

Agenda

Health and Wellbeing Board

Wednesday, 13 April 2022 at 5.00 pm

At Council Chamber, Sandwell Council House, Freeth Street at Oldbury,
B69 3DB

This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

1 **Apologies for Absence**

2 **Declarations of Interest**

Members to declare any interests in matters to be discussed at the meeting.

3 **Minutes** 7 - 16

To confirm the minutes of the meeting held on 23 February 2022 as a correct record.

4 **Faith Sector Representative Introduction** 17 - 18

To introduce the faith sector representative as a member of the Sandwell Health and Wellbeing Board.

5 **The Joint Carers Strategy 2022-26 - Update** 19 - 94

To note and comment on the final draft of the



Sandwell Joint Carers Strategy and Action Plan
2022-2026.

- | | | |
|----|--|-----------|
| 6 | Sandwell Pharmaceutical Needs Assessment 2022 | 95 - 280 |
| | To seek approval for the Sandwell Pharmaceutical Needs Assessment 2022 to go out for consultation. | |
| 7 | Update on the Delivery of Sandwell Dementia Commissioning Strategy 2019-2025 | 281 - 346 |
| | To note the progress in delivering the Sandwell Dementia Strategy 2019-2025. | |
| 8 | Mental Health Lead Provider Arrangements and Community Mental Health Transformation | 347 - 366 |
| | To note the developments in Community Mental Health Services and Pathways and the change to the CCG contracting model. | |
| 9 | Integrated Care System Progress Update | 367 - 368 |
| | Standing item to provide a progress update on Integrated Care System (ICS). | |
| 10 | Primary Care Access Update | 369 - 370 |
| | Standing item to update on access to primary care. | |

Kim Bromley-Derry CBE DL
Managing Director Commissioner
Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution

Voting Members

Councillor Hartwell (Chair)

Councillors Ahmed, Crompton and Simms.

Board Members: Dr Hallan (Vice-Chair), Dr Aslam, Dr Mavi, M Carolan [Black Country and West Birmingham CCG], A Farmer [Healthwatch Sandwell], R Mulihi [Faith Sector].

Non-Voting Members

Councillors E M Giles and Shackleton

Kim Bromley-Derry - Managing Director Commissioner

Rashpal Bishop - Director of Adult Social Care

Michael Jarrett - Director of Children's Services and Education

Lisa McNally - Director of Public Health

Discretionary Members

Richard Beeken - Sandwell and West Birmingham Hospitals NHS Trust

Marsha Foster - Black Country Healthcare NHS Foundation Trust

Emma Taylor - Sandwell Children's Trust

Mark Davis - Sandwell Council of Voluntary Organisations

Chief Superintendent Ian Green - West Midlands Police

Matt Young - West Midlands Fire Service

Contact: democratic_services@sandwell.gov.uk

Information about meetings in Sandwell



If you are attending the meeting and require assistance to access the venue, please contact Democratic Services (democratic_services@sandwell.gov.uk).



If the fire alarm sounds, please follow the instructions of the officers present and leave the building by the nearest exit.



Only people invited to speak at a meeting may do so. Everyone at the meeting is expected to be respectful and listen to the discussion.



Agendas with reports with exempt information should be treated as private and confidential. It is your responsibility to ensure that any such reports are kept secure. After the meeting confidential papers should be disposed of in a secure way.



This meeting may be recorded and broadcast on the Internet. If this is the case, it will be confirmed at the meeting and further information will be provided.



You are allowed to use devices for the purposes of recording or reporting during the public session of the meeting. When using your devices they must not disrupt the meeting – please ensure they are set to silent.



Members who cannot attend the meeting should submit apologies by contacting Democratic Services (democratic_services@sandwell.gov.uk)



All agenda, reports, minutes for Sandwell Council's meetings, councillor details and more are available from our [website](#)



Sandwell Health and Wellbeing Board

23 February 2022 at 5.00pm
Held at the Council Chamber, Sandwell Council House.

Present:

Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair and Cabinet Member for Living and Ageing Well
Councillor Zahoor Ahmed	Cabinet Member for Quality Homes and Thriving Neighbourhoods
Councillor Elaine Giles	Chair of Health and Adult Social Care Scrutiny Board
Councillor Anne Shackleton	Chair of Children's Services and Education Scrutiny Board
Rashpal Bishop	Director of Adult Social Care

Black Country and West Birmingham Clinical Commissioning Group (CCG)

Dr Ian Sykes	Vice Chair and Sandwell Locality Commissioning Board Representative
Dr Priyanand Hallan	Sandwell Locality Commissioning Board
Michelle Carolan	Managing Director – Black Country and West Birmingham Clinical Commissioning Group
Anita Andrews	Healthwatch Sandwell
Mark Davis	Chief Executive_Sandwell Council of Voluntary Organisations

Officers in attendance

Ricky Byrnes	Physical Activity Project Manager
Paul Fisher	Deputy Director of Public Health
Christine Anne Guest	Divisional Manager Adult Social Care
Stephanie Lacey	Public Health Registrar
Jayne Leeson	Manager - Changing Our Lives
Dr Lina Martino	Consultant in Public Health



01/22 Apologies for Absence

Apologies were received from Councillors Crompton and Simms; Dr Sommiya Aslam (CCG), Alexia Farmer (Healthwatch Sandwell), Michael Jarrett (Director of Children's Services and Education), Lisa McNally (Director of Public Health), Richard Beeken (Sandwell and West Birmingham NHS Trust) and Marsha Foster (Black Country Healthcare NHS Foundation Trust).

02/22 Declarations of Interest

There were no declarations of interest made.

03/22 Minutes

Resolved that minutes of the meeting held on 15 December 2021 are confirmed as a correct record.

04/22 Urgent Item of Business

There were no urgent items of business.

05/22 Young People Physical Activity - Move More Sandwell Partnership

The Physical Activity Project Manager provided an overview of the work undertaken by Move More Sandwell Partnership to increase physical activity levels among children and young people in Sandwell.

Move More Sandwell was a Partnership of local organisations - including the Council's Public Health Team, Voluntary Sector organisations like SCVO and the Albion Foundation, Active Black Country, Sandwell Leisure Trust, Places Leisure and the SHAPE Forum - working together to increase the number of local physical activity opportunities and promote those opportunities and get more people active. The key drivers for

this were tackling inequalities by increasing choice, embedding physical activity into daily life and creating long term improvements in overall health and life expectancy.

Nationally, a significant proportion of children and young people (5-18 years) were not meeting the UK Chief Medical Officers' recommendation of being physically active for at least one hour per day. However, Sandwell was ranked the fourth best authority in England for physical activity levels, and top in West Midlands.

A mapping exercise of current provision had identified 106 physical activity opportunities in Sandwell to date, including Holiday Active and Food Provision project, free swimming for under 16s and the Public Health Development Officer school engagement work. The 'Stronger Sandwell Activity Finder', available on the Healthy Sandwell website, listed all activities under a single directory, with users able to specify parameters such as the town and activity type.

Future plans for physical activity initiatives were outlined, which included:-

- A partnership agreement with British Cycling for a Cycle Activator post in Sandwell for an initial two year period.
- An Adaptive Cycling project to offer cycling opportunities to those with disabilities and special schools.
- Projects with secondary schools, lead by Public Health Development Officers.
- STEPS school programme to offer sport club taster sessions to children and young people, but in particular to looked after children, linking to the 2022 Commonwealth Games.
- Use of Commonwealth Active Communities (CAC) funding for an array of activities across six of Sandwell's wards, activating green spaces with low levels of activity.
- Feasibility study with Bristol University and using the Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) model to identify links between nutrition and activity levels in nursery age children.
- Further investment in the free swimming offer to provide free swimming lessons to children and young people who would not be able to normally afford swimming lessons.

A partnership agreement had been concluded with British Cycling for a 2-year Cycle Activator Post in Sandwell, designed to ramp up the cycling training provision in Sandwell. This included drafting a service specification for adaptive bikes cycling project, which would help to open up cycling opportunities to children and young people with SEND and in special provision.

The following was noted in response to comments and questions:-

- As part of the CAC funded project, one green space had been identified in each town, based on the lowest levels of physical activity. The spaces identified all had good links to canal tow paths.
 - Brunswick Park (Wednesbury)
 - Langley and Barford parks (Oldbury)
 - Greets Green Park (West Bromwich)
 - Britannia Park (Rowley Regis)
 - Victoria Park (Tipton)

There was a rolling programme in Smethwick's parks.

- A voucher scheme was proposed to further enhance the free swimming offer, and schools would be asked to identify targeted families and distribute the vouchers.
- CAC funding was centred on activities for the whole family.
- A 'Way to Go' programme physical activity app was being developed so that families could access pre-recorded activity sessions on their electronic devices.
- The Council would work with a provider to deliver a programme of adaptive cycling over a three year programme. Bikes would be taken to where the need was.
- Public Health Development Officers would continue to work across all directorates and bring all relevant partners together to identify and address gaps in provision.

06/22 Covid-19 – Current Position Update

It was noted that while the number of Covid-19 cases in Sandwell was dropping, the virus was still a significant burden with a case rate of 219 per 100,000 population and 1724 cases recorded for the week commencing 14 February 2022.

The recent changes to Government Covid-19 restrictions and contact tracing programme would have repercussions on the local contact tracing system. During the period of the pandemic, 34,000 people had been contacted locally. The system was currently being evaluated. People were still advised to self-isolate if testing positive, although it was no longer a legal requirement. There was a risk of increased health inequalities though, as a result of free testing being stopped from 1 April 2022.

The Council had benefitted from additional funding, which had allowed for the continuation of Community Vaccination Champions Programme into 2022.

It was added that the number of people suffering from Covid-19 in critical care had reduced significantly. In January/February 2021, there had been 1,200 people in critical care in hospitals across the Black Country; the figure now stood at around 250.

07/22 Sandwell Better Mental Health Strategy Update

Further to Minute No. 16/21 (of 30 June 2021), the Board received an update on progress on the development of a Better Mental Health Strategy for Sandwell.

The Board heard from a service user, who described her experience of accessing Early Help and mental health support. Action for Children had provided a consistent source of support and signposting to help the family deal with a range of issues including relationships and communication in both the immediate family and with neighbours, job loss and financial concerns, mental health support, living with ADHD and Asperger's, and practical support (for example sourcing a skip). The importance of having consistency of support was stressed.

In the absence of a Mental Health Commissioner at the Clinical Commissioning Group (CCG) activity on the strategy had been led by the Community Mental Health Task Force (CMHTF) and the State of Sandwell (SOS) Working Group.

The Mental Health Strategy Group had been re-launched and had agreed the timeframe for development of the final version and publication of Strategy. Feedback from residents and key stakeholders had highlighted the need to transform the language used in the original nine promises set out in the draft strategy, and to take a prevention focused approach, in line with the Government's Prevention Concordat for Better Mental Health. Public Health had committed additional resource to fund a Mental Health Project Officer for a 12-month period, to support this further work.

Sandwell was a signatory to the Government's Prevention Concordat for Better Mental Health. The project directly supported the development of the Sandwell Mental Health Strategy by taking a Public Health approach to mental health improvement, through local action to prevent mental health problems and promoting good mental health. Ten programmes were being undertaken across the borough on a range of topics including anti-bullying, parenting and men's mental health.

The outstanding milestones that remained before the Sandwell Mental Health Strategy was finalised were outlined:

- By April 2022 the nine Promises would be updated to reflect feedback from the Mental Health Strategy Group (MHSG), and governance aligned with the Mental Health transformation project.
- By June 2022 the Strategy would re-produced, and an Action Plan prepared that underpinned the nine promises, through consultation with key stakeholders, and aligned to the Prevention Concordat process.
- By August 2022 community consultation on the strategy and final plans submitted for approval at the national level.
- October 2022 presentation of final Sandwell Mental Health Strategy to the Board and official launch on World Mental Health day on 10 October 2022.

08/22 Link Up Sandwell – Digital Inclusion for People with Learning Disabilities

Changing Our Lives reported to the Board on how it was working with the Council to reduce the digital exclusion of people with learning disabilities in Sandwell.

In 2020 Changing Our Lives had conducted a Quality of Life review, which involved speaking to people with learning disabilities in supported living in Sandwell. It was found that many service users did not have their own device and had to rely on staff to use company technology or even staff's own personal smartphones. This situation was not limited to the early lockdown period but continued when Changing Our Lives undertook conversations with service users in October and November 2020 when online meetings were becoming increasingly commonplace.

To address this, Changing Our Lives had undertaken several projects:-

- Digital Lifelines - 36 tablets had been distributed to people with learning disabilities who did not have access to the internet or suitable device to connect online. This had allowed people to meet with their friends over Zoom, and many service users with learning disabilities found Zoom meetings very engaging.
- Speakeasies - a series of Zoom events were held for people with learning disabilities, and their families. This had contributed to the continued use of Zoom as social tool by people who took part in the projects, for example for informal social get-togethers.
- Active Project - 30 Fitbit devices had been distributed, aiming to encourage individuals to leave their homes, gain confidence and get moving.

Digital inclusion strategies for people with learning disabilities would be raised at the Place-Based Health Partnership Board to ensure it was included in the next Digital Strategy.

09/22 **Integrated Care Systems / Integrated Care Partnerships – Update on Progress to Date**

The Board was informed that the formal launch of the Integrated Care System (ICS) had been postponed until 1 July 2022. The ICS would subsume the Clinical Commissioning Group from this date. The ICS model remained subject to parliamentary approval.

An Integrated Care Board would be established for the whole of the Black Country, led by Mark Axcell who had recently been announced as the Interim Chief Executive Designate for the ICS. The Board noted a number of other appointments made.

A further update would be reported to the next meeting.

10/22 **Primary Care Access**

The Board noted an update on demand for and access to primary care.

Primary care was facing further pressure as the number of GPs was dropping. In 2016, the ratio of GPs to the population in England stood at 0.5 per 1,000, and this had now dropped to 0,46 per 1,000.

In December 2021, 61% of GP appointments were face-to-face. Primary care had been seeing 5% more people during the pandemic than before and more appointments were being offered now than before the pandemic began, despite the reduction in the number of GPs.

To meet the Government target of 80% of appointments face-to-face, significant investment was needed to meet the growing demand for more GPs.

The CCG was working on developing receptionist roles into health navigators, who would work with the patients to identify the root of their health concern and direct them to an appropriate specialist without the need for them to see a GP. Resources were also being directed for the creation of Social Prescribers for each Primary Care Network and a mental health

professional for each network, however it had been challenging to fill these roles.

The following was noted in response to questions and comments:

- In some cases, GPs were directing people to call 111 as they were unable to meet the demand. GP appointments were available through the 111 service if the patient could not wait for an appointment with their own GP.
- There was a new unit at Glebefields Health Centre specialising in respiratory illnesses.
- There were around 100,000 vacancies in the NHS, which contributed to the pressure on primary care.
- Not everyone needed to see a GP and so it was also important that patient expectations were managed.
- Some practices were offering email consultations.
- It was estimated that there was between 140,000 and 170,000 GP appointments offered in Sandwell surgeries per month.

11/22

CCG Representation and Thanks to Dr Ian Sykes

The Chair reported that this was the last meeting for the Vice-Chair of the Board, Dr Ian Sykes, who would be retiring at the end of March. The Board thanked Dr Sykes for his invaluable contributions to its work and wished him a happy and fruitful retirement.

Dr Priyanand Hallan would take over the role of Vice-Chair of the Board from the next meeting and a new CCG representative on the Board would be confirmed before the next meeting on 13 April 2022.

Meeting ended at 6.48pm

democratic_services@sandwell.gov.uk

This page is intentionally left blank



Sandwell Health and Wellbeing Board 13 April 2022

Report Topic:	Faith Sector Representative Introduction
Contact Officer:	Lisa McNally, Director of Public Health Lisa_McNally@sandwell.gov.uk
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will work together to join up services 3. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To introduce the Faith Sector Representative as a member of the Health and Wellbeing Board, following approval of the appointment by the Council on 18 January 2022.
Recommendations	<ul style="list-style-type: none"> • That the Faith Sector Representative be introduced and welcomed as a member of the Board.
Key Discussion points:	<ul style="list-style-type: none"> • Introduction of the Faith Sector Representative as member of the Board.
Implications (e.g. Financial, Statutory etc)	
<ul style="list-style-type: none"> • N/A 	
What engagement has or will take place with people, partners and providers?	<ul style="list-style-type: none"> • Discussions were held with community and voluntary sector before recommending the option to the Full Council.

This page is intentionally left blank



Sandwell Health and Wellbeing Board
13 April 2022

Report Topic:	The Joint Carers Strategy 2022-26 - Update
Contact Officer:	<p>Justin Haywood, Operational Manager, Commissioning Justin_Haywood@sandwell.gov.uk</p> <p>Beverley Stevens, Commissioning Officer Beverley_Stevens@sandwell.gov.uk</p>
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer The Strategy covers the improving the health and wellbeing of Sandwell Carers and reducing the risk of crises. 2. We will help keep people safe and support communities. The Strategy covers helping carers to live well within their local community and address issues before and since the pandemic on carers. 3. We will work together to join up services. The Strategy is joint between Social Care, Health and the Voluntary Sector and the Action Plan will be delivered together. 4. We will work closely with local people, partners and providers of services. Strategy involved engagement with hundreds of local Carers and other residents and we have listened to and taken account of their views and will continue to work with them.
Purpose of Report:	A considerable amount of engagement has taken place following feedback from the previous presentations to the Health and Wellbeing Board in June and further update in September 2021 which

	<p>focused on ensuring that the voice of carers was strongly represented in the Strategy document.</p> <p>Now, subject to any last and final comments from stakeholders and partners, the Carers Strategy is at final draft stage and will require endorsement through partners' respective governance channels before being approved by the next Health and Wellbeing Board in June 2022.</p>
<p>Recommendations</p>	<p>That the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Notes the update of the Sandwell Joint Carers Strategy and Action Plan 2022-2026. 2. Requests and encourages last and final comments from stakeholders including carers themselves for inclusion in the final report. 3. Requests that strategic partners now take the Final Draft Strategy through their respective governance systems. 4. Considers the Final Strategy for approval by Health and Wellbeing Board in June 2022.
<p>Key Discussion points:</p>	<p>The previous draft of the Joint Carers Strategy was completed and submitted to the Board in June 2021. The Board approved the direction of the Strategy and asked for more evidence of engagement with carers. An extensive amount of work has been done before and since this date to engage with carers in Sandwell.</p> <p>Since the last update in September 2021, the COVID pandemic has increased the numbers of Carers nationally from 9 to 13 million (Carers UK) and with 81% of carers having experienced increased caring duties because of the pandemic. This will have impacted on carers similarly here in Sandwell.</p> <p>Healthwatch Sandwell published a research report on the impact of COVID on Carers in November 2021,</p>

	<p>the results of which has been included in the Strategy.</p> <p>In addition, we have been working with a number of Carer Support Organisations to collate personal 'I Care Statements' from carers, one of which came through in the form of a poem which is featured in the strategy.</p> <p>The final Strategy and Action Plan is hosted online at www.sandwell.gov.uk/carersstrategy and we hope fully represents the level of engagement with Carers to date but we must recognise that there is much more to do and this is set out in the proposed action plan.</p> <p>If any Carers want a copy of the Carers Strategy and are unable to access it Online using the link above, they can contact Sandwell Enquiry on 0121 569 2266 and a copy will be sent to them.</p> <p>This is to avoid printing and circulating unnecessary copies of the strategy reducing cost and avoiding wasting paper.</p>
--	--

Implications (e.g. Financial, Statutory etc)

Resources: The actions identified within the Strategy will either be funded by our partners through existing programme budgets or working with partners in the Voluntary and Community Sector to access external funding.

Legal & Governance: There are no statutory implications to have a Strategy, but the Council has legal duties in the Care Act and Children's and Families Act to Carers.

Risk: If the Joint Carers Strategy is not approved or implemented, there may need to be a review of carers information, advice, and support service to ensure that there is a good choice of providers in Sandwell.

<p>Equality: The Joint Carers Strategy includes a Promise to raise the profile of all carers in Sandwell and ensure underrepresented and seldom heard voices are heard.</p> <p>The Strategy focusses in many places on the need to support carers from a wide range of communities and to ensure the needs of carers from all protected characteristics is represented and addressed.</p> <p>Equality Impact Assessments will be carried out by the lead organisations for any implementation, withdrawal or change to any services as a result of any priorities identified by this strategy as and when required.</p> <p>Health & Wellbeing: The Joint Carers Strategy includes a Promise to Support Carers to look after their health and wellbeing.</p> <p>Social Value: The Joint Carers Strategy includes a section on local carer support organisations and proposals for developing local carer support – which will support the local voluntary sector. It also includes a promise to support carers to return to or stay in employment or training.</p>	
<p>What engagement has or will take place with people, partners and providers?</p>	<p>The Strategy was co-produced with young, young adult and adult Carers, and with professionals and key stakeholders in the local community, voluntary sector, and statutory services. The local Healthwatch was also asked to engage with Carers to include those not already accessing services.</p> <p>Over 1000 Carers completed surveys or attended events and discussions about caring and/or the draft Strategy and Action Plan. A suite of documents was developed to support engagement activity, including presentations, surveys in paper and online formats.</p> <p>The Joint Carers Strategy Project Group has ensured that the main feedback from this engagement have been reflected in the final Carers Strategy and Action Plan. There was strong and consistent agreement to the 5 key priorities the Strategy and to the 9 Promises.</p>

Over 100 Carers and residents' feedback on the impact of COVID to the Local Healthwatch, and the main findings are listed in the Carers Strategy.

The main findings from this engagement was that Carers were:

1. Concerned if the proposed actions would be funded and implemented, given closures to services used by cared for people.
2. Concerned about lack of awareness of their role, and felt hidden or undervalued or not listened to by professionals
3. Needed clear and quick access to information, advice, assessment, and support, especially respite and emergency support, to reduce the risk of career tiredness, breakdown.
4. Felt tired, exhausted, and lonely during COVID/lockdown. Carers were particularly worried about impact on cared for or family if they/their cared for person became ill with COVID.
5. Some Carers have given up, or reduced hours in paid jobs to enable them to take on an increased burden of care during the pandemic.

Whilst hopefully COVID19, and its impact on all of our lives, will continue to reduce over time, the lessons and stories heard around isolation, exhaustion and carers feeling undervalued must continue our collective drive to support carers in the future.

	<p>Some examples of the feedback received are listed below:</p> <p>“We need to listen to Carers and not treat us as a tick box exercise. We are individuals and have different needs”</p> <p>“More support for Carers- especially those whose cared for does not meet eligibility criteria so cannot access support”</p> <p>“To improve awareness of Carers and where to get support from”</p> <p>“A lot of people rely on Carers, if they get ill then it puts more pressure on families, NHS and others”</p> <p>“We need support to provide for ourselves in the long term- and work more flexibly”</p>
<p>Appendices</p>	<p>Appendix 1 – The Joint Carers Strategy 2022-2026 (draft)</p> <p>Appendix 2 – Joint Carers Strategy Presentation</p>



Better Lives for Carers in Sandwell

Sandwell Joint Carers Strategy 2022 - 2026



“This is great and needs to happen! Unpaid Carers can need as much support as the people they care for. Many people rely on the support of family, friends and neighbours and if that is taken away, both Carer and patient suffer, and this impacts negatively on NHS services. Agree with the priorities and actions, but all agencies need to be working with this, it needs to happen.”

“It is important to realise that at some point in our lifetime, most of us will be a Carer or will be cared for.”

Carers in Sandwell



Contents

Foreword

Executive Summary

Introduction

Current Support for Carers in Sandwell

Our Approach – Co-production

What we Heard

Our Commitment to Carers

National Priorities and
Local Promises for Action

Action Plan

Next Steps

References:

Healthwatch Sandwell reports on Carers:

<https://www.healthwatchsandwell.co.uk/reports/>

Carers Trust, [*Social Care Survey 2020*](#).

[*NHS England Commitment to Carers*](#).

NHS England, [*An Integrated Approach to Identifying and Assessing Carer Health and Wellbeing*](#).



Foreword

Every year in the UK over 2 million people take on unpaid caring responsibilities, and almost as many people find that their caring responsibilities come to an end. This 'turnover' means that caring will touch the lives of most of the population; as we find that we need to provide care or support to a family member, friend or neighbour at some point in our lives.

Carers UK have estimated the total number of carers in the UK is now 13.6 million, up from 6.5 million since the start of the pandemic. The estimated value of the support provided by Carers stands at about £132 billion a year to the Health and Social Care economy, and the value they add to the wellbeing of their families and friends who could not manage without them is immeasurable.

Carer's contribution to the sustainability of health and care services is immense, but their own wellbeing can be affected by their caring role, so there is a vital need for early identification and an offer of support to meet their needs, which will also contribute to a more effective and joined up care system.

This Strategy has been developed during a particularly difficult time for Carers. Carers UK (December 2020) found that 81% of carers had been taking on more care since the start of the pandemic. In Sandwell, Healthwatch found carers have taken on additional caring responsibilities, had less access to support, and normal functions, such as food shopping, have become a burden as carers have tried to protect the people they are caring for. Carer's lifestyles and wellbeing have been impacted by these experiences and need support to restore and recover from the impacts of the pandemic.

Therefore, the Health and Wellbeing Board are pleased to endorse the Joint Carers Strategy for Sandwell. Our Strategy and Action Plan 2022-26 has been the subject of extensive public and partner/stakeholder engagement over the past 18 months and the views of many carers and other stakeholders have been incorporated in the final version.

Our sincere thanks go to the Carers and the Carer's Organisations, and to Healthwatch Sandwell for their research, that have contributed to the development of this Strategy and to those who will be part of the delivery of the Action Plan. We are particularly excited about the involvement of local carers in developing our Strategy. We will continue to embrace their passion and experience moving forwards. We very much hope that we will see Carers at future Health and Wellbeing Board meetings reporting back on progress on the Action Plan of this Strategy.

Working together with our partners, we are committed to making this Strategy a reality. Our commitment to the people of Sandwell, through the 9 Promises, is: **to work together to do all we can for better lives for Carers in Sandwell, so that they and their families thrive for longer.**

We know that for some people within Sandwell 'caring' is not even recognised as an activity – it's just seen as what they do to support their families and friends. Therefore, their voices are unheard and their needs unaddressed. We have also heard through the development of this Strategy that different groups of carers may have some different needs from other groups. These include Young, Young Adult and Parent carers, Older carers, our LGBTQ+ carers, our ethnic minority carers, new and former carers, 24/7 and occasional carers, and carers caring for one or several people.

We need to understand, recognise and address these differences to make lives better for all carers in Sandwell. The impact of COVID 19 has been to widen the inequalities between different groups in Sandwell, and this is likely to have a differential impact on different groups of carers. The impact of caring can be far-reaching and will be more so as society opens and recovers from the pandemic, it affects Carers' employment, education, family, friendships and finances.

We hope that by involving Carers, increasing awareness and raising the profile of caring in Sandwell, we can better understand the contribution Carers make, and the support that they need to continue their vitally important role.

The Action Plan will be implemented by the working together of a wide range of organisations in Sandwell, including the Voluntary and Community Sector, Health Sector, the Local Authority and Clinical Commissioning Group. We will ensure this Action Plan is monitored closely and hope to include the feedback of Sandwell Carers as users of the support and as experts by experience. We will present regular update reports to the Sandwell Health and Wellbeing Board.

We can make lives better for Carers in Sandwell!

Signed:

Councillor Suzanne Hartwell,
Cabinet Member for Adult Social Care,
Health and Wellbeing, and Chair of
Sandwell Health & Wellbeing Board

Dr Ian Sykes,
Chair of Sandwell and West Birmingham
Clinical Commissioning Group

Summary of the Sandwell Joint Carers Strategy 2021-2025:

9 promises for Carers in Sandwell

Information, Advice & Assessment



Carers within Sandwell will have quicker and easier access to effective support including crisis and respite support, to meet their needs and prevent their needs increasing

"We need quick assessment and support to prevent our needs escalating"

Key outcome:

Carers are identified earlier, and their needs assessed earlier, so they are supported quicker

Developing the Workforce



The Council and its other Statutory Partners will continue to train and develop its staff to identify carers and signpost them to appropriate support

"Workers need to be more aware of the individual needs of different carers, and listen to us"

Key outcome:

Carers feel well supported by staff in NHS, Social care and Schools

Managing & Reducing Risk of Carer Breakdown



Carers will be supported to reduce risk of crises and manage crises

A lot of people rely on carers – if that's taken away it puts more pressure on the NHS"

Key outcome:

Carers continue to cope and less risk of illness and safeguarding.

Employment & Financial Wellbeing



Carers within Sandwell will be supported to remain in, and return to, employment education and training and will feel supported to access benefits to prevent hardship

"We need support to live well throughout caring and provide for ourselves in the long term"

Key outcome:

Caring families, young carers, young adult carers and parent carers feel supported.

Supporting Young and Parent Carers



Young carers within Sandwell will be supported to have the same opportunities as other children and young people and in addition the needs of Parent Carers will be identified

"We need to know who to contact and what support is out there – we also need support when we, or our children grow into adults"

Key outcome:

Young and Parent Carers feel supported

Carers Health & Wellbeing



Carers in Sandwell will be supported to look after their own physical health and mental wellbeing

"We need time for a rest as we are often exhausted and stressed"

Key outcome:

Carers are healthy, well and independent for longer

Awareness and Diversity



All partners will work to raise the profile of Caring within Sandwell and to ensure that under represented carers voices are heard and supported

"We need to know if we are carers and where to get support from" voices are heard.

Key outcome:

Carers identify as carers and all carers voices are heard

Living Well in the Community



Carers in Sandwell will be supported to access community support they are entitled to, to address loneliness and bereavement issues

"We can feel trapped and lonely. We need bereavement counselling and more care planning so the person we care for is looked after in

Key outcome:

Carers access their local community to feel less lonely and a part of their surroundings

Building on Innovation & Best Practice and Feedback from Carers



Support for Carers in Sandwell will be commissioned based on evidence and best practice as well as feedback from Carers as Experts by Experience

" Carers need to feedback on their support and need good quality services"

Key outcome:

Carers feel listened to and supported

Introduction

Who is a Carer?

The informal definition of a Carer is a person who provides unpaid care and support to a family member, friend or neighbour.

The care these Carers provide may range from 24/7 help with personal care such as assistance with bathing and dressing, help with medication, cooking, grocery shopping and domestic tasks, accompanying to appointments, transport, help managing finances, emotional support and listening and supporting on the telephone. It may last years, until the death or change of relationship with the cared for person, or it may be temporary for a few days, weeks, or months, until the recovery of the cared for person.

Carers may be supporting someone with a physical, learning or sensory disability, frailty, mental health condition, drug and/or alcohol issues or another long term and/or fluctuating illness. Carers can be from any gender, ethnicity, faith or social background and of any sexual orientation. Carers can care for more than one person (and one person can have more than one Carer), may be studying, working or unemployed, and may have their own disabilities or illnesses.

Many Carers do not see themselves as Carers and be unrecognised as such by others or “hidden”. They may feel that is a normal duty of being a family member or friend, or they may be about to take on a caring role, or they may have no current support needs, but will have needs in the future. There is evidence of “hidden Carers” in all communities, but particularly the case in some of Sandwell’s Black and Minority Ethnic and other smaller communities.

Many Carers just want support for them and their family or friend they care for to work well and be there when they need it. The support may be offered by health, social care and other public services, other family, friends, neighbours, social clubs, voluntary and faith organisations.

Adult Carer

Someone aged 18 years and over who is caring for another adult with support needs, this could be a partner, parent, other relative, friend or neighbour. The Care Act defines a Carer as “an adult who provides or intends to provide care for an adult needing care...[who] is not under or by a contract, or as [part of] voluntary work.”

Parent Carer

Parent Carers are parents or guardians who provide care to an ill or disabled child or young person under the age of 18 than would be normally expected in a parenting role. The Children and Families Act defines a parent Carer as “a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility”

Young Adult Carer

Young Adult Carers are people aged between 18 and 25 who are caring for another child, a young person or an adult with support needs.

Young Carer

A Young Carer is a child or young person under 18 years who provides regular, ongoing care and emotional support to a parent, sibling, relative, friend or neighbour with a support need. The care provided is over and above “helping out”, or the usual caring for an adult or sibling within the family. The Children and Families Act defines a young Carer as “a person under 18 who provides or intends to provide care for another person”.

Temporary, Former or Bereaved Carers

Many carers are temporary carers while the cared for person has COVID or influenza but in some cases the caring can last for months, as in a carer for someone with long COVID or aftereffects of serious illness.

Former carers are no longer actively undertaking a caring role; this is usually because of a change in condition or circumstances of the person they care for. This includes the death or move to residential care of the cared for person, the person recovering and no longer needing care, or the Carer wanting/having to stop providing care.

This strategy covers Carers who are living in Sandwell and caring for someone living in Sandwell and:

- Living or planning to live outside of Sandwell and caring for someone living in Sandwell.
- Temporary Carers while they are caring, and former/bereaved Carers e.g. any of the above groups of Carers for up to a year after they cease their caring role.

This strategy does not cover (and should not be confused with) the following groups: personal assistants, care workers, Shared Lives Carers, or any other paid or volunteer care workers unless the worker is providing additional caring hours outside of the formal arrangement.



National Context

Legislation

The Care Act 2014 and Children and Families Act 2014 gave local authorities in England a legal responsibility to assess the needs of Carers, support their eligible needs and actively promote their wellbeing and independence. Carers play an important role in helping to keep their loved ones at home for as long as possible, avoiding hospital admissions and readmissions for their loved one, and supporting them to return home from hospital as quickly and safely as possible. It is vital to intervene early to support Carers' wellbeing, prevent need, and reduce and delay deterioration of their needs, and those of their loved one, wherever possible.

National Strategy

This Strategy brings together and sets out to reflect the main legislation, 5 national priorities in the National Carers Action Plan 2018 and the 9 Local Promises as identified by Carers and Carers groups in Sandwell in 2019, and by Healthwatch Sandwell and local carers in 2020, into one document and associated Action Plan. The Key Priorities are typed in Bold and set out in A-E, and the local promises are typed set out in 1-9 below:

A Services and Systems that work for Carers

1. Improving Access to Information and Advice, and Assessment.
2. Developing the Workforce to Identify and Support Carers More Effectively.
3. Managing and Reducing the Risks to Carers to Prevent Breakdown of Caring Relationship.

B Employment and Financial Wellbeing

4. Improving the Support for Carers to Remain in, and Return to, Employment, Education and Training, and Supporting Carers to Prevent Hardship.

C Supporting Young Carers, Young Adult Carers and Parent Carers

5. Support Young and Young Adult Carers to have the same opportunities as other children and young people in Sandwell, and Identifying, Recognising and Supporting the Specific Needs of Parent Carers.

D Recognising and Supporting Carers in the Community

6. Improving Carer Health and Wellbeing.
7. Increasing Awareness of Carers and their Diversity.
8. Supporting Carers to Live Well in the Community.

E Building on Research and Good Practice

9. Building on Innovation and evidence of Best Practice, and that carers are Recognised as Experts by Experience, and their feedback is used as evidence to develop services.

NHS Strategy for Carers

This Strategy also includes the 7 principles in the NHS Strategy for Carers, which are relevant to our Priorities A - Services and Systems which work for Carers, D -Recognising and Supporting Carers in the Community and E - Building on Research and Best Practice:

- 1 – We will support the identification, recognition and registration of Carers in Primary Care – See Promise 7 – awareness.

2 – Carers will have their support needs assessed and will receive an integrated package of support to maintain and/or improve their physical and mental health – see Promises 1: assessment and Promise 6: health.

3 – Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after – see Promise 1: information advice and assessment.

4 – The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities – see Promises 2 and 7: both about awareness raising.

5 – Carers will be supported by information sharing between health, social care, Carers Support organisations and other partners to this agreement – See Promise 2 on workforce.

6 – Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services – See Promise 9 about feedback for carers.

7 – The support needs of Carers who are vulnerable or at key transition points are identified early – See Promise 3 about managing risk.

The NHS Long-Term Plan set out clear commitments for the NHS to improve the identification and support of Carers. NHS England is driving forward initiatives to embed the timely identification and support of carers that focus on support within primary care, contingency plans, a more inclusive offer for carers from vulnerable communities, and ensuring that Young Carers are included.

NICE guidance for Supporting Adult Carers

This Strategy also considers the NICE guidelines on Supporting Adult Carers which underlines the priorities already identified in our local strategy and builds upon the Carers' National Action Plan. There are 5 NICE Quality Standards against which the quality of carer support can be judged:

1 Carers are identified by health and social care organisations and encouraged to recognise their role and rights.

2 Carers are supported to actively participate in decision making and care planning for the person they care for.

3 Carers having a carer's assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, and work, education, or training.

4 Carers are regularly given the opportunity to discuss with health and social care practitioners the value of having a break from caring and the options available to them.

5 Carers are offered supportive working arrangements by workplaces.

People at the Heart of Care

The recent White Paper “People at the Heart of Care” talks of the empowerment of Carers through better information, advice and signposting, and a lists progress on the national 2018 Carers Action Plan (there may be up to £25m to “kick-start” new/different approaches to supporting Carers nationally); more detailed data on Carers including Young Carers; an increase and modernisation in Carers Allowance and more wellbeing support for Carers. See: <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform#annex-b-carers-action-plan-2018-to-2020>

The Action Plan to this Strategy includes the Key Priorities in the Carers National Action Plan, Local Promises, NHS principles and NICE recommendations, and takes account of the developments of “People at the Heart of Care” in 30 measurable actions for Sandwell.

Local Demographic Trends

There are currently 35,084 carers in Sandwell, almost one third of whom are caring for over 50 hours per week, a projected increase of 6.8% since the 2011 Census. A further significant increase in the number of carers can be expected towards the next census when published in 2022: using data from the 2011 census, it is estimated that there were 36,796 carers in 2021, and 41,105 carers by 2036. The carer's population in Sandwell may exceed 49,000 by 2037, according to Carers UK estimates. These estimates need to be seen in context of aging population: numbers of those aged over 65 are expected to rise in the next 10-15 years with a consequent increased impact on caring. The impact of COVID 19 has been to increase the number of carers nationally (Carers UK) and there is no reason to believe this is different in Sandwell. Although most people recover or are vaccinated/show few symptoms, the prevalence of long COVID could increase carer numbers.

A recent analysis of local carers population projections showed that the numbers of carers will grow for all age groups, but the share of carers aged 65

or older will grow from 20.7% to 25% by 2036. Of the approximately 1,712 more carers estimated in 2021, about 1,200 are aged 50-64, and about 400 are over 65.

It is not known how many parent carers there are in Sandwell but there are approximately 4,500 children with Special Educational Needs and/or Disabilities living in Sandwell, all of whom will have at least one parent carer. It is estimated that approximately 700 young carers in Sandwell accessed commissioned support services dedicated to their needs in 2015/16, however, this is likely to be an under-representation as nationally it is recognised many young carers are hidden from the view of others.

The percentage of carers in Sandwell aged over 65 will grow from 20.7% to 25% by 2036.

The number of Carers in Sandwell is forecasted to exceed 49,000 by 2037

According to the 2011 Census there are Carers in Sandwell 35,804

A third of whom are caring for over 50 hours per week

Current Offer for Carers in Sandwell

The current support for Carers can be described using the National Development Team for Inclusion model below.



Providing support to Carers is one of the most effective ways to improve their wellbeing and support them to continue caring (if they are willing and able), keep their families and friendships together and thriving, and to help prevent a care breakdown, which can otherwise result in an emergency admission or need for domiciliary, nursing or residential care for their loved one.

Identification of Carers

Carers may or may not identify themselves as a Carer and ask for support. Some Carers may see caring as just part of family life or friendship and may or may not need support. Thus, the Council has a duty under Care Act 2014 to put Carer wellbeing at the heart of delivery and to identify Carers on appearance of need – so social workers often identify Carers as part of hospital discharge or while assessing the cared for person. GPs and Primary Care staff are trained to identify and register Carers as part of their agreements in the Primary Care Commissioning Framework, and staff in voluntary sector also promote services and identify Carers.

Information Advice and Support

There is a wide range of information and advice for Carers both face to face, virtual, online and by telephone– including:

- Carer Support in Sandwell can be accessed by ringing Sandwell Enquiry on 0121 569 2266.
- Our web page: www.sandwell.gov.uk/carers which has 6 pages of information for Carers, a video, factsheets for Carers, and leaflets and Facebook pages, websites by local Carer support organisations.
- Leaflets, webpages and social media posts by Carer support organisations online, in local libraries and GP practices.

There is free carer support in Sandwell from the services listed on the following 2 pages, all are open to all adult carers in Sandwell and cover:

- listening to experiences over the phone, online, or in person
- offering advice and information on support available
- social activities, like quizzes and outings with or without the loved one
- training courses– such as training in mental health or using a hoist
- providing groups to make friends and share caring experiences
- advice on asking Sandwell Council Enquiry Service for a formal assessment of carer needs.

Approximately 1,500 carers benefit from these services. All this support prevents and delays the needs of the Carer and their families from the need to use more intensive care and specialist support such as hospital and residential care.

Young carers can access support services developed specifically for young people – Sandwell Young Carers and Parent Carers can access Sandwell Parents for Disabled Children or other services such as South Asian Family Support Service. There are organisations who also offer support to Carers from African Caribbean and Asian Communities.

You can find up to date information on carer’s services by searching with the keyword “Carer” on <http://sandwellvcs.info/>.

Carer’s Service	What they offer carers
<p>Sandwell Crossroads Care Attendant Scheme Ltd Oldbury Tel: 0121 553 6483 http://www.sandwellcrossroads.org/ The Crossroads Carers Assistance Line: 0121 803 6830 or email CAL@sandwellcrossroads.org Mon - Thurs, 8.30am - 4.30pm. Fri - 8.30am - 4pm</p>	<p>Provides a caring, listening ear and can support carers in many practical ways, with confidential, one-to-one support and advice, information and guidance over the phone or face-to-face and signposting to other specialist support services within Sandwell, help to reinstate previous/pre-COVID care arrangements or facilitate new arrangements, advice on how to ask for a Carers Assessment from Sandwell Council, Wellbeing support, coaching/mentoring, Signposting to in-house trainer to support carers with complex care within their own home and access to Carers Trust Emergency Fund.</p> <ol style="list-style-type: none"> 1. Make Carers Count to support carers from the ethnic minority communities within Sandwell. 2. Single Point of Access for Sandwell Community Dementia Service, a provider collaborative partnership of Sandwell Third sector providers, to support local people who have a health, memory, or dementia concern. 3. Specialist Training for groups of carers on Moving, Handling and Hoist Training, for Carers in their own home 4. Service for bereaved Carers with support and continuity before, during and after the death of a loved one. 5. Care at home, from our specialist care support workers, who provide 24/7 care and support.
<p>Sandwell COPE, Oldbury 0121 612 6000 or 07926227331</p>	<p>A group of adult Sandwell carers who all care for a relative or friend with a Mental Health diagnosis, Learning Disability or use Child and Adolescent Mental Health Service. Runs regular carers forums, drop-in advice sessions, social events, and training, and a regular newsletter.</p>

<p>Sandwell Parents for Disabled Children Smethwick 0121 565 2410 info@sp-dc.org</p>	<p>SPDC's services offer families with disabled children and young people: A chance for families to have fun together or for parent carers to take a welcome break from their caring responsibilities whilst their child takes part in an activity. Access to a dedicated parent carer engagement officer who can support parent carers in a variety of ways. A Family Club which operates during term time, activities such as swimming, outward bound pursuits, crafts, family fun days Information sessions and volunteering opportunities.</p>
<p>Sandwell Asian Family Support Services (SAFSS) Smethwick 0121 558 2198 info@safscare.org www.safscare.org/services/support-for-carers</p>	<p>Care Navigation and Support for Asian carers. SAFSS offers support to the whole family and provides care, support & well-being services in the home, community and at SAFS Windmill Community Centre. The support & well-being services for parent carers are a regular carers support group, drop-in support and health awareness sessions, physical activity sessions at our gym and yoga in our sports hall, we also organise regular outings and celebratory events. SAFSS also provides Domiciliary Care, Community Outreach and centre-based Day Opportunities/ Lifestyle Services/ Saturday Club and Personal Assistant Support for children, young people and adults.</p>
<p>Halesowen Asian Elderly Association, Rowley 0121 559 0137</p>	<p>Day care and carer support for older Asian people aged 60 or older, every weekday from 11am -1pm, including multi-faith activities to bring the community together, health information, gentle exercise, and outings.</p>
<p>BUDS (Better Understanding of Dementia for Sandwell) Tipton 0121 565 3721 www.buds.co.uk/carers-support-service</p>	<p>Support to adult carers of people with dementia. This enables all those involved to feel supported and empowered in their journey through dementia. An Outreach Worker offers initial support to carers and other relatives, with information, advice and support with any issues they are facing, either at the BUDS Centre, in their own homes, or over the phone.</p>
<p>West Bromwich African Caribbean Resource Centre 0121 525 9177 http://www.wbacrc.org.uk/</p>	<p>Navigation and Access for adult Black and Minority Ethnic carers – mainly African- Caribbean and dual heritage. Identifies carer's needs; and refers or signposts the carer to specialist support and track each person we refer to ensure they get the help and support they need.</p>

<p>Omega T: 01743 245088 E: chatterbox@omega.uk .net This flexible service can offer support to clients during the evening and at weekends too.</p>	<p>Chatterbox Telephone Support Programme is a friendly, confidential service for carers and bereaved carers who live alone or would welcome extra contact; a trained volunteer will regularly keep in touch with the adult carer to offer companionship and emotional support and help access other services and activities.</p>
---	---

The Community Offer

This offer includes local and holistic community navigation and preventative support to adult residents in Sandwell, including Carers and their families, so that they know where to get the right local care and support at the right time. It is delivered via a partnership of providers to build stronger, more resilient communities. Local Voluntary Community “Anchor” Organisations operate free services in each of the six towns, with three Community Navigators in each town. They offer an initial conversation with residents (including carers) around their strengths, needs and provide information, advice and guidance, and practical support, so that residents can make informed decisions about what is most meaningful to them. More information is available at: www.scvo.info/sandwell-community-offer/

Primary Care

GP practices in Sandwell can also offer an annual health check and influenza and COVID vaccinations to Carers, which helps to identify health concerns and prevent development to illness and crisis. Carers need to register as a Carer with their local GP practice.

Support from Sandwell Council

Care and Support for Cared for Person

Sandwell Council offers an assessment of the cared for persons’ care and support needs. If the cared for person is eligible (under the Care Act 2014) to receive publicly funded care and support, a commissioned package of support is put in place, or the cared for person can receive a direct payment to buy the support from a care agency or Personal Assistant. which indirectly helps the Carer by reducing the time/care required for caring or making life easier. The support may include:

- changes to their home to make it more suitable

- equipment such as a hoist, grab rail, or IT equipment
- personal care at home
- a temporary stay in residential care/respice care
- meals delivered to their home
- day activities at home or in the community
- assistance with travel
- laundry services
- “replacement” care so the Carer can have a break, go for appointments or go to work.

Carers Assessment

Carers have a legal right to an assessment of their own needs, regardless of their level of caring. The only requirement is that the Carer ‘may have needs for support – whether currently or in the future’.

Carers are entitled to support if they meet the national eligibility criteria, which aims to minimise the impact of providing necessary care so that it will not put the Carers health at risk or prevent them from meeting eight outcomes, including meeting childcare responsibilities, providing care to other people, maintaining a home, accessing community facilities etc.

Carer’s Support Plan

Carers who are assessed as eligible for support under the Care Act 2014 have a Carers Support Plan drawn up by a social worker, which lists the support available to meet their eligible needs and the cost of the support. The Carers Support Plan also includes a Contingency Plan to outline what will happen if the Carer becomes ill/unavailable. This has especially been needed during the pandemic when carers were more fearful of becoming ill.

Support for the Carer in a Carers Support Plan could include:

- Carers break or outing to relieve stress
- Help with developing hobbies like gardening
- help with transport costs, such as taxi fares or driving lessons
- technology, such as a phone or a laptop
- help with housework, or going shopping,
- help to improve health, like going to gym.

Carers’ Direct Payments

Eligible Carers receive a Personal Budget to pay for support to meet their needs in the Support Plan. In Sandwell, this is paid in the form of a Direct Payment once a year and the amount depend on the level of need that the Carer presents with. The amount of money spent on Carers Direct Payments

has gradually increased since introduced in 2015, until 2020 due to the pandemic.

Emergency or contingency support

If the Carer becomes ill, or is unavailable for any other reason, the Council can offer a Promoting Independence Pathway with temporary beds in a local care home, transport, night sits etc. Carers can also access the free Carer's Emergency Card scheme for extra peace of mind. This card is carried by the Carer and tells emergency services that they are a Carer. The card shows a unique ID number and the phone number of a 24-hour contact centre, where Carers' details are held with information about the person cared for. In an emergency the centre will call the friends or family of the Carer, or the council's services if no one else is available. This can be accessed by Sandwell Community Alarms service. Call: 0121 569 6800/02.

Current Support for Parent and Young Carers

Parent Carers and Young Carers have a similar offer, but their assessment and support are based mainly on the Children and Families Act (2014):

Parent Carers

There is a duty on local authorities to give parent Carers the same right to assessment and support as other adult Carers. A local authority must assess and consider whether a parent Carer has needs for support and, if so, what those needs are. They are required to be satisfied that the disabled child and their family are persons for whom they may provide or arrange for the provision of services under section 17 Children Act 1989. Adult Carers of children for whom they do not have parental responsibility may also be assessed and supported under section 1(2) of the Carers (Recognition and Services) Act 1995.

Young Carers

Young Carers are entitled to assessment and where eligible to support, equal to that of adult Carers. The Act has introduced changes in the way in which young Carers are identified and supported:

- The duty to assess is triggered if they think the child has needs; the young Carer or their parent does not have to ask. The assessment must consider whether it is appropriate for the young Carer to provide, or continue to provide, care.
- A duty on local authorities to improve the wellbeing of young Carers.

The Young Carers (Needs Assessments) Regulations 2015 strengthened the rights of young carers. A local authority must carry out a young Carer's needs

assessment in a manner which is appropriate and proportionate to the needs and circumstances of the young Carer to whom it relates, and must have regard to their age, understanding and family circumstances, preferences, any difference of opinion between the young Carers, their parents and the person cared for, with respect to the care which the young Carer provides (or intends to provide) and the outcomes the young Carer seeks from the assessment. It must involve young Carers, their parent/s and any person whom the young Carer or parent of the young Carer requests when carrying out a young Carer's needs assessment. The assessment must consider whether it is appropriate for the young Carer to provide or continue to provide care, considering the young Carer's needs for support, other needs and wishes.

The assessment must:

- Determine whether the need to provide support to a young Carer could be prevented by providing support to the person they care for or to another member of their family.
- Provide a written record of the assessment to the young Carer, the young Carer's parents or any person who the young Carer or parent requests receives a copy.
- Take reasonable steps to identify the extent to which there are young Carers within their area who have needs for support.
- Consider whether a young Carer's needs for support can be met through services which may be provided to the young Carer and/or any member of their family.



Our Approach – Co-producing the Strategy

This Strategy has been co-produced with local Carers, professionals and key stakeholders in the local community, voluntary sector and statutory services.

A Joint Carers Strategy project group was set up and led by Sandwell Council, with representatives from Black Country Clinical Commissioning Group, local NHS trusts, and Carers support organisations in the voluntary sector. This group agreed to base the Strategy on the 5 Key Priorities and outcomes in the National Action Plan, and developed the first draft of this Strategy, which was then presented to groups of Carers throughout Sandwell. The findings of national consultations by the government of 6,000 Carers and Carers UK surveys of 7,500 Carers were also used to inform the National Action Plan, and our Strategy.

We held a series of meetings with Carers who used the Carer support services in Sandwell. We focused on asking key questions about their agreement with the vision, priorities, outcomes and key actions, and this feedback led to the development of the 9 local promises for carers.

Healthwatch Sandwell was asked to undertake independent engagement with a wider range of Carers, to include and capture the views of those not already accessing Carer support or other services. They consulted with over 227 local Carers. They also consulted with a focus group of 9 carers at the start of the pandemic to understand the impact (report published January 2021), and the hidden impact on carers in Sandwell with 102 survey returns, 50 carer stories (report published November 2021). West Bromwich African Caribbean Resource Centre, who support mainly African Caribbean and dual heritage carers, engaged with 60 carers, to understand the impact of the pandemic on these.

The Department of Health and Social Care biannual survey of carers of those who had used Adult Social Care services in the last 12 months took place in 2018 and 2021, and findings have been included.

Through this, we were able to gather carer's direct experiences and views. We are grateful to over 500 local Carers and their champions for their tremendous time and energy in completing survey forms and taking part in engagement events to give us valuable feedback on this Strategy and Action Plan for Carers.



What We Heard

The findings of the Carer's engagement have formed the basis of the vision, and 9 local promises to Carers.

Carers told us and Healthwatch of their views, experiences and needs around 9 themes and we based the 9 promises around:

1. Information, Advice and Assessment

Carers need quicker and easier access to effective support, including crisis and respite support, to meet their needs and prevent their needs increasing:

“Support that works for Carers is very important. It is pointless having things in place that no one knows how to access. Social workers have a heavy caseload and may not have the time to signpost Carers, therefore, there is the need for a Carer navigation service”.

“We need information to know what is available and what we are entitled to, and quick assessment and support to prevent our needs increasing”.

“There is an abundance of information on the internet – it left me confused as to what the person I care for is entitled to, or who to contact, and what to expect”.

“Social worker can at times be difficult to contact, as they carry a heavy caseload”.

“We need to know who to contact for support and what we are entitled to - we did not know that we can ask for a carers assessment or be registered as a carer with GP and get a health check. We need to know why there is a delay in waiting for support, or changes to support, direct payments or respite”.

“We need to know why the funding panel in Children’s have decided not to fund changes in our children’s care and what else is available”.

Healthwatch (2019) reported that although there was a limited number of carers who had a Carer’s Assessment, feedback was that they had not gained more support and there was a limited amount of support available. Some said that they had not had an assessment as they did not want or need this. The Carers’ Surveys of 2018 and 2021 found that many carers of people who had used Adult Social Care in last 12 months found the Carers Assessments and Direct Payments useful to support their needs, but some expressed concern about length of wait and access to social worker.

“Being able to access information on services that they can make use of was important to participants. Having a single point of contact for up to date relevant information was something that participants considered to be needed”. (Healthwatch, 2019)

Healthwatch Sandwell (November 2021) reported that during the pandemic, carers had felt frustrated by the closure of services and carer support groups and felt there were “Endless phone calls, including to mobiles – just want to pull your hair out!” or they were “Going around in circles”.

There is a greater need for accurate and timely information for carers and their families – especially around tests and vaccinations, and opening hours for local services and support. There was also more need to present information clearly especially around the risks associated with COVID variants and vaccinations, and for going out.

Digital exclusion can affect carer’s or their children’s education and training, and for all carers it can mean that they do not have access to the most up to date and accurate information, which can go out of date quickly. Healthwatch found that carers not previously connected to any form of support during the pandemic and those digitally excluded through skills, language or “digital poverty” were less likely to have accessed or received information or signposting services.

2. Developing the Workforce

The Council and statutory partners need to continue to train and develop staff to identify carers as early as possible and signpost them to appropriate support:

“There is a need for clear I.T. systems that work together to improve the co-ordination of care, so that Carers aren’t always repeating themselves to different officers in Health and Social Services”

“Staff need to listen and be more aware of Carer’s individual needs, family circumstances, incomes, costs and affordability of some services”

“There is a need to make Carers aware of other support and benefits available, not just Carer’s Direct Payments”.

“Workers need to be more aware of the individual needs of different carers and listen to us. We have different needs around family circumstances, incomes, cultures”

“There are too many changes in social workers, especially in Children’s Services, and too many different home carers coming into our home. It unsettles our autistic child – we need to build relationships with the same staff and develop trust”.

“Staff should be aware that carers have real expert knowledge and experience. They need to treat carers in the same way as another professional”.

“Politeness is important, and to have a can-do attitude”.

“Schools and other professionals need to believe parents and not blame us for lack of parenting skills if our child misbehaves. We don’t always want to share our stories over again with new staff”.

The pandemic has increased the visibility of carers to statutory services as they have needed to take on more care, especially if the cared for person is shielding, and more carers were identified by GPs and the Council during the vaccination of carers in priority group 6. This needs to be built on, with work on increasing vaccine take up in communities where this is lower. The impact of the closure of day services, care homes, supported living and respite during restrictions were reported by Healthwatch.

Carers and their families became more stressed and isolated:

“Isolation during Covid-19 lockdowns and access rules within supported housing, including for support staff, were very challenging for the carer and cared for people to cope with.”

But were wary about services re-opening:

“Support worker will hopefully help her get back but it’s building confidence.”

“The system needs to be more joined up and carers given more advice and guidance from professionals.”

3. Managing and Reducing Risk of Crisis

Carers need support to reduce risk of crises and manage crises (such as stress or illness of carer), including respite and future emergency plans:

“A lot of people rely on carers and if a carer gets ill or stressed, it puts more pressure on the NHS, their family and others to look after the person they care for.”

“There are a lot of resources online which can be overwhelming and confusing. Once I managed to contact the appropriate team, I was offered emergency care. But I found that emergency care works as a sticking plaster and was not always effective”.

“If carers and their family are overwhelmed with red tape and the feeling that no one is listening, this could lead to family breakdown and abandonment.”

“Support carers early. Provide carers with tools such as First Aid training, so that they can feel prepared for unfamiliar situations.”

“Remind carers from time to time of their options, such as respite, befriending and sitting services, so that they do not get burnt out.”

“I feel anxious, when I am caring for my brother, because he is unpredictable, and he takes risks. What I need is a break from my caring role and someone to talk to in private”. – Young Carer.

“I was not fully informed of the process following the setting up of an emergency care package. There were variations in domiciliary carers, times of carer visits and quality of domiciliary care.”

Healthwatch (2019) reported that “For some, being able to access appropriate support for loved one such as respite services help to alleviate the stress of their caring roles and allow them opportunities to have a break from caring.”

