
- 4.9 Despite population increases, Birmingham continues to have higher than average access per capita at 2.65 pharmacies per 10,000 population compared to the most recent West Midland and England average data.
- 4.10 No major changes to pharmaceutical provider provision have been identified since the 2015 PNA; there are 16 fewer community pharmacies (2017/18 = 285 and 3 more distance selling pharmacies (2017/18 = 14).

- 4.11 The concentration of pharmacies is well distributed across Birmingham, with more pharmacies in areas with higher population density and generally in districts with higher deprivation. This finding is also true for districts with lower per capita access compared to the West Midlands and England average, which include Selly Oak, Edgbaston and for Yardley, which is more deprived but has lower per capita access compared to the Birmingham average. Mapping data regarding access to pharmacies in these areas indicates that pharmacies are located where there is greater population density. Furthermore, the PNA process did not identify that demand on services in these areas is too high.
- 4.12 A pharmacy on the border of Brandwood and Worcestershire appears to be important for securing good geographical access for this area. Furthermore, per capita provision in Selly Oak and Edgbaston is lower than average; therefore if pharmacies in these areas close, it is asked that NHS England make the Birmingham HWB aware of this change. This is because PNAs must be reviewed at least once every three years and any changes in the interim that may affect need for services should be reviewed by the HWB.
- 4.13 Evening and weekend access is generally good and well distributed; it is noted however that Selly Oak does not have a pharmacy providing services on Sundays; this provision is available from bordering districts but may be considered a need in the future if these border pharmacies close.
- 4.14 Analysis of housing data did not indicate that in the next three years there will be localised population increases of a sufficient size to impact on need for new pharmaceutical providers. The biggest scheme identified is the Langley scheme in Sutton Coldfield, but this was not in construction phase at the time of writing the 2018 PNA and Birmingham City Council's planning team did not indicate it is likely residents will be moving to the area before the next PNA is produced.
- 4.15 With regard to specific service provision, for most services there is good access to services and this aligns well with health need relevant to those services. There were some exceptions however:
- 4.16 Medicines Use Reviews: although provision has increased since 2015, there is scope to expand and promote this service in line with relevant commissioning policies and Sustainability and Transformation Plans. There is positive evidence supporting the impact of this service on quality of care and Birmingham currently has a lower proportion of pharmacies offering the service compared to the West Midlands and England average.
- 4.17 The Pharmacy First service (previously known as the Minor Ailments

Service 'MAS') was considered relevant in the 2015 PNA but may now be considered by the HWB as a necessary service, given national policy direction regarding management of demand for primary and urgent care. Gaps were identified in 2015, which continue to be the case in the northern, southern and eastern parts of Birmingham. Commissioners are invited to comment on how the need for managing minor ailments is managed in these areas to provide the board assurance that this need is being met appropriately.

- 4.18 Palliative Care Prescribing: gaps were identified in the northern and southern areas of the city; however, commissioning data was not available to assess whether this need is being met by alternative service models. Commissioners of palliative care are invited to comment on how this need is being met in these areas.
- 4.19 The Dermatology Dispensing and Advice to Care Homes services have been decommissioned due to changes in commissioning models. The detail regarding how this need is now being met was not available at the time of writing this PNA and so the commissioners may wish to comment on the new models of care available.
- 4.20 As part of the needs assessment the Birmingham Healthwatch Quality Standard was used to scope sources of patient and public engagement and insight and assess their impact in the context of the PNA. This work indicated that PPI is being well used to inform commissioning decisions, where this information was available. In some cases it was not clear that PPI has taken place to inform commissioning or the information was not collated. This information led to the recommendation that all commissioners should make available the results of their consultations and in particular to inform needs assessment processes such as the PNA.
- 4.21 In conclusion, there have not been any major changes to pharmaceutical service access in Birmingham since 2015. Provision continues to be well distributed in areas of high population density and health need; no need was identified for new pharmaceutical providers at this time. Distribution of services is well placed in most instances, however the board are asked to consider in particular the need for MUR and MAS services to be upgraded as 'essential' in the PNA and also to use their powers to influence PPI use in commissioning.
- 4.22 The HWB are asked to endorse the conclusions of the 2018 Birmingham PNA and respond to the recommendations listed in this report.
- 4.23 Members of the Birmingham PNA steering group wish to pay their respects to Brian Wallis, whose input to local health services and this PNA was invaluable.

5. Compliance Issues
5.1 Strategy Implications
It is a statutory responsibility of The Health and Wellbeing Board to publish the 2018 Birmingham PNA by 31 st March 2018. Any amends required as a result of this board meeting will be coordinated by Birmingham City Council's Public Health team and completed within the necessary timeframe.
5.2 Governance & Delivery
<p>The PNA will be published on the Birmingham Health and Wellbeing Board website; a plain English version has also been produced to better prepare stakeholders and in particular, members of the public, for future engagement.</p> <p>NHS England are asked to notify the board of any significant changes to pharmacy provision that affect access for the population of Birmingham.</p>
5.3 Management Responsibility
Board: No day to day management is required; should the board be made aware of significant changes that impact pharmaceutical service need, the 2018 PNA will be reviewed. This work will be led by Birmingham City Council's Public Health team.

6. Risk Analysis

Outline (suggested limit of twelve lines) the major risks associated with the proposal and explain how these risks will be managed. This information may be presented using the following pro forma.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Needs assessment has not identified gaps in service provision	1	4	The PNA steering group is comprised of multiple stakeholders who oversaw the PNA process. No concerns were raised with regards to the conduct of the needs assessment.

			<p>The PNA is not a standalone document but supported by aligned needs assessments.</p> <p>The PNA can be reviewed by the HWB should new information be made available that significantly impacts need for pharmaceutical service provision.</p>
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Appendices

Appendix 1 - [Birmingham PNA Draft Report 2018](#)

Appendix 2 - Birmingham Pharmacy List 2017

Appendix 3 - We asked, you said, we did

Signatures

Presenting Officers:

Rebecca Willans (Specialty Public Health Registrar)

Susan Lowe (Service Manager: Public Health Intelligence)

**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

Date:

The following people have been involved in the preparation of this board paper:

Rebecca Willans: Specialty Public Health Registrar
 Susan Lowe: Service Manager: Public Health Intelligence
 Dr Wayne Harrison: Consultant in Public Health

Draft for consultation

Pharmaceutical Needs Assessment (PNA) 2018

BIRMINGHAM

V0.2

Authors and main contributors to the production of this report:

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Many thanks to the steering group for its discerning comments, notable suggestions and timely assistance in providing data for this document. Thanks also to Dr Wayne Harrison, Nicola Pugh and Hashum Mahmood, for your advice and sharing experience from delivery of the 2015 PNA.

This document builds on the 2015 Birmingham PNA documents, which was the first to cover the whole of Birmingham after the transfer of Public Health from Primary Care Trusts to Local Authority.

Please note, data regarding pharmacies is accurate to 9th June 2017.

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Abbreviations

AUR	Appliance Use Review
BHWP	Birmingham Health and Wellbeing Board
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
DH	Department of Health [England]
EHC	Emergency Hormonal Contraception
GP	General Practitioner
HWB	Health and Wellbeing Board
IDU	Injecting Drug User
JSNA	Joint Strategic Needs Assessment
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
MAS	Minor Ailments Scheme
MUR	Medicines Use Review
NHS	National Health Service
NRT	Nicotine Replacement Therapy
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
SAC	Stoma Appliance Customisation
SSS	Stop Smoking Services
STI	Sexually Transmitted Infection
UK	United Kingdom

1. Executive summary

- 1.1. The 2018 Pharmaceutical Needs Assessment (PNA) is the second published by the Birmingham Health and Wellbeing Board (BHWWB) since Primary Care Trusts were dissolved.
- 1.2. Since the last PNA, published in 2015, no major changes to pharmaceutical provision have been observed and provision is generally good. There are slightly fewer community pharmacies (2015 = 301; 2018 = 285 and slightly more distance selling pharmacies (2015 = 11; 2018 = 14); however geographic assessment indicates high levels of access in all districts in Birmingham. Despite population increases, Birmingham continues to have higher than average access per capita at 2.65 pharmacies per 10,000 populations compared to the most recent West Midland and England average data.
- 1.3. There are 50, 100 hour pharmacies, 210 Saturday and 74 Sunday opening and this assessment identified that evening and weekend provision is high and well distributed. It is noted however that Selly Oak does not have a pharmacy providing services on Sundays; this provision is available from bordering districts but may be considered a need in the future if these pharmacies close.
- 1.4. Factors that may increase demand for community pharmacy in the future include national policy and population increases. Current national policies highlight the potential of community pharmacy with regard to enhanced community based healthcare access and reducing demand on urgent and primary care services. Regarding population increase, since the 2015 PNA the resident population and GP registered population of Birmingham has increased (the latter by 20,000 registrations per year). However, analysis of housing data did not indicate that in the next three years there will be localised population increases of a sufficient size to impact on need for new pharmaceutical providers. The biggest scheme identified is in Langley but this is not in construction phase.
- 1.5. Therefore, current provision of pharmaceutical providers is deemed to be good, with no gaps in geography or opening hours for the period covered by this PNA (to 2021).
- 1.6. An analysis of the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) identified that there may be scope for pharmacy to support health needs including influenza and chlamydia detection rates. Decisions regarding this role will need to be based on more specific health needs assessment and commissioning strategies for these programmes. The same JHWS as was used to inform the 2015 PNA remains and so no new strategic priorities were identified; it is worth noting that some of the services offered in pharmacy may support priority areas. This includes Medicines Use Reviews, which can have a positive influence on improving the

independence of older people and people living with long term conditions. Also pharmacy staff training in subjects such as self-care and public health campaigns could be targeted to the JHWS priorities such as childhood obesity and supporting vulnerable adults and children.

1.7. An assessment of patient and public engagement and insight indicated that this is being well used to inform commissioning decisions where this information was available to the PNA steering group. However in some cases this information was not available or not collated.

1.8. The following conclusions were made through this PNA regarding pharmaceutical service provision:

1.8.1. **Essential services:** **no gaps** in these **necessary** services; there is good geographic spread, which is concentrated where there is higher population density and socio-economic deprivation.

1.8.2. **Advanced services:** all of these services were considered **relevant**, with the possible exception of the Medicines Use Review (MUR) service, which the BHWB may now wish to upgrade as necessary based on the information in this report.

1.8.2.1. Provision of **MURs** has increased and considering national policy direction and local priorities regarding older adults and people with long term conditions, there may be greater potential for this service to support residents and the local health care system. **No gaps** in provision of this service were identified.

1.8.2.2. **New Medicines Service:** considered relevant; **gaps were not identified** based on the level of data available, however lack of geographical mapping means equity of access cannot currently be assessed; preparation would should be undertaken for the 2021 PNA to seek greater detail in this data.

1.8.2.3. **Appliance Use Reviews** and **Stoma Appliance Customisation:** considered relevant and **no gaps identified**, however wider provision should be considered to assess changing capacity demands based on service models and demographic changes.

1.8.3. **Enhanced services:**

1.8.3.1. **The Pharmacy First service** (previously known as the Minor Ailments Service 'MAS') was considered **relevant** in the 2015 PNA but may now be considered by the BHWB as a necessary service, given national policy direction regarding management of demand for primary and urgent care. **Gaps were identified**, which continue to be the case since this was identified in the 2015 PNA. These are in the northern, southern and eastern parts of Birmingham; commissioners are asked to comment on how the need for managing minor

ailments is managed in these areas to provide the board assurance that this need is being met appropriately.

1.8.3.2. **Palliative Care Prescribing:** this service is considered **necessary** and **gaps were identified** in the northern and southern areas of the city; however, commissioning data was not available to assess whether this need is being met by alternative service models.

1.8.3.3. **The Dermatology Dispensing and Advice to Care Homes** services have been decommissioned due to changes in commissioning models. The detail regarding how this need is now being met was not available at the time of writing this PNA and so the commissioners may wish to signpost to the new models of care available.

1.8.4. **Locally commissioned services:** these include the stop smoking service, sexual health service (tiers one and two), supervised consumption and needle exchange. All of these services are considered **necessary** and all have good levels of provision, **with no gaps** and good geographical distribution.

1.9. Conclusion

1.9.1. Evidence in this PNA indicates that there is good coverage of provision for pharmaceutical services in Birmingham.

1.9.2. Some advanced and enhanced services may require examination by the relevant commissioners to assess whether a pharmaceutical service offer could enhance provision.

1.9.3. There are high levels of access to locally commissioned services, which are well geographically distributed.

1.10. Recommendations

1.10.1. The HWBB may wish to consider whether the MUR and MAS services should now be considered essential services in Birmingham.

1.10.2. Commissioners of services related to management of minor ailments, appliances and palliative care should consider whether pharmacy provision would improve access in their area.

1.10.3. All commissioners and providers should ensure that information regarding PPI is collated and made accessible to inform local commissioning decisions. The PNA steering group should further peruse collated information from NHS choices (e.g. multilingual staff, facilities) and results of the Community Pharmacy Patient Questionnaire 2016/17).

2. Introduction

‘Pharmaceutical Needs Assessment’ (PNA) is a statutory requirement of Health and Wellbeing Boards (HWB) in England; its purpose is to assess the current provision of pharmaceutical services in an area and the ‘need’ for such services now and in the near future. This is the second PNA produced since the creation of HWBs; the first PNAs prepared under these arrangements were published in 2015; the 2015 Birmingham PNA is available from the BHWB website: <http://hwb.birmingham.gov.uk/pna/>

This section of the report summarises the PNA requirements and highlights key differences in provision between 2015 and 2018 for Birmingham.

Birmingham Health and Wellbeing Board (BHWB)

The Birmingham Health and Wellbeing Board¹ became a statutory body on 1st April 2013, as one of the requirements of the Health and Social Care Act 2012 (hereafter referred to as ‘the Act’). The functions of the Board as set out in the Act include:

- Promote the reduction of health inequalities across the city
- Assess the needs of the Birmingham population through the Joint Strategic Needs Assessment (JSNA) process
- Develop the Birmingham Joint Health and Wellbeing Strategy (JHWS)²
- Identify opportunities for effective joint commissioning arrangements, integrated provision and pooled budget arrangements
- Provide a forum to promote greater service integration across health and social care

Among these responsibilities the Act makes explicit the duty for local authorities (LA) through the local HWB, to produce a PNA for their population³. This should be informed by the JSNA process and any other relevant needs assessments that identify a role for pharmaceutical services in addressing health need. Since the Act, HWBs have been required under legislation to produce a new PNA at least once every three years starting from the 1st April 2015⁴.

¹ Birmingham Health and Wellbeing Board, Terms of Reference [Online] <http://hwb.birmingham.gov.uk/hwbb/about-the-board/terms-of-reference/> [accessed 13/06/2017]

² Birmingham Health and Wellbeing Board, Strategy on a Page [Online] <http://hwb.birmingham.gov.uk/health-and-wellbeing-strategy/> [accessed 14/06/2017]

³ Health and Social Care Act (2012). Section 206: Pharmaceutical needs assessments.[Online] <http://www.legislation.gov.uk/ukpga/2012/7/section/206/enacted> [accessed 13/06/2017]

⁴ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [Online] http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf [accessed 13/06/2017]

Pharmaceutical Needs Assessment

PNA developed as a result of government strategy that identified potential for pharmacies to deliver some of the services that had traditionally been delivered in general practice (GP) settings⁵,⁶. It was recognised this required robust needs assessment and 'PNA' was made into law with the Health Act 2009 to inform the need for new pharmacies ('market entry'). This remains a statutory requirement, set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷. The PNA must provide:

- information to assist decision-makers regarding the market entry of new pharmaceutical providers
- high quality information for the commissioning of appropriate services through pharmaceutical providers

The services provided by pharmaceutical providers must be assessed by the HWB as either 'necessary' or 'relevant' to meet current or potential gaps in provision:

- Necessary service – services that are necessary to meet a pharmaceutical need.
- Relevant service –services that are not considered necessary, but may secure improvements in, or access to pharmaceutical services. Gaps in relevant services are not used as a basis to determine market entry.

The way in which need for these services is assessed is also set out in Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. These requirements and the method undertaken for the 2018 Birmingham PNA are described in Appendix A and B.

⁵ Department of Health (2003). A vision for pharmacy in the new NHS. [Online]
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4068353 [accessed 06/06/2017]

⁶ Five year forward view

⁷ DH. 2013. *Pharmaceutical Needs Assessments: Information Pack for Local Authority Health and Wellbeing Boards* [Online]
<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack> (Accessed 03/05/2017)

3. Scope of the PNA

Pharmaceutical providers may be a 'community pharmacy', 'dispensing practice', 'appliance contractor' or 'distance selling pharmacy'; the difference between these and the number locally is summarised in table 1.

Table 1: Pharmacy services by provider type and provision in Birmingham

Pharmaceutical provider type	Description of provision	Birmingham 2015	Birmingham 2017
Community pharmacy	The majority of pharmaceutical providers belong to this category and provide a comprehensive range of pharmaceutical services that are to be assessed under the PNA, including 'Essential', 'Advanced' and 'Enhanced' services. Most of these services are commissioned under the Community Pharmacy Contractual Framework (CPCF), but some under other types of contract including the Local Pharmaceutical Services contract (LPS) and the Essential Small Pharmacies Contract (ESPC).	301	285 (one on an 'LPS' contract)
Dispensing practice	These are General Practitioners who are authorised to dispense medicines to patients in designated rural areas known as 'controlled localities'. The PNA must consider whether there are any of these localities and whether patients have adequate access to dispensing services.	0	0
Appliance contractor	A sub set of pharmaceutical service contractors who dispense appliances and may provide some of the Advanced services: Appliance Use Review (AUR), and Stoma Appliance Customisation (SAC) services. Appliances are things like dressings and incontinence aids. The PNA must assess whether there is adequate access to dispensing of appliances from both community pharmacy and appliance contractors.	2	2
Distance Selling Pharmacy	A distance selling pharmacy provides Essential pharmaceutical services via post, telephone or internet and must not provide these services face to face. These services may provide Advanced and Enhanced services on the premises, as long as any Essential service element is not provided at the premises. These pharmacies are required to provide services to patients in the whole of England; none of the DSPs provide 'advanced' services in Birmingham.	11	14

The three service types mentioned in table 1, ('Essential', 'Advanced' and 'Enhanced') are the services a PNA must assess as 'necessary' or 'relevant'; these services are commissioned by local NHS England teams under the NHS Community Pharmacy Contractual Framework (CPCF) and are specified in the Pharmaceutical services (Advanced and Enhanced Services) (England) Directions 2013.

A PNA must address need for these three service categories and a description of each is given below⁸.

Essential services

All pharmaceutical providers must provide these, which include:

- Dispensing medicines, appliances and repeat dispensing
- Electronic prescriptions
- Disposal of waste medicines and management of unwanted medicines
- Healthy lifestyle advice and six public health campaigns a year
- Self-care advice and signposting to other services and support

Advanced services

Pharmaceutical providers may choose to deliver these services, subject to meeting specified criteria and each requires notification to NHS England of their intention to do so; NHS England commission these services. Advanced services include:

- **Medicine Use Review: this service is available in Birmingham**
 - **What it is:** a confidential check-up with a patient about their medications to identify any problems with the administration or medication itself; patients can be advised as appropriate by the pharmacist and if necessary and with the patient's permission, any clinical issues are referred to their GP.
 - **Aim:** improve patient understanding of their medications; resolve where possible problematic side effects; improve adherence and reduce wastage.
 - **Details:** Pharmacies must have a private consultation area onsite to provide this service. Most (70%) of the MURs must be with patients from target groups who have the greatest possibility of benefiting from this support. These include patients taking high risk medicines; those recently discharged from hospital who had changes made to their medicines during their hospital stay; people with respiratory disease; people at risk of, or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines. There is also a cap of 400 per year on the number of MURs a pharmacy may undertake.
 - **Evidence:** Medication reviews are recommended by NICE under guidelines for medicines optimisation, although the providers most appropriate for delivering these depends on local

⁸ DH. 2013. *Pharmaceutical needs assessments Information Pack for local authority Health and Wellbeing Boards*. [Online] <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack> (Accessed 06/06/2017)

context⁹. Evidence in the UK pharmacy setting generally indicates that such services are valued by patients and improve self-care; a sample of GPs also indicated support for the service and evidence that MURs can improve compliance and improve patient safety¹⁰. A review of evidence regarding effectiveness of pharmacy services identified that equity of access may be an issue in relation to MURs, which are generally less likely to be provided by smaller, independent pharmacies. Coverage has improved since the service was introduced; however the average number of MURs can vary by pharmacy and is affected by time available to the pharmacy team, the support of local GPs for the service and local patient needs.

- **New Medicine Service: this service is currently available in Birmingham**

- **What it is:** An advice service for people starting new medication for long term conditions including asthma, hypertension, chronic obstructive pulmonary disease, type 2 diabetes and antiplatelet/anticoagulant therapy.
- **Aim:** To help a patient's understanding of using the medicine safely, effectively and once using the medicines as prescribed, to address any problems that might affect effectiveness or adherence.
- **Evidence:** there is limited but positive evidence regarding the effectiveness of the NMS in improving patient adherence to new medicines; a UK randomised trial found a statistically significant improvement¹¹.

- **Appliance Use Reviews (AUR) and Stoma Appliance Customisation (SAC) services: these services are available in Birmingham**

- **What it is:** these are two Advanced services, which offer patient support through pharmaceutical services with either the use of appliances (AUR) or with fitting and use of Stoma devices (SAC).
- **Aim:** to improve comfort of patients using appliances; the service may also reduce risk of infection since appliances such as catheter, colostomy appliances or wound drainage pouches can be sources of infection if not properly fitted and used.
- **Evidence:** a brief literature search for this PNA did not find evidence regarding AURs generally or SAC; evidence may exist regarding effectiveness of supporting proper use of individual appliance types but this was beyond the scope and resource of this PNA. A literature review of these services also found limited evidence on the subject; this does not mean these services are not effective but evaluation is important to assess quality and impact of provision¹¹.

⁹ NICE. 2015. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. [Online] <https://www.nice.org.uk/guidance/ng5> (Accessed 30/07/2017)

¹⁰ PSNC. 2017. PSNC Briefing 038/17: A summary of literature relating to Medicines Use Reviews [Online] <http://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-038.17-A-summary-of-literature-relating-to-MURs.pdf> (Accessed 30/07/2017)

¹¹ Wright, D. 2016. A rapid review of evidence regarding clinical services commissioned from community pharmacies. [Online] <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/rapid-evdnc-rev-dec-16.pdf> (Accessed 02/08/2017)

- **Seasonal Flu vaccine: this service is not currently available in Birmingham**
 - **What it is:** introduced in 2015/16 as a national Advanced service, this involves provision of the seasonal flu vaccine for eligible patient in a pharmacy setting.
 - **Aim:** to reduce risk of serious illness and death due to flu infection by improving uptake of the vaccine in eligible groups.
 - **Evidence:** improves convenience for some patients and has potential to run at a lower cost to alternatives, however the literature search for this PNA did not identify evidence that the service improves uptake¹².
- **NHS Urgent Medicine Supply Advanced: this service is not currently being piloted in Birmingham**
 - This is a national pilot service (started in December 2016), the aim of which is to improve patient awareness of how to manage their medication supply, reduce anxiety about accessing new supply, improve access to electronic prescription and reduce demand on NHS 111 and urgent care service.

Enhanced services

Enhanced services are a range of services commissioned based on local health priorities, needs and commissioning strategies. Prior to 2013, all enhanced services were commissioned by Primary Care Trusts but legislative changes have split responsibility between NHS England, CCGs and LAs. Only the services that local NHS England teams continued may be classified as 'Enhanced Services'; where the service was continued by CCGs and LAs, they are no longer legally classified as 'Enhanced Services'. Instead the term 'Locally Commissioned' services must be used. Guidance regarding how this should be addressed in PNAs states that services included in PCT PNAs should be continued, unless evidence from more recent PNAs demonstrates the need for particular services has changed 'significantly'¹³. Birmingham has pharmacy services in both categories so for clarity, enhanced services and locally commissioned services are discussed separately in this PNA.

The 'Pharmacy First' service, previously known as Minor Ailments Service (MAS) is the only Enhanced Service in Birmingham. The Palliative Care Medicines Service is no longer provided by pharmacies in Birmingham.

- **Pharmacy First (MAS)**
 - **What it is:** Pharmacy First offer the public access to appointment free consultations in a pharmacy for common self-limiting conditions for which pharmacists are able to prescribe

¹² Atkins K, van Hoek AJ, Watson C, et al. Seasonal influenza vaccination delivery through community pharmacists in England: evaluation of the London pilot. *BMJ Open* 2016;6:e009739. doi: 10.1136/bmjopen-2015-009739

¹³ NHS England. 2014. Pharmacy Enhanced Services Q&A. Area Team reference number: 01551. [Online] <http://psnc.org.uk/wp-content/uploads/2014/04/NHS-England-Pharmacy-Enhanced-Services-QA.pdf> (Accessed 03/05/2017)

treatment. The service covers minor ailments such as headache, cold, hay fever, constipation, diarrhoea, thrush.

- **Aim:** the service aims to improve access to treatment for minor ailments and reduce demand on other parts of the healthcare system where this is not necessary, in particular GPs.
- **Evidence:** A 2017 report regarding Minor Ailments Services in the UK suggests the service can be effective in supporting patients to self-care and reduce unnecessary use of other primary care services, particularly GP services. Findings identified that most (84.3%) patients would have gone to their GP if the service was not available; most consultations (95.8%) required no onward referral to other NHS providers; 3% of patients would have purchased medicines if MAS was not available. The majority (>60%) of consultations were for people aged under 16 years and a slightly higher proportion were for female attendees (59%)¹⁴.
- The 2015 Birmingham PNA made reference to a local pilot of the MAS service, which was being reviewed and at the time considered a 'relevant' pharmaceutical service for Birmingham. Results from the first half of the pilot were positive; most MAS visits were due to cough or fever and the majority of patients using the service said if it had not been available, they would have booked a GP appointment (88%). Some patients reported they would have used an urgent care walk in centre (5%) and others (7%) would have opted for self-care. It also appeared re-consultation rates in GPs were low, at 9% and mostly fever; this was based on a random sample of the consultations.
- Service data suggested the service was fairly evenly used by males and females; most consultations (approximately 50%) were for children aged 11 or under, also 60 years and over 13% - this group reported higher confidence to self-care and so if they went to the GP it was for a more complex query. The impact of the scheme varied by area due to lower provision and lower patient awareness in some areas of Birmingham, with highest uptake in the Sandwell and West Birmingham area¹⁵. The final evaluation was not available at the time of writing this PNA.
- **Palliative Care Medicines Service**¹⁶
 - **What is it:** The Specialist Palliative Care Drugs Supply (SPCD) is commissioned by NHS England and delivered by Midlands and Lancashire Commissioning Support Unit. Pharmacies hold agreed stocks of SPCD drugs and dispense palliative care prescriptions, which allows on

¹⁴ PSNC. 2017. PSNC Briefing 044/17: Analysis of Minor Ailment Services data. [Online] <http://psnc.org.uk/wp-content/uploads/2017/07/PSNC-Briefing-044.17-Analysis-of-Minor-Ailment-Services-data.pdf>

¹⁵ Deenah, M. Gogna, N. 2015. *Pharmacy First – Liberating Capacity*. NHS England. [Online] <http://psnc.org.uk/dudley-lpc/wp-content/uploads/sites/78/2015/02/Final-V2-Pharmacy-First-Liberating-Capacity-Feb-2015-pdfv.pdf>

¹⁶ https://www.johntaylorhospice.org.uk/assets/000/001/498/Specialist_Palliative_Care_Drugs_Supply_original.pdf

demand, prompt access and continuity of supply of specialist palliative care drugs during extended pharmacy opening hours, including (7 days a week between 6am and 10pm).

- **Aim:** to improve access for people to specialist medicines when required.
- A strategy is currently out for consultation regarding an Integrated Palliative and End of Life care system across Birmingham, which includes pharmacy provision of this service.

Locally Commissioned services

- **Stop Smoking Service**
 - Pharmacists are one of several providers in Birmingham who provide advice and medication to assist people to quit smoking; GPs are the other major provider.
- **Sexual health services**
 - From August 2015, sexual health services in Birmingham and Solihull transferred to 'Umbrella', a service provided by University Hospitals Birmingham in partnership with sexual health providers across the area. These include pharmacies but also GPs, charities, Birmingham City Council and other NHS Trusts. The service operates two tiers:
 - Umbrella service tier one: offers access to free condoms and emergency hormonal contraception.
 - Umbrella service tier two: tier one services and also chlamydia treatment, contraceptive pill and contraceptive injections.
- **Substance misuse services**
 - There are two types of substance misuse service available in Birmingham:
 - The Needle Exchange Service supports injecting drug users (IDU) to exchange used needles for clean needle replacements. This reduces the risk of needle re-use and the transmission of infectious disease and aims to reduce the risk of harm posed by discarded needles.
 - The Supervised Consumption Service provides substitute therapy for people with opiate addiction, directly through pharmacies.
 - Non-pharmacy providers also provide this service in the community in Birmingham.

Out of scope

Some pharmaceutical services are not relevant to the purpose of the PNA and include any prison or hospital pharmacies.

Prison pharmacy

Birmingham has a single prison (HM Prison Birmingham), whose pharmacy is commissioned by the NHS England Area team, this service falls outside the scope of the PNA.

Hospital pharmacy

There are a number of secondary (and tertiary) providers of health care in Birmingham. The pharmacy provision for the patients seen in these establishments does not fall within the scope of the PNA, though integrated care between secondary and primary providers is important for patients moving from one provider to another.

4. Context

The 2015 Birmingham PNA was the first published under direction of the Birmingham HWB and built on the three former Birmingham PCT PNA documents. This 2018 version has been prepared in line with the statutory requirement for HWBs to update their PNA at least every three years, or sooner where the HWB consider this necessary.

Most national and local policies and strategies published since the 2015 PNA was prepared have not yet affected pharmaceutical provision or need in Birmingham, but are considered in this section as they may do so in the future. Furthermore, the key local health strategy document, the Joint Health and Wellbeing Strategy (JHWS) and associated Joint Strategic Needs Assessment (JSNA) must be considered in the development of a PNA.

National policy

Some national policies published since the 2015 PNA was produced may impact on pharmaceutical provision or need in the next three years, the period of time that this PNA covers. These policies are described in table 2, considering their impact to 2021:

Table 2: National policy and strategy impact assessment

Policy	What it is	Implications for pharmaceutical services
Community Pharmacy in 2016/17 and beyond (DH)	In 2016, the DH and NHS England consulted with the Pharmacy Services Negotiating Committee (PSNC) regarding changes to the Community Pharmacy Contractual Framework (CPCF). In particular these changes affect market entry regulations that facilitate consolidation of pharmacies and changes to funding that include an overall reduction in 2016/17 and 2017/18. There is also a proposal to introduce a Pharmacy Access Scheme, aimed at supporting access where pharmacies are sparsely spread (>1 mile away by road) and patients depend on them most (based on amount of items	<p>A national impact assessment suggests at this stage it is not possible to assess how many pharmacies may close as a result of this policy, if any¹⁷.</p> <p>The Birmingham LPC is not aware at the time of writing this PNA of any contractors who are at risk of closure in the next three years as a result of this change. Nor have any concerns been raised regarding maintaining current staffing levels. If the impact of the funding changes do affect these matters, the LPC should make the BHWB as soon as possible in the event this</p>

¹⁷ DH. 2017. DH IA: DH6008. Community Pharmacy in 2016/17 and beyond. Impact Assessment. [Online] <https://www.gov.uk/government/publications/community-pharmacy-reforms> (Accessed 30/07/17)

	<p>dispensed).</p> <p>The PSNC rejected the proposal and negotiations are underway with the aim of protecting access to pharmaceutical services. There are concerns the impact of this would be to reduce staffing levels.</p>	affects need for pharmaceutical services.
NHS Five Year Forward View	<p>Published in 2014, this strategy sets a vision for the NHS in England; models of care between primary and specialist care, physical and mental health and health and social care are changing, which may create opportunities for community pharmacy to bid for new services.</p> <p>Part of the process also requires healthcare organisations and local authorities to work together to produce five year 'Sustainability and Transformation Plans' (STPs).</p> <p>This work started in 2016 nationally and the Birmingham and Solihull (BSoL) STP was published in October 2016, supported by evolving work streams to deliver its aims and identify solutions to challenges raised¹⁸.</p>	<p>The 'Community Care First' theme in the BSoL STP covers matters of relevance to pharmaceutical service need. An issue highlighted regarding models of health care for the next five years is the proportion of GPs approaching retirement age (nearly 1 in 4 aged over 55 years locally) combined with a low GP and nurse – to population ratio (2nd lowest in the country).</p> <p>A review of potentially avoidable GP appointments estimated that the contribution of pharmacy to reduce these appointments was 6% (specifically regarding self-care support). The Pharmacy First and MUR services in Birmingham play a role in primary care demand management.</p> <p>Uptake and capacity of pharmacies to deliver these services should continue to be monitored to identify areas of increased demand. However at present there is no evidence that the matters discussed in the STP will have a direct impact on pharmaceutical need before 2021.</p>

¹⁸ BCC. 2016. Birmingham and Solihull STP [Online]
https://www.birmingham.gov.uk/downloads/file/4742/birmingham_and_solihull_sustainability_and_transformation_plan_-_october_2016
 (Accessed 08/08/2017)

General Practice Five Year Forward View ¹⁹	<p>Further to the matters highlighted above, this strategy promotes the importance of pharmacy in evolving models of health and social care in England.</p> <p><i>“Pharmacists remain one of the most underutilised professional resources in the system and we must bring their considerable skills in to play more fully.”</i> (pg. 7).</p> <p>Two funding streams, the GP Access Fund and a ‘Clinical Pharmacist’ programme will be used to pilot ways in which pharmacists can play a greater role in minor ailments, long term condition management and medicines optimisation.</p>	<p>The programmes discussed in the NHS Five Year Forward View will be piloted during the time covered by this PNA. Evidence from the MAS service evaluation and robust service monitoring, especially for areas such as impact on self-care will be important to inform future decision making.</p> <p>There is not however evidence at this time that these proposals will impact on the need for pharmaceutical services; they may however increase demand.</p>
Community Pharmacy – Helping Provide Better Quality and Resilient Urgent Care ²⁰	<p>This document is not a strategy or policy but promotes the role community pharmacy can play in reducing demand for urgent care services. Evidence is presented for a number of Enhanced and Locally Commissioned services, some of which are provided in Birmingham.</p>	<p>Although the contents of this guidance may inform local commissioning strategy, there is no direct impact on pharmaceutical need. At the time of writing this PNA we are not aware of any commissioning strategies locally that will impact on pharmaceutical need linked to urgent care models.</p>

Local strategies and policy

A PNA must draw on evidence from local health needs assessments and the local HWB’s Joint Health and Wellbeing Strategy; at the time of writing the 2018 PNA, the Birmingham JHWS is in the process of being updated. A summary of the current ‘Strategy on a Page’, which also informed the 2015 PNA is summarised in table 3 with an analysis of what this means for pharmaceutical services²¹:

¹⁹ Clay, H. Stem, R. 2015. *Making Time in General Practice*. Primary Care Foundation and NHS Alliance. [Online] <http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-01-10-15.pdf> (Accessed 08/08/17)

²⁰ NHS England. 2015. Quick Guide: Extending the role of community pharmacy in urgent care. [Online] <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf> (Accessed 08/08/17)

²¹ Birmingham HWBB. 2013. *Strategy*. [Online] <http://hwb.birmingham.gov.uk/health-and-wellbeing-strategy/> (Accessed 10/05/17)

This section also highlights findings from the Joint Health and Wellbeing Strategy (JSNA), which will inform the revised JHWS. Evidence from other local strategies that have been published since the 2015 PNA are discussed, where these are available, with the PNA service they impact upon.

