



# Birmingham & Solihull Pharmaceutical Needs Assessment 2025 - 2028



# Executive Summary

## Introduction

All Health and Wellbeing Boards (HWBs) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

- Support NHS England in their decision-making related to applications for new pharmacies, or changes of pharmacy premises and/or opening hours.
- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population.

This PNA provides an overview of the demographics and health and wellbeing needs of Birmingham and Solihull's (BSol's) population. It also captures patients' and the public's views of pharmacy services they access. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of Birmingham and Solihull residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to the 31st of December 2028. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services.
- Other Relevant Services – defined here as Advanced, Enhanced and Locally Commissioned Services.

## Methodology

In November 2024, a steering group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. The process included:

- A review of the current and future demographics and health needs of BSol's population determined on a locality basis.

- A survey to Birmingham and Solihull patients and the public on their use and expectations of pharmaceutical services and a subsequent equality impact assessment.
- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services provided in Birmingham and Solihull.

A draft of the PNA was published for formal consultation between August and October 2025. Responses to the consultation were considered by the steering group before final publication of the PNA.

## Findings

### Key population demographics of Birmingham and Solihull

BSol is estimated to have a population of 1,361,159 residents (ONS, Census 2021). Birmingham's population is projected to decrease by 0.1% in the lifetime of this PNA, while that of Solihull is projected to increase by 1.0% (ONS 2022-based subnational population projections for England, 2025). The two HWB areas show different patterns in deprivation levels. 360 of Birmingham's 639 local super output areas (LSOAs) are among the 20% most deprived in England, while in Solihull 22 of its 134 LSOAs fulfil the same criteria (Ministry of Housing, Communities & Local Government).

### Key population health needs of Birmingham and Solihull

Birmingham has a lower life expectancy than the nation as a whole, with its residents spending more years in ill health. Birmingham performs worse than the national picture across several key indicators examined in this document (OHID Fingertips, 2025), including:

- Obesity levels among adults and children (2023/24)
- Physical activity levels for both adults and children (2023/24)
- Prevalence of smoking (2023)
- Alcohol-related harm (2023/24)
- Rising admission to mental health services among under-18s (2023/24) accompanied by high premature mortality from severe illness (2021–23)
- Cancer screening coverage (2024)
- Flu vaccination uptake among older and at-risk groups (2023/24)

- Loneliness and social isolation rates (2023/24)
- Treatment outcomes for adults for substance misuse (2023).

Solihull on the other hand enjoys a higher life expectancy and healthy life expectancy compared to the national average. Solihull outperforms the national picture in most of the key health indicators explored in this document (OHID Fingertips, 2025) with the following exception:

- Flu vaccination uptake among at-risk groups (2023/24).

### **Patient and public engagement**

A patient and public survey was disseminated across BSol to explore how people use their pharmacy and their views on specific 'necessary' pharmaceutical services. A total of 704 people responded.

Most respondents (90%) reported a journey time of 20 minutes or less to reach their pharmacy, with driving and walking being the most common means of getting there (51% and 41% respectively). A substantial number of respondents from Birmingham expressed concerns about the impact of a recent closure of a pharmacy in Boldmere Road in Sutton Coldfield on local access to pharmaceutical services.

No substantial differences or identified needs were found amongst protected characteristics groups and their pharmacy usage.

### **Health and Wellbeing Boards statements on service provision**

There are 285 community pharmacies, 17 distance selling pharmacies and 3 dispensing appliance contractors located within Birmingham and Solihull. There are a further 38 community pharmacies located within a mile of BSol's boundaries.

The PNA steering group, on behalf of the Health and Wellbeing Boards, has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of Birmingham and Solihull's population. It has also determined whether there are any gaps in the provision of pharmaceutical service either now or within the 3-year lifetime of this document.

The Health and Wellbeing Boards have concluded that there is good access to necessary and other relevant services, with no gaps in the current and future provision of these services identified.

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# Chapter 1 - Introduction

## Purpose of the Pharmaceutical Needs Assessment

- 1.1 Community pharmacies play a vital role in delivering quality healthcare within local communities. Beyond dispensing medications, they often serve as the first point of contact for patients and the public. In certain situations, they may be the only interaction an individual has with a healthcare professional.
- 1.2 A 'Pharmaceutical Needs Assessment' (PNA) outlines the pharmaceutical service requirements of a specific population within a defined area. It details the existing pharmaceutical services, including their availability in terms of time and location. This particular PNA evaluates the pharmaceutical needs of Birmingham and Solihull population.
- 1.3 NHS Pharmaceutical Services operate within a regulated and controlled market. Pharmacists or dispensing appliance contractors seeking to provide these services must apply to NHS England for inclusion on the Pharmaceutical List of the Health and Wellbeing Boards.
- 1.4 The purpose of the PNA is to facilitate the planning and commissioning of pharmaceutical services whilst supporting decision-making regarding new applications or changes in pharmacy locations. This includes:
  - Assisting NHS England in the 'market entry' decision-making process for applications related to new pharmacies or changes to existing pharmacy premises.
  - Informing the commissioning of enhanced pharmacy services by NHS England, as well as the local authority and other commissioners, such as Integrated Care Boards (ICBs).
- 1.5 The Birmingham and Solihull (BSol) PNA can also be used to:
  - Assist the Health and Wellbeing Boards (HWBs) in informing stakeholders about the areas' pharmaceutical needs, aiding in the planning, development, and delivery of services for the community.

- Support the HWBs in working with providers to target services to areas of need whilst reducing duplication in areas with adequate provision.

## PNA Legislation

- 1.6 Since 2006, NHS Primary Care Trusts have been legally obligated to assess and evaluate the pharmaceutical needs of their area and publish both an initial statement of their assessment and any subsequent updates.
- 1.7 Following the abolition of Primary Care Trusts and the establishment of Clinical Commissioning Groups (CCGs) in 2013 (and later Integrated Care Boards (ICBs) in 2022), Public Health functions were transferred to local authorities. Health and Wellbeing Boards were created and hosted by local authorities to bring together commissioners of Health Services, Public health, Adult Social Care, Children's services, and Healthwatch.
- 1.8 The Health and Social Care Act of 2012 assigned Health and Wellbeing Boards the responsibility of developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

## PNA Requirements

- 1.9 The development of and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:
  - The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
  - The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards.
- 1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:
  - **Necessary Services – Current Provision:** services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the health and wellbeing boards' areas.
  - **Necessary Services – Gaps in Provision:** services that are not currently available but are deemed necessary by the HWBs to address an existing need for pharmaceutical services.

- **Other Relevant Services – Current Provision:** any services delivered or commissioned by a local authority, NHS England, the ICB, an NHS trust, or an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.
- **Improvements and better access – Gaps in provision:** services that are not currently available but are considered by the HWBs to enhance quality or improve access to pharmaceutical services if introduced.

1.11 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- Consideration of the varying needs across different localities.
- Assessment of how the needs of individuals with protected characteristics have been addressed.
- Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality.
- A report on the consultation period of the draft PNA.

## Consultation

1.12 A draft of the PNA must be put out for consultation for a minimum of 60-days prior to its publication.

1.13 The PNA was published for consultation between August and October 2025. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS Trust or NHS Foundation Trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

1.14 All comments received were considered in this final PNA report to be presented to the HWBs.

## **PNA Revisions and Updates**

1.15 The PNA must account for any changes affecting the needs for the pharmaceutical services in Birmingham and Solihull and should therefore be updated every three years.

1.16 HWBs are also required to revise the PNA publication if significant changes in pharmaceutical services occur before 31st December 2028. However, not all changes within a population or area will necessarily impact the need for pharmaceutical services. If the HWB identifies a minor change that warrants a review, they will provide supplementary statements to update the PNA accordingly.

# Chapter 2 - Strategic Context

2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

## National Context

2.2 Throughout the last decade, the health and social care system has transformed and evolved to meet a range of challenges. Consequently, it has seen significant changes towards greater integration between health and social care services, increased emphasis on preventative care and growing use of technology for remote monitoring and consultations. This has been undertaken whilst also facing challenges with an ageing population, more people experiencing long-term health conditions, and continued funding pressures.

### Fit for the future: 10 Year Health Plan for England (2025)<sup>1</sup>

2.3 In July 2025, HM Government and NHS England published the NHS Plan 2025, setting out a renewed vision for the next five years. The Plan responds to new challenges including workforce shortages, rising demand in primary care, and pressures across urgent and emergency services. A significant structural change proposed is the formal alignment of Integrated Care Boards (ICBs) with Combined Authorities where they exist, aiming for closer coordination of health, social care, and wider determinants of health at a regional level.

2.4 The Plan underlines the NHS's intention to expand the role of community pharmacies in delivering front-line clinical care. It confirms further support for the Pharmacy First programme, with community pharmacies expected to handle a greater volume of minor illness consultations and chronic disease management tasks traditionally undertaken in general practice. Funding pathways are to be simplified to help pharmacies deliver services like contraception, hypertension case-finding, and

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<sup>1</sup> Department of Health and Social Care, Prime Minister's Office, & 10 Downing Street. (2025, July 3). Fit for the future: 10 Year Health Plan for England [Policy paper]. GOV.UK. <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

smoking cessation under clear national protocols. The Plan also highlights the role of community pharmacies in supporting public health initiatives, digital health services, and improving access in underserved communities.

### **Health and Care Act (2022)<sup>2</sup>**

2.5 The Health and Care Act 2022 builds on NHS proposals from the Long-Term Plans. It emphasises the importance of collaboration, drawing on lessons from the pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

### **Health Equity in England: Marmot Review 10 years on<sup>3</sup>**

2.6 The objectives outlined in the Marmot review are intended to ensure the health life expectancy gap between the least deprived and most deprived are reduced. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and vaccination services. At present community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

### **Plan for Change<sup>4</sup>**

2.7 In 2024, HM Government launched their 'Plan for Change' outlining five missions to deliver a decade of national renewal. A focus on bringing care closer to where people live underpins the Health and Wellbeing ambitions which include transitioning how elective care is delivered, transforming patients' experience of care and transforming the model of care to make it more sustainable.

2.8 As part of this, on the 28<sup>th</sup> January 2025, the Department of Health and Social Care entered into consultation with Community Pharmacy England regarding the 2024-

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<sup>2</sup> Department of Health and Social Care (2022). Health and Care Act 2022. Available at: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

<sup>3</sup> Institute of Health Equity (2020). Marmot Review 10 Years On. Available at: [Marmot Review 10 Years On - IHE](https://www.ihe.ac.uk/marmot-review-10-years-on/)

<sup>4</sup> HM Government (2024). *Plan for Change: Milestones for mission-led government*. Available here: [Plan for Change – Milestones for mission-led government](https://www.gov.uk/government/publications/plan-for-change-milestones-for-mission-led-government)

2025, and 2025-2026 funding contractual framework<sup>5</sup>. This is intended to set the future direction for community pharmacy recognising it will play a vital role in supporting the delivery of the reforms that are set out in this plan.

### **Pharmacy Integration Fund**

2.9 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include: collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.

2.10 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

## **Local Context**

### **Birmingham Joint Health and Wellbeing Strategy 2022-2030<sup>6</sup>**

2.11 This strategy is underpinned by four key principles that require strong partnership and collaboration across the local system. These principles focus on all stakeholder groups and their partners forging ahead together to achieve successful delivery.

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<sup>5</sup> GOV.UK (2025). Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract. Available at: [Government opens discussions with Community Pharmacy England over 2025 to 2026 funding contract - GOV.UK](https://www.gov.uk/government/news/government-opens-discussions-with-community-pharmacy-england-over-2025-to-2026-funding-contract)

<sup>6</sup> Birmingham Health and Wellbeing Board (2022). *Birmingham Joint Health and Wellbeing Strategy. Creating a bolder, healthier City 2022-2030*. Available here: [BHW\\_Strategy\\_2022\\_vs7\\_AF\\_.pdf](https://bhw.bham.gov.uk/strategy/2022-2030/)

2.12 The strategy sets out five core themes to support the local priorities. These themes focus on addressing inequalities and are outlined below:

- Theme 1 aims to create a city where every citizen can eat an affordable, healthy diet and enjoy their food.
- Theme 2 commits to creating a mentally healthy city where every citizen is supported to achieve good mental wellness and balance to navigate life's challenges.
- Theme 3 recognises there are significant and visible inequalities when it comes to physical activity, and there needs to be a focus on the areas of greatest inactivity with understanding and empathy.
- Theme 4 aims to promote and protect health by improving outcomes for conditions linked to the environment as a pathway to wellbeing.
- Theme 5 desires Birmingham to be a city protected from infectious disease through immunisation and appropriate responses. It aims to support health and wellbeing through early detection of disease and have services available for those affected.

2.13 The strategy commits to building a healthier, happier Birmingham for everyone – where all citizens, regardless of where they live or their stage in life, have the power to make positive choices. By working together in partnership, and acting on the opportunities in this strategy, it aims to ensure a better, fairer future for all.

### **Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2032 - Solihull<sup>7</sup>**

2.14 The wellbeing strategy provides basis for partners to come together and work towards improving the health and wellbeing of the population of Solihull.

2.15 The JLHWS is an 'overarching' strategy, underpinned by inequalities and prevention strategies. It aims to reduce the gap in life expectancy between our most deprived and the least deprived in the borough.

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<sup>7</sup> Solihull Metropolitan Borough Council (2024). *Joint Local Health and Wellbeing Strategy 2024 – 2032*. Available here: [Joint local health and wellbeing strategy](#)

2.16 It outlines priority areas and key strategies that will deliver change, mapping out what needs to happen to improve the health and wellbeing of everyone in the borough. The six focused themes are summarised below:

- Theme 1 identifies a need to improve the health of pregnant women, babies and children. It indicates that more needs to be done to support parents to have a healthy pregnancy, develop strong and positive attachments, and in turn, support children to get the best start in life.
- Theme 2 focuses on improving the health and wellbeing of young people. Key areas of focus include weight and obesity, youth unemployment, mental health and substance misuse.
- Theme 3 strategic intent needs to enable working age adults to be in good health and reduce the risk of dying young from heart attacks and strokes.
- Theme 4 focuses on supporting healthy ageing, with specific attention on falls, isolation and dementia.
- Theme 5 was not informed by the JSNA, however, data on end-of-life care is currently limited. Therefore, putting a spotlight on this area, this strategy seeks to improve both the data and the experience of those at the end of their lives.
- Theme 6 focuses on improving mental health for all age in order to help people stay mentally well, recognise signs when struggles occur, reduce isolation, improve access, reduce the number of people in crisis and number of suicides, and improve recovery.

### **Impact Report: Think Pharmacy First: Improving community pharmacy services in Birmingham and Solihull<sup>8</sup>**

2.17 Following Healthwatch Birmingham and Healthwatch Solihull's 2024 report 'Access and barriers to NHS Community Pharmacies in Birmingham'<sup>9</sup> the Birmingham and

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<sup>8</sup> Healthwatch (2025). *Impact report: Think Pharmacy First: Improving community pharmacy services in Birmingham and Solihull*. Available here: [Impact report: Think Pharmacy First: Improving community pharmacy services in Birmingham and Solihull - Healthwatch Birmingham](#)

<sup>9</sup> Healthwatch (2024). *Access and barriers to NHS Community Pharmacies in Birmingham*. Available here: [Access and barriers to NHS Community Pharmacies in Birmingham - Healthwatch Birmingham](#)

Solihull Integrated Care Board (NHS BSol) improved access to community pharmacies for clinical or health related advice / treatment.

2.18 Three key areas for improvement were identified and are outlined below:

- Awareness: The lack of information and awareness of clinical / healthcare services delivered by NHS community pharmacies shows more could be done to promote their role in delivering healthcare.
- Facilities: Support for pharmacies to ensure consultation rooms are available will reassure service users of privacy, anonymity and confidentiality.
- Reputation of pharmacists compared to GPs: To achieve better integration of NHS community pharmacies into primary care, it is crucial to improve confidence in pharmacists through the referral process and by improving people's experiences of services.

2.19 NHS BSol have progressively measured improvements on the following actions that were implemented to tackle the issues identified:

- Working with GPs, pharmacists, and NHS England colleagues to plan a broader public awareness campaign ahead of winter to support wider strategic work proactively planning ahead to prevent and tackle the pressures that winter brings.
- Targeting the 6% of pharmacies not yet signed up to Pharmacy First, and working more broadly to ensure pharmacies comply with relevant statutory requirements around availability and quality of consultation rooms to ensure positive patient experience.
- Undertake a follow up on the May 2023 introduction of access to interpreting services in community pharmacies.
- Ensure there are staff with roles dedicated to leading community pharmacy integration who are playing a pivotal part in driving Pharmacy First as it evolves; ensuring the right conditions and incentives are in place for its uptake to continue through GP referrals and pharmacy sign-up.

## **Access and barriers to NHS Community Pharmacies in Solihull – June 2024<sup>10</sup>**

2.20 This report examines the use of community pharmacies in Solihull following the launch of Pharmacy First in January 2024. Feedback was collected via surveys and social media, revealing that while community pharmacies are valued and widely used, improvements are needed in three key areas:

- Awareness: Many residents are unclear about available pharmacy services; a local campaign is recommended to increase public understanding.
- GP Referrals: Confidence in pharmacies is higher when patients are referred by GPs rather than receptionists; better GP engagement and tracking of referrals are needed.
- Facilities: Improved consultation spaces are needed to ensure privacy and confidentiality during patient interactions.

2.21 NHS Birmingham and Solihull Integrated Care Board (NHS BSOL) has responded by prioritising Pharmacy First integration, incentivising pharmacies to participate (currently 94% enrolled), improving referral processes, and enhancing facilities including interpretation services. Early data indicate high patient satisfaction and strong uptake, with 10,804 GP referrals between January and April 2024.

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<sup>10</sup> Healthwatch Solihull (2024) Access and barriers to NHS Community Pharmacies in Solihull, June 2024: [https://nds.healthwatch.co.uk/sites/default/files/reports\\_library/20241205\\_Solihull\\_pharmacy.pdf](https://nds.healthwatch.co.uk/sites/default/files/reports_library/20241205_Solihull_pharmacy.pdf)

# Chapter 3 - Methodology

3.1 In line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, this PNA has been developed using a range of information sources. These include:

- Nationally published data.
- The Birmingham Joint Strategic Needs Assessment.<sup>11</sup>
- The Solihull Joint Strategic Needs Assessment.<sup>12</sup>
- Local policies and strategies.
- A survey to BSol pharmacy providers.
- A survey to people who live, work and study in BSol.
- NHS Business Services Authority.
- Commissioning data from:
  - Birmingham City Council.
  - Solihull Metropolitan Council.
  - NHS Birmingham and Solihull Integrated Care Board.

3.2 These data have been collated to illustrate the BSol population, current and future health needs and how pharmaceutical services can be used to support the HWB to improve the health and wellbeing of our population.

## Geographical coverage

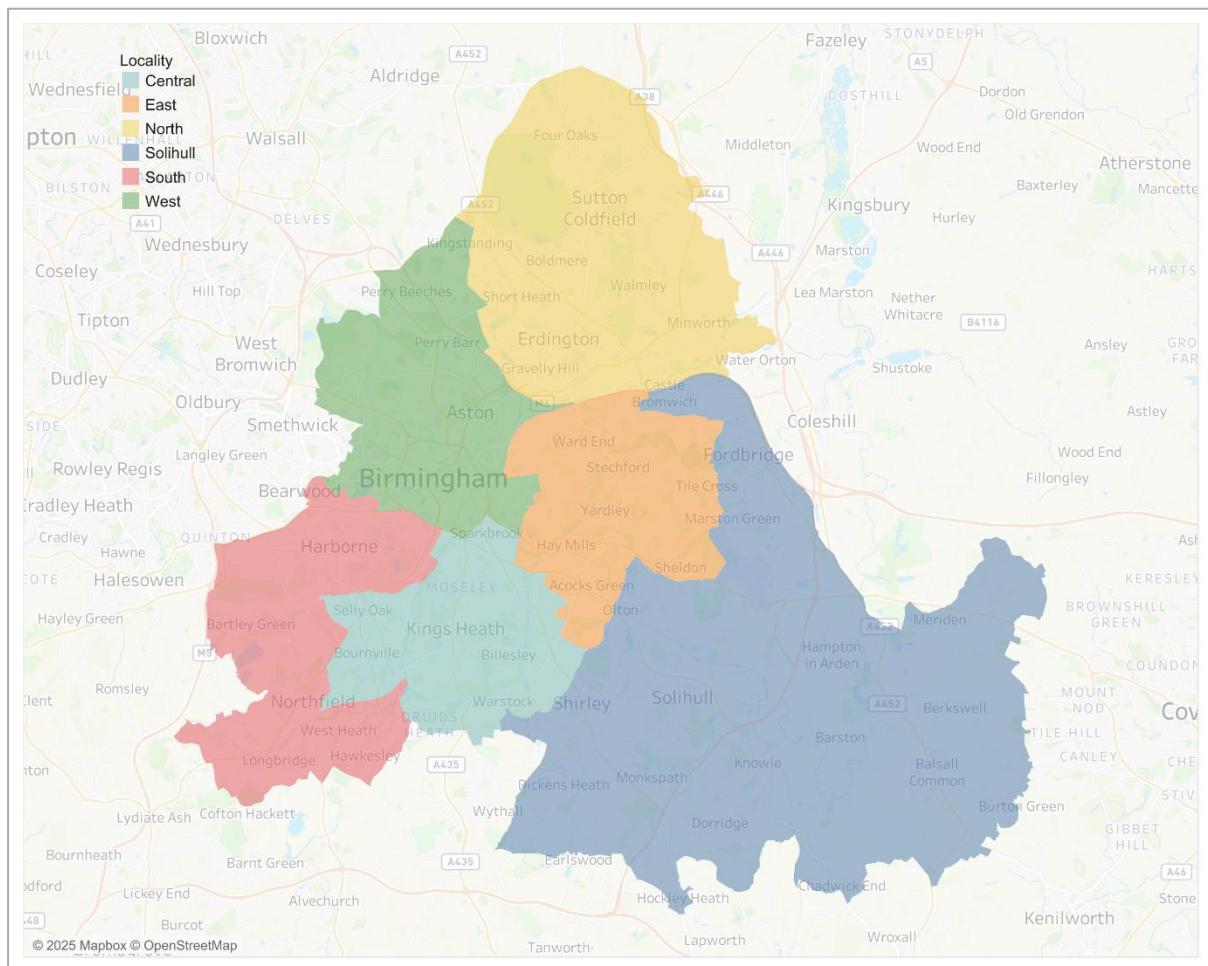
3.3 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. The PNA Steering Group selected 5 localities for Birmingham (Central, East, North, South and West) and Solihull as a single locality. These are illustrated in Figure 3.1 below.

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<sup>11</sup> <https://cityobservatory.birmingham.gov.uk/pages/jspa/>

<sup>12</sup> <https://www.solihull.gov.uk/about-solihull/story-solihull>

**Figure 3.1: BSol localities**



- 3.4 The HWBs considered provision and choice of pharmacies is determined accessible via 1-mile radius from the centre of the postcode of each pharmacy. This equates to approximately a 20-minute walk to a pharmacy. For residents who live within a rural area, 20 minutes travel by car is considered accessible.
- 3.5 Other factors are considered when determining if there is sufficient pharmacy provision. These include pharmacy provision outside normal working hours, proximity to GP practices, current and future population density, changes in healthcare provision and deprivation levels.