During the pandemic, carers were particularly worried about the impact on cared for or family if they/their cared for person became ill, and impact of day and other service closures on wellbeing of cared for and themselves, especially as there was less opportunity for breaks/respite.

Healthwatch ran a focus group of 7 carers in January 2021 and found that fear of infection could lead to less take up of health services:

“I can’t catch it because who would care for my loved one?”

“Many carers will have been just about managing, but when an illness hits, their vulnerabilities show.”

There is a need to support carer wellbeing, ensure respite, and reduce the risk of carers becoming ill by encouraging take up of vaccination, and other forms of carer support and respite.

Sandwell Council offer an initiative issuing Carers Emergency Cards with key contact details linked to Sandwell 24-hour Community Alarms Service. Healthwatch reported that only 4% of carers indicated having a card, so this will need review. There is also a need to ensure carers have good support to plan care in emergencies and for the future:

“There is a need to look at the needs of Carers who will outlive their children, and need bereavement support, or those who will may get ill or die before their children – we need more support for emergency or care planning in the future so they know that their relative or child will be cared for.”

4. Employment and Financial Wellbeing

Support to remain in, and return to, employment, education and training and will feel supported to access benefits to prevent hardship:

“Help Carers to prepare for or to stay in paid work – even for a specific number of hours would be a great step forward.”

“Employees who are Carers should have some rights in the workplace, for example, being able to be contacted via telephone during working hours, or to be given flexible working hours so that they can also provide appropriate care.”

“We need support to live well throughout caring and provide for ourselves in the long term, and to work more flexibly around the needs of cared for.”

“Carers in paid work in my experience appear to be overlooked and denied benefits, or access to benefits, for loved ones.”

“It is hard to access support when needed, and work. People don’t want to know when you have disabled child and can only work certain hours.”

Healthwatch reported that: “(some carers) who had been working previously still wished to be economically active but could not find work that would enable them to fulfil their caring responsibilities. Those that were employed felt that there was a lack of flexibility on the part of employers where their caring duties were concerned.

Losing employment meant that many had lost their income and were reliant on welfare benefits, but for some this was difficult to navigate, and there was a requirement for support to find out about entitlements and claim them.

There is evidence from a study of 60 carers in the African Caribbean/dual heritage community that some had given up jobs or training, or reduced hours, to enable them to take on an increased burden of care during the pandemic.

10% said they had lost their jobs due to the pandemic, and 15% said they had their hours reduced, but others needed to increase hours.

“My working hours have increased from 40 hours to 50+ hours which has made my life more difficult particularly as I feel I am putting myself and my family at risk but being a key worker, I am a single parent, so it is essential that I attend my job. My energy levels are low, I constantly feel tired and I have noticed each week that my self-esteem is getting lower. At one point I lost my voice due to feeling rundown”.

“In my work we now have increased numbers returning to premises, I was advised by the GP to reduce my hours and shield with my husband.”

Similarly, Healthwatch Sandwell (Hidden impact of Covid19 on Carers) reported that 35% carers stated that COVID had a negative impact on education, 58% stated it had a negative impact on personal finance, and 60% on household finance. Reasons given were giving up jobs or working hours to increase care, and increased costs and concerns about supply of food/medicines during lockdown. 8% mentioned a positive impact – mainly due to winter grant or shared caring with other family.

“I had to leave my job mid pandemic to look after my mother-in-law!”

5. Supporting Young and Parent Carers

Young carers need to have same opportunities as other children and young people, and the needs of Parent Carers need to be identified and supported:

Young Carers:

“Children who are growing up around a parent or other family with illness/disability need to be considered. It is not just primary caregivers who need support. This action needs immediate implementation as this would benefit both the young Carer and the person they care for”.

“I feel annoyed when my time passes by,
And others say ta-ra, goodbye
Because not all know my pain,
I am a young carer and there is no one to blame,
I raise awareness for others like me
So, others can love and be kind for thee.
My time goes and flies,
But I do not simply say bye.
People with power, money and kindness,
Please show not all suffer from blindness.
You are here to show us the way,
For us to keep our minds at bay.
We are young carers, there is no one to blame.
It is time you felt our pain.”

“I feel proud when I am able to raise awareness of young carers, because we need more visibility. What I need is for those in ‘power’ to listen.”

The education and mental health of many children has been impacted by school closures, and this includes young carers. Healthwatch reported that young carer’s roles intensified during Covid-19, with many staying at home longer as schools closed, and more responsibilities being taken on to protect against risks. The increased burden included more housework, isolation, concerns about losing friendships, anxiety about Covid-19 heightened by the fears of loved ones, and intense home living situations – feeling unable to escape/have outlets.

“I did have a lot of mixed emotions during COVID 19, it made me worried as all my family and my grandma had to avoid getting it, so it was difficult to socialise with others and I was worried about falling behind on schoolwork.”

“I have had a lot of anxiety build up because I worry about my Mom getting COVID, as she has no immune system. During online learning, my brother, with additional needs, has had meltdowns stopping me from doing work.”

Parent Carers:

“Parents need support before during and after diagnosis of cared for child. Not all assessments cover all autism traits and associated conditions especially the sensory needs of autistic children.”

“We had a very long wait for the very overstretched Children’s and Adolescents Mental Health Service and many children don’t meet criteria for support as it is very tight. This can lead to isolation and feeling unsupported.”

“Professionals are gatekeepers to support and not specialists in autism so we can hit a brick wall. Early interventions are very important to reverse the decline of carer and carer. Getting the right diagnosis is key to getting the right level and type of support.”

“We need to know who to contact, what support is out there now - and for when we, or our children, grow into adults. Especially if we or our children don't meet the criteria for public support.”

“Changeovers of SENCOs don't help. Transition to adulthood process is unclear and confusing.”

Parent carers have been impacted by the stress of changes in routine on their children as schools open, close and reopen (causing stress to their children), or hours/arrangements change, and by having to juggle work and childcare, or caring for other children and/or adults, all at once.

A carer spoke to Healthwatch about the impact of Covid-19 on her relationship with her son who has profound disabilities and lives in supported housing. Since Covid-19 they had only seen him twice.

The carer spoke of fears of her son losing skills or him being able to recognise them as parents. Another spoke of her child missing therapy appointments which affected his physical development, day, and holiday activities to support her son's needs had stopped, and she needed to reduce working hours, but felt that working from home was more flexible around caring needs. In some cases, the pandemic made it difficult for parents to get new support in place and this had impacted on the quality of life for all the family.

6. Carers' Health and Wellbeing

Carers need support to look after their own physical health and mental wellbeing:

“The best way to improve the health and wellbeing of Carers is to offer a break from caring responsibilities and a 24/7 Call line where Carers can talk to someone who understands, especially when they don't have anyone to turn to, or need to cry, or need reassurance.”

“We need time for a rest, as we are often exhausted and stressed.”

Healthwatch reported that “feedback suggested that there could be an impact on Carers' health because of their caring responsibilities, with a number of participants saying that they found their role stressful, and that in that context they would welcome some emotional support to assist them in their role. For

some, this was as simple as having someone call them to see how they were, as well as being able to speak to people who were in the same position as them so able to empathise with their experiences”.

Carer’s physical and mental health have been impacted by the pandemic – with increased incidence of anxiety, depression and loneliness. There has been more tiredness and less sleep, fewer nutritious meals, less time for exercise, breaks and self-care as they have spent more time looking after loved ones, and some evidence of unhealthy practices for stress relief in some cases.

The Carers UK report, *Caring Behind Closed Doors: Six Months On*, has recently published the results of a national survey on how unpaid carers are coped with the pandemic. The main findings were:

- 81% provided more care than before lockdown
- 78% said the needs of the person they care increased
- 64% were unable to take any breaks at all in six months
- 58% have seen their physical health impacted by caring
- 64% said their mental health had worsened

Healthwatch also reported that Carers expressed anxiety, uncertainty and exhaustion:

“After 6 months I can’t do it anymore...it was okay in the short term, I coped but I’m struggling now.... however, much you love someone 24/7 is hard....it is leaving us mentally and physically exhausted.”

“Carers have always suffered with mental health due to the stress of caring, but it’s got worse...some carers will have developed poor mental health due to Covid19.”

In “The Hidden Impact of Covid19 on Carers” Healthwatch reported that 80% of carers stated that their fitness, health or weight had worsened due to the pandemic, due mainly to lack of time to look after themselves, and mental wellbeing had worsened, with about 60% each mentioning high stress levels, anxiety, depression, and low confidence or patience.

“Night is the hardest...you feel alone and that there is no one there for you.”

“I had to start medication for depression because of lockdown.”

“My anxiety has become much worse. I am in a constant state of stress.”

7. Awareness and Diversity

Carers would like all partners to work together to raise the profile of caring in Sandwell, and to ensure that under-represented Carers' voices are heard and supported, including Carers of different ages, ethnicities, genders etc.

Awareness:

"We all need to raise more awareness of Carers. Some Carers may not be aware of what they are entitled to. We need to support all Carers in all communities."

"Stigmas of Carers in some instances are due to ignorance; therefore, more education is needed to raise awareness."

"It is important to realise that at some point in our lifetime most of us will be a Carer or will be cared for."

"We need to know that if we are carers, we will be able to speak up as carers and know where to get support from". "More drop-ins and access to professionals, there is a lot of resources online."

Healthwatch reported that "whilst most carers did see themselves as Carers, there were some that said that they did not identify themselves as a Carer because they either had a duty to care for their family members, or they were a parent first and caring for their child was expected. Others said that they had only realised they were a Carer when there was a medical diagnosis for the person they looked after, or they were defined as such by an external agency".

This suggests that there are many Carers who do not look for support or are not identified as needing support by others because they do not see themselves as a Carer.

There are hidden carers in every community, but the impact of the pandemic has been greater on carers from ethnic minority groups and communities for both cases and deaths – this will have an impact on carers – many of whom are hidden. The numbers of carers registering with GPs and presenting to carers organisations during the publicity around vaccination for carers needs to be built on.

Healthwatch recommended exploring options around setting up a database for carers to send relevant communication.

Diversity:

Carers want services to recognise and respect the different needs of different groups of carers. NOTE: See the Equality Impact Assessment April 2022 which covers the impact of the Carers Strategy on diverse groups of carers.

“Have regular meetings with different carers and care users to see if this is working as every need is different.”

“Carers need more trust in care workers, by the workers better respecting the dignity and culture of the person I care for.”

“Young, parent and elderly carers, and others with illness or lonely tend to be more vulnerable than other carers, as are those who are caring for two or more people.”

Carers of different ages:

Healthwatch reported that:

- Carers in their 40s and 50s were most likely to say that they had been impacted financially by caring.
- Older carers aged 65+ were most likely to say that they felt that support to manage at home and with wellbeing, life outside caring, and finances was important. Younger carers felt that support around education and work was important.
- 80% of over 75-year olds said that they had found it difficult to find information. Younger carers (18-34) had not tried to find information.

The below examples demonstrate the differing needs of carers of different ages:

“Provide Schools and colleges with the opportunity to build an interaction with the ageing population and understanding of the social needs of both carer and care user”.

Young Carers:

“I feel annoyed, when people dismiss my worries or experiences, because I have responsibilities and points of view they might not have. What I need is for people to support and listen to me”.
-Young Carer

“I feel annoyed and angry when people treat me like a little kid when it comes to my brother’s medical condition, because I’ve helped look after him since day one when he was diagnosed. I know what his triggers are, and methods to help calm him down, which non-family members don’t know about. What I need is for people to give me the same respect as adult carers receive, and to understand that schoolwork isn’t always my highest priority.”

A case study (West Bromwich African Caribbean Resource Centre) showed two young adult carers expressed frustrations, as caring often leaves them working less hours, whilst ensuring cared for needs are met.

Older carers:

BUDS and Age Well shared their views on the impacts of Covid-19 on older carers to Healthwatch: Dementia caring affected by the lack of social opportunities placing greater burdens on carers, no respite and no GP's face-to-face and hospital referrals, isolated, lonely, not connected to families, physically less fit with higher risks of frailty and falls and older people's voices within services now less heard.

"Everything had to revolve around my husband, my life was put on hold."

Carers of Different Ethnicities:

The below examples show the different needs of carers of Black and Minority Ethnic Groups and Communities:

"A proxied caring arrangement is not sufficiently flexible or responsive to the unique needs of the care recipient. Bespoke care, tailored to the user's needs, perhaps in partnership with direct private care provided or organised by family members/friends where possible respecting cultural or language sensitivities."

"Too often care and support appears to be targeted for the convenience of the Support services, not the benefit of recipient. There is a need to provide and fund more cultural services."

"Build trust. This is a necessity – quick access to crisis support, and support that works for carers, to stop needs escalating."

The Healthwatch report looked at the differences between groups of carers by ethnicity and found 100% of Pakistani carers said that there had been either some or a lot of financial impact from their caring role, 50% Mixed White and Black African carers said that they had found it difficult to find information and advice, and 17.6% of Asian Indian carers. 6.7% White British had found it very difficult to find information and advice.

- Research compiled by West Bromwich African Caribbean Resource Centre shows that:

- Black and minority carers are more likely to be struggling financially and are more likely than majority white carers to care for 20 or more hours a week (NHS Information Centre).
- Some surveys have found that minority groups rate services as less satisfactory than white carers (Health and Social Care information centre 2013).
- Black and minority ethnic carers were less likely to receive practical and financial support and more likely to wait longer to access it. This is due to lack of information provided in culturally appropriate ways, language and literacy barriers and poor knowledge of services and entitlements (Carers UK, 2015).
- Providing culturally sensitive services can also be challenging for social care staff due to lack of knowledge and service user involvement (Manthorpe et al 2012).

The pandemic has had a disproportionate impact on ethnic minority groups and communities. West Bromwich African Caribbean Resource Centre asked 60 carers to describe the impact on them and their families.

95% stated that the family members physical and mental health had deteriorated because they have not been able to attend the Day Care Service, and 70% felt anxious as they could not see family, 45% said that their sleep had been impacted, 45% said that they had needed to see their own GP in the last 12 months. 35 % stated their relationships with their partners and children had worsened, this was partly due people spending a lot of time together in closed spaces and due to family members or friends/neighbours dying and not being able to attend the funerals to say goodbye and grieve. 60% said they would benefit from culturally sensitive home respite and sitting service, they did not want strangers in their homes, they wanted people who they had an existing relationship with, and 30% said they would benefit from a telephone befriending service.

“She really misses spending time at Day Care, she misses the staff and the friends she has made there which has impacted on her physical and mental wellbeing. I also look forward to their befriending calls, I know they have limited capacity, but I would rather stay with a service I know and trust than talk to complete strangers.”

“It has been very stressful, I work as a Support Worker and I am around lots of people with underlying health conditions therefore I am being unable to see my mom, family or friends but I’ve kept communication going by phone.”

“It is not normal for human beings to stay caged indoors at home and on top of that I have to school my children for the last four months has affected my

emotionally/mentally and physically. I feel exhausted and my energy levels are low for most days.”

The West Bromwich African Caribbean Centre recommended that:
This Strategy is reviewed due to the impact the pandemic on BAME communities and vulnerable groups, and the Equality Assessment uses data by 10 protected characteristics across Sandwell 6 Towns – will be done when Strategy is reviewed and when Census published
Sandwell to develop and deliver bespoke culturally sensitive services in partnership with African Caribbean and BAME communities -respite and initiatives to address loneliness will be reviewed.
Better collection and reporting of ethnicity to understand the full impact of the pandemic – all carers support services are currently required to report take up by ethnicity.

South Asian Family Support Service spoke with Healthwatch about the specific experiences and impacts of Covid-19 within Asian families. They reported higher levels of vaccination hesitancy within some minority ethnic communities, and Asian community were anxious to return to normal interactions, felt expected “to cope”, with an example where normal shared caring/visiting was restricted – which impacted on working from home and feeling unable to switch off from caring.

Carers of different genders:

Healthwatch reported that:

- 55.3% women carers and 31.9% of men carers stated they had been financially impacted by caring
- 65.4% women said support with health was important compared to 42.6% of men.
- There were similar differences by gender for support with wellbeing, work, life outside of caring and money.

Carers with different disabilities and long- term conditions:

Healthwatch reported that carers with a disability (only 22 out of 222 respondents):

- 54.5% of carers with a disability had been impacted financially due to caring, compared to 49.7% of carers without a disability.
- Higher shares of carers with disabilities felt that support with health and managing at home were important.
- 23.8% of carers with a disability said that finding information and advice had been difficult compared to 12.3% without a disability.

Healthwatch reported on the impact of long COVID on carers, since the pandemic:

“Support from SAFS and Options for Life gave me a break to recover, I am still affected, even small tasks, I need a lot of breaks.”

“My mental health and confidence are low, but I am pushing myself.”

“COVID has re triggered the anxiety, going out, now I can’t travel on a bus or train. I feel like Covid-19 has set my life back to 20 years ago again.”

Healthwatch also reported on the impact of COVID on carers who care for those with learning disability, autism and long-term conditions such as mental health, with service closures and:

“An assumption that the carer will continue, there was no planned or joined up service plan.”

8. Living Well in the Local Community

Carers want support to access local community facilities and groups, to live well and address loneliness and bereavement issues, including support with planning future care for loved ones:

“There are issues with transport – with Ring and Ride you need to book every Saturday within a one-hour slot for Monday bookings – and the service user with dementia needs to pay – it needs more flexibility”.

“A recent study has shown that loneliness can bring on other medical conditions. It is therefore important that Carers are given every opportunity to attend social groups or have a regular telephone call so that Carers who are unable to leave the house can still have some interaction with others”.

“I am 73 years of age with long term health condition which means I have had to shield and therefore I have not been able to see or visit my frail elderly mother who is 93 years of age”.

“More local help and support for longer like bank or school holidays, when/if child/cared for person is ill or child has meltdown, or when need to go out for shopping or appointments”

“We can feel trapped and lonely. We need bereavement counselling and more care planning so the person we care for is looked after in future”.

Healthwatch in 2019 reported that “A lack of employment and income was seen by some as a factor in how they had become socially isolated since becoming carers. Having support to be able to access peer support groups would be welcomed. Few had accessed sitting services or respite care that

might have enabled them to have a break from caring and access social activities”.

Loneliness and isolation increased during the pandemic, as services have closed, and support delivered online through zoom, WhatsApp or doorstep deliveries. Healthwatch reported carers described how people they care for can have no understanding of social distancing. So therefore, one carer shielded continuously, this meant that the carer couldn't relax or go out as a sitter was needed so that they were safe.

‘Really tough I didn't leave the house from March to September...it's like having a small child’.

Carers organisations reported that bereaved carers have been lonely during their loss due to social distancing and not wanting or waiting lists for bereavement counselling.

“I used to care for my mother, but she has recently died from the COVID 19 virus, I have tried to deal with my mother's death by occupying my mind and time by going for long walks and talking to my family virtually. I do not want to be referred to a bereavement service, would like to keep in touch via your telephone befriending service as your staff have been my rock through this difficult time in my life.” (West Bromwich African Caribbean Centre).

In “The Hidden Impact of COVID 19 on Carers” Sandwell Healthwatch reported 58% of carers said there had been an increase in the level of care and support provided, and 47% indicated a decrease in quality of time spent with the person cared for. Carers with a spouse or partner were asked about the impact of caring during Covid-19 on the relationship – 51% indicated a negative impact, 32% no effect and 16% a positive impact. This indicates increased pressure on family relationships and more loneliness. Healthwatch also reported some issues with reinstatement of transport after lockdown, and recommended review of accessible toilets, changing places, indoor facilities, and outdoor spaces to suit disabilities and vulnerabilities and enable maximised options for cared for people and carers.

9. Building on Innovation and Best Practice and Feedback from Carers

Carers want support based on evidence, best practice and their feedback as Experts by Experience, for example the use of technology and support with home maintenance:

“We need regular Carer meetings for Council and providers to find out what we need, what works and doesn't to support us. Meetings with Carers to get input/information to apply to strategy”.

“Many carers work long hours and we need good quality support for our cared for that we can trust.”

“Technology such as cameras or fall sensors may be useful. It may also be useful to have carer’s notes typed rather than written, so that it is legible, and can be accessed by other carers, next of kin or care managers, so that everyone is aware of current situation. It would also be useful for some services to have online access.”

Healthwatch also reported that “Being able to access services to assist with home and garden maintenance was also raised by some participants as being able to maintain their home as well as carry out their caring role could sometimes be too much and as a result their home environment was sometimes neglected.”

Recent feedback from Carers during COVID 19 (January 2021) to Sandwell Healthwatch stated that carers found the sudden withdrawal of day, respite and personal care difficult but regular telephone, zoom and WhatsApp calls and meetings have helped them cope, and there is a need for accurate information about the future of day services.

“Zoom is helping me to not feel so remote, but I’m concerned about people who have no access to IT especially as the libraries are closed.”

Telephone befriending, walking in local parks and green spaces, and online meetings helped to address loneliness. Online meetings targeted at specific groups of carers, such as men, or LGBT carers were welcomed. A break with another relative or close friend was welcomed too.

Healthwatch Recommendations

The Healthwatch report 2019 made 4 recommendations which have been considered and incorporated into the Delivery Plan:

1. A publicity campaign by the Local Authority or relevant voluntary sector to publicise tasks which would define a person as a Carer, Carer support services and promote the Carer’s Assessment. - see Actions 1, 2, 21, 23.
2. Provide a central point of access that would give relevant information to address financial, social support, practical support, respite, health information (for Carers and the cared for) and support and support for back into employment – see Actions 1, 3 10.
3. Adult practitioners and associated staff to receive training in the needs of Carers including their role as sign posters to support – see Action 6.

4. Promote/provide services for people who provide emotional support to Carers e.g. a buddy/befriending service to alleviate loneliness and isolation – see Actions 25 and 26.

The Healthwatch report “Caring during COVID” made the following recommendations, which have also been considered and incorporated:

- Adult Social Care to produce a communication plan about the future of day care to include accurate information about services for adult service users including respite – Action 1.
- Relevant organisations to provide access to welfare rights advice and technology for people who do not have IT equipment. (iPad or tablet) for carers – Actions 11 and 30.
- Statutory, independent and voluntary sector to continue to provide online support for carers - Action 1.
- Funding approval for Continuing Healthcare for service users with complex needs to be actioned by Sandwell and West Birmingham Clinical Commissioning Group – this will be included in Action 4
- Care packages to be re-assessed by Adult Social Care take account of the current changes and this to include the needs of carers under The Care Act 2014 – Assessments should be in line with Care Act, but Action 6 will ensure all staff receive up to date training.

The Healthwatch report “The Hidden Impact of COVID on Carers” made the following recommendations for this Strategy, which have been considered and most will be included in the Action Plan:

The experiences, stories, and carers views in this report help inform the service remodelling and that carers, as well as service users, are included within the consultation processes.

- Ensure the action plan incorporates learning from this report and seeks to ensure an integrated health, care, and support service for carers.
- Plan a Carers Conference to discuss findings of this report, identify immediate health, care, and support service adjustments, promote services and consult on the draft Strategy.
- Scope and model information available to carers ensuring all carers can receive a consistent package of information regarding support options available irrespective of access point. Provide the information in the range of accessible formats to address identified specific needs, language barriers, and carers who are digitally excluded.
- Consider options to create a database of all carers in Sandwell for relevant communication purposes.
- Review the validity of carers emergency cards including considering plans for “shared care records.”

- Explore options to develop or support a carers forum accessible in a range of formats.

Our Commitment

We are pleased to present:

**Our Commitment to Carers in Sandwell, through the 9 Promises:
“to work together to do all we can for better lives for Carers in Sandwell, so that they and their families thrive for longer”**



5 Local Priorities and 9 Local Promises for Action

To help shape our main priorities for action for 2022 to 2026, we have taken our lead from the Carer's National Action Plan and have adopted the following priorities for Carers:

1. Services and Systems That Work for Carers
2. Employment and Financial Wellbeing
3. Supporting Young Carers & Parent Carers
4. Recognising and Supporting Carers in the Community
5. Building on Research and Best Practice

We have included Parent Carers in our third local priority as we felt this was missing from the National Action Plan. Many of the Carers we engaged with

were young, young adult and parent Carers of children with disabilities or long-term conditions and they asked for separate recognition of their needs.

We have also recognised the impact of the pandemic on Carers, by listening and taking account of the feedback by local Carers to Healthwatch and to Adult Social Care.

Each of the theme areas has a promise that underpins it. We have nine promises in total, which are listed on page ---.

An Action Plan at the end of this Strategy outlines what we will do, how we will do it, who is responsible and in what timescale.

There are 30 actions to deliver the changes that are needed to ensure our Vision of “Better Lives for Carers in Sandwell”.

For some of these actions, we do not yet know who will be leading or delivering on these, nor how they will be funded, but this Plan sets out our collective priorities for action.

1. Services and Systems That Work for Carers

The Carers National Action Plan refers to Carers often having extensive contact with health and social care. Services need to be aware of the diversity of Carers and their circumstances. There is no such thing as a "typical Carer" and services need to be responsive and flexible, recognising and supporting Carers at different stages in the caring journey, including crises.

Local engagement with Carers revealed the importance Carers place in seeing them as individuals and respecting them as partners in care of loved one, and of importance of keeping in touch with family, friends and of leisure. Support for Carers and the people they cared for who fell just outside the eligibility criteria for care and support, and thus were self-funding was important.

Engagement also showed the need for Carers to know where to get the right support and how to access it with simpler routes to support. They need timely and up to date information and advice in various formats. Findings from Sandwell Healthwatch showed that:

- There is a need to identify more carers, including temporary carers who are looking after people with short term conditions such as COVID or long COVID, or those experiencing mental health difficulties or ongoing conditions due to treatment/operations being delayed due to lockdown.
- There is a need for Social Workers and other health and social care staff to be trained to recognise when someone they are working with a carer, and especially those from diverse groups – such as those from BAME or LGBT communities, who may be less likely to self-identify as Carers or ask for support.
- Health and Social Care workers also need to recognise and support the different needs and preferences of diverse groups of carers – for example, some carers prefer day or personal care to be delivered to loved ones by someone familiar or from their own community, or prefer to attend support groups with the cared for and related to the condition of person receiving care (e.g. a dementia support group, an LGBT carers group or men's carers group instead of a general carers group).
- There is a need to ensure that Carers who are digitally excluded can access updated information and advice about important aspects of caring such as respite availability and welfare rights changes.
- There was a request for Social Workers to consider the impact of the pandemic on the needs of Carers when assessing or reviewing their needs.
- There is a need for quick assessment and access to Carer support.

Carers' Requests for Support to Sandwell Enquiry 511 in 12 months from 17 March 2022.

Local Promise 1

Improving Access to Information, Advice, and Assessment.

Key Outcome – All local Carers and the Wider Community have access to the right information and advice at the right time, in the right place and in the right way (including format) and support to meet their needs and prevent them increasing. Carers will have quicker and easier access to information and advice, they are identified earlier, so they are supported more quickly.

Local Promise 2.

Developing the Workforce to Identify and Support Carers more effectively Carers will be well supported by a trained workforce who can identify them early, respect and value them and support effectively or signpost to appropriate support.

Key Outcome: Carers feel well supported by a trained health and social care workforce, and schools, who can identify them early, respect and value them and support effectively or signpost to appropriate support.

Local Promise 3

Managing and Reducing the Risk of Carer Breakdown – The Council and Statutory Partners will work to support Carers to reduce their risk of crises and help them cope. This includes illness and safeguarding incidents.

Key Outcome: All Carers receive support to reduce the risk of crises and manage them. All Carers continue to cope and receive support to reduce risk of Carer crises, including sudden changes of circumstances, like loss of work, relationship and social opportunities, illness, exhaustion and breakdown, and safeguarding incidents.

2. Employment and Financial Wellbeing

47%

of Carers said they had left paid work to provide care

1/3

of Carers had reduced their working hours to provide care

Over half of all Carers have missed some educational opportunities due to their caring responsibilities

53%

Figures from the State of Caring 2019 report of 7,500 Carers by Carers UK

The Carers' National Action Plan refers to the difficulties Carers face balancing work and performing a caring role, and at the same time how they are struggling to make ends meet leading to financial hardship. Where an employer is made aware of an employee with caring responsibilities, they can use flexible working practices that might help both the employer and employee.

Carers are often in receipt of low income, due to some not being in paid employment and many are eligible for Carers Allowance. The report "Staying afloat in a crisis: families on low incomes in the pandemic", has been published by the Joseph Rowntree Foundation. Parents without stable work faced the most severe difficulties during the pandemic. Difficulties making ends meet on already stretched income has coincided with increased costs. Having a stable and enough income from work and the benefits system has become more elusive in recent years, exacerbated by the impact of the pandemic.

A recent study of 60 carers who use a local carers organisation shows that some carers had given up jobs or reduced their working hours in response to the pandemic – for example by needing to support shielding cared for people.

39%

of Carers said they were struggling to make ends meet. Over half say they are not able to save for their retirement

53%

of Carers receiving Carers allowance are also struggling financially

2/3

of Carers regularly use their own income or savings to pay for care or support services, equipment or products for the person they care for

Local Promise 4:

Employment and Financial Wellbeing

We will improve the support for Carers to remain in, and return to employment, education and training and support Carers to improve their financial wellbeing.

Key Outcomes:

Carers within Sandwell will be supported to remain in, and return to, employment, education and training and will feel supported to access benefits to prevent hardship.

3. Supporting Young Carers & Parent Carers

The National Action Plan refers to difficulties young Carers face with poorer health and wellbeing, often missing out on education and training opportunities. Improved identification of young Carers, to enable assessments that identify support needs alongside flexible educational opportunities are vital to providing support. Then Young Carers are more likely to access and have the same life chances as other young people without caring responsibilities.

Young, young adult and parent carers are more likely to be younger than most Carers of adults, and more interested in accessing a job, training or education and building a career, vocation or social life and have more concern and investment in their future, and that of their cared for person or wider family.

Examples include:

- A young Carer who wants to leave home for university and concerned about impact on caring role and how the parent will cope.
- A Parent Carer of a child with complex needs wanting to return to employment or concerned about future care needs when child reaches 18 (when responsibility for their care and support transfers from Children's Trust to Adult Social Care).
- Parent Carer and Young Carers have reported the following pressures to local carer support organisations because of COVID and lockdown:
- Changes involved as schools closed, opened causing anxiety in children
- around new teachers, or staff, learning support, classes, routines, transport changes.
- Concerns around staff changes and understanding of children's specific communication and other needs?

- Parents are concerned that their child does not understand the need for social distancing or hygiene/handwashing they will put themselves at risk
- Concerns about changes involved in parent work at home/returning to workplace as this will place burden on rest of family.

9,135 The number of Parent Carers in Sandwell is not known.

But there are 9,135 children and young people with Special Educational Needs

2,135

Children and Young People within Sandwell have an Education, Health and Care Plan

700 Young Carers were estimated to have accessed support – this number is likely to be an under representation as many young Carers are ‘hidden’

Local Promise 4:

Young Carers and Parent Carers are identified and supported.

Key Outcomes:

Young and young adult Carers within Sandwell will be supported to have the same opportunities as other young people in Sandwell.

The specific needs of Parent Carers and their families will be recognised and supported, including Carer or cared for people moving into adulthood.

4. Recognising and Supporting Carers in the Community

The National Action Plan refers to Carers having little contact with services for Carers, and many will not be receiving formal support in their caring role. It is therefore vital that all partners to our Strategy raise awareness of caring amongst the wider population to build Carer friendly communities.

Just over 50% of Carers in Sandwell are aged 50 or older – the younger Carers are various ages

55% are women, 45% men. It is unknown how many are different ethnicities or faiths.

healthwatch
Sandwell

190 carers showed that in the last 12 months: 80% had felt tired, 59% had lost sleep, 57% needed to see their GP because of caring, 55% had felt stressed, 50% of had physical strain and 26% had developed their own health condition.



Of 190 Carers surveyed by Healthwatch (2019), 83% cared for a close adult family member, 23% “full time” and 45% cared for more than one day a week. Whilst most Carers did identify themselves as Carers, there were some that they did not because they felt it was their “family duty” or had only realised they were a Carer when there was a medical diagnosis for their cared for person, or they were defined as such by a professional working in health and social care. These “hidden” Carers are less likely to ask, seek or be offered support than other Carers. There are many hidden Carers in the community, and even if they do recognise, they are Carers, many are too busy caring to think about their own needs for support. Almost two thirds of Carers (64%) say that they have focused on the care needs of the person they care for, and not on their own needs.

Approximately 1,600 Carers use Carers support services based in the community and funded with support from Adult Social Care. This includes information and advice, Carers groups, outings, training and bereavement support. There has been less take up of most services due to lockdown recently, and more online support – carers have needed more intensive 121

support as many did not want to meet in online groups, but most services have now reopened face to face.

Carers UK 2015 also shows that black and minority ethnic Carers are not only less likely to be in receipt of practical and financial support but also are more likely to wait longer to access it.

Loneliness, isolation and bereavement have been experienced by many carers during and since the pandemic, and some carers expressed concerns about the need to plan support for cared for people (such as adult sons and daughters with learning or sensory disability) when their parent carers have died, so that they continue to be supported in the way parents wanted.

It is vital that we work with partners within and beyond health and social care to raise awareness of caring among the wider population to build Carer-friendly communities and improve access to services.

Local Promise 6

We will support and work to improve Carers Health and Wellbeing.

Key Outcome: Carers in Sandwell will be supported to look after their own health and wellbeing.

Local Promise 7

We will work to increase Awareness of the differing Needs and Diversity of Carers in Sandwell.

Key Outcome: All partners will work together to raise the profile of caring within Sandwell and to ensure that under-represented carers voices are heard and supported.

Local Promise 8

We will enable Carers to live well within the community.

Key outcome: Carers in Sandwell will be supported to access the community-based support, to address situations of loneliness, isolation and bereavement.



5. Building on Research and Best Practice

The National Action Plan prompts partners to better understand what solutions would be most effective and helpful for Carers and to strengthen areas where gaps in knowledge exist to ensure that the development and delivery of future policies are informed by a strong evidence base.

Local Promise 9

We will ensure that support is based on evidence and best practice and that Carers are recognised as Experts by Experience and feel recognised and valued

Key Outcome: Support for Carers will be commissioned based on evidence and best practice and engagement with Carers as Experts by Experience.

BETTER LIVES FOR CARERS ACTION PLAN: DELIVERING THE JOINT CARERS STRATEGY 2022-26

The Joint Carers Strategy Project Group will meet quarterly to develop initiatives and review progress against the Strategy.

The Better Care Fund Commissioning and Performance Group and Joint Partnership Group will govern the Action Plan for this Strategy and ensure annual review.

Progress will be reported annually and will be fed into the Health and Wellbeing Board.

Priority A: Systems and Support That Works for Carers

Local Promise 1	Key outcome	Action Number	Actions Description	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Identifying Carers, Improving Access to Information and Advice and Ensuring Timely Assessments.	<i>All local Carers and the wider community have access to the right information, advice at the right time in the right place and in right way/format, and support to meet their needs and prevent them increasing. Carers will have quicker and easier access to</i>	1	Ensure that clear Information, Advice and Guidance for Carers is widely available, accessible using multiple channels and regularly updated in line with Care Act and other legal requirements.	LA, CCG, Children's Trust and VCS Orgs					
		2	Identify ways to better Promote Carers Offer within Sandwell - including implement an online Carers Assessment as an additional way to make it easier for carers to have their needs assessed and support identified.	LA Adult Social Care and SCT					

	<i>information and advice, they are identified earlier, so they are supported more quickly.</i>	3	Review need for single point of access for Carers to access information and advice or support embedded within the Community Offer.	LA - Adult Social Care					
		4	Champion the interests of Carers within plans for integration between Health and Social Care - so that Carers experience joined up support.	Adult Social Care, CCG					
		5	Review the respite and replacement care offer in Sandwell including Carers breaks, and emergency care - to address loneliness, health inequalities.	LA - Adult Social Care					
Local Promise 2	Purpose	Key Actions	Responsibility for Delivery	Implementation of Strategy					
				2022/3	2023/4	2024/5	2025/6		

<p>The Council and Statutory partners will continue to develop the workforce to Identify and Signpost Carers to support.</p>	<p><i>Carers will be well supported by trained workforce who can identify them early, respect and value them and support effectively or signpost to appropriate support.</i></p>	<p>6</p>	<p>Explore ways to improve the ability to identify and support carers for frontline workers from health, social care, domiciliary care, education, private employers and voluntary organisations. This includes review of training needs of frontline Social Care staff in relation to relevant law (Care Act and Children's and Families Act), and raising awareness of teachers and other frontline workers on the identification of young and parent carers, and signposting to relevant support</p>	<p>Council – Adult Social Care</p>					
<p>Local Promise 3</p>	<p>Purpose</p>		<p>Key Actions</p>	<p>Responsibility for Delivery</p>	<p>Implementation of Strategy</p>				
<p>Carers risk of crisis is reduced (illness, safeguarding).</p>	<p><i>All Carers receive support to reduce risk of Carer crises and manage them. All Carers continue to cope and receive support to reduce risk of Carer crises, including sudden changes of</i></p>	<p>7</p>	<p>Ensure that the specific needs of Carers, who may be at risk of exhaustion, stress and illness, are addressed with mental and physical health resources and breaks, ensuring a range of respite options.</p> <p>See Action 5 around review of the respite / replacement care offer.</p>	<p>Council - Adult Social Care and Children's Trust</p>					

	<i>circumstances, like loss of work, relationship and social opportunities, illness, exhaustion and breakdown, and safeguarding incidents.</i>	8	Review and develop the Carers Emergency offer including information and advice, and look into a Carers Emergency Card for support to Carers who re assessed as high risk by Adult Social Care - to ensure cover for Carers if they become ill or unable to provide care for short periods and potential inclusion of Carers Equal Partner Card for use when Carer is liaising with health or social care professionals around care and treatment of cared for person in crisis or at transition point.	Adult Social Care CCG Primary Care, Hospitals Adult Social Care and Children's Trust.					
		9	Develop training for community, hospital and primary care staff to liaise with Carer effectively to inform response to episodes of crisis appropriately.	CCG Primary Care, Hospitals, Adult Social Care, Children's Trust					

Priority B: Employment and Financial Wellbeing

Local Promise 4	Key outcome	Action Number	Action Description	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Improving the support for Carers to remain in, and return to, Employment Education and Training and Supporting Carers to improve their Financial Wellbeing.	<i>Carers within Sandwell will be supported to remain in, and return to, employment education and training and will feel supported to access benefits to prevent hardship.</i>	10	Work with the Voluntary and Community Sector to investigate need for pilot to work with local employers to identify and support carers in the workplace and promote Carer friendly employment practices to remain in work and return to work training and education.	Vol Sector supported by LA ASC					
		11	Work with the Councils Welfare Rights network to recognise and support the increasing needs of Carers to access the benefits they are entitled to	Voluntary Sector Support Team – Council & Voluntary Community Sector					

Priority C: Supporting Young Carers and Parent Carers

Local Promise 5	Key outcome	Action Number	Action Description	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Young Carers and Parent Carers are identified and supported.	Young Carers will have the same opportunities as other young people.	12	Review and develop effective follow up action to support identified young and young adult carers, including those moving into adulthood, with a clear pathway that ensure they get appropriate support in a timely manner.	Council – Adult Social Care and Children’s Trust					
	And the specific needs of Parent Carers will be recognised and supported.	13	Work together to identify clear pathways to support Parents Carers and continue this support when their cared for child moves into adult services and needs to cope with change	Adult Social Care					
		14	Ensure that Parent Carers are aware of the right to request and access a parent Carer needs assessment to consider their individual needs as a parent Carer, things that could make looking after their child easier, their wellbeing as a parent Carer, the need to safeguard and promote the welfare of their disabled child and the need to safeguard and promote the welfare of any	Adult Social Care					

			other children that they care for.						
	For both young and parent carers....	15	Work together to support young carers and parent carers when they or their cared for child and family needs to cope with change – including returning to school, new classes/teachers, and other changes involved in easing lockdown, and moves into adult services.	Adult Social Care, Children's Service and Sandwell Children's Trust					
		16	Ensure the needs of young carers or parent carers of children with Autistic Spectrum Disorder or complex needs are addressed.	Council - Adult Social Care and SCT					
		17	Short breaks for families, and other initiatives, to ensure parents and young carers to develop friendships, have fun, build an effective voice and have access to respite and breaks, will be reviewed by Sandwell Children's Trust.	Sandwell Children's Trust					

Priority D: Recognising and Supporting Carers in the wider Community and Society

Local Promise 6	Key outcome		Key Actions	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Carers Health and Wellbeing	<i>Carers in Sandwell will be supported to look after their own physical health and mental wellbeing</i>	18	Develop initiatives in conjunction with the CCG to encourage Carers to register with their GPs as carers, and to access the support on offer to carers.	CCG					
		19	Improve take up of Lifestyle services/Health & Wellbeing programme, Community Offer activities and other relevant Public Health services/programmes by Carers to improve health and address social isolation.	Council - Public Health and Community Offer					
Local Promise 6	Key outcome		Key Actions	Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Awareness and Diversity	<i>All partners will work to raise the profile of Caring within Sandwell and to ensure that underrepresented Carers voices are heard and supported</i>	20	Regularly review and refresh this Carers Strategy to build in learning from COVID19 and other research and analysis on the impact to Carers from all under-represented or seldom heard groups and communities, using demographic data broken down by towns and neighbourhoods.	All – led by Adult Social Care					

		21	Develop a partnership wide commitment to establishing a 'Carer Friendly Community' campaign across Sandwell to raise awareness of who is a carer and what are their needs.	All – led by Adult Social Care					
		22	Organisations funded by the Council and CCG to support Carers will be expected to demonstrate support for those from underrepresented and seldom heard groups to represent the wide diversity of Carers within Sandwell including LGBTQ+ Carers.	Adult Social Care Voluntary Sector					
		23	Targeted campaigns amongst underrepresented and seldom heard community groups to raise awareness of the role of a carer and promote the support available to hidden carers including LGBTQ+ Carers, and those in Minority Ethnic Groups and Communities.	Public Health, Voluntary Sector					
Local Promise 6	Key outcome	Key Actions		Responsibility for Delivery	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	

Carers supported to live well in the community	<i>Carers in Sandwell will be supported to access community-based support to address situations of loneliness, isolation and bereavement.</i>	24	We will raise awareness of the need to support whole families together – including Carer, cared for and other family members affected by caring relationship (e.g. children whose parents are Carers of spouses/other children, or families who stay in as members clinically extremely vulnerable)	All – led by Adult Social Care.					
		25	Investigate shared interest in developing a Carer Passport scheme with discounts and rewards akin to the Blue Light Card but for carers from the Council and local businesses – this could be tied to a Carers Emergency or Equal Partners card to address social isolation.						
		26	Review bereavement support and develop care planning involvement in Sandwell for the Carers of people at end of their life, and carers who are or could be near or at end of caring, or socially isolated.						
		27	Explore technological solutions (apps, sensors) to support Carers with their caring responsibilities, in addition to face to face or telephone support.	Adult Social Care					

Priority E: Building Research and Evidence to Improve Outcomes for Carers

Local Promise 9	Key outcome		Key Actions	Responsibility	Implementation of Strategy				
					2022/3	2023/4	2024/5	2025/6	
Support is based on evidence and engagement.	<i>Support for Carers will be commissioned based on evidence and best practice and engagement with Carers as experts by experience.</i>	28	Identify local and national user led research and best practice to broaden and improve the offer of Carer support in Sandwell (taking account of policy developments, local needs, health inequalities and demographic trends).	Sandwell MBC – Adult Social Care Commissioning					
		29	Work with Community Offer or Healthwatch Sandwell to establish carer peer support groups as experts by experience to recognise quality in care/support, provide feedback and to improve services.	Sandwell MBC – Adult Social Care. Voluntary and Community Organisations					
		30	Review Carers Grants provided to Carers support services (in line with Corporate Grant Review) to have a clear outcome focused approach and to ensure that they are supporting Carers from across all of Sandwell's diverse communities.	Adult Social Care and Children's Trust					

Next Steps

The Action Plan aims to cover all the key comments and suggestions made from extensive public engagement which we are taking forward as part of this strategy.

Some of these actions will require extra funding, either temporary or ongoing. However, to ensure resourcing of the Strategy's actions properly, compare what is currently available with the gaps that are felt to exist in services and support across the whole of Sandwell, and meet those main gaps.

The Joint Carers Strategy Project Group will meet quarterly to develop initiatives and review progress against the Strategy.

All partners will be expected to report progress to their decision-making boards on a 6 monthly basis on any actions that they are leading on. The Health and Wellbeing Board will oversee the Action Plan for this Strategy and progress will be reported annually to the Health and Wellbeing Board.

Terms used in the Joint Carers' Strategy

Carer's Assessment – Carers have a right to ask for this as part of the Care Act 2014. Adult Carers can discuss anything they think would support their own health and wellbeing including their caring role, with an officer in Sandwell Enquiry or Social Worker. The Council then uses this information to decide if the Carer is eligible for a Direct Payment and if so, what support it can offer.

Carer support plan – If a carer is identified as having eligible needs following an assessment under the Care Act 2014, the Council social worker sets out a support plan for how those needs will be met. The support plan must be developed with the carer and should set out the outcomes the carer hopes to achieve, including their providing care and accessing work, education and training, and emergency support plan if the carer becomes ill.

Carers' Support – all the support available to carers and their families.

Carers' Peer support – carers forming groups or friendships to support each other, share experiences, offer practical advice on choices for them and their families. May be offered by carer support services, part of wider support groups or online networks.

Carers' breaks – a few hours during the day or evening, overnight, or a few days break by providing short-term care for their loved one in their own home or in a care or nursing home. They can be occasional or regular breaks to give carer a rest and time to pursue other tasks, relationships and hobbies outside of caring.

Replacement care – Care that replaces the care normally given by a Carer, either on a planned basis or in an emergency. Replacement care is usually offered by the Council, if the person needing care has had a Care and Support Assessment and is entitled to care and support services. Otherwise, people may have to pay for it.

This page is intentionally left blank

Health and Wellbeing Board

13 April 2022

“Better Lives for Carers in Sandwell”

Carers Strategy



Feedback from Last Health and Wellbeing Board Meeting

Strengthened Voice of Carers

i care **statements**

“I feel annoyed and angry when people treat me like a little kid when it comes to my brother’s medical condition, because I’ve helped look after him since day one when he was diagnosed. I know what his triggers are, and methods to help calm him down, which non-family members don’t know about. What I need is for people to give me the same respect as adult carers receive, and to understand that schoolwork isn’t always my highest priority.”

Feedback from Last Health and Wellbeing Board Meeting

Included Feedback from Healthwatch Sandwell Survey



“After 6 months I can’t do it anymore...it was okay in the short term, I coped but I’m struggling now.... however, much you love someone 24/7 is hard....it is leaving us mentally and physically exhausted.”

Next Steps – The Final Push

1

Opportunity for Carers and Organisations Supporting Carers to Comment on the Final Draft Document

2

To seek comment and Endorsement from Strategic Partners .

3

Health and Wellbeing Board to endorse Final Strategy Document in June

Page 91

Carers Week – 6 to 12 June

Carers Week is an annual campaign to raise awareness of caring, highlight the challenges unpaid carers face and recognise the contribution they make to families and communities throughout the UK. It also helps people who don't think of themselves as having caring responsibilities to identify as carers and access much-needed support.

Will be using Carers Week to encourage last contributions from Carers and to raise awareness of the HWBB endorsement and the Strategy's publication at the end of June

This page is intentionally left blank



Sandwell Health and Wellbeing Board
13 April 2022

Report Topic:	Sandwell Pharmaceutical Needs Assessment 2022
Contact Officer:	Stephanie Lacey, Public Health Registrar
Link to board priorities	<p>Please include in your report how your work links to one or more of our board priorities:</p> <ol style="list-style-type: none"> <p>1. We will help keep people healthier for longer Poorly managed chronic illnesses can lead to increased morbidity and premature mortality. Pharmacy services play a key role in supporting people with long-term health conditions and in detecting long-term health conditions such as hypertension and diabetes. For pharmacies to support Sandwell residents, pharmacies need to be accessible and provide the right services to support the pharmaceutical needs of the population. The Sandwell PNA 2022 will provide an update to the prior PNA published in 2018 to ensure that services are meeting the needs of local people.</p> <p>2. We will work together to join up services Health services can be difficult to navigate, and sometimes there are gaps or duplication of services by different providers. It is therefore important to know what services are currently provided by pharmacies and where these services are located to support commissioners with service planning. The Sandwell PNA 2022 will support commissioners and other stakeholders by informing decisions regarding</p>

	<p>the award of new pharmacy contracts and developing pharmaceutical services for patients.</p> <p>3. We will work closely with local people, partners and providers of services</p> <p>The public need to be involved in the design and monitoring of services to ensure they are appropriate and deliver what people need. The views of Sandwell residents on the accessibility and provision of pharmacy services have been sought and used to inform recommendations in the PNA report.</p>
<p>Purpose of Report:</p>	<ul style="list-style-type: none"> • The PNA is a document which describes the current provision and location of pharmacy services across Sandwell • The purpose of the report is to ensure that there are enough pharmacies, in the right locations, providing the right services to support the pharmaceutical needs of Sandwell residents • The report is also used by commissioners and other stakeholders to inform decisions regarding new pharmacy contract applications and developing pharmaceutical services for residents
<p>Recommendations</p>	<p>Approval of the Health and Wellbeing Board is sought to:</p> <ul style="list-style-type: none"> • Share the key findings of the Sandwell Pharmaceutical Needs Assessment report with the Board; • For the Sandwell Pharmaceutical Needs Assessment 2022 to go out for consultation.
<p>Key Discussion points:</p>	<p>The Board will discuss the following recommendations made in the Sandwell Pharmaceutical Needs Assessment to strengthen the provision of pharmaceutical services in Sandwell:</p>

	<ul style="list-style-type: none"> • Pharmacies should be knowledgeable of which advanced and enhanced services are offered by pharmacies in neighbouring wards/localities in order to sign post patients to appropriate service providers when needed • Where a service has been stopped due to COVID-19, it is important that pharmacies can sign post residents to another service provider • Pharmacies should support young people in accessing emergency contraception by ensuring they are aware of where they can access this service for free without a prescription. Pharmacies should support young people seeking emergency contraception by signposting them to their GP to discuss non-emergency contraceptive options • The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists (e.g. providing lifestyle advice) to residents • Pharmacy workforce capacity building should be considered in order to meet the additional demands for pharmaceutical services • Further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are currently being met.
<p>Implications (e.g. Financial, Statutory etc)</p>	
<p>It is a statutory requirement for HWBB's to update their pharmaceutical needs assessments once every three years. The last PNA was published in June 2018, due to the increased demand on pharmacies during the COVID-19 pandemic, the deadline for updating PNA's has been extended nationally until October 2022.</p>	
<p>What engagement has or will take place</p>	<ul style="list-style-type: none"> • A pharmacy contractor questionnaire was used to obtain information on the accessibility and provision of pharmaceutical services in Sandwell

<p>with people, partners and providers?</p>	<ul style="list-style-type: none"> • A public survey was used to obtain public opinion on the accessibility and provision of pharmaceutical services • Both the pharmacy contractor and public survey included a set of questions on the impacts of COVID-19 on access and provision of pharmacy services. • A 60-day consultation period is planned to gather feedback on the PNA report from the public and other key stakeholders.
<p>Appendices</p>	<p>Appendix 1 – Sandwell Pharmaceutical Needs Assessment 2022 – Draft for Consultation Appendix 2 – Appendices to the Sandwell Pharmaceutical Needs Assessment 2022</p>



Sandwell Pharmaceutical Needs Assessment 2022

[Draft for consultation]

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013

Produced by:**Public Health Sandwell MBC****Approved by:****Sandwell Health and Wellbeing Board****60-day consultation period:****25th April 2022 – 24th June 2022****Authors:****Stephanie Lacey**

Public Health Registrar Sandwell MBC

Margaret Liburd

Public Health Project Manager

Lina Martino

Consultant in Public Health Sandwell MBC

Sunita Pillia

Health Protection Specialist

Acknowledgements:**Richard Cooksey**

Information Officer, Sandwell MBC

PNA Steering Group**Members:****Stephanie Lacey (chair)**

Public Health Registrar Sandwell MBC

Jonathan Boyd

Sandwell, Black Country and West

Birmingham CCG

Ali Din

Sandwell Local Pharmaceutical Committee

Melissa Elders

Healthwatch Sandwell

Nathan Lauder

Information Officer, Sandwell MBC

Lina Martino

Consultant in Public Health Sandwell MBC

Christine Wright

Research & Intelligence Specialist, Sandwell

MBC

Chapter		
	Executive Summary	6
	Regulatory Statements	12
1	Introduction to the Pharmaceutical Needs Assessment	16
	What is a Pharmaceutical Needs Assessment?	16
	Objectives	16
	Mitigating the impacts of coronavirus (COVID-19)	17
	What is Excluded from the Scope of the Assessment?	17
	Process Followed in the Development of the PNA	18
	PNA Review Process	19
	Steering Group	19
2	Public Health Needs and Demography	20
	Identification of Local Health Needs	20
	Sandwell Borough Geography	22
	Sandwell Demographics	24
	<i>Age Profile</i>	24
	<i>Population Projections</i>	27
	<i>Housing growth</i>	29
	<i>Ethnicity</i>	29
	<i>Life Expectancy</i>	31
	<i>Deprivation in localities</i>	32
	Local Health Needs and Priorities	34
	<i>Smoking</i>	34
	<i>Alcohol</i>	35
	<i>Physical Activity</i>	36
	<i>Obesity</i>	37
	<i>Teenage Conceptions</i>	39
	<i>Disease Prevalence</i>	40
3	Community Pharmacy Provision in Sandwell	43
	Location of Pharmacies	43
	Pharmacy Access Scheme	46
	Identification of Pharmaceutical Service Provision	47

	Access to Community Pharmacy and Services	47
	Opening hours	47
	Walking and Public Transport Distance to Pharmacies	49
4	Pharmaceutical Services	52
	Definition of Pharmaceutical Services	52
	Essential Services	52
	Pharmacy contractor questionnaire responses	54
	Pharmacy accessibility and facilities	54
	Advanced Services	55
	<i>Appliance Under Review</i>	58
	<i>Community Pharmacist Consultation Service</i>	59
	<i>COVID-19 LFD Distribution</i>	61
	<i>Flu Vaccination Service</i>	63
	<i>Hepatitis C Testing Service</i>	65
	<i>Hypertension Case Finding Service</i>	67
	<i>New Medicines Service (NMS)</i>	69
	<i>Pandemic Delivery Service</i>	71
	<i>Stoma Appliance Customisation service</i>	73
	<i>Smoking Cessation Service</i>	75
	Enhanced Services	78
	Other enhance services (provided under contract with NHSE&I)	78
	Locally Commissioned Service	79
	Pharmacy Quality Scheme	79
	Healthy Living Pharmacy	81
	Impacts of COVID-19	83
5	Public Experiences of Sandwell Pharmacies	86
	The Process	86
	Enhancing inclusivity	86
	The results	87
	Impacts of COVID-19 on access to pharmacy services	88
6	Future Pharmaceutical Service Development	90
	The Future	90
	Conclusion	96

7	Consultation	100
8	References	101

Executive Summary

The pharmaceutical needs assessment (PNA) is a report that assesses the pharmaceutical needs of the local population as well as the location and provision of pharmaceutical services. The report identifies whether there are any unmet pharmaceutical needs or gaps in service provision and produces recommendations to strengthen service provision. The report is primarily used by NHS England (NHSE) to facilitate decision-making regarding applications for new pharmacies however it is also used to:

- Understand the current and future pharmaceutical needs for the population of Sandwell
- Understand the current provision of pharmaceutical services
- Identify and address gaps in pharmaceutical services
- Understand the impacts of coronavirus (COVID-19) on the provision and accessibility of pharmaceutical services
- Inform commissioning decisions for pharmaceutical services by local authorities, NHS England and NHS Improvement (NHSE&I), and clinical commissioning groups (CCGs).

The PNA is a statutory document that must be updated once every three years. The last PNA was published in June 2018 and due to the additional demands on pharmacies nationwide in response to the COVID-19 pandemic the next PNA is due to be published by October 2022. Local health and wellbeing boards (HWBBs) are responsible for the PNA.

This report includes a summary of the demographics of the Sandwell population and local health needs, geographic accessibility of local pharmacies, an overview of pharmaceutical service provision by locality, views from Sandwell residents on the provision of pharmaceutical services and views from pharmacy contractors and Sandwell residents on the impacts of COVID-19 on accessibility and provision of pharmaceutical services.

Currently there are 82 pharmacies in Sandwell serving a population of 329,042 residents, of which three are distance selling pharmacies and ten are 100-hour

pharmacies. This equates to one pharmacy per 4013 residents which is greater than the England average of one pharmacy per 5056 residents. The population of Sandwell is predicted to increase by 12.7% from 2018 to 2043 which is higher than the England average. With the current pharmaceutical provision, this projected population increase would equate to one pharmacy per 4435 residents. It is anticipated that the current distribution of pharmacies will be able to meet the demands from an increasing population. Most residents live within a 15-minute walking distance of a pharmacy and all residents live within a 20-minute travel via public transport to a local pharmacy. There are numerous pharmacies within each locality with extended opening hours covering weekday early mornings and evenings, Saturdays and Sundays. No geographic gaps in service provision have been identified in this PNA.

Three different levels of pharmaceutical services are provided by pharmacies:

- **Essential services and clinical governance:** provided by all pharmacy contractors and are commissioned by NHSE
- **Advanced services:** which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHSE
- **Locally commissioned (enhanced) services:** commissioned by Local Authorities, CCGs and NHSE in response to the needs of the local population

There are ten advanced services commissioned by a range of pharmacies in Sandwell. The information below is based on the 73 pharmacies that responded to the pharmacy contractor questionnaire.