Table 3: Implications of Birmingham JHWS on pharmaceutical service need

JHWS Goals	Specific HWB action / outcome	Implications for pharmaceutical need
Improve the health and wellbeing of the most vulnerable people.	Make children in need safer (through Early Help Strategy)	Pharmacy is not mentioned in the Early Help strategy; however pharmacies and pharmacists can play an important role in safeguarding vulnerable children. Ensuring staff have up to date training in safeguarding and consideration of applying 'You're Welcome' criteria would support pharmacies in this role. In particular, pharmacies providing Pharmacy First, sexual health and substance misuse services should be alert to support services available for under 18s and referral mechanisms for those they feel are at risk. The BHWB may wish to consider the role community pharmacy can play in relation to this agenda in any revisions to the Early Help Strategy. There are however no direct implications on pharmaceutical need.
	Improve the wellbeing of vulnerable children (Children in Need; Looked After Children; children in / at risk of Youth Justice Service.	
	Increase the independence of people with a learning disability or severe mental health problems	Although the needs of these two population groups vary widely, the geographical accessibility of pharmacy and appointment free service availability has been shown to be a helpful feature for service access. However no specific local assessments of the needs of these population groups was identified in preparation of this PNA. The Birmingham 2012 JSNA highlighted the data on disability is limited to those accessing social services, and therefore not reflective of the learning disability (LD) population as a whole. Furthermore the needs of people with LD vary widely; no relevant needs assessment or strategies regarding LD were identified to inform this PNA. Nationally, evidence indicates a neutral view among people with LD and their carer regarding pharmacy access, however specific barriers mentioned

		<p>included access to information, clear communication, and explanation of the purpose of medicines²². A Certificate for Pharmacy Postgraduate Education in 'Learning Disability' is available; information regarding which pharmacies in Birmingham have staff trained with this qualification is not currently collated and could not be identified from NHS Choices. It may improve access to pharmacies for people with LD if this information is made available through promotional opportunities or inclusion as part of wider schemes such as Healthy Living Pharmacy.</p> <p>Regarding people with a severe mental health problem, the West Midlands Mental Health Commission highlights that in the UK, an ideal model of primary care provision to support this population group has not been identified. Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) provides inpatient, community and specialist mental health care to those people who are experiencing severe mental health problems²³.</p>
	Support older people to remain independent (reduce admissions to care homes and reduce injuries)	The MUR service can support this aim by addressing matters associated with polypharmacy, which is a risk factor for falls and subsequent admission to care homes as well as independence more generally. The need for and access to the MUR service is discussed in further detail later in this report.
	Reduce the number of people and families who are statutory homeless (Domestic Violence and homelessness)	<p>The factors that lead to homelessness and solutions to this goal are complex; health plays a role in risk of homelessness and people who are homeless have worse health in general and lower life expectancy compared to the general population.</p> <p>A report to the Birmingham City Council Overview and Scrutiny Committee (OSC) regarding the health of homeless people in the city</p>

²² The Disability Partnership. 2016. The Disability Partnership Evaluation Report of the 2015-16 Mencap-led Pharmacy Project. [Online] <https://www.mencap.org.uk/about-us/our-projects/disability-partnerships-pharmacy-project> (Accessed 31/05/17)

²³ Newbigging, K. Parsonage, M. 2017. Mental Health in the West Midlands Combined Authority. University of Birmingham. [Online] <https://www.wmca.org.uk/media/1419/uob-mental-health-in-the-wmca-report.pdf> (Accessed 07/06/17)

	action plans)	highlighted that in relation to primary care, access to GP can be especially difficult for this population ²⁴ . The Pharmacy First Service may play an important role in supporting this population with minor ailments. Also, evidence from the OSC report indicated 6% of the homeless population surveyed were actively in drug treatment, 8% in recovery from drug misuse, 18% taking drugs. Therefore the substance misuse services in pharmacy must also be considered in relation to their contribution to this HWB goal; this is discussed later in this report.
Improve the health and wellbeing of our children.	Reduce childhood obesity	There is no impact of this goal on the need for pharmaceutical services; childhood obesity is a widespread issue in the UK and pharmacies may promote weight management through the public health campaigns or Healthy Living Pharmacy support. This work supports wider programmes aimed at reducing childhood obesity.
	Reduce infant mortality	There is no impact of this goal on the need for pharmaceutical services.
Improve the resilience of our health and care system.	Improve primary care management of common and chronic conditions	As discussed in the national strategy impact assessment of this PNA, community pharmacy does and will continue to play an important role in supporting people with chronic conditions. Section 5 of this PNA highlights areas of the city where there may be greater need for pharmaceutical services based on the proportion of people with chronic conditions.

JSNA highlights

Evidence from the draft 2018 Birmingham JSNA indicates a number of areas where Birmingham is performing better and worse than the national average. The evidence supporting these conclusions is available from the Birmingham Public Health web pages; below some highlights that are of particular relevance to pharmaceutical service need are discussed.

Performing better:

- The percentage of the eligible population aged 40-74 who are offered and who receive an NHS Health Check:

²⁴ Birmingham City Council. 2015. *Homeless Health. A Report from OSC*. [Online] https://webcache.googleusercontent.com/search?q=cache:0ltTJtzVqk:https://www.birmingham.gov.uk/download/downloads/id/411/homeless_health_overview_and_scrutiny_report_july_2015.pdf+&cd=5&hl=en&ct=clnk&gl=uk

- Pharmacies in Birmingham are not commissioned to provide this service; commissioning data indicates that access to the current service model is well distributed among target groups such as BME populations and people living in areas of deprivation
- Since Birmingham is performing well, there does not appear to be a need to extend provision into pharmacy at this time.

Performing worse:

- Incidence of TB and mortality rate from a range of specified communicable diseases, including influenza.
 - The model of provision for TB and influenza in Birmingham does not include community pharmacy as a provider; results of a local flu pilot were used to inform the decision regarding local influenza service access. Current or planned health needs assessments for these topics should consider the role of community pharmacy in meeting gaps identified.
- Chlamydia detection rate (15-24 year olds)
 - This indicator is based on 2015 data and since the new sexual health service in Birmingham, 'Umbrella' is new, it is not possible yet to establish whether this model of provision will/has improve/d the chlamydia detection rate. Pharmacies are commissioned to provide chlamydia treatment services and other sexual health preventative services in the area such as providing access to condoms and play a role in encouraging young people to undertake chlamydia screening when necessary. The chlamydia detection rate of different testing services in Birmingham should be kept under review until this indicator improves.

The analysis of national and local policy does not indicate any major impacts on need for pharmaceutical service need at this time. Changes to models of health and social care should consider pharmaceutical services as part of scoping work. Examples include STPs and new interventions such as those proposed through the GP five year forward view; new service developments must have evaluation frameworks in place to ensure evidence is available to inform future commissioning and needs assessments, including PNAs.

5. Demographics

Just over 1.1 million people live in Birmingham, the second largest city in the UK, which is characterised by a large proportion of young people, ethnic diversity and high levels of deprivation. As at 1st April 2017 GP registration for the resident population for Birmingham was 1,244,438, which has grown on average by 20,000 people per year since 2015²⁵.

Appendix C presents some key demographic characteristics for each of the ten districts in Birmingham and the number of pharmacies in each area. This includes population size, proportion of the population who live in a very deprived area, who are of a BME ethnicity and the proportion who are aged under 65 years.

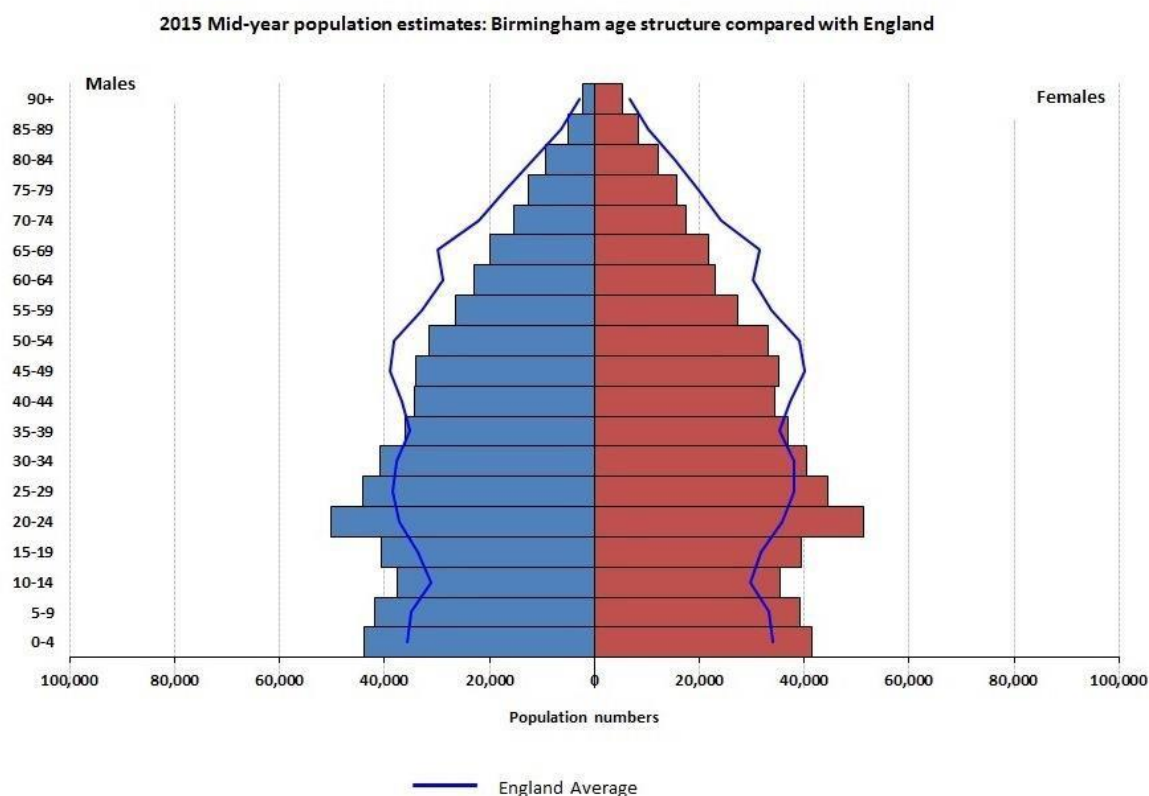
This analysis and mapping throughout the 2018 PNA is based on statistics true to the ward boundaries in 2017; from May 2018 there will be an increase from 40 to 69 wards in Birmingham. It will however take time for population and health statistics to transition to the new boundaries and the current maps allow comparability with strategies and assessments that informed this PNA and the 2015 PNA. This change therefore does not affect the needs assessment aspect of the 2018 PNA but may mean a different approach to presenting geographic information in the 2021 PNA.

This section summarises the demography and some key health information for Birmingham as a whole.

Age

Birmingham has a younger age profile compared to England; figure 1 indicates that the greatest difference is in the 20-24 age group, likely due to a net influx of young adults attending the large universities located in the city. The under 20 population equates to 28.8% (England 23.7%) of the overall population, while over 65s account for only 13% (England 17.7%). These differences can be explained by a higher birth rate, people having children at a younger age than the England average, fewer deaths and international migration.

²⁵ EXETER Req 2984

Figure 1: Population pyramid for Birmingham²⁶

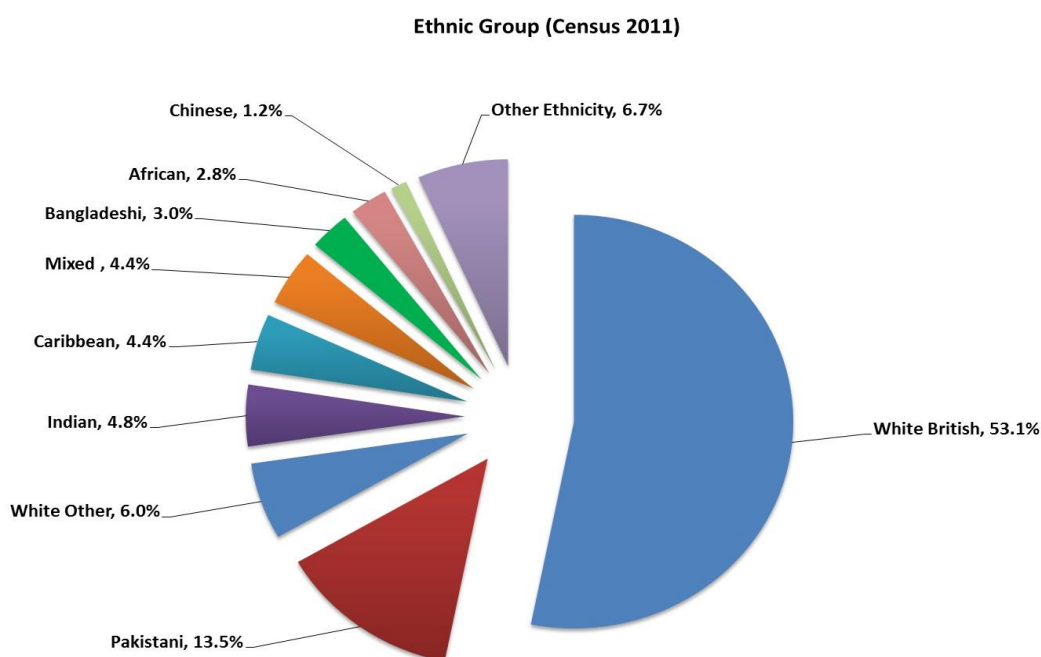
Ethnicity, religion and language

Data regarding ethnicity, religion and language is based on census data; the most recent census was in 2011. There has not been an update to this information since the 2015 PNA since this type of information is difficult to accurately collect at a population level and does not usually change significantly in small time periods. Thus it is still the case that the White British population in Birmingham is smaller than the England average (63% compared to 85.5%); the younger population in the city is more ethnically diverse than the older population and so the degree of ethnic diversity is likely to increase. Figure 2 summarises the ethnic diversity of the city in 2011²⁷ and shows that after 'White British', Asian ethnicity is the next largest ethnic group.

²⁶ ONS Mid Year Population Estimates 2015

²⁷ ONS. 2012. 'Key Statistics for local authorities in England and Wales. [Online]

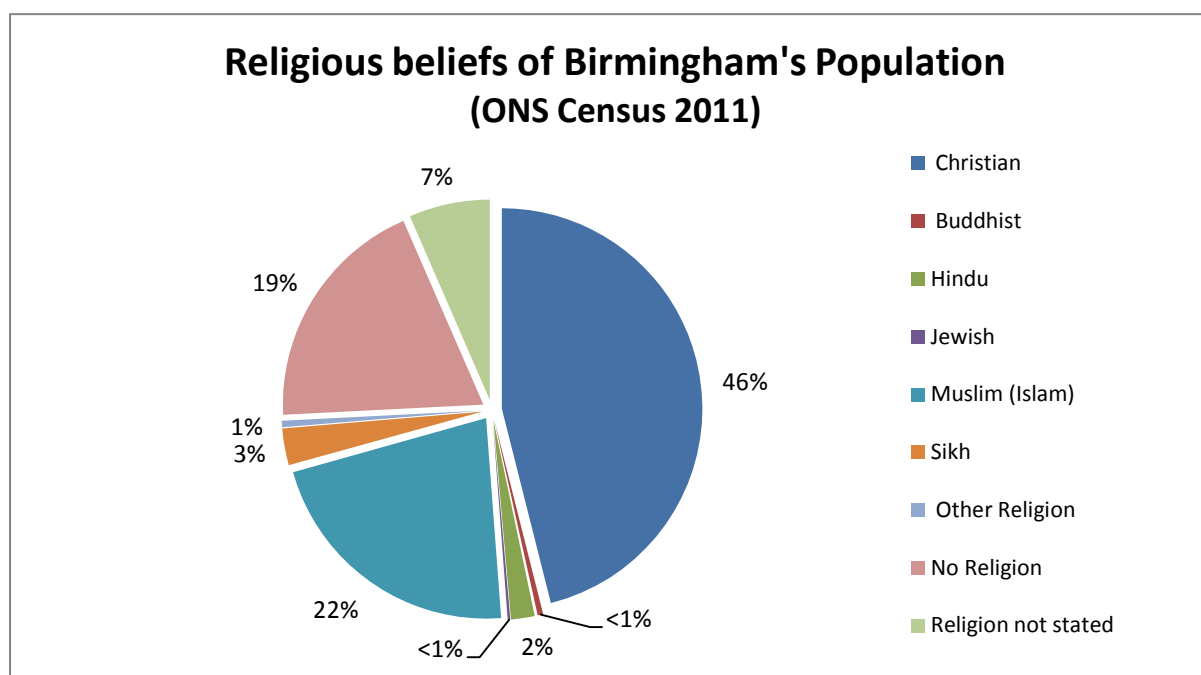
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censuskeystatisticsforenglandandwales/2012-12-11#ethnic-group>

Figure 2 – Population by Ethnic Group (Census 2011)

The implications of this for health need are that some chronic conditions are more common in certain ethnic groups and may present earlier than for the general population; this is due to a complex mix of genetic, cultural and socio-economic factors. An example is that people of South Asian ethnicity are at greater risk of developing Type 2 Diabetes (T2D) and tend to develop the condition at an earlier age than the general population; this is seen in the higher rates of T2D in Birmingham. Conversely since the proportion of the population aged over 65 in Birmingham is mainly White British, most adults requiring support with chronic conditions will currently be of this ethnic group.

Linked to ethnicity are the subjects of language and religion; while the 2011 census data indicated Christianity remained the most prevalent religion (46.1%) and most (82.1%) of households spoke English as a main language, there are areas of the city where this differs and will continue to adapt as the demographic of the city changes.

The religious beliefs and languages spoken in Birmingham are summarised in figure 3 and table 4.

Figure 3 – Religious beliefs of Birmingham's population**Table 4 Households that have English as a main language**

	Number of households	% people aged 16 and over in household have English as a main language	% Households where at least one but not all people aged 16 and over have English as a main language	% people aged 16 and over in household but at least one person aged 3 to 15 has English as a main language	% households where no people have English as a main language
England	22,063,368	90.9	3.9	0.8	4.4
W. Midlands	1,086,748	87.0	6.0	1.2	5.7
Birmingham	410,736	82.1	8.5	1.9	7.5

(Source: ONS Census 2011 data)

Religion, culture and language can act as barriers to accessing any service, including pharmacy; provision of pharmacy services should not be impacted upon by the belief systems or culture of staff or potential service users. Pharmacists that find the provision of services is at odds with their own personal or moral code can choose not to provide that service; they must, however, inform the patient of alternative providers that can cater for their needs. It is important that pharmacists are aware of the local community they serve in order to provide accessible services and research evidence suggests that pharmacy staff demographics are often reflective of the local community.

With regard to language specifically, NHS Choices includes information to indicate whether a pharmacy has multilingual staff and there is provision more generally for interpreters to facilitate consultations and interactions with health care providers.

Deprivation

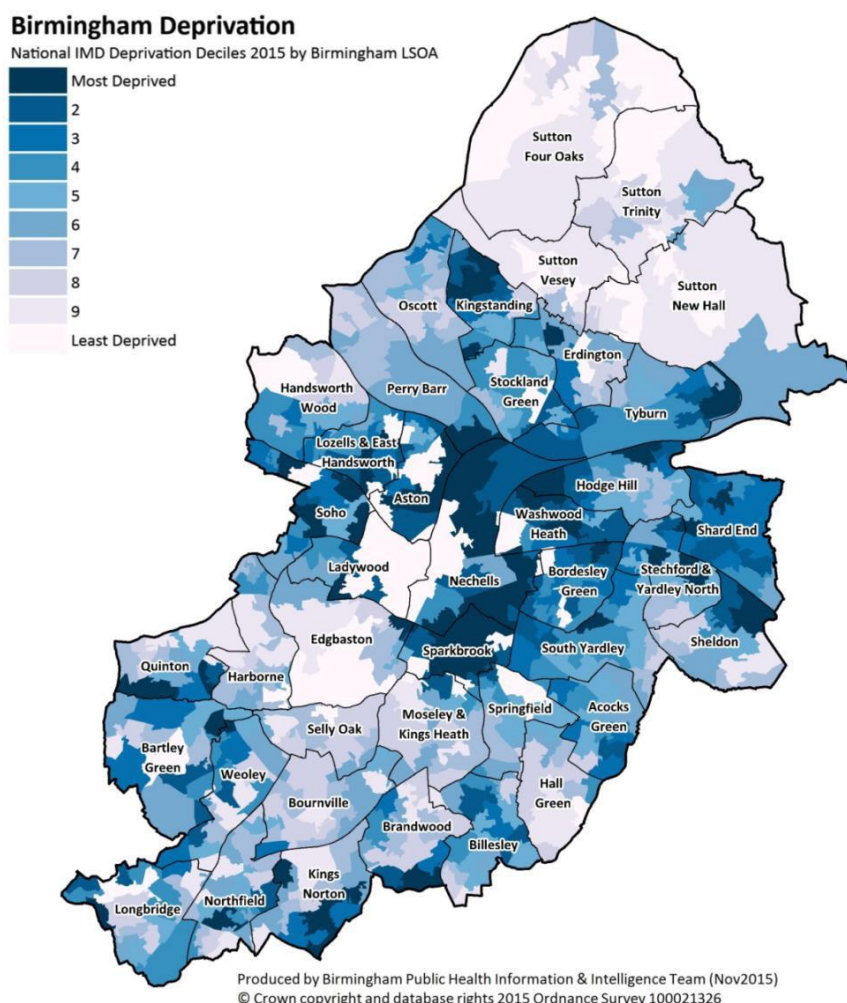
Deprivation in this assessment is taken to mean socio-economic deprivation, which is summarised in England using the Indices of Multiple Deprivation (IMD) score (2015). This score system, published by the Department of Communities and Local Government (DCLG) incorporates income, employment, health, education and skills, barriers to housing, crime, and the living environment. Using this system, Birmingham is ranked as the 7th most deprived LA in England, out of 326²⁸.

Deprivation across the city is not uniformly distributed, however, with pockets of affluence in the north and parts of the centre of the city (Figure 4). However, the majority of the city is more deprived than the England average, with 40% of the population living in areas ranked in the bottom decile (10%) of the country. These pockets of deprivation are particularly concentrated around the centre of the city, where the population is younger and more ethnically diverse.

Deprivation is broken down to a Lower Super Output Area (LSOA) level; this is a small geographical area (usually of between 1000 and 3000 residents) that allows us to look in a high level of detail at the needs of the city. The close links between increasing deprivation and poorer health outcomes, at a population level, have been well established; this is driven by a complex relationship including environmental, social, and behavioural factors. Policy recommendations in England to address health inequalities occurring as a result of this suggest a 'proportionate universalism' approach; this means ensuring service provision is available to all but with increasing levels of support for increasing levels of socio-economic deprivation. In the context of community pharmacy, this means making sure all Birmingham residents benefit from quality pharmaceutical services but that there may be greater concentration of providers for services in areas of greater deprivation.

Examples include a greater proportion of people developing chronic conditions at a younger age and greater concentrations of vulnerable adults and children in the more deprived areas. Relevant services will be concentrated in these areas.

²⁸ IMD 2015 Upper Tier Authority Summaries
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Figure 4 – Map of Birmingham showing deprivation level at Lower Super Output Area (LSOA) level

Source: Index of Multiple Deprivation (2015)

Population forecast

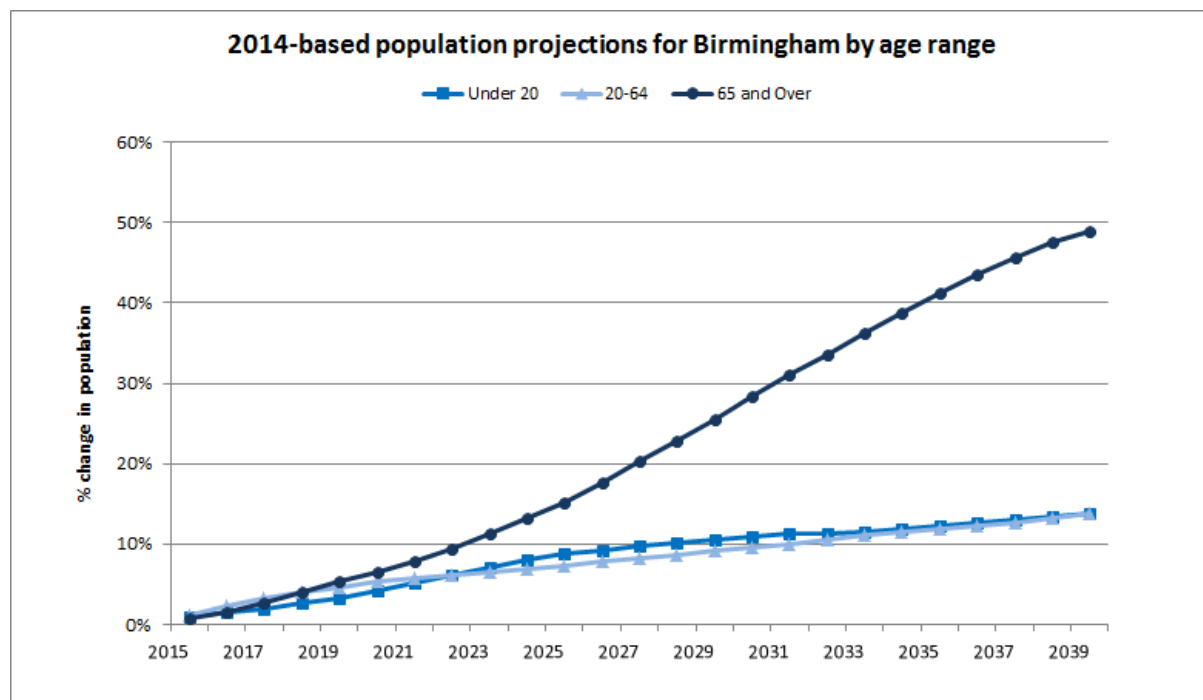
Birmingham has a very dynamic population, partly due to it having a younger population than England, and a high proportion of people from ethnic minorities. Population forecasts published in 2007 suggested ethnic minorities in Birmingham would continue to grow in comparison with the White population up to at least 2026²⁹.

Figure 5 shows the trajectories of change in broad age groups between 2014 and 2039. All age groups (Under 20, 20-64, over 65) see continued growth but this is most rapid in the 65 and over age group. When broken down further, the greatest increase is anticipated to be among the over 85s with a 90% increase by

²⁹ Simpson L. Population forecasts for Birmingham, with an ethnic group dimension. University of Manchester. www.hummedia.manchester.ac.uk/.../2007-12-population-forecasts-for-birmingham.pdf [accessed 16/05/17]

2039³⁰. This group constitute a relatively small actual number of people compared to other age groups but nonetheless, Birmingham follows the same ageing population trajectory as England generally.

Figure5: Projected percentage change in Birmingham population 2010 to 2030 by age groups⁶



The previous PNA received feedback that town planning information should also be used to consider the impact of any major housing developments on need for pharmacies in the next three years. The population projections above are based on modelling whereas planning information can indicate smaller population changes over a shorter time period specific to particular localities where major housing developments are planned.

Most developments create small localised changes in population size, unlikely to affect pharmacy need and some of the people moving home will move within the city; this is not likely to impact on overall population increase for the city. Data supplied by Birmingham City Council's planning team indicates that the majority of developments in Birmingham have fewer than 200 'dwellings', each modelled to accommodate on average 2.48 people, so contribute to population changes of less than 500 people in an area. The average ratio of pharmacy to population in Birmingham is 1 pharmacy : >3,500 people. Data from the Birmingham Development Plan '5 year land supply' indicates one single development that could impact this, which is located in Langley, where 1,050 dwellings are planned and could create a community of 2,604 people. This is not yet in construction phase and so is unlikely to impact the population size in the next three years but the need for a pharmacy in this area should be considered in future assessments for the area.

³⁰ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

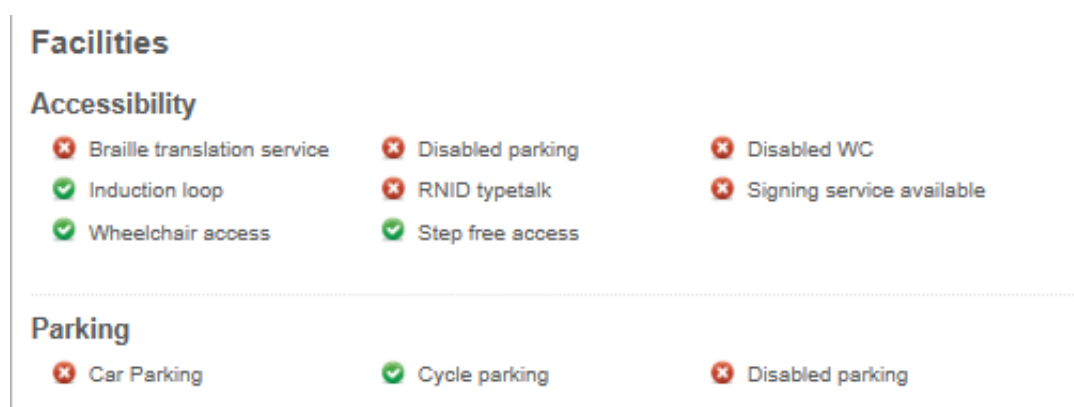
The cumulative impact of housing developments in an area could also lead to larger increases in population size; however no areas in the city were identified where this has led to large localised population increases. Access to pharmaceutical providers is considered in section 7 and shown by District in Appendix C.

Disability

Almost half (49%) of people who claim Employment Support Allowance due to illness or disability have a mental health disorder, which equates to 25,680 in Birmingham. This indicates the degree to which mental health contributes to poor health and disability in Birmingham and although severe mental health illness has been discussed earlier, this may be a subject pharmacies seek to cover in their choice of annual health promotion campaigns, staff training and self-care advice expertise.

More broadly with regard to disability in general, the Equalities Act 2010 legislates against direct discrimination of any person for the supply of goods or services, employment, and other such matters. Pharmacies are required to make reasonable provisions to accommodate any person with disability both on their premises and in terms of service, for example wheelchair access and ramps. Provision of disabled-friendly services (wheelchair accessible consulting rooms, provision for those with visual or hearing difficulties, etc.) should be considered an important aspect of good service provision. The NHS Choices website indicates which individual pharmacies offer facilities to enable access for people with different disabilities (see Figure 6); this information is not currently available in a collated format and would provide useful evidence for PNAs. This will be considered in the recommendations of this report.

Figure 6: snapshot of Facilities of a pharmacy in Birmingham. Source: NHS Choices



Demographics and Pharmacy: what does the evidence say?

A rapid review of evidence regarding the relationship between demography and pharmaceutical service access identified a survey of the population in North Staffordshire that assessed access of prescription and over the counter medicines. Findings indicated that collecting prescriptions was the main reason people used a pharmacy and in the last month, 57% of responders had visited a community pharmacy for this

purpose³¹. This was not evenly distributed across the population with some groups more likely to have visited a pharmacy for collecting prescription medicine:

Prescription collection:

- poorer self-rated health
- female
- increasing age(highest among 65+ years) 'older' people
- routine/manual social group
- perceived vascular risk
- do not take physical exercise
- smoker

Fewer people reported visiting the pharmacy for over the counter medicines (39.6%) and the demographic was different, with a greater proportion of younger people, those in managerial/professional social group and were more likely to report their health as good/fair.