## Patient and public survey

- 3.6 A patient and public survey was shared across BSol to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. Responses from the survey of people who live and work in BSol were explored,

including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 6 of this PNA.

## **Governance and Steering Group**

- 3.7 On behalf of their HWBs, the Birmingham City Council and Solihull Metropolitan Council jointly commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The management governance of the production of this PNA was delegated by the HWB to the BSol PNA Steering Group.
- 3.8 BSol PNA steering group comprised representation from:
  - Birmingham City Council.
  - Solihull Metropolitan Council.
  - Community Pharmacy Birmingham & Solihull.
  - NHS Birmingham and Solihull Integrated Care Board.
  - Birmingham and Solihull Healthwatch.
  - Healthy Dialogues.
- 3.9 The Terms of Reference of the Steering Group are presented in Appendix A.

## **Stakeholder consultation and report**

- 3.10 A draft of this PNA was published for statutory consultation between August and October 2025. Comments received during the consultation period were considered and incorporated into the final report to be published by 31<sup>st</sup> December 2025.

# Chapter 4 - Population demographics

- 4.1 This chapter provides an overview of Birmingham and Solihull's (BSol) population demographics, highlighting aspects that are likely to influence the demand on pharmaceutical services. It examines the characteristics of their residents, population sizes changes and the wider determinants of health.
- 4.2 Where appropriate, sections of this chapter will analyse BSol's demographics by looking at Birmingham and Solihull individually.

## About the area

### Birmingham

- 4.3 Birmingham is a major city located in the West Midlands region of England. Its central location has historically made it a key point for national transport networks, including the motorway system and railways.
- 4.4 In addition to the city centre itself, other areas of large settlement include Edgbaston, Selly Oak, Harborne, Erdington, Handsworth, and Sutton Coldfield.
- 4.5 Birmingham has several renowned cultural institutions such as the Birmingham Museum and Art Gallery, Symphony Hall, and the Birmingham Repertory Theatre (commonly known as The Rep). It is also home to several universities which contribute to the city's reputation as a centre for higher education and research.
- 4.6 Birmingham is bordered by several local authorities: Solihull to the southeast, Sandwell to the west, Dudley and Wolverhampton to the northwest, Walsall to the north, and Coventry further to the east.
- 4.7 Among these, Solihull shares particularly close ties with Birmingham. The two areas are linked by shared transport infrastructure including the Birmingham Airport, which technically lies within Solihull but serves the wider region, and the West Midlands Combined Authority, which coordinates economic and transport planning. Collaboration between Birmingham and Solihull is common in areas such as urban development, public transport, and regional governance.

## **Solihull**

- 4.8 The Metropolitan Borough of Solihull is a local government district in the West Midlands of England, forming part of the wider West Midlands metropolitan county. It lies to the southeast of Birmingham and plays a key role in the region's economic and infrastructural development, with Birmingham Airport and the National Exhibition Centre (NEC) located within its boundaries.
- 4.9 Major settlements in the borough include the town of Solihull itself, which serves as the administrative centre, along with other prominent areas such as Shirley, Knowle, Dorridge, Castle Bromwich, and Chelmsley Wood.
- 4.10 Solihull is distinguished by its balance of urban development and rural charm. It boasts over 1,500 acres of parks, nature reserves, and green belt land, contributing to a high quality of life for residents. The borough has a strong reputation for education, with several high-performing schools and colleges. It also benefits from major transport infrastructure, including the M42 motorway, the West Coast Main Line, and future connectivity via the HS2 rail link, which will have a key interchange station in the borough near Birmingham Airport.
- 4.11 Solihull is bordered by several local authorities, including Birmingham to the northwest, Coventry to the east, Warwickshire to the south and southeast, Worcestershire to the southwest, and North Warwickshire to the northeast.

## **Geodemographic classification**

- 4.12 According to the Rural Urban Classification, 2021, Birmingham is classed as an urban area, with 0% of its population living in a rural output area (OA). Solihull is also classed as an urban area, but with 12.2% its population living in a rural OA.

## **Demography**

### **Population size and density**

- 4.13 BSol's population is estimated to be 1,361,159 (ONS, Census 2021), with the West locality being the most populous.

4.14 With a population density of 42.8 people per hectare, Birmingham's population density is the highest in the West Midlands. Solihull's population density of 12.1 people per hectare is the 13<sup>th</sup> (out of 30) in the region.

4.15 At a locality level, the population density peaks in the East locality at 57.8 people per hectare, with Solihull having the lowest density at 12.1 people per hectare.

**Table 4.1: BSol's population size and density by locality**

Locality	Population Size	Population Density (People per hectare)
West	256,490	50.7
East	249,333	57.8
Central	231,516	55.7
Solihull	216,250	12.1
South	206,028	39.0
North	201,542	25.3
<b>Total</b>	<b>1,361,159</b>	<b>30.5</b>

Source: ONS, 2021 Census

### **Age structure**

4.16 The population makeup by age groups of BSol's 6 localities shows distinctions between them, with Solihull and North localities having higher proportion of older adults (21% and 18% respectively).

**Table 4.2: Proportion of age groups by locality**

Locality	Age 0 to 15	Age 16 to 64	Age 65+
Solihull	19%	60%	21%
North	20%	62%	18%
South	21%	63%	16%
Central	21%	66%	13%
East	26%	62%	11%
West	22%	69%	9%
<b>Total</b>	<b>22%</b>	<b>64%</b>	<b>14%</b>

Source: ONS, 2021 Census

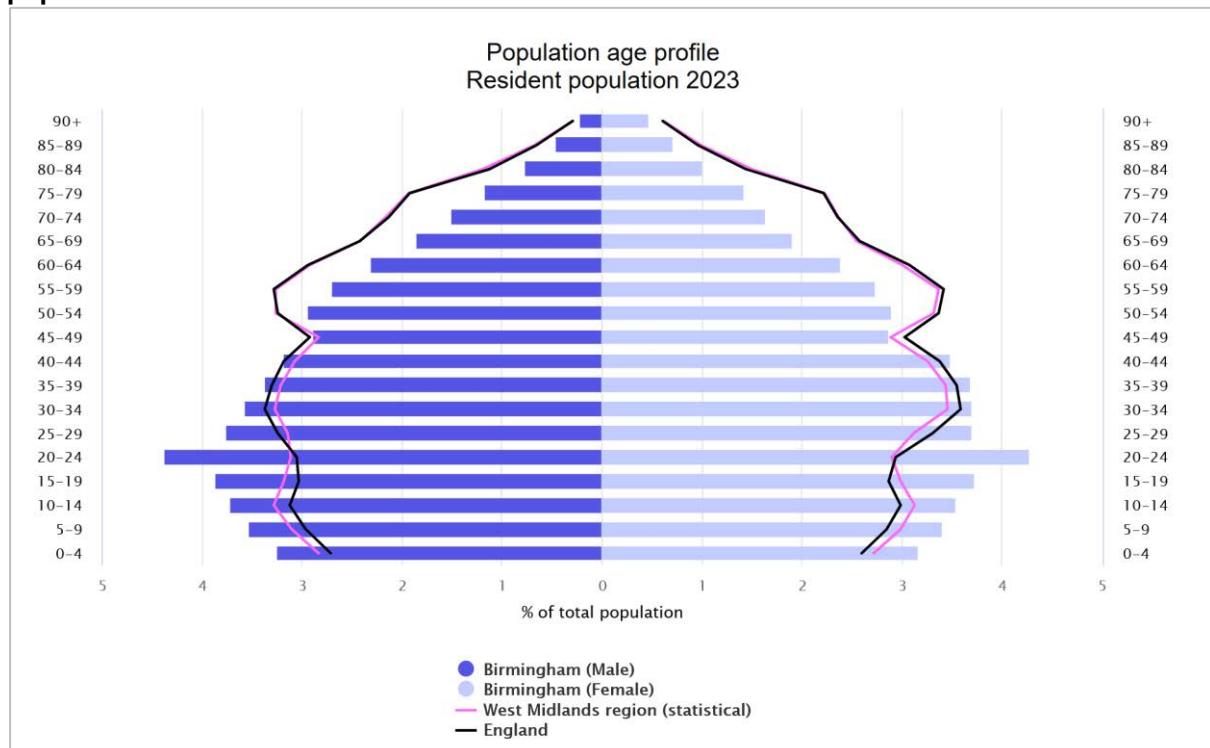
4.17 The following sections provide further analysis of the age structures of Birmingham and Solihull populations.

### **Birmingham**

4.18 With a median age of 34, Birmingham has comparatively young population. The regional and national values are both 40 years.

4.19 This is reflected in the breakdown of Birmingham residents by age and gender shown below.

**Figure 4.1: Proportion of Birmingham resident population by age-band and gender, resident population 2023**



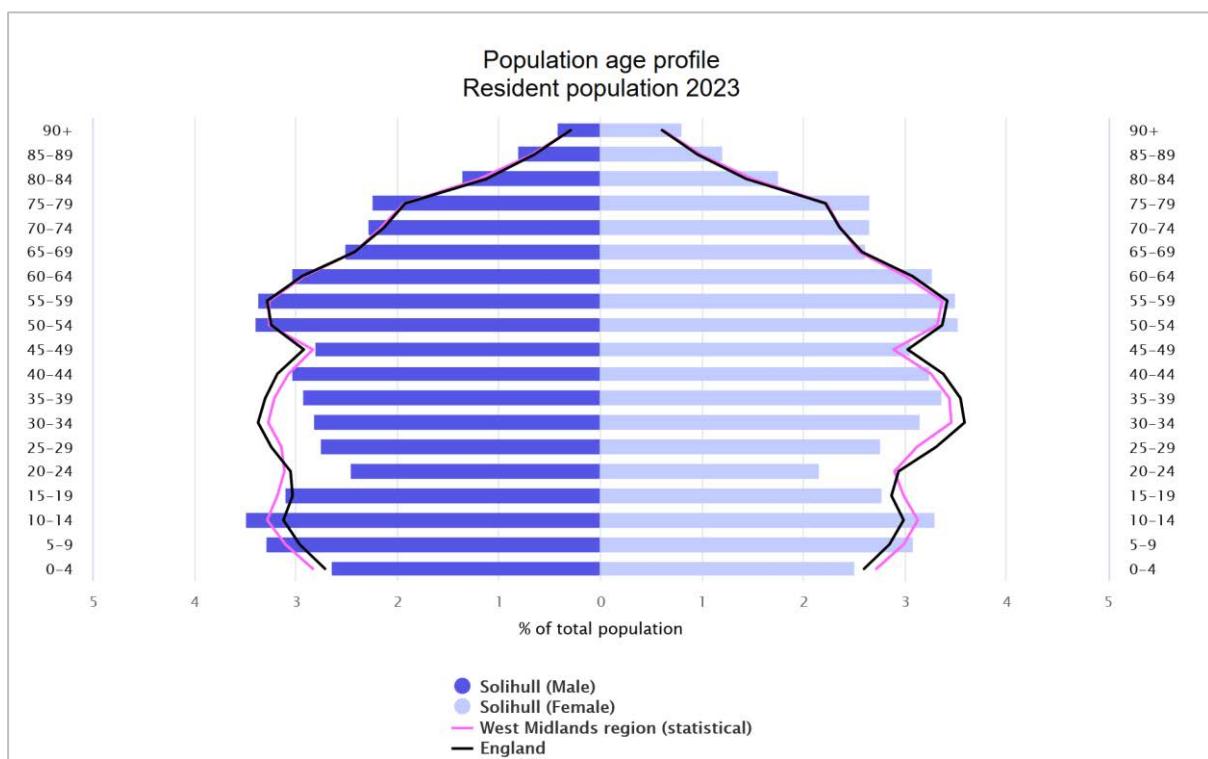
Source: OHID, Public Health Profiles

### ***Solihull***

4.20 Solihull's median age of 43 years is higher than the West Midlands and England values (both at 40 years).

4.21 Older adults (65+) make up 21% of Solihull's population.

**Figure 4.2: Proportion of Solihull resident population by age-band and gender, Resident Population 2023**



Source: OHID, Public Health Profiles

## Ethnicity and diversity

4.22 Often areas that have high diversity, also have higher levels of deprivation and health inequalities. NICE Guidance<sup>13</sup> highlights that community pharmacies can impact on health inequalities in several ways. For example, pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, making them approachable to those who may not choose to access other health care services. It recommends that they take into consideration how a patient's personal factors may impact on the service they receive, for example, their gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

4.23 While Solihull's ethnic makeup broadly reflects that of England as a whole, Birmingham on the other hand has a higher proportion of those from an ethnic minority (Table 4.3).

<sup>13</sup> NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

**Table 4.3: Ethnic population breakdown for Birmingham, Solihull, the West Midlands and England**

	Birmingham	Solihull	West Midlands	England
Asian or Asian British	31%	11%	13%	10%
Black, Black British, Caribbean or African	11%	2%	5%	4%
Mixed or Multiple ethnic groups	5%	3%	3%	3%
White	49%	82%	77%	81%
Other ethnic group	5%	2%	2%	2%

Source: ONS, Census 2021

4.24 There is a great variability in terms of proportion of ethnic minorities at the locality level, with 73% of the West locality's resident population identifying as being from an ethnic minority, while that figure is only 18% in Solihull.

4.25 A similar pattern emerges in exploring language proficiency, with the West locality being the one with the highest proportion of residents that cannot speak English well or at all, while Solihull has the lowest. Overall, 3.8% of BSol's population report not being able to speak English well or at all.

**Table 4.4: Proportion of residents identifying as from an ethnic minority and residents that cannot speak English well or at all, by locality**

Locality	Proportion of ethnic minority	Proportion that cannot speak English well or at all
West	73%	7.2%
East	63%	5.9%
Central	53%	4.4%
South	31%	2.0%
North	29%	1.8%
Solihull	18%	0.6%
<b>Total</b>	<b>46%</b>	<b>3.8%</b>

Source: ONS, Census 2021

4.26 After English, Urdu, Panjabi and Bengali are the most commonly spoken main languages in Birmingham. In Solihull, the top languages after English are Panjabi, Polish, Gujarati and Urdu.

**Table 4.5: Main languages spoken in Birmingham - Top 10**

Main Language	Percentage
English	84.4%
Urdu	2.3%

Punjabi	1.6%
Bengali (with Sylheti and Chatgaya)	1.3%
Arabic	1.2%
Romanian	1.0%
Pakistani Pahari (with Mirpuri and Potwari)	0.9%
Polish	0.7%
Somali	0.7%
Pashto	0.6%

Source: ONS, Census 2021

**Table 4.6: Main languages spoken in Solihull - Top 10**

Main Language	Percentage
English	95.5%
Punjabi	0.6%
Polish	0.3%
Gujarati	0.3%
Urdu	0.3%
Romanian	0.2%
Arabic	0.2%
Tamil	0.2%
Cantonese Chinese	0.2%
All other Chinese	0.2%

Source: ONS, Census 2021

### Population size changes

4.27 Any sustained population changes can affect demands on pharmaceutical services and are therefore taken into consideration in this PNA.

### Population size projections

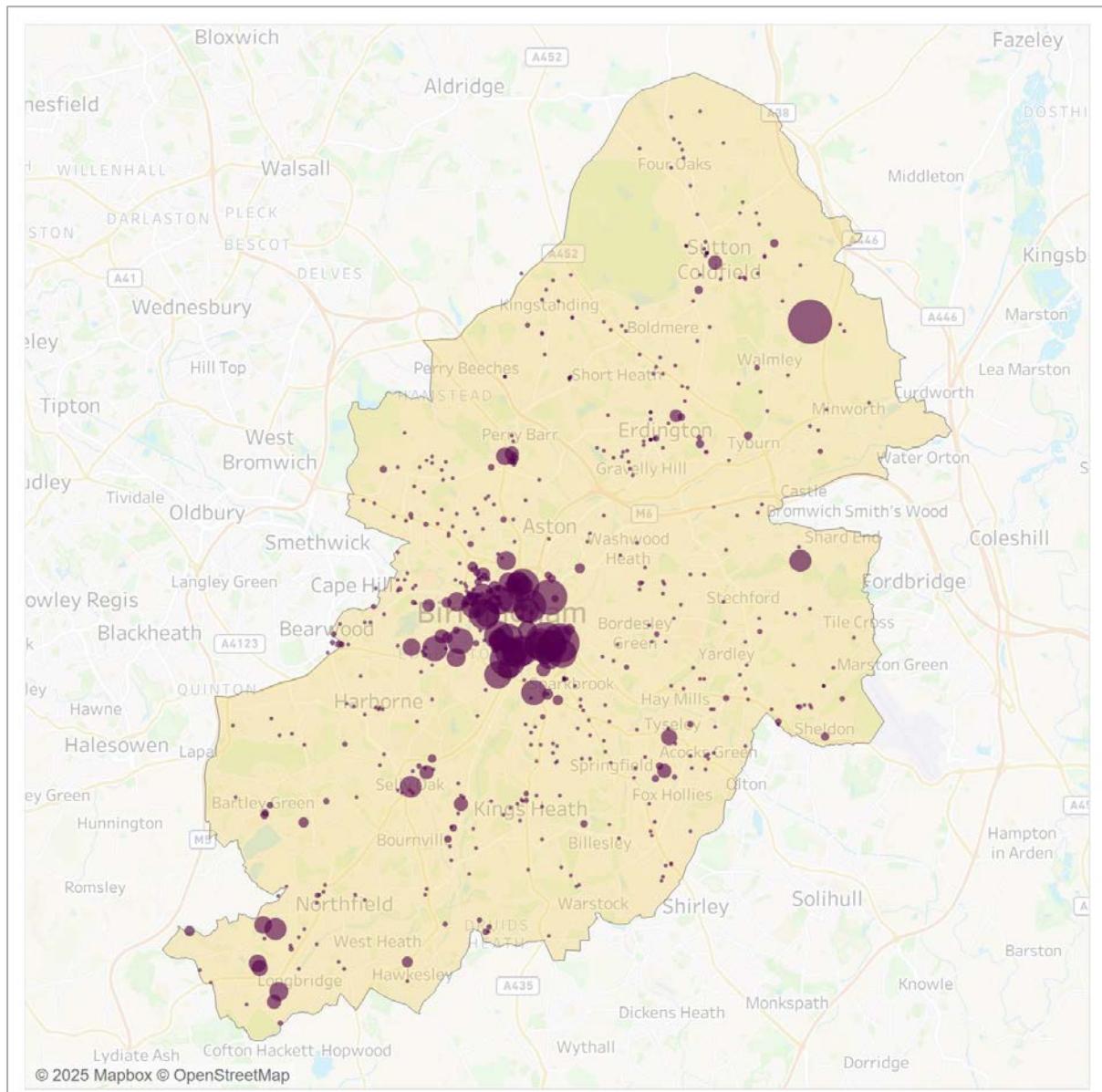
4.28 The latest population projections from ONS suggest a total decrease of 0.1% (895 people) in Birmingham's size during the PNA's 2025 to 2028 lifetime (ONS 2022-based subnational population projections for England, 2025). For Solihull on the other hand, an increase of 1.0% is projected (2,106 people).

### Housing developments - Birmingham

4.29 Birmingham is scheduled to complete the development of **28,159 new dwellings** during 2025/26 to 2028/29 period. However, it should be noted that due to potential unforeseen delays, not all of these units may be completed within the anticipated

timeframe. As seen in Figure 4.3 below, the development sites are scattered throughout the city.

**Figure 4.3: Housing developments sites in Birmingham expected to be completed by 2028/29**



**Source: Birmingham City Council**

4.30 In terms of localities, development is mostly in the West locality, near the near centre, as outlined in the table below.

**Table 4.7: Housing developments by locality**

Locality	Dwellings
West	21,286
South	2,479
North	1,946

Central	1,525
East	798
Other <sup>14</sup>	125
<b>Total</b>	<b>28,159</b>

**Source: Birmingham City Council**

4.31 Some of the largest development sites in Birmingham, along with their locality and expected number of units include:

- Langley Sue off Leys Road, North (1,190).
- Bull Ring Trading Estate, West (995).
- Land at Upper Trinity Street and Adderley Street, West (943).
- Tesco Monaco House, West (792).
- Eastside Locks, West (762).

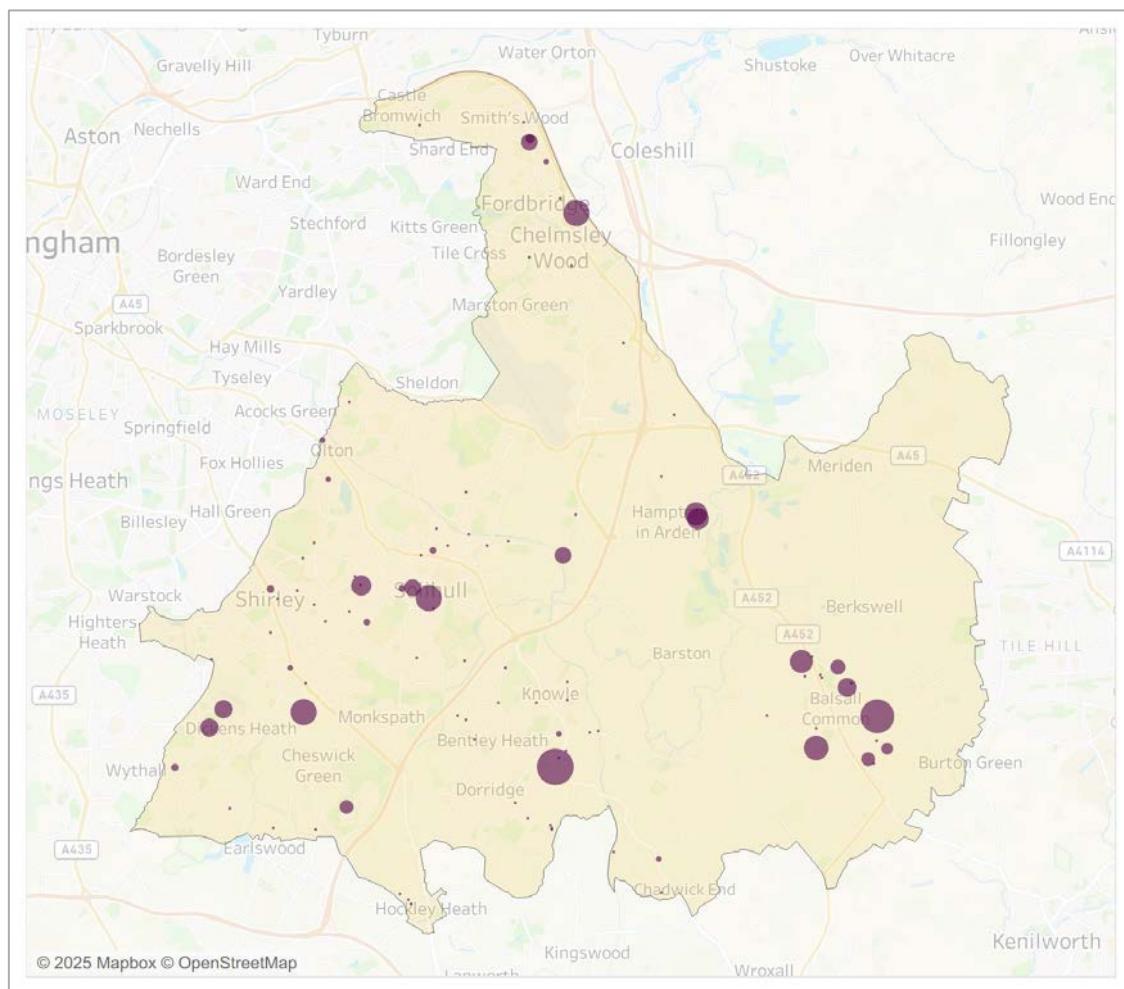
### ***Housing developments – Solihull***

4.32 Solihull anticipates the completion of **2,469 new dwellings** during the PNA's lifetime. This number includes 600 so called windfall sites, and 1,869 identified sites. A map of the identified development sites is shown below.