- There is excellent provision of the community pharmacist consultation service (CSPS), COVID-19 lateral flow device (LFD) test distribution service, flu vaccination service and new medicines service (NMS) across all localities
- Provision of the Hepatitis C point of care testing is low however this service is due to be decommissioned at the end of March 2022
- The pandemic delivery service is also to be decommissioned at the end of March 2022, before the publication of this PNA

- The appliance under review (AUR) service is currently offered in all localities except Rowley Regis, however two pharmacies in Rowley Regis intend to provide this service within the next 12 months
- At least one pharmacy in each locality offers the stoma appliance customisation (SAC) service
- The hypertension case finding service is available in each locality. Less than half of pharmacies across the borough currently offer the hypertension case finding service however an additional 38.0% intend to provide this service in the next 12 months
- At present 14.3% of pharmacies provide a stop smoking service with an additional 42.9% intending to provide this by the end of 2022. A goal of the NHS Long Term Plan is to offer all smokers admitted to hospital an NHS-funded tobacco treatment service by 2023/24 with the continuity of these smoking cessation programmes on discharge. There is likely to be an increased demand for smoking cessation support placed on pharmacies however it is anticipated that the current and intended provision of smoking cessation services will be capable of meeting this increase in demand

Sandwell is the 8th most deprived local authority in England. Sandwell residents experience poorer health than people living in other areas of England. The male and female life expectancy is lower in Sandwell than the England average, and the prevalence of risk factors such as smoking, alcohol-related mortality, obesity, and physical inactivity are higher in Sandwell than regional and national averages. Addressing these risk factors will be fundamental for closing the gap in life expectancy. This PNA has found that the provision of enhanced services such as diabetes screening, blood pressure and cholesterol checks, diabetes management and smoking cessation service is low across the borough, however willingness to provide these services if commissioned is high. Pharmacies have a key front-line role in supporting patients with chronic illness and providing healthy lifestyle advice. The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists to residents.

Sandwell has a larger proportion of under 16-year olds compared with the England average and also has a higher rate of teenage conceptions compared with the national average. Few responses were received from the public survey from adults aged <25 years and therefore the views of this demographic on accessibility of pharmacy services cannot be commented on. Only 14 pharmacies responded stating they are commissioned to provide emergency contraception for free without prescription to under 18-year olds and this service isn't currently available in Tipton. Whilst emergency contraception can either be purchased from other pharmacies or obtained for free with a prescription for those under 18 years old, the lack of free emergency contraception without prescription for under 18-year olds in all localities highlights a gap in the provision of this service. Ensuring young people are aware of where they can access emergency hormonal contraception for free without prescription and appropriate sign posting of those requesting emergency contraception to their GP to access non-emergency contraception is vital for supporting young women. Future PNA's should consider different channels for engaging with young people to gain their opinions about pharmacy services.

Pharmacy contractors and Sandwell residents were asked about the impacts of COVID-19 on accessibility and provision of pharmaceuticals services. Many pharmacy contractors have responded to the pandemic by offering additional services and by moving some face-to-face services to online or over the phone. Pharmacies reported that patients are relying on pharmacies more than before the pandemic and this is reflected in the reported increased waiting times for dispensing and other services. The need for workforce capacity building should be considered to ensure pharmacies can continue to meet the additional demands placed upon them. Overall, the results from the residents' survey indicate that most respondents did not feel COVID-19 had negatively impacted accessibility to pharmacies or provision of pharmaceutical services. One in ten respondents reporting using pharmaceutical services during the pandemic that they hadn't previously used. This may represent the ongoing and future role of pharmacies in alleviating the pressures in primary care. A small proportion of respondents reported services they use have been stopped since the pandemic which is in keeping with the pharmacy contractor responses. It is essential that pharmacies that have stopped services are able to sign post patients to another service provider.

Resident responses regarding general pharmacy accessibility and service provision show that whilst most felt they could find an open pharmacy at a location that suits them, the responses suggest a possible demand for more weekend opening hours. Pharmacies provide a whole host of services to support patients, many of which respondents were not aware of suggesting a need to promote the wider roles of pharmacists in supporting Sandwell residents. It is important to note that these conclusions are drawn from a small sample of Sandwell residents which are not representative of the demographics of Sandwell's population. In particular, young adults, males, and Black and Minority Ethnic (BME) communities are underrepresented in the responses. Thus, this report recommends that further targeted engagement of underrepresented groups is undertaken to ensure needs are currently being met.

This PNA concludes that there are sufficient pharmacies serving the Sandwell population with good accessibility via walking or public transport. Whilst there are pharmacies in each locality open on the weekends, the results suggest a possible demand for greater access to pharmacies at the weekends. There is good availability of advanced services across the borough. In general, the wider services offered by pharmacists such as offering lifestyle advice should be promoted to raise awareness of the wider roles of pharmacists in supporting residents' health needs. The results suggest that residents' pharmaceutical needs can be met by the existing network of community pharmacies however further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are being met.

This report makes the following recommendations to strengthen the provision of pharmaceutical services in Sandwell:

- Pharmacies should be knowledgeable of which advanced and enhanced services are offered by pharmacies in neighbouring wards/localities in order to sign post patients to appropriate service providers when needed
- Where a service has been stopped due to COVID-19, it is important that pharmacies can sign post residents to another service provider

- Pharmacies should support young people in accessing emergency contraception by ensuring they are aware of where they can access this service for free without a prescription. Pharmacies should support young people seeking emergency contraception by signposting them to their GP to discuss non-emergency contraceptive options
- The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists (e.g. providing lifestyle advice) to residents
- Pharmacy workforce capacity building should be considered in order to meet the additional demands for pharmaceutical services
- Further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are currently being met

Regulatory Statements

It is a legislative requirement that PNAs are developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.¹ Regulation 4 Schedule 1 of the 2013 regulations set out the minimum information to be contained in a PNA. Detailed below are the seven statements included in schedule 1.

Statement 1: current provision of necessary services

A statement of the pharmaceutical services that the health and wellbeing board (HWBB) has identified as services that are provided:

- in the area of the HWBB and which are necessary to meet the need for pharmaceutical services in its area; and
- outside the area of the HWBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWBB has identified such services)

There is currently sufficient provision of pharmacies in Sandwell borough delivering essential pharmaceutical services. Currently there are 82 pharmacies in Sandwell serving a population of 329,042 residents, of which three are distance selling pharmacies and ten are 100-hour pharmacies. This equates to one pharmacy per 4013 residents which is greater than the England average of one pharmacy per 5056 residents.

Statement 2: gaps in provision of necessary services

A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are not provided in the area of the HWBB but which the HWBB is satisfied:

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

pharmaceutical services, or pharmaceutical services of a specified type, in its area

No gaps in the provision of essential pharmaceutical services across the borough were identified in this PNA. Based on the responses to the pharmacy contractor questionnaire, the AUR is not currently offered in Rowley Regis however two pharmacies intend to offer this service by the end of 2022 which will close the gap in provision of this service. An additional 42.9% of pharmacies intend to offer a smoking cessation service by the end of this year, this will help meet the anticipated increased demand for smoking cessation support generated from hospital discharge referrals.

Statement 3: current provision of other relevant services

A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are provided:

- in the area of the HWBB 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;
- outside the area of the HWBB 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;
- in or outside the area of the HWBB and, whilst not being services of the types described above, they nevertheless affect the assessment by the HWBB of the need for pharmaceutical services in its area

A plethora of enhanced services are provided across the borough however access to these services is low given that for some services e.g. the anticoagulant monitoring service only a couple of pharmacies are currently providing the service. Many pharmacies demonstrated willingness to provide these services if they were commissioned.

Statement 4: improvements and better access, gaps in provision

A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are not provided in the area of the HWBB but which the HWBB is satisfied:

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

Pharmacies that responded to the questionnaire contributed towards the full list of enhanced services offered to Sandwell residents. As most pharmacies are not currently commissioned to provide many of these enhanced services, the provision across the borough of these services is low. However, future commissioning of these services would likely lead to further health improvements for residents.

Statement 5: other NHS services

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 HWBB has had regard in its assessment, which affect:

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

As part of the PNA process, local authority commissioners, Sandwell West Birmingham CCG and local NHS England & Improvement were consulted to produce an up to date list of additional pharmaceutical services provided across the borough.

Statement 6: how the assessment was carried out

An explanation of how the assessment has been carried out, and in particular:

- how it has determined what are the localities in its area;
- how it has taken into account (where applicable)
 - the different needs of different localities in its area, and
 - the different needs of people in its area who share a protected characteristic; and
- a report on the consultation that it has undertaken.

The scope of this PNA was to assess the pharmaceutical needs and service provision within Sandwell borough and thus the geographic boundaries of Sandwell were used to determine which localities to include in the assessment. All six of Sandwell's towns were included in this PNA. Data in the PNA are presented at locality and/or ward level.

Statement 7: map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWBB

A map is provided in chapter 3 which details the location of each pharmacy at a locality level and whether the pharmacy is a community pharmacy, distancing selling or 100-hour pharmacy.

Chapter 1

Introduction to Pharmaceutical Needs Assessments

What is a Pharmaceutical Needs Assessment?

The PNA is a statutory document that states the pharmaceutical needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. It should identify where there are gaps in service provision and help in the commissioning of pharmaceutical services in the context of local priorities. The PNA is primarily used by NHSE when making decisions on applications to open new pharmacies.

The Health and Social Care Act 2012 transferred responsibility for public health from the NHS to Local Authorities. This act also transferred responsibility for the PNA from primary care trusts to HWBBs with effect from the 1st April 2013. Sandwell Metropolitan Borough Council (MBC) is responsible for Sandwell's HWBB, which brings together influential people from across the council to make sure that services work together with the same aims, so that resources (time, money and people) are used where they can make the biggest impact.²

The previous PNA was published by Sandwell MBC in June 2018. It is a statutory requirement for the PNA to be updated every three years. However, due to the COVID-19 pandemic, an extension on the requirement to publish an updated PNA was granted until October 2022.

Objectives

The purpose of a PNA is to help Sandwell MBC, Sandwell HWBB, Sandwell and West Birmingham CCG, Sandwell Local Pharmacy Committee (LPC), pharmacy contractors, NHSE&I, and other stakeholders to:

- Understand the current and future pharmaceutical needs for the population of Sandwell
- Understand the current provision of pharmaceutical services
- Identify and address gaps in pharmaceutical services

- Understand the impacts of coronavirus (COVID-19) on the provision and accessibility of pharmaceutical services
- Inform commissioning decisions for pharmaceutical services by local authorities, NHSE&I, and CCGs.
- Inform decisions regarding the award of new NHS pharmacy contracts

Mitigating the impacts of coronavirus (COVID-19)

National, regional and local evidence on the impacts of COVID-19 shows that inequalities in physical and mental health have widened as a consequence of the pandemic. This is a result of both the direct effects of the virus, and the indirect effects through the control measures taken. While COVID-19 is not the primary focus of this PNA, it is recognised that its impacts on health and wellbeing inequalities, and on how people interact with services, are likely to influence what people need from community pharmacy services and how they access them.

To make an assessment of the impact of COVID-19 on both pharmacy contractors and service users, an additional set of questions has been added to both the public and pharmacy contractor surveys to capture the following:

- How has public access to pharmacy services has been affected?
- How has the pandemic has changed what people use pharmacy services for?
- How has the pandemic changed the way pharmacies deliver services and the types of services they deliver?

This information will help us to understand and address any new barriers to accessing services, as well as highlighting opportunities to improve the local offer.

What is excluded from the scope of the assessment?

The PNA is primarily for the assessment of accessibility and service provision at community pharmacies, and therefore pharmacists working in other areas e.g. distance selling pharmacies, GP practices, prisons, secondary and tertiary care centres and the services they provide are outside the scope of this assessment.

Process followed in the development of the PNA

This PNA was undertaken by Sandwell PNA Steering Group, in accordance with the requirements set out in regulations 3–9 of Schedule 1 of the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013. The PNA process consisted of the following three key stages:

- Review of the current provision of pharmaceutical services in Sandwell (including the impacts of COVID-19)
- Assessment of the need for pharmaceutical services in the local population (including the impacts of COVID-19 on accessibility and use of services)
- A consultation period to gather feedback from the public and other stakeholders

Information was gathered from community pharmacies in Sandwell to determine the provision of pharmaceutical services via an online or postal survey.

A public survey (available online or by post, in English, Bengali, Panjabi, Polish, Urdu, and British Sign Language) was promoted and distributed between December 2021–January 2022 by the following groups:

- Patient Participation Groups via Healthwatch Sandwell
- Sandwell Council and 'Healthy Sandwell' Twitter and Facebook accounts
- Promotion via Sandwell Deaf Community Association
- Sandwell Council Press release statement
- Promotion in Sandwell Residents Newsletter and Weekly Staff Roundup
- Promotion and distribution supported by members of Sandwell Council including the Public Health Development Officers, Volunteer Sector Support Team, and Councillors

A statutory 60-day public consultation period is planned from the 25th April 2022 to the 24th June 2022 to enable the public and other stakeholders to review the draft PNA. Any comments or feedback gathered will be presented in the final report.

PNA review process

Should significant changes regarding the provision of pharmaceutical services in Sandwell arise during the lifespan of this PNA (Oct 2022–Sept 2025), the PNA document will be refreshed or supplementary statements added. This action will be overseen by Sandwell HWBB. Changes affecting pharmaceutical service provision which may warrant a refresh to this current PNA include but are not limited to:

- New pharmacy contracts
- Pharmacy closures
- Pharmacies merge or consolidate
- Changes to pharmacy locations
- Changes to pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in public health intelligence or primary care service developments that may impact either beneficially or adversely on pharmacy-based services

Steering group

A PNA Steering Group was established in October 2021 and included representatives from the following organisations:

- Healthwatch Sandwell
- Sandwell and West Birmingham CCG
- Sandwell LPC
- Sandwell MBC Public Health

The Terms of Reference document including full membership list can be found in **Appendix 1**.

Chapter 2

Public Health Needs and Demography

Identification of Local Health Needs

The aim of this document is to assess the pharmaceutical needs of Sandwell residents and review the provision of pharmaceutical services within Sandwell. More comprehensive and detailed information on the health needs of Sandwell can be found in Sandwell's Joint Strategic Needs Assessments (JSNAs). The most recent Sandwell JSNA published in September 2020 covers early years (children aged 0–5). Sandwell JSNA work over the past decade includes the following:

- Children and young people 5 to 19 years – 2017
- Adult mental health and wellbeing – 2017
- Children and young people – emotional wellbeing and mental health – 2016
- Children and young people 0 to 19 years – 2014
- Alcohol – needs across the life course – 2013
- Long term conditions -2014
- Learning disabilities – 2014
- Environment and health 2013
- Frail older people – 2012
- Obesity - 2011

Prior JSNAs can be accessed via Sandwell Trends

<https://www.sandwelltrends.info/jsna-2/>. It is recommended that this PNA is read alongside the Sandwell JSNAs as the PNA does not replicate detailed descriptions of health needs.

Sandwell Public Health's future JSNA Programme will be integrated with the council's 2030 Vision for Sandwell to be a thriving, optimistic and resilient community. Sandwell's Vision 2030 includes 10 ambitions which will drive change in the borough:

1. Sandwell is a community where families have high aspirations and where we pride ourselves on equality of opportunity, adaptability and resilience
2. Sandwell is a place where we live healthy lives and live them for longer

3. Our workforce and young people are skilled, talented and have rewarding jobs
4. Our children benefit from the best start in life and a high-quality education
5. Our communities are built on mutual respect and taking care of each other
6. We have excellent and affordable public transport that connects the borough to the wider West Midlands
7. We have new homes to meet the housing needs in attractive neighbourhoods
8. Our distinctive towns and neighbourhoods are successful centres of community life
9. Sandwell has become a location of choice for industries of the future
10. Sandwell has a national reputation for getting things done

The findings and recommendations presented in this PNA will support Ambition 2 of Sandwell's Vision 2030 by ensuring the whole population has access to the pharmaceutical services they need.

Data and intelligence for this PNA was obtained from a variety of sources and includes:

- Office for National Statistics
- NHS England and NHS Improvement
- NHS England Business Services Authority
- Office for Health Improvement & Disparities – Public Health Profiles
- SHAPE Atlas
- Public questionnaire
- Pharmacy contractor questionnaire

Sandwell Borough Geography

Sandwell borough is a densely populated urban area located in the West Midlands, it covers an area of 85.56 km², including 1,200 hectares of green space and over 30 miles of canals. Sandwell is bordered by the neighbouring local authorities of Wolverhampton, Walsall, Birmingham and Dudley.

The total population of Sandwell is 329,042 according to ONS estimates (2020). The population estimates for the

six localities within Sandwell has been shown in **Table 1** below. The population of Sandwell has increased from 322,712 as recorded in the 2018 PNA (using ONS 2016 data). In comparison with 2016 data, there is an increase in population across all towns in Sandwell.

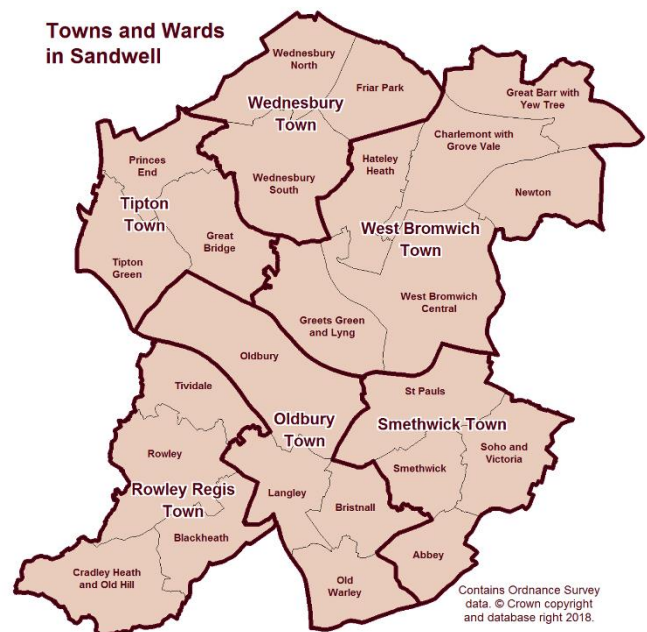


Table 1. Ward count and population by locality

Locality name	Number of wards in each locality	Population
Oldbury	4	53,707
Rowley Regis	4	51,243
Smethwick	4	61,586
Tipton	3	41,662
Wednesbury	3	39,491
West Bromwich	6	81,353
Sandwell Population	24	329,042

Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

Based on available data, this PNA describes the health needs and current provision of pharmaceutical services at the borough, locality, ward or lower super output area (LSOA) level. Electoral wards are political geographic units whose boundaries may change over time, whereas LSOAs are designed to report information on small areas and are less likely to change, thereby providing a consistent basis for tracking population changes over time. **Table 2** below shows the population of Sandwell by ward.

Table 2. Sandwell population by ward

Localities and the wards within them	Population
Oldbury	53,707
Bristnall	12,266
Langley	13,957
Old Warley	12,256
Oldbury	15,228
Rowley Regis	51,243
Blackheath	12,192
Cradley Heath and Old Hill	13,934
Rowley	12,149
Tividale	12,968
Smethwick	61,586
Abbey	12,640
Smethwick	15,302
Soho and Victoria	17,764
St Pauls	15,880
Tipton	41,662
Great Bridge	13,533
Princes End	13,548
Tipton Green	14,581
Wednesbury	39,491
Friar Park	12,735
Wednesbury North	13,175
Wednesbury South	13,581
West Bromwich	81,353
Charlemont with Grove Vale	12,281
Great Barr with Yew Tree	12,890
Greets Green and Lyng	13,939
Hateley Heath	15,250

Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

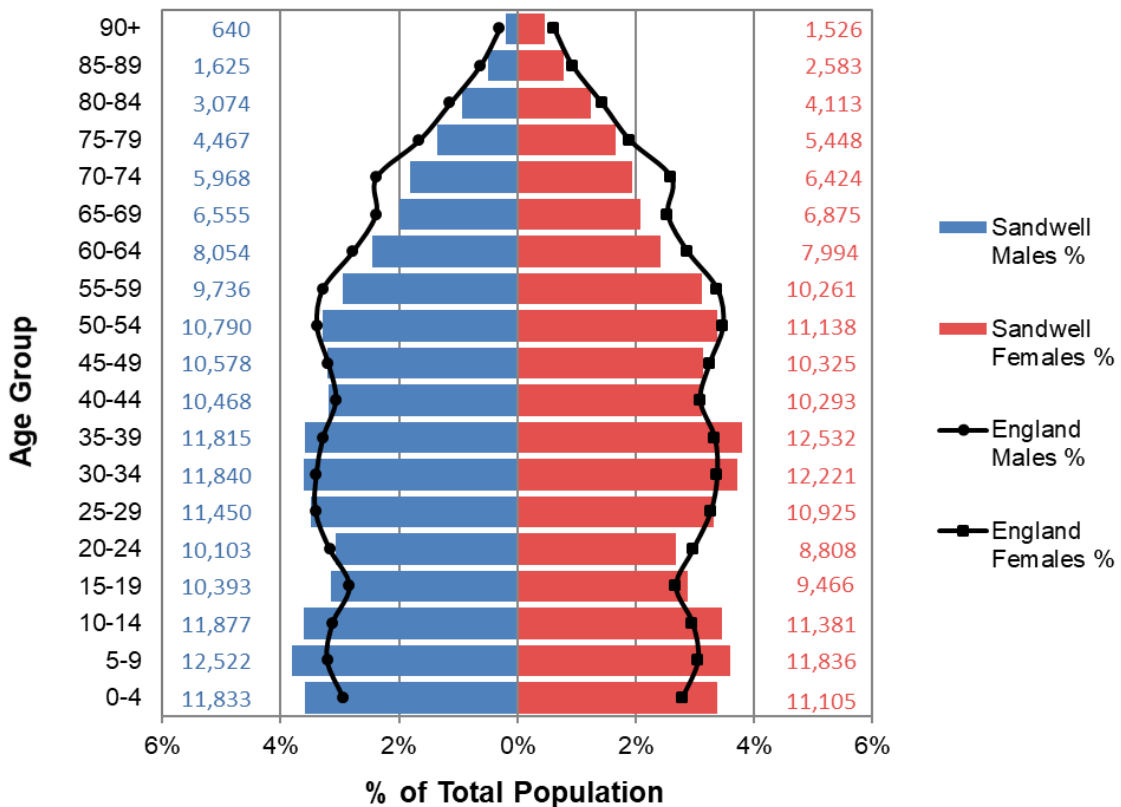
Newton	12,455
West Bromwich Central	14,538
Sandwell Population	329,042

Sandwell Demographics

Age Profile

Sandwell has higher proportion of young people compared with England as shown in **Figure 1**. The proportion of males and females aged 0–19 years is higher than the England average. Similarly, there are proportionally more 30–39 year olds in Sandwell than in England. There are less older adults (≥55 years old) in Sandwell compared with England.

Figure 1. Mid-2020 estimated Sandwell population in each group



Source: Office for National Statistics (ONS) - Mid-Year Population Estimates, UK, June 2020

The age structure of Sandwell varies by ward and locality. Of the five wards with the highest proportion of under 16-year olds, three of these wards are located in Smethwick, one in West Bromwich and one in Tipton (**Table 3**). Sandwell has a

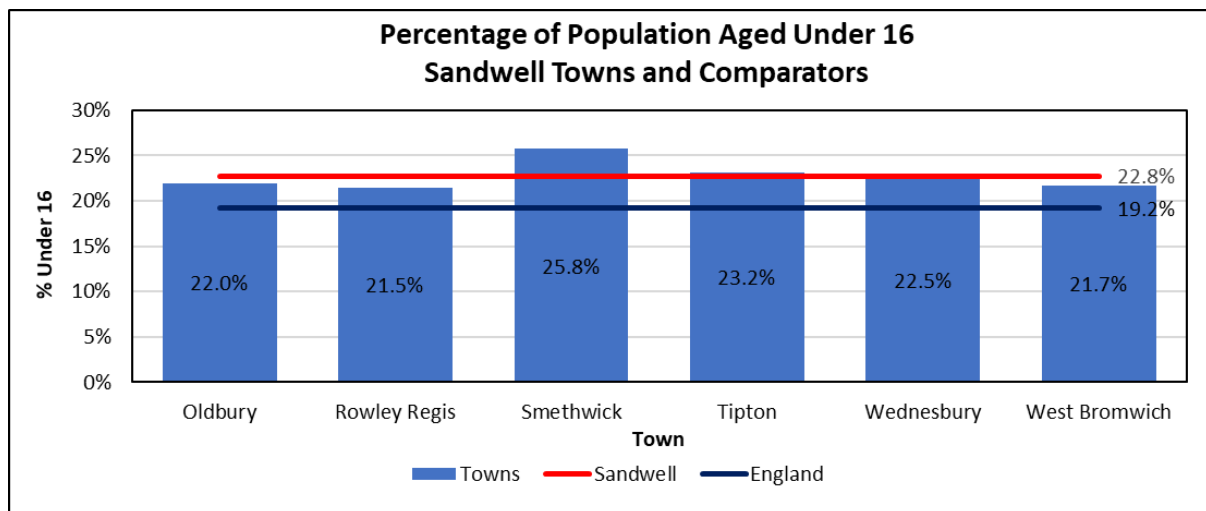
higher proportion of under 16-year olds compared with the England average. Within Sandwell, when ward level data is aggregated to locality level data, Smethwick and Tipton have the highest proportion of young people (**Figure 2**).

Table 3. Five wards in Sandwell with the highest under 16-year old population

Ward	Locality	Percentage under 16-years olds
Soho and Victoria	Smethwick	29.1%
St Pauls	Smethwick	26.4%
Greets Green and Lyng	West Bromwich	25.2%
Smethwick	Smethwick	25.1%
Princes End	Tipton	24.9%

Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

Figure 2. Percentage of population under 16 years in Sandwell compared with national average



Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

The wards with the highest proportion of older adults (≥ 65 years) are located in the West Bromwich, Oldbury, and Rowley Regis localities (**Table 4**). When this data is aggregated to locality level data, Rowley Regis and West Bromwich have the highest

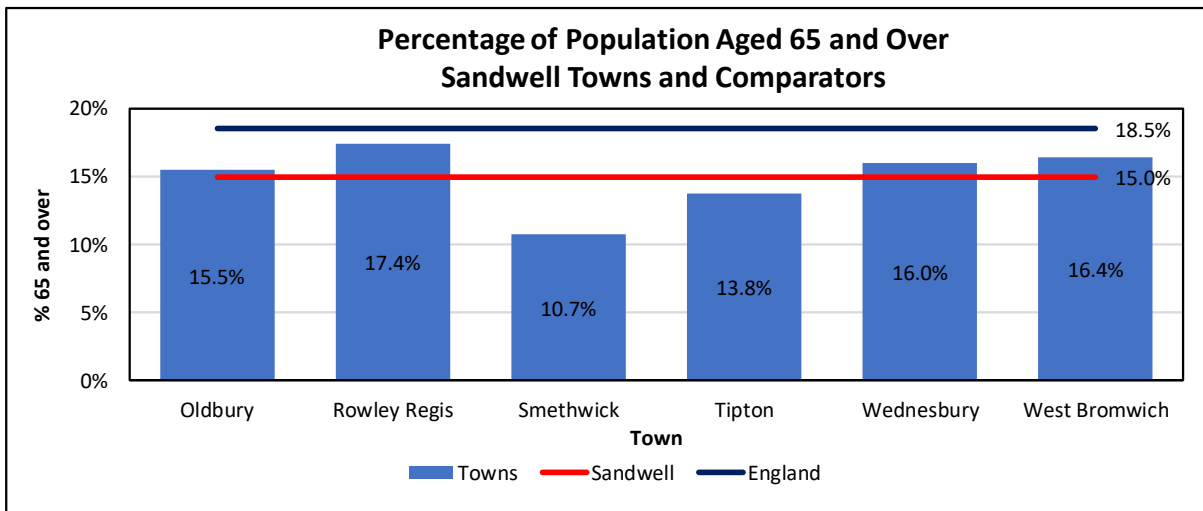
proportion of older adults. There are less older adults in Sandwell compared with the national average (**Figure 3**).

Table 4. Five wards in Sandwell with the highest over 65-year old population

Ward	Locality	Percentage aged 65 and older
Charlemont with Grove Vale	West Bromwich	20.2%
Newton	West Bromwich	19.8%
Old Warley	Oldbury	18.8%
Blackheath	Rowley Regis	18.5%
Rowley	Rowley Regis	17.9%

Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

Figure 3. Percentage of population aged 65 and over in Sandwell compared with England



Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

What this means for our PNA?

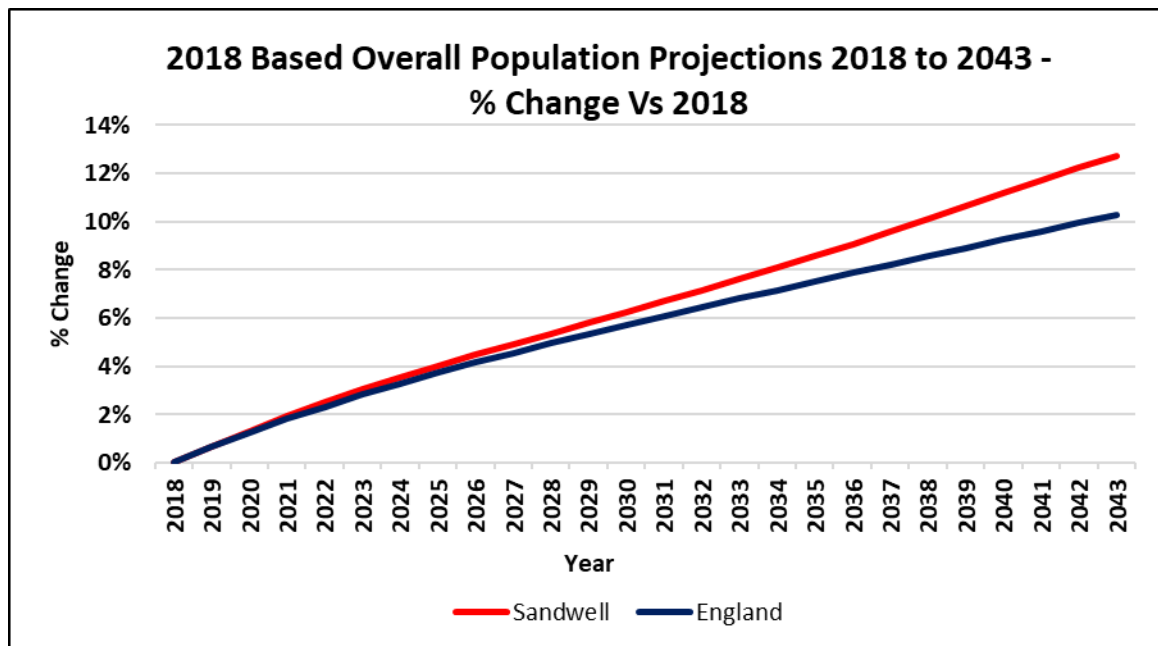
Smethwick and Tipton have the highest proportion on young people compared with Sandwell’s other towns and this may represent a proportionally greater need for pharmaceutical services tailored towards young people in these areas. Whereas, in

the other four towns, there is likely to be a proportionally greater demand for pharmaceutical services from older adults.

Population projections

The predicted population growth projection for Sandwell in all age groups from 2018 to 2043 is 12.7%. This is above the predicted rise for England which is 10.3% (Figure 4).

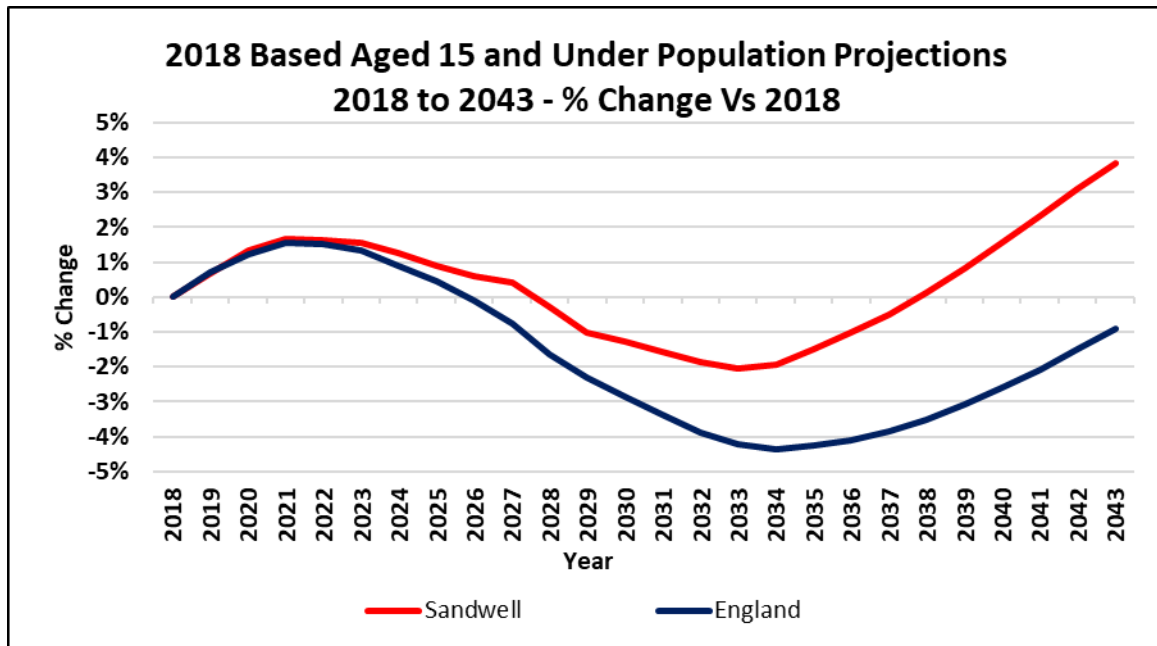
Figure 4. Population growth projection 2018-2043



Source: Office for National Statistics (ONS) - 2018 Based Population Projections

The 15 and under age group population is expected to rise during 2021–2022, followed by a gradual decline to reach its lowest point in 2033–35. It is then expected to rise steeply until 2043. Overall, the Sandwell under 16 population is expected to increase by 3.8% from 2018–2043 whereas the England population is predicted to decrease by 0.9% during the same period as shown in Figure 5. However, the ONS model used to make population projections may under-estimate the population growth rate that will result from higher birth rates in BME communities. This is notable given the high proportion of BME residents in Sandwell. Further, the long projection period exceeds the scope of this PNA which is expected to be updated in 2025.

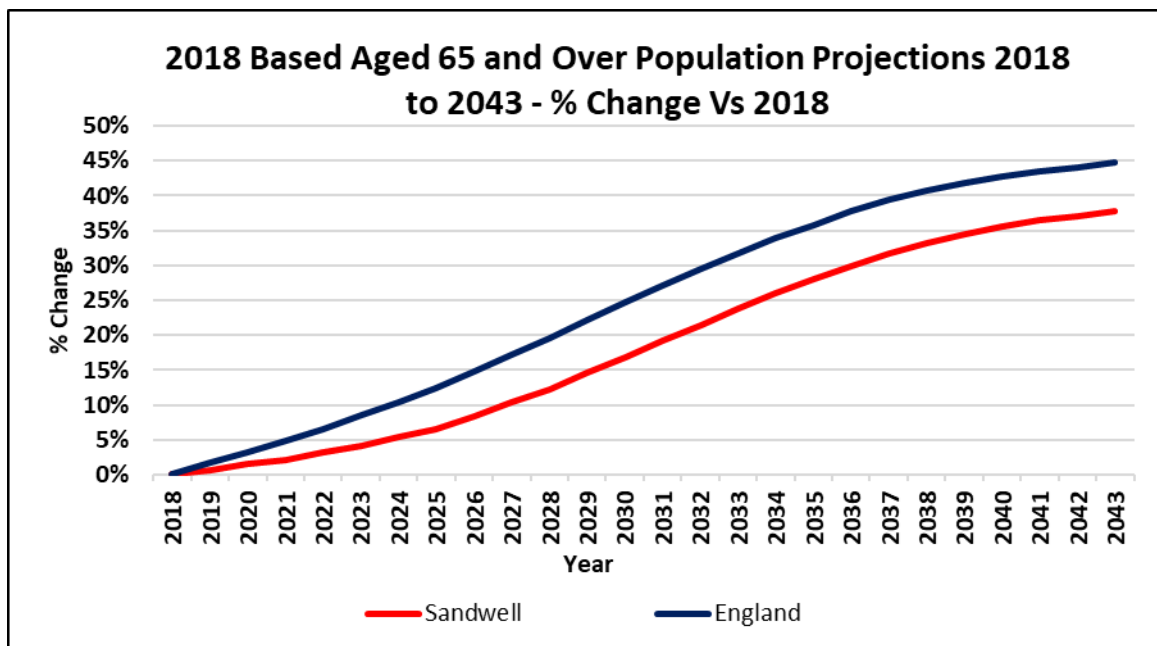
Figure 5. Population Projections from 2018–2043 in 15 and under age group



Source: Office for National Statistics (ONS) – 2018 Based Population Projections

The growth in population for the over 65 age group is expected to increase steadily by 37.9% in 2043, and population growth is expected to be less than for England (Figure 6).

Figure 6. Population Projections from 2018-2043 in 65 and above age group



Source: Office for National Statistics (ONS) – 2018 Based Population Projections

Housing growth

There is planned housing in the adjoining areas of Greater Icknield (Birmingham) and Smethwick (Sandwell) which has the potential for 4000 new homes. The 2 areas that fall under Sandwell are Grove Lane (800 new homes) and part of Brindley Canalside (400 new homes). Analysis of this housing data did not indicate that in the next three years there will be population increases of a sufficient size to impact on need for new pharmaceutical providers.

What this means for our PNA?

The projected increase in population during the lifespan of the PNA is not anticipated to affect the delivery of pharmaceutical services. The existing pharmacies should be able to meet the needs of the population.

Ethnicity

Sandwell is an ethnically diverse borough with 34.2% of the population from BME communities. As identified in the previous PNA, Smethwick has the highest proportion of BME residents in the under 16 and over 65 years age groups. Rowley Regis has the lowest proportion of BME residents in these age groups (**Table 5**).

Table 5. Proportion of residents from BME communities by age group

Area	% BME residents under 16 Years of age	% BME residents aged 65+
Sandwell	45.6%	14.3%
England	26.1%	8.4%
Locality		
Oldbury	44.7%	13.4%
Rowley		
Regis	21.4%	4.0%
Smethwick	74.2%	35.8%
Tipton	30.8%	7.2%
Wednesbury	29.9%	7.7%
West		
Bromwich	53.9%	17.0%

Source: Office for National Statistics (ONS) -2011
 Census Table DC2101EW - Ethnic group by sex by
 age

What this means for our PNA?

Pharmacy services are frequently accessed by families with young children and older adults. Having a large number of residents within these categories may increase the demand for pharmacy services in these areas. There is a correlation between ethnic diversity and health inequalities, whereby BME communities experience a higher levels of health inequalities throughout the life course which leads to a higher prevalence of chronic diseases such as diabetes and cardiovascular disease. Therefore, it's likely that there will be an increased demand for pharmacy services in localities with a high proportion of older BME residents. There may also be additional needs, such as the need for pharmacists to speak additional languages in these localities to overcome barriers to accessing services.

Life expectancy

Life expectancy is a measure of how long a person born in an area would be expected to live using current observed rates of mortality. The gap in life expectancy between the best and worst areas can help us understand the extent of health inequalities present across the borough.

The life expectancy at birth for men in Sandwell is 76.1 years and women is 80.7 years, these are both lower than the average life expectancy for West Midlands (males, 78.5 years; females, 82.5 years) and England (males, 79.4 years; females, 83.1 years). Inequalities in life expectancy also exist within the borough for both men and women. The ward of Old Warley (Oldbury) has the highest male life expectancy of 81.4 years, whereas the ward of Princes End (Tipton) has the lowest male life expectancy of 74.2 years (7.2 years difference in life expectancy; **Table 6**). The ward of Rowley (Rowley Regis) has the highest female life expectancy of 85.3 years, whereas the ward of Great Bridge (Tipton) has the lowest female life expectancy of 77.5 years (7.8 years difference in life expectancy; **Table 7**).

Table 6. Male Life Expectancy (Years) By Ward-2015- 19

Sandwell Town	Ward Name*	Quintile	Male LE at Birth
Tipton	Princes End	Worst	74.2
Smethwick	Smethwick		74.8
Tipton	Great Bridge		75.1
Tipton	Tipton Green		75.1
West Bromwich	Hateley Heath		75.4
Sandwell Town	Ward Name*	Quintile	Male LE at Birth
Rowley Regis	Rowley	Best	78.5
West Bromwich	Newton		79.1
West Bromwich	Great Barr with Yew Tree		79.9
West Bromwich	Charlemont with Grove Vale		80.3
Oldbury	Old Warley		81.4

Source: Office for National Statistics (ONS) via Public Health England (PHE) Local Health website- Life expectancy at birth, 2015 to 2019 *best fit wards

Table 7. Female Life Expectancy (Years) By Ward-2015-19

Sandwell Town	Ward Name*	Quintile	Female LE at Birth
Tipton	Great Bridge	Worst	77.5
West Bromwich	Hateley Heath		78.9
Wednesbury	Wednesbury North		79.2
Tipton	Princes End		79.7
Rowley Regis	Tividale		79.8
Sandwell Town	Ward Name*	Quintile	Female LE at Birth
West Bromwich	Great Barr with Yew Tree	Best	84.1
Oldbury	Old Warley		84.3
West Bromwich	Charlemont with Grove Vale		84.4
Smethwick	Abbey		85.3
Rowley Regis	Rowley		85.3

Source: Office for National Statistics (ONS) via Public Health England (PHE) Local Health website- Life expectancy at birth, 2015 to 2019

* best fit Wards

What this means for our PNA?

Closing the gap in life expectancy observed across the borough is one of the key priorities of the HWBB. Pharmacy services such as smoking cessation, vascular risk assessment, alcohol interventions and healthy living advice are all activities which can impact on life expectancy.

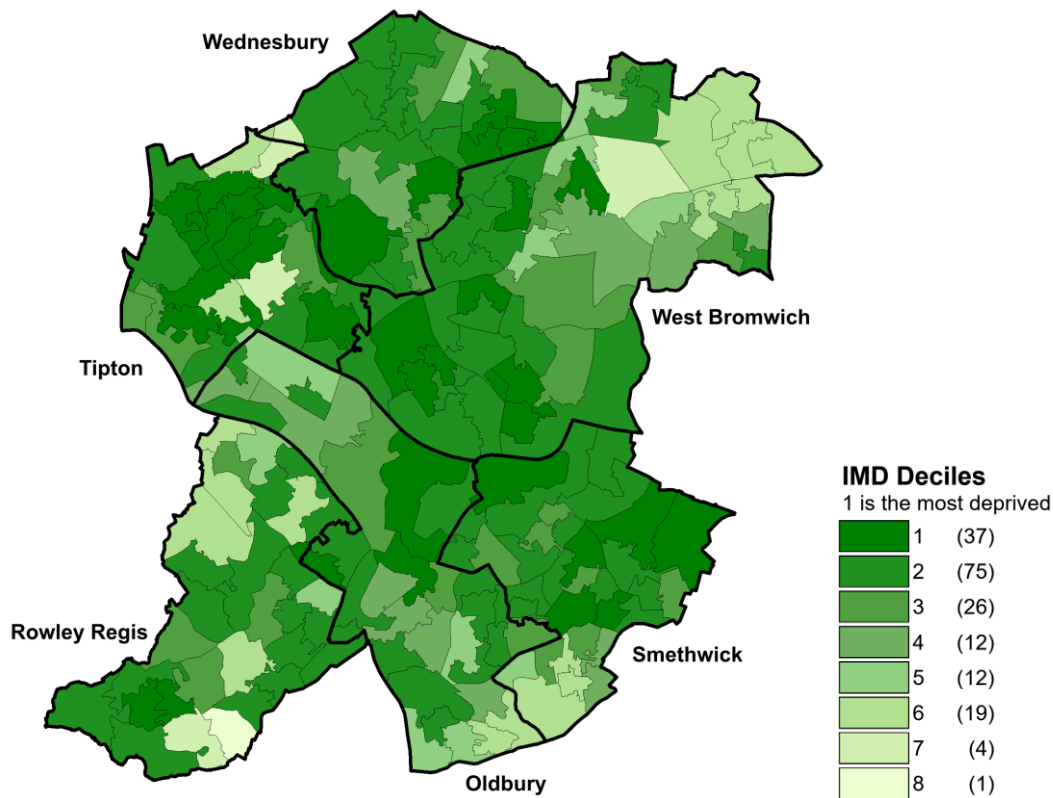
Deprivation in localities

Deprivation to many means poverty and is not an easy term to measure. Poverty impacts on individuals, families, communities and society, and its consequences are far-reaching (including social isolation, low educational attainment, unemployment, and impacts on mental and physical health). One of the most common measures of deprivation is the England Indices of Multiple Deprivation (IMD) which is a measure of relative deprivation for LSOAs in England. The IMD applies weightings to different themes such as housing, health and well-being, education and skills, income deprivation, and crime to generate a score for each LSOA which are ranked relative to each other. The relative level of deprivation experienced by a population has a direct correlation with health outcomes for that population. Sandwell is the 8th most

deprived local authority in England and deprivation is spread throughout the borough rather than being concentrated in hotspots (**Figure 7**).

Overall Sandwell has a high level of deprivation compared with England. All of the Sandwell LSOAs are in the 80 percent most deprived LSOAs in England. Analysis of the IMD for the LSOAs in Sandwell shows that each of the localities has significant levels of deprivation with no locality having a LSOA in the least deprived 20% nationally, and very few areas in Sandwell fall into the 40% of least deprived areas in England (Oldbury, Smethwick and Wednesbury have no LSOAs in the 40% of least deprived areas in England).

Figure 7. Sandwell LSOAs and Town IMD 2019 National Deciles



© Crown copyright and database rights 2021 Ordnance Survey Licence No 100032119

*Lower Layer Super Output Areas (LSOAs) are small areas with an average population of approximately 1,500 people or 650 households

Source: [Ministry of Housing, Communities & Local Government](#)

Deciles rank the LSOA in England into ten bands and so any LSOA in decile 1 is in the ten percent most deprived LSOA in England and any in decile 10 is in the ten percent least deprived LSOA in England.

What this means for our PNA?

People in more deprived areas generally live with poorer health. Increased deprivation is also associated with a higher prevalence of smoking, harmful drinking, poor diet and poor mental health. Community pharmacies have an extended role to play in educating and supporting communities to adopt healthier lifestyles.

Local health needs and priorities

Smoking

Smoking is the largest avoidable cause of death and of social inequalities in life expectancy in the UK.³ Whilst prevalence rates of smoking in Sandwell have fallen in recent years; smoking rates remain higher than the regional and national prevalence rates (**Table 8**). Reducing smoking rates further is a key focus for health services, particularly for “harder to reach groups”, such as for routine and manual workers who are known to have higher smoking prevalence rates.

Table 8. Smoking Prevalence, 2019

Area	Smoking Prevalence in Adults (18+)
Sandwell	15.3
West Midlands Region	14.1
England	13.9

Source: PHE Local Tobacco Control Profiles, ONS Annual Population Survey (APS)

What this means for our PNA?

Pharmacies have an important role in providing support for smoking cessation by providing access to nicotine replacement therapy (NRT) and providing advice from pharmacists and trained staff. Pharmacies are a unique provider in that they provide access to NRT at the point of care and provide a “walk in” service across extended opening hours which is particularly important for improving accessibility of care for harder to reach groups.

Alcohol

Male alcohol-related mortality is a significant problem in Sandwell. Male deaths from alcohol-related diseases and conditions are considerably more than for the West Midlands and England (**Table 9**). The rate for women is also slightly above the regional and national rates. Whilst overtime Sandwell’s alcohol-related hospital admission rates are improving in males, at 706.8 per 100,000, this is still higher than the national (England) rate of 694.8 per 100,000 (**Table 10**). Alcohol-related admission rates for females are lower in Sandwell than the regional and national averages.

Table 9. Alcohol related deaths (rates per 100,000 people)

Area	Alcohol-Related Mortality Rate - Males	Alcohol-Related Mortality Rate - Females
Sandwell	76.9	23.1
West Midlands Region	59.5	20.5
England	54.7	19.4

Source: PHE local alcohol profiles, 2019 data

Table 10. Alcohol hospital admissions (rates per 100,000 population)

Area	Admission Episodes for Alcohol-Related Conditions (Narrow), Males	Admission Episodes for Alcohol-Related Conditions (Narrow), Females
Sandwell	706.8	249.5
West Midlands Region	799.2	417.0
England	694.8	359.3

Source: PHE's Local Alcohol Profiles for England, 2019/20 data.

What this means for our PNA?

Pharmacies have a potential role in providing structured brief interventions in alcohol use, as well as providing opportunistic lifestyle advice and signposting patients to other healthcare services.

Physical activity

Physical inactivity is linked to conditions such as obesity, diabetes, cancer, dementia, stroke, heart disease, and hypertension. Regular physical activity helps to prevent and alleviate these conditions and is essential for physical and mental health and wellbeing. The Active Lives Survey collects data on the engagement in, and attitudes to, sport and physical activity in England and Wales. The 2019/20 survey shows that in Sandwell only 54% of adults undertook the recommended levels of 150 minutes of physical activity per week. This was much lower than the rates for adults in the West Midlands Region at 63.1% and England at 66.4% (**Table 11**).

Table 11. Percentage of adults achieving at least 150 minutes of physical activity

Area	% of Adults Physically Active
Sandwell	54.0%
West Midlands Region	63.1%
England	66.4%

Source: Public Health England (based on the Active Lives Adult Survey, Sport England) 2019/20

Obesity

Obesity in adults is also estimated from the Active Lives Survey. **Table 12** shows that rate of obesity in Sandwell is much higher than the West Midlands and England averages.

Table 12. Obese and overweight adults

Area	Percentage of adults (aged 18+) classified as overweight or obese
Sandwell	76.7
West Midlands Region	66.8
England	62.8

Source: Public Health England 2019/20 (based on Active Lives survey, Sport England)

Obesity in children is measured through the National Child Measurement Programme (NCMP). In Sandwell 24.6% of reception class children (4–5 year olds) are overweight or obese and 42.9% of year 6 children (10-11-year olds) are overweight or obese. The figures for Sandwell wards and localities can be seen below, for reception year and year 6 (**Table 13**). The proportion of reception age children in Sandwell who are overweight or obese has more than doubled since the 2018 PNA (using 2013/14 – 2015/16 data). The proportion of year 6 children who are overweight or obese has increased by almost 70% since the 2018 PNA.

Table 13. Childhood obesity (overweight including obesity) by ward and locality

Locality	Ward	Reception: Prevalence of overweight (including obesity)	Year 6: Prevalence of overweight (including obesity)
Oldbury	Bristnall	26.0	41.8
	Langley	26.4	41.4
	Old Warley	21.1	39.1
	Oldbury	22.7	43.0
	Total	24.1	41.4
Rowley Regis	Blackheath	26.1	41.5
	Cradley Heath and Old Hill	25.9	45.1
	Rowley	25.5	39.6
	Tividale	20.2	44.7
	Total	24.4	42.8
Smethwick	Abbey	20.2	40.7
	St Pauls	22.8	45.5
	Smethwick	22.5	42.9
	Soho and Victoria	23.2	45.9
	Total	22.4	44.2
Tipton	Great Bridge	24.3	38.3
	Princes End	31.5	42.5
	Tipton Green	24.8	40.8
	Total	26.8	40.6
Wednesbury	Friar Park	31.3	48.2
	Wednesbury North	24.3	41.9
	Wednesbury South	25.0	47.3
	Total	27.3	46.0

West Bromwich	Charlemont with Grove Vale	22.9	41.6
	Great Barr with Yew Tree	23.4	40.2
	Greets Green and Lyng	26.0	42.5
	Hateley Heath	26.5	42.5
	Newton	24.4	42.3
	West Bromwich Central	22.7	45.7
	Total	24.5	42.6
Sandwell	Grand Total	24.6	42.9

The data presented above only includes children participating in the NCMP in state-maintained schools.

Source: NHS Digital, National Child Measurement Programme (2017/18 – 2019/20)

What this means for our PNA?

Pharmacies provide advice and support for healthy lifestyles as part of their core contract. However, examples of enhanced services are evolving whereby pharmacies play an increasing role in actively supporting adults and children to increase level of exercise, chose healthier food options and maintain a healthy weight.

Teenage conceptions

The rate of teenage conceptions in Sandwell is higher than the West Midlands and England rate at 21.8 conceptions per 1000 women under 18 years old (**Table 14**). However, the rate of teenage conceptions in Sandwell has fallen dramatically over the past 10 years (reduced by almost one third since 2015).

Table 14. Under 18 conception rates per 1,000

Area	Rate of teenage (under 18) conceptions
Sandwell	21.8
West Midlands Region	18.3
England	15.7

Source: Public Health Outcomes Framework (PHOF) 2019

What this means for our PNA?

Pharmacies in Sandwell provide access to Emergency Hormonal Contraception (EHC) through a Patient Group Direction (PGD). The service is free of charge to women using the service. Pharmacies are a safe, accessible and non-judgemental provider of EHC services.

Disease prevalence

Disease prevalence can be measured using data recorded for the Quality and Outcomes Framework (QoF) used by GPs. This data is helpful but has its limitations; there can be under recording which is not apparent meaning that prevalence looks lower than in practice. In addition, the start of COVID-19 pandemic in the last quarter of 2019-20 has led to unprecedented changes to the work of GP practices and consequently data may have been impacted. However, as a comparative tool it can help to demonstrate variation across CCG areas. Generally, Black Country and West Birmingham CCG area shows a similar prevalence across disease types with England (**Table 15**).

Table 15. Disease Prevalence

Disease	Black Country & West Birmingham CCG %	England %
Atrial fibrillation	1.8%	2.1%
Asthma	6.5%	6.4%
Cancer	2.6%	3.2%
Secondary prevention of coronary heart disease	3.4%	3.1%
Chronic kidney disease	4.5%	4.0%
Chronic obstructive pulmonary disease	1.9%	1.9%
Dementia	0.6%	0.7%
Depression	12.0%	12.3%
Diabetes mellitus	9.0%	7.1%
Epilepsy	0.9%	0.8%
Heart failure	0.9%	0.9%
Hypertension	14.7%	13.9%
Learning disability	0.6%	0.5%
Mental health	1.0%	1.0%
Non-diabetic hyperglycaemia	4.4%	5.3%
Obesity	8.4%	6.9%
Osteoporosis: secondary prevention of fragility fractures	0.6%	0.8%
Peripheral arterial disease	0.5%	0.6%
Palliative care	0.5%	0.5%
Rheumatoid arthritis	0.9%	0.8%
Stroke and transient ischaemic attack	1.7%	1.8%

Source: Quality and Outcomes Framework (QoF) 2020-21

What this means for our PNA?

Pharmacies provide essential services and support for patients with long-term conditions. Ensuring that medicines taken to manage long-term conditions are used safely and effectively improves outcomes for patients and reduces the risk of drug-related hospital admissions. Pharmacies have a role in ensuring patients, clinicians and carers can obtain the maximum benefit from medicines whilst reducing risks associated with treatment. In addition, pharmacies can provide healthy lifestyle advice which will support the prevention and management of long-term conditions.

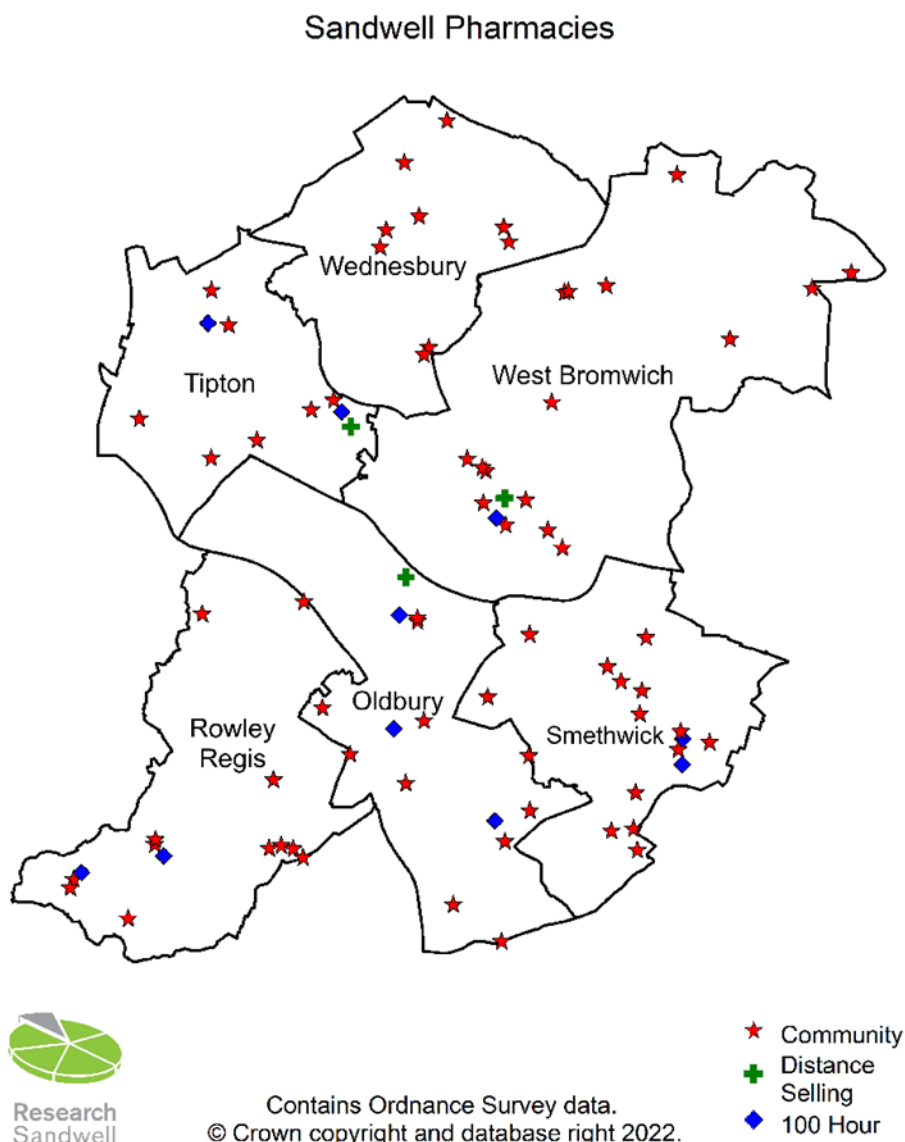
Chapter 3

Community Pharmacy Provision in Sandwell MBC

Location of pharmacies

The map below (**Figure 8**) shows the distribution and type of pharmacies available in Sandwell. In Sandwell there are community, distance selling, and 100-hour pharmacies. Wednesbury is the only town that does not have access to a 100-hour pharmacy. Rowley Regis, Smethwick and Wednesbury do not have access to a distance selling pharmacy.