Although it is noted these results may not be generalisable to the Birmingham population, it is applicable to the UK context and highlights groups where either there may be greater opportunity to engage in less well known pharmacy services for which these groups have higher health need.

³¹ Boardman H, Lewis M, Trinder P, Rajaratnam G, Croft P. 2005. Use of community pharmacies: a population-based survey". *Journal of Public Health*. 27 (3): 254-262.

6. Health in Birmingham

The JSNA contains a more complete analysis of health in Birmingham; this section of the PNA highlights features particularly relevant to pharmaceutical needs such as prevalence of long term conditions and lifestyle statistics relevant to locally commissioned services. A review of the 2018 JSNA did not indicate any particular health needs beyond this of relevance to pharmaceutical service need.

Long Term Conditions

Long Term Conditions (LTCs) that have a notable impact on health in Birmingham are Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus (mainly Type 2 Diabetes) and Stroke. Table 5 shows that the 'QOF' prevalence of CHD, COPD and Stroke are below the national average but Diabetes prevalence is higher than the England average (6.7%) with the highest proportion in Sandwell and West CCG (9.0%). Improving the health outcomes of people with these conditions would help reduce premature mortality in Birmingham.

The cause specific mortality rate for preventable cardiovascular, preventable respiratory, preventable cancer, preventable liver diseases are all markedly higher than the England average (see Table 6).

Table 5 – Prevalence of chronic diseases in Birmingham (QOF)

	CrossCity CCG (%)	South & Central CCG (%)	Sandwell & West CCG (%)	England median (%)
CHD	3.0	2.6	3.0	3.3
COPD	1.7	1.5	1.5	1.9
Stroke	1.6	1.3	1.4	1.8
Diabetes	8.0	8.0	9.0	6.7

(Source QOF 2015/16, www.hscic.gov.uk/qof)

Table 6 – Outcomes from chronic diseases

	PHOF Data	Birmingham (per 100,000 popn)	England (per 100,000 popn)
Preventable deaths in <75s from cardiovascular disease (incl stroke)	2013-15	66.7	48.1
Preventable deaths in <75s from respiratory disease	2013-15	23.9	18.1
Preventable deaths in <75 from liver disease	2013-15	25.2	18.0
Preventable sight loss from diabetic eye disease	2014-15	4.1	3.2

(Source: <https://fingertips.phe.org.uk>)

Disease registers that are used nationally suggest that Birmingham has a lower prevalence rate of some of these chronic diseases compared to the England average; however this may be associated with the younger age distribution in the city, as discussed earlier. The prevalence of Diabetes however appears to be significantly higher than the England average, and may reflect a higher proportion of people with risk factors, such as being overweight or obese or being of South Asian origin³². Type-2 diabetes is up to 6 times more common in people of South Asian descent, and risk begins from the age of 25 years, as opposed to 40 years in the White population³³. However, it is important to note that QOF figures are likely to be an under-estimate, as there is an undiagnosed cohort of patients.

Smoking:

Tobacco use is the biggest cause of preventable mortality in the UK and worldwide and is a risk factor for all of the 5 leading causes of death³⁴; in the UK smoking prevalence has fallen in the last decade, and 2015 saw the highest proportion of quitters in over 40 years³⁵. According to the latest Public Health Outcomes Framework indicator, smoking rates in adults in Birmingham (14.3%) are similar to the England average (15.5%)³⁶. Smoking prevalence is not uniform within Birmingham, however, with central and deprived areas having a higher prevalence than less deprived areas³⁷. Though we have seen a continual decline aided by public health campaigns and legislation, continued efforts to reduce this further are needed to reduce poorer health outcomes of smokers in the City.

PHE and ASH support the use of e-cigs for people unable or unwilling to stop smoking and research from PHE suggests e cigs are 95% less harmful than cigarettes. Birmingham's e-cig trial in 2016 (9 pharmacies) had an 83% quit rate (n=48) and nationally it appears e-cigarettes have led to changes in smoking habits³⁸. It is hoped this will reduce significant morbidity, premature mortality and contribute to reducing health inequalities.

Sexual health

Since the last PNA, new STI diagnoses in Birmingham (excluding chlamydia) among the under 25s has fallen to 6,772 (940 per 100,000). However the city still remains significantly worse than the England average. Diagnosed HIV prevalence has continued to increase and some 1,800 people are living with HIV in the City, with 120 new diagnoses in 2015. Between 2013 and 2015, almost 40% were considered to be late diagnoses,

³² National Institute for Health and Care Excellence (2012) Preventing type 2 diabetes: risk identification and interventions for individuals at high risk [PH38]. London: National Institute for Health and Care Excellence

³³ Diabetes UK. http://www.diabetes.org.uk/About_us/News/Young-South-Asian-people-at-higher-risk-of-diabetes-and-associated-heart-disease/?print=1

³⁴ WHO. 2016. Tobacco Factsheet.

³⁵ ONS. 2015 Adults Smoking habits in the UK.

³⁶ The network of Public Health Observatories. Public Health Outcomes Framework for Birmingham, 2017. <http://www.phoutcomes.info/> [accessed 20/06/2017]

³⁷ Spencer-Jones, C (2009). Tobacco Control National Team – Visit to Birmingham [PowerPoint Presentation]. South Birmingham Primary Care Trust. Delivered September 2009.

³⁸ BCC E Cigarette Trial Presentation. Available locally from BCCs SSS commissioning team

leading to avoidable ill health and potential transmission. There were 33,000 chlamydia screenings carried out in 2015 in the 15-24 age group, and 2,976 new cases detected.

The crude pregnancy rate for 15-17 year old females (25.4 per 1000) is also high compared to England (20.8 per 1000), though there has been a national downward trend in teenage conceptions³⁹. Those disproportionately affected by sexual-ill health include young people, black minority ethnic communities and men who have sex with men (MSM). Pharmacies are well placed to help prevent and reduce both teenage pregnancies and STIs, through provision of contraception and advice as necessary.

Substance misuse

Alcohol and drug dependency leads to significant harm and places a financial burden on communities, which can be reduced through investment in prevention, treatment and recovery interventions. For example, alcohol and drug users commit fewer crimes and are less prone to blood-borne viruses and other illnesses when they access substance misuse services. In 2014/2015 in Birmingham there were 6,228 adults engaged in treatment for three months or more, 93% of the treatment population and 2.9% of opiate users who left drug treatment did not re-present within 6 months (significantly lower than 6.7% nationally). For non-opiate users this was 19.0% (significantly lower than 37.3% nationally); 16% of drug users completed their treatment free of dependence which is the same proportional as national performance⁴⁰.

³⁹ PHE. 2017 Sexual and Reproductive Profiles. [Online] <https://fingertips.phe.org.uk/profile/sexualhealth/data>

⁴⁰ Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

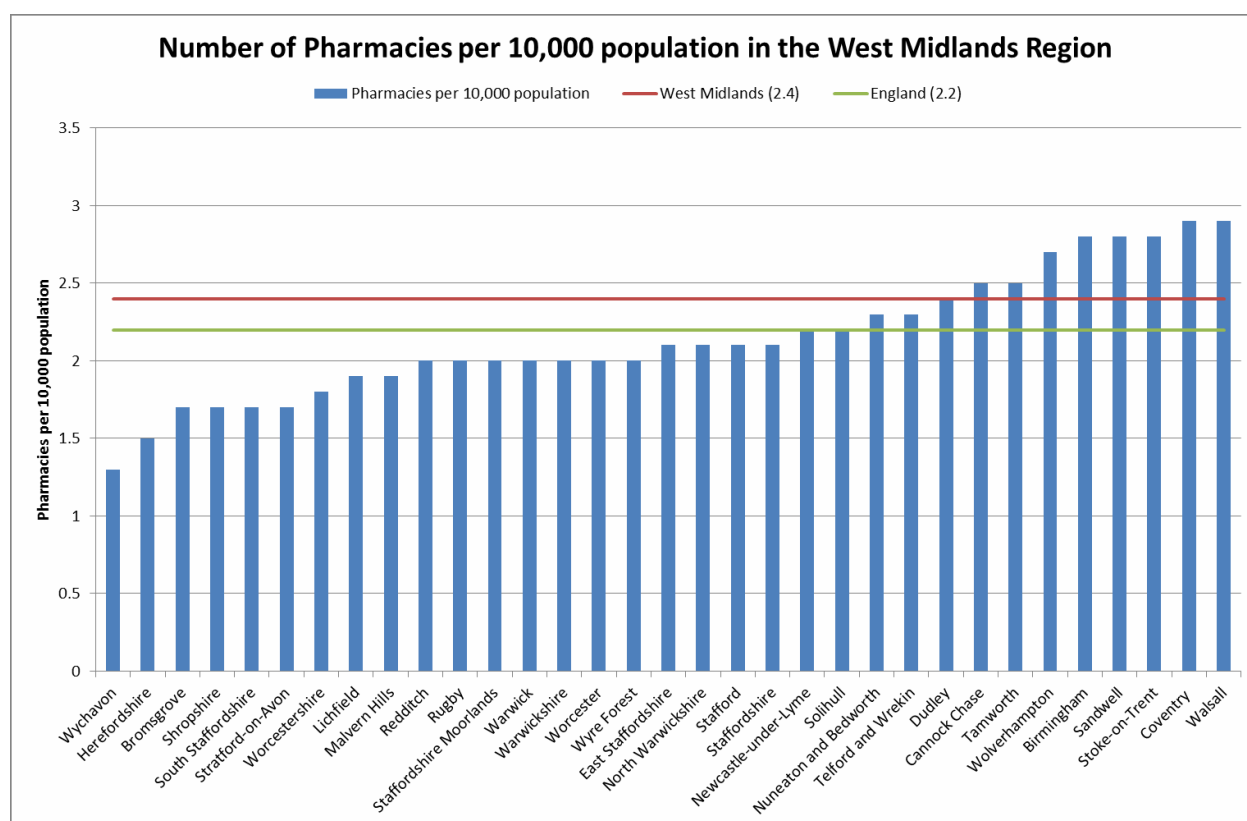
7. Assessment of provision

A review of pharmacy providers and pharmaceutical services was undertaken between October 2016 and July 2017 through work with the NHS England area team, the Birmingham LPC, Birmingham City Council commissioners and from the Commissioning Support Unit. The LPC circulated information from the 2015 Birmingham PNA to pharmaceutical providers in Birmingham and asked them to update their information. Initially it was intended that the results of an NHS England exercise to update information regarding local contractors was to be used, however results were not ready in time for this PNA. The results of the 2018 exercise are summarised in Appendix C and available in full via a separate document titled 'Birmingham Pharmacy List 2017 FINAL'.

Per capita access to pharmaceutical providers

There are 285 community pharmacies (including one LPS contractor), 2 appliance contractors and 14 distance selling pharmacies in Birmingham; this equates to 301 pharmaceutical providers, similar to the 2015 PNA.

Based on current mid-year population estimates and the number of community pharmacies alone there are approximately 2.65 pharmacies per 10,000 population. Estimates by the LGA produced in time for the 2015 PNA indicated a slightly higher proportion at 2.8 pharmacies per 10,000 population (Figure 7). Since only a few pharmacies have closed since the previous PNA in 2015, this change is more likely due to population increase in the last three years; Birmingham continues to have higher per capita access compared to the West Midlands and England average at the time of most recent data collation.

Figure 7 – Number of pharmacies per 10,000 population in the West Midlands Region⁴¹

Source: Local Government Association. Snapshot November 2014

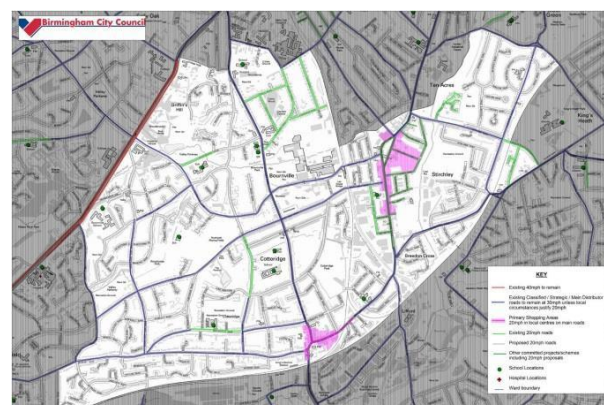
Geographical distribution

The concentration of pharmacies is well distributed across Birmingham, with more pharmacies in areas with higher density residence. Generally this is also the case in areas of greater socio-economic deprivation where per capita access is higher in more deprived Districts; deprivation using is often used as a proxy for greater health need (Appendix C). The exception is Yardley, which has slightly lower per capita access compared to the Birmingham average at 2.52 per 10,000 although this is still but this higher than the last West Midlands and England average.

Two districts, Selly Oak and Edgbaston have lower per capita access than the Birmingham and West Midlands average at 1.60 and 1.57 per 10,000 respectively. The previous PNA identified that based on mapping, there appeared to be poorer geographic access in Edgbaston and Sutton Coldfield, however noted upon further analysis, the areas with no pharmacies in these Districts were where large hospital, university sites or non-residential areas such as park are sited. While per capita access to pharmacy is an indicator of levels of access, geographic distribution is important too and mapping for the 2018 PNA of access to a

⁴¹ NHS Information Centre. General Pharmaceutical Services in England 2002-2003 to 2011-12, PCT level appendix. <http://www.ic.nhs.uk/pubs/pharmserv1112> [accessed 04/12/2012]

Figure 8: Birmingham Pharmacies by walking time



Most pharmacies in Birmingham have core opening hours starting from 8.30am and until 5.30pm between Monday and Friday, so during the week during these hours there is good access across the city. There are 50 pharmacies on a '100 hour' contract, where pharmaceutical services are offered earlier than 8.30 am, later than 5.30pm and on weekends. The location of these pharmacies is shown in figure 10; there are slightly fewer than reported in the 2015 PNA (54) however there are still 100 hour pharmacies in all Districts in Birmingham with the exception of Selly Oak where there is a 100 hour pharmacy on the border with Hall Green. It is important to note that the geographical placement of 100 hour pharmacies appears to be

clustered in the centre of the city, with little presence in the southern wards. This is unsurprising as these pharmacies were not placed strategically or in-line with any commissioning objectives; rather many are located in large supermarkets and big stores which already had long opening hours. This location is also where there is higher population density and so potentially greater demand for services per pharmacy.

Figure 10: Location of all pharmacies in Birmingham, by opening hours

All Birmingham Pharmacies by Type

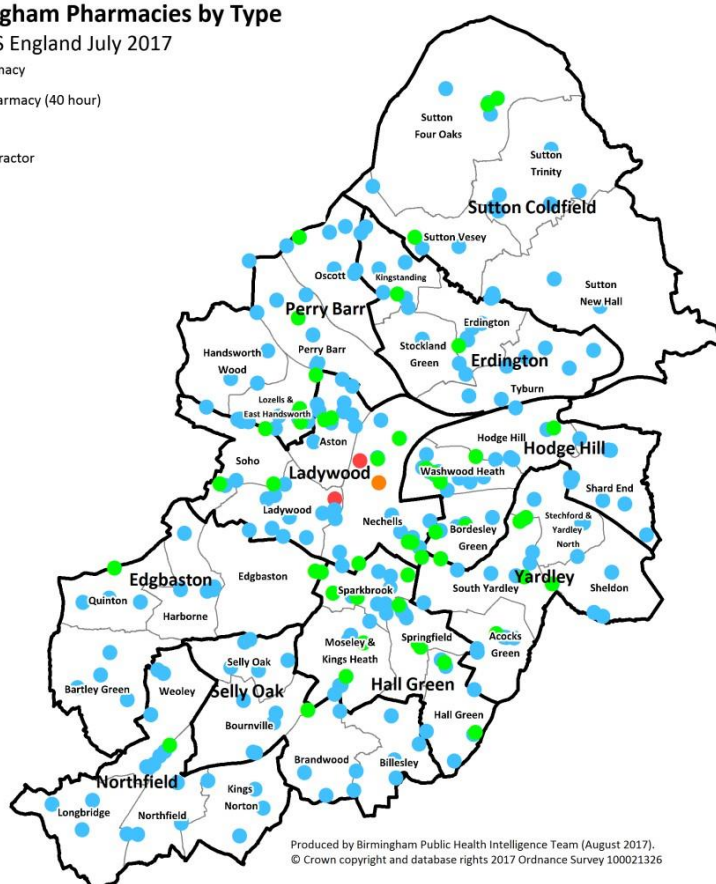
Source: NHS England July 2017

● 100 hour pharmacy

● Community pharmacy (40 hour)

● LPS pharmacy

● Appliance contractor



Specifically regarding weekend access, 210 pharmacies are open at some point on Saturday (2015 = 216) covering all Districts in Birmingham; many of these providers are open Saturday mornings but not afternoon (table 7).

Table 7: Pharmacies open on Saturdays and Sundays

Number of pharmacies	Open on Saturday	Remaining open after (Saturday):				Open on Sunday	Unknown opening hrs
		1pm	3pm	5pm	7pm		
285	210	164	146	131	62	74	1

There are 74 pharmacies open on Sundays (2015 = 80) in all Districts in Birmingham except Selly Oak. Pharmacies based within large stores (over 280 square metres) are legally bound by Sunday trading regulations and can only open between 10:00 and 18:00, for a maximum of 6 consecutive hours .

Bank Holiday provision

On public holidays and out of hours, medical care is provided by the Badger Out-Of-Hours (OOHs) GP service. The service currently covers Birmingham and normally operates 18:30pm to 8.00am Monday to Friday, and all day Saturday, Sunday and public holidays. Badger clinics (Birmingham and District General Practitioner Emergency Rooms) are aware of pharmacies that are open and dispensing during these hours. Pharmacies also operate on a rota system on Bank Holidays, which is posted on NHS Choices for the general public.

Conclusion regarding access to pharmacies:

Evidence in this section indicates there continues to be above average per capita access to pharmacies in Birmingham, which are well geographically distributed by population density and levels of deprivation. Opening hours also indicate good access during usual working hours, on evenings and weekends across the city. Any pharmacy closure in Selly Oak or Edgbaston should be reviewed by the BHWB if this occurs before the next PNA is prepared in 2020.

Distance-Selling pharmacies

There are 14 pharmacies in Birmingham that are contracted to provide pharmacy services via the internet or mail. These are pharmacies that must adhere to all regulations concerning other pharmacies; the only additional stipulation is that they are not permitted to provide essential services dispensing face to face. These pharmacies are required to provide services to patients in the whole of England and are therefore not considered further in this report. However, the 2015 PNA recommended that future PNAs should monitor the activity of such pharmacies to see if they could be utilised to provide non-essential services for the Birmingham population. Evidence gathered in the writing of this report does not indicate that distance selling pharmacies are providing advanced, enhanced or locally commissioned services in Birmingham.

Conclusion regarding distance selling pharmacies

Distance selling pharmacies are shown on figure 10; commissioners should include these providers in the scope for non-essential pharmacy services where the providers meet commissioning criteria, particularly where the location of the providers may improve access.

Essential services

Dispensing

Each pharmacy in Birmingham dispenses 5,588 items per month on average, which is 16.9% lower than the West Midlands median of 6,533 (Table 8). This could be the result of having a considerably higher number of pharmacies than other localities, which may suggest current pharmacies have capacity to provide services to more people. The lower number of prescriptions dispensed may also be a function of the younger age profile in the city, meaning there is a lower burden of disease; however without further research into this, it is not possible to determine a more definite reason.

Table 8 - Prescriptions dispensed per pharmacy per month in the West Midlands 2015/16

Area	Prescription items dispensed per month (000s)	Average monthly items per community pharmacy
England	82,940	7,096
West Midlands Region	6,402	6,533
Birmingham	1,621	5,588

Source: NHS Digital and NHS Business Services Authority

Cross border dispensing

The city is densely populated, and as a major part of the West Midlands conurbation, shares borders with the metropolitan areas of Solihull, Warwickshire, South Staffordshire, Walsall, Dudley, Sandwell, and Worcestershire (see Appendix D). There are a range of community pharmacies accessible near the borders with Birmingham and it is likely that residents of Birmingham have prescriptions dispensed in these areas, and also residents from outside the city use Birmingham's pharmacies. Further work to establish the extent of cross border dispensing should be undertaken, however at the time of writing this PNA data was not obtained regarding the postcode of prescriptions dispensed, so this work could not be undertaken.

Appliances

Appliances can be dispensed by any pharmacy or appliance contractor and can be broadly categorised as stoma appliances, incontinence appliances, and dressings. Birmingham currently has 2 appliance contractors that provide appliances, both located in Ladywood.

Conclusion for essential services

Essential services (mainly dispensing of medications) are fundamental services for the population; as discussed with regard to pharmacy access, these services appear to be accessible for the majority of the cities' population geographically and at different times of day.

There are no gaps in the provision of core services for the Birmingham population.

Advanced services

Medicines Use Review (MUR)

The average number of MURs per pharmacy continues to increase and the number of pharmacies providing MUR has increased since 2012/13 at 82% of pharmacies across the city. This is a lower percentage of pharmacies provide the service compared to England/West Midlands averages. During 2015/16 data indicates 71,833 MURs were declared by Birmingham pharmacies; table 9 shows how Birmingham compares with the West Midlands region. Data was not available at the time of writing this report regarding the number of MURs per individual pharmacy and the percentage of MURs delivered among target groups. Since most pharmacies in the city provide MUR it is likely that most of the population have access to the service, however this information would support assessment of whether there are areas with poor access. Also, the extent to which the service meets its target population and compared with performance elsewhere.

Table 9 - Average MURs / pharmacy (England, West Midlands' and Birmingham 2015/16)^{42, 43}.

	% pharmacies providing MUR		Average number of MURs per pharmacy	
	2012/13	2015/16	2012/13	2015/16
Birmingham	85	82	258	282
West Midlands	89	93	267	286
England	91	94	267	292

New Medicines Service (NMS)

Birmingham performs slightly worse compared to the national average for the NMS service; between April 2015 and March 2016 nationally the monthly average number of NMS per pharmacy providing the service was 9.94 compared to 9.16 in Birmingham. This suggests that those pharmacies providing the service could better promote the service to encourage use of it⁴⁴. The average number of prescription items claimed per month Nationally was 1,241 compared to 1,306 in Birmingham; ideally pharmacies in Birmingham should aim to achieve a lower ratio of prescription items per NMS. PSNC data identifies 150 claiming NMS pharmacies in Birmingham, which is approximately half; there is therefore capacity to offer the NMS service more widely and based on the data, to offer more NMS consultations per month on average by those pharmacies currently providing the service.

Conclusion for NMS

⁴² NHS Digital. 2013. *General Pharmaceutical Services*. [Online] <https://digital.nhs.uk/search?q=MUR&s=s> (Accessed 30/07/2017)

⁴³ NHS Digital, General Pharmaceutical Services in England: 2006/07-2015/16, 2016 <http://www.content.digital.nhs.uk/catalogue/PUB22317>

⁴⁴ PSNC. 2017. NMS Statistics. [Online] <http://psnc.org.uk/funding-and-statistics/nhs-statistics/nms-statistics/>

There is adequate provision of the service in Birmingham, however data regarding geographical distribution of the service would support assessment of equity of provision.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home and should improve a patient's knowledge and use of any 'specified appliance' listed below⁴⁵:

a) any of the following appliances listed in Part IXA of the Drug Tariff:

- a catheter appliance (including a catheter accessory and maintenance solution),
- a laryngectomy or tracheostomy appliance,
- an anal irrigation system,
- a vacuum pump or constrictor ring for erectile dysfunction, or
- a wound drainage pouch;

(b) an incontinence appliance listed in Part IXB of the Drug Tariff; or

(c) a stoma appliance listed in Part IXC of the Drug Tariff.

Table 10 - Average AURs per pharmacy 2015/16⁴⁶

Area	Community pharmacy and appliance contractors providing AURs	% providing AURS	Total AURS per community pharmacy and appliance contractor	Average AURS per community pharmacy and appliance contractor
England	140	1.2%	37,807	270
West Midlands region	15	1.5%	1,666	111
Birmingham	2	0.01%	271	136

Source: NHS Digital, NHS Business Authority

Table 10 shows the provision of AURs in Birmingham is lower than England and the West Midlands average; a total of 271 AURs were conducted in Birmingham (2015/16). Each pharmacy can provide a limited number of AURs, linked to the number of appliances it dispenses⁴⁷. The service may also be provided through GP and secondary care services, so part of the reason for fewer AURs could be provision in other settings.

⁴⁵ Pharmaceutical Services Negotiating Committee website: Appliance Use Review (AUR) <http://psnc.org.uk/services-commissioning/advanced-services/aur/> (accessed 25/09/14)

⁴⁶ <http://www.content.digital.nhs.uk/catalogue/PUB22317>

⁴⁷ NHS Service Business Services Authority, <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data> accessed 18 July 2017

Birmingham has two cancer centres, whose patients may require AUR services; University Hospitals Birmingham (UHB) NHS Foundation Trust is one of the largest regional centers for non-surgical cancer treatment in the UK. It has links with surrounding cancer units and accepts referrals nationally. The second is Birmingham Children's Hospital (BCH) is one of the largest specialist UK centres for childhood cancer.

As the city's older population is projected to increase over the next decade, there will be a need for commissioners to monitor whether the current number of providers in Birmingham (4 pharmacies and 2 appliance contractors) is sufficient to meet demand.

It is also unclear how well advertised the AUR service is to those who may benefit; without knowing this, or the demand for such a specialist service, it is not possible to determine if the service is reaching those that could benefit. If a need regarding AUR access is identified, there may be a need to assess workforce training needs as this could be a barrier to wider implementation of the service.

Stoma Appliance Customisation (SAC)

During 2015/16, 25 pharmacies provided a total of 505 SACs in Birmingham, which is very low compared to the 2015 PNA and lower than the average for England and the West Midlands average (table 11)⁴⁸. There is no upper limit on the number of SACs a pharmacy can conduct, however people receiving stomas may also access a stoma nurse from secondary care for advice or guidance regarding their stoma.

Table 11 - SAC per pharmacy 2015/16

	% community pharmacy and appliance contractors providing SAC	Total SAC	Average SAC per community pharmacy and appliance contractor
England	14.7%	1,237,651	715
West Midlands Region	14.1%	544,073	1,106
Birmingham	8.0%	505	20

Source: NHS Digital, NHS Business Services Authority

Conclusion for advanced services

Advanced services are viewed as **relevant** services in Birmingham.

The provision of MURs appears to be good for the whole city and this has improved, possibly driven by policy directives and increasing evidence of service efficacy. There appears to be capacity for pharmacies to conduct more MURs, and for more pharmacies across the city to provide the service, which could be demand- or pharmacist-led. Commissioners should explore whether there may be scope for more existing

⁴⁸ NHS Business Authority. 2015. Number of Stoma Customisation fees per pharmacy per month. [Online] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

Enhanced

Data for July 2016 to June 2017 indicates that 50 pharmacies provide this service, delivering 40,243 pharmacy first consultations per year (average = 805 consultations per pharmacy per year). The geographic distribution of these pharmacies is shown in figure 11 and is mostly well targeted in areas where there are more attendances for 'low acuity conditions' such as fever and diarrhoea. These types of attendances can often be managed by a community pharmacist and NHS England guidance suggests this as a solution to managing urgent care demand²⁰. The map also shows that Hodge Hill, Erdington and Yardley may benefit from improved access to the service to reduce A&E attendances for low acuity conditions; if pharmacies on the border of Solihull and Yardley/ Hodge Hill provide the service, this may reduce need for the Pharmacy First service in these areas.

A&E Attendances for Low Acuity 2015/16

Directly Standardised Rates (Persons)



The variation seen across the city is also due to historical commissioning arrangements of the service and the impact on urgent care is not the only purpose of Pharmacy First / Minor Ailments services. Most evidence of efficacy indicates positive impacts on reducing GP demand. Figure 11 shows Sutton Coldfield and southern districts including Northfield and Selly Oak have particularly reduced access to the service. There are other models of care that can manage minor ailments such as use of Urgent Care centres and GP models of provision; also there may be provision of Pharmacy First services in bordering areas to the north and south of Birmingham that improve access to this type of provision. Nonetheless it is recommended that commissioners developing models of healthcare in these areas consider Pharmacy First as an option in future commissioning to support patients with managing minor ailments.

Conclusion for MAS

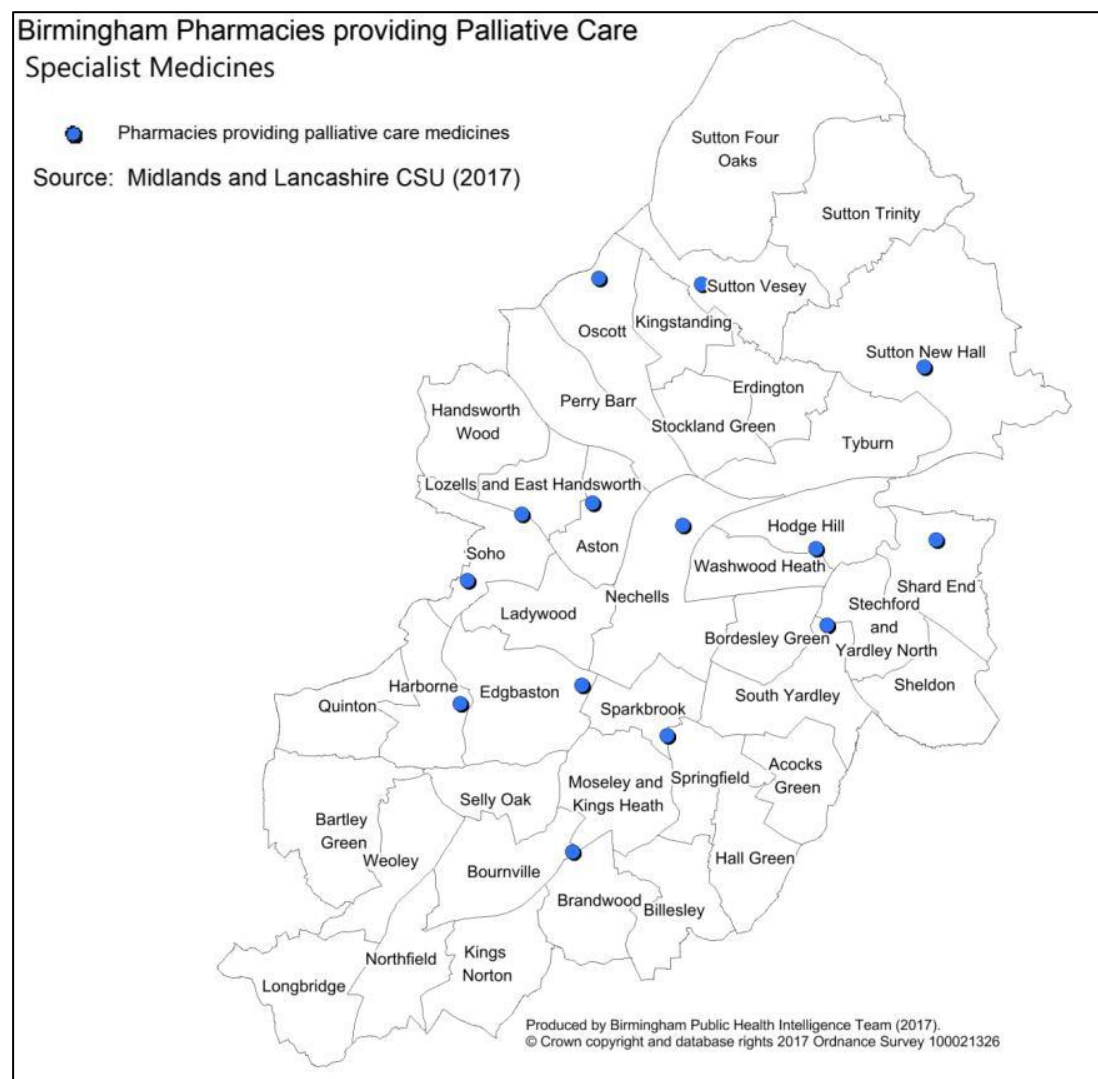
MAS is considered a **relevant** service.

Due to historical commissioning practices, across the city there are gaps in provision of this service in the southern, eastern and northern parts of the city. The value of such a service in these areas is should be factored into any commissioning decisions, particularly taking into account the deprivation of the locality being reviewed, and current services provided from non-pharmaceutical providers. Suitable links should be made with changes to the Urgent Care system. Furthermore, although results of an interim Pharmacy First evaluation were made available to the authors of this report, the full pilot evaluation should be completed and used to inform future commissioning.

This imbalance of the MAS service in Birmingham requires consideration, especially at a time when the Urgent Care system is under review.

Palliative care access

There are 15 pharmacies in Birmingham that provide this service, with geographical spread across the city but reduced provision in southern wards, based on residential density. (Figure 12). Non-pharmacy services are also commissioned to provide this service and so may support provision of this service in these areas; there may also be provision in surrounding areas bordering with Birmingham.

Figure 12 – Location of pharmacies providing palliative care specialist medicines

A strategy is currently out for consultation regarding an Integrated Palliative and End of Life care system across Birmingham, which includes pharmacy provision of this service. The distribution in this PNA and findings from the consultation must inform future access. Some additional points for consideration are listed below:

- Most of the pharmacy providers (12 of the 15) are open 7 days a week and all are available 6 days per week.
- Northern and southern parts of the city have a higher proportion of older people who may have particular use for the service.
- As the city's older population increases, the need for this service may also increase.