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<sup>14</sup> Areas that fall within the outskirts of Birmingham such as Warley and Walsall South

**Figure 4.4: Identified new housing development sites in Solihull expected to be completed by 2028/29**



**Source: Solihull Council**

4.33 Some of the largest development sites in Solihull, along with the expected number of units include:

- Land south of Knowle (248).
- Barrat's Farm (210).
- Solihull Town Centre (125).
- Simon Digby Patridge Close (125).
- Land south of Dog Kennel Lane (120).
- Frog Lane (110).

## Car and van ownership

4.34 Vehicle ownership can represent an important aspect of accessibility to health services. According to the 2021 census, 68% of households in Birmingham own either a car or a van. That number is 82% in Solihull.

## Inequalities

4.35 Fair Society, Healthy Lives: (The Marmot Review)<sup>15</sup> and later the Marmot Review 10 Years On<sup>16</sup> describe the range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and, ultimately, health outcomes. They include factors such as deprivation, education, employment and fuel poverty.

### Index of Multiple Deprivation

4.36 The Index of Multiple Deprivation (IMD) is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.

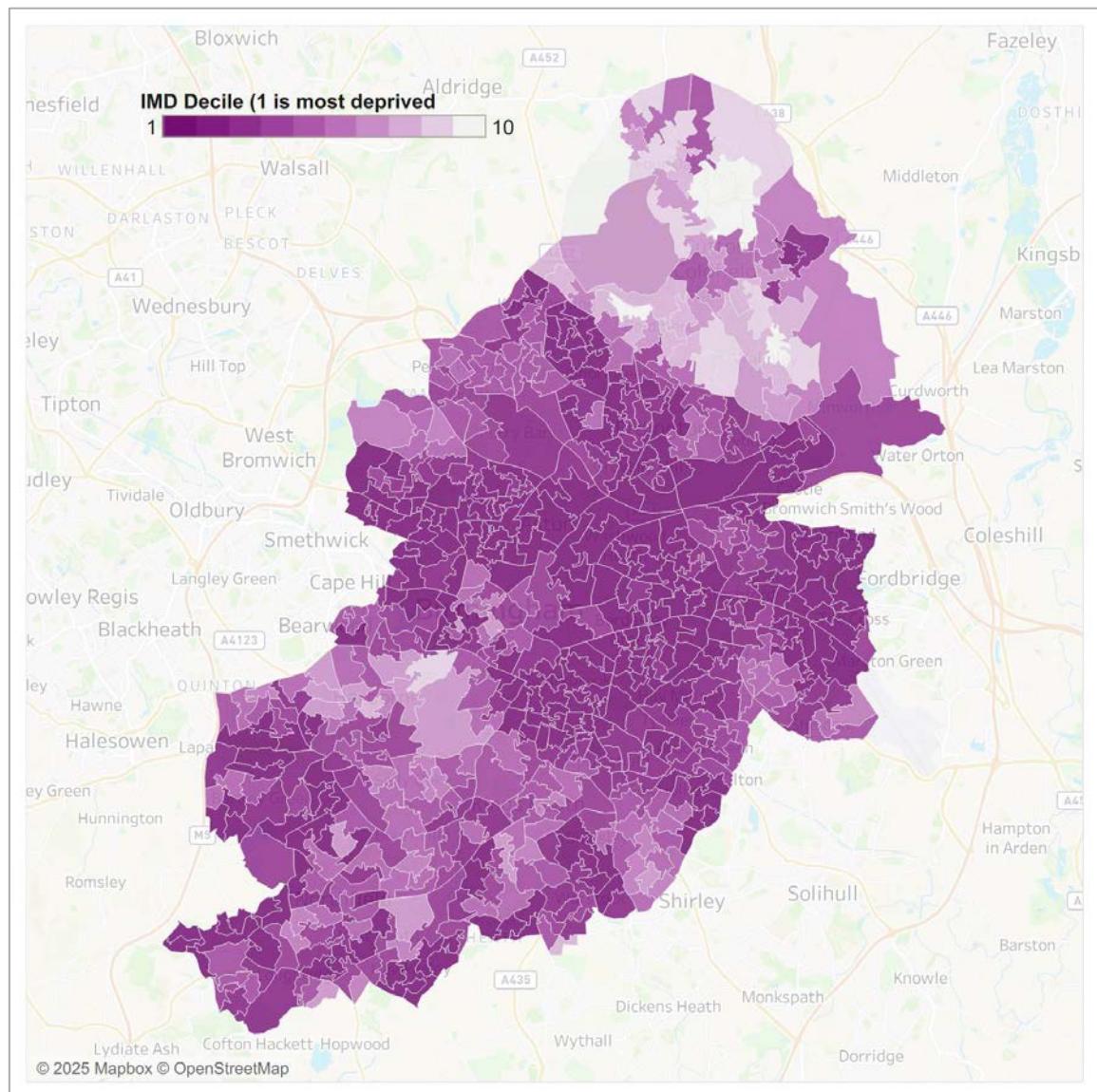
4.37 Figure 4.5 and 4.6 shows deprivation deciles at LSOA (Lower Super Output Area) levels, highlighting where relative deprivation is higher with BSol.

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<sup>15</sup> Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

<sup>16</sup> Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

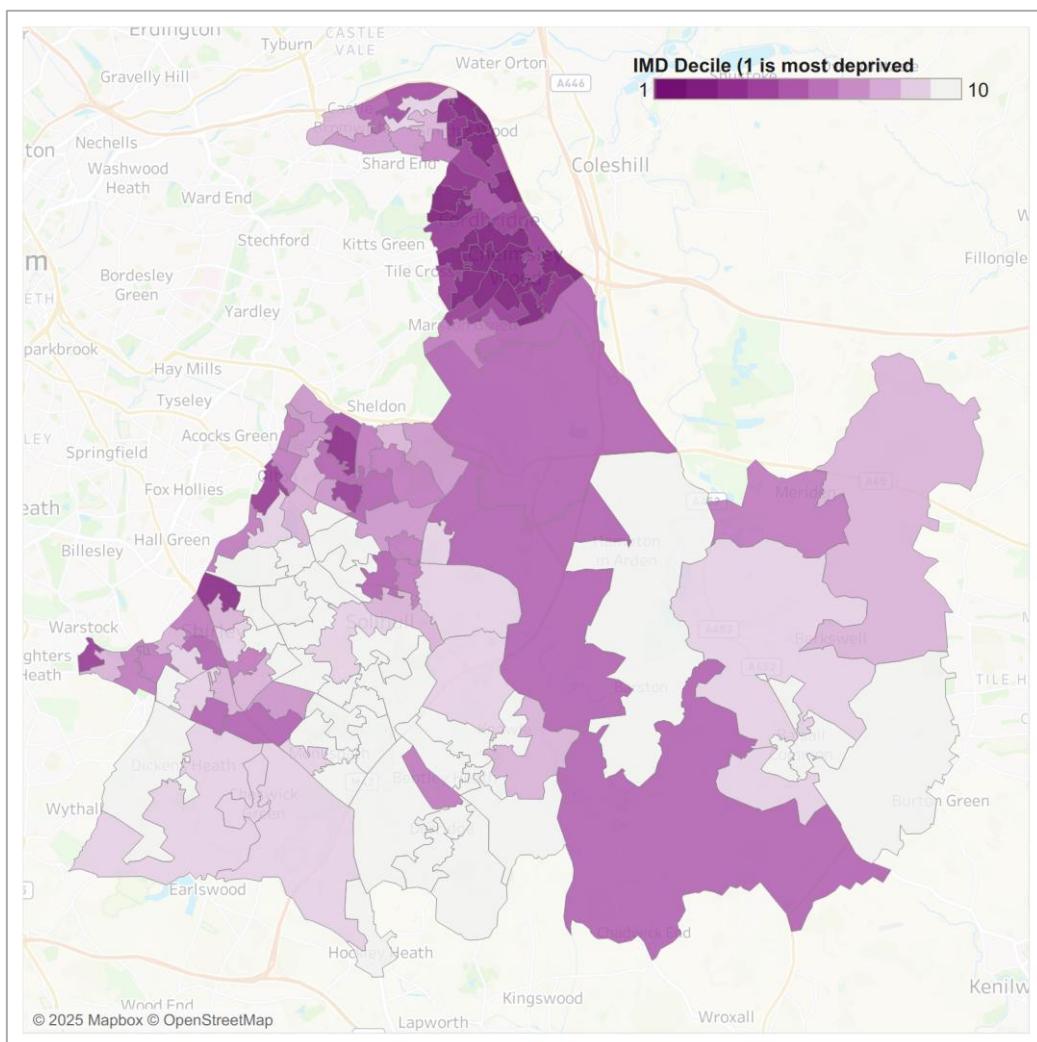
**Figure 4.5: The Index of Multiple Deprivation deciles in Birmingham by LSOA, 2019**



**Source: Ministry of Housing, Communities & Local Government**

4.38 Birmingham is ranked 7<sup>th</sup> out of the nation's 151 upper-tier local authorities, where 1 is the most deprived. It has large pockets of deprivation with 360 of the city's 639 LSOAs among the most deprived 20% in all of England (deprivation deciles of 1 or 2).

**Figure 4.6: The Index of Multiple Deprivation deciles in Solihull by LSOA, 2019**



**Source: Ministry of Housing, Communities & Local Government**

4.39 Solihull on the other hand is ranked 108th out of the nation's 151 upper-tier local authorities. It has fewer pockets of deprivation with 22 of its 134 LSOAs among the most deprived 20% in all of England (deprivation deciles of 1 or 2).

### **Other economic markers**

#### ***Birmingham***

4.40 65.8% of the working age population in Birmingham are in employment (2023/24). This is below the West Midland and England averages (75.0% and 75.7% respectively) (OHID, Public Health Outcomes Framework).

4.41 40.8% (104,433) of children residing in Birmingham are in relative low-income families. This proportion greatly exceeds that of the West Midland and England where 28.4%

and 19.8% of children were from relative low-income families respectively. Only one other local authority in England (Oldham) has a higher proportion (OHID, Public Health Outcomes Framework 2022/23).

- 4.42 2,869 (20.3 per 1,000) households with dependent children in Birmingham are owed a duty under the Homelessness Reduction Act (2022/23 data). This means that they have been identified as homeless by the local authority and the local authority must take reasonable steps to help them to secure accommodation. This is higher than the West Midland rate of 15.9 per 1,000 households and the England rate of 16.1 per 1,000.
- 4.43 In 2022, 24.0% of people in Birmingham did not have enough income to afford sufficient fuel to heat their homes. This is higher than the regional rate of 19.6% and the national rate of 13.1% (OHID, Public Health Outcomes Framework).

### ***Solihull***

- 4.44 78.1% of the working age population in Solihull are in employment (2023/24). This is higher than the West Midlands and England averages (75.0% and 75.7% respectively) (OHID, Public Health Outcomes Framework).
- 4.45 15.3% (6,479) of children residing in Solihull are in relative low-income families. This is a lower proportion than the West Midlands and England averages where 28.4% and 19.8% of children were from relative low-income families respectively (OHID, Public Health Outcomes Framework 2022/23).
- 4.46 401 (15.5 per 1,000) households with dependent children in Solihull are owed a duty under the Homelessness Reduction Act (2022/23 data). This means that they have been identified as homeless by the local authority and the local authority must take reasonable steps to help them to secure accommodation. This is lower than the West Midland rate of 15.9 per 1,000 households and the national rate of 16.1 per 1,000 households.
- 4.47 In 2022, 14.1% of people in Solihull did not have enough income to afford sufficient fuel to heat their homes. This is lower than the regional rate of 19.6% but above the national rate of 13.1% (OHID, Public Health Outcomes Framework).

## Patient groups with specific needs

4.48 Two groups were identified as having specific needs across both Birmingham and Solihull. These groups were people who are homeless and refugees and asylum seekers. An additional group was identified in Birmingham: students. These groups have been examined in further depth in the following section.

### People who are homeless

#### *Birmingham*

4.49 In 2023/24, 4,622 households in Birmingham (10.7 per 1,000 households) were in temporary accommodation. This rate is significantly higher than the national average for England (4.6 per 1,000 households) and higher than the West Midlands region (2.9 per 1,000 households). In fact, it was the highest in the West Midlands region. In the same period, the number of households owed a duty under the Homelessness Reduction Act in Birmingham was the highest in the West Midlands region at 6,900 households (15.9 per 1,000 households). These households were within 56 days of becoming homeless and required council support to prevent homelessness. However, rough sleeping rates in 2024 were low, with 5.1 per 100,000 people sleeping rough in Birmingham (Annual rough sleeping snapshot in England: autumn 2024).

#### *Solihull*

4.50 In 2023/24, there were 172 households in temporary accommodation in Solihull which equates to a rate of 1.8 per 1,000 households. This is the third highest in the West Midlands region but is statistically similar to the national average for England (4.6 per 1,000 households). However, caution is needed when interpreting these findings due to the low numbers in Solihull. In the same period, 981 households in Solihull (10.5 per 1,000 households) were owed a duty under the Homelessness Reduction Act. This is statistically similar to the England rate of 13.4 per 1,000 and is similar the West Midlands rate of 12.6 per 1,000. In 2024, 5.5 per 100,000 people were sleeping rough in Solihull (Annual rough sleeping snapshot in England: autumn 2024).

4.51 Due to their convenient and easily accessible service, often being located in areas of high deprivation and need, pharmacies have a vital role in supporting the health and wellbeing of people who are homeless. By providing a safe space for confidential

discussions with a pharmacist, ‘underserved’ communities, (e.g., people who are homeless or sleeping rough and people who misuse drugs or alcohol) may be more likely to go to a community pharmacy than a GP or another primary care service.<sup>17</sup>

4.52 Services that pharmacies can provide for people who are homeless include support for medicines management, health information about hygiene, sexual health and vaccinations and signposting to appropriate health and wellbeing services. Additionally, pharmacies can support people who misuse drugs or alcohol through providing advice about harm reduction, distributing clean needles and can also provide supervised consumption to patients where necessary.

### **Refugees/ Asylum seekers**

#### ***Birmingham***

4.53 There are a large number of asylum seekers and refugees in Birmingham. As of 31<sup>st</sup> March 2025, there were 605 people in Birmingham under the Afghan Resettlement Programme, 1,258 under Homes for Ukraine and 651 in Supported Asylum. This equates to 4,367 people or 0.37% of the population (Home Office, Immigration System Statistics, 2025).

#### ***Solihull***

4.54 There are a small number of asylum seekers and refugees in Solihull. As of 31<sup>st</sup> March 2025, there were 10 people in Solihull under the Afghan Resettlement Programme, 304 under Homes for Ukraine and 259 in Supported Asylum. This equates to 573 people or 0.26% of the population (Home Office, Immigration System Statistics, 2025).

4.55 Pharmacies are well-placed to build trusting relationships with refugees and asylum seekers, providing easy to access support, and bridging the gap between them and the wider healthcare system. Refugees and asylum seekers may face language barriers when accessing the healthcare system. To overcome these barriers, many pharmacies can provide access to interpreters to assist individuals who may not speak English to ensure they can understand medical advice and how to take medications properly.

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<sup>17</sup> NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

## Students

### *Birmingham*

4.56 Many students, particularly those living away from home, access pharmacies for health advice because they provide convenient, walk-in services in a confidential, non-judgmental space. Additionally, pharmacies can support international students to understand the National Health Service and to access the wider healthcare system such as GP services.

4.57 There are five universities located in Birmingham:

- Aston University.
- Birmingham City University.
- Newman University.
- University of Birmingham.
- University College Birmingham.

4.58 Across these five universities, the student population reached 97,825 people in Higher Education in 2023/24, with 57% of this population identifying as female. Of those, 22,540 were international students (Higher Education Statistics Agency, 2025). An examination of the health needs of the student population can be found in Birmingham City Council's Student Population Community Health Profile.<sup>18</sup>

4.59 With many students living in close quarters, such as in halls of residence, they are more at risk of colds, flu, and other contagious illnesses. Pharmacies can offer flu vaccinations to students, often at a discounted price along with other vaccinations for travel or to meet specific university requirements.

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<sup>18</sup> Birmingham City Council (2024). Student Population community health profile  
[https://www.birmingham.gov.uk/info/50305/community\\_health\\_profiles/](https://www.birmingham.gov.uk/info/50305/community_health_profiles/)

## **Summary of the demographics of BSoI**

Birmingham is a densely populated and ethnically diverse urban area, while Solihull, though also urban, features a mix of urban and rural areas, a higher proportion of older adults, and relatively lower levels of deprivation. Population projections and planned housing developments suggest both areas will see modest growth, with Birmingham expecting over 28,000 new dwellings and Solihull nearly 2,500 by 2028/29.

The age structure reveals that Birmingham has a notably younger population with a median age of 34, compared to Solihull's 43. This demographic spread has implications for service planning, especially given Solihull's higher proportion of older adults. Ethnic diversity is starkly different between the two areas, with 73% of Birmingham's West locality identifying as ethnic minorities, compared to just 18% in Solihull. Birmingham also has more residents with limited English proficiency, highlighting the importance of language-accessible services in its community pharmacies.

Birmingham ranks as one of the most deprived local authorities in England, with high levels of child poverty, unemployment, and fuel poverty. In contrast, Solihull shows higher employment rates and lower deprivation, although pockets of disadvantage still exist.

Specific groups requiring tailored pharmaceutical services include people who are homeless, refugees and asylum seekers and university students (specific to Birmingham).

# Chapter 5 - Health needs

- 5.1 This chapter provides an overview of health and wellbeing in Birmingham and Solihull, with a specific focus on factors likely to influence the demand for community pharmacy services. It examines key indicators such as life expectancy and healthy life expectancy, alongside an analysis of major risk factors and major health conditions in the area.
- 5.2 Unless otherwise specified, the data presented in this chapter is drawn from the Office for Health Improvement and Disparities' Public Health Profiles (2025).

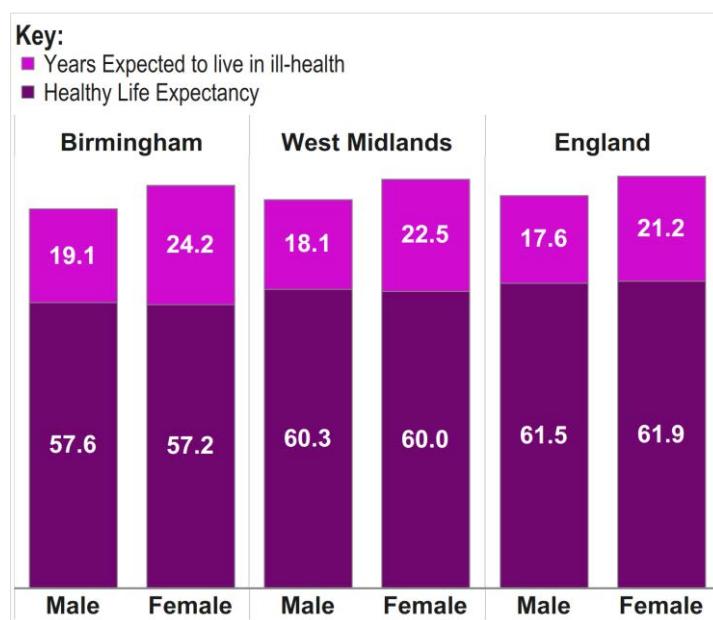
## Life expectancy and healthy life expectancy

- 5.3 Life expectancy is a key indicator of population health, reflecting the average number of years a person is expected to live.

### Birmingham

- 5.4 The most recent data (2021–23) reveals that men can expect to live for 76.6 years and women for 81.3 years. These figures fall short of the national averages (79.1 years for males and 83.1 years for females) highlighting the persistent health disparities facing the city.
- 5.5 However, life expectancy alone does not paint the full picture. Healthy life expectancy, which considers the number of years a person is likely to live in good health, offers a deeper insight into wellbeing. For men, healthy life expectancy is 57.6 years (2021–23), significantly below the England average of 61.5 years. Women's healthy life expectancy at 57.2 is also below both the national average (61.9 years) and the West Midlands average (60.0 years) (Figure 5.1).
- 5.6 These figures suggest that people in Birmingham are spending a greater proportion of their lives in poor health compared to other parts of the country.

**Figure 5.1: Healthy life expectancy for males and females in Birmingham, West Midlands and England in 2021-23**

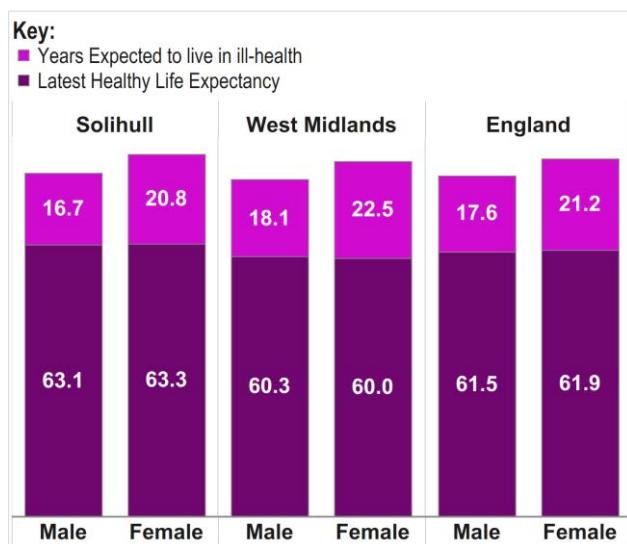


Source: OHID, Fingertips, 2025

## Solihull

- 5.7 Solihull continues to stand out as one of the healthiest places to live in the region. The latest figures from 2021–23 show that life expectancy at birth in the borough is 79.8 years for males and 84.1 years for females, both higher than the national averages of 79.1 and 83.1 years respectively. This trend is not new; since 2001–03, Solihull has consistently outperformed both the regional and national averages for life expectancy, highlighting a long-standing pattern of better-than-average population health.
- 5.8 Yet while people in Solihull are living longer, the number of years they can expect to live in good health, known as healthy life expectancy, has seen some recent decline. For men, healthy life expectancy has fallen from a peak of 65.6 years (2018–20 and 2019–21) to 63.1 years in the most recent period. Although this represents a reduction, it still sits slightly above the England average of 61.5 years.
- 5.9 A similar trend is seen among women. Healthy life expectancy for females in Solihull has decreased from a high of 66.9 years (2018–20) to 63.3 years (2021–23). Nevertheless, this remains above both the national figure of 61.9 years and the West Midlands average of 60.0 years (figure 5.2).