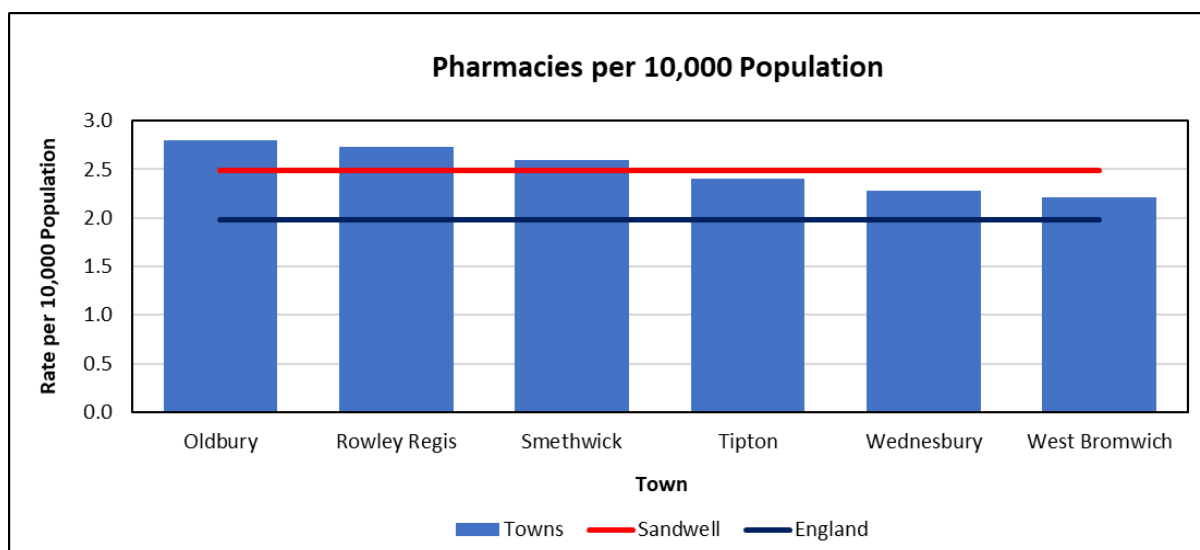
Figure 8. Map of pharmacy locations in Sandwell



In total, there are 82 pharmacies in Sandwell (including three distance selling pharmacies and ten 100-hour pharmacies) serving a population of 329,042 residents. This equates to one pharmacy per 4013 residents, which is greater than the England average of one pharmacy per 5056 residents.

There is a good distribution of community pharmacies across the borough. With all towns having more than the England average rate of community pharmacies per 10,000 population. Oldbury, Rowley Regis, and Smethwick have the highest rate of community pharmacies per 10,000 population (**Figure 9**).

Figure 9. Community pharmacies per 10,000 population



Pharmacy Data Source: NHS England and NHS Improvement

Population Data Source: Office for National Statistics

Pharmacies in Sandwell are spread evenly compared with the population of each town. West Bromwich has the most pharmacies and the largest population of all Sandwell towns. Wednesbury has the least number of pharmacies and also the smallest population of all Sandwell towns (**Table 16**).

Table 16. Number of pharmacies by locality

Locality	Ward	All Pharmacies	100 Hour Pharmacies	Mid-2020 Population
Oldbury	Bristnall	4	1	12,266
	Langley	5	1	13,957
	Old Warley	2	0	12,256
	Oldbury	4	1	15,228
	Total	15	3	53,707
Rowley Regis	Blackheath	4	0	12,192
	Cradley Heath and Old Hill	7	2	13,934
	Rowley	1	0	12,149
	Tividale	2	0	12,968
	Total	14	2	51,243
Smethwick	Abbey	4	0	12,640
	Smethwick	2	0	15,302
	Soho and Victoria	7	2	17,764
	St Pauls	3	0	15,880
	Total	16	2	61,586
Tipton	Great Bridge	5	1	13,533
	Princes End	3	1	13,548
	Tipton Green	2	0	14,581
	Total	10	2	41,662
Wednesbury	Friar Park	2	0	12,735
	Wednesbury North	4	0	13,175
	Wednesbury South	3	0	13,581
	Total	9	0	39,491
West Bromwich	Charlemont with Grove Vale	3	0	12,281
	Great Barr with Yew Tree	2	0	12,890
	Greets Green and Lyng	3	1	13,939
	Hateley Heath	0	0	15,250
	Newton	2	0	12,455
	West Bromwich Central	8	0	14,538
	Total	18	1	81,353
	Sandwell	Grand Total	82	10

Pharmacy Data Source: NHS England and NHS Improvement
Population Data Source: Office for National Statistics

Pharmacy Access Scheme

The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected.⁴ The PhAS is an additional monthly payment made to all eligible pharmacies in areas where there are fewer pharmacies. The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

The objective of the 2022 PhAS is to better target support to pharmacies that are deemed essential for local provision of physical NHS pharmaceutical services. To best protect access, the scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy. The 2022 PhAS will apply from 1 January 2022. The pharmacies in Sandwell that qualify for this scheme are listed in **Table 17** below.

Table 17. Sandwell pharmacies that qualify for the 2022 Pharmacy Access Scheme

Fcode at 31st March 2021	Trading Name	Address	Postcode	Sandwell Town
FKE95	Boots	Unit D Gallagher Retail Park, Axletree Way, Wednesbury	WS10 9QY	Wednesbury
FL134	Portway Pharmacy	51a New Birmingham Road, Tividale	B69 2JQ	Rowley Regis
FYL65	D P Forrest Ltd	145 Hamstead Road, Great Barr, Birmingham	B43 5BB	West Bromwich
FYV46	Sandwell Pharmacy	85 Church Vale, West Bromwich	B71 4DH	West Bromwich

Pharmacies will lose their eligibility for the scheme if they are not registered to provide the Community Pharmacist Consultation Service by 31st December 2021.

Source: GOV.UK

Identification of Pharmaceutical Service Provision

NHSE provided a list of pharmacy contractors including their locations and opening hours. A contractor questionnaire was also sent to Sandwell community pharmacies via an email link to Snap Surveys and via post.

Access to Community Pharmacy and Pharmaceutical Services

The maps in this PNA illustrate that the geographical location of Sandwell community pharmacies is well spread across the populated areas, covering deprived areas and those with a higher proportion of BME residents.

Patients are not registered with individual pharmacies and so have choices about where to have their prescriptions dispensed and where to access essential, advanced, enhanced and local pharmacy services.

Opening Hours

For a full list of pharmacies and their opening hours please see **Appendix 2**. In total there are 65 pharmacies that open Saturdays and 16 pharmacies that are open on a Sunday (**Table 18**).

Table 18. Pharmacies by locality and number open on the weekends

Locality	Ward	All Pharmacies	Open Saturdays	Open Sundays
Oldbury	Bristnall	4	4	1
	Langley	5	5	2
	Old Warley	2	2	1
	Oldbury	4	3	1
	Total	15	14	5
Rowley Regis	Blackheath	4	3	1
	Cradley Heath and Old Hill	7	4	1
	Rowley	1	0	0
	Tividale	2	1	0
	Total	14	8	2
Smethwick	Abbey	4	4	0
	Smethwick	2	2	0
	Soho and Victoria	7	5	3
	St Pauls	3	2	0
	Total	16	13	3
Tipton	Great Bridge	5	4	2

	Princes End	3	3	2
	Tipton Green	2	2	0
	Total	10	9	4
Wednesbury	Friar Park	2	2	0
	Wednesbury North	4	3	1
	Wednesbury South	3	2	0
	Total	9	7	1
West Bromwich	Charlemont with Grove Vale	3	2	0
	Great Barr with Yew Tree	2	1	0
	Greets Green and Lyng	3	2	1
	Hateley Heath	0	0	0
	Newton	2	2	0
	West Bromwich Central	8	7	0
	Total	18	14	1
Sandwell	Grand Total	82	65	16

Pharmacy Data Source: NHS England and NHS Improvement

There are 33 pharmacies that are open after 6.30pm and 33 pharmacies that are open before 9am which demonstrates good access to pharmaceutical services throughout the Borough, out of normal office hours (**Table 19**).

Table 19. Pharmacies by locality and number with extended hours

Locality	Ward	All Pharmacies	Open Before 9am	Open After 6:30pm
Oldbury	Bristnall	4	1	3
	Langley	5	1	2
	Old Warley	2	2	2
	Oldbury	4	2	2
	Total	15	6	9
Rowley Regis	Blackheath	4	2	1
	Cradley Heath and Old Hill	7	4	2
	Rowley	1	0	0
	Tividale	2	2	0
	Total	14	8	3
Smethwick	Abbey	4	0	1
	Smethwick	2	0	2
	Soho and Victoria	7	3	3

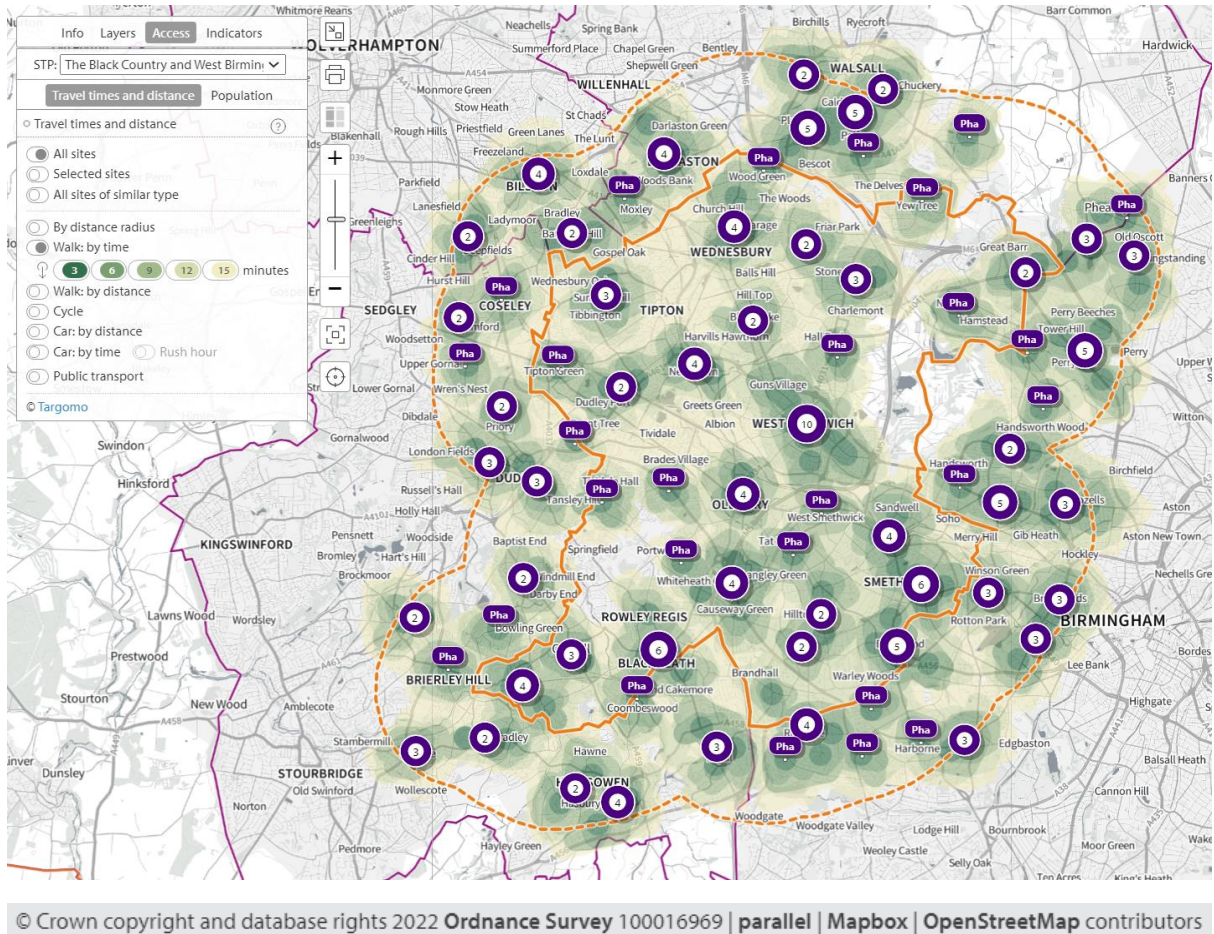
	St Pauls	3	0	2
	Total	16	3	8
Tipton	Great Bridge	5	4	3
	Princes End	3	2	2
	Tipton Green	2	1	0
	Total	10	7	5
Wednesbury	Friar Park	2	0	0
	Wednesbury North	4	1	2
	Wednesbury South	3	1	1
	Total	9	2	3
West Bromwich	Charlemont with Grove Vale	3	0	1
	Great Barr with Yew Tree	2	0	0
	Greets Green and Lyng	3	2	2
	Hateley Heath	0	0	0
	Newton	2	1	1
	West Bromwich Central	8	4	1
	Total	18	7	5
	Sandwell	Grand Total	82	33

Pharmacy Data Source: NHS England and NHS Improvement

Walking and Public Transport Distance to Pharmacies

The map below shows areas within a 15-minute walking distance of a pharmacy for Sandwell residents (**Figure 10**). This includes pharmacies within a 2km boundary of Sandwell which may also be accessed by Sandwell residents. Most residents can access a pharmacy within a reasonable walking time.

Figure 10. Areas within a 15-minute walk to a pharmacy

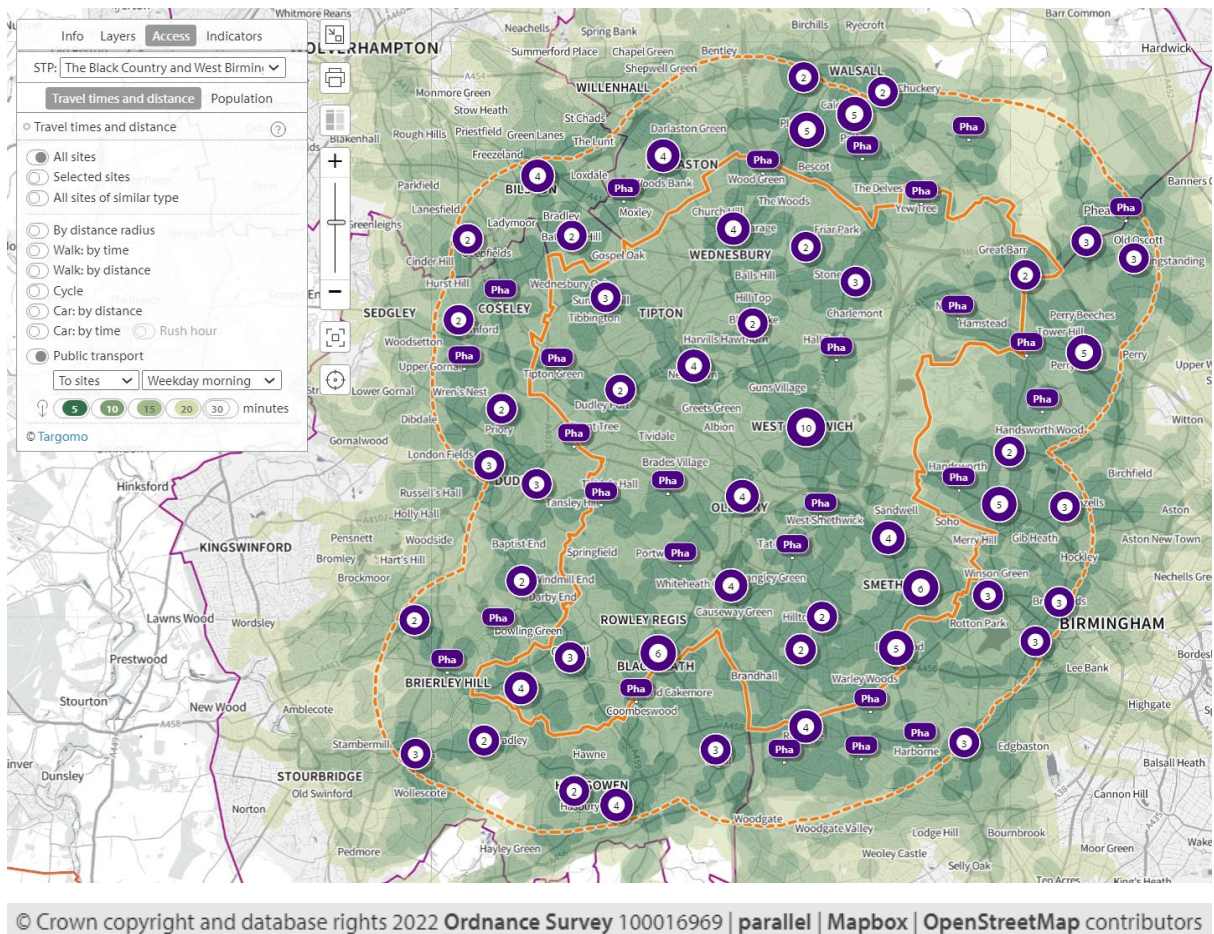


Source: SHAPE Place Atlas 2022

The map was exported from the SHAPE Place Atlas on 22/03/2021

The public transport map below demonstrates that all Sandwell residents can get to a pharmacy within 20 minutes by travelling on public transport on a weekday morning (**Figure 11**). All Sandwell residents can also access a pharmacy within 20 minutes on public transport on weekday afternoons and evenings (maps available in **Appendix 3** and **Appendix 4**)

Figure 11. 20 minutes travel to a pharmacy by public transport (weekday mornings)



Source SHAPE Atlas 2022

The map was exported from the SHAPE Place Atlas on 22/03/2022

What does this mean for this PNA?

From our evaluation of the geographical location and number of pharmacies per head of population, we conclude that there are sufficient pharmacies in Sandwell and the surrounding area to provide essential pharmaceutical services to its residents. No gaps in geographical provision of pharmaceutical services have been identified in Sandwell.

Chapter 4

Pharmaceutical Services

Definition of Pharmaceutical Services

The Community Pharmacy Contractual Framework (CPCF)⁵ consists of three different types of services provided by pharmacies:

- **Essential services and clinical governance:** provided by all pharmacy contractors and are commissioned by NHS England
- **Advanced services:** which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS England
- **Locally commissioned (enhanced) services:** commissioned by Local Authorities, CCGs and NHS England in response to the needs of the local population

Essential Services

In total, 82 pharmacies currently provide Essential Services to the people of Sandwell.

A description of all the Essential Services provided by pharmacy contractors is available in **Table 20** below. This includes the Discharge Medicines Service (DMS) which became a new essential service within the CPCF on 15th February 2021.

Table 20. A description of all Essential Services⁶

Service	Description
Dispensing medicines	Pharmacies are required to maintain a record of all medicines dispensed and keep records of any interventions made which they judge to be significant. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service.
Dispensing appliances	Whilst the Terms of Service requires a pharmacist to dispense any non-blacklisted medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”. Therefore, contractors may choose to dispense appliances as part of their usual business,

	or they may choose to do so on an ad-hoc basis or not at all.
Repeat dispensing	At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Pharmacists will ensure repeat prescriptions are issued by the GP, ensure each repeat supply is needed, and ascertain that there is no need for the patient to be referred back to their GP. The majority of repeat dispensing is now carried out by EPS which is more efficient.
Clinical governance	Adherence with the clinical governance requirements is part of the Terms of Service set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The clinical governance requirements of the CPCF cover a range of quality related issues including: audit, patient satisfaction surveys, complaints procedures, practice leaflet requirements, patient safety incident reporting, whistle-blowing, and emergency planning.
Promotion of healthy lifestyles	Pharmacies are required to take part in up to six health campaigns per year on topics identified by NHSE&I. All community pharmacy contractors participate in the same campaigns, thus having a greater exposure to the target groups. Wherever possible, the campaigns should support NHSE&I's operational and public health priorities, such as smoking, obesity, and alcohol. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
Disposal of unwanted medicines	Pharmacies accept and dispose of in a safe manner, all unused and unwanted medicines from individual patients. This does not include medicines from Care Homes.
Signposting	Pharmacies are often the most accessible health care professional and may, at times, need to refer a patient to another health care provider. NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacists and their staff have an obligation to always signpost whenever it is appropriate to do so.
Support for self-care	This is the provision of advice to help people manage minor ailments, common and self-limiting conditions. The service also covers providing support to those who have long term conditions, to help them derive maximum benefit from caring for themselves. This may also include dealing with referrals from NHS 111.

Discharge Medicines Service	NHS Trusts can refer patients who would benefit from extra guidance around newly prescribed medicines to the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients during transition of care, by reducing readmissions to hospital.
------------------------------------	---

Pharmacy contractor questionnaire responses

Overall, 73 (89.0%) out of 82 pharmacy contractors in Sandwell responded to the pharmacy contractor questionnaire. The following data are based on these responses. Note not all pharmacy contractors provided a response to each question, therefore the base number for percentages is based on the number that responded. The pharmacy contractor questionnaire and questionnaire responses can be found in **Appendix 5** and **Appendix 6**, respectively.

Pharmacy accessibility and facilities

- In total, 93.1% of pharmacies are accessible via wheelchair
 - Three pharmacies in Oldbury, one pharmacy in Rowley Regis and one pharmacy in West Bromwich responded no/unsure to wheelchair accessibility
- All pharmacies reported access to parking close to the pharmacy
- 97.3% of pharmacies have a patient consultation room with a consultation room planned for the remaining two pharmacies before April 2023
 - 79.5% of pharmacies have wheelchair accessible consultation rooms
- 91.8% of pharmacies have hand washing facilities within or in close proximity to the consultation room
- Patients have access to toilets at 35.6% of pharmacies
- Panjabi (76.7%), Hindi (58.9%), Urdu (53.4%) and Gujurati (34.2%) are the most frequently reported additional languages spoken by pharmacy staff
- All pharmacies are electronic prescription service (EPS) release 2 enabled, allowing prescriptions to be sent from the GP directly to the pharmacy
- All pharmacies have an active NHS email address enabling sharing of patient identifiable data with other healthcare providers which may be necessary for continuity of care

- 97.3% of pharmacies have access to summary care records which enhances safe prescribing practice

What does this mean for our PNA?

Physical accessibility to pharmacies in Sandwell is high across the borough. All pharmacies in Sandwell should aim to be wheelchair accessible and thus pharmacies currently without wheelchair accessibility to the building itself or within the consultation areas should consider measures to enhance accessibility for wheelchair users. Access to a private consultation room with handwashing facilities will likely become increasingly important as the role of community pharmacists expands to support the growing demand for primary care. Similarly, pharmacies with customer toilets could support additional diagnostic testing such as urinalysis. More than half of pharmacies have staff members that speak Panjabi or Urdu, two of the most frequently spoken languages in Sandwell after English. Whilst this may indicate improved accessibility for non-English speaking residents, the availability of staff members speaking these languages on the day of a visit to a pharmacy may be unpredictable. IT enablement is high across pharmacies in Sandwell, and this is important for improving patient safety and improving continuity of care across the health service.

Advanced Services

There are ten Advances Services within the NHS CPCF which pharmacy contractors can choose to provide if they meet the requirements set out in the Secretary of State Directions. A description of each of these services can be found in **Table 21** below.

At the time of conducting the 2018 PNA, there were only six Advanced Services: Medicines Use Review (MUR), New Medicine Service (NMS), NHS Urgent Medicine Supply Service (NUMSAS), Flu vaccination service, Stoma Appliance Customisation (SAC), and Appliance Use Review (AUR). The MUR service was decommissioned on the 31st March 2021, and NUMSAS has been replaced by the Community Pharmacist Consultation Service (CPCS).

Table 21. A description of all Advanced Services within the NHS CPCF⁷

Service	Description
Appliance Use Review (AUR) service	AUR aims to improve patient knowledge and use of any specified appliance by assessing how the patient uses the appliance, resolving issues of poor usage, advising on safe storage and disposal. AUR can be undertaken by a pharmacist or specialist nurse in the pharmacy, in the patients' home, by telephone or video consultation.
Community Pharmacist Consultation Service (CPCS)	Since the 1 st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. In addition, the service takes referrals to community pharmacy from NHS 111, Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service. The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.
COVID-19 LFD distribution	This service aims to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies to identify COVID-positive cases in the community and break the chain of transmission. The service works alongside NHS Test and Trace's other COVID-19 testing routes.
Flu vaccination service	Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. To participate, pharmacies must register their details with NHS England, have a consultation room and appropriately trained staff.
Hepatitis C testing service (Until 31 st Mar 2022)	The service is focused on provision of point of care testing for Hepatitis C antibodies for people who inject drugs but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

Hypertension case finding service	This service will identify people aged 40 and above who have not previously been diagnosed with hypertension and refer those with suspected hypertension to general practice for ongoing management. The service will also promote healthy behaviours to service users.
New Medicine Service (NMS)	This service ensures that patients with a long-term condition have a good understanding of the reason for being prescribed new medicines and how to get the best from them. This in turn will increase adherence. It has been reported that when prescribed a new medicine, two thirds of patients have problems or would like additional information within 10 days, this service is designed to support that need. At first dispensing, the pharmacist has a conversation explaining the new medicine to the patient. They then agree to a follow up conversation by phone or face-to-face around two weeks later to discuss how the patient is getting on with the medicine and to identify any problems. A final consultation is agreed for about a month after initial dispensing to have another check-in. Pharmacies have to provide a quarterly report to NHS England of NMSs conducted.
Pandemic Delivery Service (Until 31 st Mar 2022)	Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free of charge or paid for service. From 16th March 2021 until the 31st March 2022, people who have been notified of the need to self-isolate by NHS Test and Trace are able to access support for the delivery of their prescriptions from contractors.
Stoma Appliance Customisation (SAC) service	This service aims to ensure the proper fitting and comfortable customisation of more than one stoma appliance at any time. This is to improve the duration of use of stoma appliances and reduce waste.
Smoking cessation service (from Jan 2022)	The NHS Long Term Plan set a goal that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. This service will ensure that patients starting a programme of smoking cessation in hospital are referred for completion in a community pharmacy.

Appliance Use Review (AUR) service

Of the 69 pharmacy contractors that provided a response, 12 (17.4%) pharmacies offer the AUR service, with a further 14 (20.3%) intending to offer the service within the next 12 months. The AUR service is currently available in all localities except Rowley Regis. However, 2 pharmacies in Rowley Regis intend to offer the service in the next year (**Table 22; Figure 12**).

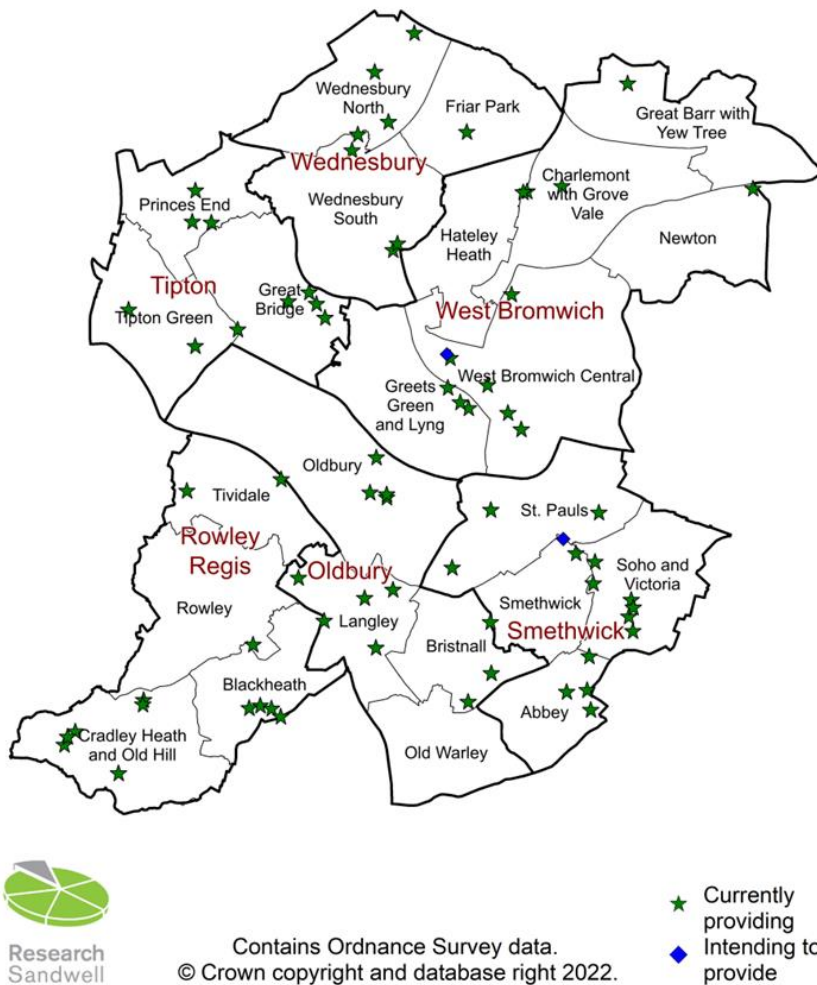
Table 22. Appliance Under Review service provision by locality

		Base	Appliance Use Review service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	69	12	14	43
Locality	Oldbury	13	3	2	8
	Rowley Regis	12	-	2	10
	Smethwick	14	5	4	5
	Tipton	9	1	1	7
	Wednesbury	8	1	2	5
	West Bromwich	13	2	3	8

Table 23. Community Pharmacist Consultation Service by locality

		Base	Community Pharmacist Consultation Service (CPCS)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	73	70	2	1
Locality	Oldbury	13	12	-	1
	Rowley Regis	13	13	-	-
	Smethwick	15	14	1	-
	Tipton	10	10	-	-
	Wednesbury	8	8	-	-
	West Bromwich	14	13	1	-

Figure 13. Provision and intention to provide the CPCS service by locality and ward



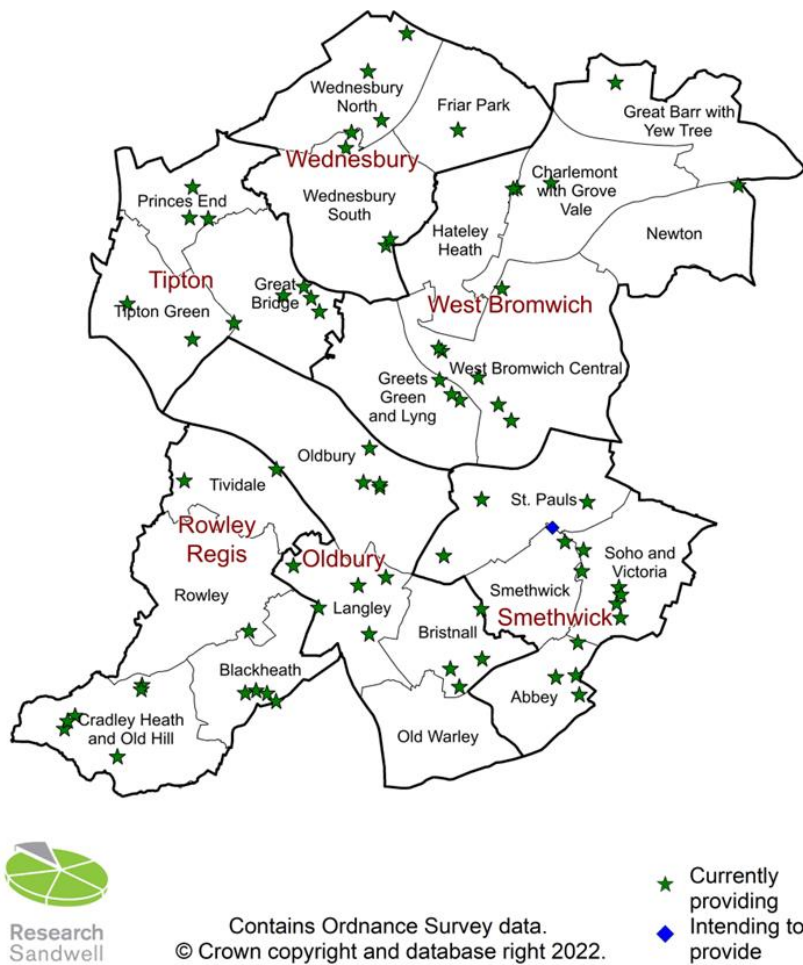
COVID-19 LFD distribution

Overall, 98.6% of pharmacies that responded to the questionnaire are community distributors of COVID-19 LFD test kits which highlights one of the roles pharmacies have played in supporting the pandemic response (**Table 24; Figure 14**).

Table 24. COVID-19 LFD test distribution by locality

		Base	C-19 LFD distribution		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	73	72	1	-
Locality	Oldbury	13	13	-	-
	Rowley Regis	13	13	-	-
	Smethwick	15	14	1	-
	Tipton	10	10	-	-
	Wednesbury	8	8	-	-
	West Bromwich	14	14	-	-

Figure 14. Provision and intention to provide the COVID-19 LFD distribution service by locality and ward



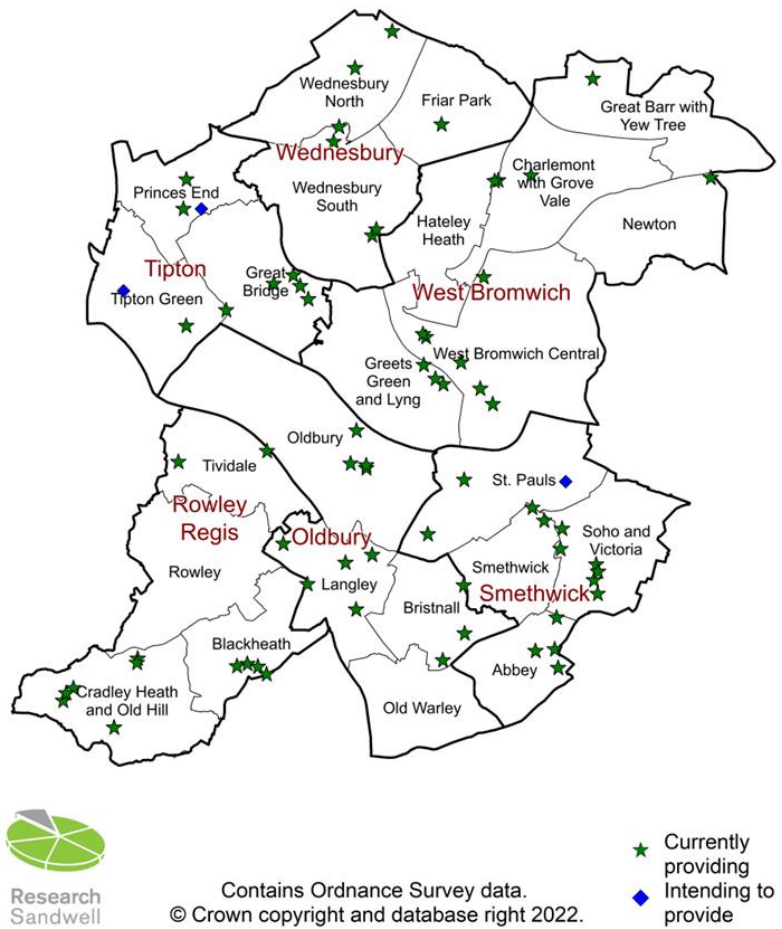
Flu Vaccination Service

In total, 67 (91.8%) of Sandwell pharmacies provide the flu vaccination service with excellent coverage across each locality. Flu vaccination of vulnerable adults and young children is important in reducing the severity of illness and mortality from flu. In the COVID-19 era, this is even more important due to the increased risk of severe illness if COVID-19 and flu are contracted simultaneously. Pharmacies have a key role in the front-line response to communicable disease and accessibility to flu vaccinations is high across the borough (Table 25; Figure 15).

Table 25. Flu vaccination Service provision by locality and ward

		Base	Flu Vaccination Service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	73	67	3	3
Locality	Oldbury	13	12	-	1
	Rowley Regis	13	12	-	1
	Smethwick	15	14	1	-
	Tipton	10	8	2	-
	Wednesbury	8	7	-	1
	West Bromwich	14	14	-	-

Figure 15. Provision and intention to provide the flu vaccination service by locality and ward



Hepatitis C testing service

The UK Government is a signatory to the World Health Assembly resolution and World Health Organization (WHO) goal of eliminating Hepatitis C as a major public health threat by 2030. This service is part of NHSE&I’s national programme to eliminate Hepatitis C virus by 2025. As the national Hepatitis C Programme is an elimination exercise, the service will be time limited and will run until the 31st March 2022.

In total, 7 (10.4%) of pharmacies in Sandwell currently provide point of care antibody testing for Hepatitis C. Point of care testing is not currently available in Oldbury or Wednesbury. Provision of point of care testing for Hepatitis C is low in Sandwell and may not be very accessible to those most at risk of Hepatitis C if there is inadequate

sign posting to pharmacies that offer the service, inadequate promotion at pharmacies that do offer the service or if travel costs present an additional barrier. However, Hepatitis C screening is also available to at-risk individuals upon request via a GP or local sexual health service (**Table 26; Figure 16**).

Table 26. Hepatitis C testing service provision by locality

		Base	Hepatitis C testing service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	67	7	15	45
Locality	Oldbury	13	-	1	12
	Rowley Regis	13	1	3	9
	Smethwick	13	1	4	8
	Tipton	8	2	4	2
	Wednesbury	7	-	2	5
	West Bromwich	13	3	1	9

Figure 16. Provision and intention to provide the hepatitis C testing service by locality and ward (until 31st March 2022)



Hypertension case finding

Cardiovascular disease (CVD) is one of the leading causes of premature death in England, affecting seven million people and accounting for 1.6 million disability adjusted life years. In England, hypertension is the biggest risk factor for CVD and a key driver of health inequalities, accounting for a 27% gap in life expectancy for men and 24% gap in life expectancy for women between rich and poor population.⁸

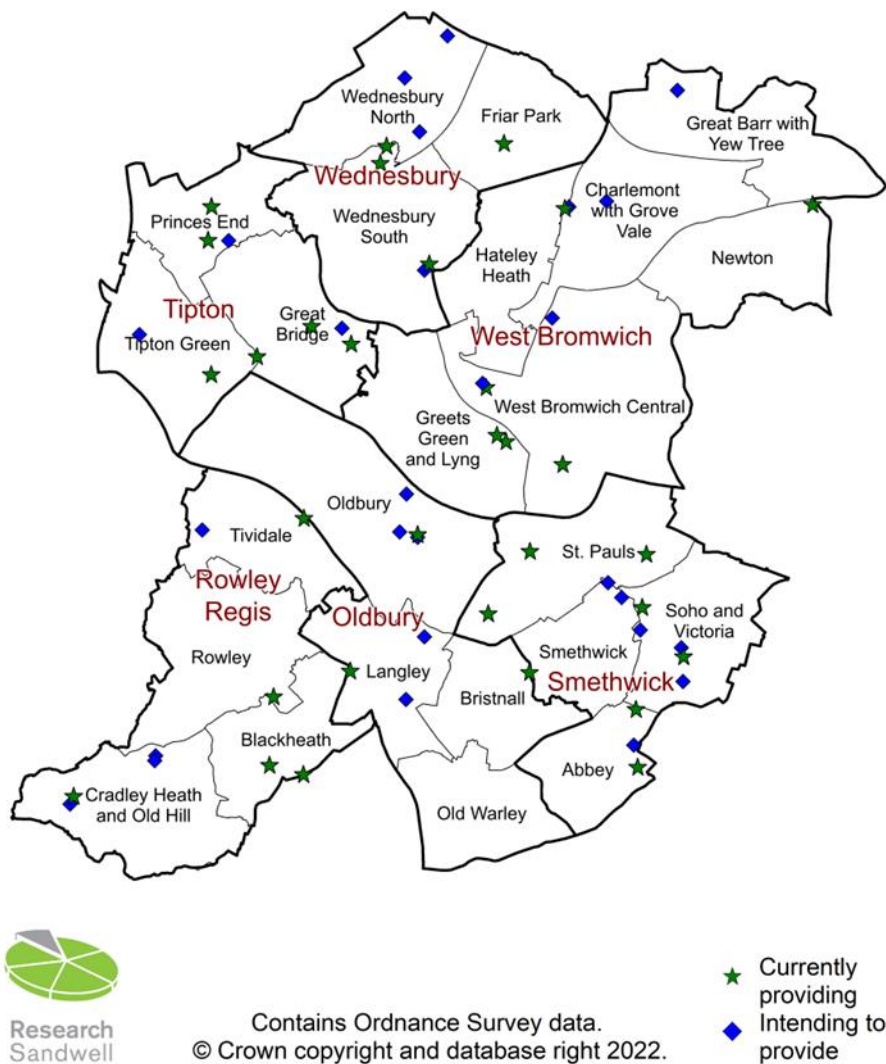
In Sandwell, 31 (43.7%) patient-facing pharmacies offer the hypertension case finding service. With an additional 27 (38.0%) pharmacies intending to offer the

service within the next 12 months. The hypertension case finding service is available in all localities (**Table 27; Figure 17**).

Table 27. Hypertension case finding by locality

		Base	Hypertension case finding		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	71	31	27	13
Locality	Oldbury	13	3	5	5
	Rowley Regis	13	5	4	4
	Smethwick	15	7	6	2
	Tipton	9	6	3	-
	Wednesbury	8	4	4	-
	West Bromwich	13	6	5	2

Figure 17. Provision and intention to provide the hypertension case finding service by locality and ward



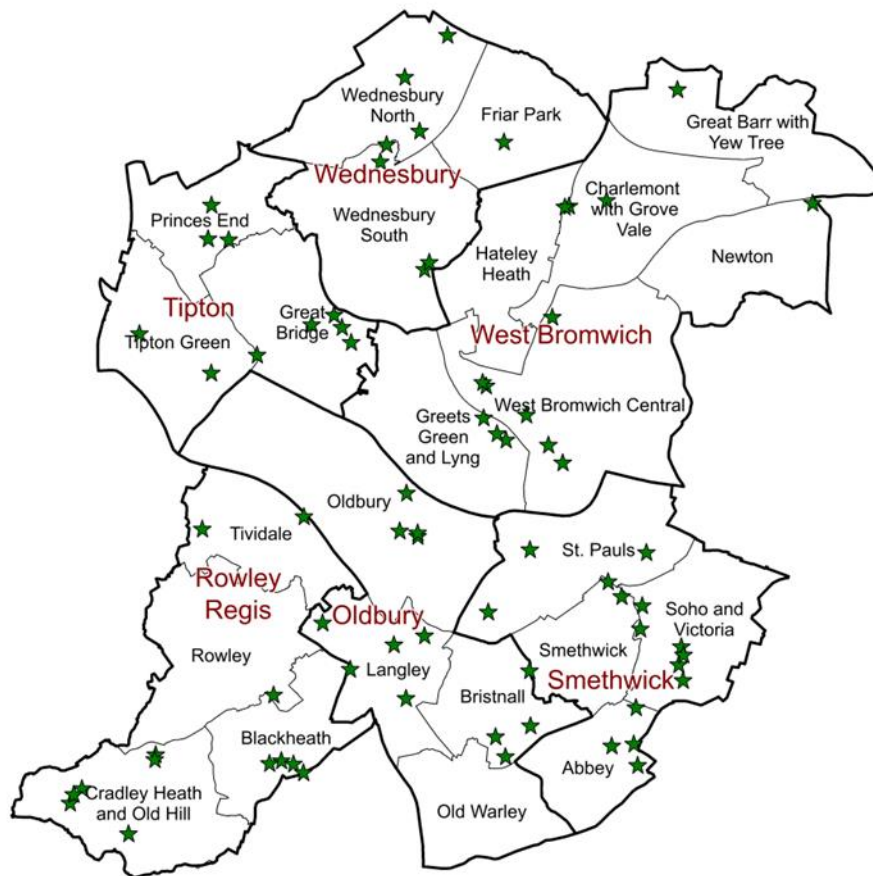
New Medicines Service (NMS)

All patient-facing pharmacies in Sandwell that responded to the questionnaire provide the NMS. The NMS is one of the ways pharmacists can support people with long-term conditions by ensuring they understand why they are on a particular medication and how to take it, thereby enhancing medication adherence (**Table 28; Figure 18**).

Table 28. New Medicines Service provision by locality

		Base	New Medicine Service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	73	73	-	-
Locality	Oldbury	13	13	-	-
	Rowley	13	13	-	-
	Regis				
	Smethwick	15	15	-	-
	Tipton	10	10	-	-
	Wednesbury	8	8	-	-
	West Bromwich	14	14	-	-

Figure 18. Provision and intention to provide the NMS by ward



Research
Sandwell

Contains Ordnance Survey data.
© Crown copyright and database right 2022.

★ Currently
providing

Pandemic Delivery Service

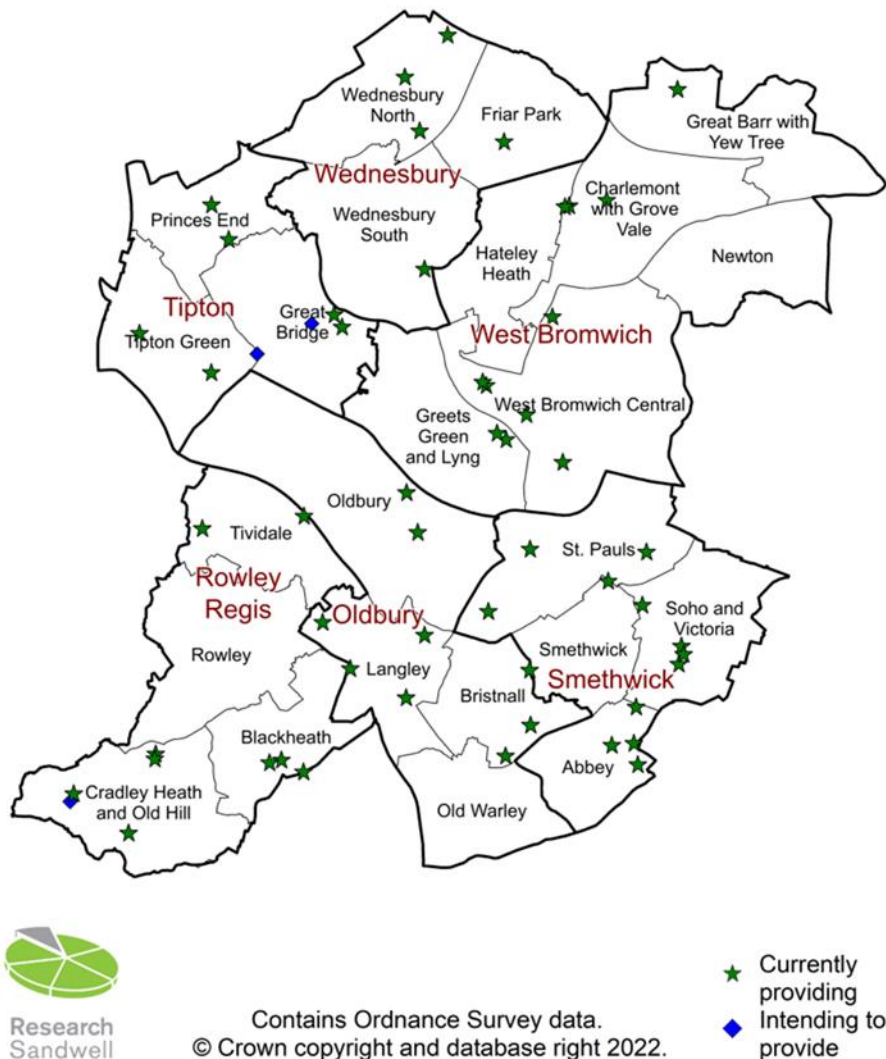
From the 16th March 2021, people who have been notified of the need to self-isolate by NHS Test and Trace are able to seek support from community pharmacies under the Pandemic Delivery Service. This is part of a package of measures which the Government put in place to support people to self-isolate effectively and reduce the spread of COVID-19. All patient-facing community pharmacies (excludes distance selling pharmacies) are required to ensure that people who have been notified by NHS Test and Trace to self-isolate can receive their prescription medicines and appliances by home delivery during the ten-day self-isolation period, if they are unable to arrange for medicines to be picked up.

In Sandwell, 52 (74.3%) of pharmacies have been able to provide this service to patients who are self-isolating (**Table 29; Figure 19**). However, this service has only been commissioned until the 31st March 2022 and thus may not be a service offered during the lifespan of this PNA.

Table 29. Pandemic Delivery Service provision by locality

		Base	Pandemic Delivery Service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	70	52	3	15
Locality	Oldbury	13	9	-	4
	Rowley Regis	13	9	1	3
	Smethwick	15	12	-	3
	Tipton	9	6	2	1
	Wednesbury	8	5	-	3
	West Bromwich	12	11	-	1

Figure 19. Provision and intention to provide the pandemic service by locality and ward (until 31st March 2022)



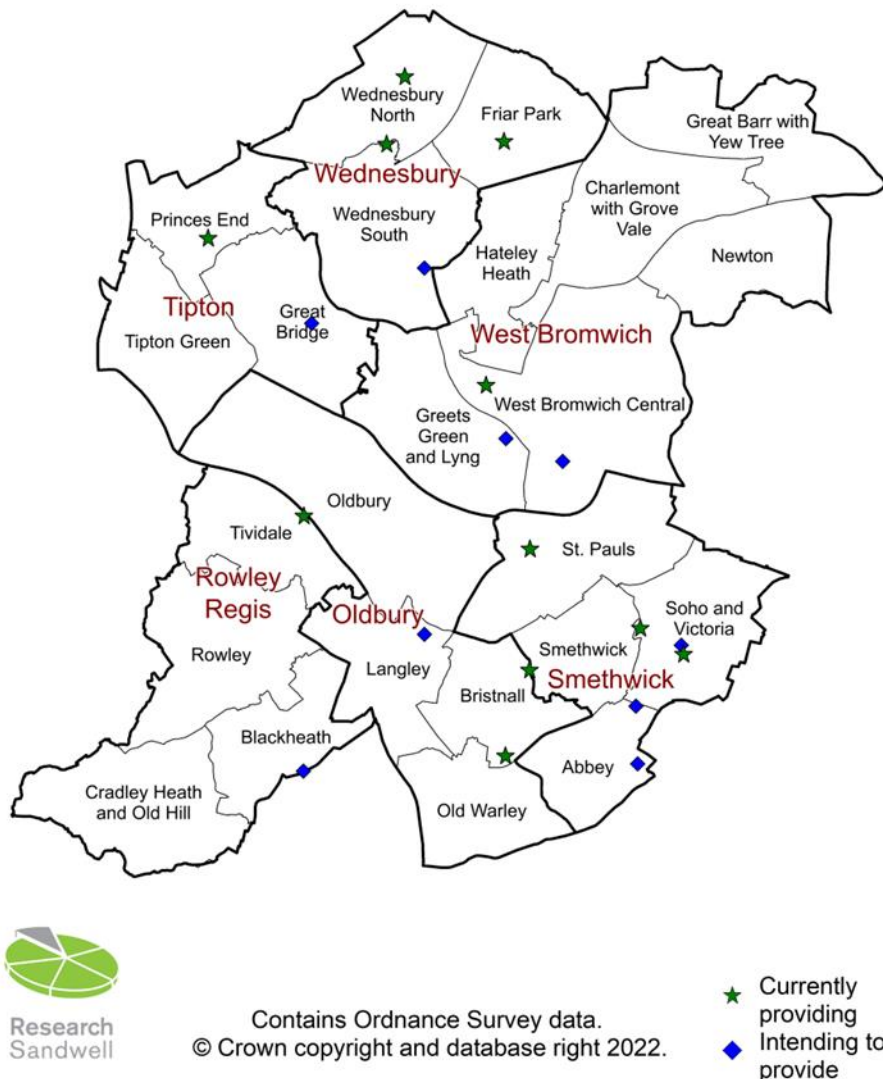
Stoma Appliance Customisation (SAC) service

This service can be provided by pharmacies that normally provide stoma appliances in the normal course of their business. At present, 20 (29.4%) pharmacies either provide or intend to provide the SAC service. At least one pharmacy in each locality currently provides the SAC service (**Table 30; Figure 20**).

Table 30. Stoma Appliance Customisation service provision by locality

		Base	Stoma Appliance Customisation service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	68	11	9	48
Locality	Oldbury	13	2	1	10
	Rowley	13	1	1	11
	Regis				
	Smethwick	13	3	3	7
	Tipton	8	1	1	6
	Wednesbury	8	3	1	4
	West Bromwich	13	1	2	10

Figure 20. Provision and intention to provide the SAC service by locality and ward



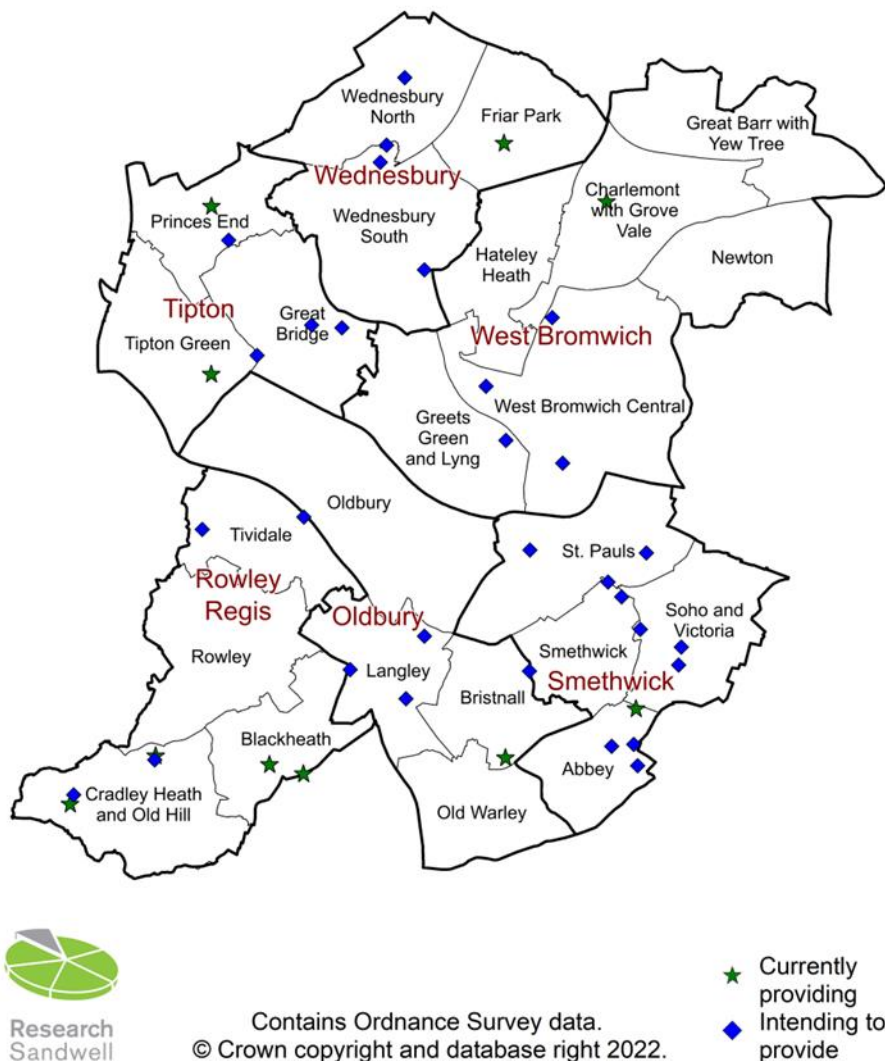
Smoking cessation service

In Sandwell, smoking cessation services are commissioned by Sandwell MBC Public Health and provided by a community provider. Pharmacies play a key role in access to nicotine replacement therapy and opportunistic lifestyle advice. Pharmacies are set to play an integral role in supporting smokers who have recently been discharged from hospital and have been commenced on a smoking cessation pathway during admission and need to complete a programme of smoking cessation in the community. At present only 14.3% of pharmacies in Sandwell are able to provide a stop smoking service, however an additional 42.9% of pharmacies are intending to provide this service in the next 12 months (Table 31; Figure 21).

Table 31. Smoking cessation service provision by locality

		Base	Stop smoking service (from January 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	70	10	30	30
Locality	Oldbury	13	1	4	8
	Rowley Regis	13	4	4	5
	Smethwick	15	1	10	4
	Tipton	8	2	4	2
	Wednesbury	8	1	4	3
	West Bromwich	13	1	4	8

Figure 21. Provision and intention to provide the smoking cessation service by locality and ward



What does this mean for this PNA?

Pharmacies in Sandwell provide an array of advanced services for residents. There is excellent provision of the CSPA, COVID-19 LFD test distribution service, flu vaccination service and NMS across the borough. Provision of the Hepatitis C point of care testing is low however this service is due to be decommissioned at the end of March 2022. The pandemic delivery service is also to be decommissioned at the end of March 2022, before the publication of this PNA. The AUR service is not currently available in Rowley Regis, however two pharmacies are intending to implement it in the next 12 months so there will be at least one pharmacy in each locality offering this service. At present, at least one pharmacy in each locality offers

the SAC service. Adequate promotion by pharmacies offering this service and signposting of patients with stomas to these pharmacies for enhanced support is commendable. At present, less than half of pharmacies across the borough offer a hypertension case finding service. However, an additional 38.0% intend to offer the service which will hugely increase coverage. This service is currently available in all localities. The NHS LTP's goal to offer all smokers admitted to hospital an NHS-funded tobacco treatment service and the need for continuity of these smoking cessation programmes on discharge is likely to place an increased demand for smoking cessation support on pharmacies. However, it is anticipated that the current and intended provision of smoking cessation services will be capable of meeting this increase in demand.

Enhanced services

Enhanced services commissioned locally by NHSE in response to the needs of the local population include:

- Extended Care Service
- Specialist Palliative Care Drugs (commissioned jointly with CCG)

Other enhanced services (provided under contract with NHSE&I)

Pharmacies can provide a plethora of enhanced services. At present there is low provision of these services across the borough. However, willingness to provide these services if commissioned is high.