Conclusion for pharmacy palliative care service

This is considered a **necessary** service.

The current service based on pharmacy data alone suggests there are gaps in provision in the northern and southern parts of the city where need is likely to be higher; the current review of End of Life and Palliative care must ensure provision meets need across the city.

Dermatology Dispensing

At the time of the 2015 PNA, there were two community based dermatology clinics with two nearby pharmacies providing specialist dermatology medicines, which was considered adequate provision.

Since then, this service has been decommissioned.

Advice to care homes

At the time of the 2015 PNA, there were 9 pharmacies providing support quarterly to residential and nursing homes; the PNA concluded there may be opportunities to develop the service further in northern and southern parts of the city, based on need, alignment with the Better Care Fund and availability of pharmacies willing to provide this.

Since then, this service has been decommissioned.

Locally commissioned services

The PSNC host a pharmacy service prospectus for inspiration for commissioners; there are many different services commissioned with pharmaceutical providers and this is influenced by local health priorities and commissioning strategies to meet health needs. The PNA therefore focusses on current locally commissioned services since health need specific commissioning strategies and needs assessments should consider provider type in their assessments.

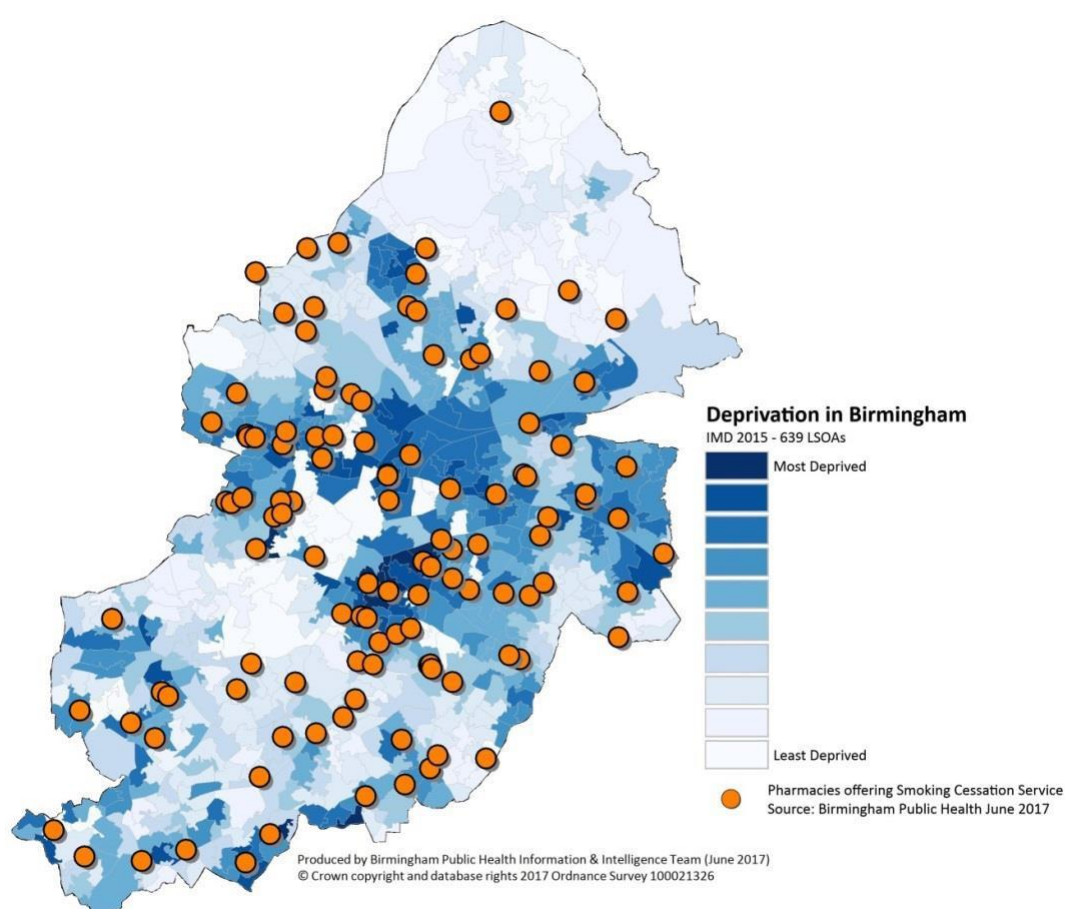
Stop Smoking Service (SSS)

Most people who smoke are from poorer socio-economic groups and so reducing levels of smoking could have a big impact on reducing avoidable mortality and reduce the gap in life expectancy between richer and poorer communities. Pharmacies are suitable locations for such a service as they are accessible, often open extended hours, and can provide medications without delay. SSS in pharmacies is recommended by the

National Institute for Health and Clinical Excellence (NICE)⁴⁹ and opportunities to address smoking among children through advice given to mothers is recommended in this setting. Figure 13 shows the location of the 120 pharmacies in Birmingham commissioned to deliver SSS by level of deprivation (used as a proxy as recent data on smoking prevalence at ward level is not available and smoking is more prevalent in deprived areas). Services in pharmacies appear to be provided in wards where lung cancer incidence is higher than the city's average, which is where services are needed the most.

Areas that are not as heavily served with pharmacies operating Stop Smoking Services (SSS) have access to GPs that provide cessation advice and services. Current service provision is therefore considered to be good.

Figure 13: Location of pharmacies providing smoking cessation services in Birmingham



Conclusion for SSS

SSS are a **necessary** service, as they play a key role in reducing one of the biggest harms to health in the city. There appears to be good provision of this service across the city and targeted where need is likely to be highest.

⁴⁹ Smoking Cessation Services. NICE Public Health Guidance PH10. <http://publications.nice.org.uk/smoking-cessation-services-ph10> [accessed 30/01/2013]

Sexual health

Emergency contraception

Emergency Hormonal Contraception (EHC) is provided to women who believe they are at risk of becoming pregnant; it is most effective in the first 72 hours post-intercourse, though more so the earlier it is taken. Provision in settings and at times that most suit vulnerable groups is an important public health measure to reduce the adverse outcomes associated with some unplanned pregnancy. The service commissioned by Birmingham Public Health is for those aged 13-21 years, who can receive it free of charge in pharmacies, which is in addition to that provided in GPs, specialist contraceptive clinics, and GUM clinics for women of all ages.

The aim of the service is to provide safe and simple access for young women, who may otherwise be reluctant to do so; the service was introduced to help reduce the number of teenage pregnancies in the city. Teenage conception rates have continued to drop and in 2015 Birmingham had an under-18 conception rate of 25.4 per 1000 females aged 15-17 years, which was higher than the England rate (20.8 per 1000)⁵⁰. There is wide variation across the city with the majority of conceptions occurring in the eastern and southern edges of the city, although absolute numbers are small and not necessarily an indicator of where the service is needed most. It is also an aim of this service to address the higher than average level of repeat abortions in Birmingham⁵¹.

The new sexual health service in Birmingham, managed by 'Umbrella' offers different tiers of service with tier one offering basic provision (free condoms, EHC, STI self-sampling kit) and tier two offering more services (offering Tier 1 service plus chlamydia treatment, contraceptive pill, contraceptive injections, continuation of Hepatitis B vaccine injections). There is also a tier three more specialist service offered by select few providers with the necessary staff mix and facilities to do so.

Pharmacies are one of several providers commissioned through the Umbrella partnership to provider tier one (87 pharmacies) and two services (45 pharmacies); the distribution of these is shown in Figure 14.

⁵⁰ Sexual and reproductive health profiles. Public health England. <http://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/data#page/3/gid/1938132988/pat/6/par/E12000005/ati/102/are/E08000025/iid/20401/age/173/sex/2> (accessed 17/07/17)

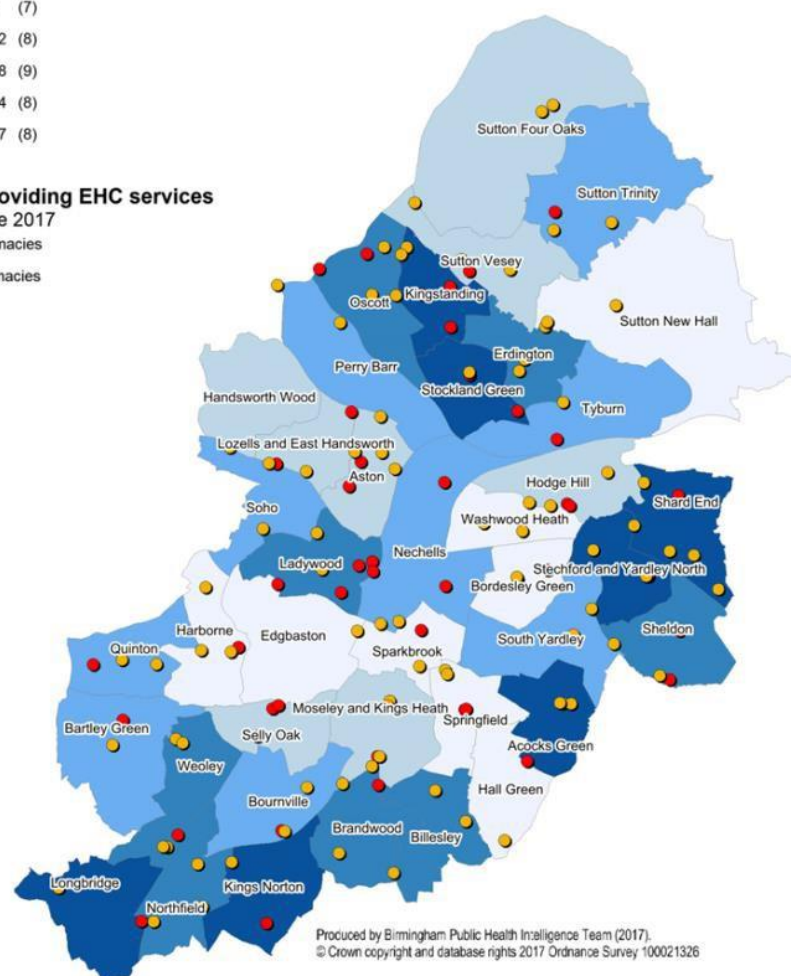
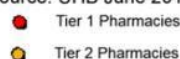
⁵¹ Department of Health, Abortion Statistics, England and Wales <https://www.gov.uk/government/statistics/report-on-abortion-statistics-in-england-and-wales-for-2016> (accessed 17/07/2017)

Figure 14: Location of pharmacies providing tier one and tier two sexual health services**Under 18 Conception Rates by Ward**

Source: ONS, 2012-2014

**Pharmacies providing EHC services**

source: UHB June 2017



There appears to be a good geographical spread of providers across the city, although data regarding demand for services was not available in time for this PNA since the service has not been in operation long enough to establish this.

In addition to pharmacies, free EHC is available from:

- GP surgery that provides contraception
- contraception clinic
- a sexual health clinic
- some genitourinary medicine (GUM) clinics
- some young people's clinics
- most NHS walk-in centres and minor injuries units
- some Accident & Emergency departments

Pharmacies commissioned to provide the service appear to be well located, in areas where the teenage pregnancy rate is at its highest in Birmingham. As Birmingham has a number of universities, commissioners should also ensure that existing pharmacies are able to provide this service in areas that are highly populated by students. The city's Sexual Health Services are undergoing further review to establish the quality and targeting of the new service model, which will impact how sexual health services (including EHC) are provided across Birmingham. The results of this will need to be considered in the 2021 PNA.

Conclusion for sexual health services

Sexual health prevention services are considered to be a **necessary** service for the city.

Considering all providers, there are no gaps in the provision of this service, and localities with the highest teenage conception rates in Birmingham have generally good provision.

Substance misuse

Needle exchange is a service commissioned by Public Health through an external provider, CGL, which enables injecting drug users (IDUs) to dispose of used needle or other injecting equipment, and obtain sterile injecting equipment for personal consumption. Service users also use these periods of contact to learn about safe injecting practice, and may be a pathway to further care or rehabilitation; there is good evidence that needle exchange services are effective in reducing harm⁵². It is however difficult to know exactly where to target such services since this population are often transient and so reporting of needle use or needles discarded may not correspond to where people want to access the service.

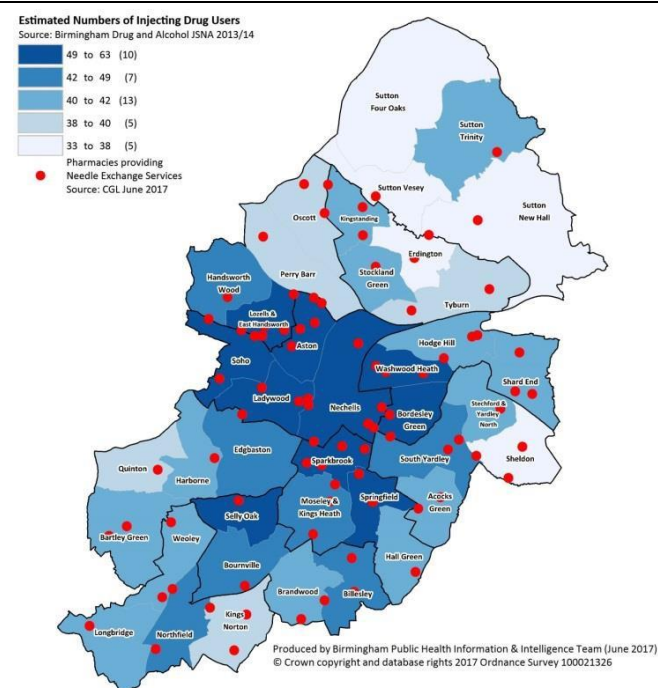
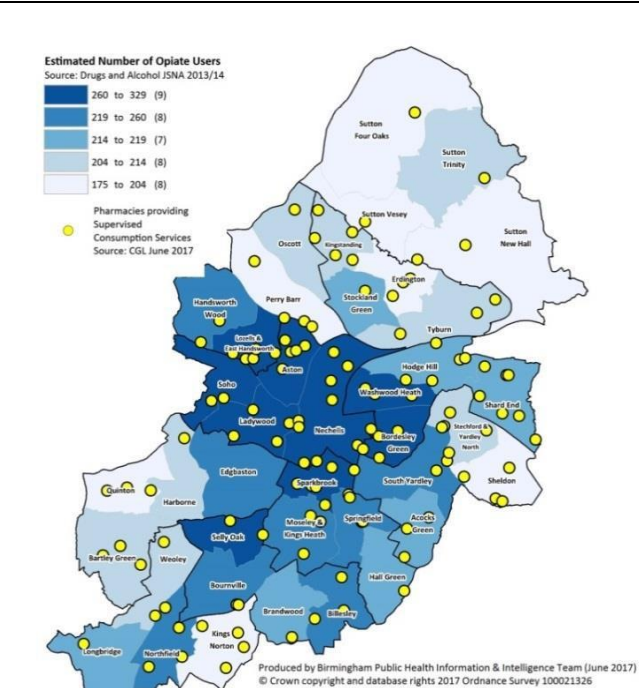
The needle exchange programme is categorised as a 'harm reduction' service, in this case reducing the risk of blood-borne infections⁵³. Figure 15 shows the locations of the 88 needle exchanges (pharmacy based) in Birmingham, which appear to be appropriately placed, when compared with estimated numbers of IDUs by ward.

Supervised consumption is also commissioned by Public Health through CGL and ensures that those prescribed methadone (or other substitute therapy) can obtain and take the medication safely, under direct supervision of the pharmacist. There is evidence that this method of treating people with heroin addiction is effective and it is approved by NICE⁵⁴. Figure 16 shows the locations of the 128 supervised consumption premises in Birmingham. Overall, there appears to be good coverage of the majority of the city, including areas where the highest number of Opiate and Crack Users (OCU) are thought to reside.

⁵² Needle and syringe programmes. NICE public health guidance PH 18. Feb 2009. <http://www.nice.org.uk/nicemedia/live/12130/43301/43301.pdf> [accessed 29/01/2013]

⁵³ Birmingham Drug and Alcohol Action Team. Needle Exchanges. <http://www.bdaat.co.uk/page.php?pid=49&mid=53> [accessed 04/12/2012]

⁵⁴ Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal guidance 114. Jan 2007. <http://www.nice.org.uk/nicemedia/pdf/TA114NICEguidance.pdf> [accessed 06/06/2014]

Figure 15: Location of pharmacies providing needle exchange services**Figure 16: Location of pharmacies providing supervised consumption**

Conclusion for needle exchange and supervised consumption

Both these services are considered **necessary** and evidence available in preparing this PNA do not suggest gaps in provision.

Supervised consumption, along with needle exchange, remain key programmes for the prevention of harm in the city, especially in our vulnerable populations. Both services appear to be located appropriately.

8. Patient and Public Engagement and Insight

The Healthwatch Quality standard has been used as guidance to ensure good use of patient and public engagement (PPI) in developing this PNA.

First, a review of PPI was undertaken to identify relevant existing public consultation and other engagement data; the draft 2018 PNA is to be published with plain English, abbreviated version to support PPI regarding the PNA. The results of this will be used to inform the final PNA.

The following sources of PPI were identified and information gathered from these is summarised below:

- The Community Pharmacy Patient Questionnaire
 - Results are available at an individual pharmacy level on the NHS choices website, however a collated version was not available and there was not capacity in the development of this PNA to do so. It is recommended that in future years a collated version is made available for the purpose of informing PNAs and other pharmacy based commissioning.
- Results of two consultations, referred to in the 2015 PNA, which are discussed in Appendix D.
- Results of the previous PNA public engagement exercise
 - Undertaken via a questionnaire on the Birmingham BeHeard website for just over one month, although postal versions were available upon request.
 - Initially there were 143 responses via Birmingham BeHeard (including postal entries added manually (verbatim) by Public Health). An additional 37 questionnaires were received after the deadline and comments incorporated into the review where appropriate.
 - Results indicated respondents valued pharmacies, however, local there was inconsistent knowledge of which services were available and where.
 - Respondents felt access to Pharmacy was good, with disabled access being available. However parking difficulties were cited as an area of concern.
 - Location was important to respondents; close to a GP or work place were of particular interest and with longer opening hours, both in the morning and evening.
 - Over half (62%) of respondents did not use a single regular pharmacy; 38% used one pharmacy and 54% used 3, 4 or more pharmacies.
 - Comments concerning Pharmacy staff knowledge and customer service were varied, from friendly and helpful, to being obstructive and refusing medication. Several comments referred to confidentiality. In particular, stating your name and address when collecting prescriptions.

- UK based research regarding pharmacy:
 - Indicates pharmacy is a setting in which the public feel comfortable to seek or receive healthy lifestyle advice and trust the advice given by pharmacists.
 - Convenience important and lack of an appointment system, especially where 'out of hours' services are available at weekends and evenings⁵⁵. This was most clearly demonstrated by Todd et al who found that 90% of the population live within just a 20-minute walk of a pharmacy, increasing to 99.8% for those in the most deprived communities.
 - An opinion poll conducted in March 2016 demonstrated that public awareness of pharmacy-based services varies greatly according to the service in question. The poll also suggested that currently the first line for advice for most people was still GP services; just 5% for sexual health services (although higher for EHC at 29%), 5% and 7% for advice regarding substance misuse and alcohol consumption respectively. Stop smoking and minor ailments had slightly higher proportions who would go to a pharmacy first at 24% and 46% respectively.

⁵⁵ RSPH. 2000. Building Capacity: realising the potential of community pharmacy assets for improving the public's health. [Online]

Appendix A: Method and requirements of the PNA process

Matters for consideration when making assessments

9.—(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

SCHEDULE 1 Information to be contained in pharmaceutical needs assessments

Necessary services: current provision

1. A statement of the pharmaceutical services that the HWB has identified as services that are provided—

(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Necessary services: gaps in provision

2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other relevant services: current provision

3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b)outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c)in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

(a)would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,

(b)would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other NHS services

5. A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

(a)the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b)whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

How the assessment was carried out

6. An explanation of how the assessment has been carried out, and in particular—

(a)how it has determined what are the localities in its area;

(b)how it has taken into account (where applicable)—

(i)the different needs of different localities in its area, and

(ii)the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

Map of provision

7. A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Appendix B: The PNA development process

Steering Group

Birmingham Public Health, on behalf of the BHWB, set up a multidisciplinary Steering Group to oversee the development of a new PNA. The membership is shown in appendix F; the group also prepared a risk assessment, which is shown in appendix G. Representatives from Public Health, NHS England, the Local Pharmaceutical Committee (LPC), Local Authority Commissioning and Commissioning Support Unit were involved. The Steering Group had responsibilities in delivering the PNA for approval by the BHWB, to assist with commissioning decisions from April 2018.

Stages of development



The diagram above indicates the flow of PNA production; the process undertaken in Birmingham is indicated in the table below:

Detail regarding each step of development of the Birmingham 2018 PNA

Step	Activity	Data source(s)
1	<p>Understand health needs and set health priorities:</p> <p>The Public Health Intelligence team in co junction with the PNA coordinator and PNA steering group assessed health intelligence used in the 2015 PNA, identified which data had more recent updates and which was required to inform this PNA.</p> <p>Priorities were taken from the JHWS and JSNA highlights.</p> <p>Members of the Public Health Intelligence team gathered more recent data where this was available and produced new maps as agreed by the PNA steering group.</p>	<p>-Birmingham JSNA 2018 and JHWS</p> <p>-Detailed needs analysis data</p> <p>-District profiles</p> <p>-ONS demographic data</p> <p>-Stop Smoking Service data</p> <p>-Commissioning data</p> <p>-Planning data</p>
2	<p>Review current pharmacy provision:</p> <p>Initially it was intended that a recent contracting exercise by NHS England could be used to obtain up to date information regarding pharmacies, however the results of this were not to be available at the time of preparing this report.</p> <p>Instead, the LPC requested that local contractors</p>	<p>Pharmacists emailed updates, which was coordinated by the LPC Contracting and activity data held locally</p>

	reviewed their provision set out in the 2015 PNA tables. This information was cross checked by the Public Health Intelligence team and district relevant information was added by the PNA coordinator.	
3	<p>Incorporate the public's view</p> <p>Results of other relevant PPI were collated and interpreted by the PNA coordinator</p> <p>A draft version of the 2018 PNA and plain English, abbreviated version is to be made available and promoted to community stakeholders</p>	<p>2015 PNA consultation results</p> <p>Desk based research</p> <p>Review of previous strategies that have informed commissioning of services in pharmacies</p> <p>Birmingham Be Heard</p>
5	<p>Synthesise draft assessment and amend final version and approval from BHWB</p> <p>The first draft has been prepared for consultation; a final draft will be prepared for the HWBB once findings of this exercise are incorporated</p>	<p>-Data from Steps 1-3</p>

Appendix C: Summary table of pharmacy access per district with deprivation, BME, population under 65 and Locally Commissioned Services

Key: Deprivation = % living in most deprived quintile England; SSS = Stop Smoking Service; UT1 and UT2 = umbrella service tier 1 and 2; NEX = needle exchange; SCONS = supervised consumption; PALL = palliative care

District	Wards	Population (n)	Pharmacies (n)	Pharm / 10,000 pop	100 hour	Saturday	Sunday	Deprivation % pop	% BME	% <65 years	Pharm 1 st	SSS	UT1	UT2	NEX	SCONS	PALL
Sutton Coldfield	Sutton Four Oaks, Sutton Trinity, Sutton Vesey, Sutton New Hall	94,661	22	2.32	3	21	9	1.8	11.3	78.8	0	5	10	2	4	5	2
Perry Barr	Oscott, Perry Barr, Handsworth Wood, Lozells and East Handsworth	109,312	27	2.47	5	21	9	46.8	60.3	87.6	9	15	4	4	9	10	1
Erdington	Kingstanding, Erdington, Stockland Green, Tyburn	100,954	28	2.77	2	14	4	76.2	26.9	85.9	0	8	9	6	8	12	0
Hodge Hill	Hodge Hill, Washwood Heath, Shard End, Bordesley Green	127,751	39	3.05	7	29	7	90.4	64.3	89.7	2	16	10	5	13	22	2
Ladywood	Aston, Soho, Nechells, Ladywood	138,025	45	3.26	11	28	15	85.6	72.7	93.1	19	22	10	9	15	21	4
Yardley	Stetchford and Yardley North, South Yardley, Sheldon, Acocks Green	111,208	28	2.52	5	22	9	65.4	34.4	86.2	0	12	11	2	8	14	1
Edgbaston	Edgbaston, Harborne, Quinton, Bartley Green	101,633	16	1.57	3	13	4	32.7	31.3	85.8	2	3	8	4	5	7	2
Hall Green	Sparkbrook, Springfield, Moseley and Kings Heath, Hall Green	118,546	41	3.46	13	33	14	59.4	64.5	88.7	18	22	11	7	14	18	3
Selly Oak	Selly Oak, Bournville, Brandwood, Billesley	106,288	17	1.60	0	12	0	31.1	22.4	86.1	0	8	5	2	4	5	0
Northfield	Weoley, Longbridge, Northfield, Kings Norton	102,929	22	2.14	1	17	3	51.1	14.2	84.2	0	9	10	4	8	13	0
Totals		1,111,307	285	2.56	50	210	74				50	120	88	41	88	127	15

Appendix D: Map of Birmingham with surrounding local authority areas



Appendix E: Public consultations relevant to the 2018 Birmingham PNA

The consultation results of the 2015 PNA were addressed at the time and have been acknowledged in this PNA. In particular:

- Queries regarding the evidence base for certain services.
- Clarification regarding the difference between 'Enhanced' and 'Locally Commissioned' services
- A need to consider the impact of housing development on population projections and impact on access to pharmaceutical services
- A need to consider the impact of pharmaceutical need on the border with other HWB areas
- Clearer presentation of pharmaceutical service access geographically
- Interest in evidence regarding the impact of pharmaceutical services, including Advanced and Enhanced services on acute care pathways
- Details of some pharmacies were not accurate

A number of other consultations were referred to in the 2015 PNA that would impact provision of pharmaceutical services; namely, the Lifestyle Services Consultation and the Sexual Health Services Consultation. The former assessed public views regarding NHS Health Checks, Healthy eating/weight management, Physical activity, Stop Smoking, and Health Trainer services. The key findings of these consultations is summarised below with an assessment of the implications for pharmacy, although the consultations have already informed commissioning strategies that are now being implemented.

No additional consultations of relevance were identified through the PNA steering group to include in the 2018 PNA assessment.

Lifestyle Services Consultation

There were 4,756 responses to a questionnaire, with 68% of respondents identifying themselves as members of the general public; 58% female and 20-34 year olds formed the biggest response group. Most (70%) respondents stated they did not have a physical or mental health condition or illness lasting or expected to last for 12 months or more. The full results of this consultation are available at:

<https://www.birminghambeheard.org.uk/people-1/the-commissioning-of-birmingham-lifestyles-service/>

Finding	Implications for Pharmacy
Universal media (web, email, text, telephone) approach for information and support, and streamline access into services through a central Lifestyles Hub. Public opinion expressed overall agreement with these principles (82%, 84% and 84% respectively),	Given the demographic of responders it is not surprising that there was strong support for online healthy lifestyle support and signposting. Pharmacies may want to consider their online presence and how this connects to healthy living services. Also, the role of pharmacy in groups who access online services less, potentially older adults and people for who have no or low levels of English literacy.
Types of issues important, all categories had high agreement 89-97% agree were important but the top three issues in order of highest % agreeing were support older citizens to remain active to reduce the risk of falls, support citizens to live a healthier life to	Polypharmacy and the role of pharmacy as trusted sites in the community e.g. seating / toilet use for vulnerable and older adults who may need support.

reduce risk of developing long term conditions	This highlights local public support for pharmacies to engage with healthy lifestyle advice especially regarding long term condition prevention, which is particularly relevant to the self-care advice and health promotion campaign elements of the Essential services provision.
There were several comments raising the need for people to take personal responsibility for their actions and health. It was suggested there was a need to educate people on the consequences of poor lifestyle choices to motivate them to change and engage in services.	
Regarding citizen engagement, pharmacy involvement was highlighted under a theme regarding the role of 'community' in engaging people with lifestyle services.	Pharmacies should continue to and increasingly build on the links they have with community, including targeting information to local need and advertising services available in a way that is suited to the local community.
Healthy Living Pharmacies and use of pharmacies in the context of sites in the community were raised under suitable venues. Only 617 responses on this question and unclear proportion of the public who held this view but in line with feedback on other questions.	

Sexual health services

This consultation was undertaken in 2014 and is available in full at:

<https://www.birminghambeheard.org.uk/adults-communities/sexual-health-consultation/>

There were 2,500 responses based on a summary paper and questionnaire promoted online and via free-post where requested. Responses were also gathered via public and professional events, Freshwinds who were commissioned to undertake consultation with specific groups of the population who were identified through the summary needs assessment, initial Equality Analysis and local intelligence as having a priority need in relation to Sexual Health.

Just under half (47%) of respondents identified themselves as a member of the public, 23% as someone who uses sexual health services, and 2% as a family member of carer of someone who uses sexual health services. (note that respondents could tick multiple boxes and so may have been part of several categories). Almost half declined to give their postcode (48%), which has implications for services collecting this type of data. Although most respondents were from the 20-24 age group (n = 332), the response was generally representative of sexual health service users.

Finding	Implications for Pharmacy
There was a theme around a focus on ensuring vulnerable / priority groups needs are met such as people aged under 18 and people who are vulnerable to/victim of sexual coercion.	Training, service performance regarding identifying and making the service visible to the groups specified in the contract.
<i>"The proposal for GPs and Pharmacies to provide more Sexual Health services was positively received (69%). 15% of respondents disagreed with this proposal. The associated comments were focussed on the capacity of GPs to cope with additional workload, existing access to GP services, and perceived lack of specialism of GPs and community pharmacists and confidentiality."</i>	Pharmacy staff delivering the service to be trained in confidentiality and communication with clients; in particular to ensure the way in which patients access the service, the way they are spoken to, where discussions take place and how their information will be recorded, shared and stored is all managed in a way that gives reassurance about confidentiality.

<p>On this point, <i>“The LGBT community in particular expressed serious concerns over confidentiality and their need for anonymity – for example, some respondents stated they had not informed their GP or family about their sexuality and would be uncomfortable “coming out” in a setting where family and friends worked or visited. Some other demographic groups such as Asian women and young people were also concerned about confidentiality for fear of the reprisals, should the nature of their visit become known to their families.”</i></p>	
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Appendix F: PNA steering group membership

Rebecca Willans	<i>(Chair). Specialty Public Health Registrar, Birmingham City Council</i>
Susan Lowe	<i>Service Manager for Public Health Intelligence, Birmingham City Council</i>
Channa Payne-Williams	<i>Support Officer - Collaboration, People. Birmingham City Council (Minutes)</i>
Brian Wallis	<i>Contract Manager, NHS England West Midlands Region</i>
Tom Wedgbury	<i>Birmingham LPC Secretary, Birmingham Local Pharmaceutical Committee.</i>
Sanjeev Panesar	<i>Birmingham Local Pharmaceutical Committee</i>
Sandeep Dhami	<i>Birmingham Local Pharmaceutical Committee</i>
Gurjinder Samra	<i>Senior Prescribing Adviser NHS Midlands and Lancashire Commissioning Support Unit</i>
Jasprit Singh	<i>Medicines Commissioning Support Pharmacist NHS Midlands and Lancashire Commissioning Support Unit</i>
Clare Reardon	<i>Commissioning Manager, People. BCC</i>

Appendix G: PNA risk assessment

Risk Date	Risk ID	Risk Title	Risk Description	Measures	Proximity	Inherent Risk		Residual Risk		Risk	Progress Update
					Date	Impact	Likelihood	Impact	Likelihood	Owner	
.03.17	PNA-1	Data regarding pharmacies e.g. opening hours	There is a risk that if the data is not recvd in a timely fashion, it will impact the PNA timescales	Ensure data is sent	31.05.17	Significant	Medium	Medium	Low	PNA steering group	Original approach proposed by LPG was to use data from NHS England survey and then chase pharmacies who didn't respond. However, at the second meeting of the steering group (4th May) it was felt due to likely timescale for NHSE being able to get the data to PH, this approach posed an increased risk of not having data available in a timely manner. Instead, it was agreed that LPG would circulate table from previous PNA to ask pharmacists to check for accuracy. PH to check with commissioners whether the service offer is accurate.
.03.17	PNA- 2	HWB dates	Birmingham HWB meet quarterly now; this makes timescales for preparing a draft PNA tighter to allow time to get the PNA to a December/January board and build in any feedback before publishing in March / April 2018.	Prepare programme plan; highlight and find solutions to delays to key milestones early. Also, suggestion from HWB coordinator to send draft copies to HWB operations group so later in the year is not the first time they have seen it.	ongoing	medium	medium	low	low	Rebecca Willans	RW has prepared a programme plan and so far, progress is on track. RW has dates of the next HWB in July and will seek to get an initial draft copy to the operations group before then in order to get the public consultation version out by September 2017
.05.2017	PNA- 3	Consultation Response Rate	There is a risk that there may be a limited response to the PNA Consultation which may impact on level of buy into the document.	Ensure identification of key stakeholders. Pre-warn that them of the consultation and engage with HealthWatch at the earliest opportunity	.08.17	Medium	Low			Rebecca Willans	RW has met with Healthwatch and discussed use of the Quality Standard, was agreed by PNA steering group that following Healthwatch guidelines is a helpful approach; since RW has sent a proposed approach to consultation to Healthwatch and is awaiting a response. Also, RW has identified contacts for key stakeholders and will discuss at the next PNA meeting - still struggling with CCG contacts.