**Figure 5.2: Healthy life expectancy for males and females in Solihull, West Midlands and England in 2021-23**



Source: OHID, Fingertips, 2025

## Major risk factors

- 5.10 Community pharmacies are often located at the heart of local communities and are well-positioned to address a broad range of health and wellbeing needs. Their accessible, walk-in nature enables them to provide timely support for healthy lifestyle behaviours, opportunistic health screening, and brief interventions aimed at improving population health outcomes.
- 5.11 Operating under the Healthy Living Pharmacy framework, community pharmacies are expected to have systems in place to direct individuals to key health interventions, such as smoking cessation and weight management programmes, whilst also offering advice on wellbeing and self-care. This approach encourages pharmacies to use every patient interaction as a chance to promote healthier lifestyles and connect people to appropriate support services.
- 5.12 As community pharmacies are at the frontline of healthcare, vaccinations are a key area where they can make a real difference. Due to their flexibility of opening hours and convenient locations, pharmacies are well placed to support efforts to improve uptake of some vaccinations such as the flu. Research has shown that moving vaccination services away from more traditional, medicalised environments, into the community, can have a significant impact on uptake. Furthermore, by making

vaccinations accessible within the community, it is estimated that pharmacy vaccinations services save the NHS millions of pounds a year.<sup>19</sup>

- 5.13 Furthermore, community pharmacies can play a vital role in helping to improve the mental health and wellbeing of residents through proactively seeking opportunities to promote people's physical and mental health and wellbeing. This includes awareness raising and information provision, advice and education, behavioural support and referral, signposting to other services as well as offering services aimed at improvement in wellbeing and mental health. From October 2025, the New Medicine Service (NMS) will be expanded to support patients newly prescribed eligible antidepressants for the treatment of depression. This important enhancement will offer targeted support during the critical early stages of treatment-when patients are most likely to experience side effects and may struggle with adherence. By helping patients understand the expected timeline for the medicine to take effect, manage potential side effects, and build confidence in their treatment plan, the expanded service aims to reduce early discontinuation and improve long-term outcomes.
- 5.14 This development will play a key role in enhancing patient safety, increasing adherence, and ultimately supporting better mental health outcomes across the population. Also, one of the essential services which community pharmacies must deliver is public health (promotion of healthy lifestyle). This service requires all community pharmacies to actively contribute to improving public health by providing targeted health and wellbeing advice to patients and supporting NHS public health campaigns. This aims to improve public health outcomes, promote preventative care and enhance accessibility through the unique positioning of pharmacies in the community and the convenience they provide especially to patients who may not usually engage with other healthcare services.
- 5.15 The following section will examine key risk factors in the two HWB areas.

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<sup>19</sup> Community Pharmacy England (October 2024). Pharmacies are saving the NHS 38 million GP appointments a year. Press Release.

## **Birmingham**

### ***Weight***

5.16 Obesity remains a major contributor to premature death and preventable ill health. In 2023/24, 65.7% of adults in Birmingham were classified as overweight or obese. This is slightly higher than the England average of 64.5%. Among children, 22.6% of Reception-aged children (aged 4–5) in Birmingham were overweight or obese, similar to the national figure of 22.1%. However, by Year 6 (aged 10–11), the issue becomes more pronounced, with 40.0% of Birmingham children affected. This is significantly higher than the England average of 35.8%.

### ***Physical activity***

5.17 Physical activity, a key factor in reducing obesity and improving both physical and mental health, is also lower in Birmingham than in many other parts of the country. In 2023/24, 3 out of 5 adults aged 19 and over (60.9%) in Birmingham engage in at least 150 minutes of moderate physical activity per week. This compares unfavourably to the England average of 67.4%. Physical inactivity levels are also high, with 28.6% of adults in Birmingham classified as physically inactive (i.e., engaging in less than 30 minutes of physical activity per week), higher than both the national rate of 22.0% and the West Midlands average of 24.9%.

5.18 Children and young people in Birmingham are also less active than their peers nationally. In 2023/24, only 2 in 5 children and young people (41.6%) meet the recommended average of 60 minutes of physical activity per day, compared to 47.8% across England.

### ***Smoking***

5.19 Smoking continues to pose a significant health challenge. In 2023, 14.5% of adults in Birmingham smoked, an increase of 0.9 percentage points from the previous year. This is higher than the England average of 11.6%. Birmingham also has the fifth highest prevalence of adult smoking among people with long-term mental health conditions in the West Midlands.

### ***Alcohol***

5.20 Alcohol consumption is another major public health concern. The under-75 mortality rate from alcoholic liver disease in Birmingham stands at 15.8 deaths per 100,000 population, substantially higher than the England average of 11.7 per 100,000 (2023/24). This is the highest rate recorded in Birmingham since official records began. Hospital admissions for alcohol-specific conditions have also risen among men, reaching 1,190 per 100,000 compared to 868 per 100,000 nationally. For women, the rate of hospital admissions stands at 402 per 100,000 in Birmingham, also higher than the national rate of 373 per 100,000, although this figure has shown gradual improvement since 2021/22.

### ***Substance misuse***

5.21 There is some positive news in relation to substance misuse. Hospital admissions due to substance misuse among those aged 15 to 24 years in Birmingham are significantly lower than the national average, at 29.7 per 100,000 population compared to 47.4 per 100,000 across England. However, outcomes for adults leaving treatment could improve. In 2023, 4.85% of opiate users in Birmingham successfully completed treatment and did not return within six months, slightly below the England average of 5.1%, but marginally better than the West Midlands average of 4.7%.

### ***Mental health***

5.22 Mental health continues to be one of the most pressing health issues. Service use for under-18s in Birmingham is lower than in the West Midlands and nationally. In 2019/20, 13,054 per 100,000 children and young people in Birmingham had attended a community or outpatient mental health service. This is significantly below the national rate of 28,395 per 100,000. Similarly, new referrals to secondary services for this age group in Birmingham were 6,789 per 100,000, compared to 6,977 per 100,000 nationally and 7,522 per 100,000 in the West Midlands.

5.23 However, despite lower service use, mental health-related hospital admissions for under-18s are rising. In 2023/24, there were 235 admissions, equating to a rate of 81.2 per 100,000 population. This is slightly higher than the national rate of 80.8 per 100,000 and represents a significant increase from the previous year.

5.24 Severe mental illnesses, such as schizophrenia and bipolar disorder, can significantly impact life expectancy. In 2021–23, Birmingham recorded a premature mortality rate of 156.9 per 100,000 population among adults with severe mental illness, higher than the England rate of 110.8 and the West Midlands average of 115.1 (directly age-standardised death rate of adults, aged 18 to 74 years, with SMI per 100,000 population).

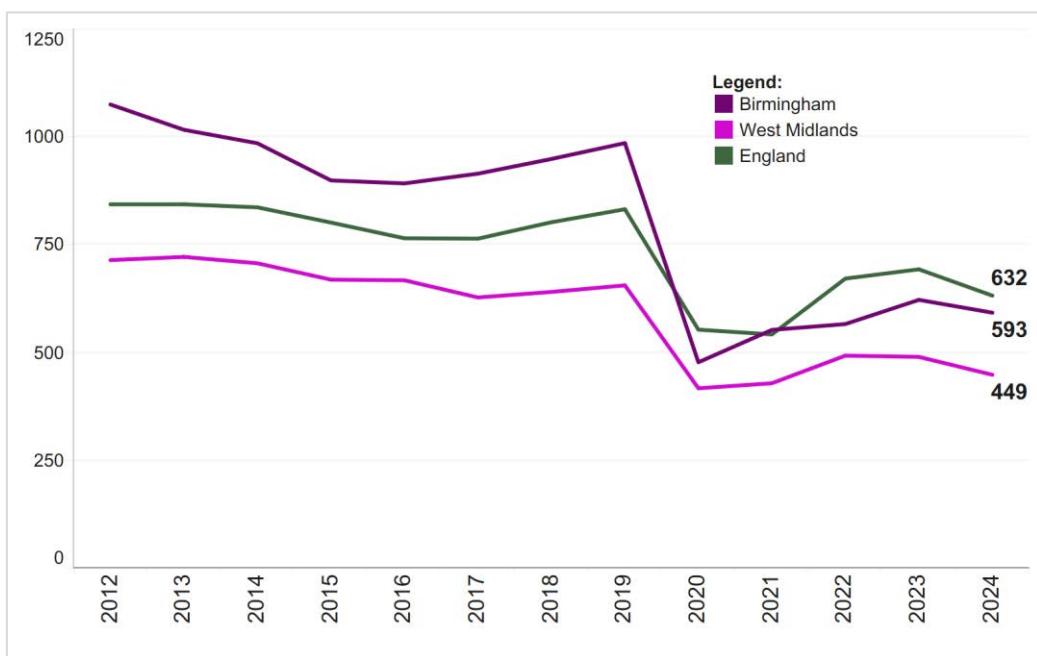
### ***Loneliness and isolation***

5.25 Loneliness and social isolation are recognised as significant drivers of poor mental and physical health. According to the Active Lives Survey (2021–2023), 8.9% of Birmingham residents aged 16 and over reported feeling lonely "often or always", higher than the national average of 6.8%. Vulnerable groups appear especially affected. Data from the 2023/24 Adult Social Care Survey revealed that only 37.6% of adult social care users in Birmingham felt they had as much social contact as they would like, lower than the West Midlands average (46.2%) and the England average (45.6%).

### ***Sexual health***

5.26 Sexual health services are widely available in Birmingham, with pharmacies playing an important role in prevention and treatment. Umbrella Health, launched in 2015, provides free, accessible, and confidential sexual health services across the city. In 2024, Birmingham reported 593 new STI diagnoses per 100,000 population, higher than the West Midlands rate (449), though lower than the national figure of 632 per 100,000 (Figure 5.3).

**Figure 5.3: All new STI diagnoses rate per 100,000 for Birmingham, West Midlands and England, 2012-2024**

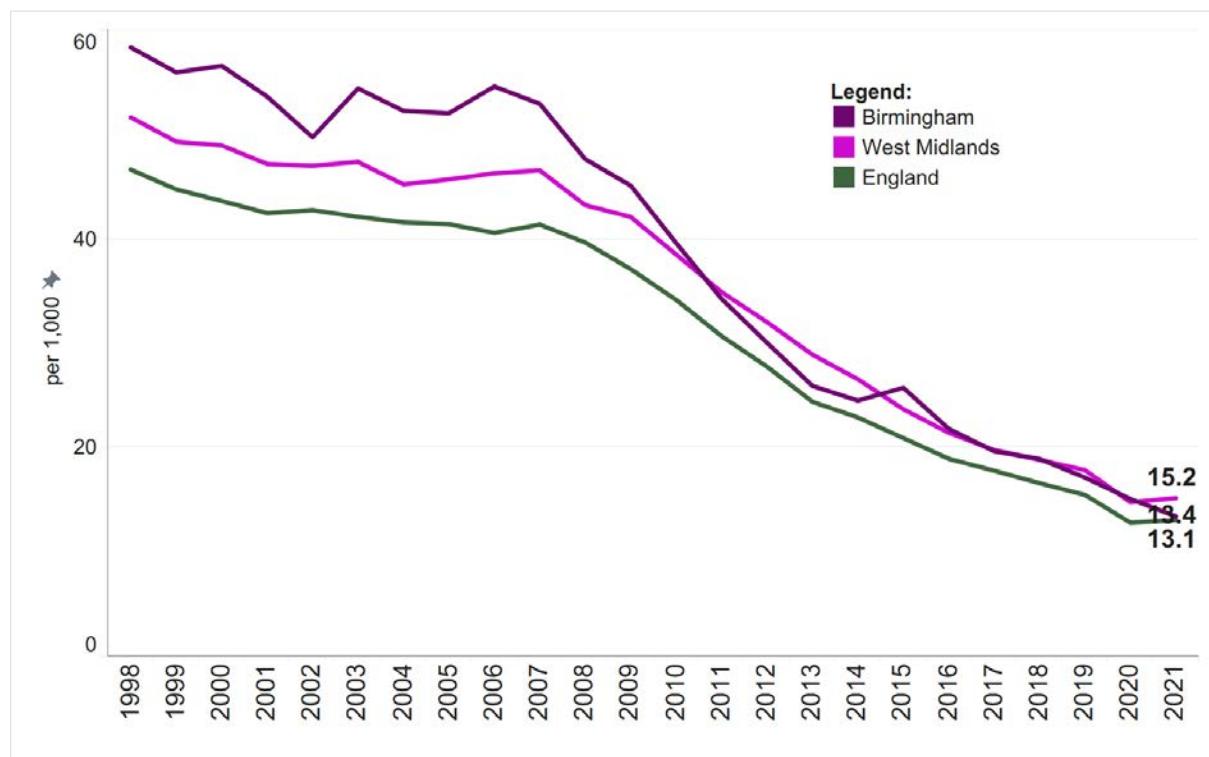


Source: OHID, Fingertips, 2025

### ***Teenage conceptions***

5.27 In 2021, Birmingham recorded 316 under-18 conceptions, equivalent to 13.4 per 1,000 females aged 15–17. This was similar to the England average of 13.1, and slightly lower than the West Midlands rate of 15.2 per 1,000. Teenage conceptions in Birmingham have been decreasing since 2006 (Figure 5.4). Teenage mothers are at increased risk of poorer health outcomes, including higher rates of infant mortality and socioeconomic disadvantage.

**Figure 5.4: Under 18s conception rate / 1,000 for Birmingham, West Midlands and England, 1998-2021.**

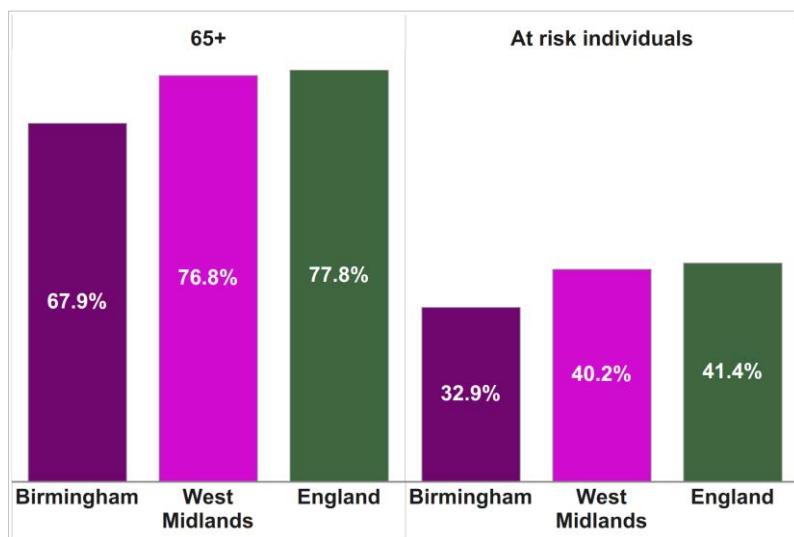


Source: OHID, Fingertips, 2025

### *Flu vaccinations*

5.28 Flu vaccinations play a crucial role in preventing illness, particularly for older adults and those with underlying health conditions. In 2023/24, 67.9% of Birmingham residents aged 65 and over received a flu jab, below the England average of 77.8%. Among 'at-risk' groups (including those with chronic conditions), only 32.9% were vaccinated in Birmingham, significantly worse than the national uptake of 41.4% and lower than the national target of >55% (Figure 5.5).

**Figure 5.5: Population vaccination coverage: Flu - at risk individuals and Flu – aged 65 and over for Birmingham, West Midlands and England, 2023/24**



Source: OHID, Fingertips, 2025

## Solihull

### *Weight*

- 5.29 Obesity is recognised as a major determinant of premature mortality and avoidable ill health. In 2023/24, 3 in 5 (64.2%) of adults (aged 18+) in Solihull were classified as overweight or obese. This is similar to the England average (64.5%).
- 5.30 The most recent data (2023/24) from the National Child Measurement Programme (NCMP) show that 1 in 5 (20.6%) of Reception Year children (aged 4–5 years) in Solihull were overweight or obese. This was similar to the England figure (22.1%).
- 5.31 31.6% of Year 6 children (aged 10–11 years) were overweight or obese in 2023/24. This was better than the England figure (35.8%).

### *Physical activity*

- 5.32 In 2023/24, 67.5% of Solihull residents aged 19 and over were considered physically active. This means they engaged in 150 minutes or more of moderate physical activity per week, similar to the England rate (67.4%). However, 22.9% of people aged 19 and over were considered physically inactive (i.e., engaging in less than 30 minutes of physical activity per week), highlighting room for improvement in encouraging more residents to move regularly. This is similar to the national percentage (22.0%).

5.33 In 2023/24, 53.1% of children and young people in Solihull were considered physically active, which was higher than the England level (47.8%). This means over half of children and young people in Solihull are meeting the recommended guideline of an average of at least 60 minutes of physical activity per day across the week.

### ***Smoking***

5.34 Over the past decade, smoking rates across England have been steadily declining. In 2023, 8.7% of adults (aged 18 and over) in Solihull smoked. This continues the downward trend from a peak of 14.7% in 2011 and represents an improvement from 2022. The smoking prevalence in Solihull was better than the England average (11.6%).

5.35 This positive trend also extends to some of the most vulnerable populations. Among adults in Solihull living with long-term mental health conditions, a group that traditionally shows higher smoking rates, Solihull ranked second lowest in prevalence across the West Midlands.

### ***Alcohol consumption***

5.36 Between 2021 and 2023, the mortality rate from alcohol liver disease in people under the age of 75 in Solihull was 12.1 per 100,000, similar to the national figure (11.7 per 100,000). In 2023/24, 745 per 100,000 people were admitted, better than the England rate (868 per 100,000). Solihull's female admission rate was 301 per 100,000, better than both the male rate and the national figure (373 per 100,000).

### ***Substance misuse***

5.37 The most recent data (2021–24) for Solihull show 31.6 hospital admissions per 100,000 population due to substance misuse in those aged 15 to 24. This was similar to the England rate (47.4 per 100,000) and suggests that fewer young people in Solihull are reaching crisis points that require hospital care.

5.38 In 2023, 4.8% of opiate users in Solihull left drug treatment successfully and did not re-present within six months. This was similar to the England figure (5.1%).

### ***Mental health***

5.39 In 2023/24, 82.4 per 100,000 people in Solihull were admitted to hospital for mental health conditions, similar to the England rate (80.2 per 100,000). In 2019/20, the rate

of under-18s in Solihull with an attended contact with community or outpatient mental health services was 32,219 per 100,000, higher than the England rate (28,395 per 100,000).

- 5.40 In 2022/23, one in 5 (21.6%) of Solihull residents reported experiencing high levels of anxiety, similar to the national average (23.3%). The proportion of adults diagnosed with depression on GP registers in Solihull was 12.1%, a rate lower than the national one (13.2%). However, diagnoses in Solihull have been steadily rising since 2012/13, mirroring broader trends across England.
- 5.41 In 2023/24, there were 40 hospital admissions for mental health conditions in those under 18, equating to 82.4 per 100,000, which was similar to the England rate (80.2 per 100,000). However, this represents more than double the number recorded the previous year.
- 5.42 Severe mental illnesses include disorders with psychotic symptoms and severe forms of conditions like bipolar disorder. In 2021–23, premature mortality in adults with severe mental illness in Solihull was 96.5 per 100,000, significantly better than the England rate (110.8 per 100,000).

### ***Isolation and loneliness***

- 5.43 Loneliness and social isolation remain important public health concerns. Between 2021 and 2023, 6.0% of people aged 16 and over in Solihull reported feeling lonely “often or always”, similar to the national average (6.8%).
- 5.44 Findings from the 2023/24 Adult Social Care Survey highlighted the extent of social isolation among vulnerable groups. In Solihull, 46.0% of adult social care users reported having as much social contact as they would like. This was similar to the West Midlands (46.2%) and the national average (45.6%). While this suggests relative stability, it also highlights that over half of respondents still experience unmet social connection needs.

### ***Sexual health***

- 5.45 In 2024, Solihull residents were diagnosed with a new sexually transmitted infection (STI) at a rate of 298 per 100,000, significantly better than the England rate (632 per 100,000) (5.6). This trend likely reflects the older age profile of Solihull.

**Figure 5.6: All new STI diagnoses rate per 100,000 for Solihull, West Midlands and England, 2012-2024**

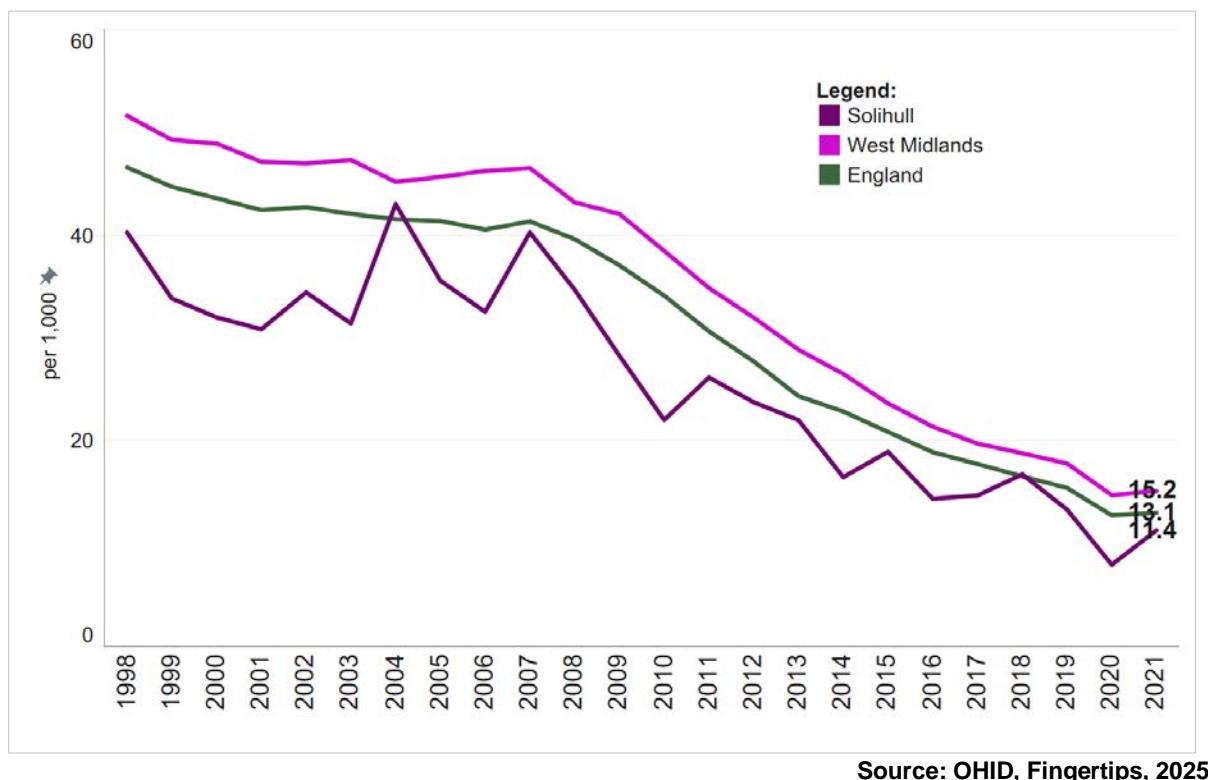


Source: OHID, Fingertips, 2025

### ***Teenage conceptions***

5.46 The most recent data (2021) show there were 43 under-18 conceptions in Solihull, equating to 11.4 per 1,000, similar to the national (13.1 per 1,000) and regional (15.2 per 1,000) rates. The trend of teenage conceptions has largely been reducing since 1998 (figure 5.7).