The most frequently provided enhanced services include:

- COVID-19 vaccinations
- Emergency contraceptive service
- Emergency supply services
- Non-emergency contraceptive service
- Home delivery service
- Hypertension
- Medications review service
- Minor ailment scheme
- Needle and syringe exchange service

- Seasonal influenza vaccination service
- Supervised administration service

Locally Commissioned Services

Services may be commissioned at a local level by the CCG and Local Authority Public Health, or indirectly via service providers. These, however fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. However, the PNA should take account of any pharmaceutical services provided to its population (regardless of the commissioning body) which may affect the need for pharmaceutical services in Sandwell.

The following services are commissioned locally by Sandwell and West Birmingham CCG and provided by pharmacy contractors:

- Pharmacy Minor Ailments Scheme
- Specialist Palliative Care Drugs
- COVID-19 Urgent Eyecare Services
- Intravenous Antibiotics Supply Service

The following pharmaceutical services are commissioned by Sandwell MBC Public Health:

- Supervised Consumption of Methadone
- Needle Exchange

Pharmacy Quality Scheme

The Pharmacy Quality Scheme (PQS) forms part of the five-year CPCF for 2019/20–2023/24 and supports the delivery of the NHS Long Term Plan.

In response to the COVID-19 pandemic changes had to be made to the PQS 2020/21. The scheme consists of two parts, the first of which was announced on 13th July 2020. The focus of the Part 1 scheme was to ensure community pharmacy contractors and their teams had put in place all reasonable measures to respond to the COVID-19 pandemic, protecting both themselves and the people using their services.⁹ The Part 1 scheme consisted of 14 requirements (e.g. display of COVID-

19 posters, and completion of a COVID-19 infection control risk assessment) that must be completed in order for a pharmacy to claim a payment and be able to access the Part 2 scheme.

The Part 2 scheme commenced on the 1st October 2020 and was also focused on the response to and recovery from the pandemic. The PQS 2020/21 was developed to incentivise quality improvement in five domains that supported the COVID-19 response.

The five domains were as follows:

- Domain 1 - Infection Prevention & Control and Antimicrobial Stewardship (AMS)
- Domain 2 - Prevention
- Domain 3 - Risk Management
- Domain 4 - Primary Care Network (PCN) – Prevention
- Domain 5 - PCN - Business continuity

The PQS payment was dependent on how many of the domains the pharmacy met, and in which band the pharmacy was placed (based on its total prescription volume in 2019/20).

The PQS 2020/21 declaration data included 78 Sandwell pharmacies, of which 74 pharmacies were still active as of the 9th March 2022.

- Overall, 69 pharmacies (88.5%) achieved the maximum amount of points available to them across all five domains
- 77 pharmacies (98.7%) achieved the maximum points available to them in the domains of Infection Prevention & Control and AMS, Prevention, and Risk Management
- 70 pharmacies (89.7%) achieved the maximum points available to them in the PCN Prevention domain
- 76 pharmacies (97.4%) achieved maximum points available to them in the PCN Business Continuity domain

Healthy Living Pharmacy

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. In 2020–21 as agreed in the 5-year CPCF, it is now an Essential Service requirement for community pharmacy contractors to become a HLP.

Overall, 56 (78.9%) pharmacies that responded to the questionnaire have achieved HLP status and a further 16.9% are currently working towards HLP status (**Table 32**). There is good availability of pharmacies with HLP status at a locality level. The findings from the 2018 PNA indicate that 65 pharmacies were accredited HLPs. The lower proportion of accredited HLP pharmacies in the 2022 PNA is likely due to the lower questionnaire response rate.

Table 32. Provision of Healthy Living Pharmacy status at locality and ward level

	Base	Healthy Living Pharmacy		
		This pharmacy has achieved HLP status	This pharmacy is working towards HLP status	This pharmacy has no plans to implement HLP status
Bristnall	3	1	2	-
Langley	5	3	2	-
Old Warley	-	-	-	-
Oldbury	4	4	-	-
Oldbury	12	8	4	-
Blackheath	4	4	-	-
Cradley Heath and Old Hill	6	6	-	-
Rowley	-	-	-	-
Tividale	2	2	-	-

Rowley Regis	12	12	-	-
Abbey	4	3	1	-
Smethwick	2	2	-	-
Soho and Victoria	6	5	-	1
St Pauls	3	2	-	1
Smethwick	15	12	1	2
Great Bridge	5	4	1	-
Princes End	3	-	2	1
Tipton Green	2	1	1	-
Tipton	10	5	4	1
Friar Park	1	1	-	-
Wednesbury North	4	4	-	-
Wednesbury South	3	2	1	-
Wednesbury	8	7	1	-
Charlemont with Grove Vale	3	2	1	-
Great Barr with Yew Tree	1	-	1	-
Greets Green and Lyng	3	3	-	-
Hateley Heath	-	-	-	-
Newton	1	1	-	-
West Bromwich Central	6	6	-	-

West Bromwich	14	12	2	-
Sandwell	71	56	12	3

Impacts of COVID-19

In the 2022 PNA, pharmacy contractors were asked about the impacts of COVID-19 on the accessibility and provision of pharmaceutical services to understand how services have changed in response to COVID-19 and what the impact of this might be on Sandwell residents. Full results by locality are available in **Appendix 6**.

- Overall, 54.9% of pharmacies are offering more services to residents than before the pandemic and only 15.5% of pharmacies have reduced their service availability
- The pandemic has led to a change in how services are delivered with some services moved online or over the phone. 27.1% of responding pharmacies reported that some face-to-face services have been stopped without delivery by another route (**Table 33**)
- Some pharmacies responded to the pandemic by amending their opening hours. However, as of the 31st March 2022 all pharmacies will be required to return to their normal operating hours
- Over half (54.2%) of pharmacies reported that waiting times for medicine dispensing had increased and 49.3% of pharmacies reported that waiting times for other services had also increased
- Most pharmacies (95.8%) reported that patients are relying more on pharmacy services than before the pandemic and that demand for pharmacy services has increased

The above findings highlight how pharmacies have responded to the change in needs and demand due to COVID-19. Some of these changes, such as amended opening hours, have been transient and will be unlikely to impact service provision for the lifespan of this PNA. Some changes, such as delivery of services online or over the phone may impact accessibility to pharmacy services in the future. Should these changes become permanent, it is likely that some residents will find online and

telephone options enhance accessibility whereas for others it reduces accessibility. Pharmacy self-reported increased waiting times correlates with the felt increase in demand being placed on pharmacy contractors. It will be important to consider future workforce capacity building and contingency planning to ensure pharmacies are able to continue to meet this increased demand.

Table 33. How COVID-19 has affected the delivery of services by locality

Counts	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Break %							
Respondents							
Base	59	8	12	14	10	6	9
Some of our face-to-face services have moved online	12	1	4	2	3	1	1
	20.3%	12.5%	33.3%	14.3%	30.0%	16.7%	11.1%
Some of our face-to-face services have moved to over the phone	42	7	7	12	5	5	6
	71.2%	87.5%	58.3%	85.7%	50.0%	83.3%	66.7%
Some of our face-to-face services have been stopped (not delivered by another route)	16	1	3	3	3	2	4
	27.1%	12.5%	25.0%	21.4%	30.0%	33.3%	44.4%
For face-to-face services we have stopped we are always able to sign post the patient to another provider offering this service	10	1	3	1	4	1	-
	16.9%	12.5%	25.0%	7.1%	40.0%	16.7%	-

Chapter 5

Public Experiences of Sandwell Pharmacies

The process

The views of Sandwell residents on the accessibility and provision of local pharmacy services were sought through public engagement activities conducted from December 2021 to January 2022. Public opinion was sought via the following channels:

- Patient Participation Groups and community groups via Healthwatch Sandwell
- Promoted via the Healthwatch Sandwell website, Twitter and Facebook accounts
- Sandwell Council and 'Healthy Sandwell' Twitter and Facebook accounts
- Promotion via Sandwell Deaf Community Association
- Sandwell Council Press releases
- Promotion in Sandwell Residents weekly electronic Newsletter and Weekly Staff Roundup
- Promotion and distribution supported by members of Sandwell Council including the Public Health Development Officers, Volunteer Sector Support Team, and Councillors

Enhancing inclusivity

Review of the public responses received for the 2018 PNA highlighted a lack of diversity in responses, with most responses coming from females, adults aged 35–54 years, and White British residents. Discussions with community leaders further emphasised the need to enhance inclusivity so that the responses received are more representative of the Sandwell population. Therefore, in response to community leader feedback, the survey was translated into the four other main languages spoken in Sandwell (Urdu, Bengali, Panjabi, and Polish), and a British Sign Language video was created to support the deaf community. An easy reader version of the online survey was also generated to support residents with visual impairments. Paper copies of the electronic survey were also made available for older residents or those without internet access.

The results

In total, 168 public survey responses were received.

- 73.3% of respondents were female
- Most responses (30.9%) came from the 55–64 years age group; and 35.8% of respondents were aged ≥65 years. Responses were lowest for adults under 35 years (3.0%)
- 90.3% of respondents described themselves as White British, and 7.5% were from BME communities
- 47.6% of respondents were currently in work, 7.8% were full-time parents or carers, and 39.8% were retired
- 66.0% of respondents were married/cohabiting, 17.9% were single, and 16.1% were divorced/widowed
- 84.2% of responses were from adults that identify as heterosexual, and 3.9% of responses were from adults that identify as lesbian, gay or bisexual
- 60.2% of respondents reported having a long-term physical or mental health condition (lasting >12 months), of which the majority reported their condition affected their ability to perform day-to-day activities either a little (44.9%), or a lot (33.7%)
- 99.4% of survey responses were completed in English, and one survey (0.6%) was completed in Bengali

The public survey is available in **Appendix 7** and the full results are available in **Appendix 8**. Here a summary of key findings is presented.

- Overall, 64.0% of respondents were satisfied or very satisfied with their local pharmacy services
- The most frequently reported reasons for choice of pharmacy used were location near home (59.4%), location near local GP surgery (53.9%), and availability of an electronic prescription service (45.5%)
- More than half of respondents travel by car (57.9%) to their local pharmacy, almost a third (32.3%) walk, and 7.9% take public transport
- Almost half (49.1%) of respondents visit their pharmacy monthly, 78.0% visit during normal working hours (weekdays 9am–6pm), 16.5% normally visit during

extended weekday hours (weekdays 6am–9am, and 6pm–11pm), and 5.5% normally visit on a Saturday

- Outside of normal working hours, respondents reported they would find it most useful to be able to access a pharmacy on a Saturday between 9am–6pm, or Sunday 10am–2pm
- Two thirds respondents (66.4%) felt they could find an open pharmacy when needed
- Most respondents (75.3%) felt they could find a pharmacy in a location that suited them
- Less than half of respondents (39.2%) felt they could find a pharmacy open on the evening after 6pm
- Whilst 74.5% of respondents were aware pharmacists can provide information and advice on medicines, only 34.8% were aware that pharmacists can provide lifestyle advice
- Only 27.1% of respondents were aware a pharmacist could sign post them to another health service if needed
- Awareness of the range of services offered by local pharmacies was generally low; more than half of participants were aware of or had previously used the minor ailments service, vaccinations, NHS repeat prescriptions, and disposal of unwanted medicines
- Pharmacy services respondents would most like to see available included: NHS phlebotomy services, cholesterol testing, blood pressure testing and NHS health checks

Impact of COVID-19 on access to pharmacy services

- Overall, 78.2% of respondents felt access to their local pharmacy has not changed
- For 25.9% of respondents, COVID-19 has changed how they collect their medication:
 - 54.8% reported their GP now sends prescriptions electronically to the pharmacy
 - 31.0% use the prescription delivery service, and
 - 21.4% have a friend or family member collect their medication for them

- Overall, 77.9% of respondents felt that changes to pharmacy opening hours during the pandemic did not affect their accessibility
 - 11.7% reported the move of face-to-face services they use to online/telephone which improved access
 - 9.7% felt that reduced opening hours made accessing the pharmacy more difficult
 - 9.4% of respondents have started using pharmacy services which they didn't use before the pandemic
 - 2.4% of respondents reported a service they previously used has been stopped due to COVID-19 (these services were the minor ailments service, NHS Health checks, smoking cessation services, and blood pressure monitoring)
-

It is important to note when interpreting the findings from the residents' survey that whilst there was a focus on increasing inclusivity in survey responses, the demographic characteristics of respondents are not representative of the Sandwell borough and the total number of responses, although over 50% greater than the previous PNA, is still a small sample size.

Whilst most respondents felt they could find an open pharmacy at a location that suits them, the responses suggest a possible demand for more weekend opening hours. Pharmacies provide a whole host of services to support patients, many of which respondents were not aware of. This suggests a need to promote the wider roles of pharmacists in supporting Sandwell residents.

The results show that most respondents did not feel COVID-19 had negatively impacted accessibility to pharmacies or provision of pharmaceutical services. One in ten respondents reporting using pharmaceutical services during the pandemic that they hadn't previously used. This may represent the ongoing and future role of pharmacies in alleviating the pressures in primary care.

Chapter 6

Future Pharmaceutical Service Development

The future

Local pharmaceutical services should be assessed in the context of national and local healthcare strategies which may affect their implementation and delivery. The most relevant national and local policies and strategies which take effect during the lifespan of this PNA include:

- Community Pharmacy Contractual Framework 2019–24
- NHS Long Term Plan (LTP)

The most relevant local strategy to take effect during the lifespan of this PNA is The Sandwell Plan 2020–25 which aims to support the achievement of Sandwell's Vision 2030. Sandwell's Vision 2030 will also guide the new HWBB strategy and development of future joint strategic needs assessments (JSNA's) for which the HWBB are responsible for.

Community Pharmacy Contractual Framework 2019–24¹⁰

The Department of Health and Social Care, NHSE&I, and the Pharmaceutical Services Negotiating Committee have agreed a new Community Pharmacy Contractual Framework. The joint document describes a vision for how community pharmacy will support delivery of the NHS LTP. The deal:

- Commits almost £13 billion to community pharmacy through its contractual framework recognising the contribution that community pharmacies make towards the delivery of the NHS LTP
- Is in line with the GP contract, providing 5-year stability and reassurance to community pharmacy
- Builds upon the reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks

- Describes new services which will be offered through community pharmacy including the new national NHS Community Pharmacist Consultation Service
- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community
- Recognises that an expanded service role is dependent on optimising the use of pharmacist capacity, and will maximise the opportunities of automation and developments in information technology
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme; and
- Commits to reforms to reimbursement arrangements to deliver smoother cash flow, and fairer distribution of medicines margin and better value for money for the NHS

NHS LTP

As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we have a service fit for the future. The NHS LTP is a new plan for the NHS to improve the quality of patient care and health outcomes.¹¹ The plan focuses on building an NHS fit for the future by enabling everyone to get the best start in life, helping communities to live well, and helping people to age well. The NHS LTP covers the following areas:

1. A new service model for the 21st century
2. More NHS action on prevention and health inequalities
3. Further progress on care quality and outcomes
4. NHS staff will get the backing they need
5. Digitally-enabled care to go mainstream across the NHS
6. Taxpayers' investment to be used to maximum effect
7. Next steps

The ways in which local pharmaceutical services can support the implementation of the NHS LTP are shown in **Table 34** below.

Table 34. The role of pharmaceutical services in the implementation of the NHS LTP¹¹

Key areas of action for the NHS LTP

1. A new service model for the 21st century

- Over the next five years, every patient will have the right to online 'digital' GP consultations
- New expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation
- The LTP sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es
- Building on recent gains, in partnership with local councils further action to cut delayed hospital discharges will help free up pressure on hospital beds

The clinical role of community pharmacists will be enhanced, and pharmacists will support the timely discharge of patients from hospital through the Discharge Medicines Service, freeing up bed capacity

2. More NHS action on prevention and health inequalities

- Wider action on prevention will help people stay healthy and also moderate demand on the NHS
- The LTP funds evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, to limit alcohol-related A&E admissions; and to lower air pollution
- NHSE will base its five-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years

Local pharmacies actively promote healthy lifestyle initiatives on NHSE&I's public health priority areas e.g. smoking, obesity, and alcohol, as well as providing opportunistic prescription-linked support

3. Further progress on care quality and outcomes

- The LTP goes further than the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. It also extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.
- By 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters

Local pharmacies often serve as the first point of contact between a patient and the health service, and local pharmacists possess the clinical knowledge to be able to signpost patients to an appropriate service. Pharmacists can therefore support the early detection

and improved survival from serious conditions by signposting patients to the appropriate service perhaps earlier than they would have presented without speaking to a pharmacist

4. NHS staff will get the backing they need

- The LTP sets out action to expand the number of nursing and other undergraduate places, ensuring that well-qualified candidates are not turned away as happens now
- To support current staff, more flexible rostering will become mandatory across all trusts, funding for continuing professional development will increase each year, and action will be taken to support diversity and a culture of respect and fair treatment

Local pharmacies serve as training locations for pharmacy students and newly qualified pharmacists thus ensuring the resilience of the future workforce

5. Digitally-enabled care to go mainstream across the NHS

- Over the next ten years investments in upgrading technology and digitally enabling care will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and artificial intelligence, and without the administrative hassle of today

100% of pharmacies in Sandwell have access to the Electronic Prescription Service and 97.2% have Summary Care Record Access. Sandwell community pharmacies demonstrate high readiness for digitally enabled care included the continuity of care between primary care and community pharmacy

6. Taxpayers' investment to be used to maximum effect

- In order to deliver for taxpayers, the NHS will continue to drive efficiencies – all of which are then available to local areas to reinvest in frontline care. The Plan lays out major reforms to the NHS' financial architecture, payment systems and incentives

Community pharmacies support the NHS LTP to maximise efficient use of taxpayers' investment through repeat dispensing, most of which is carried out by the Electronic Prescription Service. This increasingly automated process helps ensure that repeat supplies are actually needed thus avoiding wastage

7. Next steps

- Within the current legal framework, the NHS and our partners will be moving to create Integrated Care Systems (ICSs) everywhere by April 2021, building on the progress already made. ICSs bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. They will have a key role in working with Local Authorities at 'place' level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and LTP implementation

Community pharmacies will form part of the ICS and can support patients during transitions of care such as when discharged from hospital.

Sandwell Vision 2030

Sandwell has a clear vision for what the borough should look and feel like by 2030.¹² In 2030, Sandwell should be a thriving, optimistic and resilient community. A place that people are proud to call home and choose to bring up their families. A place where people feel safe, enjoy good health, feel connected and valued in Sandwell's neighbourhoods and communities. This vision will be achieved through ten ambitions:

1. Sandwell is a community where our families have high aspirations
2. Sandwell is a place where we live healthy lives and live them for longer
3. Our workforce and young people are skilled and talented
4. Our children benefit from the best start in life and high-quality education
5. Our communities are built on mutual respect and taking care of each other
6. We have excellent public transport that connect us to the wider region
7. We have new homes in attractive neighbourhoods to meet housing needs
8. Our distinctive towns are successful centres of community life
9. Sandwell has become a location of choice for industries of the future
10. Sandwell has a national reputation for getting things done

Sandwell pharmacies will play a vital role in achieving ambition 2 'living healthy lives for longer'. Pharmacy teams are easily accessible, clinically knowledgeable and are often the first point of contact between residents and the health service. Pharmacy teams can support lifestyle changes and perform early screening activities to reduce the burden of disease caused by modifiable risk factors.

The Sandwell Plan 2020–25 'Big plans for a Great Place'

This Sandwell Plan 2020–25¹³ is the council's 5-year business plan which is not intended to provide an exhaustive list of everything Sandwell does as a council but sets out those outcomes that are strategically important for delivering Vision 2030.

Big plans for a Great Place sets out six strategic outcomes which will provide the framework for delivery plans:

1. The best start in life for children and young people
2. People live well and age well
3. Strong, resilient communities
4. Quality homes in thriving neighbourhoods
5. A strong and Inclusive Economy
6. A connected and accessible Sandwell

Again, local pharmacies will play a key role in achieving outcome 2, helping 'people live well and age well'. A priority for this outcome is to join up health and social care so that people don't fall through the cracks and don't stay in hospital longer than they need to. Local pharmacies have a key role in supporting patients at points of transition of care such as when discharged from hospital.

Sandwell's HWBB strategy and JSNA's

This year the HWBB is working on a refresh of its Joint Health and Wellbeing Strategy.² The board are thinking about what this could look like and will be asking local people, partners and providers of services to develop and review it with them later in the year. The current priorities set out in the Joint Health and Wellbeing Strategy 2016–20 are:

- To help keep people healthier for longer,
- To help keep people safe and support communities,
- To work together to join up services, and
- To work closely with local people, partners and providers of services

The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The Board is currently working on a refresh of its JSNA which will demonstrate what the current and future health and social care needs of people in Sandwell are. The board are refreshing the needs assessment to reflect the borough Vision for 2030 and its ambitions; focusing on what's strong not what's wrong.

The PNA should take into consideration the local health priorities set out by the HWBB and local health needs as identified in local JSNAs. The new HWBB strategy and future JSNA's will take effect during the lifespan of this PNA. Therefore, it is recommendable that this PNA is reviewed once the new strategy is in place to ensure local pharmaceutical needs will still be met.

Conclusion

Pharmacies play an integral role in supporting the health needs of Sandwell residents. There are more pharmacies in Sandwell per 10,000 population compared with the England average, with most residents within a 15-minute walking distance of a pharmacy and all residents within a 20-minute travel via public transport to a local pharmacy. There are numerous pharmacies within each locality with extended opening hours covering weekday early mornings and evenings, Saturdays and Sundays. No geographic gaps in service provision have been identified in this PNA.

There is good availability of advanced services across the borough and once pharmacies that are intending to offer services transition into pharmacies offering these services, this will further enhance the accessibility of these services.

Pharmacies should be knowledgeable of which advanced services are provided by other pharmacies within the borough in order to sign post patients to service providers when needed.

This PNA has found that the provision of enhanced services such as diabetes screening, blood pressure and cholesterol checks, diabetes management and smoking cessation service is low across the borough, however willingness to provide these services if commissioned is high. Pharmacies have a key front-line role in supporting patients with chronic illness and providing healthy lifestyle advice. Yet the results from the residents' survey indicate that only one third of respondents were aware that pharmacists could provide lifestyle advice. The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists to residents.

Sandwell has a larger proportion of under 16-year olds compared with the England average and also has a higher rate of teenage conceptions compared with the national average. Only 14 pharmacies responded stating they are commissioned to provide emergency contraception for free without prescription to under 18-year olds and this service isn't currently available in Tipton. Whilst emergency contraception can either be purchased from other pharmacies or obtained for free with a prescription for those under 18 years old, the lack of free emergency contraception without prescription for under 18-year olds in all localities highlights a gap in the provision of this service. Ensuring young people are aware of where they can access emergency hormonal contraception for free without prescription and appropriate sign posting of those requesting emergency contraception to their GP to access non-emergency contraception is vital for supporting young women. Future PNA's should consider different channels for engaging with young people to gain their opinions about pharmacy services.

Pharmacy contractors and Sandwell residents were asked about the impacts of COVID-19 on accessibility and provision of pharmaceuticals services. Many pharmacy contractors have responded to the pandemic by offering additional services and by moving some face-to-face services to online or over the phone. Pharmacies reported that patients are relying on pharmacies more than before the pandemic and this is reflected in the reported increased waiting times for dispensing and other services. The need for workforce capacity building should be considered to ensure pharmacies can continue to meet the additional demands placed upon them. Overall, the results from the residents' survey indicate that most respondents did not feel COVID-19 had negatively impacted accessibility to pharmacies or provision of pharmaceutical services. One in ten respondents reporting using pharmaceutical services during the pandemic that they hadn't previously used. This may represent the ongoing and future role of pharmacies in alleviating the pressures in primary care. A small proportion of respondents reported services they use have been stopped since the pandemic which is in keeping with the pharmacy contractor responses. It is essential that pharmacies that have stopped services are able to sign post patients to another service provider.

Resident responses regarding general pharmacy accessibility and service provision show that whilst most felt they could find an open pharmacy at a location that suits them, the responses suggest a possible demand for more weekend opening hours. Pharmacies provide a whole host of services to support patients, many of which respondents were not aware of suggesting a need to promote the wider roles of pharmacists in supporting Sandwell residents. It is important to note that these conclusions are drawn from a small sample of Sandwell residents which are not representative of the demographics of Sandwell's population. In particular, young adults, males, and BME communities are underrepresented in the responses. Thus, this report recommends that further targeted engagement of underrepresented groups is undertaken to ensure needs are currently being met.

This PNA concludes that there are sufficient pharmacies serving the Sandwell population with good accessibility via walking or public transport. Whilst there are pharmacies in each locality open on the weekends, the results suggest a possible demand for greater access to pharmacies at the weekends. There is good availability of advanced services across the borough. In general, the wider services offered by pharmacists such as offering lifestyle advice should be promoted to raise awareness of the wider roles of pharmacists in supporting residents' health needs. The results suggest that residents' pharmaceutical needs can be met by the existing network of community pharmacies however further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are being met.

This report makes the following recommendations to strengthen the provision of pharmaceutical services in Sandwell:

- Pharmacies should be knowledgeable of which advanced and enhanced services are offered by pharmacies in neighbouring wards/localities in order to sign post patients to appropriate service providers when needed
- Where a service has been stopped due to COVID-19, it is important that pharmacies can sign post residents to another service provider
- Pharmacies should support young people in accessing emergency contraception by ensuring they are aware of where they can access this service for free without

a prescription. Pharmacies should support young people seeking emergency contraception by signposting them to their GP to discuss non-emergency contraceptive options

- The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists (e.g. providing lifestyle advice) to residents
- Pharmacy workforce capacity building should be considered in order to meet the additional demands for pharmaceutical services
- Further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are currently being met

Chapter 7

Consultation

A 60-day statutory consultation period was held between the 25th of April to the 24th June 2022 to enable stakeholders to review and comment on the draft PNA. The draft PNA was shared with the following stakeholders:

- Sandwell Local Pharmaceutical Committee
- Sandwell residents
- Neighbouring Local Pharmaceutical Committees of Dudley, Wolverhampton, Walsall, and Birmingham
- Sandwell and West Birmingham Clinical Commissioning Group
- Sandwell pharmacy contractors
- Sandwell Healthwatch and other patient groups
- NHS England
- Neighbouring Health and Wellbeing Boards of Dudley, Wolverhampton, Walsall, and Birmingham

Consultation questions were developed by the steering group to facilitate the receipt of structured feedback.

Upon closure of the consultation period, the comments received will be reviewed by the steering group and incorporated into the final PNA prior to publication in October 2022.

References

1. Legislation.gov.uk *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*. Available from: <https://www.legislation.gov.uk/ukxi/2013/349/schedule/1/made> [accessed 10th January 2022]
2. Sandwell MBC. *Sandwell Health and Wellbeing Board*. Available from: https://www.sandwell.gov.uk/info/200222/healthy_sandwell_healthy_you/2391/sandwell_health_and_wellbeing_board [accessed 10th January 2022]
3. Public Health England (2020) *Guidance. Smoking and tobacco. Applying all our health*. Available from: <https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health> [accessed 10th January 2022]
4. Department of Health & Social Care (2021) *2022 Pharmacy Access Scheme: guidance*. Available from: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance> [accessed 10 November 2021]
5. Pharmaceutical Services Negotiating Committee. *Community Pharmacy Contractual Framework*. Available from: <https://psnc.org.uk/contract-it/the-pharmacy-contract/> [accessed 10th January 2022]
6. Pharmaceutical Services Negotiating Committee. *Essential Services*. Available from: <https://psnc.org.uk/services-commissioning/essential-services/> [accessed 10th January 2022]
7. Pharmaceutical Services Negotiating Committee. *Advanced Services*. Available from: <https://psnc.org.uk/services-commissioning/advanced-services/> [accessed 10th January 2022]
8. Pharmaceutical Services Negotiating Committee. *Hypertension case-finding service*. Available from: <https://psnc.org.uk/services-commissioning/advanced-services/hypertension-case-finding-service/> [accessed 10th January 2022]
9. Pharmaceutical Services Negotiating Committee. *Pharmacy Quality Scheme – Archive*. Available from: <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/pharmacy-quality-scheme-archive/> [accessed 1st April 2022]

10. Department of Health & Social Care. *Community Pharmacy Contractual Framework: 2019 to 2024*. Available from:
<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024> [accessed 10th January 2022]
11. NHS. *NHS Long Term Plan. Overview and summary* Available from:
<https://www.longtermplan.nhs.uk/online-version/overview-and-summary/>
[accessed 10th January 2022]
12. Sandwell MBC. *Vision 2030*. Available from:
<https://www.sandwell.gov.uk/Vision2030> [accessed 10th January 2022]
13. Sandwell MBC. *Corporate Plan – Big Plans for a Great Place for the People of Sandwell*. Available from:
https://www.sandwell.gov.uk/downloads/file/29963/corporate_plan_-_big_plans_for_a_great_place_for_the_people_of_sandwell [accessed 11th January 2022]

Sandwell Pharmaceutical Needs Assessment 2022

Appendices

[Draft for consultation]

Appendices

Appendix 1: Terms of Reference

Appendix 2: List of pharmacies and their opening hours

Appendix 3: 20-minute travel to pharmacy by public transport (weekday afternoons)

Appendix 4: 20-minute travel to pharmacy by public transport (weekday evenings)

Appendix 5: Pharmacy contractor questionnaire

Appendix 6: Pharmacy contractor questionnaire responses

Appendix 7: Public survey

Appendix 8: Results of the public survey

Appendix 1: Terms of Reference

Sandwell Pharmaceutical Needs Assessment (PNA) Steering Group **Terms of Reference**

Background

From 1st April 2013, the Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs). Every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA). The HWB's third revised PNA must be published by 1st April 2022.

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities and will be used by NHS England when making decisions on applications to open new pharmacies (referred to as the market entry test). As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date.

To comply with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, widespread consultation of the draft PNA is needed with a minimum period of 60 days for response.

Membership

Chair: Stephanie Lacey – Registrar in Public Health, Sandwell MBC

Clair Norton (tbc) - Health and Wellbeing Board

Lina Martino - Consultant in Public Health, Sandwell MBC

Christine Wright – Research & Intelligence Specialist, Sandwell MBC

Nathan Lauder – Information Officer, Sandwell MBC

Ali Din - Sandwell Local Pharmaceutical Committee

Melissa Elders - Healthwatch

Jonathan Boyd – Head of Medicines, Sandwell. Black Country and West Birmingham CCG

Quoracy

A meeting of the group shall be regarded as quorate provided that when a core member is unable to attend a representative shall be in attendance.

Key Responsibilities

1. To revise the current PNA and to develop a new PNA for Sandwell HWB that fulfils the statutory requirements in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS Act 2009 (chapter 21, part 3).
2. To assure the HWB that all statutory requirements regarding the PNA and Supplementary Statements are met.
3. To ensure systems and processes are in place for assuring that the pharmaceutical needs of the local population are identified, optimised and provided for.
4. To ensure active engagement with key stakeholders throughout the process of revision including the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), Public Health, the NHS England Area Team (AT), the Clinical Commissioning Group (CCG), the Local Professional Network (LPN) and a range of other teams within Sandwell Council.
5. To ascertain and collate the core information needed from local needs data to support the process and to consider other sources of information where needed.
6. To ensure that the PNA reflects future needs of Sandwell's population.
7. To produce reports and briefing papers for the HWB.
8. To integrate with Sandwell's Joint Strategic Needs Assessments and to ensure that the outputs of the PNA are suitable to be utilised to influence commissioning.
9. To establish milestones for completion of the PNA and to oversee the progress of revision.
10. To establish arrangements to ensure the appropriate maintenance of the PNA, following publication, as required by the Regulations.

Reports and Briefings for HWB Assurance

Two HWB reports will be prepared, one prior to consultation and one prior to publication of the PNA.

Frequency of the Meetings

It is envisaged that the group will communicate electronically as often as required to ensure successful completion of the PNA.

Following publication of the final PNA, the PNA Steering Group will be convened on an 'as required' basis to fulfil its role in timely maintenance of the PNA.

Appendix 2: List of pharmacies and their opening hours

Page 20 of 24

Trading name	Address	Postcode	Town	Opening hours Monday		Opening hours Tuesday		Opening hours Wednesday		Opening hours Thursday		Opening hours Friday		Opening hours Saturday		Opening hours Sunday	
Regent Street Chemist	Smethwick Medical Centre	B66 3BQ	Smethwick	08:30	20:00	08:30	20:00	08:30	18:30	08:30	18:30	08:30	18:30				
Asda Pharmacy	Off Windmill Lane	B66 3EN	Smethwick	08:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	11:00	17:00
Asda Pharmacy	Asda Superstore	DY4 0BP	Tipton	08:00	20:00	08:00	20:00	08:00	20:00	08:00	21:00	08:00	20:00	08:00	20:00	10:00	16:00
Asda Pharmacy	Asda Superstore	DY4 7HW	Tipton	08:30	22:00	08:30	22:00	08:30	22:00	08:30	22:00	08:30	22:00	08:30	22:00	10:00	16:00
Asda Pharmacy	Old Park Lane	B69 4PU	Oldbury	08:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	10:00	16:00
Ashworth Pharmacy	211A Queens Road	B67 6NX	Oldbury	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	13:00		
Langley Pharmacy	21 Langley High Street	B69 4SN	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	14:00		
Oldbury Pharmacy	196 Causeway Green Road	B68 8LS	Oldbury	09:00	21:00	09:00	21:00	09:00	21:00	09:00	21:00	09:00	21:00	09:00	18:00	10:00	16:00
Well Pharmacy	938-940 Walsall Road	B42 1TQ	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00		
Well Pharmacy	1 Union Street	WS10 7HD	Wednesbury	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	09:00	14:00		
Well Pharmacy	86 Hill Top	B70 0RT	Wednesbury	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:00	09:00	18:30				
Boots The Chemist	Unit 2 Windmill Shopping Park (Off Windmill Lane)	B66 3PR	Smethwick	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	10:00	14:00	11:00	15:00
Boots The Chemist	24 High Street	B65 0DR	Rowley Regis	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	14:00		

Sandwell Pharmaceutical Needs Assessment 2022 Appendices [draft for consultation]

Boots Pharmacy	27 The Sandwell Centre	B70 7NG	West Bromwich	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	10:00	17:00		
Boots Pharmacy	Unit 2 Gt Bridge Retail Park	B70 0EN	Tipton	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	08:00	22:00	10:00	16:00
Your Local Boots Pharmacy	1 Hartlebury Road	B69 1DF	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Boots Pharmacy	Unit D Gallagher Retail Park	WS10 9QY	Wednesbury	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	18:00	10:30	16:30
Boots Pharmacy	Oakeswell Hc	WS10 9HP	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Your Local Boots Pharmacy	48 Three Shires Oak Road	B67 5BS	Smethwick	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Ingrams Chemist	351 High Street	B70 9QG	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00		
Murrays Healthcare	Glebefields Health Centre	DY4 0SN	Tipton	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00		
Murrays Healthcare	Neptune Health Park	DY4 8LY	Tipton	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	09:00	13:00		
Murrays Healthcare	232 Halesowen Road	B64 6HN	Rowley Regis	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	09:00	13:00		
Sandwell Pharmacy	85 Church Vale	B71 4DH	West Bromwich	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	09:00	13:00		
D P Forrest Ltd	145 Hamstead Road	B43 5BB	West Bromwich	08:30	19:00	08:30	19:00	08:30	19:00	08:30	18:00	08:30	19:00	09:00	13:00		
D R Dalvair Pharmacy	479 Bearwood Road	B66 4DH	Smethwick	09:00	18:00	09:00	18:00	09:00	14:00	09:00	18:00	09:00	18:00	09:00	13:00		
Carters Chemist	30 Carters Green	B70 9LW	West Bromwich	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	13:00		
Tividale Pharmacy	213 Regent Road	B69 1RZ	Rowley Regis	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00				
Dunstones Chemist	62 Mallin Street	B66 1QZ	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00				
Wednesbury Pharmacy	140 Crankhall Lane	WS10 0ED	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30		

Sandwell Pharmaceutical Needs Assessment 2022 Appendices [draft for consultation]

Swanpool Pharmacy	Swanpool Medical Centre	DY4 0SZ	Tipton	07:30	22:30	07:30	22:30	07:30	22:30	07:30	22:30	07:30	22:30	07:30	22:30	10:00	20:00
Lyng Pharmacy	1 Lyng Lane	B70 7RW	West Bromwich	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	09:00	13:00		
Radn Vale Pharmacy	50 Barrs Road	B64 7HG	Rowley Regis	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30				
Pharmacy 365	249 Halesowen Road	B64 6JD	Rowley Regis	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	09:00	23:00		
Hills Pharmacy	15 Hill Top Road	B68 9DU	Oldbury	07:00	22:00	07:00	22:00	07:00	22:00	07:00	22:00	07:00	22:00	08:00	22:00	11:00	22:00
Park Lane Pharmacy	3 Park Lane	WS10 9PR	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
C H White Pharmacy	Unity House, 6 Unity Place,	B69 4DB	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Bearwood Pharmacy	348A Bearwood Road	B66 4ES	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	14:00	09:00	19:00	10:00	13:00		
Jhoots Pharmacy	Scott Arms Medical Centre	B43 6EE	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Jhoots Pharmacy	Rowley Village	B65 9HJ	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Jubilee Pharmacy	2 Upper Russell Street	WS10 7DF	Wednesbury	08:30	18:30	08:30	18:30	08:30	18:30	08:30	17:00	08:30	18:30	09:00	13:00		
Khaira Pharmacy	6A High Street	B70 6JX	West Bromwich	09:00	19:00	09:00	19:00	09:00	19:30	09:00	19:00	09:00	19:00	09:00	00:00		
Rowley Pharmacy	352 Oldbury Road	B65 0QH	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
R K Pharmacy	90 Lewisham Road	B66 2DD	Smethwick	09:00	18:30	09:00	18:30	09:00	13:00	09:00	18:30	09:00	18:30	09:00	12:00		
Lloydspharmacy	581 Bearwood Road	B66 4BH	Smethwick	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30		
Lloyds Pharmacy	19 West Gate Plaza	B70 7AD	West Bromwich	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	10:00	22:00
Lloydspharmacy	Unit 9-10 Tollgate Precinct	B67 7RA	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	17:30		

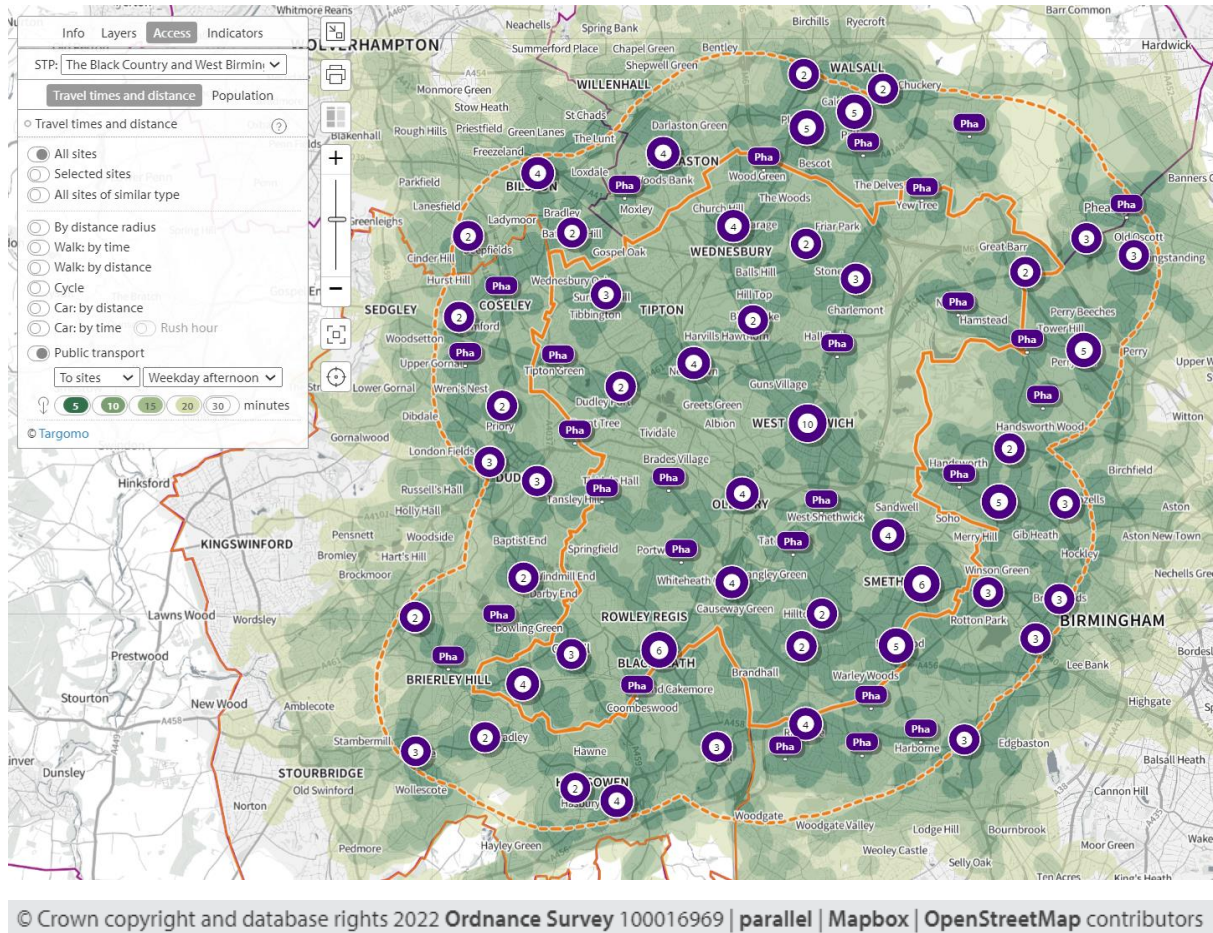
Sandwell Pharmaceutical Needs Assessment 2022 Appendices [draft for consultation]

Lloydspharmacy	518 Hagley Road West	B68 0BZ	Oldbury	08:00	22:00	08:00	22:00	08:00	22:00	08:00	22:00	08:00	22:00	09:00	22:00	10:00	22:00
Lloyds Pharmacy	152 Walsall Road	B71 3HP	West Bromwich	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	17:30		
Lloydspharmacy	Oldbury Health Centre	B69 4DE	Oldbury	08:30	19:00	08:30	19:00	08:30	18:30	08:30	19:00	08:30	19:00				
Lloyds Pharmacy	Halesowen Street	B65 0HG	Rowley Regis	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	10:00	16:00
Lloydspharmacy	52 Lodge Road	B70 8PA	West Bromwich	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00				
Lloydspharmacy	Warley Medical Centre	B68 0RT	Oldbury	08:00	20:00	08:00	18:30	08:00	18:30	08:00	18:30	08:00	18:30	08:00	13:00		
Lloyds Pharmacy	Freeth Street	B69 3DB	Oldbury	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	10:00	16:00
Lloyds Pharmacy	Cape Hill Medical Centre	B66 3NR	Smethwick	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30				
Hingley Pharmacy	Regis Medical Centre	B65 0BA	Rowley Regis	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00				
Hingleys Chemist	95 High Street	B64 5HF	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Hingleys Chemist	59 Cradley Road	B64 6AG	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Michaels Chemist	262 High Street	B66 3NL	Smethwick	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00		
Medipharma Chemist	279 Walsall Road	B71 3HR	West Bromwich	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30				
Great Bridge Pharmacy	30 Great Bridge	DY4 7EN	Tipton	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	09:00	14:00		
Malchem Chemists	60 High Street	B66 1DT	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:30	17:30		
Masters Pharmacy	182-184 Vicarage Road	B68 8JB	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	13:00		
Duggals Chemist	75 Park Lane East	DY4 8RP	Tipton	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00	09:00	18:30	09:00	13:00		
Carters Green Clinic	185 Halesowen Road	B64 6HF	Rowley Regis	08:30	18:15	08:30	18:15	08:30	18:15	08:30	18:00	08:30	18:15	08:30	17:00		

Sandwell Pharmaceutical Needs Assessment 2022 Appendices [draft for consultation]

Duggals Chemist	8 Mostyn Buildings	DY4 7PE	Tipton	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	09:00	13:00		
Beaconview Pharmacy	314 Beaconview Road	B71 3NX	West Bromwich	09:00	17:30	09:00	17:30	09:00	13:00	09:00	17:30	09:00	17:30	09:00	13:00		
Vishnu Pharmacy	57 Hurst Road	B67 6LY	Oldbury	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00		
Pharmassured Limited	Unit 2 Great Bridge Centre	B70 0BF	Tipton	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00				
Portway Pharmacy	51A New Birmingham Road	B69 2JQ	Rowley Regis	08:30	18:30	08:30	18:30	08:30	18:30	08:30	13:00	08:30	18:30	10:00	12:00		
M W Phillips	396 Long Lane	B65 0JF	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Hill Top Pharmacy Ltd	1 Pottery Road	B68 9EX	Oldbury	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	13:00		
DH Pharmacy	8 St Michaels Court	B70 8ET	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Sidhu's Pharmacy	369 High Street	B70 9QL	West Bromwich	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00	09:00	13:00		
Friar Park Pharmacy	158 Crankhall Lane	WS10 0EB	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Tesco Instore Pharmacy	Foxoak Street	B64 5HJ	Rowley Regis	08:00	22:30	06:30	22:30	06:30	22:30	06:30	22:30	06:30	22:30	06:30	22:00	10:00	16:00
Superdrug Pharmacy	Unit 36, Kings Square	B70 6NZ	West Bromwich	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	09:00	17:30		
Victoria Pharmacy	5A Suffrage Street	B66 3PZ	Smethwick	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	12:00		
Yew Tree Pharmacy	20 Redwood Road	WS5 4LB	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Al-Shafa Pharmacy	93 Shireland Road	B66 4QJ	Smethwick	09:00	00:00	09:00	00:00	09:00	00:00	09:00	00:00	09:00	00:00	09:00	00:00	10:30	20:30
Pharmacy Xpress	Unit 32, Fountain Business Park	B69 3BH	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
New Street Pharmacy	4 New Street	B70 0HN	Wednesbury	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	12:30		

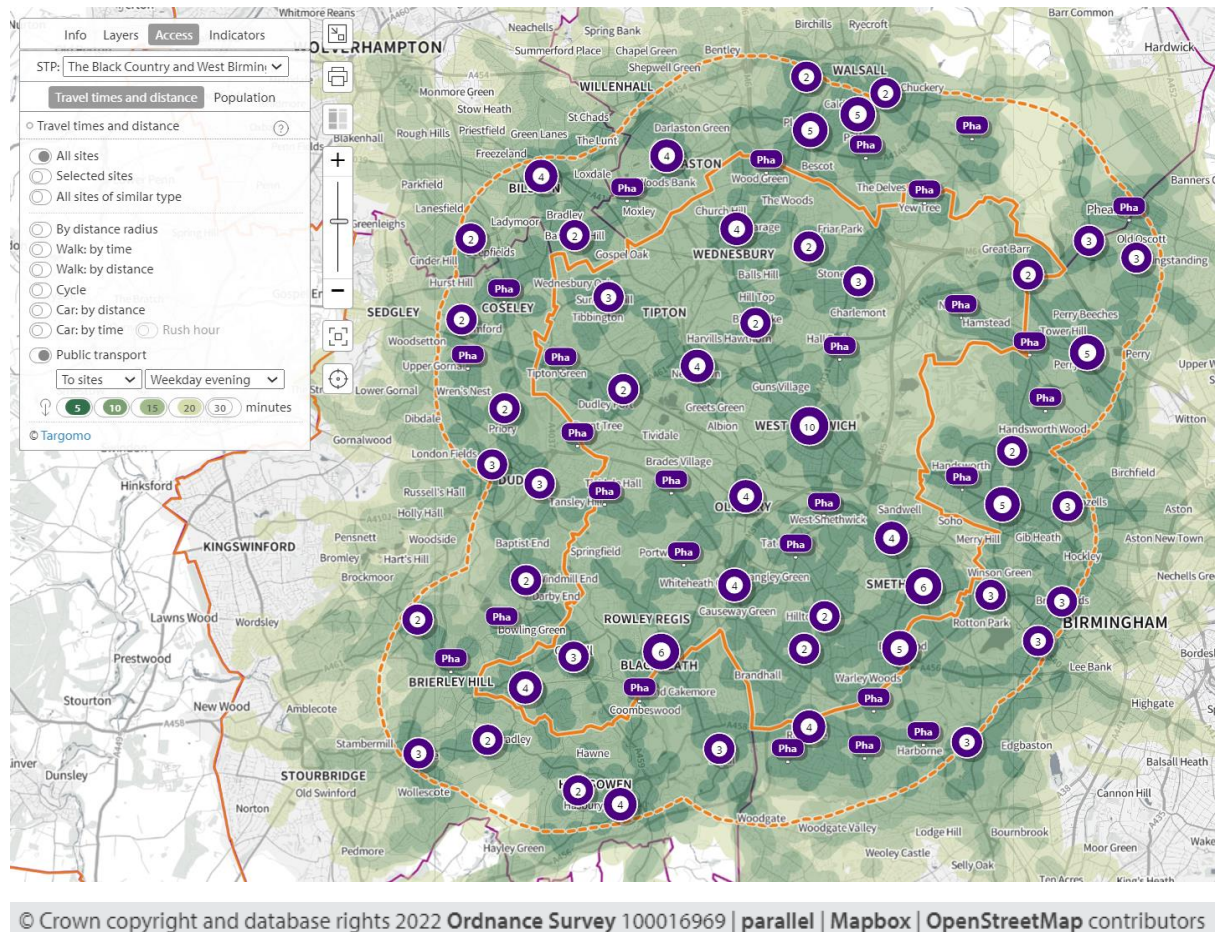
Appendix 3: 20-minute travel to pharmacy by public transport (weekday afternoons)



Source: SHAPE Place Atlas

The map was exported from the SHAPE Place Atlas on 22/03/2022

Appendix 4: 20-minute travel to pharmacy by public transport (weekday evenings)



Source: SHAPE Place Atlas

The map was exported from the SHAPE Place Atlas on 22/03/2022

Appendix 5: Pharmacy contractor questionnaire

Pharmaceutical Needs Assessment Contractor Questionnaire 2022

Please complete this survey online if possible at
<https://wh1.snapsurveys.com/s.asp?k=163653614047>

Q1 Pharmacy details

Contractor Code (ODS Code)

Contractor Name

Contractor Trading Name (if different from above)

Address of contractor pharmacy

Q2 Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Yes No

Q3 Is this pharmacy a 100-hour pharmacy?

Yes No

Q4 Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?

Yes No

Q5 Is this pharmacy a distance selling pharmacy?

Yes No

Q6 NHS Shared email address allocated to this pharmacy

Q7 Pharmacy Telephone Number

Q8 Pharmacy website address (if applicable)

Q9 Sandwell Metropolitan Borough Council will share your email information with NHS England and Sandwell LPC. Are you happy for us to do so?

Yes No

Q10 We will be using NHS Choices to publish your opening hours. Are they up to date?

Yes Don't know
 No

Q11 Is parking available close to the pharmacy?

Yes No

Q12 Does this pharmacy have wheelchair access?

Yes Not sure
 No

Q13 Information Technology.

This pharmacy has the following:

- Electronic Prescription Services Release 2 enabled
- An active NHS Mail address
- Summary Care Record Access
- An up to date NHS Choices Profile
- An up to date entry on the DOS (Directory of Services)

Q14 Consultation facilities

There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially)

- None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room
- None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room
- None (Distance Selling Pharmacy)
- Available (including wheelchair access)
- Available (without wheelchair access)
- Planned before 1st April 2023
- Other

If other, please specify

Q14b Where there is a consultation area, is it a closed room?

- Yes No

Q14c During consultations are there hand-washing facilities

- In the consultation area
- Close to the consultation area
- None

Q14d Patients attending for consultations have access to toilet facilities

- Yes No

Q15 Languages and Communication.

Please indicate which of the following languages (in addition to English) members of your pharmacy team are able to speak for the majority of your working week to assist patients.

- Punjabi Gujarati Other
- Urdu Hindi

"Other" please specify

Q16 Healthy Living Pharmacy.

Please mark which statement applies

- This pharmacy has achieved HLP status
- This pharmacy is working towards HLP status
- This pharmacy has no plans to implement HLP status

Q17 Services

Does the pharmacy dispense appliances?

- Yes – All types
- Yes, excluding stoma appliances, or
- Yes, excluding incontinence appliances, or
- Yes, excluding stoma and incontinence appliances, or
- Yes, just dressings, or
- Other
- None

If "other", please specify

Q18 Advanced Services. Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 LFD distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C testing service (Until 31st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension case finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Delivery Service (Until 31st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking service (from January 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 Which of the following other services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC)	<input type="checkbox"/>					
Disease Specific Medicines Management Service:						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Emergency Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Q20 Which of the following other services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?						
<input type="text"/>						
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution of naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)						
<input type="text"/>						
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
<input type="text"/>						
Seasonal Influenza Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21 Which of the following other services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="text"/>					
Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)	<input type="text"/>					
Vascular Risk Assessment Service (NHS Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 Non-commissioned services. Does the pharmacy provide any of the following?

	Yes	No
Collection of prescriptions from GP practices - with charge	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescriptions from GP practices – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
We deliver prescriptions to all patients	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	<input type="text"/>	
Delivery of dispensed medicines – Selected areas (list areas)	<input type="text"/>	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines – With charge	<input type="checkbox"/>	<input type="checkbox"/>
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
Monitored Dosage Systems – With charge	<input type="checkbox"/>	<input type="checkbox"/>

Q23 Is there a particular need for a locally commissioned service in your area?
 Yes No

Q23a If yes, what is the service requirement and why?

Q24 May the LPC update its opening hours and related matters and services details for you with the above information?
 Yes

Q25 Details of the person completing this form on behalf of the contractor if questions arise:

Contact name

Contact email

Contact telephone number

Impact of COVID-19 on pharmacy staff and services

Q26 How has COVID-19 affected service provision?

- We are offering more services to patients than before the pandemic
- We are offering less services to patients than before the pandemic
- Service provision has not changed

Q27 How has COVID-19 affected the delivery of services? *Please tick all that apply*

- Some of our face-to-face services have moved online
- Some of our face-to-face services have moved to over the phone
- Some of our face-to-face services have been stopped (not delivered by another route)
- For face-to-face services we have stopped we are always able to sign post the patient to another provider offering this service

Q28 How has COVID-19 affected access to services?

- Our opening times have been extended
- Our opening times have been reduced
- Our opening times have remained the same

Q29 How has COVID-19 affected waiting times for medicine dispensing?

- Waiting times have increased
- Waiting times have decreased
- Waiting times have stayed the same

Q30 How has COVID-19 affected waiting times for other services e.g. flu vaccinations and health checks?