CODE	CONTRACTOR	TRADING NAME	ADDRESS	WARD	TELEPHONE	FAX	EMAIL / WEBSITE	OPENING HOURS	SAT OPENING	SUN OPENING	TYPE	PHARM LIST	SOS	UT1	UT2	NEX	SCONS	PAULANTIR
FA297	MATTHEW HURCOMB	THE PHARMACY	11 WHEELER STREET SHOPPING CENTRE, WHEELER STREET, LOZELLS, BIRMINGHAM, B19 2ER	Aston	0121 523 6803	0121 523 6803	HURCOMB.PHARMACY@NHS.N ET	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00- 13:00 * 14:30-17:00 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:30-11:30	Y		Community Pharmacy	YES	YES		YES	YES	YES	
FA360	TRT HEALTHCARE LTD	BELLEVUE PHARMACY	69 PERSHORE ROAD, EDGBASTON, BIRMINGHAM, B5 7NX	Edgbaston	0121 249 0940			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 09:00- 23:00 * SUN: 12:00-23:00	Y	Y	100 Hour Pharmacy							
FA760	SPA HEALTHCARE LTD	PRINJA PHARMACY	1128 TYBURN ROAD, ERDINGTON, BIRMINGHAM, B24 0SY	Tyburn	0121 377 7956			MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30- 18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30			Community Pharmacy		YES					
FA247	NOOR PHARMACY LTD	NOOR PHARMACY	WATERWORKS ROAD, EDGBASTON, BIRMINGHAM, B16 9AL	Edgbaston	0121 454 5118			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00- 13:00	Y		Community Pharmacy		YES		YES	YES	YES	
FA231	N D CHEMIST LTD	N D CHEMIST LTD	452 COLLEGE ROAD, KINGSTANDING, BIRMINGHAM, B44 0HL	Kingstanding	0121 350 9679			MON: 08:30-13:00 * 14:00- 19:00 * TUE: 08:30-13:00 * 14:00-19:00 * WED: 08:30- 13:00 * 14:00-19:00 * THU: 08:30-13:00 * 14:00-19:00 * FRI: 08:30-13:00 * 14:00-19:00 * SAT: 09:00-17:00	Y		Community Pharmacy						YES	
FA149	K & K PHARMACY (1982) LTD	K & K PHARMACY (1982) LTD	27 HIGH STREET, CASTLE VALE, BIRMINGHAM, B35 7PS	Tyburn	0121 748 6121	0121 749 6121		MON: 09:00-12:30 * 13:00- 19:00 * TUE: 09:00-12:30 * 13:00-19:00 * WED: 09:00- 13:00 * THU: 09:00-12:30 * 13:00-19:00 * FRI: 09:00-12:30 * 13:00-19:00			Community Pharmacy						YES	
FAM20	ASHQUIX LTD	HEALTH PLUS PHARMACY	221 ASTON LANE, PERRY BARR, BIRMINGHAM, B20 3HY	Perry Barr	0121 356 5358	0121 356 9910		MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00			Community Pharmacy	YES	YES	YES		YES	YES	
FA237	DIRECT PHARMACY	DIRECT PHARMACY LTD	99 SPRING ROAD, BIRMINGHAM B11 3DJ	Springfield	0121 707 7996	0121 707 7996	PHARMACIST@DIRECT- PHARMACY.CO.UK WWW.DIRECT- PHARMACY.CO.UK	MON: 10:00-18:00 * TUE: 10:00-18:00 * WED: 09:00- 19:00 * THU: 09:00-14:00 * FRI: 09:00-18:00			Distance Selling Pharmacy							
FA892	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	38 EAST MEADWAY, TILE CROSS, BIRMINGHAM, B33 0AP	Shard End	0121 783 2475	0121 7832475	WWW.BOOTSCOM	MON: 09:00-13:00 * 14:00- 18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00- 13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy			YES		YES	YES	
FA122	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	71 PERSHORE ROAD, EDGBASTON, BIRMINGHAM, B5 7NX	Edgbaston	0121 440 1210	0121 440 1210	WWW.BOOTSCOM	MON: 08:00-20:00 * TUE: 08:30-18:30 * WED: 08:30- 18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 09:00- 14:00	Y		Community Pharmacy			YES				
FAW10	SILVIA RUJAK	CLOCK PHARMACY	891 BRISTOL ROAD, SOUTH, NORTHFIELD, BIRMINGHAM, B31 2PA	Northfield	0121 477 4646	0121 476 8225	CLOCKPHARMACY891@GMAIL COM WWW.CLOCKPHARMACY.CO.UK	MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00- 17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30 * SAT: 09:00- 13:00	Y		Community Pharmacy							
FCL50	PHARMEASY LTD	HAGLEY PHARMACY	429 HAGLEY ROAD WEST, QUINTON, BIRMINGHAM, B32 2AD	Quinton	0121 422 3791			MON: 07:30-22:15 * TUE: 07:30-22:15 * WED: 07:30- 22:15 * THU: 07:30-22:15 * FRI: 07:30-22:15 * SAT: 07:30- 22:15 * SUN: 10:00-21:30	Y	Y	100 Hour Pharmacy							

FC34	TRI-PHARMA LIMITED	SMALL HEATH PHARMACY	682 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0UU	Bordesley Green	0121 772 0673			MON: 09:00-13:00 * 14:00-19:30 * TUE: 09:00-13:00 * 14:00-19:30 * WED: 09:00-13:00 * 14:00-19:30 * THU: 09:00-13:00 * 14:00-19:30 * FRI: 09:00-13:00 * 14:00-19:30 * SAT: 10:00-14:00	Y		Community Pharmacy						YES	
FC38	BOOTS UK LIMITED	BOOTS	87-87A HIGH STREET, HARBORNE, BIRMINGHAM, B17 9NR	Harborne	0121 427 3118		WWW.BOOT.COM	MON: 08:30-18:00 * TUE: 08:30-18:00 * WED: 08:30-18:00 * THU: 08:30-18:00 * FRI: 08:30-18:00 * SAT: 10:00-17:30 * SUN: 10:00-16:00	Y	Y	Community Pharmacy				YES	YES		YES
FC49	KNIGHTS CHEMIST LTD	KNIGHTS PHARMACY	5 ALVECHURCH ROAD, WEST HEATH, BIRMINGHAM, B31 3JW	Northfield	0121 477 0123	0121 477 0123	KNIGHTS.WHEATH@NIPANET.CO.UK WWW.KNIGHTSPHARMACY.CO.UK	MON: 09:00-13:00 * 14:00-18:30 * TUE: 09:00-13:00 * 14:00-18:30 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:30 * SAT: 09:00-13:00 * 14:00-16:00	Y		Community Pharmacy		YES					
FC15	Supernet Pharma Ltd	Supernet Pharmacy			0121 792 3074		supernetpharmacy@outlook.com				Distance Selling Pharmacy							
FC45	MASTERS (UK) LIMITED	MASTERS PHARMACY	741A STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4DG	Springfield	0121 777 2906	0121 702 2866	ASTERS.SPARKHILL@AAH.N3.CO	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-18:00	Y		Community Pharmacy	YES	YES			YES	YES	
FC46	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	65 RADDLEBARN ROAD, SELLY OAK, BIRMINGHAM, B29 6HQ	Selly Oak	0121 472 0425		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy							
FC40	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	HOLLYHILL CENTRE, 18 ARDEN ROAD, REDNAL, RUBERY, BIRMINGHAM, B45 0JA	Longbridge	0121 453 9593		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy		YES	YES		YES	YES	
FC42	G J HEALTHCARE LTD	NEWBOROUGH PHARMACY	284 BALDWIN LANE, HALL GREEN, BIRMINGHAM, B28 0XB	Hall Green	0121 744 1023	0121 733 2188		MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy			YES				
FC48	FARLAM LTD	SOHO PHARMACY	218 SOHO ROAD, HANDSWORTH, BIRMINGHAM, B21 9LR	Lozells and East Handsworth	0121 554 9723	0121 551 5027	THESOHOPHARMACY@GMAIL.COM WWW.SOHOPHARMACY.CO.UK	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-14:00	Y		Community Pharmacy		YES					
FC02	PPP RETAIL 2 LTD - CHANGING TO WASHWOOD HEATH HEALTHCARE LTD SOON	WELLBEING PHARMACY	WASHWOOD HEATH HEALTH & WELLBEING CENTRE, CLODESHALL ROAD, WASHWOOD HEATH, BIRMINGHAM, B8 3SW	Washwood Heath	0121 328 6300	0121 326 6315	WELLBEING.PHARMACY@NHS.N	MON: 7:00-22:00 * TUE: 07:00-22:00 * WED: 07:00-22:00 * THU: 07:00-22:00 * FRI 07:00-22:00 * SAT: 09:00-19:00	Y		100 Hour Pharmacy							
FC05	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	WOODGATE VALLEY ONE STOP PRIMARY CARE CENTRE, 61 STEVENS AVENUE, BARTLEY GREEN, BIRMINGHAM, B32 3SD	Bartley Green	0121 426 3773	0121 426 3773	WWW.BOOT.COM	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30			Community Pharmacy				YES			
FC087	SPL CORPORATION LTD	SHAH PHARMACY	564-566 BRISTOL ROAD, BOURNBROOK, BIRMINGHAM, B29 6BE	Selly Oak	0121 472 0174	0121 4723290	SHAHBRISTOLROAD@AAH-N3.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy		YES		YES	YES	YES	
FC274	FLINTON LTD	YARDLEY PHARMACY	2 WILLARD ROAD, SOUTH YARDLEY, BIRMINGHAM, B25 8AA	South Yardley	0121 706 2723			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-18:00 * THU: 09:00-19:00 * FRI: 09:00-19:00			Community Pharmacy		YES	YES		YES	YES	

F0462	RAJIA LTD	M W PHILLIPS	134 HAWTHORN ROAD, KINGSTANDING, BIRMINGHAM, B44 8PX	Kingstanding	0121 373 0762			MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00-17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30 * SAT: 09:00-17:00	Y		Community Pharmacy			YES			
F0538	LLOYDS PHARMACY LTD	LLOYDS PHARMACY IN SAINSBURY'S	FRANKLEY BEECHES ROAD, NORTHFIELD, BIRMINGHAM, B31 5AA	Northfield	0121 478 0590		WWW.SAINSBURYS.CO.UK	MON: 08:00-21:00 * TUE: 08:00-21:00 * WED: 08:00-21:00 * THU: 08:00-21:00 * FRI: 08:00-21:00 * SAT: 08:00-21:00 * SUN: 10:00-16:00 *	Y	Y	Community Pharmacy			YES			
F0732	DISSCAND LTD	ATTWOOD GREEN PHARMACY	ATTWOOD GREEN HEALTH CENTRE, 30 BATH ROW, ATTWOOD GREEN, BIRMINGHAM, B15 1LZ	Ladywood	0121 666 7582			MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-13:00 * THU: 09:00-18:30 * FRI: 09:00-18:30			Community Pharmacy		YES		YES	YES	
F0827	TWILIGHT UK LTD	TWILIGHT PHARMACY	56 POPLAR ROAD, KINGS HEATH, BIRMINGHAM, B14 7AG	Moseley and Kings Heath	0121 448 3921	0121 448 3921	TWILIGHT_PHARMACY@HOTMAIL.COM WWW.TWILIGHTPHARMACY.CO.UK	MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00-23:00 * SUN: 10:00-20:00 *	Y	Y	100 Hour Pharmacy		YES				
F0857	ZSA TRADERS LTD	PHARMACY XPRESS	FIRST FLOOR, 151-153 HIGH STREET, KINGS HEATH, BIRMINGHAM, B14 7DG	Moseley and Kings Heath	0121 444 6900			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy						
F0900	MSN PHARM LTD	G R PHARMACY	44-46 HILLWOOD ROAD, NORTHFIELD, BIRMINGHAM, B31 1DJ	Northfield	0121 475 2556	0121 476 0050	GRPHARMACY@NHS.NET WWW.GRPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-17:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy		YES			YES	
F0960	K AHMAD	A+ PHARMACY	311 BORDESLEY GREEN EAST, STECHFORD, BIRMINGHAM, B33 8QF	South Yardley	0121 783 3335	0121 783 3335		MON: 09:00-20:00 * TUE: 09:00-20:00 * WED: 09:00-20:00 * THU: 09:00-20:00 * FRI: 09:00-20:00 * SAT: 09:00-14:00			Community Pharmacy					YES	
F0975	SURE HEALTH LTD	SHIRE PHARMACY	214 EDWARD ROAD, BALSALL HEATH, BIRMINGHAM, B12 9LY	Sparkbrook	0121 440 1642	0121 440 5256	SHIREPHARMACY2@NUMARKNET.COM	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00-13:00	Y		Community Pharmacy	YES			YES	YES	
F0984	MEDIPHARMA UK LTD	MEDIPHARMA CHEMIST	29 OAK TREE LANE, SELLY OAK, BIRMINGHAM, B29 6JE	Selly Oak	0121 472 0693	0121 471 2126		MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-18:00	Y		Community Pharmacy		YES	YES			
F0987	ROOTS LTD	MEDICHEM PHARMACY	51 PRESTBURY ROAD, ASTON, BIRMINGHAM, B6 6EH	Aston	0121 327 3841	0121 327 3841	MEDICHEM.ROOTS@HOTMAIL.COM	MON: 09:00-14:00 * 15:00-19:00 * TUE: 09:00-14:00 * 15:00-19:00 * WED: 09:00-14:00 * 15:00-19:00 * THU: 09:00-14:00 * 15:00-19:00 * FRI: 09:00-14:00 * 15:00-19:00			Community Pharmacy	YES		YES	YES	YES	
F0992	RAJIA LTD	SELCROFT PHARMACY	SELCROFT AVENUE, QUINTON, BIRMINGHAM, B32 2BX	Quinton	0121 427 6060	0121 427 6060	SELCROFT.PHARMACY@INTRAPHARM.COM WWW.RAJIACHEMISTS.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy			YES		YES	
F0981	CLINPHARM HEALTHCARE LTD	AL-SHAFA PHARMACY	674 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0UU	Bordesley Green	0121 772 3108			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00-23:00 * SUN: 08:00-18:00	Y	Y	100 Hour Pharmacy		YES			YES	
F0911	RAJIA LIMITED	ASTON CHEMIST LTD	4 SHENLEY GREEN, SHENLEY LANE, SELLY OAK, BIRMINGHAM, B29 4HH	Selly Oak	0121 475 4293			MON: 09:00-13:00 * 14:00-18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy		YES				

F0637	CHEMYCARE UK LTD	CHEMYCARE PHARMACY	2D WAKE GREEN ROAD, MOSELEY, BIRMINGHAM, B13 9EZ	Moseley and Kings Heath	0121 449 7423			MON: 08:00-22:30 * TUE: 08:00-22:30 * WED: 08:00-22:30 * THU: 08:00-22:30 * FRI: 08:00-22:30 * SAT: 08:00-22:30 * SUN: 09:00-22:30	Y	Y	100 Hour Pharmacy		YES			YES	YES	
F0683	17TH CENTURY HEALTH FOOD LTD	KINGS PHARMACY & OPTICIANS	1-3 PERSHORE ROAD, COTTERIDGE, BIRMINGHAM, B30 3EE	Bournville	0121 433 3072	0121 433 3079	KINGSPHARMACY@INTRAPHARM.COM WWW.KINGSPHARMACYANDOPTICIANS.CO.UK	MON: 09:00-19:00 * TUE: 09:00-13:00 * 13:30-19:00 * WED: 09:30-19:00 * THU: 09:00-18:30 * FRI: 09:00-19:00 * SAT: 09:00-15:00	Y		Community Pharmacy		YES	YES				
F0677	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	3 TANGMERE DRIVE, CASTLE VALE, BIRMINGHAM, B35 6ED	Tyburn	0121 747 6546		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00-17:30	Y		Community Pharmacy		YES			YES	YES	
F0187	HINGLEY AND CO LTD	M E J HINGLEY & CO LTD	195-197 ALUM ROCK ROAD, SALTLEY, BIRMINGHAM, B8 1JU	Washwood Heath	0121 327 0108	0121 327 0108		MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-17:30	Y		Community Pharmacy			YES		YES	YES	
F0315	ADAMS HEALTHCARE LTD	ADAMS PHARMACY	50-51 NECHELLS PARK ROAD, NECHELLS, BIRMINGHAM, B7 5PR	Nechells	0121 328 4727			MON: 08:00-24:00 * TUE: 08:00-24:00 * WED: 08:00-24:00 * THU: 08:00-24:00 * FRI: 08:00-24:00 * SAT: 08:00-24:00 * SUN: 10:00-14:00	Y	Y	100 Hour Pharmacy		YES					YES
F0441	LLOYDS PHARMACY LTD	LLOYDS PHARMACY IN SAINSBURY'S	1149 WARWICK ROAD, ACOCKS GREEN, BIRMINGHAM, B27 6RA	Acocks Green	0121 708 0266		WWW.SAINSBURYS.CO.UK	MON: 08:00-20:00 * TUE: 08:00-20:00 * WED: 08:00-20:00 * THU: 08:00-20:00 * FRI: 08:00-21:00 * SAT: 08:00-20:00 * SUN: 10:00-16:00	Y	Y	Community Pharmacy		YES	YES	YES	YES	YES	
F0101	BESTWAY NATIONAL CHEMISTS LTD	WELL	604 WALSALL ROAD, GREAT BARR, BIRMINGHAM, B42 1EZ	Perry Barr	0121 357 9536			MON: 09:00-18:30 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00-17:00	Y		Community Pharmacy	YES	YES			YES	YES	
F0538	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	THE MEDICAL CENTRE, TERRACE ROAD, HANDSWORTH, BIRMINGHAM, B19 1BP	Lozells and East Handsworth	0121 523 3830		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-20:00 * FRI: 09:00-19:00 * SAT: 09:00-13:00	Y		Community Pharmacy	YES	YES	YES		YES	YES	
F0612	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	UNITS 5-6, 1160 WARWICK ROAD, ACOCKS GREEN, BIRMINGHAM, B27 6BP	Acocks Green	0121 706 0374		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-17:30	Y		Community Pharmacy			YES				
F0672	MR AMEEK SINGH BHOGAL	NISHKAM PHARMACY	21 SOHO ROAD, HANDSWORTH, BIRMINGHAM, B21 9SN	Soho	0121 348 7501			MON: 08:00-22:30 * TUE: 08:00-22:30 * WED: 08:00-22:30 * THU: 08:00-22:30 * FRI: 08:00-22:30 * SAT: 08:00-22:30 * SUN: 08:00-21:00	Y	Y	100 Hour Pharmacy					YES	YES	YES
F0678	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	2154A-2156 COVENTRY ROAD, SHELDON, BIRMINGHAM, B26 3JB	Sheldon	0121 743 8808		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-17:30 * TUE: 08:30-17:30 * WED: 08:30-17:30 * THU: 08:30-17:30 * FRI: 08:30-17:30 * SAT: 09:00-17:30	Y		Community Pharmacy			YES		YES	YES	
F0443	EASTCHEM LTD	SPARKBROOK HEALTH CENTRE PHARMACY	GRANTHAM ROAD, SPARKBROOK, BIRMINGHAM, B11 1LU	Sparkbrook	0121 772 6351			MON: 09:30-19:30 * TUE: 09:30-19:30 * WED: 09:30-19:30 * THU: 09:30-19:00 * FRI: 09:30-19:30			Community Pharmacy	YES						
F0411	BOOTS UK LIMITED	BOOTS	MSU10, MIDDLE MALL WEST, THE BULL RING SHOPPING CENTRE, BIRMINGHAM, B2 4BE	Aston	0121 632 6418 EXT 3	0121 643 5332	WWW.BOOTS.COM	MON: 08:00-20:00 * TUE: 08:00-20:00 * WED: 08:00-20:00 * THU: 08:00-20:00 * FRI: 08:00-20:00 * SAT: 09:00-20:00 * SUN: 11:00-17:00	Y	Y	Community Pharmacy				YES	YES	YES	

FEK70	MASTER UK LTD	NECHELLS PHARMACY	55 NECHELLS PARK ROAD, NECHELLS, BIRMINGHAM, B7 5PR	Nechells	0121 327 0380	0121 327 0380	NECHELLSPHARMACY@GMAIL.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-17:30 * FRI: 09:00-19:00 * SAT: 09:00-13:00	Y		Community Pharmacy	YES	YES		YES	YES	YES	
FEL51	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	228-230 WYCHALL ROAD, NORTHFIELD, BIRMINGHAM, B31 3AU	Northfield	0121 458 1119		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy			YES		YES	YES	
FEN09	MIR MICHAEL HINGLEY	HINGLEY PHARMACY	48-52 YARDLEY GREEN ROAD, BORDESLEY GREEN, BIRMINGHAM, B9 5QE	Bordesley Green	0121 772 0397	0121 7666356	HINGLEY.YADLEYGREENROAD@NTRAPHARM.COM	MON: 08:45-19:00 * TUE: 08:45-19:00 * WED: 08:45-19:00 * THU: 08:45-19:00 * FRI: 08:45-19:00 * SAT: 09:00-17:00	Y		Community Pharmacy			YES			YES	
FEQ05	BESTWAY PANACEA HEALTHCARE LTD	WELL	110 CHURCH LANE, HANDSWORTH WOOD, BIRMINGHAM, B20 2ES	Handsworth Wood	0121 554 0808			MON: 08:15-18:30 * TUE: 08:15-18:30 * WED: 08:15-18:30 * THU: 08:15-17:00 * FRI: 08:15-18:30			Community Pharmacy							
FEQ40	TRI HEALTHCARE (UK) LIMITED	AL-SHIFA PHARMACY	164 LOZELLS ROAD, LOZELLS, BIRMINGHAM, B19 2SX	Lozells and East Handsworth	0121 551 7685			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 09:00-23:00 * SUN: 12:00-23:00	Y	Y	100 Hour Pharmacy	YES						
FEW93	Prescription Point Ltd	Care Quality Pharmacy Birmingham			0121 246 9694		usman@carequalitypharmacy.co.uk				Distance Selling Pharmacy							
FEW08	MR RAKESH KUMAR SIRPAL	SIRPAL CHEMIST	274-276 LADYPOOL ROAD, SPARKBROOK, BIRMINGHAM, B12 8JU	Sparkbrook	0121 442 4849	0121 442 4849	SIRPALCHEMISTS@BTCONNECT.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-18:00	Y		Community Pharmacy	YES		YES				
FF150	SLK Medical Ltd	Click4prescriptions.com			0121 554 3150		petela@hotmail.co.uk; rakeshkapila@click4prescription.s.com				Distance Selling Pharmacy							
FF210	BOOTS UK LIMITED	BOOTS	YEW TREE RETAIL PARK, UNIT 4, STONEY LANE, YARDLEY, BIRMINGHAM, B25 8RE	South Yardley	0121 783 2403		WWW.BOOTS.COM	MON: 08:30-13:00 * 14:00-19:00 * TUE: 08:30-13:00 * 14:00-19:00 * WED: 08:30-13:00 * 14:00-19:00 * THU: 08:30-13:00 * 14:00-19:00 * FRI: 08:30-13:00 * 14:00-19:00 * SAT: 09:00-13:00 * 14:00-18:00	Y		Community Pharmacy			YES			YES	
FF431	JKB HEALTHCARE LTD	BARTLEY GREEN PHARMACY	1 CURDALE ROAD, BARTLEY GREEN, BIRMINGHAM, B32 4HD	Bartley Green	0121 475 3425			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 08:30-15:30	Y		Community Pharmacy	YES	YES			YES	YES	
FF499	ROOTS CHEMIST LIMITED	VILLA PHARMACY	66 VICTORIA ROAD, ASTON, BIRMINGHAM, B6 5HA	Aston	0121 554 1101			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00			Community Pharmacy	YES						
FF991	MEJ HINGLEY & G LTD.	HINGLEY PHARMACY	YARDLEY GREEN MEDICAL CENTRE, 77 YARDLEY GREEN ROAD, BORDESLEY GREEN, BIRMINGHAM, B9 5PU	Bordesley Green	0121 772 0088	0121 7720088	HINGLEY.YGMC@NPANET.CO.UK WWW.HINGLEYPHARMACY.CO.UK	MON: 08:30-19:00 * TUE: 08:30-19:00 * WED: 08:30-19:00 * THU: 08:30-19:00 * FRI: 08:30-19:00			Community Pharmacy				YES			
FFM45	HEALTHCARE ENTERPRISES LTD	MY DISPENSING CHEMIST	311 BORDESLEY GREEN EAST, STECHFORD, BIRMINGHAM, B33	Stetchford and Yardley North	0121 624 6010			MON: 08:00-24:00 * TUE: 08:00-24:00 * WED: 08:00-24:00 * THU: 08:00-24:00 * FRI: 08:00-24:00 * SAT: 08:00-24:00 * SUN: 13:00-17:00 *	Y	Y	Community Pharmacy		YES				YES	

FFA63	THE PHARMACY PRACTICE LTD	THE PHARMACY PRACTICE LTD	282 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 1AA	Sparkbrook	0121 771 2978			MON: 09:30-19:00 * TUE: 09:30-19:00 * WED: 09:30-19:00 * THU: 09:30-19:00 * FRI: 09:30-19:00 * SAT: 09:30-18:00	Y		Community Pharmacy	YES					
FFH58	SPA HEALTHCARE LTD	PRINIA PHARMACY	1097 CHESTER ROAD, PYPE HAYES, BIRMINGHAM, B24 0PP	Tyburn	0121 373 3321			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy						
FK75	LEADING 2 HEALTH LTD	KINGS HEATH PHARMACY	294 VICARAGE ROAD, KINGS HEATH, BIRMINGHAM, B14 7NH	Moseley and Kings Heath	0121 444 5049	0121 444 5049	KINGSHATHPHARMACY@INTRAPHARM.COM WWW.STIRCHLEY.COM	MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00-23:00 * SUN: 09:00-19:00 *	Y	Y	100 Hour Pharmacy		YES	YES			YES
FFK75	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	280 VICARAGE ROAD, KINGS HEATH, BIRMINGHAM, B14 7NH	Moseley and Kings Heath	0121 444 1764		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-13:00: 16:00-19:00 * TUE: 09:00-13:00: 16:00-19:00 * WED: 09:00-13:00: 16:00-19:00 * THU: 09:00-13:00: 16:00-19:00 * FRI: 09:00-13:00: 16:00-19:00 * SAT: 09:00-12:00: 16:00-18:00	Y		100 Hour Pharmacy		YES	YES			YES
FFK82	EVERGREEN PHARMACY (MIDLANDS) LTD	EVERGREEN PHARMACY (MIDLANDS) LTD	238 WHEELWRIGHT ROAD, ERDINGTON, BIRMINGHAM, B24 8EH	Tyburn	0121 373 4445			MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00-17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30			Community Pharmacy					YES	YES
FFTB9	MR KHAN	CALSTAR PHARMACY	151 LOZELLS ROAD, LOZELLS, BIRMINGHAM, B19 2TP	Lozells and East Handsworth	0121 523 7672	0121 523 7672		MON: 10:00-14:00 * 14:30-19:00 * TUE: 10:00-14:00 * 14:30-19:00 * WED: 10:00-14:00 * 14:30-19:00 * THU: 10:00-14:00 * 14:30-17:00 * FRI: 10:00-14:00 * 14:30-19:00			Community Pharmacy					YES	YES
FFB99	TESCO STORES LIMITED	TESCO INSTORE PHARMACY	CAMDEN STREET, HOCKLEY, BIRMINGHAM, B18 7NZ	Soho	0121 609 1147		WWW.TESCO.COM	MON: 08:00-22:30 * TUE: 06:30-22:30 * WED: 06:30-22:30 * THU: 06:30-22:30 * FRI: 06:30-22:30 * SAT: 06:30-22:00 * SUN: 11:00-17:00 *	Y	Y	100 Hour Pharmacy		YES				
FFM82	Nationwide Care Pharmacy Ltd	Nationwide Care Pharmacy			0121 707 0121 option 6		customercare@nationwidecarepharmacy.co.uk				Distance Selling Pharmacy						
FFV02	BOOTS UK LIMITED	BOOTS	145-147 HIGH STREET, KINGS HEATH, BIRMINGHAM, B14 7DG	Moseley and Kings Heath	0121 4441016	0121 4445063	WWW.BOOTSCOM	MON: 08:30-14:00 * 15:00-18:00 * TUE: 08:30-14:00 * 15:00-18:00 * WED: 08:30-14:00 * 15:00-18:00 * THU: 08:30-14:00 * 15:00-18:00 * FRI: 08:30-14:00 * 15:00-18:00 * SAT: 08:30-14:00 * 15:00-18:00	Y		Community Pharmacy			YES		YES	YES
FG001	BOOTS UK LIMITED	BOOTS	44-46 GRACECHURCH SHOPPING CENTRE, THE PARADE, SUTTON COLDFIELD, B72 1PD	Sutton New Hall	0121 354 1729		WWW.BOOTSCOM	MON: 09:00-14:00 * 15:00-18:00 * TUE: 09:00-14:00 * 15:00-18:00 * WED: 09:00-14:00 * 15:00-18:00 * THU: 09:00-14:00 * 15:00-18:00 * FRI: 09:00-14:00 * 15:00-18:00 * SAT: 09:00-14:00 * 15:00-18:00 * SUN: 10:30-16:30 *	Y	Y	Community Pharmacy				YES		
FG117	G GOULDING LTD	G GOULDING LTD	29 GLEBE FARM ROAD, STECHFORD, BIRMINGHAM, B33 9LY	Shard End	0121 784 5328			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-17:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-14:00	Y		Community Pharmacy						YES
FG295	SR CHAUDHRY	BARKAT PHARMACY	775 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4DG	Springfield	0121 777 6680			MON: 08:00-21:00 * TUE: 08:00-21:00 * WED: 08:00-21:00 * THU: 08:00-21:00 * FRI: 08:00-21:00 * SAT: 08:00-24:00 * SUN: 00:00-19:00	Y	Y	100 Hour Pharmacy				YES		

FG323	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	184 SCHOOL ROAD, HALL GREEN, BIRMINGHAM, B28 8PA	Hall Green	0121 777 2741		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-17:30	Y		Community Pharmacy				YES		YES	
FG482	MEDIPHARMA HEALTHCARE LTD	SPARKHILL PHARMACY	805-807 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4DA	Springfield	0121 777 8855			MON: 07:00-22:00 * TUE: 07:00-22:00 * WED: 07:00-22:00 * THU: 07:00-22:00 * FRI: 07:00-22:00 * SAT: 07:00-22:00 * SUN: 09:00-19:00 *	Y	Y	100 Hour Pharmacy							
FG666	MAXSEL LTD	CO-CHEM PHARMACY	136 HEATHFIELD ROAD, HANDSWORTH, BIRMINGHAM, B19 1JH	Lozells and East Handsworth	0121 554 8125			MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:00 * THU: 09:00-17:30 * FRI: 09:00-18:30			Community Pharmacy							
FGC41	PAK HEALTHCARE UK LTD	PAK PHARMACY	38E ALUM ROCK ROAD, ALUM ROCK, BIRMINGHAM, B8 1JA	Washwood Heath	0121 3272733	0121 3272733		MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00-23:00 * SUN: 10:00-20:00 *	Y	Y	100 Hour Pharmacy							
FGD12	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	LEY HILL SURGERY, 228 LICHFIELD ROAD, SUTTON COLDFIELD, WEST MIDLANDS, B74 2UE	Sutton Four Oaks	0121 308 0050		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 09:00-17:30	Y		Community Pharmacy							
FGD46	MEDICARE HEALTH LTD	EVERGREEN DISPENSING CHEMIST	147 BORDESLEY GREEN, BORDESLEY GREEN, BIRMINGHAM, B9 5EP	Bordesley Green	0121 772 2554	0121 7722554	EVERGREENPHARMACY@NUMARKNET.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00			Community Pharmacy	YES	YES			YES	YES	
FGG84	ATN SERVICES AND PRODUCTS LTD	VILLAGE GREEN PHARMACY	1095 WARWICK ROAD, ACOCKS GREEN, BIRMINGHAM, B27 6QT	Acocks Green	0121 448 4336	0121 448 4336	VILLAGEGREENPHARMACY@GMAIL.COM	MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00-23:00 * SUN: 10:00-20:00 *	Y	Y	100 Hour Pharmacy		YES					
FGH46	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	416 BIRMINGHAM ROAD, WYLDE GREEN, SUTTON COLDFIELD, B72 1YJ	Sutton New Hall	0121 373 7992		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00-13:00	Y		Community Pharmacy			YES		YES	YES	
FGI17	IPHARM (UK) LTD	IPHARM (UK) LTD	UNIT 4A, 11 JAMESON ROAD, ASTON, BIRMINGHAM, B6 7SJ	Aston	0121 366 8790	0121 328 7134	EQUIRES@IPHARM-UK.COM WWW.IPHARM-UK.COM	MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00-13:00 * THU: 09:00-17:00 * FRI: 09:00-LUNCH 13.15-13.45-17:30.			Distance Selling Pharmacy							
FGJ00	ADVANCE PHARMACY	ADVANCE PHARMACY LTD	839 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4DA	Springfield	0121 777 8111			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00-23:00 * SUN: 09:00-19:00	Y	Y	100 Hour Pharmacy	YES	YES					
FGM41	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	82-84 LEA VILLAGE, KITTS GREEN, BIRMINGHAM, B33 9SD	Shard End	0121 784 2448		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy		YES	YES		YES	YES	
FGK88	Z & N PHARMA LTD	BLOOMSBURY PHARMACY	OLIVER STREET, NECHELLS, BIRMINGHAM, B7 4NX	Nechells	0121 333 4789			MON: 08:00-20:00 * TUE: 08:00-20:00 * WED: 08:00-20:00 * THU: 06:30-20:30 * FRI: 08:00-24:00 * SAT: 00:00-24:00 * SUN: 00:00-10:00	Y	Y	100 Hour Pharmacy		YES					
FH344	Your Online Services Ltd	Birmingham Online Pharmacy			0121 448 2370		ma@birminghamonlinepharmacy.co.uk				Distance Selling Pharmacy							
FH800	DEU-CHEM LTD	DEU-CHEM PHARMACY	260 SOHO ROAD, HANDSWORTH, BIRMINGHAM, B21 9SA	Soho	0121 523 4127	0121 5234127	deuchempharmacy40@gmail.com	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 10:00-14:00	Y		Community Pharmacy	YES						