**Figure 5.7: Under 18s conception rate / 1,000 for Birmingham, West Midlands and England, 1998-2021.**



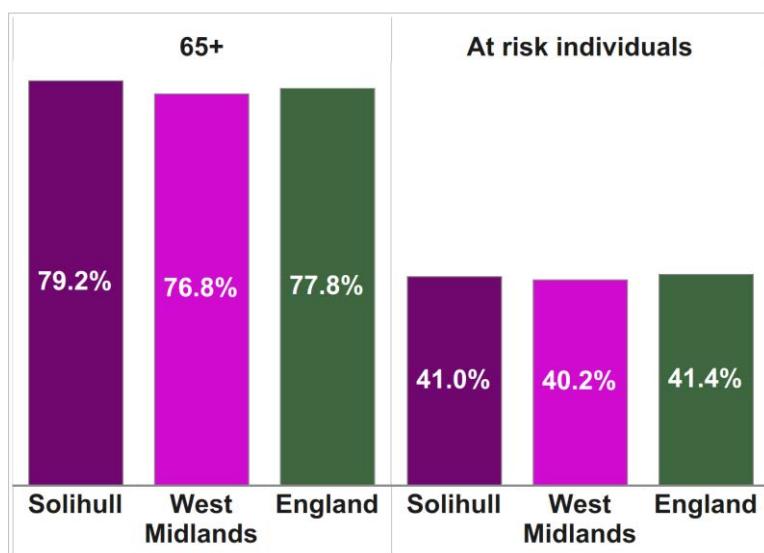
Source: OHID, Fingertips, 2025

### *Flu vaccinations*

5.47 Influenza (flu) is a viral illness that spreads via droplet infection. People at increased risk of complications are encouraged to be vaccinated. Flu vaccination is one of the most effective public health interventions for reducing illness and hospital admissions in vulnerable populations.

5.48 In 2023/24, 79.2% of older adults (aged 65+) in Solihull received a flu vaccination, higher than the England percentage (77.8%). However, uptake among the 'at risk' population was 41.0%, which was lower than the target of >55%.

**Figure 5.8: Population vaccination coverage: Flu - at risk individuals and Flu – aged 65 and over for Birmingham, West Midlands and England, 2023/24**



Source: OHID, Fingertips, 2025

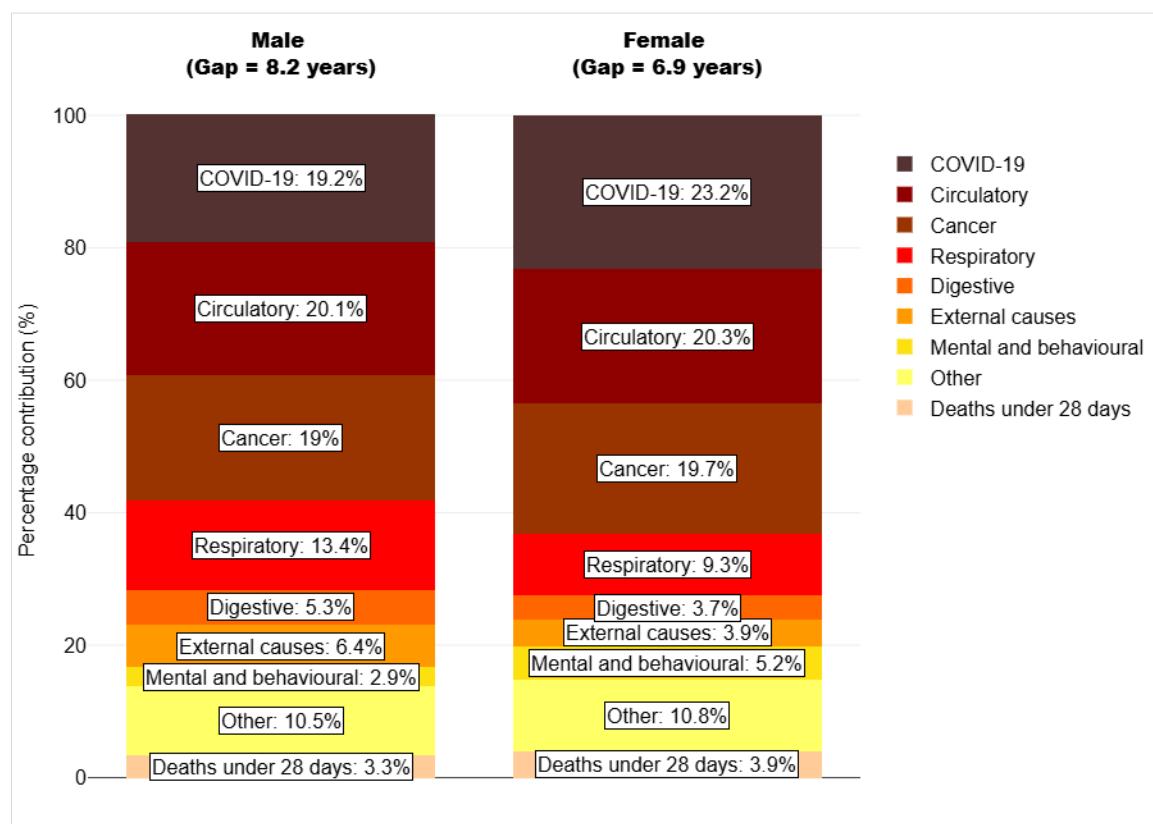
## Major health conditions

- 5.49 To understand which health conditions have the greatest impact on life expectancy in an area, it is helpful to examine the causes of death that contribute most to the gap between the most and least deprived populations. What follows is an exploration of this life expectancy gap in Birmingham, followed by Solihull.
- 5.50 Pharmacists are well-placed to help prevent and manage many of these (such as circulatory diseases and cancers), by identifying risk factors, offering brief advice, and signposting individuals to interventions such as weight management and smoking cessation services.

### Birmingham

- 5.51 In 2020–2021, the leading causes of the life expectancy gap in Birmingham, aside from COVID-19 (which accounted for 19.2% in males and 23.2% in females), were circulatory diseases and cancer (figure 5.9).
- 5.52 Circulatory diseases accounted for 20.1% of the male and 20.3% of the female life expectancy gap. These are explored below.

**Figure 5.9: Life expectancy gap between the most deprived quintile and the least deprived quintile for Birmingham, by broad cause of death, 2020-2021**



Source: OHID, Fingertips, 2025

### **Circulatory diseases**

- 5.53 Circulatory diseases include conditions such as heart disease and stroke. These fall under the broader term cardiovascular disease (CVD), which affects the heart or blood vessels. Leading risk factors include high blood pressure, high cholesterol, diabetes, smoking, obesity, unhealthy diet, and physical inactivity.
- 5.54 Between 2021–2023, the under-75 mortality rate from CVD in Birmingham was 102.3 per 100,000, significantly worse than both the England average (77.1) and the West Midlands (84.8).
- 5.55 Coronary heart disease (CHD) is the single most common cause of premature death in the UK. The QOF prevalence of CHD in 2023/24 was 2.5%, the second lowest in the West Midlands, and lower than England (3.0%).
- 5.56 Between 2021–2023, 1,275 people under age 75 died from ischaemic heart disease, 55.3 per 100,000, higher than both the England average (41.2) and the West Midlands (47.7).

5.57 The under-75 mortality rate for stroke was 16.3 per 100,000, also higher than the England rate (12.7) and the West Midlands (13.2).

### Cancer

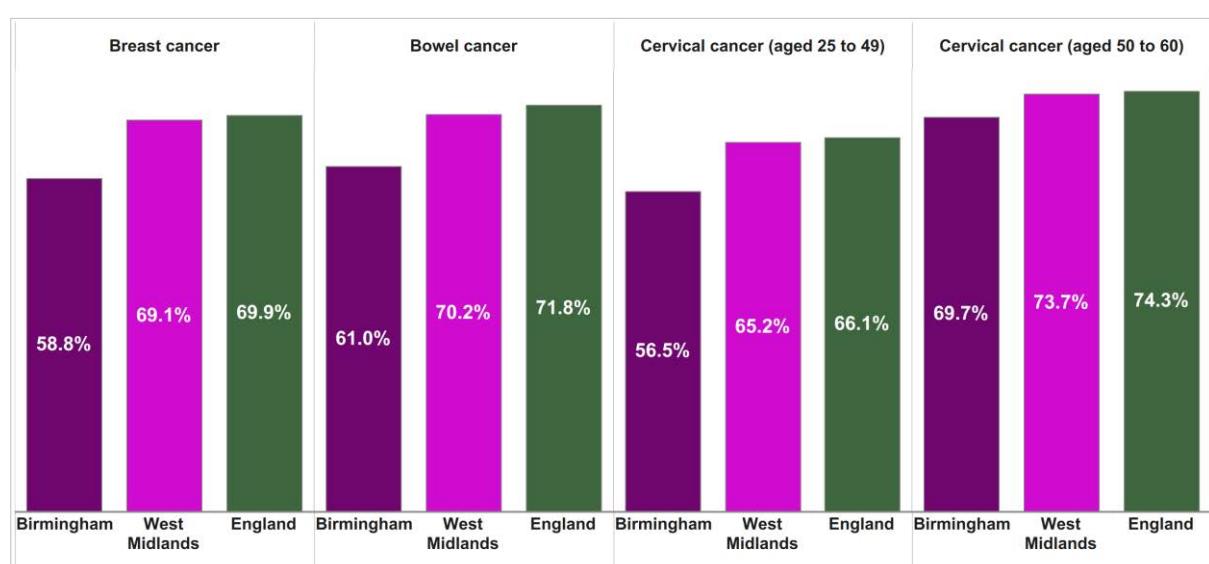
5.58 Between 2021–2023, the under-75 cancer mortality rate in Birmingham was 135.1 per 100,000, worse than the England average (121.6). Birmingham also had higher mortality from cancers considered preventable: 56.7 per 100,000 vs England's 49.5.

5.59 Early detection via screening can significantly improve cancer outcomes. Pharmacists can support these efforts by promoting screening and signposting symptomatic patients to their GPs.

5.60 Screening coverage in Birmingham remains below national levels (figure 5.10):

- Breast screening (2024): 58.8%, significantly lower than England (69.9%) and the West Midlands (69.1%).
- Bowel screening (2024): 61.0%, lower than England (71.8%), though improving over time.
- Cervical screening (2024) ages 25–49: 56.5%, below England (66.1%) and West Midlands (65.2%).
- Cervical screening (2024) ages 50–64: 69.7%, also below England (74.3%) and the region (73.7%).

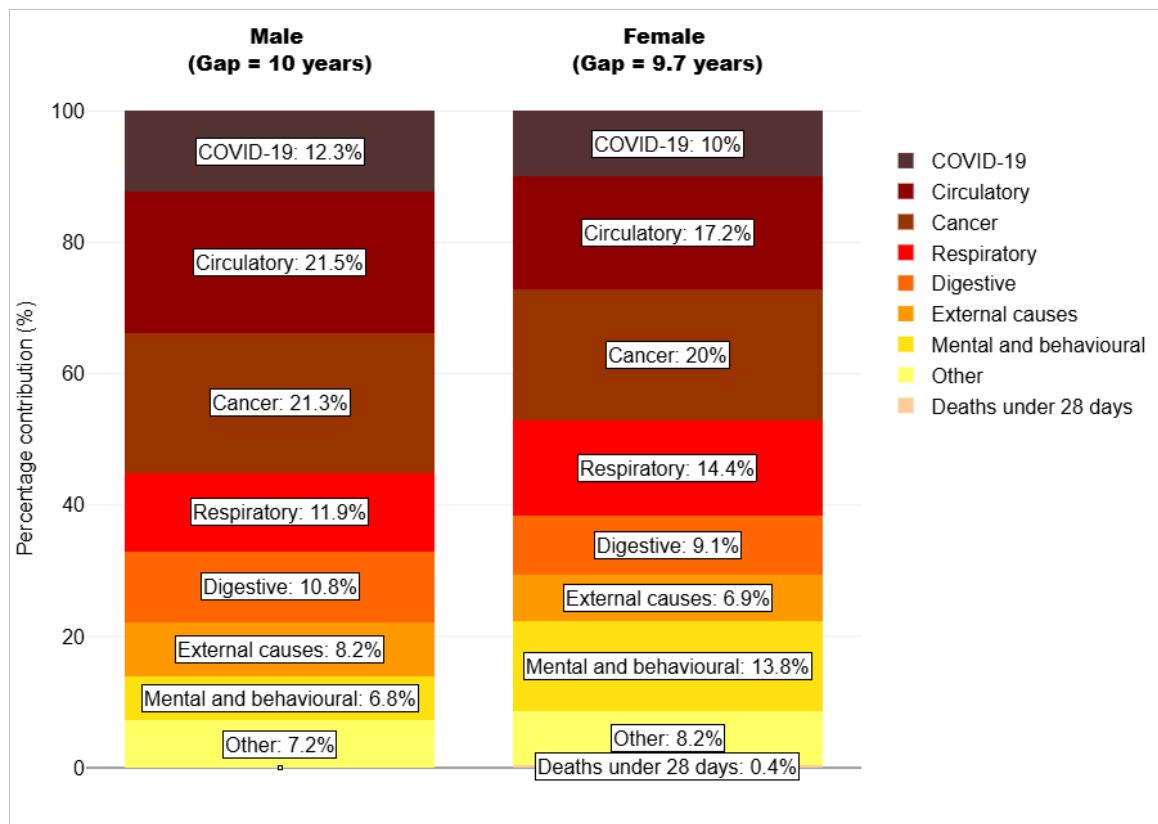
**Figure 5.10: Cancer screening coverage: breast, bowel and cervical (aged 25 to 49, and 50 to 60) for Birmingham, West Midlands and England, 2024**



## Solihull

5.61 In 2020–2021, the leading contributors to the life expectancy gap in Solihull, aside from COVID-19 (12.3% in males and 10% in females), were circulatory diseases (21.5% in males, 17.2% in females) and cancer (21.3% in males, 20% in females) (figure 5.11).

**Figure 5.11: Life expectancy gap between the most deprived quintile and the least deprived quintile for Solihull, by broad cause of death, 2020–2021**



## Circulatory diseases

5.62 Under-75 mortality from CVD in Solihull (2021–2023) was 64.6 per 100,000, significantly better than England (77.1).

5.63 CHD prevalence in Solihull was 3.0%, the fifth lowest prevalence in the West Midlands matching the England rate. 192 people under age 75 died from ischaemic heart disease between 2021–2023 (32.1 per 100,000), significantly lower than England (41.2).

5.64 Stroke, another major circulatory condition, also shows similarities when compared nationally. The under-75 stroke mortality rate was 10.3 per 100,000, similar to the England rate (12.7).

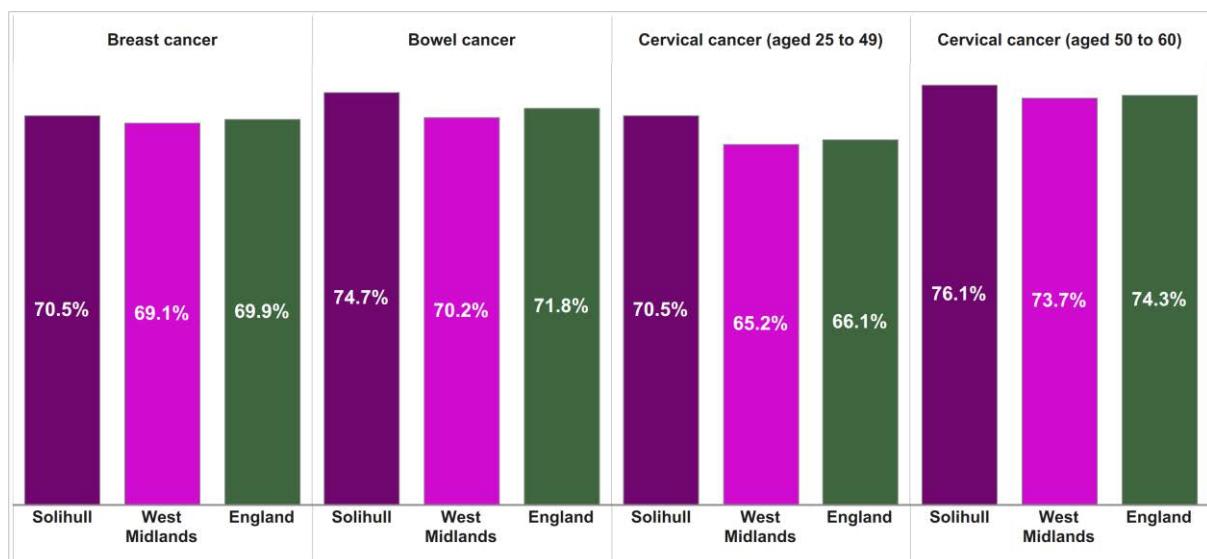
### **Cancer**

5.65 Solihull had the third best under-75 cancer mortality rate in the West Midlands (2021–2023), at 116.3 per 100,000, better than the West Midlands (126.6) and similar to England (121.6). Preventable cancer mortality was 49.9 per 100,000, similar to England (49.5).

5.66 Solihull also has good cancer screening uptake (5.12):

- Breast screening (2024): 70.5%, above England (69.9%).
- Bowel screening: 74.7%, better than the national rate (71.8%) and improving steadily since 2017.
- Cervical screening ages 25–49 (2024): 70.5%, significantly better than England (66.1%).
- Cervical screening ages 50–64 (2024): 76.1%, better than England (74.3%).

**Figure 5.12: Cancer screening coverage: breast, bowel and cervical (aged 25 to 49, and 50 to 60) for Solihull, West Midlands and England, 2024**



Source: OHID, Fingertips, 2025

## **Summary of health needs for Birmingham**

Life expectancy in Birmingham is significantly below the national average, with residents spending more years in poor health. The gap between the most and least deprived is driven largely by circulatory diseases and cancers.

Birmingham performs worse than national figures across several key indicators:

- Obesity levels among adults and children are high, with Year 6 rates notably above average.
- Physical activity levels for both adults and children are significantly lower than national benchmarks.
- Smoking prevalence is higher, particularly among those with long-term mental health conditions.
- Alcohol-related harm is a growing concern, including rising hospital admissions and record-high liver disease mortality.
- Mental health service use among under-18s is low, yet admissions are rising, and premature mortality from severe illness is high.
- Cancer screening coverage remains below national rates across all major programmes.
- Flu vaccination uptake among older and at-risk groups is below national targets.
- Loneliness and social isolation rates exceed national levels, particularly among adult social care users.
- While hospital admissions for substance misuse in young people are lower than average, treatment outcomes for adults could improve.

## **Summary of health needs for Solihull**

Solihull continues to report better overall health outcomes than many parts of England, with male and female life expectancy above national averages. Although healthy life expectancy has declined slightly in recent years, it remains higher than both national and regional figures. Inequalities in life expectancy between the most and least deprived are primarily driven by circulatory diseases and cancers.

Solihull performs well overall compared to national averages, but some areas warrant closer attention:

- Healthy life expectancy has declined for both men and women in recent years, despite remaining marginally above the national average.
- Flu vaccination uptake among at-risk groups was 41.0% in 2023/24, below the national target (>55%).

# Chapter 6 - Patient and public survey

- 6.1 To explore the views and experiences of local pharmacy use among patients and the public in Birmingham and Solihull, a patient and public survey was widely disseminated across both HWB areas between March-June 2025. The survey was approved by the PNA Steering Group before being shared with people who live, work, or study in Birmingham and Solihull.
- 6.2 An equality impact assessment was also conducted to examine similarities and differences in pharmacy use and experiences among people with specific protected characteristics identified during the process. A “protected characteristic” refers to traits listed in section 149(7) of the Equality Act 2010. In addition, there are vulnerable groups who face a higher risk of poverty and social exclusion compared to the general population. These groups often encounter challenges such as low educational attainment, unemployment, or underemployment, which can further contribute to social exclusion. Protected characteristics include age, ethnicity, gender, pregnancy and breastfeeding status, sexual orientation, employment status, relationship status, and disability status.
- 6.3 This chapter presents the findings of the survey (presented by HWB area) and the equality impact assessment (presented together).

## Birmingham and Solihull engagement strategy

- 6.4 Working closely with the steering group and the Birmingham and Solihull Communications Team, the survey was distributed widely across both local authorities. In total, the survey was completed by 704 residents, workers and students. To engage with as wide an audience as possible, the following engagement strategies were used:
  - It was shared with Birmingham and Solihull Healthwatch, Wellbeing and community centres, libraries, pharmacies, community and partnerships contacts and GPs across Birmingham and Solihull. It was shared in LPC newsletters and communications teams. Paper copies were also shared, on request, to housing associations and support was made available to residents to complete them.

- The Birmingham public health team also reached out to the following; Somaliland Diaspora team, Mindseye Development CIC, Bangladesh Community Regeneration, Bangladeshi Islamic Association, Revival City Church, Sankofa Creative Healing Arts CIC and universities across the area.
- The Solihull communications team also used the following channels to advertise the survey; intranet, monthly staff magazine, social media and the council's weekly message.

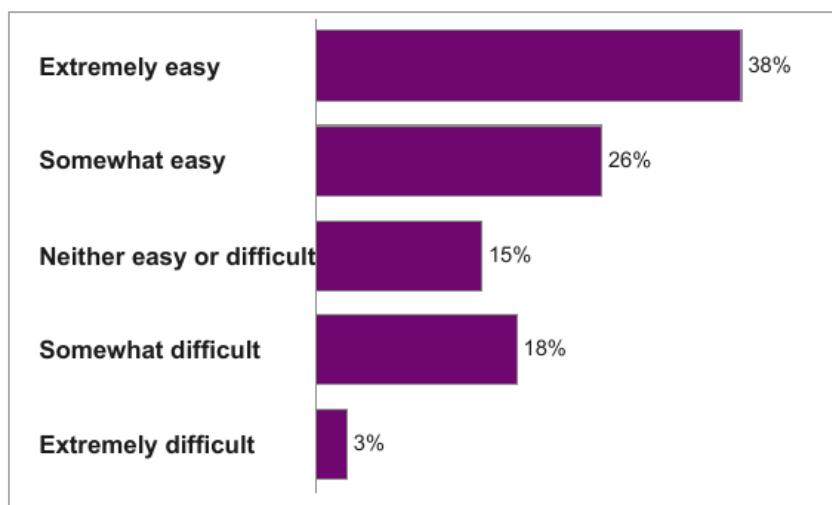
## Results of the public survey

### Birmingham responses

6.5 485 respondents were received from people who lived or worked in Birmingham. The data are presented based on those who answered each question, as not all respondents completed every question.