- Waiting times have increased
- Waiting times have decreased
- Waiting times have stayed the same

Q31 How has COVID-19 affected patient demand for pharmacy services? *e.g. medical advice, using pharmacy as first point of contact as opposed to GP*

- Overall, patients are relying more on pharmacy services
- Overall, patients are relying less on pharmacy services
- Patient demand for pharmacy services has remained the same

Thank you for taking the time to complete this survey



Appendix 6: Pharmacy contractor questionnaire responses

Counts	Respondents	Base	Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	
			Yes	No
	Total	72	10	62
	Locality			
	Oldbury	13	2	11
	Rowley Regis	12	3	9
	Smethwick	15	4	11
	Tipton	10	-	10
	Wednesbury	8	-	8
	West Bromwich	14	1	13
	Ward			
	Bristnall	4	-	4
	Langley	5	1	4
	Old Warley	-	-	-
	Oldbury	4	1	3
	Blackheath	4	-	4
	Cradley Heath and Old Hill	6	2	4
	Rowley	-	-	-
	Tividale	2	1	1
	Abbey	4	1	3
	Smethwick	2	1	1
	Soho and Victoria	6	2	4
	St Pauls	3	-	3
	Great Bridge	5	-	5
	Princes End	3	-	3
	Tipton Green	2	-	2
	Friar Park	1	-	1
	Wednesbury North	4	-	4
	Wednesbury South	3	-	3
	Charlemont with Grove Vale	3	1	2
	Great Barr with Yew Tree	1	-	1
	Greets Green and Lyng	3	-	3
	Hateley Heath	-	-	-
	Newton	1	-	1
	West Bromwich Central	6	-	6

Counts Respondents	Base	Is this pharmacy a 100-hour pharmacy?	
		Yes	No
Total	72	10	62
Locality			
Oldbury	13	3	10
Rowley Regis	12	1	11
Smethwick	15	3	12
Tipton	10	2	8
Wednesbury	8	-	8
West Bromwich	14	1	13
Ward			
Bristnall	4	1	3
Langley	5	1	4
Old Warley	-	-	-
Oldbury	4	1	3
Blackheath	4	-	4
Cradley Heath and Old Hill	6	1	5
Rowley	-	-	-
Tividale	2	-	2
Abbey	4	-	4
Smethwick	2	-	2
Soho and Victoria	6	3	3
St Pauls	3	-	3
Great Bridge	5	1	4
Princes End	3	1	2
Tipton Green	2	-	2
Friar Park	1	-	1
Wednesbury North	4	-	4
Wednesbury South	3	-	3
Charlemont with Grove Vale	3	-	3
Great Barr with Yew Tree	1	-	1
Greets Green and Lyng	3	1	2
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	6	-	6

Counts	Base	Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?	
		Yes	No
Respondents			
Total	71	28	43
Locality			
Oldbury	13	4	9
Rowley Regis	12	6	6
Smethwick	14	6	8
Tipton	10	3	7
Wednesbury	8	3	5
West Bromwich	14	6	8
Ward			
Bristnall	4	2	2
Langley	5	2	3
Old Warley	-	-	-
Oldbury	4	-	4
Blackheath	4	1	3
Cradley Heath and Old Hill	6	4	2
Rowley	-	-	-
Tividale	2	1	1
Abbey	4	2	2
Smethwick	1	1	-
Soho and Victoria	6	2	4
St Pauls	3	1	2
Great Bridge	5	1	4
Princes End	3	1	2
Tipton Green	2	1	1
Friar Park	1	-	1
Wednesbury North	4	2	2
Wednesbury South	3	1	2
Charlemont with Grove Vale	3	2	1
Great Barr with Yew Tree	1	1	-
Greets Green and Lyng	3	-	3
Hateley Heath	-	-	-
Newton	1	1	-
West Bromwich Central	6	2	4

Counts	Base	Is this pharmacy a distance selling pharmacy?	
		Yes	No
Respondents			
Total	71	2	69
Locality			
Oldbury	13	1	12
Rowley Regis	12	-	12
Smethwick	14	-	14
Tipton	10	1	9
Wednesbury	8	-	8
West Bromwich	14	-	14
Ward			
Bristnall	4	-	4
Langley	5	-	5
Old Warley	-	-	-
Oldbury	4	1	3
Blackheath	4	-	4
Cradley Heath and Old Hill	6	-	6
Rowley	-	-	-
Tividale	2	-	2
Abbey	3	-	3
Smethwick	2	-	2
Soho and Victoria	6	-	6
St Pauls	3	-	3
Great Bridge	5	1	4
Princes End	3	-	3
Tipton Green	2	-	2
Friar Park	1	-	1
Wednesbury North	4	-	4
Wednesbury South	3	-	3
Charlemont with Grove Vale	3	-	3
Great Barr with Yew Tree	1	-	1
Greets Green and Lyng	3	-	3
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	6	-	6

Counts	Base	Is parking available close to the pharmacy?	
		Yes	No
Respondents			
Total	72	72	-
Locality			
Oldbury	13	13	-
Rowley Regis	13	13	-
Smethwick	15	15	-
Tipton	9	9	-
Wednesbury	8	8	-
West Bromwich	14	14	-
Ward			
Bristnall	4	4	-
Langley	5	5	-
Old Warley	-	-	-
Oldbury	4	4	-
Blackheath	4	4	-
Cradley Heath and Old Hill	6	6	-
Rowley	1	1	-
Tividale	2	2	-
Abbey	4	4	-
Smethwick	2	2	-
Soho and Victoria	6	6	-
St Pauls	3	3	-
Great Bridge	4	4	-
Princes End	3	3	-
Tipton Green	2	2	-
Friar Park	1	1	-
Wednesbury North	4	4	-
Wednesbury South	3	3	-
Charlemont with Grove Vale	3	3	-
Great Barr with Yew Tree	1	1	-
Greets Green and Lyng	3	3	-
Hateley Heath	-	-	-
Newton	1	1	-
West Bromwich Central	6	6	-

Counts Respondents	Base	Does this pharmacy have wheelchair access?		
		Yes	No	Not sure
Total	72	67	2	3
Locality				
Oldbury	13	10	1	2
Rowley Regis	13	12	1	-
Smethwick	15	15	-	-
Tipton	9	9	-	-
Wednesbury	8	8	-	-
West Bromwich	14	13	-	1
Ward				
Bristnall	4	2	1	1
Langley	5	5	-	-
Old Warley	-	-	-	-
Oldbury	4	3	-	1
Blackheath	4	4	-	-
Cradley Heath and Old Hill	6	5	1	-
Rowley	1	1	-	-
Tividale	2	2	-	-
Abbey	4	4	-	-
Smethwick	2	2	-	-
Soho and Victoria	6	6	-	-
St Pauls	3	3	-	-
Great Bridge	4	4	-	-
Princes End	3	3	-	-
Tipton Green	2	2	-	-
Friar Park	1	1	-	-
Wednesbury North	4	4	-	-
Wednesbury South	3	3	-	-
Charlemont with Grove Vale	3	3	-	-
Great Barr with Yew Tree	1	1	-	-
Greets Green and Lyng	3	3	-	-
Hateley Heath	-	-	-	-
Newton	1	-	-	1
West Bromwich Central	6	6	-	-

Counts	Respondents	Information Technology. This pharmacy has the following:					
		Base	Electronic Prescription Services Release 2 enabled	An active NHS Mail address	Summary Care Record Access	An up to date NHS Choices Profile	An up to date entry on the DOS (Directory of Services)
	Total	73	73	73	71	71	69
	Locality						
	Oldbury	13	13	13	13	12	13
	Rowley Regis	13	13	13	12	12	12
	Smethwick	15	15	15	14	15	15
	Tipton	10	10	10	10	10	10
	Wednesbury	8	8	8	8	8	7
	West Bromwich	14	14	14	14	14	12
	Ward						
	Bristnall	4	4	4	4	4	4
	Langley	5	5	5	5	4	5
	Old Warley	-	-	-	-	-	-
	Oldbury	4	4	4	4	4	4
	Blackheath	4	4	4	4	4	4
	Cradley Heath and Old Hill	6	6	6	6	6	6
	Rowley	1	1	1	-	-	-
	Tividale	2	2	2	2	2	2
	Abbey	4	4	4	4	4	4
	Smethwick	2	2	2	2	2	2
	Soho and Victoria	6	6	6	6	6	6
	St Pauls	3	3	3	2	3	3
	Great Bridge	5	5	5	5	5	5
	Princes End	3	3	3	3	3	3
	Tipton Green	2	2	2	2	2	2
	Friar Park	1	1	1	1	1	1
	Wednesbury North	4	4	4	4	4	4
	Wednesbury South	3	3	3	3	3	2
	Charlemont with Grove Vale	3	3	3	3	3	2
	Great Barr with Yew Tree	1	1	1	1	1	1
	Greets Green and Lyng	3	3	3	3	3	3
	Hateley Heath	-	-	-	-	-	-
	Newton	1	1	1	1	1	-
	West Bromwich Central	6	6	6	6	6	6

Counts	There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially)							
	Base	None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room	None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room	None (Distance Selling Pharmacy)	Available (including wheelchair access)	Available (without wheelchair access)	Planned before 1st April 2023	Other
Total	73	-	-	-	58	13	2	-
Locality								
Oldbury	13	-	-	-	9	3	1	-
Rowley Regis	13	-	-	-	8	5	-	-
Smethwick	15	-	-	-	12	3	-	-
Tipton	10	-	-	-	9	-	1	-
Wednesbury	8	-	-	-	7	1	-	-
West Bromwich	14	-	-	-	13	1	-	-
Ward								
Bristnall	4	-	-	-	2	2	-	-
Langley	5	-	-	-	4	-	1	-
Old Warley	-	-	-	-	-	-	-	-
Oldbury	4	-	-	-	3	1	-	-
Blackheath	4	-	-	-	4	-	-	-
Cradley Heath and Old Hill	6	-	-	-	3	3	-	-
Rowley	1	-	-	-	-	1	-	-
Tividale	2	-	-	-	1	1	-	-
Abbey	4	-	-	-	3	1	-	-
Smethwick	2	-	-	-	2	-	-	-
Soho and Victoria	6	-	-	-	5	1	-	-
St Pauls	3	-	-	-	2	1	-	-
Great Bridge	5	-	-	-	5	-	-	-
Princes End	3	-	-	-	2	-	1	-
Tipton Green	2	-	-	-	2	-	-	-
Friar Park	1	-	-	-	1	-	-	-
Wednesbury North	4	-	-	-	3	1	-	-
Wednesbury South	3	-	-	-	3	-	-	-
Charlemont with Grove Vale	3	-	-	-	3	-	-	-
Great Barr with Yew Tree	1	-	-	-	1	-	-	-
Greets Green and Lyng	3	-	-	-	3	-	-	-
Hateley Heath	-	-	-	-	-	-	-	-
Newton	1	-	-	-	1	-	-	-
West Bromwich Central	6	-	-	-	5	1	-	-

Counts	Respondents	Base	Where there is a consultation area, is it a closed room?	
			Yes	No
	Total	71	71	-
	Locality			
	Oldbury	13	13	-
	Rowley Regis	13	13	-
	Smethwick	13	13	-
	Tipton	10	10	-
	Wednesbury	8	8	-
	West Bromwich	14	14	-
	Ward			
	Bristnall	4	4	-
	Langley	5	5	-
	Old Warley	-	-	-
	Oldbury	4	4	-
	Blackheath	4	4	-
	Cradley Heath and Old Hill	6	6	-
	Rowley	1	1	-
	Tividale	2	2	-
	Abbey	3	3	-
	Smethwick	2	2	-
	Soho and Victoria	5	5	-
	St Pauls	3	3	-
	Great Bridge	5	5	-
	Princes End	3	3	-
	Tipton Green	2	2	-
	Friar Park	1	1	-
	Wednesbury North	4	4	-
	Wednesbury South	3	3	-
	Charlemont with Grove Vale	3	3	-
	Great Barr with Yew Tree	1	1	-
	Greets Green and Lyng	3	3	-
	Hateley Heath	-	-	-
	Newton	1	1	-
	West Bromwich Central	6	6	-

Counts		During consultations are there hand-washing facilities		
Respondents	Base	In the consultation area	Close to the consultation area	None
Total	73	45	22	6
Locality				
Oldbury	13	9	3	1
Rowley Regis	13	7	5	1
Smethwick	15	9	5	1
Tipton	10	7	3	-
Wednesbury	8	4	2	2
West Bromwich	14	9	4	1
Ward				
Bristnall	4	4	-	-
Langley	5	3	2	-
Old Warley	-	-	-	-
Oldbury	4	2	1	1
Blackheath	4	2	2	-
Cradley Heath and Old Hill	6	3	2	1
Rowley	1	1	-	-
Tividale	2	1	1	-
Abbey	4	4	-	-
Smethwick	2	-	1	1
Soho and Victoria	6	3	3	-
St Pauls	3	2	1	-
Great Bridge	5	4	1	-
Princes End	3	2	1	-
Tipton Green	2	1	1	-
Friar Park	1	1	-	-
Wednesbury North	4	2	1	1
Wednesbury South	3	1	1	1
Charlemont with Grove Vale	3	2	1	-
Great Barr with Yew Tree	1	1	-	-
Greets Green and Lyng	3	2	1	-
Hateley Heath	-	-	-	-
Newton	1	1	-	-
West Bromwich Central	6	3	2	1

Counts	Base	Patients attending for consultations have access to toilet facilities	
		Yes	No
Respondents			
Total	73	26	47
Locality			
Oldbury	13	6	7
Rowley Regis	13	5	8
Smethwick	15	5	10
Tipton	10	5	5
Wednesbury	8	3	5
West Bromwich	14	2	12
Ward			
Bristnall	4	1	3
Langley	5	1	4
Old Warley	-	-	-
Oldbury	4	4	-
Blackheath	4	2	2
Cradley Heath and Old Hill	6	2	4
Rowley	1	-	1
Tividale	2	1	1
Abbey	4	1	3
Smethwick	2	-	2
Soho and Victoria	6	3	3
St Pauls	3	1	2
Great Bridge	5	3	2
Princes End	3	1	2
Tipton Green	2	1	1
Friar Park	1	1	-
Wednesbury North	4	-	4
Wednesbury South	3	2	1
Charlemont with Grove Vale	3	-	3
Great Barr with Yew Tree	1	-	1
Greets Green and Lyng	3	-	3
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	6	2	4

Counts Respondents	Base	Languages and Communication.				
		Punjabi	Urdu	Gujurati	Hindi	Other
Total	64	56	39	25	43	15
Locality						
Oldbury	13	11	7	3	8	2
Rowley Regis	7	4	6	5	6	2
Smethwick	15	15	10	6	12	4
Tipton	7	6	4	3	5	1
Wednesbury	8	7	4	3	5	1
West Bromwich	14	13	8	5	8	5
Ward						
Bristnall	4	3	3	2	2	-
Langley	5	5	1	-	4	1
Old Warley	-	-	-	-	-	-
Oldbury	4	3	3	1	2	1
Blackheath	1	1	1	1	1	-
Cradley Heath and Old Hill	3	1	3	2	2	-
Rowley	1	-	-	-	-	1
Tividale	2	2	2	2	2	1
Abbey	4	4	2	1	3	1
Smethwick	2	2	1	-	1	-
Soho and Victoria	6	6	4	2	5	1
St Pauls	3	3	3	3	3	2
Great Bridge	4	3	1	2	2	1
Princes End	2	2	2	-	2	-
Tipton Green	1	1	1	1	1	-
Friar Park	1	1	1	1	1	-
Wednesbury North	4	3	2	2	2	1
Wednesbury South	3	3	1	-	2	-
Charlemont with Grove Vale	3	3	1	-	2	-
Great Barr with Yew Tree	1	1	-	1	-	1
Greets Green and Lyng	3	2	2	1	2	2
Hateley Heath	-	-	-	-	-	-
Newton	1	1	1	-	-	-
West Bromwich Central	6	6	4	3	4	2

Counts	Respondents	Healthy Living Pharmacy			
		Base	This pharmacy has achieved HLP status	This pharmacy is working towards HLP status	This pharmacy has no plans to implement HLP status
	Total	71	56	12	3
	Locality				
	Oldbury	12	8	4	-
	Rowley Regis	12	12	-	-
	Smethwick	15	12	1	2
	Tipton	10	5	4	1
	Wednesbury	8	7	1	-
	West Bromwich	14	12	2	-
	Ward				
	Bristnall	3	1	2	-
	Langley	5	3	2	-
	Old Warley	-	-	-	-
	Oldbury	4	4	-	-
	Blackheath	4	4	-	-
	Cradley Heath and Old Hill	6	6	-	-
	Rowley	-	-	-	-
	Tividale	2	2	-	-
	Abbey	4	3	1	-
	Smethwick	2	2	-	-
	Soho and Victoria	6	5	-	1
	St Pauls	3	2	-	1
	Great Bridge	5	4	1	-
	Princes End	3	-	2	1
	Tipton Green	2	1	1	-
	Friar Park	1	1	-	-
	Wednesbury North	4	4	-	-
	Wednesbury South	3	2	1	-
	Charlemont with Grove Vale	3	2	1	-
	Great Barr with Yew Tree	1	-	1	-
	Greets Green and Lyng	3	3	-	-
	Hateley Heath	-	-	-	-
	Newton	1	1	-	-
	West Bromwich Central	6	6	-	-

Counts		Services Does the pharmacy dispense appliances?						
		Yes – All types	Yes, excluding stoma appliances, or	Yes, excluding incontinence appliances, or	Yes, excluding stoma and incontinence appliances, or	Yes, just dressings, or	Other	None
Respondents	Base							
Total	72	58	-	1	1	8	1	3
Locality								
Oldbury	13	8	-	-	-	5	-	-
Rowley Regis	13	10	-	-	1	1	1	-
Smethwick	14	13	-	-	-	-	-	1
Tipton	10	8	-	-	-	-	-	2
Wednesbury	8	6	-	1	-	1	-	-
West Bromwich	14	13	-	-	-	1	-	-
Ward								
Bristnall	4	2	-	-	-	2	-	-
Langley	5	4	-	-	-	1	-	-
Old Warley	-	-	-	-	-	-	-	-
Oldbury	4	2	-	-	-	2	-	-
Blackheath	4	4	-	-	-	-	-	-
Cradley Heath and Old Hill	6	4	-	-	1	1	-	-
Rowley	1	-	-	-	-	-	1	-
Tividale	2	2	-	-	-	-	-	-
Abbey	3	3	-	-	-	-	-	-
Smethwick	2	1	-	-	-	-	-	1
Soho and Victoria	6	6	-	-	-	-	-	-
St Pauls	3	3	-	-	-	-	-	-
Great Bridge	5	4	-	-	-	-	-	1
Princes End	3	3	-	-	-	-	-	-
Tipton Green	2	1	-	-	-	-	-	1
Friar Park	1	1	-	-	-	-	-	-
Wednesbury North	4	3	-	1	-	-	-	-
Wednesbury South	3	2	-	-	-	1	-	-
Charlemont with Grove Vale	3	3	-	-	-	-	-	-
Great Barr with Yew Tree	1	1	-	-	-	-	-	-
Greets Green and Lyng	3	3	-	-	-	-	-	-
Hateley Heath	-	-	-	-	-	-	-	-
Newton	1	1	-	-	-	-	-	-
West Bromwich Central	6	5	-	-	-	1	-	-

Counts											
	Respondents	Appliance Use Review service	Community Pharmacist Consultation Service (CPCS)	C-19 LFD distribution	Flu Vaccination Service	Hepatitis C testing service (Until 31st March 2022)	Hypertension case finding	New Medicine Service	Pandemic Delivery Service (Until 31st March 2022)	Stoma Appliance Customisation service	Stop smoking service (from January 2022)
Total	707	69	73	73	73	67	71	73	70	68	70
Locality											
Oldbury	130	13	13	13	13	13	13	13	13	13	13
Rowley Regis	129	12	13	13	13	13	13	13	13	13	13
Smethwick	145	14	15	15	15	13	15	15	15	13	15
Tipton	91	9	10	10	10	8	9	10	9	8	8
Wednesbury	79	8	8	8	8	7	8	8	8	8	8
West Bromwich	133	13	14	14	14	13	13	14	12	13	13
Ward											
Bristnall	40	4	4	4	4	4	4	4	4	4	4
Langley	50	5	5	5	5	5	5	5	5	5	5
Old Warley	-	-	-	-	-	-	-	-	-	-	-
Oldbury	40	4	4	4	4	4	4	4	4	4	4
Blackheath	40	4	4	4	4	4	4	4	4	4	4
Cradley Heath and Old Hill	60	6	6	6	6	6	6	6	6	6	6
Rowley	10	1	1	1	1	1	1	1	1	1	1
Tividale	19	1	2	2	2	2	2	2	2	2	2
Abbey	40	4	4	4	4	4	4	4	4	4	4
Smethwick	17	1	2	2	2	1	2	2	2	1	2
Soho and Victoria	59	6	6	6	6	5	6	6	6	6	6
St Pauls	29	3	3	3	3	3	3	3	3	2	3
Great Bridge	41	4	5	5	5	3	4	5	4	3	3
Princes End	30	3	3	3	3	3	3	3	3	3	3
Tipton Green	20	2	2	2	2	2	2	2	2	2	2
Friar Park	9	1	1	1	1	-	1	1	1	1	1
Wednesbury North	40	4	4	4	4	4	4	4	4	4	4
Wednesbury South	30	3	3	3	3	3	3	3	3	3	3
Charlemont with Grove Vale	30	3	3	3	3	3	3	3	3	3	3
Great Barr with Yew Tree	10	1	1	1	1	1	1	1	1	1	1
Greets Green and Lyng	29	3	3	3	3	3	3	3	2	3	3
Hateley Heath	-	-	-	-	-	-	-	-	-	-	-
Newton	10	1	1	1	1	1	1	1	1	1	1
West Bromwich Central	54	5	6	6	6	5	5	6	5	5	5

		Base	Appliance Use Review service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	69	12	14	43
Locality	Oldbury	13	3	2	8
	Rowley Regis	12	-	2	10
	Smethwick	14	5	4	5
	Tipton	9	1	1	7
	Wednesbury	8	1	2	5
	West Bromwich	13	2	3	8
Ward	Bristnall	4	1	1	2
	Langley	5	-	1	4
	Old Warley	-	-	-	-
	Oldbury	4	2	-	2
	Blackheath	4	-	1	3
	Cradley Heath and Old Hill	6	-	-	6
	Rowley	1	-	-	1
	Tividale	1	-	1	-
	Abbey	4	1	2	1
	Smethwick	1	-	1	-
	Soho and Victoria	6	2	1	3
	St Pauls	3	2	-	1
	Great Bridge	4	1	1	2
	Princes End	3	-	-	3
	Tipton Green	2	-	-	2
	Friar Park	1	1	-	-
	Wednesbury North	4	-	1	3
	Wednesbury South	3	-	1	2
	Charlemont with Grove Vale	3	1	-	2
	Great Barr with Yew Tree	1	-	-	1
	Greets Green and Lyng	3	-	1	2
	Hateley Heath	-	-	-	-
	Newton	1	-	-	1
	West Bromwich Central	5	1	2	2

		Base	Community Pharmacist Consultation Service (CPCS)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	73	70	2	1
Locality	Oldbury	13	12	-	1
	Rowley Regis	13	13	-	-
	Smethwick	15	14	1	-
	Tipton	10	10	-	-
	Wednesbury	8	8	-	-
	West Bromwich	14	13	1	-
Ward	Bristnall	4	3	-	1
	Langley	5	5	-	-
	Old Warley	-	-	-	-
	Oldbury	4	4	-	-
	Blackheath	4	4	-	-
	Cradley Heath and Old Hill	6	6	-	-
	Rowley	1	1	-	-
	Tividale	2	2	-	-
	Abbey	4	4	-	-
	Smethwick	2	1	1	-
	Soho and Victoria	6	6	-	-
	St Pauls	3	3	-	-
	Great Bridge	5	5	-	-
	Princes End	3	3	-	-
	Tipton Green	2	2	-	-
	Friar Park	1	1	-	-
	Wednesbury North	4	4	-	-
	Wednesbury South	3	3	-	-
	Charlemont with Grove Vale	3	3	-	-
	Great Barr with Yew Tree	1	1	-	-
	Greets Green and Lyng	3	3	-	-
	Hateley Heath	-	-	-	-
	Newton	1	1	-	-
West Bromwich Central	6	5	1	-	

		Base	C-19 LFD distribution		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	73	72	1	-
Locality	Oldbury	13	13	-	-
	Rowley Regis	13	13	-	-
	Smethwick	15	14	1	-
	Tipton	10	10	-	-
	Wednesbury	8	8	-	-
	West Bromwich	14	14	-	-
Ward	Bristnall	4	4	-	-
	Langley	5	5	-	-
	Old Warley	-	-	-	-
	Oldbury	4	4	-	-
	Blackheath	4	4	-	-
	Cradley Heath and Old Hill	6	6	-	-
	Rowley	1	1	-	-
	Tividale	2	2	-	-
	Abbey	4	4	-	-
	Smethwick	2	1	1	-
	Soho and Victoria	6	6	-	-
	St Pauls	3	3	-	-
	Great Bridge	5	5	-	-
	Princes End	3	3	-	-
	Tipton Green	2	2	-	-
	Friar Park	1	1	-	-
	Wednesbury North	4	4	-	-
	Wednesbury South	3	3	-	-
	Charlemont with Grove Vale	3	3	-	-
	Great Barr with Yew Tree	1	1	-	-
	Greets Green and Lyng	3	3	-	-
	Hateley Heath	-	-	-	-
	Newton	1	1	-	-
	West Bromwich Central	6	6	-	-

		Base	Flu Vaccination Service		
			Intending to begin within next 12 months	No - not intending to provide	
		Yes			
Total	Sandwell	73	67	3	3
Locality	Oldbury	13	12 -		1
	Rowley Regis	13	12 -		1
	Smethwick	15	14	1 -	
	Tipton	10	8	2 -	
	Wednesbury	8	7 -		1
	West Bromwich	14	14 -		
Ward	Bristnall	4	3 -		1
	Langley	5	5 -		
	Old Warley	-	-	-	-
	Oldbury	4	4 -		
	Blackheath	4	4 -		
	Cradley Heath and Old Hill	6	6 -		
	Rowley	1	-	-	1
	Tividale	2	2 -		
	Abbey	4	4 -		
	Smethwick	2	2 -		
	Soho and Victoria	6	6 -		
	St Pauls	3	2	1 -	
	Great Bridge	5	5 -		
	Princes End	3	2	1 -	
	Tipton Green	2	1	1 -	
	Friar Park	1	1 -		
	Wednesbury North	4	3 -		1
	Wednesbury South	3	3 -		
	Charlemont with Grove Vale	3	3 -		
	Great Barr with Yew Tree	1	1 -		
	Greets Green and Lyng	3	3 -		
	Hateley Heath	-	-	-	-
	Newton	1	1 -		
West Bromwich Central	6	6 -			

		Base	Hepatitis C testing service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	67	7	15	45
Locality	Oldbury	13	-	1	12
	Rowley Regis	13	1	3	9
	Smethwick	13	1	4	8
	Tipton	8	2	4	2
	Wednesbury	7	-	2	5
	West Bromwich	13	3	1	9
Ward	Bristnall	4	-	1	3
	Langley	5	-	-	5
	Old Warley	-	-	-	-
	Oldbury	4	-	-	4
	Blackheath	4	1	-	3
	Cradley Heath and Old Hill	6	-	1	5
	Rowley	1	-	-	1
	Tividale	2	-	2	-
	Abbey	4	1	2	1
	Smethwick	1	-	-	1
	Soho and Victoria	5	-	-	5
	St Pauls	3	-	2	1
	Great Bridge	3	-	2	1
	Princes End	3	1	1	1
	Tipton Green	2	1	1	-
	Friar Park	-	-	-	-
	Wednesbury North	4	-	1	3
	Wednesbury South	3	-	1	2
	Charlemont with Grove	3	-	-	3
	Vale	1	-	-	1
	Great Barr with Yew Tree	3	2	-	1
	Greets Green and Lyng	3	-	-	1
	Hateley Heath	-	-	-	-
	Newton	1	-	-	1
	West Bromwich Central	5	1	1	3

		Base	Hypertension case finding		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	71	31	27	13
Locality	Oldbury	13	3	5	5
	Rowley Regis	13	5	4	4
	Smethwick	15	7	6	2
	Tipton	9	6	3	-
	Wednesbury	8	4	4	-
	West Bromwich	13	6	5	2
Ward	Bristnall	4	1	-	3
	Langley	5	1	2	2
	Old Warley	-	-	-	-
	Oldbury	4	1	3	-
	Blackheath	4	2	-	2
	Cradley Heath and Old Hill	6	1	3	2
	Rowley	1	1	-	-
	Tividale	2	1	1	-
	Abbey	4	2	1	1
	Smethwick	2	-	2	-
	Soho and Victoria	6	2	3	1
	St Pauls	3	3	-	-
	Great Bridge	4	3	1	-
	Princes End	3	2	1	-
	Tipton Green	2	1	1	-
	Friar Park	1	1	-	-
	Wednesbury North	4	1	3	-
	Wednesbury South	3	2	1	-
	Charlemont with Grove Vale	3	1	2	-
	Great Barr with Yew Tree	1	-	1	-
	Greets Green and Lyng	3	2	-	1
	Hateley Heath	-	-	-	-
	Newton	1	1	-	-
	West Bromwich Central	5	2	2	1

		Base	New Medicine Service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	73	73	-	-
Locality	Oldbury	13	13	-	-
	Rowley Regis	13	13	-	-
	Smethwick	15	15	-	-
	Tipton	10	10	-	-
	Wednesbury	8	8	-	-
	West Bromwich	14	14	-	-
Ward	Bristnall	4	4	-	-
	Langley	5	5	-	-
	Old Warley	-	-	-	-
	Oldbury	4	4	-	-
	Blackheath	4	4	-	-
	Cradley Heath and Old Hill	6	6	-	-
	Rowley	1	1	-	-
	Tividale	2	2	-	-
	Abbey	4	4	-	-
	Smethwick	2	2	-	-
	Soho and Victoria	6	6	-	-
	St Pauls	3	3	-	-
	Great Bridge	5	5	-	-
	Princes End	3	3	-	-
	Tipton Green	2	2	-	-
	Friar Park	1	1	-	-
	Wednesbury North	4	4	-	-
	Wednesbury South	3	3	-	-
	Charlemont with Grove Vale	3	3	-	-
	Great Barr with Yew Tree	1	1	-	-
	Greets Green and Lyng	3	3	-	-
	Hateley Heath	-	-	-	-
Newton	1	1	-	-	
West Bromwich Central	6	6	-	-	

		Base	Pandemic Delivery Service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	70	52	3	15
Locality	Oldbury	13	9	-	4
	Rowley Regis	13	9	1	3
	Smethwick	15	12	-	3
	Tipton	9	6	2	1
	Wednesbury	8	5	-	3
	West Bromwich	12	11	-	1
Ward	Bristnall	4	3	-	1
	Langley	5	4	-	1
	Old Warley	-	-	-	-
	Oldbury	4	2	-	2
	Blackheath	4	3	-	1
	Cradley Heath and Old Hill	6	4	1	1
	Rowley	1	-	-	1
	Tividale	2	2	-	-
	Abbey	4	4	-	-
	Smethwick	2	1	-	1
	Soho and Victoria	6	4	-	2
	St Pauls	3	3	-	-
	Great Bridge	4	2	2	-
	Princes End	3	2	-	1
	Tipton Green	2	2	-	-
	Friar Park	1	1	-	-
	Wednesbury North	4	3	-	1
	Wednesbury South	3	1	-	2
	Charlemont with Grove Vale	3	3	-	-
	Great Barr with Yew Tree	1	1	-	-
	Greets Green and Lyng	2	2	-	-
	Hateley Heath	-	-	-	-
	Newton	1	-	-	1
West Bromwich Central	5	5	-	-	

		Base	Stoma Appliance Customisation service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	68	11	9	48
Locality	Oldbury	13	2	1	10
	Rowley Regis	13	1	1	11
	Smethwick	13	3	3	7
	Tipton	8	1	1	6
	Wednesbury	8	3	1	4
	West Bromwich	13	1	2	10
Ward	Bristnall	4	2	-	2
	Langley	5	-	1	4
	Old Warley	-	-	-	-
	Oldbury	4	-	-	4
	Blackheath	4	-	1	3
	Cradley Heath and Old Hill	6	-	-	6
	Rowley	1	-	-	1
	Tividale	2	1	-	1
	Abbey	4	-	2	2
	Smethwick	1	-	-	1
	Soho and Victoria	6	2	1	3
	St Pauls	2	1	-	1
	Great Bridge	3	-	1	2
	Princes End	3	1	-	2
	Tipton Green	2	-	-	2
	Friar Park	1	1	-	-
	Wednesbury North	4	2	-	2
	Wednesbury South	3	-	1	2
	Charlemont with Grove				
	Vale	3	-	-	3
	Great Barr with Yew Tree	1	-	-	1
	Greets Green and Lyng	3	-	1	2
	Hateley Heath	-	-	-	-
Newton	1	-	-	1	
West Bromwich Central	5	1	1	3	

		Base	Stop smoking service (from January 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
Total	Sandwell	70	10	30	30
Locality	Oldbury	13	1	4	8
	Rowley Regis	13	4	4	5
	Smethwick	15	1	10	4
	Tipton	8	2	4	2
	Wednesbury	8	1	4	3
	West Bromwich	13	1	4	8
Ward	Bristnall	4	1	1	2
	Langley	5	-	3	2
	Old Warley	-	-	-	-
	Oldbury	4	-	-	4
	Blackheath	4	2	-	2
	Cradley Heath and Old Hill	6	2	2	2
	Rowley	1	-	-	1
	Tividale	2	-	2	-
	Abbey	4	1	3	-
	Smethwick	2	-	2	-
	Soho and Victoria	6	-	3	3
	St Pauls	3	-	2	1
	Great Bridge	3	-	3	-
	Princes End	3	1	1	1
	Tipton Green	2	1	-	1
	Friar Park	1	1	-	-
	Wednesbury North	4	-	2	2
	Wednesbury South	3	-	2	1
	Charlemont with Grove Vale	3	1	-	2
	Great Barr with Yew Tree	1	-	-	1
	Greets Green and Lyng	3	-	1	2
	Hateley Heath	-	-	-	-
	Newton	1	-	-	1
	West Bromwich Central	5	-	3	2

	Base	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	70	2	-	-	46	19	3
Anti-viral Distribution Service	68	1	-	-	48	16	3
Care Home Service	67	2	-	-	38	24	3
Chlamydia Testing Service	70	1	-	-	55	10	4
Chlamydia Treatment Service	69	1	-	-	55	9	4
Contraceptive service (not EC)	16	16	-	-	-	-	-
Disease Specific Medicines Management Service:	-	-	-	-	-	-	-
Allergies	69	2	-	-	47	17	3
Alzheimer's/dementia	67	2	-	-	47	17	1
Asthma	70	3	-	-	55	10	2
CHD	68	2	-	-	52	12	2
COPD	68	2	-	-	54	10	2
Depression	67	2	-	-	49	14	2
Diabetes type I	68	3	-	-	50	12	3

Diabetes type II	67	3	-	-	50	11	3
Epilepsy	66	2	-	-	47	15	2
Heart Failure	67	2	-	-	50	13	2
Hypertension	70	16	-	-	45	8	1
Parkinson's disease	67	2	-	-	47	15	3
Palliative care service	65	4	1	-	46	12	2
Emergency Contraception Service	69	14	3	8	32	4	8
Emergency Supply Service	71	28	3	-	30	4	6
Gluten Free Food Supply Service (i.e. not via FP10)	67	5	1	-	41	16	4
Home Delivery Service (not appliances)	68	17	-	2	25	11	13
Independent Prescribing Service	67	2	-	-	39	19	7
Language Access Service	66	2	-	-	37	25	2
Medication Review Service	70	11	-	-	49	8	2
Medicines Assessment and Compliance Support Service	65	5	-	-	48	11	1
Minor Ailment Scheme	71	32	12	5	16	5	1

Medicines Optimisation Service	68	3	-	-	51	12	2
Needle and Syringe Exchange Service	69	14	-	2	28	25	-
Distribution of naloxone	67	3	-	-	42	21	1
Obesity management (adults and children)	70	5	-	1	47	13	4
Not Dispensed Scheme	66	3	-	-	45	17	1
On Demand Availability of Specialist Drugs Service	65	4	-	-	41	19	1
Out of Hours Services	67	3	-	-	37	26	1
Phlebotomy Service	68	1	-	-	38	27	2
Prescriber Support Service	66	1	-	-	43	20	2
Schools Service	66	1	-	-	41	22	2
Screening Service	-	-	-	-	-	-	-
Alcohol	68	1	-	-	47	18	2
Cholesterol	68	4	-	-	51	11	2
Diabetes	68	4	-	-	52	10	2
Gonorrhoea	66	1	-	-	46	17	2
H. pylori	66	1	-	-	47	15	3
HbA1C	68	1	-	-	50	14	3
Hepatitis	67	3	-	-	43	18	3
HIV	65	1	-	-	39	23	2

Seasonal Influenza Vaccination Service	66	51	1	2	7	5	-
Childhood vaccinations	68	1	-	-	44	22	1
COVID-19 vaccinations	70	23	-	1	30	15	1
Hepatitis (at risk workers or patients) vaccinations	68	3	-	-	43	19	3
HPV vaccinations	69	2	1	-	47	16	3
Meningococcal vaccinations	71	3	-	-	49	14	5
Pneumococcal vaccinations	71	6	-	-	47	10	8
Travel vaccinations	71	3	-	-	41	15	12
Sharps Disposal Service	67	5	-	-	42	19	1
Stop Smoking Service	70	5	-	2	54	8	1
Supervised Administration Service	69	23	4	9	19	12	2
Vascular Risk Assessment Service (NHS Health Check)	68	1	-	-	47	18	2

Counts						
Respondents	Base	Emergency Contraception Service	Emergency Supply Service	Gluten Free Food Supply Service (i.e. not via FP10)	Home Delivery Service (not appliances)	Independent Prescribing Service
Total	342	69	71	67	68	67
Locality						
Oldbury	65	13	13	13	13	13
Rowley Regis	57	11	12	11	12	11
Smethwick	70	14	15	14	14	13
Tipton	48	10	10	9	9	10
Wednesbury	40	8	8	8	8	8
West Bromwich	62	13	13	12	12	12
Ward						
Bristnall	20	4	4	4	4	4
Langley	25	5	5	5	5	5
Old Warley	-	-	-	-	-	-
Oldbury	20	4	4	4	4	4
Blackheath	20	4	4	4	4	4
Cradley Heath and Old Hill	30	6	6	6	6	6
Rowley	2	-	1	-	1	-
Tividale	5	1	1	1	1	1
Abbey	17	4	4	3	3	3
Smethwick	8	1	2	2	2	1
Soho and Victoria	30	6	6	6	6	6
St Pauls	15	3	3	3	3	3
Great Bridge	23	5	5	4	4	5
Princes End	15	3	3	3	3	3
Tipton Green	10	2	2	2	2	2
Friar Park	5	1	1	1	1	1
Wednesbury North	20	4	4	4	4	4
Wednesbury South	15	3	3	3	3	3
Charlemont with Grove Vale	9	2	2	2	1	2
Great Barr with Yew Tree	5	1	1	1	1	1
Greets Green and Lyng	15	3	3	3	3	3
Hateley Heath	-	-	-	-	-	-
Newton	5	1	1	1	1	1
West Bromwich Central	28	6	6	5	6	5

Counts						
				Medicines Assessment and Compliance Support Service	Minor Ailment Scheme	Medicines Optimisation Service
Respondents	Base	Language Access Service	Medication Review Service			
Total	340	66	70	65	711	68
Locality						
Oldbury	62	12	13	12	12	13
Rowley Regis	61	12	12	12	13	12
Smethwick	68	13	14	13	15	13
Tipton	45	8	10	8	10	9
Wednesbury	39	8	8	7	8	8
West Bromwich	65	13	13	13	13	13
Ward						
Bristnall	19	4	4	3	4	4
Langley	23	4	5	5	4	5
Old Warley	-	-	-	-	-	-
Oldbury	20	4	4	4	4	4
Blackheath	20	4	4	4	4	4
Cradley Heath and Old Hill	30	6	6	6	6	6
Rowley	1	-	-	-	1	-
Tividale	10	2	2	2	2	2
Abbey	16	3	3	3	4	3
Smethwick	8	1	2	2	2	1
Soho and Victoria	29	6	6	5	6	6
St Pauls	15	3	3	3	3	3
Great Bridge	20	3	5	3	5	4
Princes End	15	3	3	3	3	3
Tipton Green	10	2	2	2	2	2
Friar Park	5	1	1	1	1	1
Wednesbury North	19	4	4	3	4	4
Wednesbury South	15	3	3	3	3	3
Charlemont with Grove Vale	15	3	3	3	3	3
Great Barr with Yew Tree	5	1	1	1	1	1
Greets Green and Lyng	15	3	3	3	3	3
Hateley Heath	-	-	-	-	-	-
Newton	5	1	1	1	1	1
West Bromwich Central	25	5	5	5	5	5

Counts Respondents	Base	Needle and Syringe Exchange Service	Distribution of naloxone	Obesity management (adults and children)	Not Dispensed Scheme	On Demand Availability of Specialist Drugs Service	Out of Hours Services
Total	404	69	67	70	66	65	67
Locality							
Oldbury	75	13	13	13	12	11	13
Rowley Regis	68	12	12	12	10	11	11
Smethwick	80	14	12	14	13	13	14
Tipton	55	9	9	10	10	9	8
Wednesbury	48	8	8	8	8	8	8
West Bromwich	78	13	13	13	13	13	13
Ward							
Bristnall	23	4	4	4	4	3	4
Langley	28	5	5	5	4	4	5
Old Warley	-	-	-	-	-	-	-
Oldbury	24	4	4	4	4	4	4
Blackheath	24	4	4	4	4	4	4
Cradley Heath and Old Hill	35	6	6	6	5	6	6
Rowley	-	-	-	-	-	-	-
Tividale	9	2	2	2	1	1	1
Abbey	22	4	3	4	4	3	4
Smethwick	4	1	-	1	-	1	1
Soho and Victoria	36	6	6	6	6	6	6
St Pauls	18	3	3	3	3	3	3
Great Bridge	25	4	4	5	5	4	3
Princes End	18	3	3	3	3	3	3
Tipton Green	12	2	2	2	2	2	2
Friar Park	6	1	1	1	1	1	1
Wednesbury North	24	4	4	4	4	4	4
Wednesbury South	18	3	3	3	3	3	3
Charlemont with Grove Vale	18	3	3	3	3	3	3
Great Barr with Yew Tree	6	1	1	1	1	1	1
Greets Green and Lyng	18	3	3	3	3	3	3
Hateley Heath	-	-	-	-	-	-	-
Newton	6	1	1	1	1	1	1
West Bromwich Central	30	5	5	5	5	5	5

Counts	Seasonal Influenza Vaccination Service						
	Respondents	Base	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Total	66	51	1	2	7	5	-
Locality							
Oldbury	12	9	1	-	1	1	-
Rowley Regis	11	8	-	-	2	1	-
Smethwick	14	12	-	1	1	-	-
Tipton	8	5	-	-	1	2	-
Wednesbury	8	6	-	1	-	1	-
West Bromwich	13	11	-	-	2	-	-
Ward							
Bristnall	3	2	-	-	-	1	-
Langley	5	5	-	-	-	-	-
Old Warley	-	-	-	-	-	-	-
Oldbury	4	2	1	-	1	-	-
Blackheath	4	3	-	-	-	1	-
Cradley Heath and Old Hill	5	3	-	-	2	-	-
Rowley	-	-	-	-	-	-	-
Tivdale	2	2	-	-	-	-	-
Abbey	3	3	-	-	-	-	-
Smethwick	2	2	-	-	-	-	-
Soho and Victoria	6	5	-	1	-	-	-
St Pauls	3	2	-	-	1	-	-
Great Bridge	5	4	-	-	1	-	-
Princes End	1	-	-	-	-	1	-
Tipton Green	2	1	-	-	-	1	-
Friar Park	1	1	-	-	-	-	-
Wednesbury North	4	3	-	-	-	1	-
Wednesbury South	3	2	-	1	-	-	-
Charlemont with Grove Vale	2	1	-	-	1	-	-
Great Barr with Yew Tree	1	1	-	-	-	-	-
Greets Green and Lyng	3	3	-	-	-	-	-
Hateley Heath	-	-	-	-	-	-	-
Newton	1	1	-	-	-	-	-
West Bromwich Central	6	5	-	-	1	-	-

Counts Respondents										
	Base	Childhood vaccinations	COVID-19 vaccinations	Hepatitis (at risk workers or patients) vaccinations	HPV vaccinations	Meningococcal vaccinations	Pneumococcal vaccinations	Travel vaccinations		
Total	488	68	70	68	69	71	71	71		
Locality										
Oldbury	91	13	13	13	13	13	13	13		
Rowley Regis	79	10	12	10	11	12	12	12		
Smethwick	105	15	15	15	15	15	15	15		
Tipton	66	9	9	9	9	10	10	10		
Wednesbury	56	8	8	8	8	8	8	8		
West Bromwich	91	13	13	13	13	13	13	13		
Ward										
Bristnall	28	4	4	4	4	4	4	4		
Langley	35	5	5	5	5	5	5	5		
Old Warley	-	-	-	-	-	-	-	-		
Oldbury	28	4	4	4	4	4	4	4		
Blackheath	28	4	4	4	4	4	4	4		
Cradley Heath and Old Hill	42	6	6	6	6	6	6	6		
Rowley	-	-	-	-	-	-	-	-		
Tividale	9	-	2	-	1	2	2	2		
Abbey	28	4	4	4	4	4	4	4		
Smethwick	14	2	2	2	2	2	2	2		
Soho and Victoria	42	6	6	6	6	6	6	6		
St Pauls	21	3	3	3	3	3	3	3		
Great Bridge	31	4	4	4	4	5	5	5		
Princes End	21	3	3	3	3	3	3	3		
Tipton Green	14	2	2	2	2	2	2	2		
Friar Park	7	1	1	1	1	1	1	1		
Wednesbury North	28	4	4	4	4	4	4	4		
Wednesbury South	21	3	3	3	3	3	3	3		
Charlemont with Grove Vale	21	3	3	3	3	3	3	3		
Great Barr with Yew Tree	7	1	1	1	1	1	1	1		
Greets Green and Lyng	21	3	3	3	3	3	3	3		
Hateley Heath	-	-	-	-	-	-	-	-		
Newton	7	1	1	1	1	1	1	1		
West Bromwich Central	35	5	5	5	5	5	5	5		

Counts				
Respondents	Base	Sharps Disposal Service	Stop Smoking Service	Supervised Administration Service
Total	206	67	70	69
Locality				
Oldbury	39	13	13	13
Rowley Regis	35	11	12	12
Smethwick	42	14	15	13
Tipton	28	9	9	10
Wednesbury	24	8	8	8
West Bromwich	38	12	13	13
Ward				
Bristnall	12	4	4	4
Langley	15	5	5	5
Old Warley	-	-	-	-
Oldbury	12	4	4	4
Blackheath	12	4	4	4
Cradley Heath and Old Hill	18	6	6	6
Rowley	-	-	-	-
Tividale	5	1	2	2
Abbey	11	3	4	4
Smethwick	5	2	2	1
Soho and Victoria	17	6	6	5
St Pauls	9	3	3	3
Great Bridge	13	4	4	5
Princes End	9	3	3	3
Tipton Green	6	2	2	2
Friar Park	3	1	1	1
Wednesbury North	12	4	4	4
Wednesbury South	9	3	3	3
Charlemont with Grove Vale	8	2	3	3
Great Barr with Yew Tree	3	1	1	1
Greets Green and Lyng	9	3	3	3
Hateley Heath	-	-	-	-
Newton	3	1	1	1
West Bromwich Central	15	5	5	5

Counts	Vascular Risk Assessment Service (NHS Health Check)							
	Respondents	Base	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Total	68	1	-	-	-	47	18	2
Locality								
Oldbury	13	-	-	-	-	11	2	-
Rowley Regis	11	-	-	-	-	8	3	-
Smethwick	14	1	-	-	-	7	5	1
Tipton	9	-	-	-	-	5	3	1
Wednesbury	8	-	-	-	-	5	3	-
West Bromwich	13	-	-	-	-	11	2	-
Ward								
Bristnall	4	-	-	-	-	3	1	-
Langley	5	-	-	-	-	5	-	-
Old Warley	-	-	-	-	-	-	-	-
Oldbury	4	-	-	-	-	3	1	-
Blackheath	4	-	-	-	-	2	2	-
Cradley Heath and Old Hill	6	-	-	-	-	6	-	-
Rowley	-	-	-	-	-	-	-	-
Tividale	1	-	-	-	-	-	1	-
Abbey	4	1	-	-	-	2	1	-
Smethwick	1	-	-	-	-	-	-	1
Soho and Victoria	6	-	-	-	-	3	3	-
St Pauls	3	-	-	-	-	2	1	-
Great Bridge	4	-	-	-	-	2	1	1
Princes End	3	-	-	-	-	2	1	-
Tipton Green	2	-	-	-	-	1	1	-
Friar Park	1	-	-	-	-	1	-	-
Wednesbury North	4	-	-	-	-	2	2	-
Wednesbury South	3	-	-	-	-	2	1	-
Charlemont with Grove Vale	3	-	-	-	-	2	1	-
Great Barr with Yew Tree	1	-	-	-	-	1	-	-
Greets Green and Lyng	3	-	-	-	-	3	-	-
Hateley Heath	-	-	-	-	-	-	-	-
Newton	1	-	-	-	-	1	-	-
West Bromwich Central	5	-	-	-	-	4	1	-

Counts	Respondents	Base	Collection of prescriptions from GP practices - with charge	Collection of prescriptions from GP practices – Free of charge on request	We deliver prescriptions to all patients
Total		209	69	71	69
Locality					
	Oldbury	37	12	12	13
	Rowley Regis	35	12	12	11
	Smethwick	42	13	15	14
	Tipton	30	10	10	10
	Wednesbury	24	8	8	8
	West Bromwich	41	14	14	13
Ward					
	Bristnall	11	4	3	4
	Langley	15	5	5	5
	Old Warley	-	-	-	-
	Oldbury	11	3	4	4
	Blackheath	10	4	4	2
	Cradley Heath and Old Hill	18	6	6	6
	Rowley	3	1	1	1
	Tividale	4	1	1	2
	Abbey	12	4	4	4
	Smethwick	4	1	2	1
	Soho and Victoria	18	6	6	6
	St Pauls	8	2	3	3
	Great Bridge	15	5	5	5
	Princes End	9	3	3	3
	Tipton Green	6	2	2	2
	Friar Park	3	1	1	1
	Wednesbury North	12	4	4	4
	Wednesbury South	9	3	3	3
	Charlemont with Grove Vale	9	3	3	3
	Great Barr with Yew Tree	3	1	1	1
	Greets Green and Lyng	8	3	3	2
	Hateley Heath	-	-	-	-
	Newton	3	1	1	1
	West Bromwich Central	18	6	6	6

Counts	Respondents	Base	Delivery of dispensed medicines – Free of charge on request	Delivery of dispensed medicines – With charge	Monitored Dosage Systems – Free of charge on request	Monitored Dosage Systems – With charge
	Total	267	71	63	71	62
	Locality					
	Oldbury	48	12	12	12	12
	Rowley Regis	44	12	10	13	9
	Smethwick	52	15	11	14	12
	Tipton	37	10	9	10	8
	Wednesbury	32	8	8	8	8
	West Bromwich	54	14	13	14	13
	Ward					
	Bristnall	14	4	3	4	3
	Langley	20	5	5	5	5
	Old Warley	-	-	-	-	-
	Oldbury	14	3	4	3	4
	Blackheath	14	3	4	4	3
	Cradley Heath and Old Hill	22	6	5	6	5
	Rowley	4	1	1	1	1
	Tividale	4	2	-	2	-
	Abbey	16	4	4	4	4
	Smethwick	6	2	1	2	1
	Soho and Victoria	19	6	4	5	4
	St Pauls	11	3	2	3	3
	Great Bridge	20	5	5	5	5
	Princes End	10	3	2	3	2
	Tipton Green	7	2	2	2	1
	Friar Park	4	1	1	1	1
	Wednesbury North	16	4	4	4	4
	Wednesbury South	12	3	3	3	3
	Charlemont with Grove Vale	12	3	3	3	3
	Great Barr with Yew Tree	4	1	1	1	1
	Greets Green and Lyng	12	3	3	3	3
	Hateley Heath	-	-	-	-	-
	Newton	4	1	1	1	1
	West Bromwich Central	22	6	5	6	5

Counts	Base	Is there a particular need for a locally commissioned service in your area?	
		Yes	No
Respondents			
Total	71	26	45
Locality			
Oldbury	13	3	10
Rowley Regis	13	8	5
Smethwick	14	4	10
Tipton	10	4	6
Wednesbury	8	4	4
West Bromwich	13	3	10
Ward			
Bristnall	4	1	3
Langley	5	2	3
Old Warley	-	-	-
Oldbury	4	-	4
Blackheath	4	2	2
Cradley Heath and Old Hill	6	5	1
Rowley	1	-	1
Tividale	2	1	1
Abbey	4	2	2
Smethwick	1	1	-
Soho and Victoria	6	1	5
St Pauls	3	-	3
Great Bridge	5	-	5
Princes End	3	2	1
Tipton Green	2	2	-
Friar Park	1	1	-
Wednesbury North	4	1	3
Wednesbury South	3	2	1
Charlemont with Grove Vale	3	1	2
Great Barr with Yew Tree	1	-	1
Greets Green and Lyng	3	2	1
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	5	-	5

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	71	13	13	14	10	7	14
How has COVID-19 affected service provision?							
We are offering more services to patients than before the pandemic	39 54.90%	6 46.20%	6 46.20%	10 71.40%	6 60.00%	3 42.90%	8 57.10%
We are offering less services to patients than before the pandemic	11 15.50%	3 23.10%	3 23.10%	- -	3 30.00%	1 14.30%	1 7.10%
Service provision has not changed	21 29.60%	4 30.80%	4 30.80%	4 28.60%	1 10.00%	3 42.90%	5 35.70%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	72	13	13	15	10	7	14
How has COVID-19 affected access to services?							
Our opening times have been extended	4 5.60%	1 7.70%	- -	1 6.70%	1 10.00%	- -	1 7.10%
Our opening times have been reduced	6 8.30%	4 30.80%	- -	- -	- -	1 14.30%	1 7.10%
Our opening times have remained the same	62 86.10%	8 61.50%	13 100.00%	14 93.30%	9 90.00%	6 85.70%	12 85.70%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	72	13	13	15	10	7	14
How has COVID-19 affected waiting times for medicine dispensing?							
Waiting times have increased	39 54.20%	5 38.50%	8 61.50%	3 20.00%	7 70.00%	6 85.70%	10 71.40%
Waiting times have decreased	1 1.40%	1 7.70%	- -	- -	- -	- -	- -
Waiting times have stayed the same	32 44.40%	7 53.80%	5 38.50%	12 80.00%	3 30.00%	1 14.30%	4 28.60%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	71	13	13	14	10	7	14
How has COVID-19 affected waiting times for other services e.g. flu vaccinations and health checks?							
Waiting times have increased	35 49.30%	5 38.50%	6 46.20%	5 35.70%	8 80.00%	3 42.90%	8 57.10%
Waiting times have decreased	1 1.40%	1 7.70%	- -	- -	- -	- -	- -
Waiting times have stayed the same	35 49.30%	7 53.80%	7 53.80%	9 64.30%	2 20.00%	4 57.10%	6 42.90%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	72	13	13	15	10	7	14
How has COVID-19 affected patient demand for pharmacy services?							
Overall, patients are relying more on pharmacy services	69 95.80%	12 92.30%	13 100.00%	13 86.70%	10 100.00%	7 100.00%	14 100.00%
Overall, patients are relying less on pharmacy services	-	-	-	-	-	-	-
Patient demand for pharmacy services has remained the same	3 4.20%	1 7.70%	-	2 13.30%	-	-	-

Appendix 7: Public survey

Your views on Community Pharmacy (Chemists) Services in Sandwell

If you are able, please complete this survey online at:
<https://www.sandwell.gov.uk/consultation>. The survey closes on 10th December

Q1 Which pharmacy (chemist) do you most regularly use?
 Please enter name of pharmacy

Q2 Where is this pharmacy (Chemist) located, eg Bearwood Road Smethwick

Name of Road (if known)

Town

Q3 Why do you normally use this pharmacy? *Please tick all that apply*

- It is near my home
- It is near my work
- It is near or at my local GP surgery
- It is easy to get to whilst shopping
- It has on-site parking
- It has the services I require
- It stocks the medicines that I need
- It has opening hours that suit me
- It operates the Electronic Prescription Service

Q4 How do you normally travel to your regular pharmacy?

- Car
- Public Transport
- Bicycle
- Taxi
- Walk

Q5 How often do you visit a pharmacy for Health reasons (health advice, prescriptions or over the counter medicines)?

- Daily
- Two or more times weekly
- Weekly
- Fortnightly
- Monthly
- Every 2-3 Months
- 6 Monthly
- Yearly
- Never

Q6 How often do you visit a pharmacy for any other reason (eg shopping, toiletries, baby products)?

- Daily
- Two or more times weekly
- Weekly
- Fortnightly
- Monthly
- Every 2-3 Months
- 6 Monthly
- Yearly
- Never

Q7 At what time of day to you normally use pharmacy services?

- Weekdays 6am-9am
- Weekdays 9am-6pm
- Weekdays 6pm-11pm
- Saturday
- Sunday

Q8 Other than normal opening hours (Weekdays 9am-6pm), what other times would you find it most useful to visit a pharmacy? Please tick all that apply

- Weekdays 6am-9am
 Weekdays 6pm-11pm
 Saturday 9am-1pm
 Saturday 1pm-6pm
 Saturday 6pm-11pm
 Sunday before 10am
 Sunday 10am-2pm
 Sunday after 4pm

Q9 Access to pharmacy services - Please rate how strongly you agree or disagree with the following statements.
Please tick ONE box only for each statement

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I can easily find an open pharmacy when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy near where I want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open in the evening (i.e after 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open at weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open at lunchtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 Using Pharmacy services - Please rate how strongly you agree or disagree with the following statements.
Please tick ONE box only for each statement

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My pharmacy is customer friendly and polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pharmacy is easy to get to by public transport or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find my pharmacist helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pharmacy has a confidential and private area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 Does your pharmacy have any of the following?

	Yes	No	Not sure
Seating area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Prescription Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks of Living Aids to support Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aid Loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Delivery Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice on medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice on healthy lifestyles (eg diet and nutrition, physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Have you ever used a Prescription Delivery Service?

- Yes
 No Go to NEXT PAGE
 Not Sure Go to NEXT PAGE

I used a prescription delivery service because...

- I was unable to leave home
 I could not get to a pharmacy during their opening times
 I don't have a pharmacy near me
 Other

If "other", please specify

How much do you agree or disagree that the Prescription Delivery Service is important enough to you that you would be prepared to pay for the service?

- Strongly Agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree

Q13 Thinking about your regular pharmacy: Which of the following services are you aware of, have used or would like to see available? *Please tick all that apply*

	I am aware of	I have used	I am not aware of	I would like to see available
Minor Ailments Service <i>(advice and support to eligible people for the supply of appropriate medicines without the need for a prescription and without charge)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations <i>(eg Flu vaccinations)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Healthchecks <i>(a free health MOT for patients aged 50 or over)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Screening Services <i>(eg diabetes, HIV, Hepatitis C, Chlamydia screening)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation Services <i>(services to help you quit smoking)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Hormonal Contraception <i>(the morning after pill)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Repeat prescription services <i>(a service where some patient groups are able to obtain supplies of their regular medicines without requesting a new prescription from their GP every time)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminal Illness support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use Awareness and treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Phlebotomy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti Coagulation Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Use Reviews <i>(private discussion with a pharmacist about how you use your existing medication)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicines Service <i>(three discussions with a pharmacist about your new medicine in the first month of the therapy) (ONLY APPLIES to CERTAIN GROUPS OF MEDICINES)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of Unwanted Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Services <i>(advice and support to patients in a language understood by them)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other services available from your pharmacy that we have not described, that you would use (please state)

Q14 Are you aware that pharmacies can help to direct you to other services for health? eg Patients support groups like Diabetes UK

- Yes Not Sure
 No

Q15 How have you previously found out about the services offered by your pharmacy?
Please tick all that apply

- | | |
|---|---|
| <input type="checkbox"/> At the Pharmacy | <input type="checkbox"/> GP or practice staff |
| <input type="checkbox"/> Website (NHS Choices) | <input type="checkbox"/> Leaflets |
| <input type="checkbox"/> Website (other) | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Local Press |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Mail drop |
| <input type="checkbox"/> Screen Advertising (TV, or moving screens in GP surgeries or post offices) | |

Q16 Please enter the first 4 digits of your postcode

Q17 Where did you get your questionnaire from?