FHA34	ROTAHURST (MS) LTD	NUCARE PHARMACY	229 VICTORIA ROAD, ASTON, BIRMINGHAM, B6 5HP	Aston	0121 326 0046	0121 326 0046	CAREPHARMACYASTON@GMAIL.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00			Community Pharmacy		YES	YES				
FHD34	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	927 WALSALL ROAD, GREAT BARR, BIRMINGHAM, B42 1TN	Perry Barr	0121 358 4806		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-22:00 * TUE: 09:00-22:00 * WED: 09:00- 22:00 * THU: 09:00-22:00 * FRI: 09:00-22:00 * SAT: 09:00- 22:00 * SUN: 10:00-17:00 *	Y	Y	Community Pharmacy		YES	YES				
FHE15	ND CHEMISTS LTD	BUCHAN CHEMIST	7 PERRY COMMON ROAD, ERDINGTON, BIRMINGHAM, B23 7AB	Kingstanding	0121 373 1468			MON: 09:00-14:00 * 13:00- 18:00 * TUE: 09:00-14:00 * 13:00-18:00 WED: 9:00-14:00 * 13:00-18:00 * THU: 9:00-14:00 * 13:00-18:00 * FRI: 09:00- 13:00 * 14:00-18:00			Community Pharmacy							
FHE48	PEARL PHARMACY LTD	WARD END PHARMACY	617 WASHWOOD HEATH ROAD, WARD END, BIRMINGHAM, B8 2HB	Washwood Heath	0121 328 7680	0121 328 7680	WARDENDPHARMACY@HOTMA IL.CO.UK	MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 09:00- 23:00 * SUN: 09:00-20:00 *	Y	Y	100 Hour Pharmacy			YES			YES	
FHE69	CLINPHARM CARE LTD	MANOR PHARMACY	1752 COVENTRY ROAD, YARDLEY, BIRMINGHAM, B26 1PB	South Yardley	0121 439 4918	0121 742 9654	MANOR_PHARMACY@LIVE.CO. UK	MON: 08:00-24:00 * TUE: 08:00-24:00 * WED: 08:00- 24:00 * THU: 08:00-24:00 * FRI: 08:00-24:00 * SAT: 08:00- 22:00 * SUN: 10:00-16:00 *	Y	Y	100 Hour Pharmacy							
	BOOTS UK LIMITED	BOOTS	UNIT 29-30 LONGBRIDGE TOWN CENTRE BIRMINGHAM B31 2UQ	Longbridge	0121 476 4834		WWW.BOOTSCOM	MON: 09:00-20:00 * TUE: 09:00-20:00 * WED: 09:00- 20:00 * THU: 09:00-20:00 * FRI: 09:00-20:00 * SAT: 09:00- 20:00 * SUN: 11:00-17:00			Non-contact				YES			
FHE79	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	1 MIDDLEMORE ROAD, NORTHFIELD, BIRMINGHAM, B31 3UD	Northfield	0121 604 3000	0121 604 3000	WWW.BOOTSCOM	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00- 18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00- 13:00	Y		Community Pharmacy			YES			YES	
FHE13	G GOULDING LTD	G GOULDING LTD	119 CHURCH LANE, STECHFORD, BIRMINGHAM, B33 9EJ	Shard End	0121 783 2126			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy		YES					
FHE60	RAJIA LTD	M W PHILLIPS	AYLESBURY SURGERY, WARREN FARM ROAD, KINGSTANDING, B44 ODX	Kingstanding	0121 384 2293	0121 384 2293	WARRENFARM.PHARMACY@IN TRAPHARM.COM WWW.RAJACHEMISTS.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy				YES			
FHE24	RAJIA LTD	M W PHILLIPS	34 CHESTER ROAD NORTH, SUTTON COLDFIELD, B73 6SP	Sutton Vesey	0121 353 9027	0121 353 9030	MWPHILLIPS.BAKERS@INTRAPH ARM.COM WWW.RAJACHEMISTS.CO.UK	MON: 09:00-12:30 * 13:30- 18:00 * TUE: 09:00-12:30 * 13:30-18:00 * WED: 09:00- 12:30 * 13:30-18:00 * THU: 09:00-12:30 * 13:30-18:00 0 * FRI: 09:00-12:30 * 13:30-18:00 * SAT: 09:00-12:00	Y		Community Pharmacy			YES				
FHE47	KD KATANIA LTD	K D PHARMACY	2 THE FOLD, KINGS NORTON, BIRMINGHAM, B38 9BL	Kings Norton	0121 458 4638	0121 4584638	KDPHARMACY@OUTLOOK.COM	MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00- 17:30 * THU: 09:00-13:00 * FRI: 09:00-17:30			Community Pharmacy		YES				YES	
FHE62	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	9 WALMLEY CLOSE, SUTTON COLDFIELD, B76 1NQ	Sutton New Hall	0121 351 1212		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00- 17:30	Y		Community Pharmacy		YES	YES		YES	YES	
FHE66	PATEL KK	WYLDE GREEN PHARMACY	441A BIRMINGHAM ROAD, WYLDE GREEN, SUTTON COLDFIELD, B72 1AX	Sutton New Hall	0121 382 0460	0121 386 2378		MON: 09:00-19:30 * TUE: 09:00-19:30 * WED: 09:00- 19:30 * THU: 09:00-19:30 * FRI: 09:00-19:30 * SAT: 09:00- 18:00 * SUN: 11:00-13:00	Y	Y	Community Pharmacy		YES					
FHE90	RAJIA LTD	ASKERS CHEMIST	146 ALCESTER ROAD SOUTH, KINGS HEATH, BIRMINGHAM, B14 6AA	Moseley and Kings Heath	0121 444 6234			MON: 08:30-18:30 * TUE:08:30- 18:30 * WED: 08:30-16:00 * THU: 08:30-18:30 * FRI: 08:30- 18:30			Community Pharmacy				YES			

F079	SPL CORPORATION LTD	SHAH PHARMACY	491 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4LE	Springfield	0121 772 0792	0121 7728229	SHAHPHARMACY@AAH-N3.CO.UK	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-15:00	Y		Community Pharmacy		YES	YES		YES	
F513	ROYSTON HALL LTD	JIGGINS LANE PHARMACY	17 JIGGINS LANE, BARTLEY GREEN, BIRMINGHAM, B32 3LA	Bartley Green	0121 475 1654	0121 475 0891	JIGGINS.LANE@THECHEMISTS.OP.CO.UK	MON: 08:30-13:00 * 14:00-18:30 * TUE: 08:30-13:00 * 14:00-18:30 * WED: 08:30-13:00 * 14:00-18:30 * THU: 08:30-13:00 * 14:00-18:30 * FRI: 08:30-13:00 * 14:00-18:30 * SAT: 09:00-12:00	Y		Community Pharmacy	YES		YES		YES	
F811	BLUECROSS PHARMACY LTD	BLUECROSS PHARMACY	249 SOHO ROAD, HANDSWORTH, BIRMINGHAM, B21 9RY	Soho	0121 523 1500			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-19:00 * SUN: 11:00-14:00	Y	Y	Community Pharmacy	YES	YES	YES	YES		
F852	ALDENMAT LTD	HOCKLEY MEDICAL PRACTICE PHARMACY	8 LION COURT, 100 WARSTONE LANE, HOCKLEY, BIRMINGHAM, B18 6DZ	Ladywood	0121 200 3148	0121 200 3148	HMP.PHARMACY@NUMARKNET.COM	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-17:00 * THU: 09:00-18:30 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy		YES		YES		
F1A21	LLOYDS PHARMACY	LLOYDS PHARMACY (CELESIO UK)	221 SOHO ROAD, HANDSWORTH, BIRMINGHAM, B21 9RY	Soho	0121 554 2343	0121 554 2343	LP0229@LLOYDSPHARMACY.CO.UK WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-17:30	Y		Community Pharmacy	YES	YES				
F191	STAG CHEMIST BIRMINGHAM LTD	STAG CHEMIST BIRMINGHAM LTD	230 STONEY LANE, SPARKBROOK, BIRMINGHAM, B12 8AN	Sparkbrook	0121 442 2418	0121 442 2418	STAG.CHEMIST@GMAIL.COM	MON:09:00-22:00 * TUE:09:00-22:00 * WED:09:00-22:00 * THU:09:00-22:00 * FRI:09:00-22:00 * SAT:10:00-22:00 * SUN:10:00-22:00	Y	Y	Community Pharmacy	YES	YES				YES
F1619	MOHAMMEDI HEALTHCARE LIMITED	MOHAMMEDI PHARMACY	326-336 GREEN LANE, SMALL HEATH, BIRMINGHAM, B9 5DP	Nechells	0121 753 3300			MON: 09:00-23:00 * TUE: 09:00-23:00 * WED: 09:00-23:00 * THU: 09:00-23:00 * FRI: 09:00-24:00 * SAT: 00:00-23:00 * SUN: 12:00-18:00	Y	Y	100 Hour Pharmacy	YES					
F1A076	RAJIA LTD	M W PHILLIPS	6 DYAS ROAD, KINGSTANDING, BIRMINGHAM, B44 8SF	Kingstanding	0121 350 3958	0121 350 3958	MWPHILLIPS.STIRCHELY@INTRA PHARM.COM WWW.RAJIACHEMISTS.CO.UK	MON: 08:45-13:00 * 14:00-18:15 * TUE: 08:45-13:00 * 14:00-18:15 * WED: 08:45-13:00 * 14:00-15:45 * THU: 08:45-13:00 * 14:00-18:15 * FRI: 08:45-13:00 * 14:00-18:15			Community Pharmacy						
F1553	BOOTS UK LIMITED	BOOTS	2A BRINDLEY PLACE, BIRMINGHAM, B1 2JF	Ladywood	0121 643 4872		WWW.BOOTS.COM	MON: 08:00-18:00 * TUE: 08:00-18:00 * WED: 08:00-18:00 * THU: 08:00-18:00 * FRI: 08:00-18:00 * SAT: 09:00-17:30	Y		Community Pharmacy			YES			
F1624	BOOTS UK LIMITED	BOOTS	84 WALSALL ROAD, FOUR OAKS, SUTTON COLDFIELD, B74 4QY	Sutton Four Oaks	0121 308 0273	0121 308 8004	WWW.BOOTS.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-17:30	Y		Community Pharmacy						
F1138	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	SHERWOOD HOUSE MEDICAL PRACTICE, 9 SANDON ROAD, EDGBASTON, BIRMINGHAM, B17 8DP	Edgbaston	0121 434 4687		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:45-13:00 * 14:00-18:30 * TUE: 08:45-13:00 * 14:00-18:30 * WED: 08:45-13:00 * 14:00-18:30 * THU: 08:45-13:00 * 14:00-18:30 * FRI: 08:45-13:00 * 14:00-18:30			Community Pharmacy			YES		YES	
F1284	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	SUMMERFIELD HEALTH CENTRE, WINSON GREEN ROAD, WINSON GREEN, BIRMINGHAM, B18 4BA	Soho	0121 454 1678		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30			Community Pharmacy	YES	YES	YES		YES	

FK725	HEALTHSTOP HEALTHCARE LTD	HEALTHSTOP PHARMACY	168 HAMSTEAD ROAD, HANDSWORTH, BIRMINGHAM, B20 2QR	Lozells and East Handsworth	0121 554 1670			MON: 09:00-13:00 * 13:30-18:30 * TUE: 09:00-13:00 * 13:30-18:30 * WED: 09:00-13:00 * THU: 09:00-13:00 * 13:30-18:30 * FRI: 09:00-13:00 * 13:30-18:30			Community Pharmacy	YES	YES			YES	YES
FK891	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	FOX & GOOSE SHOPPING CENTRE, 898-902 WASHWOOD HEATH ROAD, WARD END, BIRMINGHAM, B8 2NB	Hodge Hill	0121 783-8680		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-22:00 * TUE: 09:00-22:00 * WED: 09:00-22:00 * THU: 09:00-22:00 * FRI: 09:00-22:00 * SAT: 09:00-22:00 * SUN: 10:00-17:00 *	Y	Y	Community Pharmacy		YES		YES	YES	YES
FK419	BESTWAY PANACEA HEALTHCARE LTD	WELL	979 STRATFORD ROAD, HALL GREEN, BIRMINGHAM, B28 8BG	Hall Green	0121 777 3987	0121 777 3937		MON: 08:15-18:45 * TUE: 08:15-18:45 * WED: 08:15-16:30 * THU: 08:15-18:45 * FRI: 08:15-18:45			Community Pharmacy		YES				
FK436	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	434 KINGSTANDING ROAD, KINGSTANDING, BIRMINGHAM, B44 9SA	Kingstanding	0121 373 1424		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30			Community Pharmacy			YES		YES	YES
FK45	WOOD END HEALTHCARE LTD	WOOD END PHARMACY	103 WOOD END ROAD, ERDINGTON, BIRMINGHAM, B24 8NT	Erdington	0121 350 0614	0121 350 0614	WOODENDPHARMACY@AAH-N3.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy						
FK36		INTERNET UK	IBIC 2 UNIT 002M, HOLT STREET, ASTON, BIRMINGHAM, B7 7AX	Aston	0121 333 6457			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Distance Selling Pharmacy						
FK60	PRESCRIPTIONS 2 U LTD	LADYWOOD PHARMACY	12-14 KING EDWARDS ROAD, LADYWOOD, BIRMINGHAM, B1 2PZ	Ladywood	0121 454 7559			MON: 09:00-14:00 * 16:00-19:00 * TUE: 09:00-14:00 * 16:00-19:00 * WED: 09:00-15:00 * 16:00-18:00 * THU: 09:00-13:00 * 15:00-19:00 * FRI: 09:00-13:00 * 15:00-19:00 * SAT: 09:00-13:00	Y		Community Pharmacy	YES	YES			YES	YES
FK37	QUANTUM PHARMACY LTD	QUANTUM PHARMACY	FAIRGATE HOUSE SUITE G14, 205 KINGS ROAD, TYSELEY, BIRMINGHAM, B11 2AA	South Yardley	0121 707 2786			MON: 09:30-17:30 * TUE: 09:30-17:30 * WED: 09:30-17:30 * THU: 09:30-17:30 * FRI: 09:30-13:15 * 14:15-18:30			Distance Selling Pharmacy						
FK481	ASDA STORES LTD	ASDA PHARMACY	OLD HORNS CRESCENT, GREAT BARR, BIRMINGHAM, B43 7HA	Oscott	0121 325 3210		WWW.ASDA.COM	MON: 08:00-23:00 * TUE: 07:00-23:00 * WED: 07:00-23:00 * THU: 07:00-23:00 * FRI: 07:00-23:00 * SAT: 07:00-22:00 * SUN: 10:00-16:00	Y	Y	100 Hour Pharmacy		YES				
FK45	SOLOMON DISPENSING CHEMIST LIMITED	SOLOMANS DISPENSING CHEMIST	188 ALUM ROCK ROAD, SALTLEY, BIRMINGHAM, B8 1HU	Washwood Heath	0121 327 0730	0121 327 0730		CORE: MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy						
FKM17	RAJJA LTD	M W PHILLIPS	9 TWICKENHAM ROAD, KINGSTANDING, BIRMINGHAM, B44 0NN	Kingstanding	0121 373 2754		MWPHILLIPS.TWICKENHAM@INTRA-TRAFFORD.COM WWW.RAJJACHEMISTS.CO.UK	MON: 09:00-13:00 * 14:00-18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00			Community Pharmacy		YES		YES	YES	YES
FK49	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	794 WASHWOOD HEATH ROAD, WARD END, BIRMINGHAM, B8 2JL	Hodge Hill	0121 327 0347	0121 327 0347	LP0005@LLOYDSPHARMACY.CO.UK WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30			Community Pharmacy			YES			
FK857	BOOTS UK LIMITED	BOOTS	308 LICHFIELD ROAD, MERI GREEN, SUTTON COLDFIELD, B74 2UW	Sutton Four Oaks	0121 3080947		WWW.BOOTSCOM	MON: 08:30-14:00 * 15:00-18:00 * TUE: 08:30-14:00 * 15:00-18:00 * WED: 08:30-14:00 * 15:00-18:00 * THU: 08:30-14:00 * 15:00-18:00 * FRI: 08:30-14:00 * 15:00-18:00 * SAT: 09:00-14:00 * 15:00-17:30	Y		Community Pharmacy						

FW587	SIRCHEM LTD	HEATHWAY PHARMACY	207 HEATHWAY, SHARD END, BIRMINGHAM, B34 6QU	Shard End	0121 747 2133	0121 747 2133	HEATHWAY.PHARMACY@INTRA PHARM.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 13:00	Y		Community Pharmacy			YES			YES	
FK692	ASDA STORES LTD	ASDA PHARMACY	ASDA SUPERSTORE, WALMLEY ASH ROAD, MINWORTH, SUTTON COLDFIELD, B76 1XL	Sutton New Hall	0121 313 7159		WWW.ASDA.COM	MON: 08:00-13:00 * 14:00- 19:30 * 20:05-22:00 * TUE: 08:00-13:00 * 14:00-19:30 * 20:05-22:00 * WED: 08:00- 13:00 * 14:00-19:30 * 20:05- 22:00 * THU: 08:00-13:00 * 14:00-19:30 * 20:05-22:00 * FRI: 08:00-13:00 * 14:00-19:30 * 20:05-22:00 * SAT: 08:00- 13:00 * 14:00-19:30 * 20:05- 22:00 * SUN: 10:00-13:00 * 14:00-16:00	Y	Y	Community Pharmacy		YES					YES
FL174	BESTWAY PANACEA HEALTHCARE LTD	WELL	9 OLTON BOULEVARD EAST, ACOCKS GREEN, BIRMINGHAM, B27 7RR	Acoks Green	0121 604 4600			MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00- 18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30			Community Pharmacy							
FL227	RAJIA.LTD	M W PHILLIPS	6 CHESTER ROAD, NEW OSCOTT, SUTTON COLDFIELD, B73 5DA	Sutton Vesey	0121 355 4232	0121 354 7663	ONLINEPRESCRIPTION@RAJIAC HEMISTS.CO.UK WWW.RAJACHEMISTS.CO.UK	MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00- 17:00 * THU: 09:00-17:00 * FRI: 09:00-17:00			Distance Selling Pharmacy							
FL238	MB Health Ltd	Your Local Pharmacy			0121 270 9669		yourlocalpharmacy@hotmail.co m;				Distance Selling Pharmacy							
FL799	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	4 ALCESTER ROAD SOUTH, KINGS HEATH, BIRMINGHAM, B14 7PU	Moseley and Kings Heath	0121 444 1179		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-22:00 * TUE: 09:00-22:00 * WED: 09:00- 22:00 * THU: 09:00-22:00 * FRI: 09:00-22:00 * SAT: 09:00- 22:00 * SUN: 10:00-17:00 *	Y	Y	Community Pharmacy			YES				
FLA07	DISPHARMA RETAIL LTD	MY LOCAL CHEMIST - LINCOLNS	2/26 ANTHONY ROAD, ALABROCK, BIRMINGHAM B8 3EA	Washwood Heath	0121 327 0122	0121 327 8692	LINCOLNS.PHARMACY@INTRAP HARM.COM	CORE HOURS, MON - THUR : 09:00 - 17:30 FRI : 09:15 - 13:00 14:00 - 17:15 CLOSED FOR LUNCH ON FRIDAYS FROM 13:00 - 14:00 , SUPPLEMENTARY HOURS, MON - THUR : 17:30 - 18:30 AND FRI : 17:15 - 18:30			Community Pharmacy							
FLD52	WM MORRISON SUPERMARKETS PLC	MORRISONS PHARMACY	BIRMINGHAM GREAT PARK, BRISTOL ROAD SOUTH, RUBERY, BIRMINGHAM, B45 9NY	Longbridge	0121 453 2614			MON: 08:30-20:00 * TUE: 08:30-20:00 * WED: 08:30- 20:00 * THU: 08:30-21:00 * FRI: 08:30-21:00 * SAT: 08:30- 19:00 * SUN: 10:00-16:00	Y	Y	Community Pharmacy		YES					
FLH09	RX HEALTHCARE LTD	RX PHARMACY	256 WELLINGTON ROAD, HANDSWORTH, BIRMINGHAM, B20 2QL	Lozells and East Handsworth	0121 356 3620			MON: 08:00-24:00 * TUE: 08:00-24:00 * WED: 08:00- 24:00 * THU: 08:00-24:00 * FRI: 08:00-24:00 * SAT: 08:00- 24:00 * SUN: 10:00-14:00 *	Y	Y	100 Hour Pharmacy	YES	YES		YES	YES	YES	
FLH07	EVERGREEN PHARMACY LTD	EVERGREEN PHARMACY LTD	24 WATFORD ROAD, KINGS NORTON, BIRMINGHAM, B30 1JA	Kings Norton	0121 458 1439	0121 486 3121	EVERGREENPHARMACY1@GMA IL.COM	MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00- 17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30 * SAT: 09:00- 17:30	Y		Community Pharmacy		YES		YES	YES	YES	
FLI22	BSB PHARMACY LTD	BSB PHARMACY	199A SHADY LANE, GREAT BARR, BIRMINGHAM, B44 9ER	Oscott	0121 360 5754	1213605754	BSB.PHARMACY@NHS.NET WWW.BSBPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30- 18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 09:00- 13:00	Y		Community Pharmacy		YES		YES	YES	YES	YES
FLV62	SURE HEALTH LTD	BALSALL HEATH PHARMACY	1 EDWARD ROAD, BALSALL HEATH, BIRMINGHAM, B12 9LP	Sparkbrook	0121 440 2512		balsallpharmacy@numarknet.co m	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00- 14:00	Y		Community Pharmacy	YES	YES			YES	YES	

FM634	LATENITE LIMITED	DUDLEY ROAD PHARMACY	272 DUDLEY ROAD, WINSON GREEN, BIRMINGHAM, B18 4HL	Soho	0121 455 0009			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy	YES	YES				
FM631	M E J HINGLEY & CO LTD	HORTON PHARMACY	PORTAKABIN, 8A, FRANK STREET, HIGHGATE, BIRMINGHAM, B12 0UF	Nechells	0121 440 6030		HINGLEY.HORTONSQUARE@INT RAPHARM.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00- 13:00	Y		Community Pharmacy			YES		YES	
FM651	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	STOCKLAND GREEN HEALTH CENTRE, RESERVOIR ROAD, ERDINGTON, BIRMINGHAM, B23 6DJ	Erdington	0121 373 9906		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 13:00	Y		Community Pharmacy		YES		YES		
FM661	BOOTS UK LIMITED	BOOTS	80-82 BOLDMERE ROAD, BOLDMERE, SUTTON COLDFIELD, B73 5TJ	Sutton Vesey	0121 354 2121		WWW.BOOTLS.COM	MON: 08:30-17:30 * TUE: 08:30-17:30 * WED: 08:30- 17:30 * THU: 08:30-17:30 * FRI: 08:30-17:30 * SAT: 09:00- 17:30	Y		Community Pharmacy			YES			
FM674	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	87 HOLYHEAD ROAD, HANDSWORTH, BIRMINGHAM, B21 0HH	Soho	0121 554 1854		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00- 17:30	Y		Community Pharmacy	YES	YES	YES		YES	
FM706	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	157 HIGH STREET, HARBORNE, BIRMINGHAM, B17 9QE	Harborne	0121 427 1083		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00- 17:30	Y		Community Pharmacy			YES			
FM776	JHOOTS HEALTHCARE LIMITED	JHOOTS PHARMACY	THE ACOCKS GREEN MEDICAL CENTRE, WARWICK ROAD, ACOCKS GREEN, BIRMINGHAM, B27 6QJ	Acocks Green	0121 707 1844	0121 707 1844		MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy				YES	YES	
FM784	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	137 MONYHULL HALL ROAD, KINGS NORTON, BIRMINGHAM, B30 3QG	Kings Norton	0121 458 2756	0121 458 2756	WWW.BOOTLS.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 17:30	Y		Community Pharmacy			YES			
FM833	GREATWOOD PHARMACY	DISPHARMA CHEMIST	488 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0UG	Nechells	0121 772 3084	0121 772 3084	DISPHARMA.SMALLHEATH@INT RAPHARM.COM	MON: 09:15-18:45 * TUE: 09:15-18:45 * WED: 09:15- 18:45 * THU: 09:15-18:00 * FRI: 09:15-18:45			Community Pharmacy	YES	YES			YES	YES
FM855	BROWNS PHARMACY	W M BROWNS PHARMACY	1054 YARDLEY WOOD ROAD, WARSTOCK, BIRMINGHAM, B14 4BW	Billesley	0121 474 2048	0121 474 2048	YARDLEYWOOD@WMBPHARM ACY.COM WWW.BROWNSPHARMACY.CO M	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 13:00	Y		Community Pharmacy		YES			YES	YES
FM818	TESCO STORES LIMITED	TESCO INSTORE PHARMACY	11 PRINCESS ALICE DRIVE, CHESTER ROAD NORTH, NEW OSCOTT, SUTTON COLDFIELD, B73 6RB	Sutton Vesey	0121 673 1647	0121 6731649	WWW.TESCO.COM	MON: 08:00-21:00 * TUE: 08:00-21:00 * WED: 08:00- 21:00 * THU: 08:00-21:00 * FRI: 08:00-21:00 * SAT: 08:00- 21:00 * SUN: 10:00-16:00 *	Y	Y	Community Pharmacy		YES	YES			
FM842	BOOTS UK LIMITED	BOOTS	352-354 BIRMINGHAM ROAD, WYLE GREEN, SUTTON COLDFIELD, B72 1YH	Sutton New Hall	0121 373 1355	0121 373 4226	WWW.BOOTLS.COM	MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00- 17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30 * SAT: 09:00- 17:30 * SUN: 11:00-17:00 *	Y	Y	Community Pharmacy			YES			
FM817	ARK HEALTHCARE LTD	ARK HEALTHCARE LTD	566-568 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4AN	Springfield	0121 772 7381			MON: 08:45-19:00 * TUE: 08:45-19:00 * WED: 08:45- 19:00 * THU: 08:45-19:00 * FRI: 08:45-19:00 * SAT: 08:45- 13:00	Y		Community Pharmacy						

FM148	MUBARAK HEALTHCARE LTD	MADEENAH PHARMACY	373 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0SW	Nechells	0121 448 0601			MON: 08:00-23:30 * TUE: 08:00-23:30 * WED: 08:00-23:30 * THU: 08:00-23:30 * FRI: 08:00-12:30 * 14:30-24:00 * SAT: 09:00-24:00 * SUN: 09:30-19:30 *	Y	Y	100 Hour Pharmacy						
FM177	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	290 LICHFIELD ROAD, MERE GREEN, SUTTON COLDFIELD, WEST MIDLANDS, B74 2UH	Sutton Four Oaks	0121 308 4497		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:00-22:30 * TUE: 08:00-22:30 * WED: 08:00-22:30 * THU: 08:00-22:30 * FRI: 08:00-22:30 * SAT: 08:00-22:30 * SUN: 09:30-22:30 *	Y	Y	100 Hour Pharmacy		YES	YES			YES
FM119	ALHUDA HEALTHCARE LTD	MEDISINA THE PHARMACY	11 CANFORD CLOSE, HIGHGATE, BIRMINGHAM, B12 0YU	Nechells	0121 448 1250			MON: 08:00-20:30 * TUE: 08:00-23:59 * WED: 00:00-23:59 * THU: 00:00-20:30 * FRI: 08:00-22:30 * SAT: 08:00-20:30	Y		100 Hour Pharmacy	YES	YES	YES		YES	
FM163	MW PHILLIPS	M W PHILLIPS CHEMISTS	599 KINGS ROAD, KINGSTANDING, BIRMINGHAM, B44 9HN	Kingstanding	0121 354 8048	0121 354 8048	MWPHILLIPS@INTRAPHARM.COM WWW.RAJACHEMISTS.CO.UK	MON: 09:00-13:00 * 14:00-19:00 * TUE: 09:00-13:00 * 14:00-19:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-16:00 * FRI: 09:00-13:00 * 14:00-18:00			Community Pharmacy			YES			
FM125	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	17 FARADAY AVENUE, QUINTON, BIRMINGHAM, B32 1JP	Quinton	0121 422 2449		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-17:30	Y		Community Pharmacy		YES	YES		YES	
FM124	PRESCRIPTIONS 2 U LTD	R & R PHARMACY	BROADWAY HEALTH CENTRE, COPE STREET, LADYWOOD, BIRMINGHAM, B18 7BA	Ladywood	0121 454 3747			MON: 09:00-19:00 * TUE: 09:00-15:00 * WED: 09:00-13:00 * THU: 09:00-19:00 * FRI: 09:00-19:00			Community Pharmacy	YES	YES				
FM162	SEMCARE PHARMACY LIMITED	SEHMIS DISPENSING CHEMIST	545-547 GREEN LANE, SMALL HEATH, BIRMINGHAM, B9 5PT	Bordesley Green	0121 773 3075			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-18:00	Y		Community Pharmacy	YES					
FM183	JHOOTS HEALTHCARE LIMITED	JHOOTS PHARMACY	POPLARS SURGERY, 17 HOLLY LANE, ERDINGTON, BIRMINGHAM, B24 9JN	Erdington	0121 373 2796	0121 373 2796		MON: 08:15-19:30 * TUE: 08:15-18:30 * WED: 07:15-19:00 * THU: 08:15-18:30 * FRI: 08:15-18:30			Community Pharmacy					YES	
FM103	ALUM ROCK HEALTHCARE LTD	BISMILLAH PHARMACY	168 ALUM ROCK ROAD, SALTLEY, BIRMINGHAM, B8 1HU	Washwood Heath	0121 326 9166			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 09:00-23:00 * SUN: 12:00-23:00	Y	Y	100 Hour Pharmacy						
FM125	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	1889 PERSHORE ROAD, KINGS NORTON, BIRMINGHAM, B30 3DJ	Kings Norton	0121 458 1275		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-16:00	Y		Community Pharmacy			YES		YES	
FM106	LOZELLS HEALTH LTD	RANA DISPENSING CHEMIST	FINCH ROAD PRIMARY CARE CENTRE, 2 FINCH ROAD, LOZELLS, BIRMINGHAM, B19 1HS	Lozells and East Handsworth	0121 523 8556			MON: 09:00-14:00 * 16:00-19:00 * TUE: 09:00-14:00 * 16:00-19:00 * WED: 09:00-14:00 * 16:00-19:00 * THU: 09:00-14:00 * 16:00-19:00 * FRI: 09:00-14:00 * 16:00-19:00 * SAT: 10:00-13:00	Y		Community Pharmacy						
FM134	PAL H	PAL PHARMACY	508 ALUM ROCK ROAD, WARD END, BIRMINGHAM, B8 3HK	Washwood Heath	0121 328 3412			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-14:00 * THU: 09:00-14:00 * FRI: 09:00-19:00			Community Pharmacy			YES			
FM440	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	161 PRINCE OF WALES LANE, WARKSTOCK, BIRMINGHAM, B14 4LR	Billesley	0121 474 2581	0121 474 2581	WWW.BOOTSCOM	MON: 09:00-13:00 * 14:15-18:00 * TUE: 09:00-13:00 * 14:15-18:00 * WED: 09:00-13:00 * THU: 09:00-13:00 * 14:15-18:00 * FRI: 09:00-13:00 * 14:15-18:00 * SAT: 09:00-13:00 * 14:15-17:30	Y		Community Pharmacy						