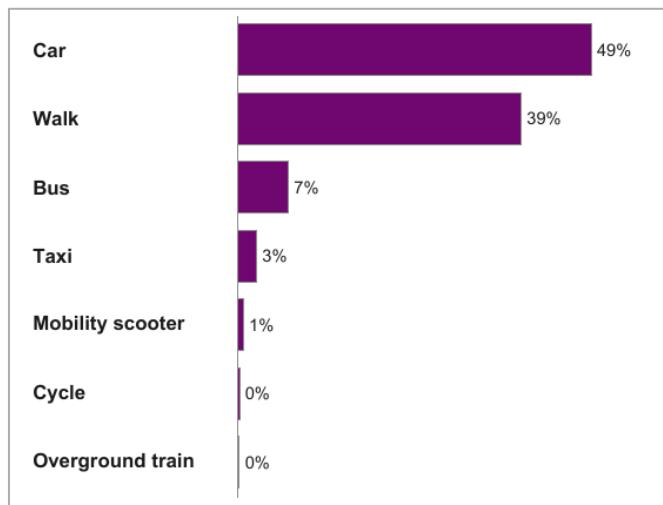
6.6 Overall, the local community in Birmingham find the journey to their local pharmacy easy. When asked about their journey, a large proportion (64%) of respondents reported that it was somewhat or extremely easy. Almost a fifth (18%) reported their journey was somewhat difficult and 3% reported extreme difficulty (Figure 6.1).

**Figure 6.1: Responses by ease of journey**



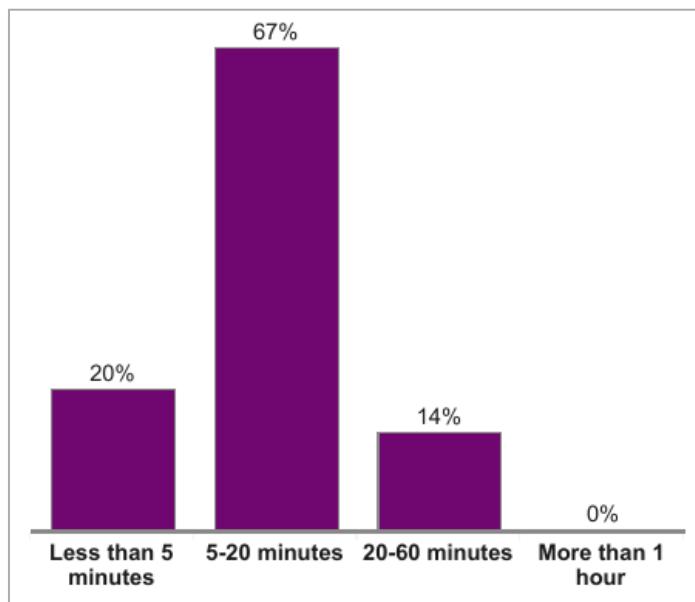
6.7 Nearly half of Birmingham respondents (49%) drive to their pharmacy, 39% walk to their pharmacy, 7% travel by bus, 3% travel by taxi and a small number (1%) use a mobility scooter (Figure 6.2).

**Figure 6.2: Responses by travel mode to pharmacy**



6.8 Most residents reach their pharmacy in 20 minutes or under. Just over two thirds (67%) of respondents have a journey of between 5 and 20 minutes, with a fifth (20%) reporting it takes them less than five minutes (Figure 6.3).

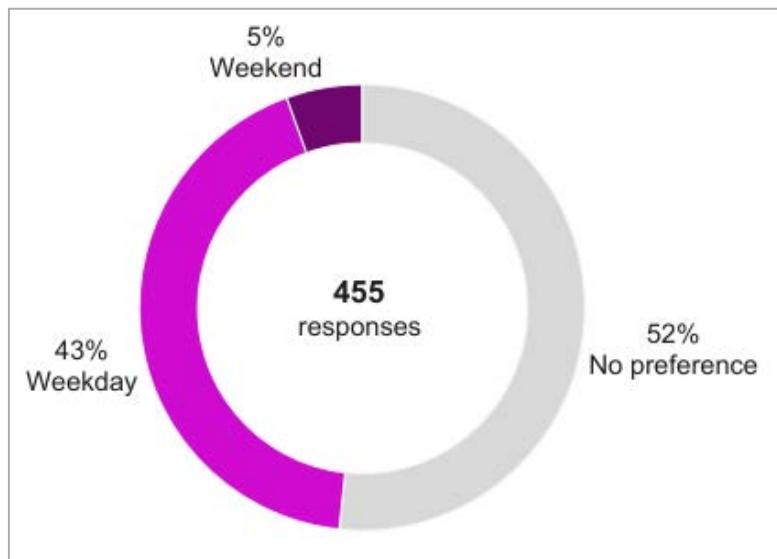
**Figure 6.3: Responses by journey time to pharmacy**



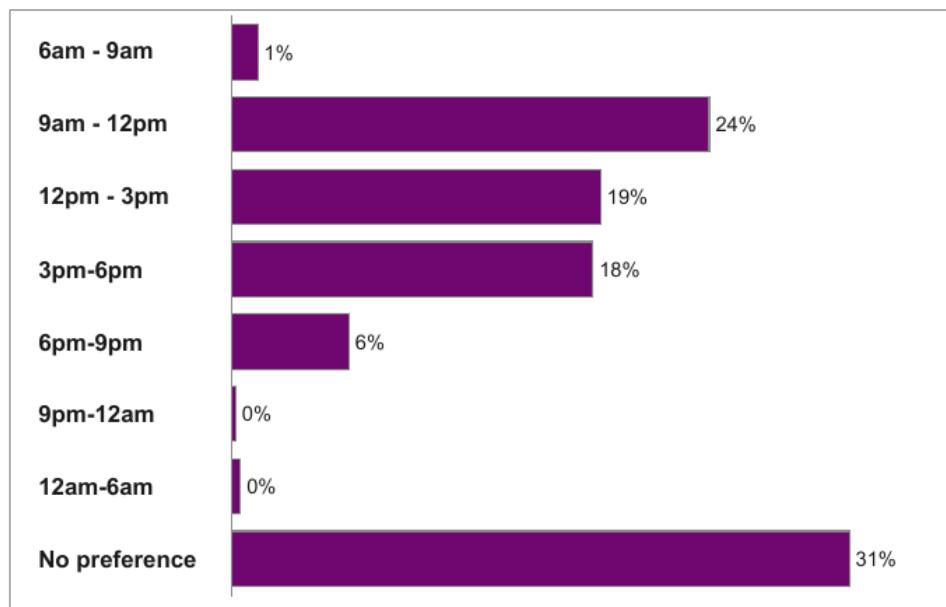
6.9 Generally, there was not a particular preference over when to visit a pharmacy. Just over half of respondents (52%) did not have a preference for whether they go to their pharmacy on a weekday or weekend, 43% preferred to visit their pharmacy on a weekday, and only 5% preferred to go on a weekend (Figure 6.4).

6.10 Furthermore, nearly a third (31%) did not have a set time for when they prefer to visit their pharmacy, 24% usually visit between 9am-12pm, 19% between 12-3pm, 18% between 3-6pm, 6% between 6-9pm and 1% between 6-9am (Figure 6.5).

**Figure 6.4: Responses by preferred day for pharmacy use**

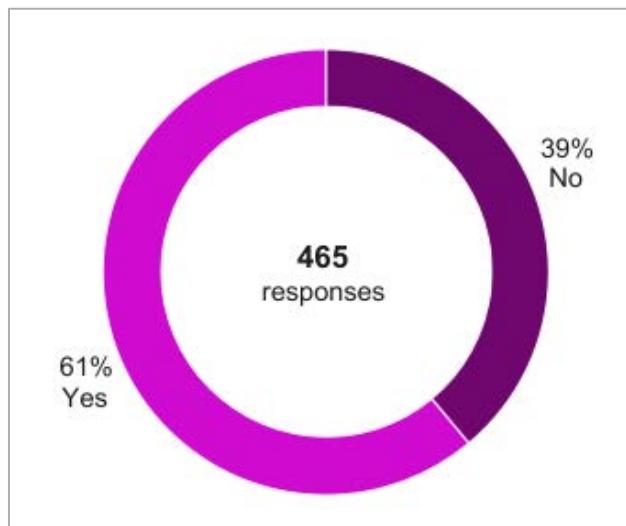


**Figure 6.5: Responses by preferred time of day to visit pharmacy**



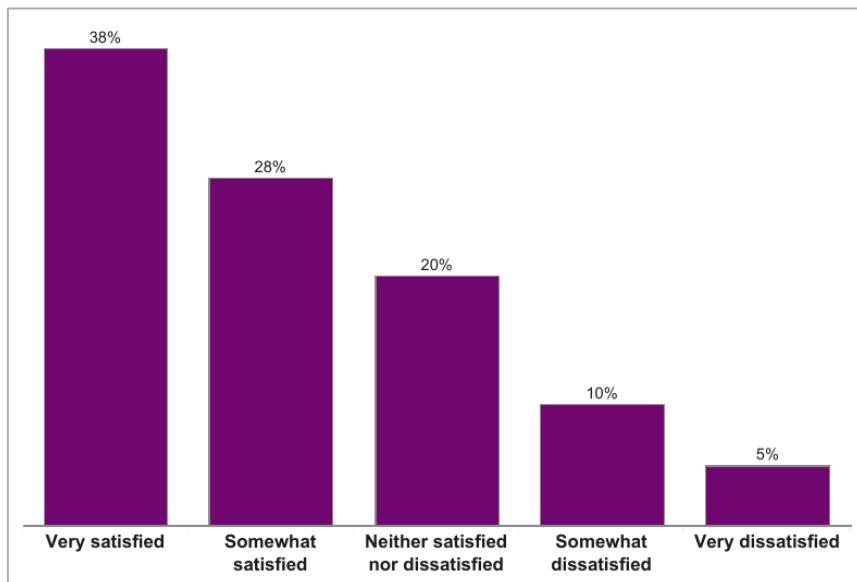
6.11 The majority of respondents (61%) expressed satisfaction with their pharmacy's opening hours, while the remaining 39% found them inconvenient.

**Figure 6.6: Responses by whether pharmacy times are convenient**



6.12 Most respondents were satisfied with their local pharmacy. Two-thirds were either very satisfied (38%) or somewhat satisfied (28%). 15% were somewhat or very dissatisfied.

**Figure 6.7: Responses by overall satisfaction with pharmacy**



***Other comments:***

6.13 When asked if they would like to leave further comments respondents across Birmingham highlight a mixed picture of community pharmacy access and satisfaction. Many respondents described positive experiences with local pharmacies, particularly where staff are friendly, knowledgeable, and services are well-organised. Pharmacies offering efficient repeat prescription services, delivery options, or use of online ordering systems were praised for convenience and reliability.

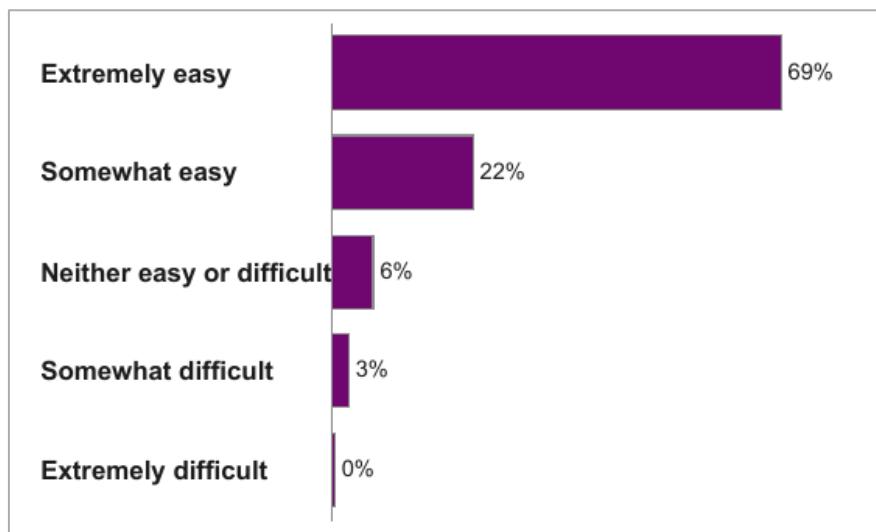
6.14 Nearly 200 respondents decried the recent closure of a pharmacy on Boldmere Road in the Sutton Coldfield area. Respondents called for the reinstatement of a pharmacy on the site following the closure of a Boots pharmacy in June 2023. Survey respondents described the closure as having left a major gap, disproportionately affecting the elderly, disable and low-income individuals and having a wider impact on community wellbeing, independence, and the local high street.

### **Solihull responses**

6.15 A total of 237 respondents lived or worked in Solihull. The data are presented based on those who answered each question, as not all respondents completed every question.

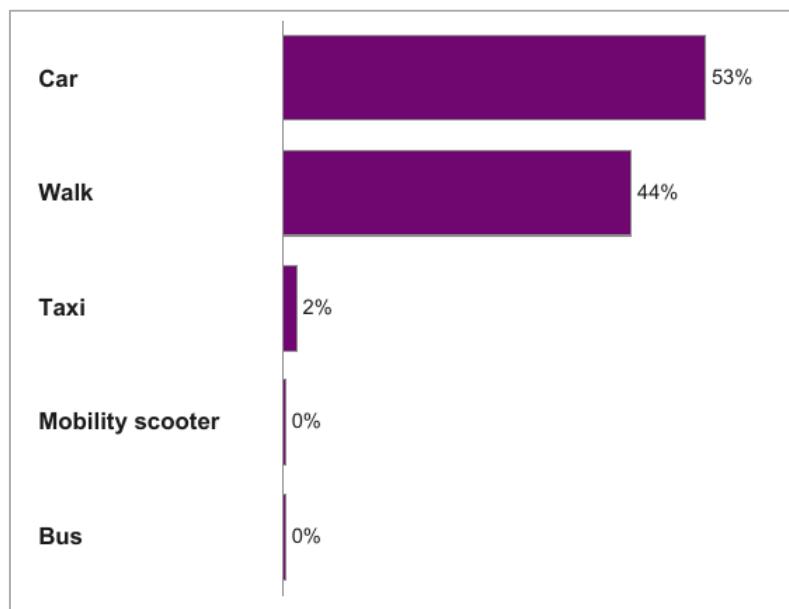
6.16 Overall, Solihull respondents are happy with the journey to their local pharmacy with most (91%) finding the journey to reach their pharmacy extremely easy or somewhat easy. 3% reported finding it somewhat difficult to reach their pharmacy (Figure 6.8).

**Figure 6.8: Responses by ease of journey**



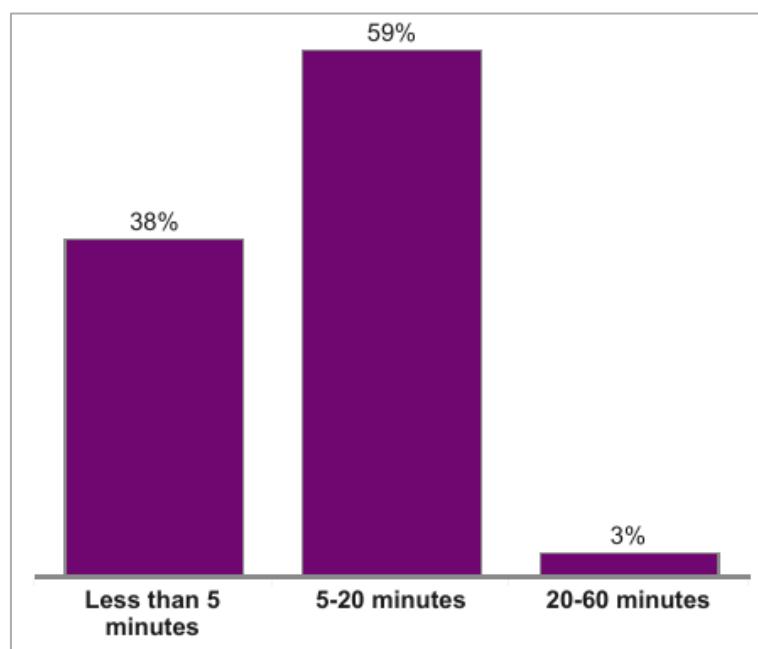
6.17 Over half of Solihull respondents (53%) drive to their local pharmacy, 44% walk there and a small minority (2%) reported travelling by taxi (Figure 6.9).

**Figure 6.9 Responses by travel mode to pharmacy**



6.18 97% of respondents reported being able to reach their pharmacies within 20 minutes of travel (Figure 6.10).

**Figure 6.10: Responses by journey time to pharmacy**



6.19 Preferences for pharmacy use among Solihull respondents were nearly evenly split between weekdays (47%) and having no preference (47%). A small proportion (6%) preferred to use the pharmacy on weekends (Figure 6.11). Furthermore, a large proportion (31%) did not have a set time for when they usually visit their pharmacy, 29% usually visit between 9am-12pm, 15% between 12-3pm, 16% between 3-6pm, 5% between 6-9pm and 4% between 6-9am (Figure 6.12).

Figure 6.11: Responses by preferred day for pharmacy use

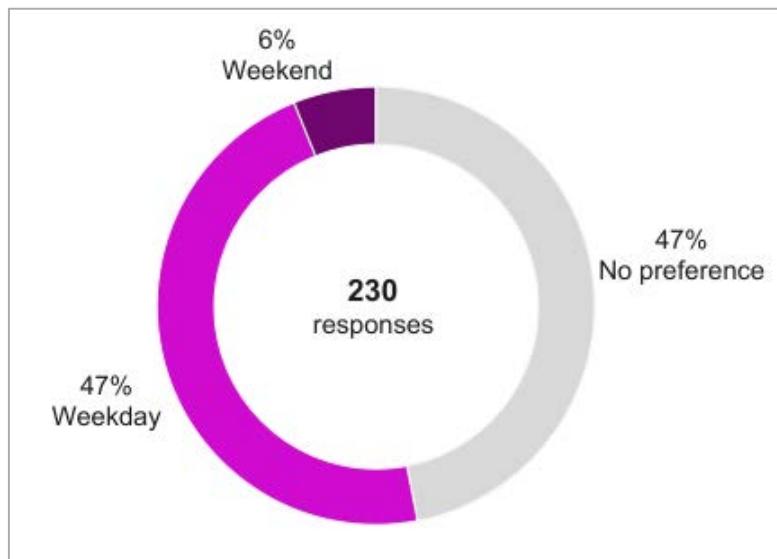
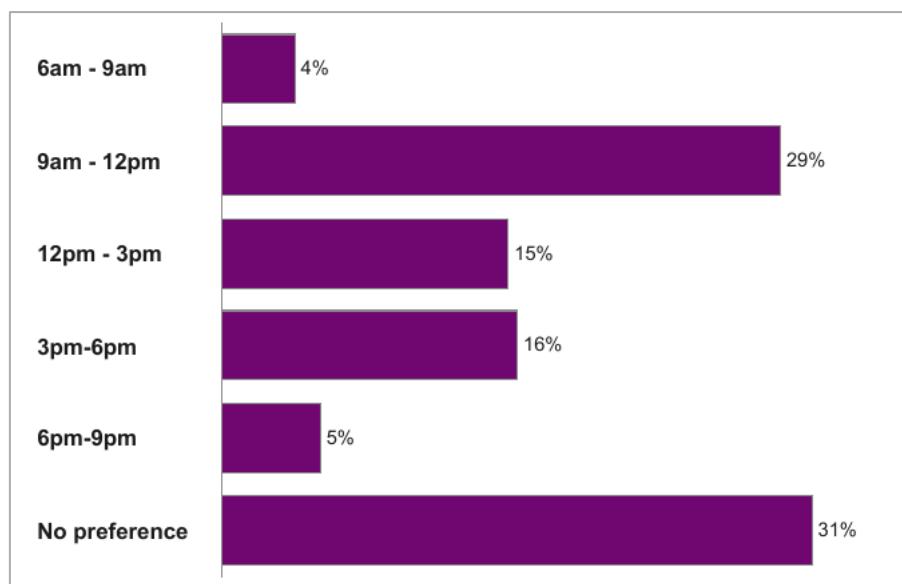
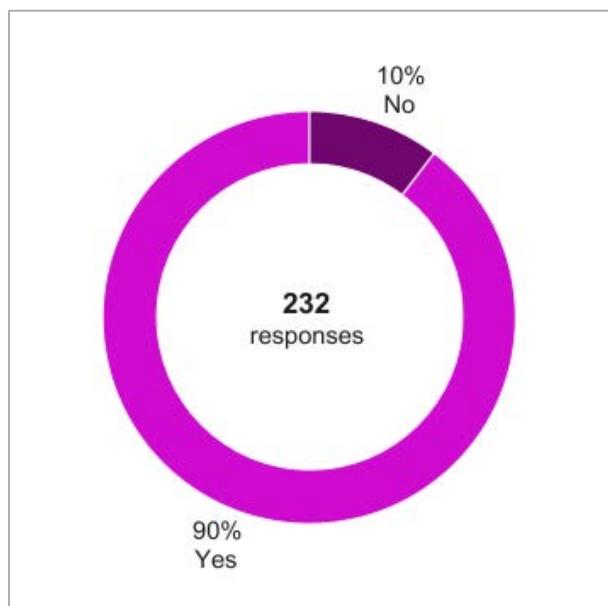


Figure 6.12: Responses by preferred time of day to visit pharmacy



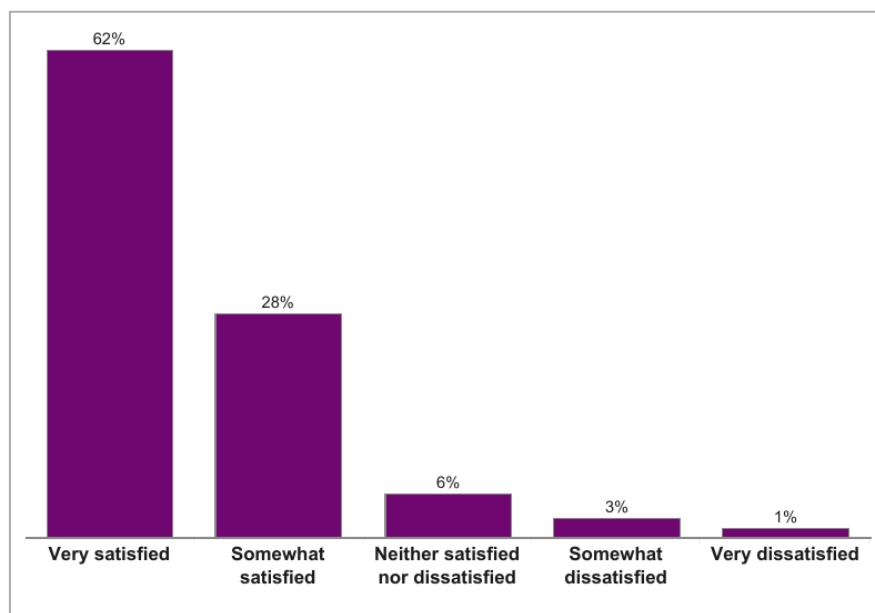
6.20 Most respondents (90%) were satisfied with their local pharmacy's opening hours, with only 10% expressing dissatisfaction.

**Figure 6.13: Responses by whether pharmacy times are convenient**



6.21 The majority of respondents were either very somewhat satisfied (90%) with their local pharmacy. 3% were somewhat dissatisfied and 1% reported being very dissatisfied.

**Figure 6.14: Responses by overall satisfaction with pharmacy**



***Other comments:***

6.22 Survey responses from residents across Solihull were very positive. Many people praised their local pharmacies for being friendly, knowledgeable, and a vital part of

their healthcare routine, especially in areas like Balsall Common, where long opening hours, home delivery, and continuity of care were highly valued.