- | | |
|---|--|
| <input type="checkbox"/> At a pharmacy | <input type="checkbox"/> From work |
| <input type="checkbox"/> At a GP surgery | <input type="checkbox"/> From Sandwell MBC |
| <input type="checkbox"/> From a patient group | <input type="checkbox"/> via Social Media |
| <input type="checkbox"/> From a voluntary organisation | <input type="checkbox"/> via email |
| <input type="checkbox"/> From my local Healthwatch | <input type="checkbox"/> Website |
| <input type="checkbox"/> From my local library | <input type="checkbox"/> Other |
| <input type="checkbox"/> From my Clinical commissioning group (CCG) | |

If "other", please specify

Q18 Overall - How satisfied are you with pharmacy services in Sandwell?

- Very Satisfied
 Satisfied
 Neither satisfied or dissatisfied
 Dissatisfied
 Very dissatisfied

Q19 Please use this comment box to tell us anything you may feel is important about your local pharmacy services

 Impact of COVID-19 on my access to pharmacy services

Q20 Has COVID-19 changed how you collect your medication?

Yes

No

Go to Q21

If yes, how has this changed? *Please tick all that apply*

I now get my medication delivered to my home

I used to collect my own medication, now friends or family collect it for me

I used to take a paper prescription to my local pharmacy, now the GP sends my prescription to the pharmacy electronically

Other

If "other", please specify

Q21 How has COVID-19 affected access to your local pharmacy? *Please tick all that apply*

It is easier for me to access my pharmacy due to extended opening times

It is harder for me to access my pharmacy due to reduced opening times

Services I use are now offered over the phone/online and this is easier for me

Services I use are now offered over the phone/online and this is harder for me

Services I would normally use are no longer being offered by my pharmacy

COVID-19 has not affected access to my local pharmacy

Q22 Have any of the services you access from your pharmacy been stopped due to COVID-19?

Yes

I don't use any pharmacy services

No

Q22a If yes, which services have not been available to you? *Please tick all that apply*

Minor Ailments Service

Weight Management Services

Vaccinations (eg Flu vaccinations)

Mental Health Support

NHS Healthchecks

NHS Phlebotomy Services

NHS Screening Services

Anti Coagulation Monitoring

Smoking Cessation Services

Medicines Use Reviews

Emergency Hormonal Contraception (the morning after pill)

New Medicines Service

Pregnancy Testing

Disposal of Unwanted Medicines

Blood Pressure Monitoring

Needle and Syringe Exchange scheme

Cholesterol Testing

Supervised consumption of medicines

NHS Repeat prescription services

Language Access Services

Alcohol Use Awareness and treatment services

Q23 Are there pharmacy services you wouldn't normally use that you have started using since the start of COVID-19?

Yes

No

Go to Q23b

If yes, which services? *Please tick all that apply*

Minor Ailments Service

Weight Management Services

Vaccinations (eg Flu vaccinations)

Mental Health Support

NHS Healthchecks

NHS Phlebotomy Services

NHS Screening Services

Anti Coagulation Monitoring

Smoking Cessation Services

Medicines Use Reviews

Emergency Hormonal

New Medicines Service

Contraception (the morning after pill)

Disposal of Unwanted Medicines

Pregnancy Testing

Needle and Syringe Exchange scheme

Blood Pressure Monitoring

Supervised consumption of medicines

Cholesterol Testing

Language Access Services

NHS Repeat prescription services

Alcohol Use Awareness and treatment services

Q23b Overall, how do you feel COVID-19 has impacted your access to pharmacy services?

It is easier for me to access my local pharmacy

It is harder for me to access my local pharmacy

Access to my local pharmacy has not changed

About You...

The rest of this questionnaire is about you and we will not be able to identify you from the information you share with us.

Q24 Which of the following best describes your involvement in pharmacy services

Customer or patient

Pharmacy service provider

GP surgery staff

Other

Please specify

Q25 How would you best describe yourself?

Employed or self employed

Unemployed

Student

Retired

Full time parent

Carer

Q26 What is your marital status?

Single

Divorced / separated

Married / cohabiting / civil partnership

Widowed

Q27 How old are you?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 85 plus |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> prefer not to say |
| <input type="checkbox"/> 45-54 | |
| <input type="checkbox"/> 55-64 | |

Q28 Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

- Yes No

If yes, does your condition or illness reduce your ability to carry out day-to-day activities?

- Yes, a lot Not at all
 Yes, a little

Q29 What is your sex?

- Male Female

Q32 Which of the following groups do you consider you belong to?

- | | |
|--|---|
| <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> African |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Any other Black / African / Caribbean background |
| <input type="checkbox"/> Any other Mixed / Multiple ethnic background | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other ethnic group |
| | <input type="checkbox"/> Prefer not to say |

If "other", please specify

Q33 What is your religion?

- | | | |
|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh | <input type="checkbox"/> Prefer not to say |

Q30 Is your gender the same as the sex you were registered at birth?

- Yes No

If no, please write in your gender identity

Q31 What is your sexual orientation?

- Heterosexual / straight
 Bisexual
 Gay man
 Gay woman / lesbian
 Prefer not to say
 Other

If "other", please specify

Thank you for taking the time to complete this questionnaire

Appendix 8: Results of the public survey

Which of the following best describes your involvement in pharmacy services	Count	%
Customer or patient	163	98.2%
Pharmacy service provider	-	-
GP surgery staff	3	1.8%
Other	-	-

How would you best describe yourself?	Count	%
Employed or self employed (working)	79	47.6%
Unemployed	8	4.8%
Student	-	-
Retired	66	39.8%
Full time parent	2	1.2%
Carer	11	6.6%

What is your marital status?	Count	%
Single	29	17.9%
Married / cohabiting / civil partnership	107	66.0%
Divorced / separated	15	9.3%
Widowed	11	6.8%

How old are you?	Total	What is your sex?	
		Male	Female
Under 16	-	-	-
16-24	1	-	1
25-34	4	1	3
35-44	15	1	14
45-54	34	2	32
55-64	51	7	44
65-74	36	22	14
75-84	21	10	11
85 plus	2	1	1
prefer not to say	1	-	1

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?	Count	%
Yes	100	60.2%
No	66	39.8%

If yes, does your condition or illness reduce your ability to carry-out day-to-day activities?	Count	%
Yes, a lot	33	33.7%
Yes, a little	44	44.9%
Not at all	21	21.4%

Is your gender the same as the sex you were registered at birth?	Count	%
Yes	159	99.4%
No	1	0.6%

What is your sexual orientation?	Count	%
Heterosexual / straight	133	84.2%
Bisexual	2	1.3%
Gay man	2	1.3%
Gay woman / lesbian	2	1.3%
Prefer not to say	18	11.4%
Other	1	0.6%

Which of the following groups do you consider you belong to?	Count	%
English / Welsh / Scottish / Northern Irish / British	140	90.3%
Irish	3	1.9%
Gypsy or Irish Traveller	-	-
Eastern European	-	-
Any other White background	1	0.6%
White and Black Caribbean	-	-
White and Black African	-	-
White and Asian	1	0.6%
Any other Mixed / Multiple ethnic background	1	0.6%
Indian	3	1.9%
Sikh	2	1.3%
Pakistani	1	0.6%
Bangladeshi	2	1.3%
Chinese	-	-
Any other Asian background	-	-
African	-	-
Caribbean	1	0.6%
Any other Black / African / Caribbean background	-	-
Arab	-	-
Any other ethnic group	-	-
Prefer not to say	-	-

What is your religion?	Count	%
No religion	33	20.4%
Christian	102	63.0%
Jewish	-	-
Hindu	3	1.9%
Muslim	6	3.7%
Sikh	2	1.2%
Buddhist	-	-
Other	3	1.9%
Prefer not to say	13	8.0%

Postcode Area/District	Count	%
B43	10	6.0%
B64	3	1.8%
B65	13	7.7%
B66	3	1.8%
B67	13	7.7%
B68	17	10.1%
B69	9	5.4%
B70	20	11.9%
B71	17	10.1%
DY4	33	19.6%
WS10	12	7.1%
WV14	4	2.4%
Outside Sandwell	1	0.6%
No response	10	6.0%
Grand Total	168	

Which pharmacy do you most regularly use?

Pharmacy Code	Trading Name	Locality	Count
FC399	Murrays Healthcare	Tipton	11
FCX28	Lyng Pharmacy	West Bromwich	8
FQG53	Tividale Pharmacy	Rowley Regis	8
FL368	Swanpool Pharmacy	Tipton	6
FWA64	Your Local Boots Pharmacy	Smethwick	6
FGM75	Hills Pharmacy	Oldbury	5
FKF01	Boots Pharmacy	Wednesbury	5
FQF60	Jubilee Pharmacy	Wednesbury	5
FW507	Ingrams Chemist	West Bromwich	5
FC667	Vishnu Pharmacy	Oldbury	4
FD488	Hill Top Pharmacy Ltd	Oldbury	4
FDP14	Duggals Chemist	Tipton	4
FFJ61	Great Bridge Pharmacy	Tipton	4
FJG17	Khaira Pharmacy	West Bromwich	4
FK052	Your Local Boots Pharmacy	Oldbury	4
FYV46	Sandwell Pharmacy	West Bromwich	4
FED83	Lloyds Pharmacy	West Bromwich	3
FHJ26	Well Pharmacy	West Bromwich	3
FJ013	New Street Pharmacy	Wednesbury	3
FJF84	Boots Pharmacy	Tipton	3
FYD26	Murrays Pharmacy	Rowley Regis	3
FYH42	Friar Park Pharmacy	Wednesbury	3
FAY45	Boots The Chemist	Rowley Regis	2
FCR09	Boots Pharmacy	West Bromwich	2
FD816	Lloyds Pharmacy	Smethwick	2
FG606	Asda Pharmacy	Tipton	2
FJE11	Lloyds Pharmacy	Oldbury	2
FL253	Lloyds Pharmacy	Rowley Regis	2
FLE88	Murrays Pharmacy	Tipton	2
FM186	Hingleys Chemist	Rowley Regis	2
FML19	Well Pharmacy	Wednesbury	2
FN029	Lloyds Pharmacy	West Bromwich	2
FN086	Well Pharmacy	Wednesbury	2
FNG97	Lloyds Pharmacy	Oldbury	2
FRX65	Lloyds Pharmacy	Smethwick	2
FTC53	Jhoots Pharmacy	West Bromwich	2
FYL65	D P Forrest Ltd	West Bromwich	2
FAN84	Masters Pharmacy	Smethwick	1
FD120	Dunstones Chemist	Smethwick	1
FD801	Medipharma Chemist	West Bromwich	1
FD802	Medipharma Chemist	West Bromwich	1
FDR60	Pharmacy 365	Rowley Regis	1
FE629	Beaconview Pharmacy	West Bromwich	1
FF663	Asda Pharmacy	Smethwick	1

Pharmacy Code	Trading Name	Locality	Count
FGF57	D R Dalvair Pharmacy	Smethwick	1
FGG25	Lloyds Pharmacy	Smethwick	1
FGV35	Peaches Pharmacy	Rowley Regis	1
FJT71	Lloyds Pharmacy	West Bromwich	1
FK966	C H White Pharmacy	Oldbury	1
FMT97	Langley Pharmacy	Oldbury	1
FN497	Sidhu's Pharmacy	West Bromwich	1
FP892	Oldbury Pharmacy	Oldbury	1
FPA45	Bearwood Pharmacy	Smethwick	1
FQ140	Asda Pharmacy	Tipton	1
FQE91	M W Phillips	Rowley Regis	1
FQJ11	Lloyds Pharmacy	Oldbury	1
FV008	Yew Tree Pharmacy	West Bromwich	1
FV044	Michaels Chemist	Smethwick	1
FW075	Park Lane Pharmacy	Wednesbury	1
FW220	Jhoots Pharmacy	Rowley Regis	1
FWL41	Haden Vale Pharmacy	Rowley Regis	1
FXF63	Regent Street Chemist	Smethwick	1
Outside Sandwell			6
Total			166

Why do you normally use this pharmacy?	Count	%
It is near my home	98	59.4%
It is near my work	11	6.7%
It is near or at my local GP surgery	89	53.9%
It is easy to get to whilst shopping	37	22.4%
It has on-site parking	30	18.2%
It has the services I require	50	30.3%
It stocks the medicines that I need	58	35.2%
It has opening hours that suit me	54	32.7%
It operates the Electronic Prescription Service	75	45.5%

How do you normally travel to your regular pharmacy?	Count	%
Car	95	57.9%
Public Transport	13	7.9%
Bicycle	-	-
Taxi	3	1.8%
Walk	53	32.3%

How often do you visit a pharmacy for Health reasons?	Count	%
Daily	-	-
Two or more times weekly	3	1.8%
Weekly	3	1.8%
Fortnightly	14	8.5%
Monthly	81	49.1%
Every 2-3 Months	45	27.3%
6 Monthly	10	6.1%
Yearly	4	2.4%
Never	5	3.0%

How often do you visit a pharmacy for any other reason?	Count	%
Daily	-	-
Two or more times weekly	1	0.6%
Weekly	6	3.6%
Fortnightly	10	6.0%
Monthly	33	19.9%
Every 2-3 Months	31	18.7%
6 Monthly	5	3.0%
Yearly	5	3.0%
Never	75	45.2%

At what time of day to you normally use pharmacy services?	Count	%
Weekdays 6am-9am	11	6.7%
Weekdays 9am-6pm	128	78.0%
Weekdays 6pm-11pm	16	9.8%
Saturday	9	5.5%
Sunday	-	-

Other than normal opening hours (Weekdays 9am-6pm), what other times would you find it most useful to visit a pharmacy?	Count	%
Weekdays 6am-9am	21	14.1%
Weekdays 6pm-11pm	35	23.5%
Saturday 9am-1pm	63	42.3%
Saturday 1pm-6pm	66	44.3%
Saturday 6pm-11pm	27	18.1%
Sunday before 10am	16	10.7%
Sunday 10am-2pm	59	39.6%
Sunday after 4pm	41	27.5%

Access to pharmacy services	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%
I can easily find an open pharmacy when needed	44	27.3%	63	39.1%	31	19.3%	19	11.8%	4	2.5%
I can easily find a pharmacy near where I want it	52	32.9%	67	42.4%	31	19.6%	7	4.4%	1	0.6%
I can easily find a pharmacy open in the evening (i.e after 6pm)	22	13.9%	40	25.3%	40	25.3%	47	29.7%	9	5.7%
I can easily pharmacy open at weekends	28	17.6%	58	36.5%	35	22.0%	31	19.5%	7	4.4%
I can easily find a pharmacy open at lunchtime	45	29.0%	70	45.2%	24	15.5%	11	7.1%	5	3.2%

Using pharmacy services	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%
My pharmacy is customer friendly and polite	79	47.9%	43	26.1%	22	13.3%	17	10.3%	4	2.4%
My pharmacy is easy to get to by public transport or car	78	47.9%	70	42.9%	10	6.1%	4	2.5%	1	0.6%
I find my pharmacist helpful	78	48.1%	38	23.5%	26	16.0%	17	10.5%	3	1.9%
My pharmacy has a confidential and private area	69	42.6%	46	28.4%	25	15.4%	17	10.5%	5	3.1%

Does your pharmacy have any of the following?	Yes		No		Not sure	
	Count	%	Count	%	Count	%
Seating area	116	71.6%	38	23.5%	8	4.9%
Electronic Prescription Service	135	83.3%	4	2.5%	23	14.2%
Wheelchair Accessibility	103	64.4%	17	10.6%	40	25.0%
Stocks of Living Aids to support Independent Living	32	19.9%	19	11.8%	110	68.3%
Hearing Aid Loop	18	11.4%	15	9.5%	125	79.1%
Prescription Delivery Service	110	67.5%	9	5.5%	44	27.0%
Information and advice on medicines	120	74.5%	8	5.0%	33	20.5%
Information and advice on healthy lifestyles (eg diet and nutrition, physical activity)	56	34.8%	12	7.5%	93	57.8%

Have you ever used a Prescription Delivery Service?	Count	%
Yes	57	34.3%
No	107	64.5%
Not Sure	2	1.2%

I used a prescription delivery service because...	Count	%
I was unable to leave home	25	44.6%
I could not get to a pharmacy during their opening times	5	8.9%
I don't have a pharmacy near me	1	1.8%
Other	25	44.6%

How much do you agree or disagree that the Prescription Delivery Service is important enough to you that you would be prepared to pay for the service?	Count	%
Strongly Agree	10	17.5%
Agree	8	14.0%
Neither agree or disagree	16	28.1%
Disagree	15	26.3%
Strongly disagree	8	14.0%

Thinking about your regular pharmacy: Which of the following services are you aware of, have used or would like to see available?	I am aware of		I have used		I am not aware of		I would like to see available	
	Count	%	Count	%	Count	%	Count	%
Minor Ailments Service	56	35.0%	31	19.4%	47	29.4%	30	18.8%
Vaccinations	63	40.9%	42	27.3%	36	23.4%	20	13.0%
NHS Healthchecks	31	19.5%	7	4.4%	90	56.6%	37	23.3%
NHS Screening Services	24	15.2%	1	0.6%	104	65.8%	33	20.9%
Smoking Cessation Services	44	28.0%	2	1.3%	97	61.8%	18	11.5%
Emergency Hormonal Contraception	49	31.6%	2	1.3%	91	58.7%	15	9.7%
Pregnancy Testing	49	31.6%	1	0.6%	94	60.6%	14	9.0%
Blood Pressure Monitoring	35	22.2%	3	1.9%	89	56.3%	37	23.4%
Cholesterol Testing	17	10.7%	3	1.9%	104	65.4%	42	26.4%
NHS Repeat prescription services	53	33.3%	66	41.5%	17	10.7%	29	18.2%
Terminal Illness support	6	3.8%	3	1.9%	123	78.8%	28	17.9%
Alcohol Use Awareness and treatment services	14	8.9%	-	-	120	76.4%	26	16.6%
Weight Management Services	18	11.5%	1	0.6%	114	72.6%	28	17.8%
Mental Health Support	5	3.2%	1	0.6%	118	76.1%	34	21.9%
NHS Phlebotomy Services	6	3.8%	2	1.3%	99	62.3%	59	37.1%
Anti Coagulation Monitoring	5	3.3%	-	-	127	83.0%	26	17.0%
Medicines Use Reviews	27	17.1%	27	17.1%	74	46.8%	32	20.3%
New Medicines Service	19	12.3%	9	5.8%	94	61.0%	34	22.1%
Disposal of Unwanted Medicines	62	39.2%	39	24.7%	38	24.1%	24	15.2%
Needle and Syringe Exchange scheme	27	17.4%	1	0.6%	112	72.3%	17	11.0%
Supervised consumption of medicines	26	16.9%	3	1.9%	117	76.0%	11	7.1%
Language Access Services	18	11.7%	1	0.6%	122	79.2%	17	11.0%

Are you aware that pharmacies can help to direct you to other services for health?	Count	%
Yes	45	27.1%
No	77	46.4%
Not Sure	44	26.5%

How have you previously found out about the services offered by your pharmacy?	Count	%
At the Pharmacy	122	79.2%
Website (NHS Choices)	23	14.9%
Website (other)	10	6.5%
Poster	19	12.3%
Radio	2	1.3%
Screen Advertising (TV, or moving screens in GP surgeries or post offices)	7	4.5%
GP or practice staff	33	21.4%
Leaflets	28	18.2%
Word of mouth	41	26.6%
Local Press	2	1.3%
Mail drop	2	1.3%

Where did you get your questionnaire from?	Count	%
At a pharmacy	1	0.6%
At a GP surgery	-	-
From a patient group	-	-
From a voluntary organisation	3	1.9%
From my local Healthwatch	4	2.5%
From my local library	-	-
From my Clinical commissioning group (CCG)	-	-
From work	3	1.9%
From Sandwell MBC	86	54.1%
via Social Media	21	13.2%
via email	32	20.1%
Website	6	3.8%
Other	3	1.9%

Overall - How satisfied are you with pharmacy services in Sandwell?	Count	%
Very Satisfied	55	33.5%
Satisfied	50	30.5%
Neither satisfied or dissatisfied	34	20.7%
Dissatisfied	18	11.0%
Very dissatisfied	7	4.3%

Impacts of COVID-19

Has COVID-19 changed how you collect your medication?	Count	%
Yes	43	25.9%
No	123	74.1%

If yes, how has this changed?	Count	%
I now get my medication delivered to my home	13	31.0%
I used to collect my own medication, now friends or family collect it for me	9	21.4%
I used to take a paper prescription to my local pharmacy, now the GP sends my prescription to the pharmacy electronically	23	54.8%
Other	9	21.4%

How has COVID-19 affected access to your local pharmacy?	Count	%
It is easier for me to access my pharmacy due to extended opening times	6	3.9%
It is harder for me to access my pharmacy due to reduced opening times	15	9.7%
Services I use are now offered over the phone/online and this is easier for me	18	11.7%
Services I use are now offered over the phone/online and this is harder for me	4	2.6%
Services I would normally use are no longer being offered by my pharmacy	1	0.6%
COVID-19 has not affected access to my local pharmacy	120	77.9%

Have any of the services you access from your pharmacy been stopped due to COVID-19?	Count	%
Yes	4	2.4%
No	116	70.7%
I don't use any pharmacy services	44	26.8%

If yes, which services have not been available to you?	Count	%
Minor Ailments Service	1	33.3%
NHS Healthchecks	1	33.3%
Smoking Cessation Services	1	33.3%
Blood Pressure Monitoring	1	33.3%

Are there pharmacy services you wouldn't normally use that you have started using since the start of COVID-19?	Count	%
Yes	15	9.4%
No	144	90.6%

Overall, how do you feel COVID-19 has impacted your access to pharmacy services?	Count	%
It is easier for me to access my local pharmacy	10	6.1%
It is harder for me to access my local pharmacy	26	15.8%
Access to my local pharmacy has not changed	129	78.2%

This page is intentionally left blank



Sandwell Health and Wellbeing Board
13 April 2022

Report Topic:	Update on the delivery of the Sandwell Dementia Commissioning Strategy 2019 - 2025
Contact Officer:	Maxine Groves Senior Commissioning Manager for Dementia Maxine_Groves@sandwell.gov.uk
Link to board priorities	Please include in your report how your work links to one or more of our board priorities: <ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will help keep people safe and support communities 3. We will work together to join up services 4. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To update the Health and Wellbeing Board on progress towards delivering the Sandwell Dementia Strategy 2019 – 2025.
Recommendations	The Health and Wellbeing requested in September 2019 that six-monthly updates be provided on the progress towards delivering the Sandwell Dementia Strategy 2019 – 2025. The last update was provided in December 2021. Therefore, it is recommended that: <ul style="list-style-type: none"> • the Health and Wellbeing Board note this update.
Key Discussion points:	Sandwell Council and the now Black Country and West Birmingham Clinical Commissioning Group (CCG) made a commitment in 2019 to improve support for local people living with the effects of dementia and their families

As part of this commitment a refreshed “Better Lives” strategy was coproduced and launched in November 2019. A comprehensive engagement report and implementation plan sits alongside it. Dedicated financial resources was made available through the Better Care Fund (BCF) to deliver the strategy.

The actions within the strategy have been categorised into four themes for ease of resource allocation;

- Training and awareness raising
- Improved information advice and sign-posting
- Pre and post diagnostic support
- Dementia Friendly Communities.

Training and awareness raising

- A draft training strategy and skills matrix has been developed for Sandwell which is based on DOH health and social care skills matrix for 2019 (Appendix 1). As the other three categories in the strategy are coming to fruition, this will be finalized during 2022. This strategy will include training and awareness raising opportunities for local communities, schools, health and social care professionals and local businesses. This in turn will enable us to meet our first key priority of supporting people to stay healthier for longer. The training will be delivered through Sandwell Community Dementia Support Service.
- Training was provided during 2020 for Primary Care in the use of the DiADeM tool (Direct Mandate for GP’s to confidently diagnose care home residents with dementia) This has increased capacity within the system and makes best use of the available resources.
- The Training2care “Dementia Virtual Reality Bus” was commissioned in November 2021. This innovative approach gives people with a

[ILO: UNCLASSIFIED]

healthy brain the opportunity to experience what it is like to live with the effects of dementia. 34 people attended the event, including key decision makers across the system, Primary Care leads and staff working in dementia services across Sandwell. It is hoped that further opportunities to participate will be made available during 2022/23

Improved Information Advice and Sign Posting

- A dementia road map was developed for Sandwell in 2020¹ which provides living well advice and brings together all available support services within the six towns of Sandwell. This continues to be maintained by the Sandwell Community Dementia Support Service.
- A “My Future Care Handbook” is currently being produced and will be made available to all Sandwell residents living with the effects of dementia including carers during 2022. Both initiatives will contribute to our second key Board priority of **keeping people safe and supporting communities and services**.

Pre and Post Diagnostic Support

- A Sandwell community dementia support service (pre and post diagnosis support) has been commissioned. The new service was fully operational from 16th November 2021. Currently the service is transferring to a new lead provider. This has resulted in some delays in progressing some of the service elements which include training, My Future Care Handbook and Dementia Friendly Communities.

¹ <https://www.rcn.org.uk/professional-development/publications/pub-007827>

- Service data and qualitative outcomes will be available during the next six months and will be reported to the Health and Wellbeing Board.
- Integration of the service with primary care, secondary care and community services is progressing and will reduce the risk of people falling through the cracks in *The Living Well Pathway* (NHSE ²). Sandwell's services have also been mapped against this pathway during 2020 and will be updated to reflect changes in 2022 (Appendix 2)
- Re-design of the Memory Support Service (MAS) continues. A hub and spoke model has been proposed to ensure the best use of available resources in support of meeting the 6-week referral, diagnosis and in- treatment standard.

Funding has been secured through the mental health recovery money 2021/2022 to deliver a screening project for undiagnosed patients in care homes from April 2022 until March 2023. Research shows that up to 40% of people living in a care home have undiagnosed dementia. ³

This funding will ensure improved access to appropriate care and support for people living in care homes. The national ambition to achieve a 67% diagnostic rate has never been achieved in Sandwell and in February 2022 was 57%. This project will deliver significant improvements in Sandwell's diagnostic performance and will contribute to the improvement in the CCG's aggregate position. Each person receiving a diagnosis of dementia will be discussed by the clinician in fortnightly MDT's in primary care to support GP's to confidently continue to diagnose people once the project ends.

² <https://www.england.nhs.uk/mental-health/dementia/>

³ <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>

Dementia Friendly Communities

- The Sandwell Dementia Action Alliance (SDAA) was established in 2019 to deliver dementia friendly communities in Sandwell. Its ability to deliver was negatively impacted by COVID and legal requirements for the tendering process for the new community support service. The SDAA is in the process of being re-established and has the added support of the new community support service and a small amount of financial resource from the Council for publicity and for establishing the six dementia friendly towns.
- Support for each of the six towns in Sandwell to become dementia friendly is provided through each of the town-based dementia advisers within the Sandwell Dementia Community Support Service.

Implications (e.g. Financial, Statutory etc)

Resources - The implementation of the strategy is funded through the Better Care Fund for a three-year period until 2023/24.

Legal & Governance - All regulatory and legal requirements have been adhered to.

Risk - Demand for the new Service may outstrip the capacity within the Service in the future. The Service has been designed to allow flexible use of resources to meet demand.

Equality - An equality impact assessment was completed. The new service is expected to have a positive impact on the local communities in Sandwell and the Lead Provider is required to ensure equal access to services for people and communities with protected characteristics.

Health & Wellbeing - The approach taken to improve services for people makes best use of existing relationships within Sandwell's communities which is impacting positively on the health and wellbeing of our communities.

Social Value - The new service is made up predominantly of locally- based third sector organisations and makes best use of existing community assets.

<p>What engagement has or will take place with people, partners and providers?</p>	<p>Extensive engagement supported the development of the strategy and a full engagement report sits alongside it.</p> <p>Due to the COVID-19 restrictions case studies have been used to develop plans and services to ensure that peoples experiences are at the center of service development in Sandwell.</p> <p>Task and finish groups aligned to delivering the integration agenda have been established with key stakeholders across the whole pathway.</p> <p>The Sandwell Community Dementia Support Service is required to demonstrate how feedback from those accessing the service has been used to shape service development. There is also a requirement that the service undertakes an annual questionnaire to seek peoples' level of satisfaction and the impact on peoples' lives</p>
<p>Appendices</p>	<p>Appendix 1 – Draft Dementia Training Standards Framework 2020-2023</p> <p>Appendix 2 – Dementia Services Pathways Flowchart</p>





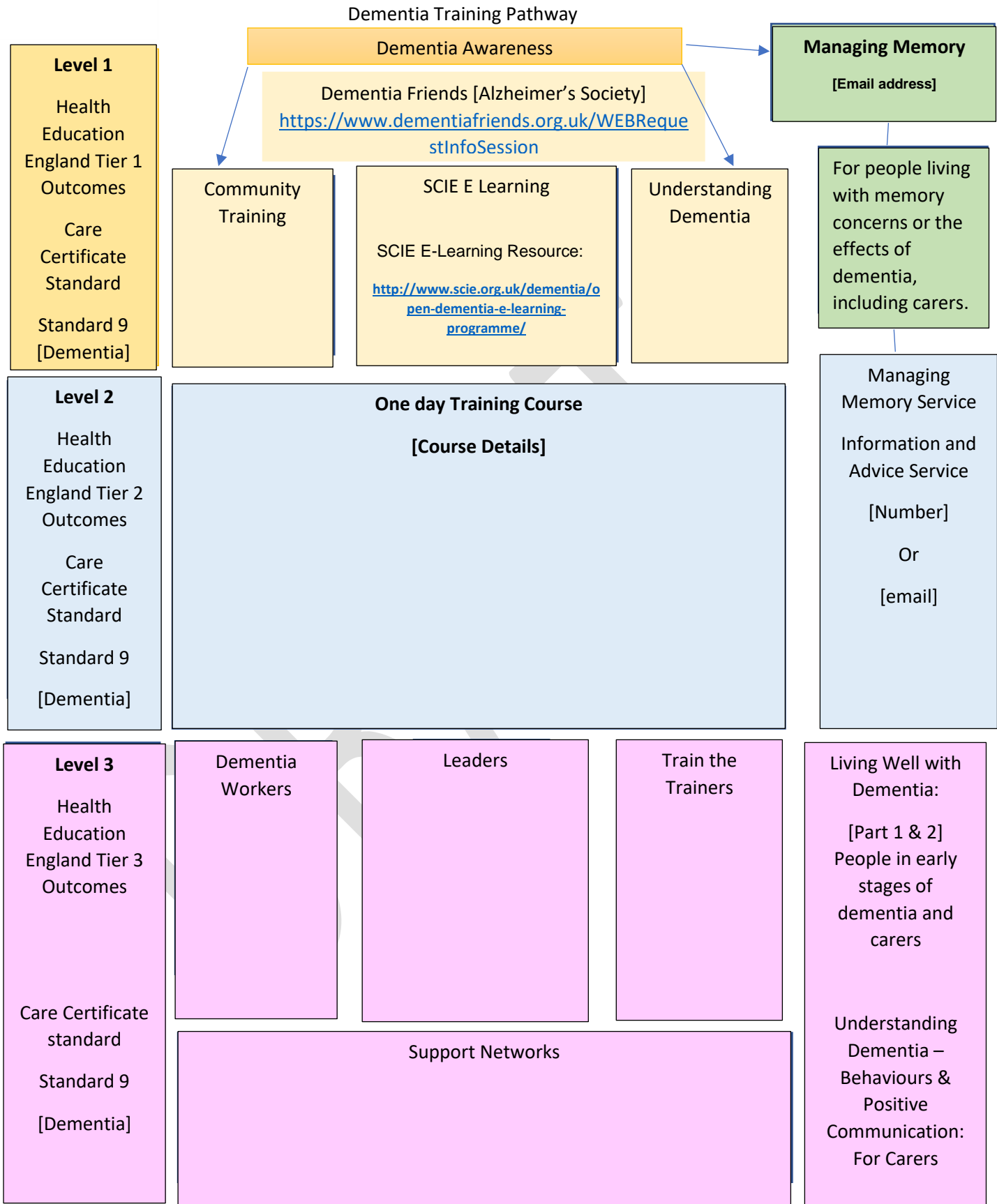
DEMENTIA TRAINING STANDARDS FRAMEWORK 2020 TO 2023

Sandwell Metropolitan Borough Council & Sandwell
and West Birmingham Clinical Commissioning
Group

The Dementia Training Standards Framework commissioned by the department of Health
and produced by Skills for Health, Health Education England and Skills for care has been
adopted across Sandwell and West Birmingham

Maxine Groves

Dementia Training & Education Strategy Sandwell



CONTENTS

	Local dementia training pathway	1
	Introduction	3
Subject 1	Dementia Awareness	8
Subject 2	Dementia identification, assessment and diagnosis	11
Subject 3	Dementia risk reduction and prevention	14
Subject 4	Person-centered dementia care	16
Subject 5	Communication, interaction and behaviour in dementia care	20
Subject 6	Health and well-being in dementia care	23
Subject 7	Pharmacological interventions in dementia care	27
Subject 8	Living well with dementia and promoting independence	30
Subject 9	Families and carers as partners in dementia care	33
Subject 10	Equality, diversity and inclusion in dementia care	37
Subject 11	Law, ethics and safeguarding in dementia care	40
Subject 12	End of life care	44
Subject 13	Research and evidence-based practice in dementia care	47
Subject 14	Leadership in transforming dementia care	49
Appendix 1	Sources of further guidance and information	51

Introduction

Background

Sandwell Metropolitan Borough Council [MBC] and Sandwell and West Birmingham Clinical Commissioning Group are committed to improving services for people with memory concerns, dementia and carers. Education and training features highly within this commitment and as a result the Dementia Training Standards Framework has been formally adopted.

The Dementia Training Standards Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England (HEE) in partnership with Skills for Care [2018]. The Framework supports implementation of the HEE mandate and the objectives for education, training and workforce development set out in the Prime Minister's Challenge on Dementia 2020. In particular, the aim is to support the development and delivery of appropriate and consistent dementia education and training for the health and care workforce.

Scope of the Framework

The care pathway for a person living with dementia, their families and carers will involve a workforce that is extensive and diverse, including many staff closely engaged in providing clinical care as well as offering information, support and assistance. This care may be offered in a broad variety of settings including an individual's own home, community settings, residential care homes and acute hospitals. In addition, care may be provided by support staff and other individuals who interact with those affected by dementia and who therefore need to have an awareness and understanding of the specific needs of people living with dementia and those of their carers.

Understanding the central role that their home, housing conditions and immediate community play in enabling a person with dementia to live well is crucial. The framework includes elements in each tier which will enable the workforce to improve their understanding of and partnership working with the housing sector. Equally, the framework will also be helpful for staff in housing settings to improve joint working with the health and social care sectors.

The Dementia Training Standards Framework is structured in three tiers to reflect the scope of HEE's principal mandate requirements. With increasing levels of integration between health and social care services and their respective workforces, it is also important to recognise how the Framework relates to the different workforce groups within social care as summarised on the table below:

HEE Tier	Match Social Care Workforce Group
Tier 1 Dementia awareness raising, in terms of knowledge, skills and attitudes for all those working in health and care settings	Group 1 All of the social care workforce – dementia awareness
Tier 2 Knowledge, skills and attitudes for roles that have regular contact with people living with dementia	Group 2 People working in social care who are providing personalised direct care and support to people with dementia
Tier 3 Enhancing the knowledge, skills and attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles	Group 3 Registered managers and other social care leaders who are managing care and support services for people with dementia Group 4 Social care practice leaders and managers who are managing care and support services and interventions with people with dementia which includes social workers, and occupational therapists working in social care

NB. This Framework aims to describe core skills and knowledge i.e. that which would be transferable and applicable across different types of service provision. Additional learning outcomes may be locally determined to meet education and training needs in specific settings e.g. according to local context, risk assessment or policy.

Structure of the Framework

The Framework is presented in 14 subjects - each subject comprises:

- an introduction
- suggested target audience
- key learning outcomes
- links to relevant guidance and/or legislation
- links to relevant national occupational standards, skills frameworks and regulated qualifications components.

Appendices include:

- sources of further guidance
- user guide
- links to relevant standards, curricula and qualifications
- suggested standards for training delivery
- guidance on frequency of refresher training or assessment

Benefits of the Framework

The Framework is applicable to employers, their employees and also to educational organisations that train students who will be employed in the range of health and care settings. Use of the Framework will support organisations to:

- standardise the interpretation of dementia education and training
- guide the focus and aims of dementia education and training delivery
- ensure the educational relevance of dementia training
- improve the quality and consistency of education and training provision.

The Framework also supports the assessment of competence, training needs analysis and provision of minimum standards of performance within performance management systems (e.g. as part of supervision or appraisal). Further guidance on using the Framework is available in Appendix 2.

Dementia Training & Education Strategy Sandwell

Subject		Target Audience						
		Tier 1	Social care workforce Group 1	Tier 2	Social care workforce Group 2	Tier 3	Social care workforce Group 3	Social care workforce Group 4
1	Dementia Awareness	●	●	●	●	●	●	●
2	Dementia identification assessment and diagnosis			●	●	●	○	○
3	Dementia risk reduction and prevention			●	●	●	●	●
4	Person-centred dementia care			●	●	●	●	●
5	Communication, interaction and behaviour in dementia care			●	●	●	●	●
6	Health and well-being in dementia care			●	●	●	○	○
7	Pharmacological interventions in dementia care			●	●	●	○	○
8	Living well with dementia and promoting independence			●	●	●	●	●
9	Families and carers as partners in dementia care			●	●	●	●	●
10	Equality diversity and inclusion in dementia care			●	●	●	●	●
11	Law, ethics and safeguarding in dementia care			●	●	●	●	●
12	End of life dementia care			●	●	●	●	●
13	Research and evidence-based practice in dementia care			●	●	●	●	●
14	Leadership in transforming dementia care				●	●	●	●

Key: ● = Fully applicable ○ = Partly applicable

About the three tiers

Tier 1

Raising dementia awareness, in terms of knowledge, skills and attitudes for all those working in health and care settings.

Relevant to the entire health and care workforce including ancillary staff. This could form part of induction training and also provide a foundation for more advanced practice.

*Matched to social care **workforce group 1** i.e. all social care staff including those not providing direct care and support such as catering, maintenance or administration staff.*

Tier 2

Knowledge, skills and attitudes for roles that have regular contact with people living with dementia.

Relevant to all health and care staff in settings where they are likely to have regular contact with people affected by dementia. This also underpins the more specialist skills and knowledge required at tier 3.

*Matched to social care **workforce group 2** i.e. social care staff directly providing care and support which would include care assistants working in residential or home care and also personal assistants.*

Tier 3

Enhancing the knowledge, skills and attitudes for key staff (experts) working with people living with dementia and designed to support them to play leadership roles.

Relevant to staff working intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice.

*Matched to social care **workforce groups 3 and 4** i.e.*

Registered managers and other social care leaders includes operational managers who have responsibility for services which provide care and support to people with dementia.

Social Care practice leaders, managers and a range of key staff including social workers who work intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice. Staff in this group will use the framework in conjunction with their relevant professional standards.

Subject 1: Dementia awareness

NB. These core learning outcomes for dementia awareness may be supplemented by additional outcomes to take account of factors such as type of role, location, service need and risk analysis. Dementia awareness also needs to be understood in conjunction with related statutory and mandatory subjects as appropriate to role.

With an aging population, the number of people in the UK living with, or at risk of dementia is continuing to rise. In 2009, the government responded with a national dementia strategyⁱ which included the priority to improve dementia awareness. Building on this strategy, the Prime Minister's Dementia Challenge launched in 2012 focused on areas of action to make a difference to those affected by dementia and in 2015 the Department of Health published the Prime Minister's Challenge on Dementia to 2020ⁱⁱ which renewed the commitment to provision of tier 1 dementia awareness training.

Dementia awareness is therefore a key priority for the entire health and care workforce. In addition to those providing clinical care or support for people living with dementia, care may be provided by support staff and other individuals who interact with those affected by dementia and who therefore need to have an awareness and understanding of the specific needs of people living with dementia and those of their carers.

Target audience

The entire health and social care workforce (tiers 1, 2 and 3).

Key learning outcomes

The learner will:

- a) know what is meant by the term dementia
- b) be aware of the prevalence of dementia in the UK population
- c) be able to recognise signs of dementia and also be aware that these signs may be associated with other conditions or circumstances
- d) know what actions individuals can take to reduce their risk of dementia, or to delay onset e) know why early diagnosis of dementia is important
- f) know the actions that people affected by dementia can take in order to live as well as possible after diagnosis
- g) understand the importance of recognising a person with dementia as a unique individual h) be aware of the impact of dementia on individuals, families and society
- g) be aware of the central role that their home, housing conditions and immediate community play in enabling a person with dementia to live well
- j) be able to communicate effectively and compassionately with individuals who have dementia
- k) understand reasons why a person with dementia may exhibit signs of distress and how behaviours seen in people with dementia may be a means for communicating unmet needs
- l) be able to signpost individuals, families and carers to dementia advice, support and information.

ⁱhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

iiiiii <https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020>

Relevant guidance and / or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia awareness are show below:

Guidance

- Department of Health [2009] , Living Well with Dementia: A National Dementia Strategy, Chapter 3: Raising awareness and understanding
- Department of Health [2015] Prime Ministers Challenge 2020
- Skills for care and Skills for Health [2011], common core Principals for Supporting People with Dementia, Principle 1: Know the early signs of dementia

Legislation

- Mental Capacity Act 2005
- Care Act 2014

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SCDHSC0419 Provide advice and information to those who enquire about health and social care services
- SCDHSC0026 Support individuals to access information on services and facilities
- SFHCHS177 Advise on access to and use of services

Core Skills Framework

- Clinical / Care Subject 8: Dementia awareness

Care Certificate Standards

- Standard 9: Awareness of mental health, dementia and learning disabilities

Dementia Education Principals and Standards

- Principal 3. Collaboration Level 1
- Principal 5. Recognition level 1

HEDN: A Curriculum for UK Dementia Education

- Core Topic 1. Prevention and keeping well
- Core Topic 2. Identification and assessment of dementia
- Core Topic 3. Understanding the experience of and communicating with people with dementia

Regulated Qualifications Framework components

- Dementia awareness
- Understand the process, and experience of dementia

DRAFT

Subject 2: Dementia identification, assessment and diagnosis

Introduction

Good quality diagnosis and intervention is one of the objectives identified in the National Dementia Strategy. The Prime Minister's Challenge on Dementia 2020 renews this commitment to more people with dementia receiving a timely diagnosis and appropriate post-diagnosis support. Timely diagnosis is important as it helps people receive information, support and treatment to improve their quality of life.

The diagnosis of dementia and in particular mild dementia where the diagnosis is more complex should be carried out by a clinician with specialist skills. However, non-specialists also have an important role in being able to recognise possible symptoms of dementia, refer to specialist services and provide sympathetic and non-stigmatising support.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support. This subject at Tier 2 is also relevant to social care managers and leaders.

Tier 3: Key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care.

In social care, it is recognised that the clinical learning outcomes of Tier 3 are not applicable. However, there is a recognition that social care managers, leaders and regulated professionals will in many instances be contributing alongside medical/clinical colleagues in relation to these learning outcomes.

Key learning outcomes

Tier 2

The learner will:

- a) know the most common types of dementia in the UK and their underlying causes b) understand the signs and symptoms of dementia that would indicate the need for further assessment
- c) know why early diagnosis of dementia is important and the likely outcomes if assessment and treatment is delayed
- d) know the progressive nature of dementia and some of the major impairments and difficulties people may face as dementia progresses
- e) understand the criteria and the process to be used to gain a diagnosis
- f) be able to explain the need for an investigation of signs of dementia with sensitivity and in a way that is appropriate to the person
- g) be able to appropriately refer patients to access specialist services and support networks

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the different types of dementia, the stages or variants of these diseases and their primary symptoms
- b) understand how to differentiate between dementia, delirium, depression and other conditions presenting with similar symptoms
- c) be able to undertake a comprehensive assessment for dementia utilising appropriate investigations and tools
- d) be able to establish a differential diagnosis of dementia and the underlying disease processes, where appropriate to role
- e) be aware of the potential impact of diagnostic errors
- f) be able to act on the findings in partnership with people affected by dementia and the multi-professional team
- g) be aware of the experience of a person with dementia and their family and carers and be able to communicate with sensitivity about the diagnosis of dementia and related implications
- h) know how to enrol the person with dementia in post-diagnosis support services and advanced care planning
- i) understand the particular impact of a diagnosis for younger people with dementia and their families
- j) understand the needs of people with learning disabilities and dementia
- k) understand the importance of equal access to dementia assessment and diagnosis for people from diverse communities
- l) be able to document assessment and diagnosis decisions

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia identification, assessment and diagnosis are shown below:

Guidance

- Department of Health [2009], Living Well with Dementia: A National Dementia Strategy, Chapter 4: Early diagnosis and support
- NICE quality standards [QS1][2010], Dementia quality standard
- Skills for Care and Skills for Health [2011]. Common Core Principals for Supporting People with Dementia, Principle 2: Early diagnosis of dementia helps people receive information, support and treatment at the earliest possible stage

Legislation

- Mental Capacity Act 2005
- Care Act [2014]
- Equality Act 2010

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SFHCHS38 Plan assessment of an individual's health status
- SFHCHS168 Obtain a patient/client history
- SFHCHS39 Assess an individual's health status
- SFHCHS40 Establish a diagnosis of an individual's health condition
- SFHCHS41 Determine a treatment plan for an individual
- SFHCHS45 Agree courses of action following assessment to address health and wellbeing needs of individuals
- SFHCHS48 Communicate significant news to individuals
- SFHCHS84 Develop and agree care management plans with individuals diagnosed with long term conditions

Dementia Education Principles and Standards

- Principle 5. Recognition Levels 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 2. Identification and assessment of dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 6. Supporting people in the early stages of dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Dementia awareness
- Understand the process and experience of dementia

Subject 3: Dementia risk reduction and prevention

Introduction

Evidence suggests that some types of dementia are related to modifiable lifestyle factors. In particular, interventions to address vascular risk factors (e.g. smoking, poor diet, physical inactivity and alcohol) should also help to reduce the risk, progression and severity of dementia. This suggests that primary prevention in settings across the health and care sectors has a role in dementia risk reduction similar to that for other non-communicable diseases such as heart disease and stroke.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) know the lifestyle factors that may increase the risk of developing certain types of dementia and how lifestyle changes may delay the onset and severity of certain types of dementia
- b) understand motivational factors that may impact on the ability to make changes
- c) be aware of the challenges to healthy living that may be experienced by different socio- economic and/or ethnic groups
- d) be able to signpost sources of health promotion information and support
- e) know how to effectively communicate messages about healthy living according to the abilities and needs of individuals.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be aware of dementia risk reduction evidence-based research and national health promotion strategies
- b) be able to develop and disseminate health promotion information and advice
- c) be able to encourage behavioural change in individuals and organisations to promote health and well-being, reduce risk and potentially delay the onset and severity of certain types of dementia
- d) understand the importance of an approach to risk reduction which challenges myths and stigma

e) be able to monitor, evaluate and improve the effectiveness of health promotion activities.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia risk reduction and prevention are shown below:

Guidance

- Department of Health [2009], Living Well with Dementia: A National Dementia Strategy, Chapter 3: Raising awareness and understanding
- Public Health England and UK Health Forum [2014], Blackfriars Consensus on promoting brain health

Legislation

- Mental Capacity Act 2005
- Care Act [2014]

Indicative mapping to relevant national standards or frameworks National Occupational Standards

- SFHHT2 Communicate with individuals about promoting their health and wellbeing
- SFHHT3 Enable individuals to change their behaviour to improve their own health and wellbeing
- SFHPHP13 Provide information to individuals, groups and communities about promoting health and wellbeing
- SFHPHP15 Encourage behavioural change in people and agencies to promote health and wellbeing
- SFHPHP41 Enable people to address issues related to health and wellbeing
- SFHGEN127 Assess the need for, and plan awareness raising of health and wellbeing issues
- SFHGEN128 Support the implementation, monitoring, evaluation and improvement of awareness raising around health and wellbeing issues
- SCDHSC0438 Develop and disseminate information and advice about health and social well-being

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 1. Prevention and keeping well Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Subject 4: Person-centred dementia care

Introduction

Person-centred dementia care is about understanding and responding to the person with dementia as an individual. It involves considering the whole person, taking into account not just their health condition, but also each individual's life history, unique abilities, interests, culture, preferences and needs. It is about building relationships with people with dementia and their family carers, putting them at the heart of decision making – ensuring the person is an equal partner in their health and care.

The values associated with person-centred care include the recognition and promotion of individuality, independence, privacy, partnership, choice, dignity, respect and rights.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the principles of person-centred dementia care i.e.
 - the human value of people with dementia, regardless of age or cognitive impairment, and those who care for them
 - the individuality of people with dementia, with their unique personality and life experiences among the influences on their response to the dementia
 - the importance of the perspective of the person with dementia
the importance of relationships and interactions with others to the person with dementia, and their potential for promoting well-being
- b) understand how person-centred care can provide insights into the experiences of the person with dementia and support care approaches and solutions to meet individual needs
- c) understand the role of family and carers in person-centred care and support of people with dementia
- d) understand how a person-centred approach can be implemented, including the use of advance planning and life story work
- e) understand that a person's needs may change as the disease progresses
- f) know how to adapt the physical environment to meet the changing needs of people with dementia

- g) understand the significance of a person's background, culture and experiences when providing their care
- h) understand the importance of clear documentation to communicate the care needs of the person with dementia
- i) understand the need for a balance between healthy living, a nutritionally balanced diet and providing the opportunity for those living with dementia to enjoy the food and drink of their choice (preference or cultural etc.) but also recognising that their nutritional needs may be different from general population healthy eating / prevention messages

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the value of person-centred care in therapeutic relationships and communication b) understand the importance of person-centred approaches in the management and development of services
- c) be able to incorporate person-centred approaches in the management and development of services

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to person-centred dementia care are shown below:

Guidance

- Care Fit for VIPS
- NICE quality standards [QS1][2010], Dementia quality standard
- NICE Guidance [CG42][2006], Dementia: Supporting people with dementia and their carers in health and social care³
- Open Learn: The importance of person-centred approach to nursing care
- Alzheimers Society: Person-centred care

Legislation

- Mental Capacity Act 2005
- Human Rights Act 1998

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SCDHSC0332: Promote individuals' positive self-esteem and identity
- SCDHSC0234: Uphold the rights of individuals
- SCDHSC0414 Assess individual preferences and needs
- SCDHSC0415 Lead the service delivery planning process to achieve outcomes for individuals
- SFHGEN111 Enable individuals, their family and friends to explore and manage change
- SFHCHS233 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals

Core Skills Frameworks

- Clinical/Care Subject 3: Person-centred care
- Person-Centred Approaches
- End of Life Care Subject 1: Person-centred end of life care
- Frailty Capability 3: Person-centred approaches

Care Certificate Standards

- Standard 5: Work in a person-centred way

Dementia Education Principles and Standards

- Principle 1. Person-Centred Dementia Care Levels 1, 2 and 3
- Principle 10. Advance Care Directives Level 1

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 7. Developing person centred care, assessment and care planning Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 5. Equality, diversity and inclusion in dementia care Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Dementia awareness
- The person centred approach to the care and support of individuals with dementia
- Understand and Implement a person centred approach to the care and support of individuals with dementia
- Understand the factors that can influence communication and interaction with individuals who have dementia
- Understand equality, diversity and inclusion in dementia care
- Equality, diversity, and inclusion in dementia care practice
- Understand and enable interaction and communication with individuals with dementia
- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Understand the process and experience of dementia
- Understand and meet the nutritional requirements of individuals with dementia
- Understand the administration of medication to individuals with dementia using a person centred approach
- Understand the diversity of individuals with dementia and the importance of inclusion
- Understand and enable interaction and communication with individuals who have dementia
- Equality, diversity and inclusion in dementia care practice
- Lead and manage practice in dementia care

Subject 5: Communication, interaction and behaviour in dementia care

Introduction

People with dementia face particular challenges around communication. Dementia may affect a person's ability to understand and use language – their language skills may vary from day to day and become increasingly difficult as their condition progresses.

Effective communication will depend upon the needs and abilities of each individual. Non-verbal communication may become increasingly important as verbal abilities decline. Health and care professionals must be aware of the importance of their non-verbal communication such as body language, facial expression and touch.

The behaviour of a person with dementia (including challenging and distressed behaviour) is also an important form of communication – possibly indicating their feelings and perceptions. Recognising this can be a key component of effective communication.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the importance of effective communication in dementia care
- b) understand the impact of memory and language difficulties on communication c) be able to demonstrate active listening skills
- d) be able to gain a person's attention before asking a question or beginning a task with them e) understand the importance of speaking clearly, calmly and with patience
- f) know how to adapt the environment to minimise sensory difficulties experienced by an individual with dementia
- g) know the importance of ensuring that individuals have any required support (e.g. dentures, spectacles, hearing aids) to enable successful communication and the role that a clean, pain-free mouth plays in speech
- h) know how life story information may enable or support more effective communication
- i) understand the importance of effective communication with family and carers and the expertise that they may be able to offer to support effective communication with the person with dementia
- j) be able to adapt communication techniques according to the different abilities and preferences of people with dementia
- k) be aware of the importance of non-verbal communication e.g. body language, visual images and the appropriate use of touch

l) understand that the behaviour of a person with dementia is a form of communication and how behaviours seen in people with dementia may be a means for communicating unmet needs

m) understand how a person's feelings and perception may affect their behaviour n) understand how the behaviour of others might affect a person with dementia o) understand common causes of distressed behaviour by people with dementia

p) be able to recognise distressed behaviour and provide a range of responses to comfort or reassure the person with dementia.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the communication needs of people with dementia
- b) be able to promote effective communication in a health and care environment.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to communication, interaction and behaviour in dementia care are shown below:

Guidance

- The VERA Framework [Blackall et al, 2011]
- Skills for Care and Skills for Health [2011], Common Core Principals for Supporting People with Dementia, Principal 3: Communicate sensitively to support meaningful interaction
- Alzheimer's Society [2012], Factsheet: Communicating
- Skills for Health [2015], Stand By Me [Person-centred communication in dementia care]

Legislation

- Mental Capacity Act 2005
- Care Act [2014]

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SFHGEN97: Communicate effectively in a healthcare environment
- SFHGEN98: Promote effective communication in a healthcare environment
- SCDHSC0031: Promote effective communication
- SCDHSC0369 Support individuals with specific communication needs

Core Skills Frameworks

- Clinical/Care Subject 4: Communication
- Person-Centred Approaches
- End of Life Care Subject 2: Communication in end of life care
- Frailty Capability 4: Communication

Care Certificate Standards

- Standard 6: Communication

Dementia Education Principles and Standards

- Principle 2. Communication Levels 1, 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 3. Understanding the experience of and communicating with people with dementia
Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand and Implement a person-centred approach to the care and support of individuals with dementia
- Understand the factors that can influence communication and interaction with individuals who have dementia
- Understand and enable interaction and communication with individuals with dementia
- Understand the administration of medication to individuals with dementia using a person-centred approach
- Understand the role of communication and interactions with individuals who have dementia
- Understand the diversity of individuals with dementia and the importance of inclusion
- Understand and enable interaction and communication with individuals who have dementia

Subject 6: Health and well-being in dementia care

Introduction

This is about helping people with dementia to maintain and optimise their physical health and psychological well-being. It includes recognising and responding to physical needs such as food, drink, physical activity, hygiene, pain relief and psychological needs associated with delirium, anxiety and depression. It also requires knowledge of a range of potential interventions including awareness of the appropriate role of medication and how to enable and support psycho-social and therapeutic interventions. The importance of food and drink is based on the emerging evidence base that links a reduction in mealtime eating and behavioural abilities with decreased nutrition, hydration and reductions in quality of life. Conversely, socialisation and other person-centred mealtime interventions can enhance the pleasure of eating and mealtime abilities and lead to improved nutrition and hydration.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support. This subject at Tier 2 is also relevant to social care managers and leaders.

Tier 3: Key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care.

In social care, it is recognised that the clinical learning outcomes of Tier 3 are not applicable. However, there is a recognition that social care managers, leaders and regulated professionals will in many instances be contributing alongside medical/clinical colleagues in relation to these learning outcomes.

Key learning outcomes

Tier 2

The learner will:

- a) understand the importance for individuals with dementia to maintain good physical, mental and oral health through food, drink, exercise and a healthy life style that includes social engagement
- b) be aware of anticipating an individual's health needs e.g. to prevent fatigue, falls, dehydration and hunger
- c) know the action to take in response to identification of fatigue and falls
- d) know how to take action in response to dehydration and hunger (including unplanned weight-loss), how to improve the provision of good nutrition and hydration through monitoring food and drink intake using appropriate tools and understand the factors that influence mealtimes to provide a positive mealtime experience
- e) know where to find evidence-based information and resources and when to refer for more specialist advice from a registered dietitian/registered nutritionist on nutrition or other health care professional e.g. speech and language therapist for textured modified foods
- f) know how to recognise and manage pain in people with dementia
- g) be able to support an individual in maintaining personal appearance, cleanliness, and good oral hygiene

-
- h) be aware of the impact of delirium, depression and social stressors
 - i) understand triggers and responses to stressed or distressed behaviours
 - j) understand the role of family and carers in supporting the health and well-being of people with dementia
 - k) be aware of the benefits and limitations of medication to manage behavioural and psychological issues including associated risks
 - l) be able to support individuals in undertaking psycho-social interventions including validation, counselling, reminiscence and life story work
 - m) be aware of the role of therapeutic work including complementary therapies and sensory stimulation
 - n) know how to support people with dementia to access local services and referral pathways including voluntary and community services which would promote their physical, mental and oral health.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the signs of dementia, depression and delirium and appropriate responses and treatment options
- b) understand the complexity of ageing and co-morbidity in dementia
- c) understand the benefits and implications of pharmacological interventions that may enhance memory
- d) understand the evidence for the effectiveness of different psycho-social approaches in different situations
- e) understand the principles and key aspects of psycho-social approaches used to enhance the well-being of people with dementia
- f) be aware of new and emerging knowledge of psycho-social approaches that can be used to enhance the well-being of people with dementia.