FN447	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	175 WOELEY CASTLE ROAD, SELLY OAK, BIRMINGHAM, B29 5QH	Selly Oak	0121 427 1851		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-17:30	Y		Community Pharmacy		YES	YES		YES	YES	
FN459	BOOTS UK LIMITED	BOOTS	87 HIGH STREET, ERDINGTON, BIRMINGHAM, B23 6SA	Erdington	0121 373 0145	0121 382 9901	WWW.BOOTLS.COM	MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00-17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30 * SAT: 09:00-17:30	Y		Community Pharmacy			YES				
FN455	BESTWAY NATIONAL CHEMISTS LTD	WELL	162 SHARD END CRESCENT, SHARD END, BIRMINGHAM, B34 7BP	Shard End	0121 747 4585			MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 09:00-14:00	Y		Community Pharmacy					YES	YES	
FN447	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	104 WOELEY CASTLE SQUARE, SELLY OAK, BIRMINGHAM, B29 5PT	Selly Oak	0121 475 1822		WWW.BOOTLS.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-17:30	Y		Community Pharmacy							
FN458	BOOTS UK LIMITED	BOOTS	66 HIGH STREET, BIRMINGHAM, B4 7TA	Ladywood	0121 212 1330	0121 236 1533	WWW.BOOTLS.COM	MON: 07:30-14:00 * 15:00-19:00 * TUE: 07:30-14:00 * 15:00-19:00 * WED: 07:30-14:00 * 15:00-19:00 * THU: 07:30-14:00 * 15:00-19:00 * FRI: 07:30-14:00 * 15:00-19:00 * SAT: 08:00-14:00 * 15:00-19:00 * SUN: 10:30-14:00 * 15:00-17:00	Y	Y	Community Pharmacy				YES	YES	YES	
FN464	RAHANU LTD	LODGE PHARMACY	115 WITTON LODGE ROAD, ERDINGTON, BIRMINGHAM, B23 5JD	Kingstanding	0121 373 4344	0121 3734344	LODGE.WITTON@HOTMAIL.CO.UK	MON: 08:00-22:00 * TUE: 08:00-22:00 * WED: 08:00-22:00 * THU: 08:00-22:00 * FRI: 08:00-22:00 * SAT: 08:00-23:00 * SUN: 08:00-23:00	Y	Y	100 Hour Pharmacy		YES					
FN435	BOOTS UK LIMITED	BOOTS	31 WHILE ROAD, SUTTON COLDFIELD, B72 1ND	Sutton Trinity	0121 355 3530	0121 355 3530	WWW.BOOTLS.COM	MON: 08:00-13:00 * 14:00-20:00 * TUE: 08:30-13:00 * 14:00-18:30 * WED: 08:30-13:00 * 14:00-18:30 * THU: 08:30-13:00 * 14:00-18:30 * FRI: 08:30-13:00 * 14:00-18:30			Community Pharmacy			YES				
FN407	MR MANJINDER BAHIA	CARE PHARMACY	742-744 ALUM ROCK ROAD, WARD END, BIRMINGHAM, B8 3PP	Washwood Heath	0121 327 0160	1213270574	CAREPHARMACY@AOL.COM WWW.CAREPHARMACY.NET	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30			Community Pharmacy		YES			YES	YES	
FN234	SIXWAYS BIRMINGHAM LTD	ZENITH PHARMACY	GROUND FLOOR 7 BIRCHFIELD RD, 7 BIRCHFIELD ROAD, BIRCHFIELD, BIRMINGHAM, B19 1SU	Aston	0121 554 9944	0121 554 9944	ZENITHPHARMACY@HOTMAIL.CO.UK	MON: 07:00-22:00 * TUE: 07:00-22:00 * WED: 07:00-22:00 * THU: 07:00-22:00 * FRI: 07:00-22:00 * SAT: 07:00-22:00 * SUN: 12:00-22:00	Y	Y	100 Hour Pharmacy	YES	YES		YES	YES	YES	YES
FN335	STAR SERVICES (W. MIDLANDS) LTD	STAR PHARMACY	295 WALSALL ROAD, PERRY BARR, BIRMINGHAM, B42 1TY	Perry Barr	0121 356 4435			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-13:00 * FRI: 09:00-19:00 * SAT: 09:00-13:00	Y		Community Pharmacy							
FN394	BOOTS UK LIMITED	BOOTS	1104 WARRICK ROAD, ACOKS GREEN, BIRMINGHAM, B27 6BH	Acoks Green	0121 706 0052			MON: 08:30-14:00 * 15:00-17:30 * TUE: 08:30-14:00 * 15:00-17:30 * WED: 08:30-14:00 * 15:00-17:30 * THU: 08:30-14:00 * 15:00-17:30 * FRI: 08:30-14:00 * 15:00-17:30 * SAT: 08:30-14:00 * 15:00-17:30	Y		Community Pharmacy			YES				
FN400	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	401 HIGHFIELD ROAD, YARDLEY WOOD, BIRMINGHAM, B14 4DU	Billesley	0121 430 8921		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30			Community Pharmacy		YES	YES				

FP610	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	163 RESERVOIR ROAD, ERDINGTON, BIRMINGHAM, B23 6DN	Stockland Green	0121 382 5919		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-19:00 * TUE: 08:30-19:00 * WED: 08:30-19:00 * THU: 08:30-19:00 * FRI: 08:30-19:00 * SAT: 09:00-17:30	Y		Community Pharmacy			YES		YES	YES	
FP882	PCT HEALTHCARE	PEAK PHARMACY	7 CHURCHILL PARADE, FALCON LODGE, SUTTON COLDFIELD, B75 7LD	Sutton Trinity	0121 378 0444	0121 378 4742	WWW.PCTHEALTHCARE.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy					YES	YES	
FP643	SALTS HEALTHCARE LIMITED	SALTS MEDILINK	UNIT 1 RINGWAY INDUSTRIAL ESTATE, RICHARD STREET, NECHELLS, BIRMINGHAM, B7 4AA	Nechells	0121 333 2000			MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00-17:00 * THU: 09:00-17:00 * FRI: 09:00-17:00 * SAT: SUPP 09.00.13.00	Y		Appliance Contractor							
FP923	BOOTS UK LIMITED	BOOTS	11 ALVECHURCH ROAD, WEST HEATH, BIRMINGHAM, B31 3JP	Northfield	0121 475 2790	0121 476 3088		MON: 09:00-13:00 * 14:00-18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00 * SAT: 09:00-13:00 * 14:00-17:00	Y		Community Pharmacy			YES			YES	
FP617	BUCKINGHAM AND BLACKWOOD (UK) LTD	BUCKINGHAM CHEMIST	408 ASTON LANE, ASTON, BIRMINGHAM, B6 6QN	Aston	0121 356 6132			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy		YES			YES	YES	
FP421	RAHANU LTD	MARKS CHEMIST	144 SOHO ROAD, HANDSWORTH, BIRMINGHAM, B21 9LN	Lozells and East Handsworth	0121 554 6357			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-19:00	Y		Community Pharmacy	YES	YES		YES	YES	YES	
FP939	OLIVE TREE HEALTHCARE LTD	OLIVE TREE PHARMACY	463 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4LD	Springfield	0121 773 7177			MON: 07:00-23:00 * TUE: 07:00-23:00 * WED: 07:00-23:00 * THU: 07:00-23:00 * FRI: 07:00-23:00 * SAT: 07:00-23:00 * SUN: 08:00-12:00 *	Y	Y	100 Hour Pharmacy							
FP954	P T SODHA	PAULS PHARMACY	31 REVESBY WALK, VALUXHALL ROAD, NECHELLS, BIRMINGHAM, B7 4LG	Nechells	0121 359 2731	0121 359 2731	MKWEPAUL@GMAIL.COM	MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00-13:00 * THU: 09:00-17:00 * FRI: 09:00-17:00			LPS		YES				YES	
FP885	CHESTERS PHARMACY ALFA LTD	CHESTERS PHARMACY	UNIT 1, 123 SHARD END CRESCENT, SHARD END, BIRMINGHAM, B34 7AZ	Shard End	0121 748 1501	0121 749 5989	CHESTERS@ALFACHEMISTS.CO.UK	MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00-17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30 * SAT: 09:00-13:00	Y		Community Pharmacy		YES		YES		YES	YES
FP653	RASHID N	GATE PHARMACY	118 WASHWOOD HEATH ROAD, SALTLEY, BIRMINGHAM, B8 1RE	Washwood Heath	0121 328 4139			MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-13:00 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00-12:00	Y		Community Pharmacy							
FP288	MEDIHEATH LIMITED	MEDICARE CHEMIST	676 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0UU	Bordesley Green	0121 773 0931	0121 773 4543		MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-18:00	Y		Community Pharmacy		YES			YES	YES	
FP644	HEALTHCARE REPUBLIC LTD	HALL GREEN PHARMACY LTD	1096 STRATFORD ROAD, HALL GREEN, BIRMINGHAM, B28 8AD	Hall Green	0121 778 5350	0121 778 5350	HALLGREENPHARMACY1@GMAIL.COM	MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00-23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00-23:00 * SUN: 09:00-19:00 *	Y	Y	100 Hour Pharmacy	YES						
FP688	DISPHARMA RETAIL LTD	DISPHARMA LTD	183 ALUM ROCK ROAD, SALTLEY, BIRMINGHAM, B8 1NJ	Washwood Heath	0121 326 7343	0121 328 3966	DISPHARMA.ALUMROCK@INTRAPHARM.COM WWW.MYLOCALCHEMIST.BIZ	MON: 09:00-20:00 * TUE: 09:00-20:00 * WED: 09:00-20:00 * THU: 09:00-20:00 * FRI: 09:00-20:00 * SAT: 10:00-19:00	Y		Community Pharmacy					YES	YES	

FQ64	ASDA STORES LTD	ASDA PHARMACY	WALSALL ROAD, PERRY BARR, BIRMINGHAM, B42 1AA	Perry Barr	0121 366 3210		WWW.ASDA.COM	MON: 09:00-20:00 * TUE: 09:00-20:00 * WED: 09:00- 20:00 * THU: 09:00-20:00 * FRI: 09:00-20:00 * SAT: 09:00- 20:00 * SUN: 10:00-16:00	Y	Y	Community Pharmacy		YES				
FQ94	RAJIA LTD	M W PHILLIPS	26 ROUGH ROAD, KINGSTANDING, BIRMINGHAM, B44 0UY	Kingstanding	0121 354 7176		MWPHILLIPS.ROUGH@INTRAPH ARM.COM WWW.RAJACHEMISTS.CO.UK	MON: 08:45-13:00 * 14:00- 18:15 * TUE: 08:45-13:00 * 14:00-18:15 * WED: 08:45- 13:00 * 14:00-18:15 * THU: 08:45-13:00 * 14:00-16:00 * FRI: 08:45-13:00 * 14:00-18:15			Community Pharmacy			YES			
FQ50	BOOTS UK LIMITED	BOOTS	750-752 BRISTOL ROAD SOUTH, NORTHFIELD, BIRMINGHAM, B31 2NN	Northfield	0121 475 2306		WWW.BOOT.COM	MON: 08:30-14:00 * 15:00- 17:30 * TUE: 08:30-14:00 * 15:00-17:30 * WED: 08:30- 14:00 * 15:00-17:30 * THU: 08:30-14:00 * 15:00-17:30 * FRI: 08:30-14:00 * 15:00-17:30 * SAT: 08:30-14:00 * 15:00- 17:30	Y		Community Pharmacy				YES	YES	YES
FQ62	AL-SHADHLI LTD	SHIFA PHARMACY	512-514 MOSELEY ROAD, BALSAL HEATH, BIRMINGHAM, B12 9AH	Sparkbrook	0121 439 8062	0121 439 8062	SHIFAPHARMACIST@GMAIL.CO M	MON: 08:00-20:30 * TUE: 08:00-24:00 * WED: 00:00- 24:00 * THU: 00:00-20:30 * FRI: 08:00-20:30 * SAT: 08:00- 22:30	Y		100 Hour Pharmacy	YES	YES			YES	
FQ79	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	UNIT 2 (ADJACENT TO 480 BRISTOL ROAD), BRISTOL ROAD, SELLY OAK, BIRMINGHAM, B29 6BD	Selly Oak	0121 472 0155		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 13:00	Y		Community Pharmacy				YES		
FQ46	JSP LOCUM SERVICES	HIGHFIELD ROAD PHARMACY	307 HIGHFIELD ROAD, HALL GREEN, BIRMINGHAM, B28 0BX	Hall Green	0121 777 3469	0121 778 5615	HIGHFIELDROADPHARMACY@IN TRAPHARM.COM	MON: 09:00-13:00 14:00-18:00 * TUE: 09:00-13:00 14:00-18:00 * WED: 09:00-13:00 14:00-18:00 * THU: 09:00-13:00 14:00-18:00 * FRI: 09:00-13:00 14:00-18:00			Community Pharmacy		YES				
FQ51	RAJIA LTD	M W PHILLIPS	273 KINGSBURY ROAD, ERDINGTON, BIRMINGHAM, B24 8RD	Stockland Green	0121 377 6042	0121 377 6042	MWPHILLIPS.KINGSBURY@INTRA PHARM.COM WWW.RAJACHEMISTS.CO.UK	MON: 08:30-13:30 * 14:00- 18:15 * TUE: 08:30-13:00 * 14:00-18:15 * WED: 08:30- 13:00 * 14:00-18:15 * THU: 08:30-13:00 * FRI: 08:30-18:15			Community Pharmacy				YES		
FR870	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	10 GLEBE FARM ROAD, STECHFORD, BIRMINGHAM, B33 9LZ	Stetchford and Yardley North	0121 786 2960		WWW.LLOYDSPHARMACY.CO.U K	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30- 18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 09:00- 17:30	Y		Community Pharmacy		YES	YES			
FR433	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	81 THORNBRIDGE AVENUE, GREAT BARR, BIRMINGHAM, B42 2PW	Perry Barr	0121 357 2109		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 13:00	Y		Community Pharmacy		YES	YES			
FR67	H PAL	PAL PHARMACY	117 ALUM ROCK ROAD, SALTLEY, BIRMINGHAM, B8 1ND	Washwood Heath	0121 327 2425			MON: 09:00-13:00 * 14:00- 19:00 * TUE: 09:00-13:00 * 14:00-19:00 * WED: 09:00- 13:00 * 14:00-19:00 * THU: 09:00-13:00 * 14:00-19:00 * FRI: 09:00-13:00 * 14:00-19:00 * SAT: 09:00-13:00 * 14:00- 17:00	Y		Community Pharmacy						
FR69	BOOTS UK LIMITED	BOOTS	UNIT 4-5 PRINCESS ALICE RETAIL PARK, SUTTON COLDFIELD, B73 6RB	Sutton Vesey	0121 354 4852	0121 354 4860	WWW.BOOT.COM	MON: 08:00-24:00 * TUE: 08:00-24:00 * WED: 08:00- 24:00 * THU: 08:00-24:00 * FRI: 08:00-24:00 * SAT: 09:00- 24:00 * SUN: 11:00-17:00 *	Y	Y	100 Hour Pharmacy						YES
FR24	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	6 ERMINGTON CRESCENT, HODGE HILL, BIRMINGHAM, B36 8AP	Hodge Hill	0121 747 4433		WWW.LLOYDSPHARMACY.CO.U K	MON: 08:30-20:00 * TUE: 08:30-18:00 * WED: 08:30- 18:00 * THU: 08:30-20:00 * FRI: 08:30-18:00 * SAT: 09:00- 17:30	Y		Community Pharmacy		YES	YES	YES	YES	

FR166	SHAWSDALE LTD	SHAWSDALE PHARMACY	109 SHAWSDALE ROAD, CASTLE BROMWICH, BIRMINGHAM, B36 8NG	Hodge Hill	0121 749 3911			MON: 08:00-24:00 * TUE: 08:00-24:00 * WED: 08:00-24:00 * THU: 08:00-24:00 * FRI: 08:00-24:00 * SAT: 09:00-19:00 * SUN: 09:00-19:00 *	Y	Y	100 Hour Pharmacy					YES	YES	
FR17	17TH CENTURY HEALTH FOOD LTD	KINGS PHARMACY	118-120 WOELEY CASTLE ROAD, WOELEY CASTLE, BIRMINGHAM, B29 5PT	Weoley	0121 477 7756		KINGSPHARMACY2@INTRAPHARM.COM	MON: 09:00-13:00 14:00-17:00 * TUE: 09:00-13:00 14:00-17:00 * WED: 09:00-13:00 14:00-17:00 * THU: 09:00-13:00 14:00-17:00 * FRI: 09:00-14:00			Community Pharmacy		YES	YES				
FR145	WH BROWN KINGSHURST LTD	W M BROWNS PHARMACY	16-18 HAWKESLEY SQUARE, HAWKESLEY, BIRMINGHAM, B38 9TU	Kings Norton	0121 458 6172	0121 4586172	HAWKESLEY@WMBPHARMACY.COM WWW.BROWNSPHARMACY.CO.M	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy		YES		YES	YES	YES	
FR166	MIRAGE PHARMACY LTD	MIRAGE PHARMACY	LAURIE PIKE HEALTH CENTRE, 95 BIRCHFIELD ROAD, HANDSWORTH, BIRMINGHAM, B19 1LH	Aston	0121 55 13814	0121 551 3814	MIRAGELAURIEPIKEHC.PHARMACY@NHS.NET WWW.MIRAGEGLOBALPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-20:00 * THU: 08:30-18:30 * FRI: 08:30-18:30			Community Pharmacy			YES				
FR199	P CHAND LIMITED	FIVE WAYS PHARMACY	192A SAINT VINCENT STREET WEST, LADYWOOD, BIRMINGHAM, B16 8RP	Ladywood	0121 294 1141			MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00-17:00 * THU: 09:00-17:00 * FRI: 09:00-17:00			Distance Selling Pharmacy							
FR117	RAJIA LTD	M W PHILLIPS CHEMISTS	517 JOCKEY ROAD, SUTTON COLDFIELD, WEST MIDLANDS, B73 5DF	Sutton Vesey	0121 355 2122	0121 355 3261	@INTRAPHARM.COM WWW.R	MON: 08:30-18:15 * TUE: 08:30-18:15 * WED: 08:30-18:15 * THU: 08:30-18:15 * FRI: 08:30-18:15 * SAT: 09:00-13:00	Y		Community Pharmacy				YES	YES	YES	
FR148	SUPERDRUG	SUPERDRUG PHARMACY	UNIT 1, 94-100 HIGH STREET, ERDINGTON, BIRMINGHAM, B23 6RS	Erdington	0121 350 5656	0121 350 5656	ERDINGTON@N3.SUPERDRUG.COM WWW.SUPERDRUG.COM	MON: 08:30-17:30 * TUE: 08:30-17:30 * WED: 08:30-17:30 * THU: 08:30-17:30 * FRI: 08:30-17:30 * SAT: 08:30-17:30	Y		Community Pharmacy		YES					
FR146	BOOTS UK LIMITED	BOOTS	UNITS 28-29, THE ONE STOP SHOPPING CENTRE, 2 WALSHALL ROAD, PERRY BARR, BIRMINGHAM, B42 1AA	Perry Barr	0121 344 4825		WWW.BOOTSCOM	MON: 09:00-14:00 * 15:00-18:30 * TUE: 09:00-14:00 * 15:00-18:30 * WED: 09:00-14:00 * 15:00-18:30 * THU: 09:00-14:00 * 15:00-18:30 * FRI: 09:00-14:00 * 15:00-18:30 * SAT: 09:00-14:00 * 15:00-18:00 * SUN: 10:30-16:30 *	Y	Y	Community Pharmacy							
FR161	MANICHEM LTD	THE PHARMACY	233 TAMWORTH ROAD, SUTTON COLDFIELD, WEST MIDLANDS, B75 6HX	Sutton Trinity	0121 323 4300		WWW.MANICHEM.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 08:30-12:00	Y		Community Pharmacy							
FR173	LOZELLS HEALTH LTD	CHEMIPHARM	113 LOZELLS ROAD, LOZELLS, BIRMINGHAM, B19 2TR	Lozells and East Handsworth	0121 523 0959 / 0121 454 7559	0121 523 0959		MON: 09:00-14:00 * 16:00-19:00 * TUE: 09:00-14:00 * 16:00-19:00 * WED: 09:00-14:00 * 16:00-19:00 * THU: 09:00-14:00 * 16:00-19:00 * FRI: 09:00-14:00 * 16:00-19:00 * SAT: 09:00-14:00 * 16:00-19:00 * SUN: 11:00-13:00 *	Y	Y	Community Pharmacy		YES					
FR165	EVERGREEN PHARMACY LTD	EVERGREEN PHARMACY LTD	694 YARDLEY WOOD ROAD, KINGS HEATH, BIRMINGHAM, B13 0HY	Moseley and Kings Heath	0121 444 3110	0121 444 3105	EVERGREENPHARMACY2@GMAIL.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy	YES	YES	YES	YES	YES	YES	
FR112	GREAT WOOD PHARMACY LIMITED	MY LOCAL CHEMIST	SMALL HEALTH MEDICAL CENTRE, 2 GREAT WOOD ROAD, SMALL HEATH, BIRMINGHAM, B10 9QE	Nechells	0121 773 1164						Community Pharmacy							

FT012	GREATWOOD PHARMACY	MYLOCALCHEMIST	2 GREAT WOOD ROAD, SMALL HEATH, BIRMINGHAM, B10 9QE	Nechells	0121 773 1164	0121 773 1164	GREATWOODPHARMACY@INTRAPHARM.COM	MONDAY 9AM 6.30PM, THUESDAY 9AM 6.30PM, WEDNESDAY 9AM 1.30PM, THURSDAY 9AM 6.30PM, FRIDAY 9AM 6.30PM			Community Pharmacy						
FT069	BOOTS UK LIMITED	BOOTS	129 ALCESTER ROAD, MOSELEY, BIRMINGHAM, B13 8DD	Moseley and Kings Heath	0121 449 0371			MON: 09:00-13:00 * 14:00-18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00 * SAT: 08:30-13:00 * 14:00-17:30	Y		Community Pharmacy			YES		YES	
FT127	PASAB LTD	JHOOTS PHARMACY	808-810 PERSHORE ROAD, SELLY PARK, BIRMINGHAM, B29 7LS	Selly Oak	0121 471 3639			MON: 09:00-13:00 * 14:00-18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00			Community Pharmacy		YES			YES	
FT325	HG LTD	GILL PHARMACY	341 ROOKERY ROAD, HANDSWORTH, BIRMINGHAM, B21 9PP	Handsworth Wood	0121 554 2487	0121 554 2487	GILLPHARMACY@HOTMAIL.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-14:00	Y		Community Pharmacy	YES	YES			YES	YES
FT515	MORGAN LJ	WARDS CHEMIST	49 COOPERS ROAD, HANDSWORTH WOOD, BIRMINGHAM, B20 2JU	Handsworth Wood	0121 554 0715			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 08:00-20:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy						
FT623	HAWKES PHARMACY LTD	BAGGALEY CHEMIST	131 ALCESTER ROAD, MOSELEY, BIRMINGHAM, B13 8JP	Moseley and Kings Heath	0121 449 0096			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-17:00	Y		Community Pharmacy		YES	YES			
FT639	JHOOTS HEALTHCARE LIMITED	JHOOTS PHARMACY	1533 STRATFORD ROAD, HALL GREEN, BIRMINGHAM, B28 9JA	Hall Green	0121 744 1317	0121 744 1317	WWW.JHOOTSPHARMACY.CO.UK	MON: 08:30-22:00 * TUE: 08:30-22:00 * WED: 08:30-22:00 * THU: 08:30-22:00 * FRI: 08:30-22:00 * SAT: 09:00-22:00 * SUN: 10:00-17:00	Y	Y	Community Pharmacy		YES			YES	YES
FT645	RAKESH SIRPAL	HEARTLAND PHARMACY	2 TOWPATH CLOSE, BORDESLEY VILLAGE CENTRE, BORDESLEY, BIRMINGHAM, B9 4QA	Nechells	0121 773 6534	0121 773 6534	HEARTLANDS.PHARMACY@INTRAPHARM.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-14:00 * THU: 09:00-19:00 * FRI: 09:00-19:00			Community Pharmacy						
FT645	BOOTS UK LIMITED	BOOTS	631- 633 KINGSTANDING ROAD, KINGSTANDING, BIRMINGHAM, B44 9SU	Kingstanding	0121 354 3800	0121 321 3205	WWW.BOOTS.COM	MON: 09:00-14:00 * 15:00-17:30 * TUE: 09:00-14:00 * 15:00-17:30 * WED: 09:00-14:00 * 15:00-17:30 * THU: 09:00-14:00 * 15:00-17:30 * FRI: 09:00-14:00 * 15:00-17:30 * SAT: 09:00-14:00 * 15:00-17:30	Y		Community Pharmacy			YES		YES	
FT659	TRI-PHARMA LIMITED	VESEY PHARMACY	12 BIRMINGHAM ROAD, SUTTON COLDFIELD, WEST MIDLANDS, B72 1QG	Sutton Trinity	0121 354 1184			MON: 09:00-13:30 * 13:50-17:30 * TUE: 09:00-13:30 * 13:50-17:30 * WED: 09:00-13:30 * 13:50-17:30 * THU: 09:00-13:30 * 13:50-17:30 * FRI: 09:00-13:30 * 13:50-17:30 * SAT: 09:00-13:00	Y		Community Pharmacy						
FT662	HYATT HEALTHCARE LIMITED	HYATT PHARMACY	49 BRISTOL ROAD, EDGBASTON, BIRMINGHAM, B5 7TU	Edgbaston	0121 446 6186			MON: 07:00-23:00 * TUE: 07:00-23:00 * WED: 07:00-23:00 * THU: 07:00-23:00 * FRI: 07:00-23:00 * SAT: 07:00-23:00 * SUN: 10:00-14:00 *	Y	Y	100 Hour Pharmacy						YES
FT690	BESTWAY PANACEA HEALTHCARE LTD	WELL	159 CHURCH ROAD, YARDLEY, BIRMINGHAM, B25 8UP	South Yardley	0121 783 2316	0121 783 2316		MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00-14:00	Y		Community Pharmacy		YES			YES	YES

FTK23	MRT SHAREEF	SHAREEF PHARMACY	149 CHURCH ROAD, YARDLEY, BIRMINGHAM, B25 8UP	South Yardley	0121 783 7135			MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00-17:30 * THU: 09:00-17:30 * FRI: 09:00-17:30 * SAT: 09:00-13:00	Y		Community Pharmacy						
FT644	ASIF HEALTHCARE LTD	ASIF'S PHARMACY	29 ALUM ROCK ROAD, ALUM ROCK, BIRMINGHAM, B8 1LR	Washwood Heath	0121 328 2320			MON: 09:00-19:30 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-12:30 * 14:30-19:30 * SAT: 09:00-14:00	Y		Community Pharmacy				YES	YES	
FT122	WM BROWN (KINGSHURST) LIMITED	BROWNS PHARMACY	5 THE GREEN, KINGS NORTON, BIRMINGHAM, B38 8SD	Kings Norton	0121 458 1097	0121 4581097	THEGREEN@WMBPHARMACY.COM WWW.BROWNSPHARMACY.CO.M	MON: 09:00-13:00 * 14:00-18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00 * SAT: 09:00-13:00 * 14:00-17:30	Y		Community Pharmacy				YES	YES	
FTM06	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	YARDLEY GREEN MEDICAL CENTRE, YARDLEY GREEN ROAD, BORDESLEY GREEN, BIRMINGHAM, B9 5PU	Bordesley Green	0121 772 4394		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-23:00 * TUE: 08:30-23:00 * WED: 08:30-23:00 * THU: 08:30-23:00 * FRI: 08:30-23:00 * SAT: 08:30-23:00 * SUN: 10:00-23:00 *	Y	Y	100 Hour Pharmacy		YES				
FTM49	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	32-32A HIGH STREET, ERDINGTON, BIRMINGHAM, B23 6RH	Erdington	0121 350 0321		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-22:00 * TUE: 09:00-22:00 * WED: 09:00-22:00 * THU: 09:00-22:00 * FRI: 09:00-22:00 * SAT: 09:00-22:00 * SUN: 10:00-17:00 *	Y	Y	Community Pharmacy		YES		YES	YES	
FTN75	GREET PHARMACY LTD	GREET PHARMACY	SYNERGY HOUSE, 109 113 PERCY ROAD, SPARKHILL, BIRMINGHAM, B11 3NQ	Springfield	0121 772 0233			MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30			Community Pharmacy	YES					
FT987	LASER PHARMACY LTD	LASER PHARMACY	854 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4BS	Springfield	0121 778 2921			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:30-17:30	Y		Community Pharmacy	YES	YES		YES	YES	
FTQ26	MOSELEY CARE LTD	FAKIR CHEMIST	2A CHURCH ROAD, MOSELEY, BIRMINGHAM, B13 9AG	Moseley and Kings Heath	0121 449 2719	0121 4492719	FAQIRCHEMIST@OUTLOOK.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-18:00 * FRI: 09:00-19:00 * SAT: 09:00-13:00	Y		Community Pharmacy	YES	YES		YES	YES	
FTQ27	PAN HEALTHCARE LTD	PAN PHARMACY	136 GARRETS GREEN LANE, SHELDON, BIRMINGHAM, B26 2JN	Sheldon	0121 743 2082	0121 743 2082	panhealthcare@outlook.com dranespharmacy@outlook.com	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-17:00 * FRI: 09:00-18:30			Community Pharmacy						
FTQ71	WB HEALTHCARE	CARE SERVICES PHARMACY	UNIT 1A, 154 BORDESLEY GREEN ROAD, BORDESLEY GREEN, BIRMINGHAM, B8 1BY	Bordesley Green	0121 771 2179			MON: 09:00-13:00 * 14:00-18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00-13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00			Distance Selling Pharmacy						
FTT74	TESCO STORES LIMITED	TESCO INSTORE PHARMACY	SWAN SHOPPING CENTRE, COVENTRY ROAD, YARDLEY, BIRMINGHAM, B26 1AD	South Yardley	0121 371 9847		WWW.TESCO.COM	MON: 08:00-23:00 * TUE: 07:00-23:00 * WED: 07:00-23:00 * THU: 07:00-23:00 * FRI: 07:00-23:00 * SAT: 07:00-22:00 * SUN: 11:00-17:00 *	Y	Y	100 Hour Pharmacy						
FTW07	CHEMYCARE UK LTD	CHEMYCARE PHARMACY	153 STATION ROAD, STECHFORD, BIRMINGHAM, B33 8BA	Stetchford and Yardley North	0121 783 3823		WWW.CHEMYCARE.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-17:30	Y		Community Pharmacy		YES	YES		YES	

FTW08	CLINPHARM PLUS LTD	RICHYAL CHEMIST	229-231 ALUM ROCK ROAD, ALUM ROCK, BIRMINGHAM, B8 3BH	Washwood Heath	0121 327 5980			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-13:00 * FRI: 09:00-18:00 * SAT: 09:00-17:00	Y		Community Pharmacy						
FTW25	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	620 KINGSBURY ROAD, ERDINGTON, BIRMINGHAM, B24 9PJ	Tyburn	0121 373 1029	0121 373 1029	WWW.BOOTS.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-17:30	Y		Community Pharmacy			YES			
FV299	ROOTS CHEMIST LIMITED	ROOTS CHEMIST	168 TRINITY ROAD, ASTON, BIRMINGHAM, B6 6HZ	Aston	0121 327 5304			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 10:00-14:00	Y		Community Pharmacy	YES					
FV23	CHEMYCARE UK LTD	CHEMYCARE PHARMACY	291 CHURCH ROAD, SHELDON, BIRMINGHAM, B26 3YH	Sheldon	0121 743 2385	0121 7432385	CHEMYCARE@AAH-N3.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 08:30-17:30	Y		Community Pharmacy		YES		YES		YES
FV551	BOOTS UK LIMITED	BOOTS	102 NEW STREET, BIRMINGHAM, B2 4HQ	Ladywood	0121 643 9069	0121 643 6327		MON: 07:30-14:00 * 15:00-18:00 * TUE: 07:30-14:00 * 15:00-18:00 * WED: 07:30-14:00 * 15:00-18:00 * THU: 07:30-14:00 * 15:00-18:00 * FRI: 07:30-14:00 * 15:00-18:00 * SAT: 08:30-14:00 * 15:00-17:30 * SUN: 10:00-14:00 * 15:00-16:00 *	Y	Y	Community Pharmacy				YES	YES	YES
FV612	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	2222 COVENTRY ROAD, SHELDON, BIRMINGHAM, B26 3JH	Sheldon	0121 743 3676		WWW.LLOYDSPHARMACY.CO.UK	MON: 09:00-22:00 * TUE: 09:00-22:00 * WED: 09:00-22:00 * THU: 09:00-22:00 * FRI: 09:00-22:00 * SAT: 09:00-22:00 * SUN: 10:00-17:00 *	Y	Y	Community Pharmacy		YES		YES		YES
FV646	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	698 YARDLEY WOOD ROAD, BILLESLEY, BIRMINGHAM, B13 0HY	Billesley	0121 443 4559		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-18:30 * TUE: 08:30-18:30 * WED: 08:30-18:30 * THU: 08:30-18:30 * FRI: 08:30-18:30 * SAT: 09:00-17:30	Y		Community Pharmacy						
FV607	LLOYDS PHARMACY LTD	LLOYDS PHARMACY IN SAINSBURY'S	30 MERE GREEN ROAD, SUTTON COLDFIELD, B75 5BT	Sutton Four Oaks	0121 308 8756		WWW.SAINSBURYS.CO.UK	MON: 07:00-23:00 * TUE: 07:00-23:00 * WED: 07:00-23:00 * THU: 07:00-23:00 * FRI: 07:00-23:00 * SAT: 07:00-22:00 * SUN: 10:00-16:00	Y	Y	100 Hour Pharmacy			YES			
FV672	JHOOTS HEALTHCARE LIMITED	JHOOTS PHARMACY	150 BROMFORD DRIVE, BROMFORD BRIDGE, BIRMINGHAM, B36 8TY	Hodge Hill	0121 747 2442		WWW.JHOOTSPHARMACY.CO.UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-13:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy		YES				YES
FV641	SPARKBROOK ENTERPRISE LTD	SPARKBROOK PHARMACY	153A STRATFORD ROAD, SPARKBROOK, BIRMINGHAM, B11 1AH	Sparkbrook	0121 772 0165	1217720165	SPARKBROOKPHARMACY@OUTLOOK.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 10:00-13:00 * 14:15-17:00	Y		Community Pharmacy	YES	YES		YES	YES	YES
FV690	PAN HEALTHCARE LTD	PAN PHARMACY	95 THE POOLWAY, KENTS MOAT ESTATE, KITTS GREEN, BIRMINGHAM, B33 8NF	Stetchford and Yardley North	0121 786 1807	0121 786 1807	PANHEALTHCARE@OUTLOOK.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-17:30 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-16:30	Y		Community Pharmacy			YES		YES	
FV664	ROYSTON HALL LTD	ROYSTON HALL LTD	15 ST. HELIERS ROAD, NORTHFIELD, BIRMINGHAM, B31 1QT	Northfield	0121 475 4427	1214750400	ROYSTONHALL@GMAIL.COM	MON: 08:30-13:00 * 14:00-18:30 * TUE: 08:30-13:00 * 14:00-18:30 * WED: 08:30-13:00 * 14:00-18:30 * THU: 08:30-13:00 * 14:00-18:30 * FRI: 08:30-13:00 * 14:00-18:30			Community Pharmacy			YES		YES	YES