## Equality impact assessment

6.23 The section below explores the patient and public survey responses by different groups representing protected characteristics to understand similarities and differences in responses between groups. The demographic breakdown of the respondents for Birmingham and Solihull is presented together<sup>20</sup>:

- **Age:** 46% (n=317) were of working age, and 54% (n=372) were over 65 years old.
- **Ethnicity:** 83% (n=587) identified as being from White ethnic groups; 7% (51) were from Asian or Asian British backgrounds; 3% (n=18) identified as Black, Black British, Caribbean or African; 1% (n=7) were from Mixed or multiple ethnic groups; and 6% (39) preferred not to say.
- **Gender:** 68% (n=479) identified as women, 28% (n=200) identified as men, and 3% (n=24) preferred not to say. Regarding gender history, 94% (n=663) did not identify as Trans or having a Trans history, and 6% (n=39) preferred not to say.
- **Religion:** 52% (n=367) identified as Christian; 31% (n=220) as atheist or having no religion; 1% (n=10) identified as Sikh; 1% (n=10) identified as Hindu; and 10% (n=70) preferred not to say.
- **Employment status:** 44% (n=305) were employed; 52% (n=361) were not in employment; and 1% (n=6) were students.
- **Sexual orientation:** 3% (n=18) were bisexual; 2% (n=12) were gay or lesbian; and 83% (n=576) were heterosexual/straight.
- **Relationship status:** 7% (n=51) were cohabiting or living with a partner; 56% (n=392) were married or in a civil partnership; 4% (n=29) were separated, divorced, or had a civil partnership dissolved; 14% (n=99) were single; and 10% (n=72) were widowed.
- **Disability:** 23% (n=163) stated that their conditions or illnesses reduced their ability to carry out day-to-day activities a little, and 10% (n=73) said a lot.

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<sup>20</sup> Caution should be exercised when interpreting the findings, as the survey sample does not closely match the demographic profile of the local population. Certain groups, such as ethnic minority communities, are underrepresented.

- **Caring responsibility**<sup>21</sup>: 58% (n=412) did not have caring responsibilities, and 35% (n=245) identified as carers.
- **Pregnancy**: 1% (n=8) were pregnant at the time of completing the survey.
- **Breastfeeding**: 1% (n=7) were breastfeeding at the time of completing the survey.

6.24 Overall, no substantial differences were identified between groups in their preferences and use of pharmacy services. However, some small differences were noted:

- Working-age respondents were more likely to use their pharmacy for their children (11%), compared with none of those aged over 65.
- People from Mixed or multiple ethnic groups were more likely to have no preference for pharmacy opening times (71%), compared with 50% of those from 'Other' ethnic groups, 31% of White respondents, 29% of Asian or Asian British respondents, and 17% of Black, Black British, Caribbean or African respondents.
- Students were more likely to walk to their pharmacy (83%) than those in employment (38%) or those not in employment (43%).
- Pregnant and breastfeeding women preferred to attend their pharmacy between 3-6pm (38% and 43%, respectively), while most other respondents had no preference (31%) or preferred visiting between 9am-12pm (26%).

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<sup>21</sup> **Note:** Carers were included in the survey analysis even though caring responsibility is not a protected characteristic under the Equality Act 2010.

## **Summary of the patient and public engagement and equality impact assessment**

A survey was conducted to examine how pharmacies are being used across Birmingham and Solihull, exploring how local people access and use pharmacy services and whether experiences or needs differ among protected characteristic groups and vulnerable populations.

The survey received 485 responses from people who live or work in Birmingham and 237 responses from those in Solihull. The majority of respondents used their pharmacy at least once in the last six months.

Most respondents in both areas reported a journey of 20 minutes or less to reach their pharmacy, with many finding the journey easy. In Birmingham, 49% drove and 39% walked to their pharmacy; in Solihull, 53% drove and 44% walked.

Respondents generally had no strong preference for visiting on weekdays or weekends, or for particular times of day, though morning visits were slightly more common.

Most people were satisfied with their local pharmacy's services and opening hours. Many respondents praised pharmacy staff for being friendly, knowledgeable, and offering convenient services such as repeat prescription management and home delivery. Several respondents voiced concern over the recent closure of a pharmacy on Boldmere Road in Birmingham.

An equality impact assessment found no substantial differences in pharmacy use or needs across protected characteristic groups.

# Chapter 7 - Pharmaceutical Services Provision

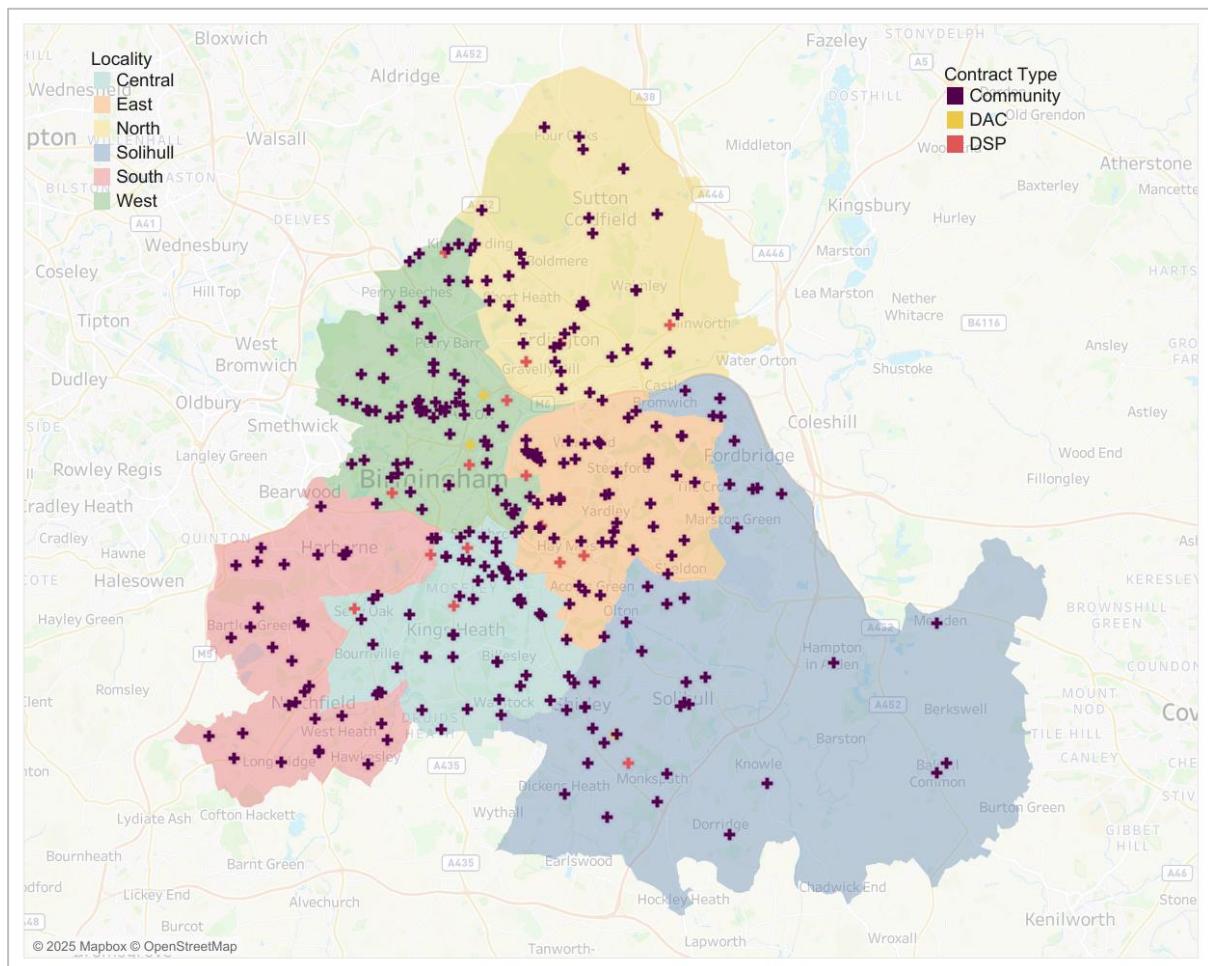
- 7.1 This chapter identifies the pharmaceutical service providers available in Birmingham and Solihull (BSol), the services they provide and maps their accessibility.
- 7.2 It evaluates the adequacy of services by considering:
  - Different types of pharmaceutical services provided.
  - Geographical distribution and choice of pharmacies within and outside the BSol.
  - Opening hours.
  - Dispensing data and capacity.
  - Pharmacies that provide essential, advanced and enhanced services.

- 7.3 Where appropriate, a mile radius has been included around service providers to highlight their coverage.

## Pharmaceutical service providers

- 7.4 As of October 2025, there are 305 pharmacies included in the pharmaceutical list for the Birmingham and Solihull HWB areas, 285 of which are community pharmacies, 17 are Distance Selling Pharmacies (DSPs) and 3 are Dispensing Appliance Contractors (DACs).
- 7.5 The pharmacies in the different localities in BSol are presented in Figure 7.1 below. All the pharmacy providers in BSol are also listed in Appendix B and those within one mile of its boundaries are listed in Appendix C.

**Figure 7.1: Pharmaceutical service providers in Birmingham and Solihull**



Source: NHSBSA and Solihull ICB

### Community Pharmacies

7.6 Birmingham and Solihull 285 community pharmacies equates to about 2.1 community pharmacies per 10,000 respectively (based on 2025 population estimate of 1,361,159). This ratio is considerably higher than the national average of 1.7 pharmacies per 10,000 residents (NHBSA and 2021 Census).

### Dispensing Appliance Contractors (DACs)

7.7 Dispensing Appliance Contractors (DACs) are specialised service providers that supply patients with prescribed appliances such as stoma care products, catheters, incontinence products and wound care products, rather than medicines. BSoL has 3 DACs (Salts MediLink branches on Longmore Road, Aston Hall Road and Richard Street).

## **GP Dispensing Practices**

7.8 These are general practices that are authorised to dispense medications directly to their patients, typically in rural or remote areas where community pharmacies are not easily accessible. Birmingham and Solihull has no GP Dispensing Practices.

## **Distance Selling Pharmacies (DSPs)**

7.9 Distance Selling Pharmacies (DSPs) are pharmacies that operate mainly through remote means, such as online platforms, phone or mail rather than providing face to face services.

7.10 New regulations were announced in 2025 affecting DSPs. Some highlights include:

- No new applications for DSPs can be accepted/are permitted from 23<sup>rd</sup> June 2025
- DSP can no longer deliver directed services (advanced and enhanced services) in person to a patient (with exception of COVID-19 and influenza vaccination services).

7.11 There are 17 DSPs in Birmingham and Solihull.

## **Local Pharmaceutical Services (LPS)**

7.12 This is a type of pharmacy contract that allows commissioners to commission tailored pharmaceutical services to meet specific needs of a local population. There are no Local Pharmaceutical Service (LPS) contracts in Birmingham and Solihull and no areas in Birmingham and Solihull have been designated as LPS areas.

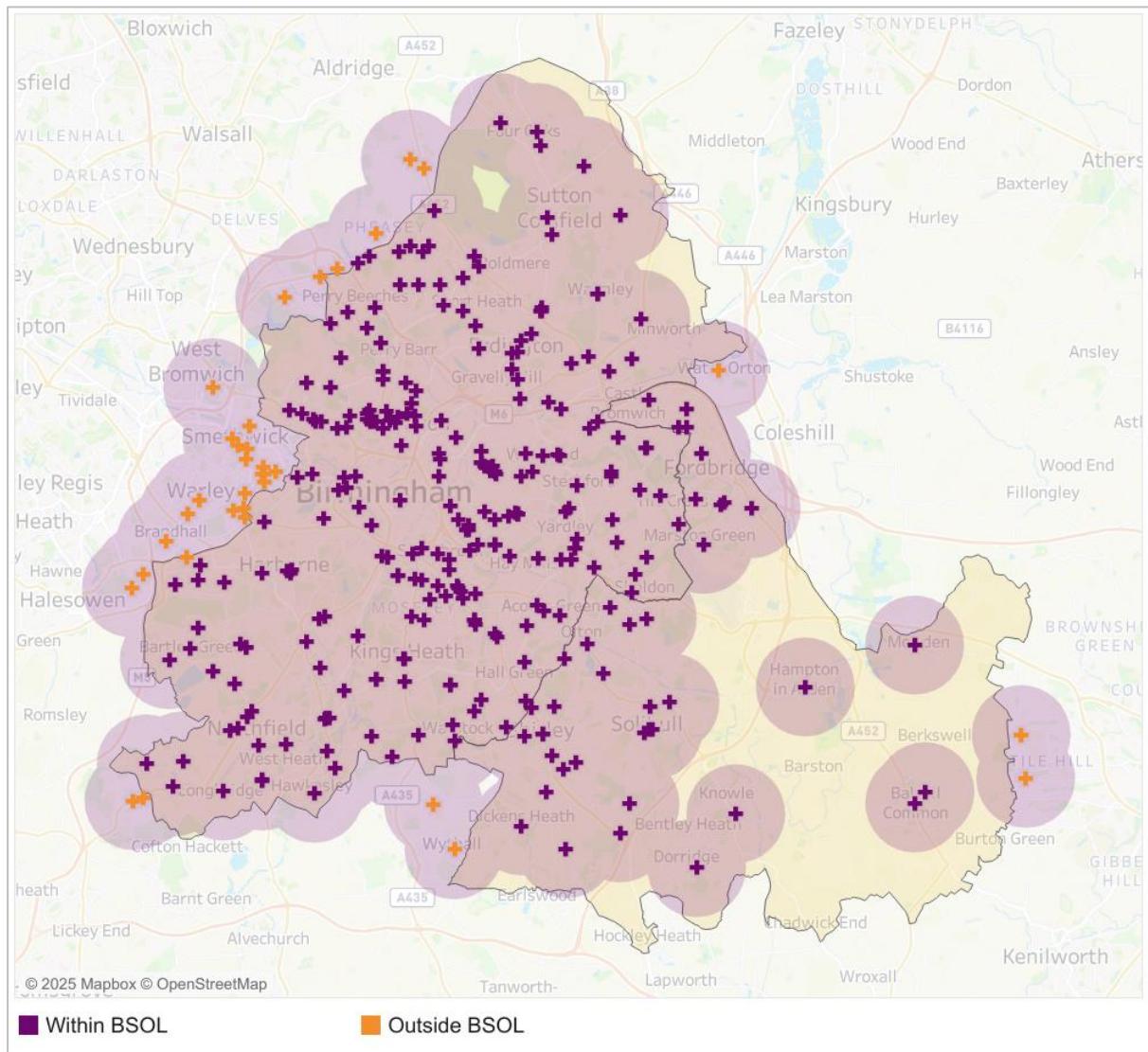
## **Accessibility**

### **Distribution and Choice**

7.13 As discussed in Chapter 3, the PNA Steering Group established a maximum acceptable distance of one mile for residents to access pharmaceutical services. This distance equates to about 20 minutes' walk. For residents who live in more rural area, 20 minutes by car is considered accessible.

7.14 Figure 7.2 below shows the 285 community pharmacies located in Birmingham and Solihull and 34 additional pharmacies within one mile of its boundaries.

**Figure 7.2: Distribution of community pharmacies in Birmingham and Solihull and within one mile of its boundaries**



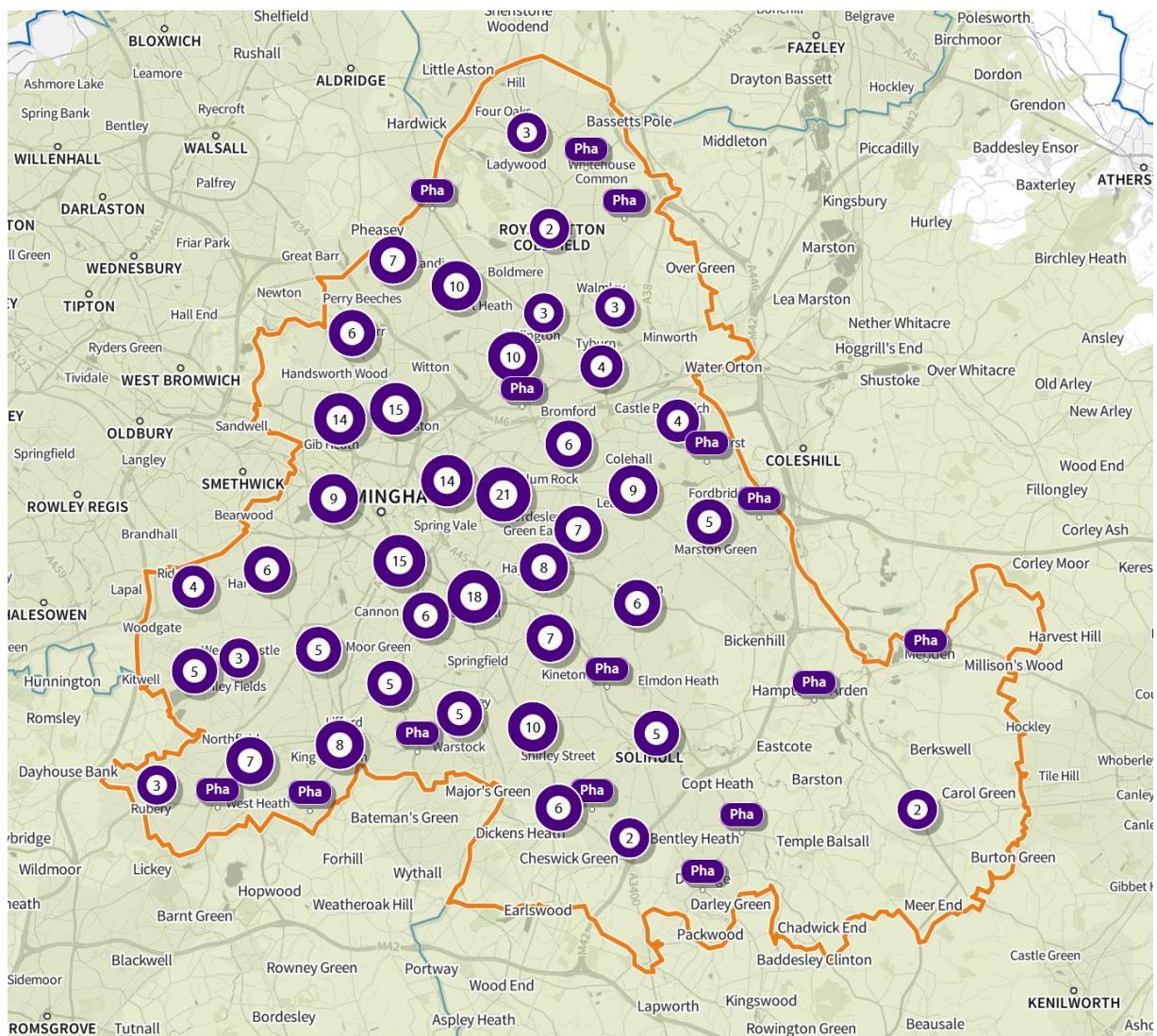
Source: NHSBSA

7.15 As seen, there is a good distribution of pharmacies in and around BSol for majority of the residents. All Birmingham residents are within a mile of a community pharmacy. The areas in Birmingham that are not within a mile of a community pharmacy are not populated and covered by greenery such as Sutton Park. Solihull is more rural in characteristic and the 20-minute drive time criteria set out by the Steering Group is more apt for rural sections.

7.16 Figure 7.3 below shows accessibility of pharmacies by car. In the image, the area that can be accessed within 20 minutes is shaded in green/yellow. As seen, the entirety of BSol can reach a pharmacy within a 20 minutes' drive (OHID, SHAPE Atlas Tool).

Vehicle ownership in BSol is high (68% for Birmingham and 82% for Solihull) as discussed in Chapter 4.

**Figure 7.3: Areas covered by 20-minute drive time by car to a BSol pharmacy**



**Source: Strategic Health Asset Planning and Evaluation Atlas Tool**

- 7.17 Taken together, this attests to good access to pharmacies by BSol residents.
- 7.18 The table below shows the geographical distribution of the pharmacies by locality and the pharmacy to population ratio documented as number of community pharmacies per 10,000. As seen, all the localities have over 30 pharmacies with the ratio of community pharmacy per 10,000 ranging from 1.7 to 2.6.

**Table 7.1: Distribution of community pharmacies by locality**

Locality	Number of community pharmacies	Community pharmacies per 10,000
West	66	2.6
East	58	2.3
Central	48	2.1
Solihull	40	1.8
South	36	1.7
North	37	1.8
<b>Total</b>	<b>285</b>	<b>2.1</b>

Source: ONS (2021 Census) and NHSBSA

### ***Pharmacy distribution in relation to population density***

**Table 7.2: Population density vs community pharmacies by locality**

Locality	Population density (persons per hectare)	Number of community pharmacies
East	57.8	58
Central	55.7	48
West	50.7	66
South	39.0	36
North	25.3	37
Solihull	12.1	40
<b>Total</b>	<b>30.5</b>	<b>285</b>

Source: ONS (2021 Census) and NHSBSA

7.19 As seen in table 7.2 above, there is a good distribution of pharmacies, even in areas of low population densities. Despite having the population density that is almost 5 times less than that of the most densely populated locality, Solihull, which has the lowest population density, has 40 community pharmacies within it (compared to 58 in the most densely populated locality).