A number of interventions have a proven evidence based to support people living with dementia. It is important to stress that people delivering these need an appropriate level of qualification(s), training and supervision to deliver these interventions:

- Cognitive Stimulation Therapy (CST)
- Cognitive Behaviour Therapy (CBT) for people living with dementia and their carers who also have depression / anxiety. CBT is a highly skilled psychological therapy regulated in the UK by the BABCP (British Association of Behavioural and Cognitive Therapists).
- STrategies for RelaTives (START) - a programme that aims to reduce depression and anxiety in family carers.
- Systemic family therapy for people with dementia and their families. Family Therapy is a highly skilled psychological therapy which is regulated by the Association of Family Therapists which in turn is allied to the United Kingdom Council for Psychotherapy (UKCP).

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to holistic health in dementia care are shown below:

Guidance

- Department of Health [2009], Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia
- Nice quality standard [QS30][2013], Quality standard for supporting people to live well with dementia
- Skills for Care and Skills for Health [2011], Common Core Principals for Supporting People with Dementia, Principal 4: Promote independence and encourage activity.

Legislation

- Care Act [2014]
- Equality Act 2010

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SCDHSC0212 Support individuals during therapy sessions
- SCDHSC0213 Provide food and drink to promote individuals' health and well being
- SCDHSC0214 Support individuals to eat and drink
- SCDHSC0216 Help address the physical comfort needs of individuals
- SCDHSC0218 Support individuals with their personal care needs
- SCDHSC0219 Support individuals to manage continence
- SCDHSC0025 Contribute to implementation of care or support plan activities
- SCDHSC3112 Support individuals to manage their own health and social well-being
- SCDHSC0393 Promote participation in agreed therapeutic group activities
- SFHGEN105 Enable individuals to maintain their personal hygiene and appearance
- SFHGEN107 Enable individuals and families to put informed choices for optimising their health and wellbeing into action
- SFHCHS62 Provide interventions to individuals with long term conditions 39
- SFHCHS68 Support individuals with long term conditions to manage their nutrition
- SFHCMA4 Plan, implement, monitor and review therapeutic interventions with individuals who have a long term condition and their carers

- SFHCMC3 Enable individuals with long term conditions to make informed choices concerning their health and wellbeing

Core Skills Frameworks

- Clinical/Care Subject 7: Fluids and nutrition
- Frailty Capability 9: Physical and mental health and wellbeing

Care Certificate Standards

- Standard 8: Fluids and nutrition

Dementia Education Principles and Standards

- Principle 7. Essentials of Physical Care Levels 1, 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 8. Holistic health for people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 9. Supporting the daily life of people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 11. Psycho-social approaches for people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- The person-centred approach to the care and support of individuals with dementia
- Understand and meet the nutritional requirements of individuals with dementia
- Understand the administration of medication to individuals with dementia using a person-centred approach
- Understand the role of communication and interactions with individuals who have dementia
- Understand the diversity of individuals with dementia and the importance of inclusion
- Understand and enable interaction and communication with individuals who have dementia

Subject 7: Pharmacological interventions in dementia care

Introduction

On occasions, medication may be prescribed for people with dementia, both to address the symptoms of dementia and related health needs they may experience. In such cases, the prescription of medication must be in accordance with current guidance and with an understanding of any contra-indications and related ethical issues. Medication must also be administered safely and appropriately.

The Prime Minister's Challenge on Dementia (2015) particularly highlights the issue of inappropriate use of antipsychotic medication, normally in response to behavioural and psychological symptoms of dementia and notes that antipsychotic drugs "should only be prescribed to people with dementia in exceptional circumstances and if prescribed, this should be reviewed on a regular basis".

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care.

In social care, it is recognised that the clinical learning outcomes of Tier 3 are not applicable. However, there is a recognition that social care managers, leaders and regulated professionals will in many instances be contributing alongside medical/clinical colleagues in relation to these learning outcomes.

Key learning outcomes

Tier 2

The learner will:

- a) know the most common medications used to treat the symptoms of dementia
- b) know the main risks and benefits of using anti-psychotics, anti-depressants, anxiolytics, anticonvulsants and cognitive enhancers and be aware of the impact drugs may have on daily living, including common side effects such as taste disturbances and a dry mouth
- c) be aware of issues around polypharmacy for people with dementia
- d) understand the importance of recording and reporting side effects and/or adverse reactions to medication
- e) be able to administer and review medication safely and appropriately in consultation with people affected by dementia.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the range of cognitive enhancers, what they do, criteria for eligibility and sources of guidance
- b) understand processes for assessing and prescribing cognitive enhancers
- c) understand the range of drugs to manage behavioural and psychological symptoms of dementia and when such drugs should or should not be used
- d) understand the ethical issues around drug treatments in the care of people living with dementia
- e) understand contra-indications for prescribing anxiolytics and anti-psychotic medication
- f) understand the range of medication to address common physical health problems of people with dementia, including the risks associated with how these drugs may interact with cognitive enhancers and drugs prescribed to address behavioural and psychological issues
- g) understand the importance of regular reviews of prescribed medication
- h) understand how to assess pain experienced by people with dementia and prescribing practice to address pain effectively
- i) be aware of new and emerging knowledge of pharmacological interventions that can be used to enhance the well-being of people with dementia.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to pharmacological interventions in dementia care are shown below:

Guidance

- Department of Health [2009], Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia / section 31 & 32
- Department of Health [2015] Prime Ministers Challenge on Dementia 2020
- Minister of State for Care Services [2009], The use of antipsychotic medication for people with dementia: Time for action
- Nice Guidance [CG42][2006], Dementia: Supporting people with dementia and their carers in health and social care

Legislation

- Mental Capacity Act 2005
- Equality Act 2010

Indicative mapping to relevant national standards or frameworks**National Occupational Standards**

- SFHCHS2 Assist in the administration of medication
- SFHCHS3 Administer medication to individuals
- SFHCMA7 Prescribe medication for individuals with a long-term condition
- SFHAH12 Enable individuals to take their medication as prescribed
- SCDHSC3122 Support individuals to use medication in social care settings

Core Skills Framework

- Frailty Capability 10: Managing medication

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 10. Pharmacology relating to the needs of people with dementia Tier 2 (Level 5) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand the administration of medication to individuals with dementia using a person centred approach
- End of Life and dementia care

Subject 8: Living well with dementia and promoting independence

Introduction

People with dementia should be encouraged to maintain the activities they enjoy and continue to be active. This may include supporting people to adapt their homes to enable them to keep safe and promote their independence. People can also be supported to avoid isolation by maintaining a social life and involvement in their local community.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the importance of physical activity (including access to outside space) in maintaining a person's independence and abilities
- b) be able to support individuals to meet their daily living needs
- c) be able to support individuals to continue their interests, social life and community involvement and know why this is important
- d) know about community initiatives such as the development of dementia friendly environments
- e) understand the needs of individuals for day to day closeness with others e.g. sharing thoughts and feelings
- f) understand how to recognise and respond to cultural, spiritual and sexual needs of people with dementia
- g) understand the role of family and carers in enabling people with dementia to live well h) understand how activities can be adapted to suit an individual's changing needs
- i) be able to incorporate assistive technology to support self-care and meaningful activity j) be able to develop strategies to reduce the struggle with unfamiliar environments
- k) be aware of ways to adapt the physical environment to promote independence, privacy, orientation and safety (e.g. to reduce risk of falls)
- l) know about perceptual distortions that may occur in dementia and how the impact of such distortion can be minimised by changes to the environment
- m) understand the importance of food-related activities to stimulate appetite and support engagement and independence in food preparation, eating and drinking.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the individual needs of people with dementia
- b) understand the principles, processes and options for self-directed support
- c) be able to support the person with dementia and their family to access self-directed support if desired
- d) be able to provide dementia specific advice and guidance on adapting the physical and social environment to ensure physical safety and emotional security
- e) know of housing sectors, providers and services and be able to work in partnership with appropriate providers to deliver required outcomes
- f) be able to lead on the introduction of assistive technology to support self-care and meaningful activity.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to living well with dementia and promoting independence are shown below:

Guidance

- Department of Health [2009], Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia
- NICE quality standard [QS30][2013], Quality standard for supporting people to live well with dementia
- Skills for Care and Skills for Health [2011], Common Core Principals for Supporting People with Dementia, Principal 4: promote independence and encourage activity
- Alzheimer's Society [2013] . The dementia guide: Living well after diagnosis

Legislation

- Mental capacity Act 2005
- Equality Act 2010

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SCDHSC210 Support individuals to participate in recreational activities
- SCDHSC0027 Support individuals in their daily living
- SCDHSC345 Support individuals to manage their financial affairs
- SCDHSC0346 Support individuals to manage direct payments
- SCDHSC0350 Support the spiritual well-being of individuals
- SCDHSC0370 Support the use of technological aids to promote independence
- SCDHSC0393 Promote participation in agreed therapeutic group activities
- SCDHSC0450 Develop risk management plans to promote independence in daily living
- SFHCHS153 Enable individual expression using creative arts therapies
- SFHCHS239 Enable individuals to use assistive devices and assistive technology
- SFHGEN75 Collaborate in the assessment of the need for, and the provision of, environmental and social support in the community
- SFHMH68.2013 Co-produce action plans which assist stakeholders in improving environments and practices to promote mental health
- SFHMH66.2013 Assess how environments and practices can be maintained and improved to promote mental health

Core Skills Framework

- Frailty Capability 8: Living well with frailty, promoting independence and community skills

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 9. Supporting the daily life of people with dementia
Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 8. Holistic health for people with dementia
Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Enable rights and choices of individuals with dementia whilst minimising risks

Subject 9: Families and carers as partners in dementia care

Introduction

The majority of care for people with dementia is undertaken by their family carers – however, many family carers report that this results in high levels of stress, depressive symptoms and social isolation. Typically, family carers will want to continue in their caring role, but it is important that they are supported to maintain their own health and well-being as well as be given the support to care for the person with dementia. Increasingly, family carers and health and care professionals are seen as partners in the care process.

The Prime Minister’s Challenge on Dementia includes the aspiration that carers of people with dementia “be made aware of and offered the opportunity for respite, education, training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring”

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the significance of family, carers and social networks in planning and providing care
- b) understand the importance of developing partnerships with family members and carers
- c) understand the impact that caring for a person with dementia in the family may have on relationships
- d) understand the importance of recognising and assessing a carer’s own needs, including respite
- e) be aware of the complexity and diversity in family arrangements
- f) be aware that the needs of carers and the person with dementia may not always be the same
- g) understand potential socio-cultural differences in the perception of the care giving role
- h) be aware of the impact on younger carers and their concerns
- i) be able to communicate compassionately, effectively and in a timely manner with care partners
- j) be able to support family carers to access and use information and local support networks including housing sectors, providers and services
- k) be able to support family carers in considering options and making decisions
- l) be able to gather information about a person’s history and preferences from family carers.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the needs of families and carers
- b) understand methods to assess a carer's psychological and practical needs and the relevant support available
- c) understand the potential for dilemmas arising where there are differing needs between people with dementia and their carers
- d) understand the role of personalisation in care e.g. the impact of access to personal budgets f) understand legislation relevant to carers and carers rights
- g) be able to signpost carers for further support around legal issues (e.g. lasting power of attorney and legal issues connected with housing such as tenancy rights).

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to families and carers as partners in dementia care are shown below:

Guidance

- Department of Health [2009], Living Well with Dementia: A national Dementia Strategy, Objective 7: Implementing the Carers' Strategy for people with dementia
- Department of Health [2015] prime Minister's Challenge on Dementia 2020
- NICE quality standard [QS1][2010], Dementia quality standard
- NICE and SCIE [2006], Dementia: Supporting people with dementia and their carers in health and social care
- Skills for Care and Skills for Health [2011], Common Core Principals for Supporting People with Dementia, Principal 6: Family members and other carers are valued, respected and supported just like those they care for and are helped to gain access to dementia care advice
- Department of health [2010], Recognised, valued and supported: Next steps for Carers Strategy
- Department of Health [2014], Care and Support Statutory Guidance: Issued under the Care Act 2014
- Department of Health [2014], Care Act factsheets, Factsheet 8: The law for carers
- Carers Trust [2013], The Triangle of Care: carers Included: A Guide to Best Practice for Dementia Care

Legislation

- Care Act [2014]
- Mental Capacity Act 2005

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SCDHSC0227 Contribute to working in partnership with carers
- SCDHSC0387 Work in partnership with carers to support individuals
- SCDHSC0390 Support families in maintaining relationships in their wider social structures and environments
- SCDHSC0426 Empower families, carers and others to support individuals
- SCDHSC0427 Assess the needs of carers and families
- SCDHSC0428 Lead the development of programmes of support for carers and families
- SFHGEN20 Enable carers to support individuals
- SFHGEN103 Establish, sustain and disengage from relationships with the families of individuals with specific health needs
- SFHCHS58 Provide information and support to carers of individuals with long term conditions
- SFHCHDHN3 Enable carers to access and assess support networks and respite services
- SFHCMC5 Build a partnership between the team, patients and carers

Core Skills Framework

- Frailty Capability 5: Families and carers as partners in care 52

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 4. Creating effective partnerships with carers & families Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- The person-centred approach to the care and support of individuals with dementia
- Understand and Implement a person-centred approach to the care and support of individuals with dementia
- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Understand the process and experience of dementia
- Understand and meet the nutritional requirements of individuals with dementia

- Enable rights and choices of individuals with dementia whilst minimising risks
- Understand the diversity of individuals with dementia and the importance of inclusion
- End of Life and dementia care
- Lead and manage practice in dementia care

DRAFT

Subject 10: Equality diversity and inclusion in dementia care

Introduction

Dementia will affect people from all cultural and ethnic backgrounds. Issues of cultural and ethnic diversity may have an impact on how people experience dementia, including the acceptance of the condition within their family or community.

Dementia is generally regarded as a condition associated with old age. However, there are a significant number of people with younger onset dementia and they are likely to have specific needs and concerns.

In addition, many of the characteristics covered by the Equality Act and related to the wider determinants of health can have a significant bearing on experiences of dementia, including but not limited to an individual's sexuality, disabilities, gender, geographical location etc.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) be aware of cultural diversity and equality issues, and how they may impact on people with dementia
- b) be able to adapt assessment and care planning taking account of equality issues (e.g. cultural diversity, disabilities, gender and sexual orientation)
- c) understand diversity in family arrangements and the local community
- d) be aware of the stigma, myths and stereotypes associated with dementia e) be aware of the prevalence and impact of younger onset dementia
- f) be aware of legislation to support carers, including young carers g) understand the additional concerns of younger carers
- h) be aware of the impact of dementia on people with learning disabilities
- i) be aware of socio-cultural differences in the perception of the care giving role e.g. based on gender
- j) be able to actively challenge any discriminatory practice that may compromise a person's right to dignity, respect and safety.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the impact that discrimination and stigma may have on the life of the person with dementia, their family and carers
- b) be able to lead practice and an organisational culture that values and respects the diversity of individuals
- c) understand legislation relevant to equality, diversity and human rights.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to equality diversity and inclusion in dementia care are shown below:

Guidance

- Department of Health [2014], Care and Support Statutory Guidance: Issued under the care Act 2014
- Department of Health [2011], national Dementia Strategy: Equalities Action Plan

Legislation

- Care Act [2014]
- Equality Act 2010
- Human Rights Act 1998

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SFHSS01 Foster people's equality, diversity and rights
- SCDHSC0234 Uphold the rights of individuals
- SCDHSC3111 Promote the rights and diversity of individuals
- SCDHSC0452 Lead practice that promotes the rights, responsibilities, equality and diversity of individuals

Core Skills Framework

- Statutory/Mandatory Subject 1: Equality, diversity and human rights

Care Certificate Standards

- Standard 4: Equality and diversity

Dementia Education Principles and Standards

- Principle 1. Cultural Diversity Levels 1, 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 5. Equality, diversity and inclusion in dementia care
Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand equality, diversity and inclusion in dementia care
- Equality, diversity, and inclusion in dementia care practice
- Understand the diversity of individuals with dementia and the importance of inclusion
- Equality, diversity and inclusion in dementia care practice

Subject 11: Law, ethics and safeguarding in dementia care

Introduction

Staff working with people living with dementia must be fully aware of their duty of care, particularly where they may be required to make decisions in situations where people are unable to make decisions for themselves. Duty of care is about always acting in the best interests of others and not acting or failing to act in ways that result in harm. In dementia care, this is likely to include ethical issues such as the need to balance a person's safety with their need for independence, deciding the best interests for the person with dementia (e.g. when making decisions about consent to treatment) and recognising that the needs of the person with dementia may sometimes conflict with the needs of others, especially carers.

People with dementia may also be vulnerable to situations where they could suffer neglect, harm or exploitation. In recent years a number of high profile cases have highlighted distressing examples where there have been failings in the duty of care as documented in the Francis Report (2013) and the Cavendish Review (2013). These cases serve to highlight the vital importance of raising concerns and acting on them before it is too late. Therefore, health and care staff must be able to recognise and address any areas of concern and have the confidence to speak out when required.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand how duty of care contributes to safe practice and facilitates decision-making
- b) be aware of dilemmas that may arise between the duty of care and an individual's rights and carers wishes
- c) be able to communicate effectively about proposed treatment or care to enable people with dementia to make informed choices as far as practicable
- d) understand the protocols regarding consent to treatment or care for people who may lack mental capacity
- e) understand how 'best interests' decisions may need to be made for those lacking capacity f) know how advance directives can be used to provide information about the wishes of an individual
- g) be able to recognise a range of factors which may indicate neglect, abusive or exploitative practice
- h) know what to do if neglect, abusive or exploitative practice is suspected, including how to raise concerns within local safeguarding or whistle blowing procedures
- i) be aware of key legislation relevant to mental capacity, deprivation of liberty, equality and human rights.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the options available when informed consent may be compromised b) be able to respond to safeguarding alerts / referrals
- c) know the evidence-based approaches and techniques to assess neglect or abuse
- d) understand the roles and responsibilities of the different agencies involved in investigating allegations of neglect or abuse
- e) understand the importance of sharing safeguarding information with the relevant agencies f) know the actions to take if there are barriers to alerting the relevant agencies
- g) understand key legislation relevant to mental capacity, deprivation of liberty, equality and human rights.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to law, ethics and safeguarding in dementia care are shown below:

Guidance

- Department of Health [2009], Reference guide to consent for examination or treatment
- Department of Health [2014], Care and Support statutory Guidance: Issued under the care Act 2014
- Nuffield Council on Bioethics [2009], Dementia ethical issues
- NICE quality standard [QS1][2010], Dementia quality standard
- Alzheimer's Society [2014], Fact Sheet: Deprivation of Liberty Safeguards [DoLs]

Legislation

- Care Act [2014]
- Data Protection Act 1998
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity act 2005
- Safeguarding Vulnerable Groups Act 2006

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SCDHSC0024: Support the safeguarding of individuals
- SCDHSC0035: Promote the safeguarding of individuals
- SCDHSC0045: Lead practice that promotes the safeguarding of individuals
- SCDLMCB1 Lead and manage practice that promotes the safeguarding of individuals
- SCDHSC0234 Uphold the rights of individuals
- SCDHSC0395 Contribute to addressing situations where there is risk of danger, harm or abuse
- SCDHSC0430 Lead practice to reduce and prevent the risk of danger, harm and abuse
- SCDHSC431 Support individuals where abuse has been disclosed
- SFHCHS167: Obtain valid consent or authorisation
- SFHCHS229 Assess individuals' needs and circumstances and evaluate the risk of abuse, failure to protect and harm to self and others
- SFHOP10 Create an environment to protect older people from abuse

Core Skills Frameworks

- Statutory/Mandatory Subject 8: Safeguarding Adults
- Clinical/Care Subject 2: Duty of care / Subject 5: Consent
- End of Life Care Subject 12: Law, ethics and safeguarding
- Frailty Capability 12: Law, ethics and safeguarding

Care Certificate Standards

- Standard 3: Duty of Care
- Standard 10: Safeguarding Adults

Dementia Education Principles and Standards

- Principle 1. Ethics Levels 1, 2 and 3
- Principle 10. Advance Care Directives Levels 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 13. Understanding legal aspects of working with people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 14. Understanding ethical issues in caring for people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Enable rights and choices of individuals with dementia whilst minimising risks
- Understand the diversity of individuals with dementia and the importance of inclusion

DRAFT

Subject 12: End of life dementia care

Introduction

At the end of life for a person with dementia it is important to understand the use and implications of advanced care planning. Symptoms associated with end of life must be effectively managed with care and compassion. In particular, signs of pain must be identified (even if not clearly expressed) and pain relief provided. Focus should also be on the individual's hydration needs and maintaining a comfortable mouth whilst recognising the decrease in appetite. It is also important to acknowledge the needs of bereaved family and carers.

The Prime Minister's Challenge on Dementia includes the aspiration that all people with dementia and their carers receive "co-ordinated, compassionate and person-centred care towards and at the end of life including access to high quality palliative care from health and social care staff trained in dementia and end of life, as well as bereavement support for carers"

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the use of end of life care pathways and individualised care plans taking into account psycho-social needs
- b) understand how advanced decisions/directives and best interest decision will affect caring activities
- c) know how to recognise and manage pain and address the broader physical needs (e.g. hydration, reduced appetite) in people with advanced dementia
- d) be able to identify symptoms associated with end of life and how these symptoms can be managed with care and compassion
- e) be aware of concerns and needs affecting younger people at the end of life
- f) be aware of the needs of bereaved families and friends including the potential for conflicting emotions
- g) be able to support family and friends to celebrate the life of the deceased person
- h) be aware of cultural and religious differences associated with death, care of the dying and the deceased person.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the end of life needs of people with dementia
- b) understand the processes involved in deciding when a person with dementia is deemed to be at end of life
- c) be able to provide dementia specific advice and guidance on end of life care.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to end of life dementia care are shown below:

Guidance

- Department of Health [2209], Living Well with Dementia: A National Dementia Strategy, Objective 12: Improved end of life care for people with dementia
- Department of Health [2015] Prime Ministers Challenge on Dementia 2020
- NICE Guidance [CG42][2006], Dementia: Supporting people with dementia and their carers in health and social care
- NICE quality standard [QS1] [2010], Dementia quality standard

Legislation

- Mental capacity Act 2005
- Equality Act 2010

Indicative mapping to relevant national standards or frameworks**National Occupational Standards**

- SCDHSC0384 Support individuals through bereavement
- SCDHSC0385 Support individuals at the end of life

Core Skills Framework

- End of Life Care

Dementia Education Principles and Standards

- Principle 6. End of Life Care Levels 1, 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 15. End of life palliative care
Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand the diversity of individuals with dementia and the importance of inclusion
- Equality, diversity and inclusion in dementia care practice
- End of Life and dementia care

Subject 13: Research and evidence-based practice in dementia care

Introduction

The continuing development of dementia services and treatment requires on-going research and development of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When people affected by dementia participate in research activities, this must be handled with due regard for the ethical issues involved.

The Prime Minister's Challenge on Dementia (2015) notes that "boosting research in dementia care will also require more of the nurses, allied health, social work and other care professionals who lead and deliver care, being trained to become researchers, able to lead research on issues that matter most to patients and carers, and to deliver results into clinical practice".

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the difference between service evaluation and research
- b) be able to participate in service evaluation and research in the workplace
- c) understand how people affected by dementia may be involved in service evaluation and research.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand systematic research methods to facilitate evidence-based practice
- b) understand the range of evidence that informs decision-making, care practice and service delivery
- c) understand approaches to evaluating services and measuring impact, including the use of outcomes reported by people affected by dementia
- d) understand the ethical issues related to conducting research with people who have a cognitive impairment
- e) be able to disseminate research findings clearly and accurately in written reports or verbal presentations
- f) understand the importance of continuing professional development to ensure the methods used are robust, valid and reliable.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to research in dementia care are shown below:

Guidance

- Department of Health (2009), Living Well with Dementia: A National Dementia Strategy, Objective 17: A clear picture of research evidence and needs

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SFHR&D8 Conduct investigations in selected research and development topics
- SFHR&D9 Collate and analyse data relating to research
- SFHR&D10 Interpret results of research and development activities
- SFHR&D11 Record conclusions and recommendations of research and development activities
- SFHR&D12 Present findings of research and development activities in written form
- SFHR&D13 Present findings of research and development activities orally
- SFHR&D14 Translate research and development findings into practice
- SFHR&D15 Evaluate and report on the application of research and development findings within practice

Core Skills Frameworks

- End of Life Care Subject 14: Improving quality in end of life care through policy, evidence and reflective practice
- Frailty Capability 13: Research and evidence-based practice

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 17. Research, policy and service development in dementia care Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Lead and manage practice in dementia care

Subject 14: Leadership in transforming dementia care

Introduction

Leaders and senior managers have a responsibility to provide direction, disseminate best practice and to motivate and support staff in meeting their objectives. This requires an understanding of the environment in which the organisation operates (e.g. national dementia strategy and policies) and an understanding of current research and developments in dementia care and treatment. Leaders can also influence the culture of their workplace regarding desired attitudes and ways of working (such as promoting person-centred approaches to care).

As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team.

Target audience

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

The learner will:

- a) understand the key drivers and policies which influence national dementia strategy and service development
- b) be aware of evidence-based research, innovations and developments in dementia interventions and care
- c) be able to disseminate and promote new and evidence-based practice and to challenge poor practice
- d) be able to plan care to promote the use of appropriate, specific, evidence based interventions e) understand the importance of demonstrating leadership in delivering compassionate person-centred care
- f) understand the importance of quality assurance and service improvement
- g) know how to ensure team members are trained and supported to meet the needs of people with dementia
- h) understand the importance of collaborative working in the provision of support, care and services for people with dementia, their families and carers
- i) understand the roles and responsibilities of different agencies involved in dementia care
- j) understand the principles of equality and diversity for access to, and delivery of services

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to leadership in transforming dementia care are shown below:

Guidance

- Skills for care and Skills for Health [2011], Common Core Principals for Supporting People with Dementia, Principal 7: Managers need to take responsibility to ensure members of their team are trained and well supported to meet the needs of people with dementia and Principle 8: Work as part of a multi-agency team to support the person with dementia.

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- SFHGEN13 Synthesise new knowledge into the development of your own practice
- SFHGEN126 Monitor, evaluate and improve inter-agency services for addressing health and wellbeing needs
- SCDLMCA2 Lead and manage change within care services
- SCDHSC0439 Contribute to the development of organisational policy and practice
- SCDHSC0433 Develop joint working arrangements for health and social care services
- SCDLMCB3 Lead and manage the provision of care services that deals effectively with transitions and significant life events
- CFAM&LBA2 Provide leadership in your area of responsibility

Core Skills Frameworks

- End of Life Care Subject 13: Leading end of life care services and organisations
- Frailty Capability 14: Leadership in transforming services

Dementia Education Principles and Standards

- Principle 3. Collaboration Levels 1 and 2

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 12. Key professional abilities and collaborative working Tier 3 (Levels 6/7)

Regulated Qualifications Framework components

Lead and manage practice in dementia care

Appendix 1: Sources of further guidance and information

The following are resources of further guidance and information. Click on the links below to access the relevant web sites:

<https://www.ageuk.org.uk/>

<https://www.alzheimers.org.uk/>

<https://www.alzheimersresearchuk.org/our-research/what-we-do/>

<https://www.alz.co.uk/>

<http://www.bild.org.uk/>

<https://www.carefitforvips.co.uk/#vips>

<https://www.carersuk.org/>

<https://www.crisiscareconcordat.org.uk/about/>

<https://www.dementiaaction.org.uk/>

<https://www.dementiacarer.net/>

<https://dementiapartnerships.com/>

<https://www.dementiauk.org/>

<https://www.gov.uk/government/organisations/department-of-health-and-social-care>

<https://www.hee.nhs.uk/our-work/dementia>

<https://www.dementiauk.org/for-professionals/how-to-become-an-admiral-nurse/hedn/>

<https://idea.nottingham.ac.uk/>

<https://www.ndti.org.uk/>

<https://www.nice.org.uk/>

<https://www.gov.uk/government/news/new-mental-health-dementia-and-neurology-intelligence-networks>

<https://www.england.nhs.uk/mental-health/dementia/>

<https://www.rcn.org.uk/clinical-topics/dementia>

<https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/dementia/Dementia.aspx>

<https://www.scie.org.uk/dementia/>

Preventing Well	Diagnosing Well	Living Well [Community]	Living Well [Hospital]	Living Well [Care Homes]	EOL
Dementia Friendly Communities – Dementia Action Alliances					
Social Prescribers			Johns Campaign	Quality in Care Team	Advanced Care Planning
Community Navigators [Community Offer]			A&E Mental Health in Reach Team	CPN Mental Health Teams	
NHS Health Checks	Memory Assessment Service		Red Bag Schema / This is me Tool		
Intergenerational work [teaching tools]	Dementia Navigators				
	Herbert's Protocol				
Sandwell Dementia Road Map					
Carers Support Services					
	Advanced Care Planning	Tele care	Adult inpatient Mental Health Beds		
		Icares			
		Stars			
	CBT for Carers				
Community Mental Health Teams					
Primary Care: GP's, DN's, Practice Nurses, Pharmacists, Dentists etc.					
Adult Social Care					
		Fire service/ CAB etc			
		Community Groups			
Dieticians, speech and language, physio therapists etc.					

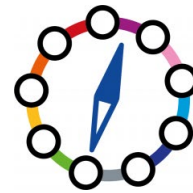
This page is intentionally left blank



Sandwell Community Dementia Service



What is the SCDSS?



Sandwell Community Dementia Service

Page 340

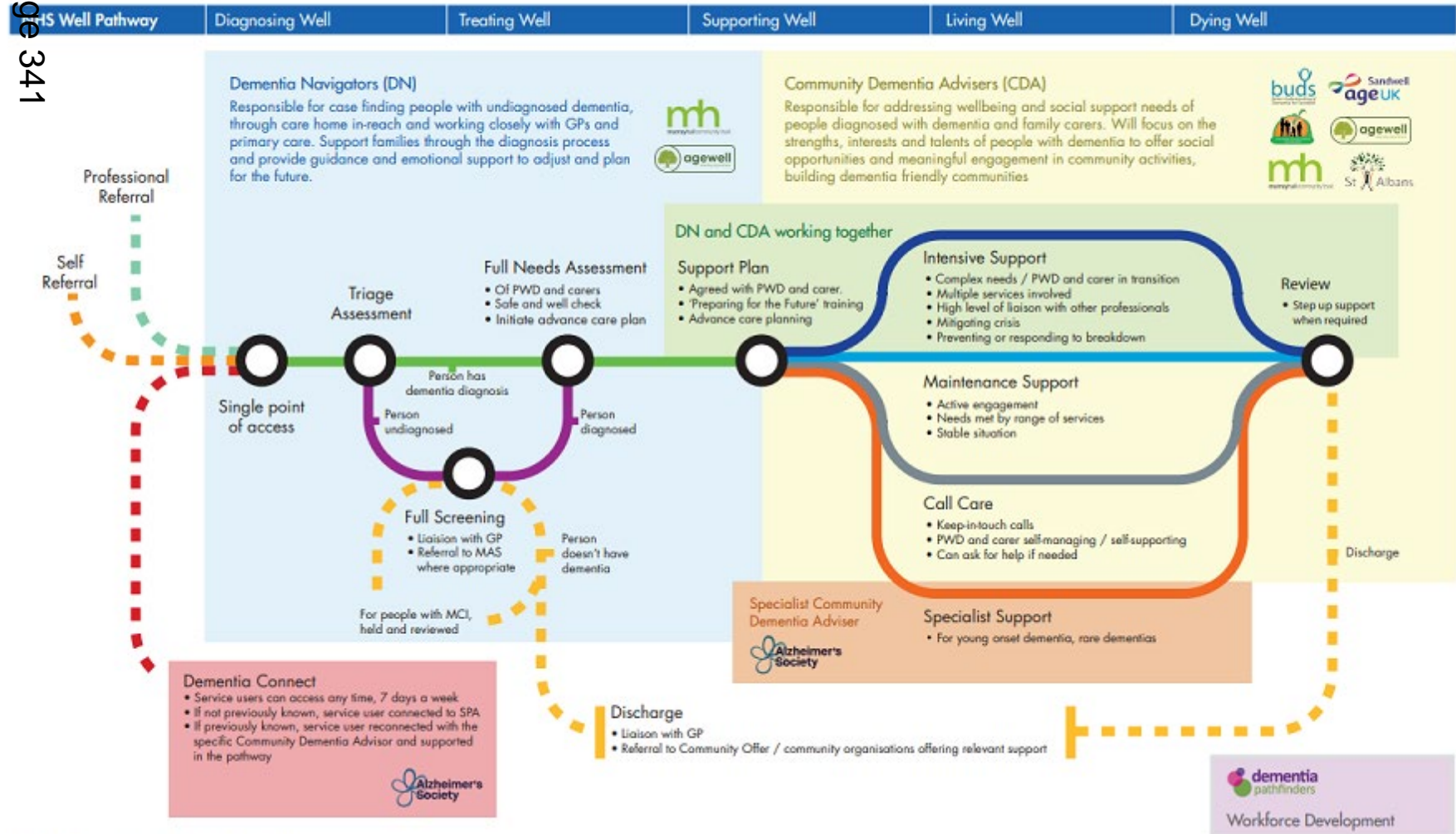
Sandwell Community Dementia Service, commissioned by Sandwell Metropolitan Council and Black Country and West Birmingham Clinical Commissioning Group, is a ‘provider collaborative’, comprising of eight local voluntary organisations to provide a single point of access for advice, information and support to those with worries about their memory or a dementia diagnosis, and their carers, across Sandwell.



The Pathway

Service Pathway: Sandwell Community Dementia Support Service

Page 341





Real examples of the type of support that has been provided

Page 342



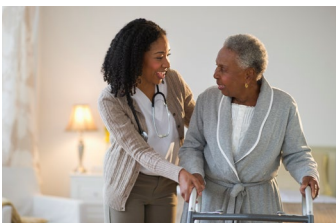
- Arranging medication to be put into blister packs, arranging automatic medication dispensers, and arranging for medication to be delivered.

- Signposting and/or supporting to access benefits, blue badges, reductions in council tax and bills etc.



- Speaking with GP's and other professionals to arrange appointments, referrals to services and medication reviews etc

- Supporting Carers and PWD with general advice and providing someone to talk to about the issues they are facing. Future care planning such as LPA's and DNR's



- Liaising with Social Workers to arrange Carers Assessments and/or Needs Assessments for package of care, day opportunities and other services as required.

Case Study

RH came to us looking for support for his wife MH. She had been diagnosed with Semantic Dementia which affects the ability to use and understand language and the ability to match objects and words to their meanings. RH was really struggling to manage and was unable to get any time alone as MH would follow him everywhere constantly trying to get his attention. We signposted RH to Day Opportunities at St Albans, and to Sandwell Enquiry to look at Carers Assessment, and a Needs Assessment to include Day Opportunities funding and potentially Carers attending the property to assist.

- We supported him with advice regarding clothing, continence issues, benefits advice, general wellbeing and the importance of a break as a carer so that he doesn't become overwhelmed and unable to cope. MH began attending the Day Opportunities once per week as, although he would have liked more, that was all RH felt he could afford, whilst waiting for the assessment to go ahead. In this time, he began to feel more able to cope as he was getting a short break and time to do something for himself.
- We kept in regular contact with him and contacted Sandwell Enquiry on his behalf several times. We made a referral to the continence service to look at MH's needs. MH was referred for an activity box based on her interests and abilities and also offered a Life Story Book. RH advised she struggled with some of the activities such as the colour matching and the jigsaws, but others kept her occupied for short periods including the aqua painting which again gave him a bit of a break.
- Once MH was allocated a social worker the carers assessment and needs assessment got completed and RH was happy to receive news that MH would be funded to attend the Day Opportunities at St Albans 3 times per week going forward. RH also received the one-off payment of £400. Overall RH is much happier at the moment and reports MH looks forward to attending the centre and enjoys herself, she also seems calmer and he finds it easier to cope. We continue to stay in touch and support them both, and RH is currently considering a package of care being put not place to support him.

Questions & Answers.....

Page 344

Can I have a chat with you about someone I know who may need support?

How many navigators do you have?

What type of referrals are you receiving?





Sandwell Health and Wellbeing Board
13 April 2022

Report Topic:	Mental Health Lead Provider arrangements and Community Mental Health Transformation
Contact Officer:	Steven Marshall, Black Country & West Birmingham CCG: steven.marshall3@nhs.net Lina Martino, Sandwell MBC: lina_martino@sandwell.gov.uk
Link to board priorities	<p>Please include in your report how your work links to one or more of our board priorities:</p> <ol style="list-style-type: none"> 1. We will help keep people healthier for longer Good mental health is integral to overall health. On average, people with severe mental health problems die 15-20 years younger than the general population and poor mental health is both a cause and consequence of health and social inequalities. 2. We will help keep people safe and support communities A cohesive, multi-agency approach to mental health is key to reducing the impact of poor mental health on individuals, families and communities. This includes wellbeing promotion and mental health improvement as well as ensuring that those experiencing mental health difficulties are able to access timely and appropriate care and support. 3. We will work together to join up services The new governance arrangements for mental health services in Sandwell are an opportunity to develop a comprehensive and cohesive approach to mental health that will make the best use of available resources and community assets. 4. We will work closely with local people, partners and providers of services The revised Community MH model will be supported by the Better Mental Health Strategy & Action Plan being co-produced via local stakeholder groups.

Purpose of Report:	<ul style="list-style-type: none"> To appraise the WHB of the proposed changes in contracting arrangements and the revised Community MH Model
Recommendations	<ul style="list-style-type: none"> For noting and discussion
Key Discussion points:	<ul style="list-style-type: none"> A change in the CCG contracting model Developments in Community Mental Health Services and Pathways
Implications (e.g. Financial, Statutory etc)	
<ul style="list-style-type: none"> N/A 	
What engagement has or will take place with people, partners and providers?	<ul style="list-style-type: none"> N/A
Appendices	<p>Appendix 1 – Lead provider for mental health, learning disabilities and autism presentation</p> <p>Appendix 2 - Black Country Healthcare – Community Mental Health Transformation presentation</p>

A lead provider for mental health, learning disabilities and autism



Context

Changes to commissioning (outlined in Health and Care Bill) creates new opportunities for providers and partners to work much closely together in joint committees and other collaborative arrangements alongside the developments of the new statutory Integrated Care Boards.

There are already such arrangements in place for example through the specialised mental health and learning disability and autism provider collaboratives where NHSE commissioning responsibilities have transferred to a collaborative Lead Provider (LP) model.

The ambition for the Black Country and a key aim of the Integrated Care System (ICS) is to bring commissioning and service provision closer together in order to improve collaboration across system partners.



Case for change

- Variation in commissioning and provision of mental health services across the Black Country
- Continues to be some inappropriate out-of-area placements
- Health inequalities and barriers to access for mental health support
- Greater resilience is needed across the system
- Need to develop and retain our workforce



A lead provider model for mental health and learning disabilities and autism in the Black Country

Page 350

Clinical Commissioning Group (CCG) commissions the entirety of the (in-scope) mental health, and learning disabilities and autism pathway for the Black Country population from BCHFT

CCG retains its statutory responsibilities including those relating to quality assurance

CCG and BCHFT agree the 'outcomes' that BCHFT as the lead provider will deliver

Lead Provider determines the best arrangements to deliver these outcomes through collaborative working with partners and engagement of local communities

Clinical teams are encouraged and incentivised to lead, innovate and transform services to enhance access, experience and outcomes for all

Some of the transferring responsibilities will be aligned to clinical delivery (e.g. complex case management) to join-up decision making between professionals



Lead Provider model

The new duties for the Trust under the Lead Provider contract are:

- **Strategic system planning**, transformation, performance management and resource allocation in order to meet the systems strategic objectives for mental health, learning disabilities and autism.
- **Management of the additional NHS standard sub-contracts** for a range of NHS and non-NHS providers including quality assurance oversight.
- **Management of long-term placements** (complex care and S117 as well as other associated funding); this includes the budget and managing the contractual relationship.
- **Managing acute overflow and PICU placements:** the Trust acts as the clinical decision maker for these placements; as part of the new contract it will hold the budget and make payments through the new contracts it will need to put in place.



Journey to lead provider – a more collaborative approach

Page 352

Transforming community mental health services

More joined-up, patient-centred care which is comprehensive, easy to access and giving people greater choice and control. Enhancing the offer for community rehabilitation and personality disorder.

Eliminating inappropriate out-of-area placements

Working with partners to ensure when people need a mental health bed, this is within the Black Country, strengthening support for people during times of crisis across a range of settings.

Suicide prevention

Building on already strengthened practices, policies and training, and continuing to strive for zero inpatient suicide, working with others to reduce death by suicide across the Black Country.

Individual Placement and Support (IPS) services

Increasing access to Individual Placement and Support services to increase access to, and retention in employment.

Psychological therapies

Expanding access to psychological therapies for mild to moderate mental illness, including a focus on supporting those with long-term conditions.

Perinatal services

Expanding perinatal services, supporting more women with mental health difficulties during and after pregnancy.

Early Intervention in Psychosis (EIP)

Increasing access to, and range of interventions through Early Intervention in Psychosis services.

Dormitory accommodation

Eradicate dormitory accommodation in our older adult wards.

Children and young people - access/support

Increase access and support for children and young people, including in educational settings, and at times of crisis. Ensuring an equitable service offer across the Black Country.

Children and young people - crisis

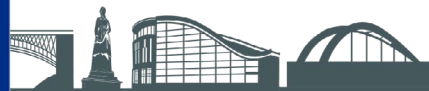
Strengthen alternatives to hospital admission for children and young people experiencing a mental health crisis.

Eating disorder services

Embedding an all-age eating disorders service offer across all areas of the Black Country.

Autism

Improving support and access for people with autism by developing service offer, knowledge and expertise.



Benefits of scale

Page 353

Reductions in unwarranted variation in outcomes and access to services through evidence-based models of care and standardised processes

Reductions in health inequalities through embedding joint accountability, improving equity of access and ensuring needs of underserved communities are considered across the whole pathways of care

Workforce: more collaboration through combined use of capacity and capability; leadership support across providers to stabilise and improve quality; more flexibility and opportunities for staff development and a more diverse pool from which to identify and develop future leaders

Greater resilience across systems

Efficiencies and economies of scale



Benefits of the lead provider approach

Page 354



Benefits for our people, their families, and carers

- Integration of all elements of specialist healthcare into one place, enabling more seamless delivery of care;
- Strong coordination and alignment of support at a local level, with access to the more specialist services that would not be accessible at the preferred level of quality to individual places in isolation;
- Reduce inequalities of access to provision - people should not be disadvantaged and should be able to access high quality care and support wherever they live across the Black Country
- Focus on 'Life Plan' – looking at the person through the lens of their end-to-end journey rather than individual episodes
- Reduction in unnecessary admissions to hospital, and for those that do require hospitalisation, ensure they are only in hospital for as long as they need to be.



Benefits for the health and care system

- A clear focus on those with mental health, learning disability and/or autism, ensuring their needs have equal priority;
- Enhanced opportunity to realise benefit of the intended NHS Long Term Plan (LTP) investment;
- Right structure and capacity to deliver good outcomes for our population;
- More effective and efficient use of resource, particularly where there is currently duplication;
- Closer links and working relationship with third sector providers;
- Dilution of organisational barriers and improved alignment;
- Opportunity to refocus the contracting approach to one which prioritises service user experience and quality metrics – leading to greater quality and positive outcomes for individuals.



Benefits evidenced in Learning Disabilities

- Much richer knowledge of the citizens we support
- Significant progress against national targets
- Development of new models of care and support
- Positive citizen and family feedback
- Confidence of staff and teams
- Trust management of staff resource has enabled us to work at pace (e.g. National Key Worker pilot)

Benefits for our staff



- Strengthening relationships across the system;
- Integrated multidisciplinary team working – working together with a clear sense of common purpose and a collective responsibility for our mental health cohort;
- Improves sharing of skills, knowledge, and expertise;
- Sharing ideas and best practice - learning and problem solving together;
- Greater stability, increasing capacity and capabilities, and more robust structures.



Next steps

- Page 355 Lead provider business case agreed by Trust Board, CCG Strategic Commissioning Committee and CCG governing body subject to satisfactory delivery and readiness associated with a number of assurance steps specified within the transition plan
- Transition plan: January – June 2022 - preparing for the change
- Increased collaborative/joint/shadow-working during the transition period
- Developing an enhanced alliance model of working with partners across the system



This page is intentionally left blank

A new model for community mental health in the Black Country



Together with you to achieve **healthier, happier lives**

The case for change

Page 358

People with severe mental illness need quicker and better access to services and support, close to the places and people that can help them get better and stay well (their community).

People across the Black Country don't always have the same access to support, and there is not enough specialist support for some conditions. This needs to change.

The mental health services that are available in the community to support people with severe mental illness are transforming. The changes will include:

- **Improving how health, care and voluntary organisations work together to support people**
- **Developing new services or support where it is needed**
- **Enhancing current services**



Our aims

We will develop a new community mental health way of working and modernise community mental health services across the Black Country, taking into account the particular needs of our four places (Dudley, Sandwell, Walsall and Wolverhampton).

Our new model will focus on supporting people living in their communities with long term severe mental illness.

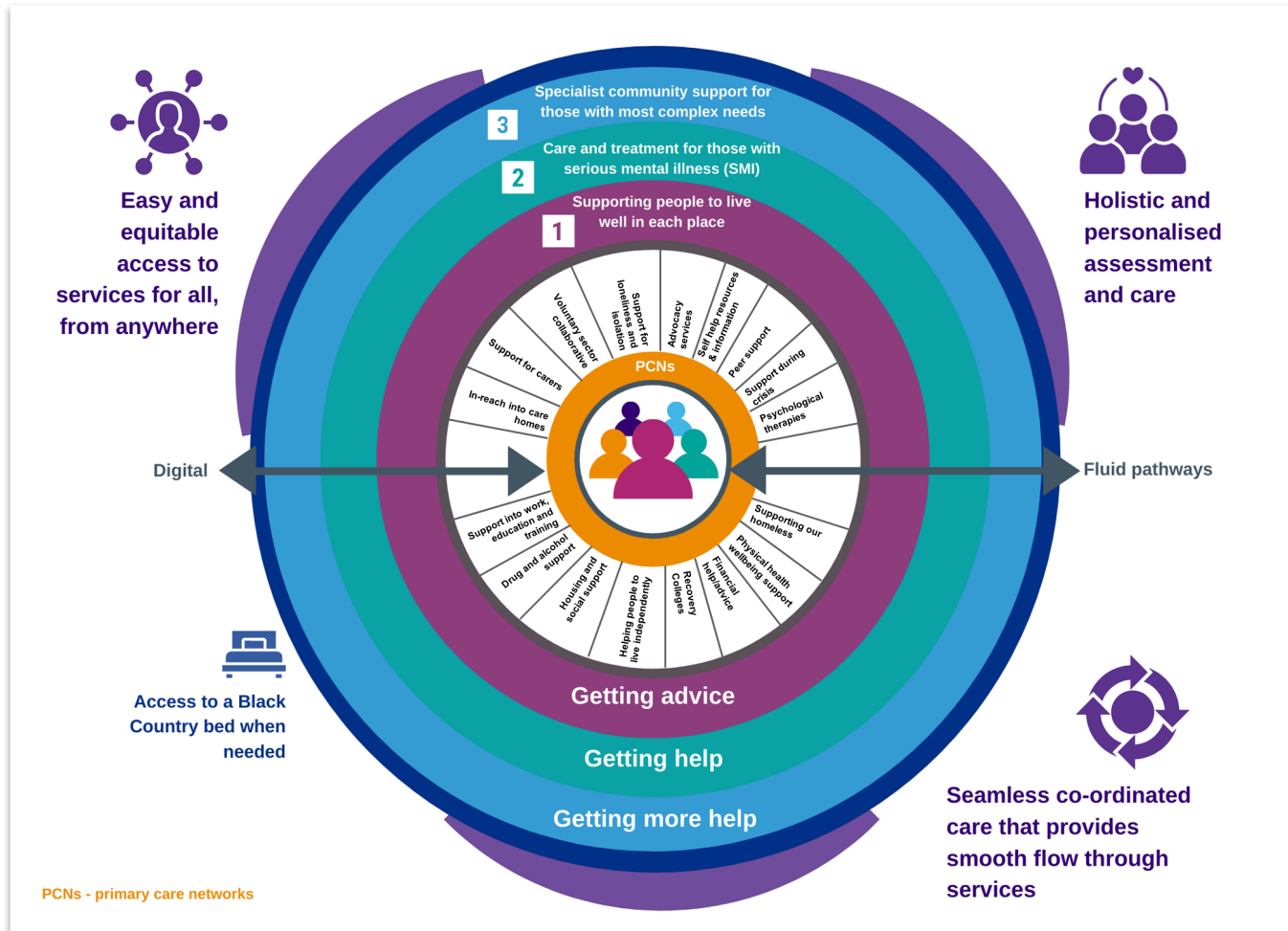


How it will look and feel different

Page 360



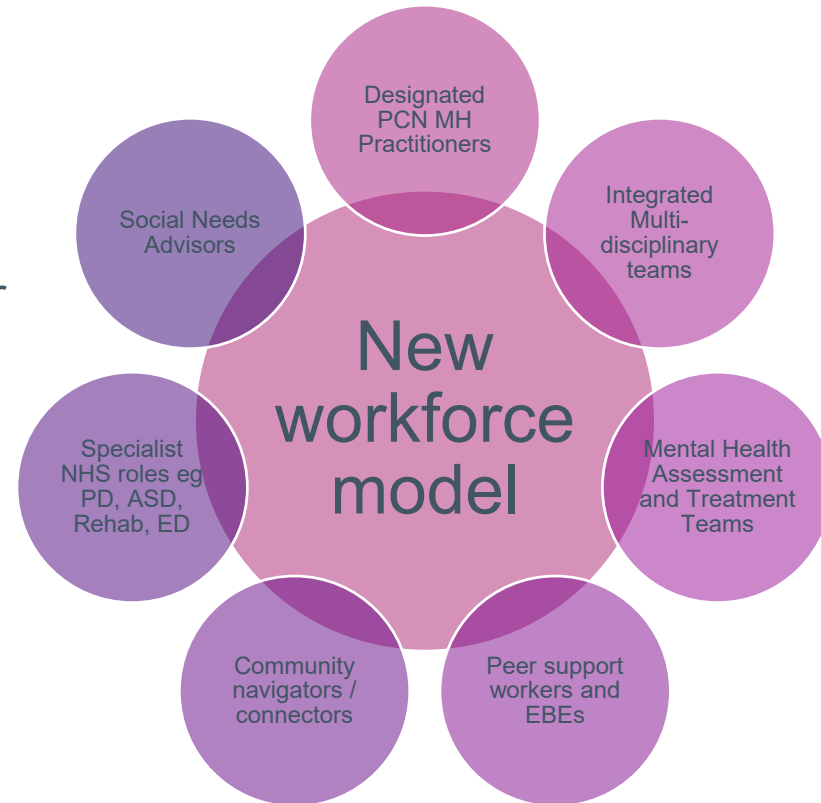
Black Country Healthcare
NHS Foundation Trust



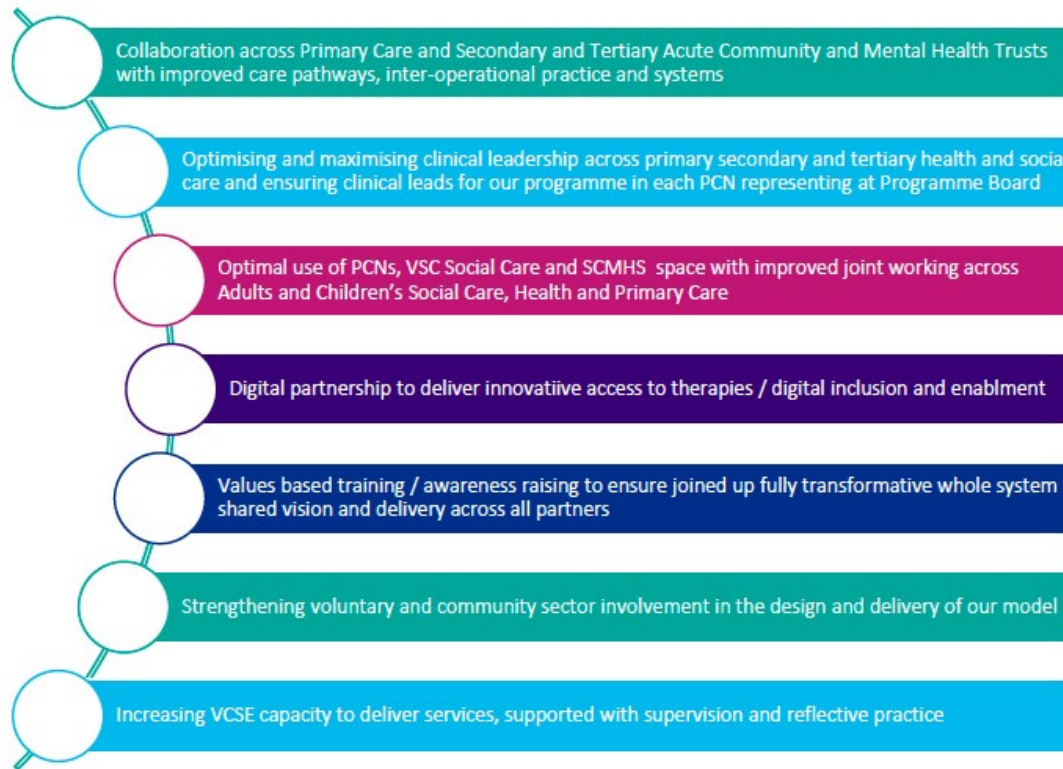
A new workforce model

The workforce to deliver our new model will include new and developing roles being drawn from:

- Existing NHS staff / re-skilled NHS staff
- Existing and new social care staff
- Existing and new community services sector staff
- Existing and new volunteers
- Existing and new peer support workers and experts by experience
- Developmental roles such as apprentices, trainees, junior doctors etc.
- International sources / Fellowship Programme



What this means for how we work with partners



PCN - primary care network
VSC - voluntary sector council

SCMHS - secondary care
mental health service

PCN - primary care network
VCSE - voluntary, community, social and enterprise
sectors



Discharge Funding Spend with Voluntary Sector Partners across the Black Country

The Voluntary Care Sector in all four localities of the Black Country provided proposals on supporting winter pressures in the Black Country through Discharge Funding spend. Each locality's proposal brought together a range of voluntary sector organisations to support Mental Health provision in the area alongside Black Country Healthcare NHS Trust.

Dudley offer



£137k winter pressures monies awarded



Additional support provided:

- Emergency counselling sessions
- Tailored advice and guidance
- Peer support sessions
- Additional mental health support in A&E



Organisations involved:

- Dudley CVS
- What Centre
- The Art of Change
- Lighthouse Counselling
- White House Cancer Support
- Dudley Stroke Association
- Citizens Advice Bureau
- CHADD
- Phase Trust
- Black Country Mental Health Care (previously Dudley MIND)

Sandwell offer



£133k winter pressures monies awarded



Additional support provided:

- Emergency counselling sessions
- Suicide prevention sessions
- Peer support sessions
- Creative therapy both in group and 1:1 formats
- Therapeutic activities
- Specialist counselling sessions around dementia, acquired brain injury etc



Organisations involved:

- The Kaleidoscope Plus Group
- Ideal for All
- Sandwell African Caribbean Mental Health Foundation
- Murray Hall
- Age Concern
- Headway Black Country
- BUDS

Walsall offer



£134k winter pressures monies awarded



Additional support provided:

- Emergency counselling sessions for both young people and adults
- Reach out offer to be promoted to local people to remind of mental wellbeing and support services available



Organisations involved:

- Being lead by One Walsall
- Mind Kind CIC
- Mettaminds
- Rose Tinted Financial Services
- Zebra Access (support for blind, deaf and hard of hearing)
- Believe to Achieve
- Walsall Bereavement Services

Wolverhampton offer



£139k winter pressures monies awarded



Additional support provided:

- Emergency counselling sessions
- Tailored advice and guidance
- Peer support sessions



Organisations involved:

- Aspiring Futures
- Black Country Mental Health
- Engage Trust UK
- Gloucester St Community Centre
- Headway Black Country
- St George's Hub
- TLC College
- WLGBT+
- Zebra Access



Thank you for listening, any questions?



Together with you to achieve **healthier, happier lives**



Sandwell Health and Wellbeing Board 13 April 2022

Report Topic:	Integrated Care Systems / Integrated Care Partnerships – Update on Progress to Date
Contact Officer:	Rashpal Bishop, Director of Adult Social Care Rashpal_Bishop@sandwell.gov.uk Lisa McNally, Director of Public Health Lisa_McNally@sandwell.gov.uk Daren Fradgley, Chief Integration Officer, Sandwell and West Birmingham Hospitals NHS Trust daren.fradgley@nhs.net
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will work together to join up services 3. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To provide a progress update on the Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs).
Recommendations	<ul style="list-style-type: none"> • That the Board note the content of the update provided at the meeting.
Key Discussion points:	<ul style="list-style-type: none"> • To discuss the developments with regards to the creation and development of ICSs/ICPs.
Implications (e.g. Financial, Statutory etc)	
<ul style="list-style-type: none"> • None, this is a standing item update for information. 	
What engagement has or will take place with people, partners and providers?	<ul style="list-style-type: none"> • Item is for information only.

This page is intentionally left blank



Sandwell Health and Wellbeing Board
13 April 2022

Report Topic:	Primary Care Access Update
Contact Officer:	Michelle Carolan, Manager Sandwell Black Country and West Birmingham CCG mcarolan@nhs.net
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will work together to join up services 3. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To consider the latest data in relation to access to primary care in Sandwell.
Recommendations	<ul style="list-style-type: none"> • That the Board note and comment on latest data relating to primary care access in Sandwell.
Key Discussion points:	<ul style="list-style-type: none"> • To discuss performance, patient satisfaction, developments and outstanding issues in access to primary care.
Implications (e.g. Financial, Statutory etc)	
<ul style="list-style-type: none"> • None, this is a standing item update for information. 	
What engagement has or will take place with people, partners and providers?	<ul style="list-style-type: none"> • Item is for information only. Members are able to comment and request further information and/or to investigate undertaking specific actions.

This page is intentionally left blank