FW009	BOOTS UK LIMITED	BOOTS	FORT PARKWAY, EDRINGTON, BIRMINGHAM, B24 9QS	Tyburn	0121 382 9868		WWW.BOOTS.COM	MON: 09:00-20:00 * TUE: 09:00-20:00 * WED: 09:00- 20:00 * THU: 09:00-21:00 * FRI: 09:00-20:00 * SAT: 09:00- 17:00 * SUN: 11:00-17:00 *	Y	Y	Community Pharmacy				YES			
FW024	LATE NITE LTD	DUDLEY ROAD LATE NIGHT	328-330 DUDLEY ROAD, WINSON GREEN, BIRMINGHAM, B18 4HJ	Soho	0121 454 4466	0121 456 3541	328DUDLEY@GOOGLEMAIL.CO M	MON: 08:30-20:00 * TUE: 08:30-20:00 * WED: 08:30- 20:00 * THU: 08:30-20:00 * FRI: 08:30-20:00 * SAT: 10:00- 19:00 * SUN: 10:00-19:00	Y	Y	100 Hour Pharmacy	YES	YES			YES	YES	YES
FW025	FLINTLOW LTD	HUSTANS PHARMACY	366 GREEN LANE, SMALL HEATH, BIRMINGHAM, B9 5DT	Bordesley Green	0121 772 3047			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00- 14:00	Y		Community Pharmacy		YES			YES	YES	
FW084	TAK HEALTHCARE LIMITED	RICHMOND PHARMACY	57 RICHMOND ROAD, STECHEFORD, BIRMINGHAM, B33 8TL	Stetchford and Yardley North	0121 783 2114			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00- 23:00 * SUN: 10:00-20:00 *	Y	Y	100 Hour Pharmacy							YES
FW137	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	553-555 STRATFORD ROAD, SPARKHILL, BIRMINGHAM, B11 4LP	Springfield	0121 772 0795	0121 772 0795	WWW.BOOTS.COM	MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00- 19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 10:00- 18:00	Y		Community Pharmacy	YES		YES			YES	
FW167	SUPERDRUG STORES PLC	SUPERDRUG PHARMACY	24-28 GROSVENOR SHOPPING CENTRE, BRISTOL ROAD, SOUTH, NORTHFIELD, BIRMINGHAM, B31 2JU	Northfield	0121 477 3845		WWW.SUPERDRUG.COM	MON: 08:30-17:30 * TUE: 08:30-17:30 * WED: 08:30- 17:30 * THU: 08:30-17:30 * FRI: 08:30-17:30 * SAT: 08:30- 17:30	Y		Community Pharmacy							
FW165	SUPERDRUG	SUPERDRUG PHARMACY	124-140 HIGH STREET, HARBORNE, BIRMINGHAM, B17 9NN	Harborne	0121 427 8565		WWW.SUPERDRUG.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 17:30	Y		Community Pharmacy							
FW679	N A SALIM LTD	VANTAGE CHEMIST	24 CHURCH ROAD, ASTON, BIRMINGHAM, B6 5UP	Aston	0121 326 7159	0121 326 7159	NASAR_SALIM@YAHOO.CO.UK	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00- 18:30 * THU: 09:00-16:45 * FRI: 09:00-18:30			Community Pharmacy						YES	
FW616	MIR S HUSSAIN	XTREME PHARMACY	62 WITTON ROAD, ASTON, BIRMINGHAM, B6 6LE	Aston	0121 551 6729			MON: 09:00-20:30 * TUE: 09:00-20:30 * WED: 09:00- 20:30 * THU: 09:00-20:30 * FRI: 09:00-24:00 * SAT: 09:00- 24:00 * SUN: 00:00-24:00 *	Y	Y	100 Hour Pharmacy	YES					YES	
FW710	ICARUS HEALTHCARE LTD	ICARUS PHARMACY	UNIT F13, EPHRAIM PHILLIPS HOUSE, 54- 76 BISSELL STREET, BIRMINGHAM, B5 7HP	Nechells	0121 622 2661			MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00- 17:00 * THU: 09:00-17:00 * FRI: 09:00-17:00 * SAT: SUPP 09.00.13.00	Y		Community Pharmacy							
FW713	KNIGHTS CHEMIST LTD.	LORDSWOOD PHARMACY	54 LORDSWOOD ROAD, HARBORNE, BIRMINGHAM, B17 9DB	Harborne	0121 427 8687	1214278687	KNIGHTS.LORDSWOOD@KNIGH TSPHARMACY.CO.UK WWW.KNIGHTSPHARMACY.CO. UK	MON: 08:30-18:00 * TUE: 08:30-18:00 * WED: 08:30- 18:00 * THU: 08:30-18:00 * FRI: 08:30-18:00 * SAT: 09:00- 12:00	Y		Community Pharmacy			YES				
FW001	WHITES PHARMACY LTD	WHITES PHARMACY	788 ALCESTER ROAD SOUTH, KINGS HEATH, BIRMINGHAM, B14 5EZ	Moseley and Kings Heath	0121 430 5435	0121 430 5435	INFO@WHITESPHARMACY.CO.U K WWW.WHITESPHARMACY.CO.U K	MON: 09:00-13:00 * 14:00- 18:15 * TUE: 09:00-13:00 * 14:00-18:15 * WED: 09:00- 13:00 * 14:00-18:15 * THU: 09:00-13:00 * 14:00-18:15 * FRI: 09:00-13:00 * 14:00-18:30			Community Pharmacy		YES			YES	YES	
FW959	TAK HEALTHCARE LIMITED	HEATHFIELD PHARMACY	147A HEATHFIELD ROAD, HANDSWORTH, BIRMINGHAM, B19 1HL	Loxells and East Handsworth	0121 551 4686			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 09:00- 23:00 * SUN: 12:00-23:00 *	Y	Y	100 Hour Pharmacy							

FWL16	SABRINA SIAF	CANNON HILL (UK) LTD	200 EDWARD ROAD, CANNON HILL, BALSALL HEATH, BIRMINGHAM, B12 9LY	Sparkbrook	0121 440 0888	0121 440 1177	CANONHILLPHARMACY@AAH- N3.CO.UK	MON: 07:30-22:30 * TUE: 07:30-22:30 * WED: 07:30- 22:30 * THU: 07:30-22:30 * FRI: 07:30-22:30 * SAT: 07:30- 22:30 * SUN: 09:00-19:00	Y	Y	100 Hour Pharmacy	YES	YES			YES	YES	
FWL28	DISPHARMA RETAIL LTD	DISPHARMA RETAIL LTD	5 WALMLEY CLOSE, WALMLEY, SUTTON COLDFIELD, B76 1NQ	Sutton New Hall	0121 313 2725			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:30-23:00 * FRI: 08:00-23:00 * SAT: 08:00- 23:00 * SUN: 09:00-19:00 *	Y	Y	Community Pharmacy							
FWM18	WM MORRISON SUPERMARKETS PLC	WM MORRISON PHARMACY	280 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0XA	Nechells	0121 773 2526		WWW.MORRISONS.COM	MON: 08:30-20:00 * TUE: 08:30-20:00 * WED: 08:30- 20:00 * THU: 08:30-20:00 * FRI: 08:30-20:00 * SAT: 08:30- 18:00 * SUN: 10:00-16:00 *	Y	Y	Community Pharmacy				YES			
FWM37	BOOTS UK LIMITED	BOOTS	UNIT 6, ST ANDREWS RETAIL PARK, 270 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0XA	Nechells	0121 771 4438	0121 771 4437	WWW.BOOTCS.COM	MON: 09:00-20:00 * TUE: 09:00-20:00 * WED: 09:00- 20:00 * THU: 09:00-20:00 * FRI: 09:00-20:00 * SAT: 09:00- 19:00 * SUN: 11:00-17:00 *	Y	Y	Community Pharmacy							
FWM83	PHARMACY CARE MATTERS LIMITED	PHARMACY CARE MATTERS	197 ALCESTER ROAD, MOSELEY, BIRMINGHAM, B13 8PX	Moseley and Kings Heath	0121 449 0089			MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00- 17:00 * THU: 09:00-17:00 * FRI: 09:00-17:00			Distance Selling Pharmacy							
FWP20	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	1005 ALCESTER ROAD SOUTH, MAYPOLE, BIRMINGHAM, B14 5JA	Billesley	0121 430 5155		WWW.BOOTCS.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 17:30	Y		Community Pharmacy			YES				
FWP74	MR BALAL AKBAR AND ANEELA SHAHEEN BALAL	NOOR PHARMACY	72 GOLDEN HILLOCK ROAD, SMALL HEATH, BIRMINGHAM, B10 0LG	South Yardley	0121 448 2598			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00- 23:00 * SUN: 13:00-23:00	Y	Y	100 Hour Pharmacy							
FWQ46	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	15 HOLLYFIELD ROAD SOUTH, SUTTON COLDFIELD, B76 1NY	Sutton Trinity	0121 378 1176	0121 378 1176	WWW.BOOTCS.COM	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 17:30	Y		Community Pharmacy			YES				
FWT34	SAYDON PHARMACY	SAYDONS PHARMACY	408 COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0UF	Nechells	0121 772 6051	1217726051	SAYDON.PHARMACY@HOTMAIL .CO.UK	MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 09:00- 19:00	Y		100 Hour Pharmacy		YES			YES	YES	
FWB64	DISPHARMA RETAIL LTD	HAY MILLS PHARMACY	1222 COVENTRY ROAD, HAY MILLS, BIRMINGHAM, B25 8DU	South Yardley	0121 624 1413	0121 624 1413	HAYMILLS@INTRAPHARM.COM WWW.MYLOCALCHEMIST.BIZ	MON: 09:00-17:30 * TUE: 09:00-17:30 * WED: 09:00- 13:00 * THU: 09:00-17:30 * FRI: 09:00-17:30			Community Pharmacy		YES					
FWT77	WALSALL ROAD PARTNERSHIP LIMITED	TOWER HILL PHARMACY	435 WALSALL ROAD, PERRY BARR, BIRMINGHAM, B42 1BT	Perry Barr	0121 356 1214			MON: 08:00-22:30 * TUE: 08:00-22:30 * WED: 08:00- 22:30 THU: 08:00-22:30 * FRI: 08:00-22:30 * SAT 08:00-22:30 : * SUN:09:00-22:00	Y	Y	100 Hour Pharmacy	YES	YES					
FX123	SHAHID IQBAL	ROBIN HOOD PHARMACY	1518 STRATFORD ROAD, HALL GREEN, BIRMINGHAM, B28 9ET	Hall Green	0121 572 3727			MON:08:00-22:00 * TUE:08:00- 22:00 * WED:08:00-22:00 * THU:08:00-22:00 * FRI:08:00- 24:00 * SAT:00:00-22:00 * SUN:10:00-16:00 *	Y	Y	100 Hour Pharmacy							
FX156	KNIGHTS CHEMIST LTD	KNIGHTS PHARMACY	4 SUNBURY ROAD, LONGBRIDGE, BIRMINGHAM, B31 4LJ	Northfield	0121 475 2655	0121 477 2905	KNIGHTS.LBRIDGE@KNIGHTSPH ARMACY.CO.UK WWW.KNIGHTSPHARMACY.CO UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 13:00	Y		Community Pharmacy		YES	YES		YES	YES	

FX593	DISPHARMA RETAIL LTD	M G FAZAL	25 HIGHFIELD ROAD, ALUM ROCK, BIRMINGHAM, B8 3QD	Washwood Heath	0121 328 7123	1213287123	DISPHARMA.HIGHFIELD@INTRA PHARM.COM WWW.MYLOCALCHEMIST.BIZ	MON: 09:15-13:45 * 16:30- 19:45 * TUE: 09:15-14:45 * 16:30-19:45 * WED: 09:15- 13:45 * 16:30-19:45 * THU: 09:15-18:30 * FRI: 09:15-13:45 * 16:30-19:45			Community Pharmacy		YES				
FX651	KHANPHARMA LIMITED	SHELLEYS PHARMACY	47 YARDLEY GREEN ROAD, BORDESLEY GREEN, BIRMINGHAM, B9 5PU	Bordesley Green	0121 772 0025			MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00- 17:00 * THU: 09:00-17:00 * FRI: 09:00-17:00			Community Pharmacy		YES				
FX767	TWILIGHT UK LTD	TWILIGHT PHARMACY	134 ANDERTON ROAD, SPARKBROOK, BIRMINGHAM, B11 1ND	Sparkbrook	0121 772 5955	0121 772 5955	TWILIGHT_PHARMACY@HOTM AIL.CO.UK WWW.TWILIGHTPHARMACY.CO .UK	MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00- 23:00 * SUN: 10:00-20:00 *	Y	Y	100 Hour Pharmacy	YES	YES			YES	YES
FX893	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	1756-1758 COVENTRY ROAD, YARDLEY, BIRMINGHAM, B26 1PB	Sheldon	0121 742 5679		WWW.LLOYDSPHARMACY.CO.U K	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00- 17:30	Y		Community Pharmacy			YES		YES	YES
FXQ49	MR KEHINDE PITAN	PITMAN PHARMACY	622 BRISTOL ROAD, SOUTH, NORTHFIELD, BIRMINGHAM, B31 2JR	Northfield	0121 476 2276			MON: 08:00-23:00 * TUE: 08:00-23:00 * WED: 08:00- 23:00 * THU: 08:00-23:00 * FRI: 08:00-23:00 * SAT: 08:00- 23:00 * SUN: 10:00-20:00 *	Y	Y	100 Hour Pharmacy						
FXC08	DP FOREREST LTD	HAMSTEAD PHARMACY	409 ROCKY LANE, GREAT BARR, BIRMINGHAM, B42 1NL	Perry Barr	0121 357 3241			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00- 18:00 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy						
FXF13	SALTS HEALTHCARE LIMITED	SALTS MEDILINK	20 PRIORY QUEENSWAY, BIRMINGHAM, B4 6BS	Ladywood	0121 200 2995			MON: 09:00-17:00 * TUE: 09:00-17:00 * WED: 09:00- 17:00 * THU: 09:00-17:00 * FRI: 09:00-17:00			Appliance Contractor						
FXN51	L ROWLAND & CO (RETAIL) LTD	ROWLANDS PHARMACY	199 BIRCHFIELD ROAD, PERRY BARR, BIRMINGHAM, B19 1LL	Perry Barr	0121 551 6845			MON: 09:00-13:00 * 13:20- 18:30 * TUE: 09:00-13:00 * 13:20-18:30 * WED: 09:00- 13:00 * 13:20-18:30 * THU: 09:00-13:00 * 13:20-18:30 * FRI: 09:00-13:00 * 13:20-18:30 * SAT: 09:00-14:00	Y		Community Pharmacy					YES	
FXQ03	ASDA STORES LTD	ASDA PHARMACY	ASDA SUPERSTORE, COVENTRY ROAD, SMALL HEATH, BIRMINGHAM, B10 0HH	South Yardley	0121 766 4819		WWW.ASDA.COM	MON: 09:00-13:30 * 13:00- 19:30 * 19:45-22:00 * TUE: 09:00-12:30 * 13:00-19:30 * 19:45-22:00 * WED: 09:00- 12:30 * 13:00-19:30 * 19:45- 22:00 * THU: 09:00-12:30 * 13:00-19:30 * 19:45-22:00 * FRI: 09:00-12:30 * 13:00-19:30 * 19:45-22:00 * SAT: 09:00- 12:30 * 13:00-19:30 * 19:45- 22:00 * SUN: 10:00-12:30 * 14:00-16:00 *	Y	Y	Community Pharmacy		YES				
FXS62	BOOTS UK LTD	YOUR LOCAL BOOTS PHARMACY	78-79 POOL WAY, SHELDON, BIRMINGHAM, B33 8ND	Sheldon	0121 783 5562	0121 783 5562	WWW.BOOTS.COM	MON: 09:00-13:00 * 14:00- 18:00 * TUE: 09:00-13:00 * 14:00-18:00 * WED: 09:00- 13:00 * 14:00-18:00 * THU: 09:00-13:00 * 14:00-18:00 * FRI: 09:00-13:00 * 14:00-18:00 * SAT: 09:00-17:30	Y		Community Pharmacy			YES		YES	
FXS57	M.E.J HINGLEY & CO LTD	M E J HINGLEY & CO LTD	HOLLYMOOR MEDICAL CENTRE, MANOR PARK GROVE, NORTHFIELD, BIRMINGHAM, B31 5ER	Northfield	0121 453 0055	0121 4530055	HINGLEYS.PHARMACY@INTRAP HARM.COM WWW.HINGLEYPHARMACY.CO. UK	MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 08:45- 17:30 * THU: 09:00-18:00 * FRI: 09:00-18:00			Community Pharmacy						
FXR61	STRETONETTE LIMITED	ASHTREE PHARMACY	1534 PERSHORE ROAD, STIRCHLEY, BIRMINGHAM, B30 2NW	Bournville	0121 459 6023			MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00- 17:00 * THU: 09:00-17:00 * FRI: 09:00-18:30 * SAT: 09:00- 12:30	Y		Community Pharmacy						

FXK74	PAN HEALTHCARE LTD	PAN PHARMACY	297-299 CHURCH ROAD, SHELDON, BIRMINGHAM, B26 3YH	Sheldon	0121 742 9599	0121 628 1998	PANHEALTHCARE@OUTLOOK.COM PANPHARMACY@OUTLOOK.COM	MON: 08:30-19:00 * TUE: 08:30-19:00 * WED: 08:30-19:00 * THU: 08:30-19:00 * FRI: 08:30-19:00 * SAT: 09:00-17:00	Y		Community Pharmacy		YES		YES	YES	
FXK87	RAHANU LTD	LODGE PHARMACY	1 DOVEDALE ROAD / CAPILANO ROAD, ERDINGTON, BIRMINGHAM, B23 5DD	Kingstanding	0121 384 3198			MON: 09:00-19:00 * TUE: 09:00-19:00 * WED: 09:00-19:00 * THU: 09:00-19:00 * FRI: 09:00-19:00 * SAT: 09:00-18:00	Y		Community Pharmacy		YES		YES	YES	
FXK00	AIMFUR HEALTH LTD	WASHWOOD HEATH PHARMACY	881 WASHWOOD HEATH ROAD, WASHWOOD HEATH, BIRMINGHAM, B8 2NA	Washwood Heath	0121 783 2042			MON: 09:00-18:00 * TUE: 09:00-18:00 * WED: 09:00-17:30 * THU: 09:00-18:00 * FRI: 09:00-18:00 * SAT: 09:00-13:00	Y		Community Pharmacy		YES		YES		
FXK89	ERDINGTON DAY NIGHT HEALTHCARE LIMITED	ERDINGTON DAY NIGHT CHEMIST	213 HIGH STREET, ERDINGTON, BIRMINGHAM, B23 6SS	Erdington	0121 382 7477			MON: 07:30-20:00 * TUE: 07:30-24:00 * WED: 00:00-20:00 * THU: 07:30-20:00 * FRI: 07:30-20:00 * SAT: 07:30-20:00 * SUN: 06:30-20:00	Y	Y	100 Hour Pharmacy		YES			YES	
FY954	J DOCTER LIMITED	J DOCTER	67 RUPERT STREET, NECHELLS, BIRMINGHAM, B7 5DT	Nechells	0121 359 4172			MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30			Community Pharmacy		YES			YES	
FY140	LLOYDS PHARMACY LTD	LLOYDS PHARMACY	NEW HEALTH CENTRE, 2C VICARAGE ROAD, KINGS HEATH, BIRMINGHAM, B14 7BA	Moseley and Kings Heath	0121 444 4924		WWW.LLOYDSPHARMACY.CO.UK	MON: 08:30-18:00 * TUE: 08:30-18:00 * WED: 08:30-13:00 * THU: 08:30-18:00 * FRI: 08:30-18:00			Community Pharmacy		YES	YES			
FY178	RAJIA LTD	RAJIA CHEMISTS	5 DWELLINGS LANE, QUINTON, BIRMINGHAM, B32 1RJ	Quinton	0121 421 6840	0121 423 1532	RAJIA.CHEMISTS@INTRAPHARM.COM WWW.RAJIACHEMISTS.CO.UK	MON: 09:00-18:30 * TUE: 09:00-18:30 * WED: 09:00-18:30 * THU: 09:00-18:30 * FRI: 09:00-18:30 * SAT: 09:00-13:00	Y		Community Pharmacy				YES		YES

We asked, You said, We did

Birmingham PNA 2018 consultation took place between September 2017 and October 2017; the method for engagement used was a survey that matched previous PNA consultation questions and this was published via the Birmingham City Council consultation process, BeHeard (online). The survey was advertised to the following partners to reach the key stakeholders listed in the PNA legislation.

- NHS:
 - Sandwell and West
 - South Central
 - Cross City
 - Midlands and Lancashire CSU
 - NHS England
- Border HWBB local authorities:
 - Solihull
 - Dudley
 - Sandwell
 - Walsall
 - Staffs
 - Warwickshire
- Birmingham City Council internal communications
- Healthwatch Birmingham
- Birmingham Local Pharmaceutical Committee
 - Pharmacies via the LPC
- Birmingham Local Medical Committee
- Birmingham and Solihull STP (via the public health Community Care First lead)

The consultation received four responses, three of which were from individuals who identified themselves as members of the public, all females aged in their 40s and 50s. Another response was received from a bordering Local Pharmaceutical Committee. The queries and responses to those are detailed in table one below.

Table one: Birmingham PNA 2018 – we asked, you said, we did

We asked	You said	We did
Does the draft PNA reflect current pharmaceutical service provision within Birmingham?	Yes (x 3)	No action required
Are there any other services you think community pharmacies could provide in the future that we have not identified in the draft PNA?	<p>Yes (x2) (Overseas vaccinations and “Health inquiry’s privately meaning on in front of everybody more confident”)</p> <p>No (x1)</p>	<p>Thank you for your query.</p> <p>Responses to this question have been fed back to Birmingham LPC. Regarding overseas vaccinations, some pharmacies provide this service, although it is not free on the NHS. A number of private Travel Clinics are available that offer advice about which vaccinations you need and offer the vaccines at a fee.</p> <p>Some GP practices offer boosters of NHS vaccines that protect against some diseases you may encounter overseas. Information about how to access these is</p>

		<p>available in the links below:</p> <p>https://www.nhs.uk/conditions/travel-vaccinations/</p> <p>https://www.nhs.uk/chg/Pages/1071.aspx?CategoryID=67</p> <p>Overseas vaccinations are not currently commissioned by the NHS in pharmacy settings and data from the PSNC indicates that this service is not commissioned by other public sector organisations elsewhere in England.</p> <p>The second point seems to be concerned with ensuring private health inquiries are accessible in a confidential manner. Pharmacy staff are trained to communicate effectively with customers and should manage discussions with respect to patient confidentiality. Some pharmacies also offer private consultation areas; the NHS Choices website offers information regarding whether a pharmacy has a consultation area.</p> <p>If an individual wishes to provide feedback regarding the quality of service / concern about how confidentiality has been managed, this can be done either directly via the pharmacy manager, the NHS Choices website where you can leave a review/feedback, or inquire about completing the Community Pharmacy Patient Questionnaire.</p>
Does the draft PNA reflect the needs of the Birmingham population for pharmaceutical services?	<p>Yes (x2)</p> <p>No (x1) (more information in different languages)</p>	<p>Thank you for your query.</p> <p>It is not clear from this response what information the respondent would like in different languages.</p> <p>The NHS Choices website, under 'services near you' includes information regarding whether a pharmacy has staff who speak another language. The web link can be found at: https://www.nhs.uk/service-search A benefit of community pharmacy services is that there is evidence to suggest many pharmacies employ staff who are representative of their local community, including staff who can speak commonly spoken local languages.</p> <p>With regard to written information, Google translate provides access to online information in different languages. This service is available via the NHS Choices website and may be found on other health websites such as charity websites. NHS Choices has information on key health topics and how to access to local services.</p> <p>Some commissioned services may also offer printed leaflet information however analysis of the extent of this is beyond the scope of the PNA.</p>
Any other comments	Why don't you have a member of the public on	Thank you for your query.

about the draft PNA?	your group	<p>The purpose of the PNA steering group was to engage partner organisations in the development process, to ensure accurate and timely information regarding provision of pharmacy services and needs was included in the assessment.</p> <p>Public perceptions of service availability and quality are an important aspect of determining need, alongside factors such as comparison with provision elsewhere, objectively measured need such as health outcomes data and data that indicates demand for services. The group discussed options for gaining public perceptions with regard to the quality and provision of services and the following measures were agreed:</p> <ul style="list-style-type: none"> • Engagement with Healthwatch with regards to any public feedback through their channels on the subject of pharmacy • Data from commissioning consultations regarding specific services. • The feedback from the Community Pharmacy Patient Questionnaire and NHS Choices website. <p>The concept of having a public / patient representative on the PNA steering group was discussed and it was considered that ongoing data collection methods such as those described above, may offer a more steady picture of public perceptions. Discussion with Healthwatch on this topic highlighted that public and patient involvement can be valuable with regard to shaping the process and so this idea will be fed into the next PNA via the conclusions of the final PNA report regarding public engagement in the process.</p>
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The responses above will be fed back to participants via the Birmingham Be Heard website; recommendations to the HWBB as a result of these have been included in the final report.

The response received from South Staffordshire LPC (SSLPC) was sent in via email and so did not follow the consultation questions listed above. The response highlighted the following points;

- There is no provision of Essential Pharmaceutical services in Little Aston in South Staffordshire – bordering with Birmingham, “it is likely that the resident population will rely on such services across the border in Sutton Coldfield and neighbouring areas of North Birmingham”. The Birmingham PNA notes lower per capita provision in the North of Birmingham, however did not identify that there is unmet need for pharmacy in these areas since the pharmacies are located in more densely populated areas. However, a recommendation of this PNA is to ensure the Birmingham HWBB are notified of pharmacy closures in areas with lower current pharmaceutical provision to assess whether the closure impacts provision. It is therefore further

recommended that NHS England make border HWBBs aware of pharmacy closures that may affect resident access in their area.

- There was agreement that given lack of Pharmacy First Service (previously Minor Ailments Service MAS) in parts of Birmingham, including the North, commissioners should consider Pharmacy First as essential in future commissioning plans. Also, "...if following any evaluation of the pilot the service continues then pharmacy contractors in the Sutton Coldfield area should be encouraged to take part in the service."
- SSLPC notes that the palliative care service is likely to be accessed by residents living on the Staffordshire side of the border who may be under the care of GPs in Birmingham; the nearest provision in Staffordshire is in Lichfield. The SSLPC note that while the Birmingham PNA states gaps were identified for this service in the north and south of Birmingham, the Appendices list two pharmacies in Sutton Coldfield that do provide the service. Both of these are open on Saturday and Sunday and one is a 100-hour pharmacy and the other is in a supermarket with long opening hours so it is requested that clarity is sought from the commissioner regarding whether the service continues from the two pharmacies, and that the provision is adequate to meet the needs of the population likely to access it.
- The importance of the Sexual Health Services, especially Emergency Hormonal Contraception, in the north of Birmingham is highlighted with regard to residents living on the border in Staffordshire, since the next closest service is in Lichfield. The commissioner of this service is asked to note this service demand. The same comments and recommendations apply with regard to provision of substance misuse services where the next nearest Staffordshire provision is Lichfield.
- SSLPC "agree with the assertion that there are no gaps in the provision of Essential Pharmaceutical Services, and that the provision of the services mentioned above largely meets the needs of those Staffordshire residents likely to seek access to the services within Birmingham."

The SSLPC were thanked for their contribution in informing the Birmingham PNA.

Birmingham PNA 2018

Rebeca Willans (Specialty Public Health Registrar)

Susan Lowe (Service Manager - Public Health Intelligence)

Purpose of presenting today

- Inform the board of the findings presented in the Birmingham Pharmaceutical Needs Assessment (PNA) 2018
- Seek endorsement of the conclusions and recommendations based on the assessment.

Assessing need for pharmacy services

- **Number of providers**
- **The services they provide:** essential, advanced and enhanced (and locally commissioned).
- **Necessary** services – those services that are necessary to meet a current need.
- **Relevant** services – those services that are not deemed to be necessary, but may secure improvements in or access to pharmaceutical services.

Assessing need for pharmacy



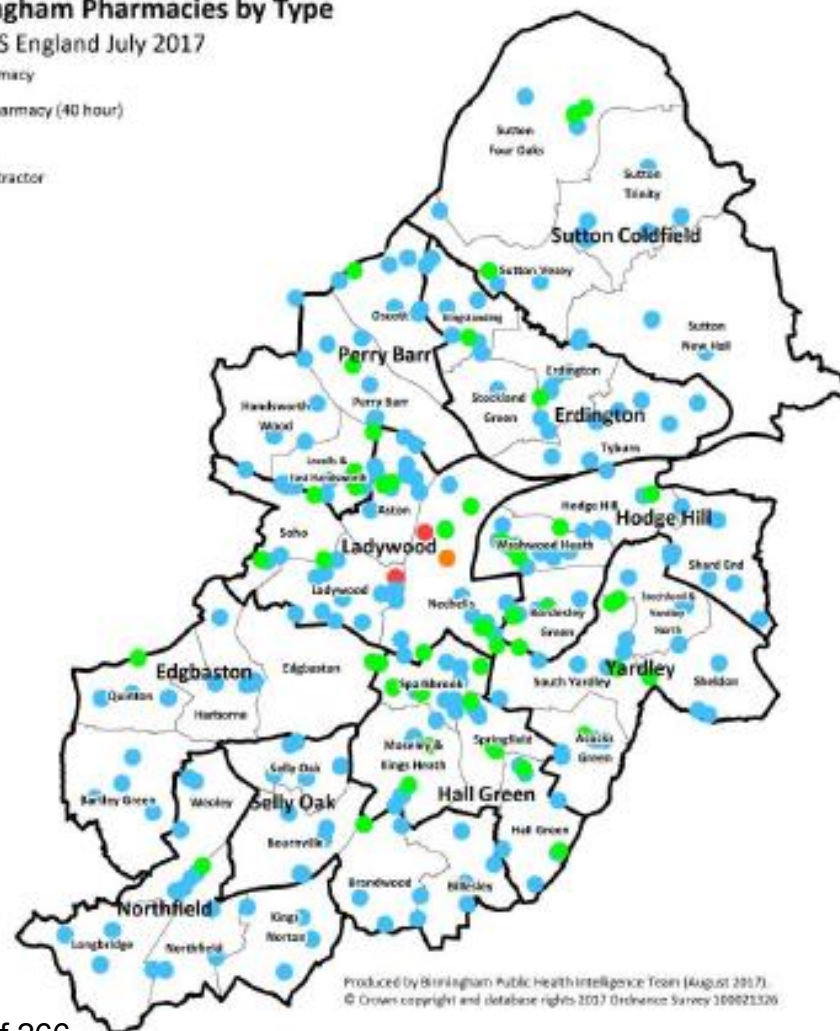
Findings

- **Higher than average access per capita**
- **No major changes**
- Distribution linked to **population density** and **socio-economic deprivation**
- Evening and weekend access is generally good and well distributed.
- Any closures in Selly Oak and Edgbaston should be reviewed by the BHWB.

All Birmingham Pharmacies by Type

Source: NHS England July 2017

- 100 hour pharmacy
- Community pharmacy (40 hour)
- LPS pharmacy
- Appliance contractor



Findings

- **Medicines Use Reviews:**
 - provision increased since 2015
 - Birmingham has a lower proportion of pharmacies providing
- **Pharmacy First service (previously known as the Minor Ailments Service 'MAS'):**
 - Gaps identified in 2015 continue in the northern, southern and eastern parts of Birmingham.

Findings

- Palliative Care Prescribing:
 - gaps in the northern and southern areas of the city
- Dermatology Dispensing
 - Decommissioned due to changes in commissioning models.
- Advice to Care Homes services
 - Decommissioned due to changes in commissioning models.
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Conclusions

- There is good coverage of provision for pharmaceutical services in Birmingham.
- There are high levels of access to most services, which are well geographically distributed.
- Some services may require examination by the relevant commissioners to assess whether a pharmaceutical service offer could enhance provision

Recommendations

- **HWBB** consider whether Medicine Use Review service and Minor Ailments Service should be listed as necessary services
- **Commissioners** of services related to management of minor ailments, appliances and palliative care should consider whether pharmacy provision would improve access in their area.
- **All commissioners and providers** should ensure PPI information is collated and made accessible to inform local commissioning decisions.
- The **PNA steering group** should further pursue collated information from NHS choices and results of the Community Pharmacy Patient Questionnaire 2016/17). Also to publish the 'We asked, you said, we did' response to the consultation and produce a lessons learned document to enhance future processes.