### ***Pharmacy Distribution in relation to GP surgeries***

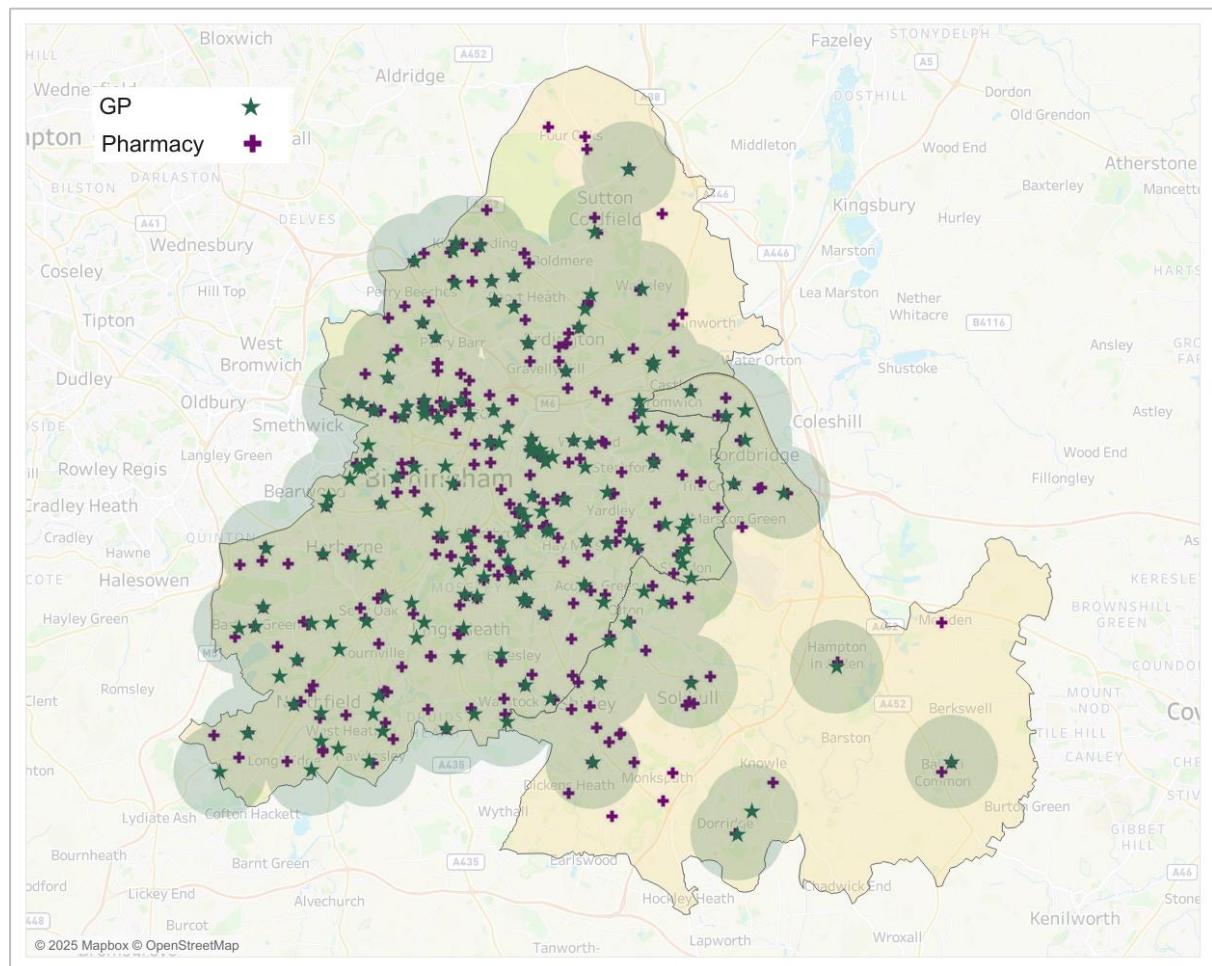
7.20 In early 2019, the NHS Long Term Plan was published, which encouraged general practices to form Primary Care Networks (PCNs). PCNs are groups of GP practices working collaboratively with community, mental health, social care, pharmacists, hospital and voluntary services to provide more integrated and proactive care. Each PCN typically serves a population of between 30,000 and 50,000 people.

7.21 There are currently 179 general practices in Birmingham and Solihull with a combined patient list size population of 1,647,267. These general practices are organised into 33 PCNs.

7.22 Each of these networks have expanded neighbourhood teams which is made up of a range of healthcare professionals including GPs, district nurses, allied health care professionals, community geriatricians and pharmacies. It is essential that community pharmacies are able to engage with the PCNs to maximise services provided to patients and residents.

7.23 Figure 7.4 below shows that there is a pharmacy within accessible distance (one mile) of all GPs in Birmingham and Solihull.

**Figure 7.4: General Practices in Birmingham and Solihull and their 1-mile coverage in relation to pharmacies**



Source: NHSBSA

7.24 The NHSE data for 2024-2025 showed that **88.9% of items prescribed by GPs in Birmingham are dispensed in Birmingham**. The next largest local authority where prescriptions written by GPs in Birmingham were filled was Sandwell (2.4%).

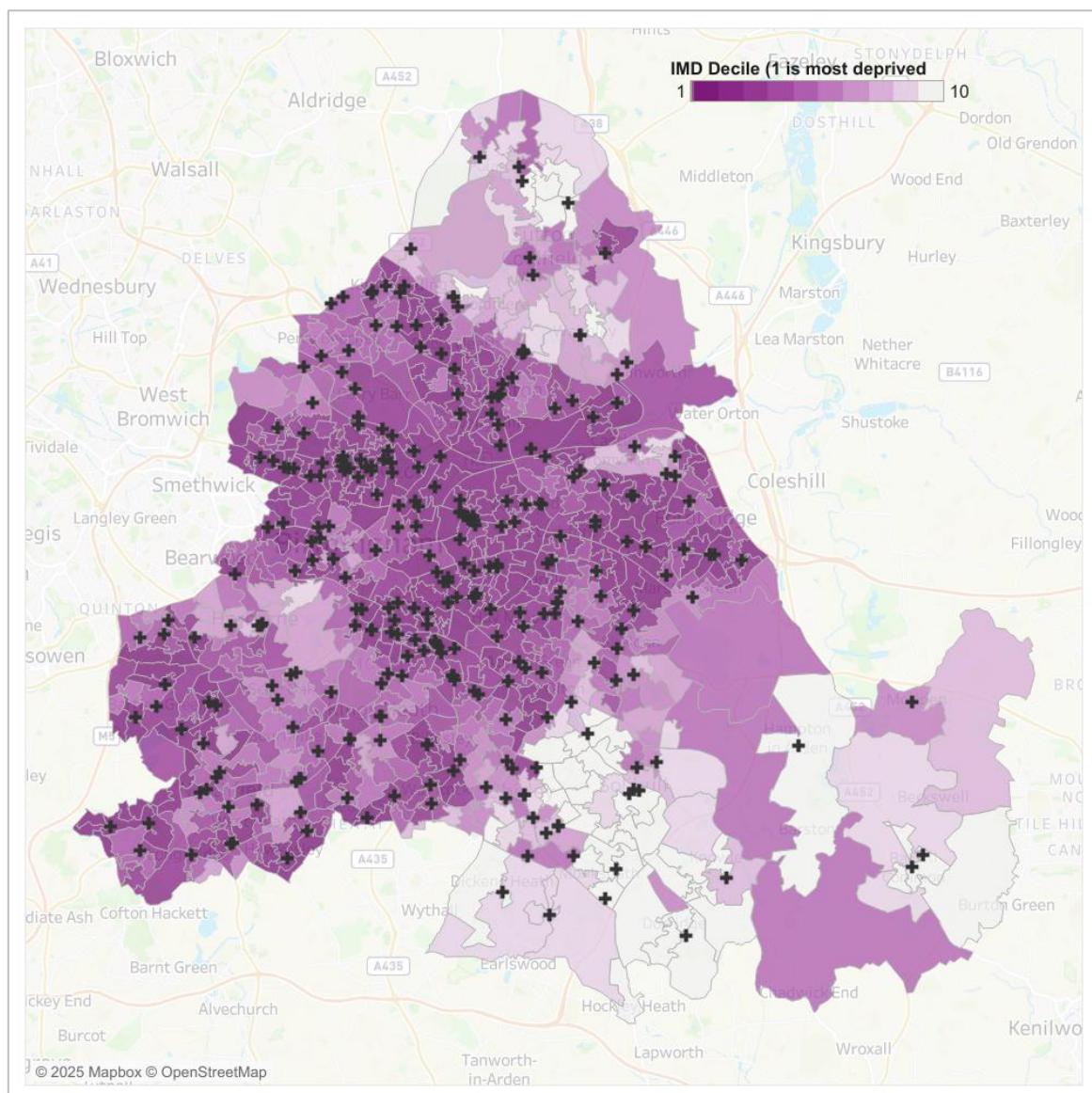
7.25 **82.8% of items prescribed by GPs in Solihull are dispensed in Solihull.** The next largest local authority where prescriptions written by GPs in Solihull were filled was Birmingham (11.8%).

7.26 The PNA analysis is not aware of any firm plans for changes in the provision of Health and Social Care Services within the lifetime of this PNA.

***Pharmacy Distribution in Relation to Index of Multiple Deprivation***

7.27 Figure 7.5 below shows pharmacy locations in relation to deprivation deciles. As seen, there is a good distribution of pharmacies in both areas of high and low deprivation.

**Figure 7.5: Pharmacy locations in relation to deprivation deciles in BSol**



**Source: MHCLG & NHSBSA**

## **Opening times**

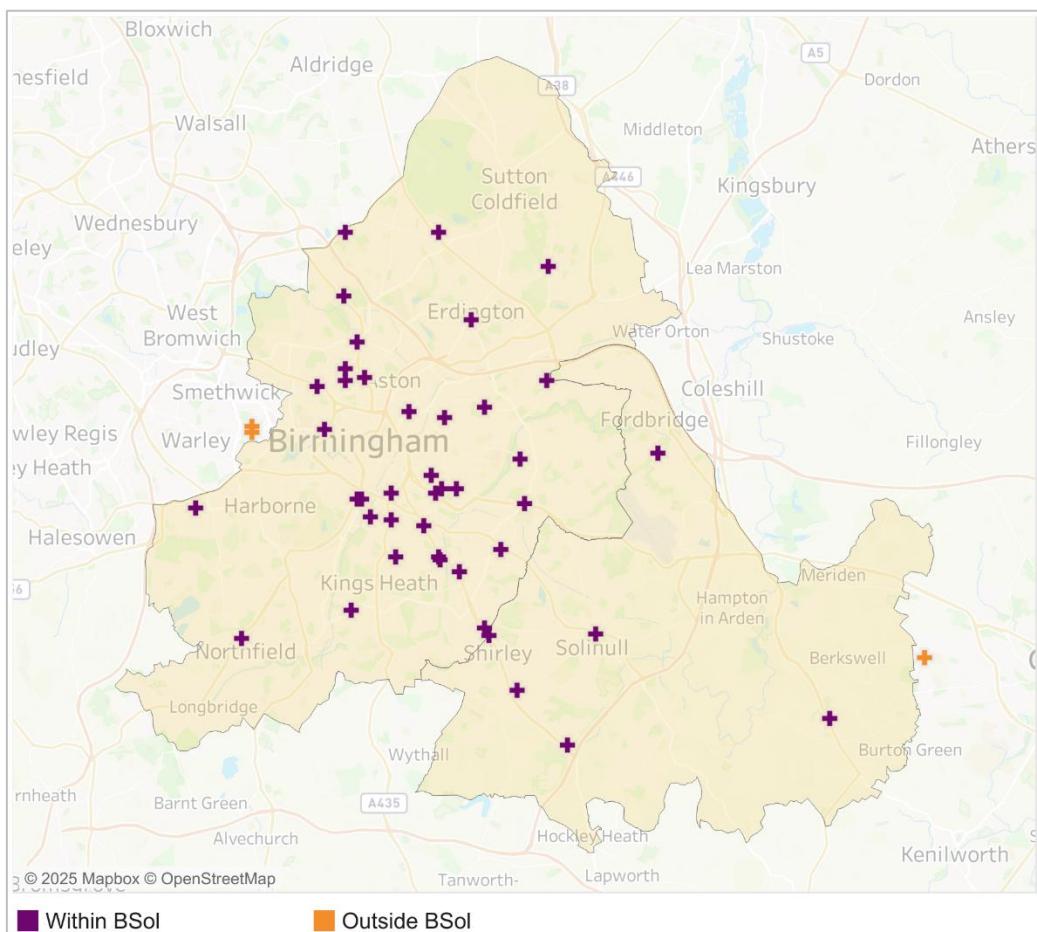
7.28 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically, pharmacies held 40-hour or 100-hour contracts. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service were amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged in order to maintain out-of-hours pharmacy provision.

7.29 It is important to consider access to pharmacies both within and outside regular hours. The Steering Group defined 9am to 6pm on weekdays as regular opening hours.

### ***100-hours pharmacies***

7.30 Forty-two pharmacies in BSol are 100-hour pharmacies, with three additional 100-hour pharmacies in neighbouring HWB areas within one mile of its boundaries.

**Figure 7.6: Distribution of 100-hour pharmacies**



Source: NHSBSA

**Table 7.3: 100-hour pharmacies in BSol by locality**

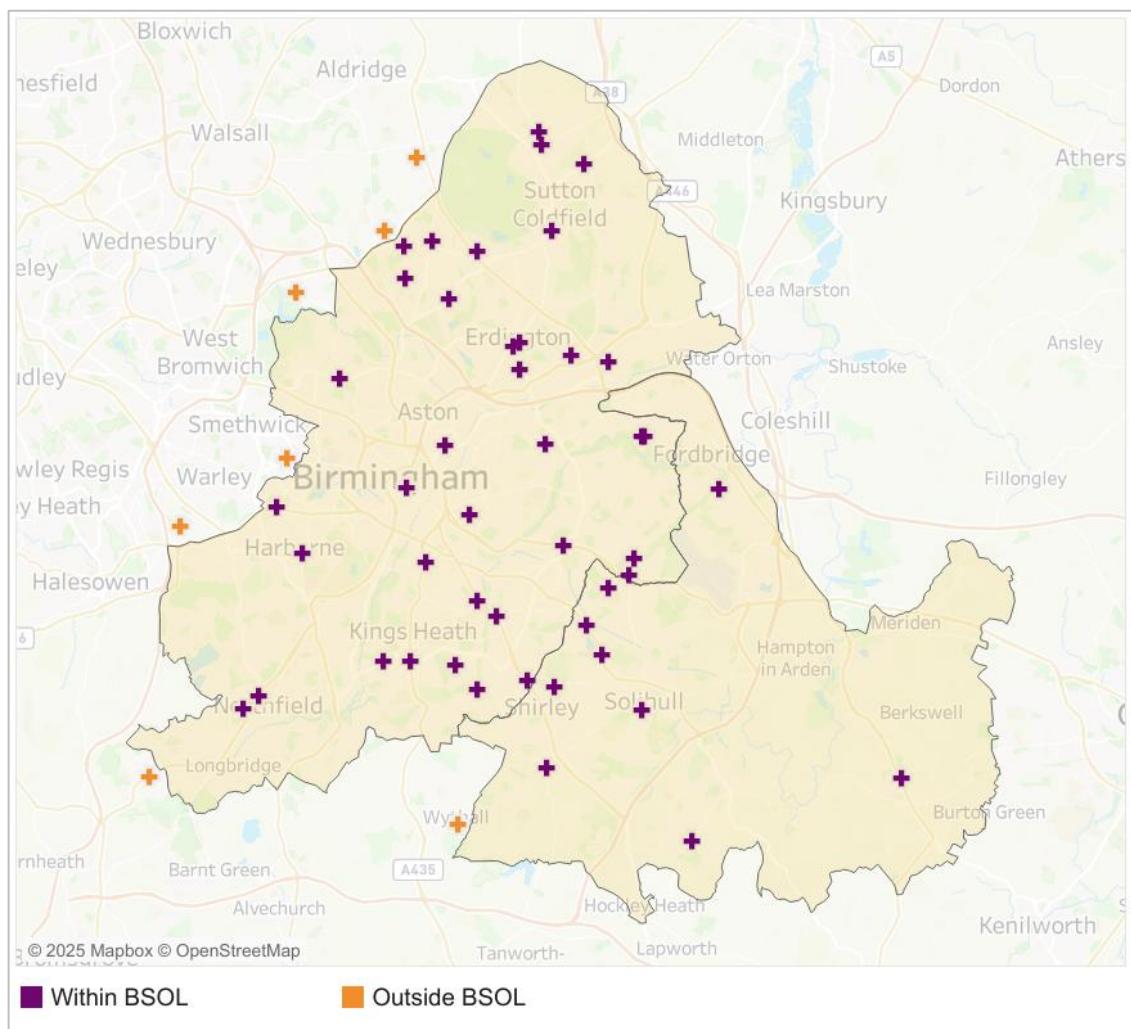
Locality	Number of pharmacies
West	12
Central	9
East	8
South	4
North	3
Solihull	6
<b>Total</b>	<b>42</b>

Source: NHSBSA

### *Early Morning Opening*

7.31 Forty-five pharmacies are open before 9am on weekdays within BSol, and another 7 pharmacies within one mile of its boundary.

**Figure 7.7: Distribution of community pharmacies that are open before 9am on a weekday**



**Table 7.4: Community pharmacies in BSol that are open before 9am on a weekday**

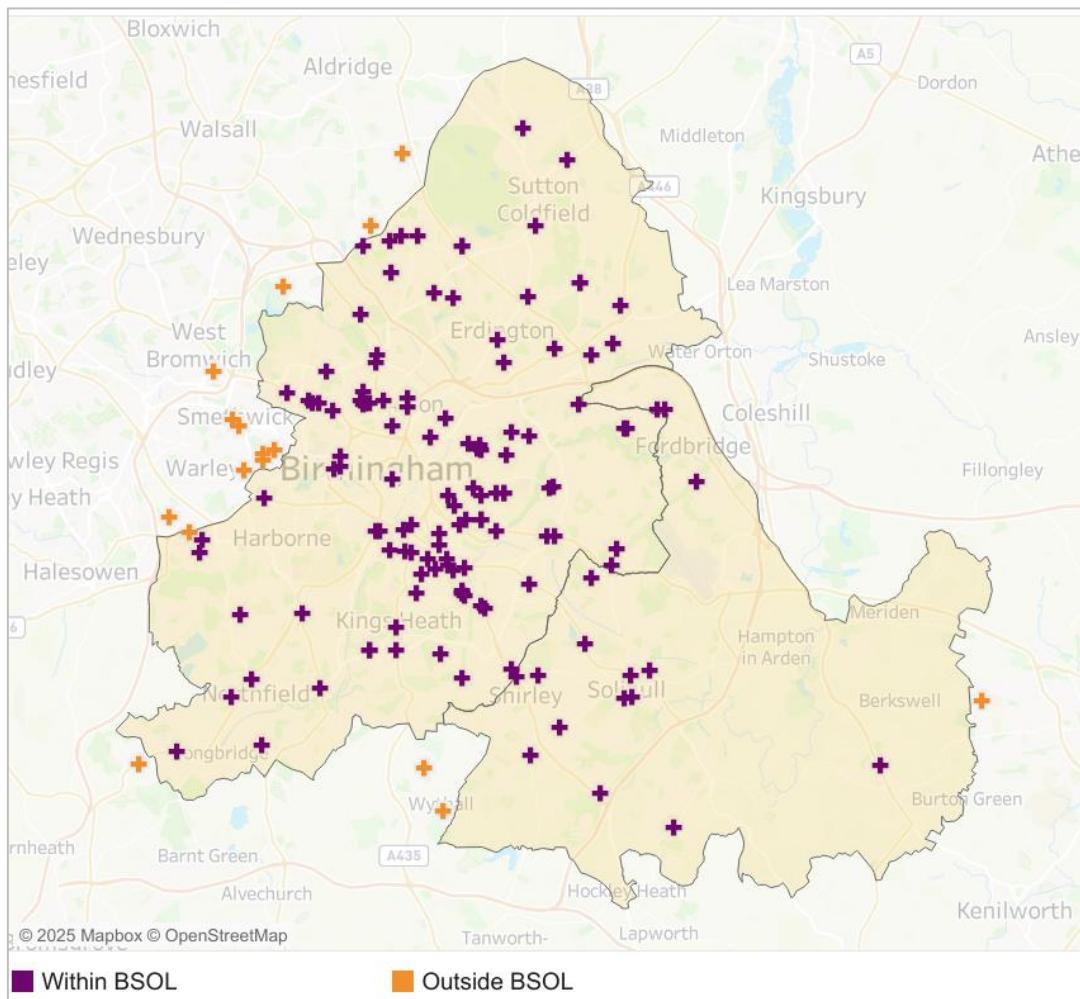
Locality	Number of pharmacies
North	12
Central	8
West	6
East	6
South	4
Solihull	9
<b>Total</b>	<b>45</b>

Source: NHSBSA

### **Late evening closure**

7.32 There are 130 pharmacies in Birmingham and Solihull and 16 others within one mile of its boundaries that are open after 6pm on weekdays as shown in Figure 7.8 below.

**Figure 7.8: Distribution of community pharmacies open past 6pm on weekdays**



**Source: NHSBSA**

**Table: 7.5: Community pharmacies in BSol open past 6pm on weekdays**

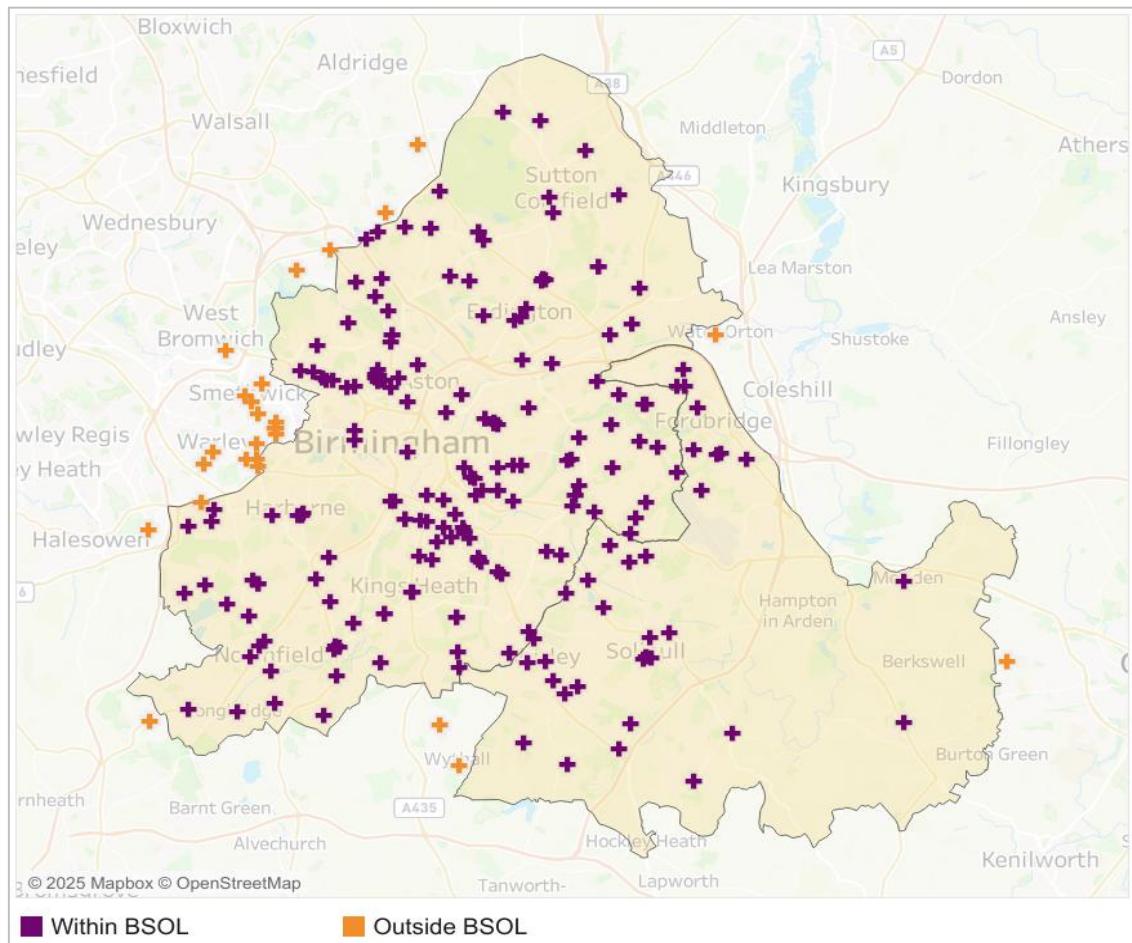
Locality	Number of pharmacies
West	34
Central	28
East	25
North	17
South	10
Solihull	16
<b>Total</b>	<b>130</b>

**Source: NHSBSA**

## Saturday Opening

7.33 A vast majority of community pharmacies in BSol (201 out of 285) are open on Saturdays, with additional 26 pharmacies within one mile of its boundaries open on Saturdays as can be seen in Figure 7.9 and Table 7.6.

**Figure 7.9: Distribution of community pharmacies open on Saturdays**



Source: NHSBSA

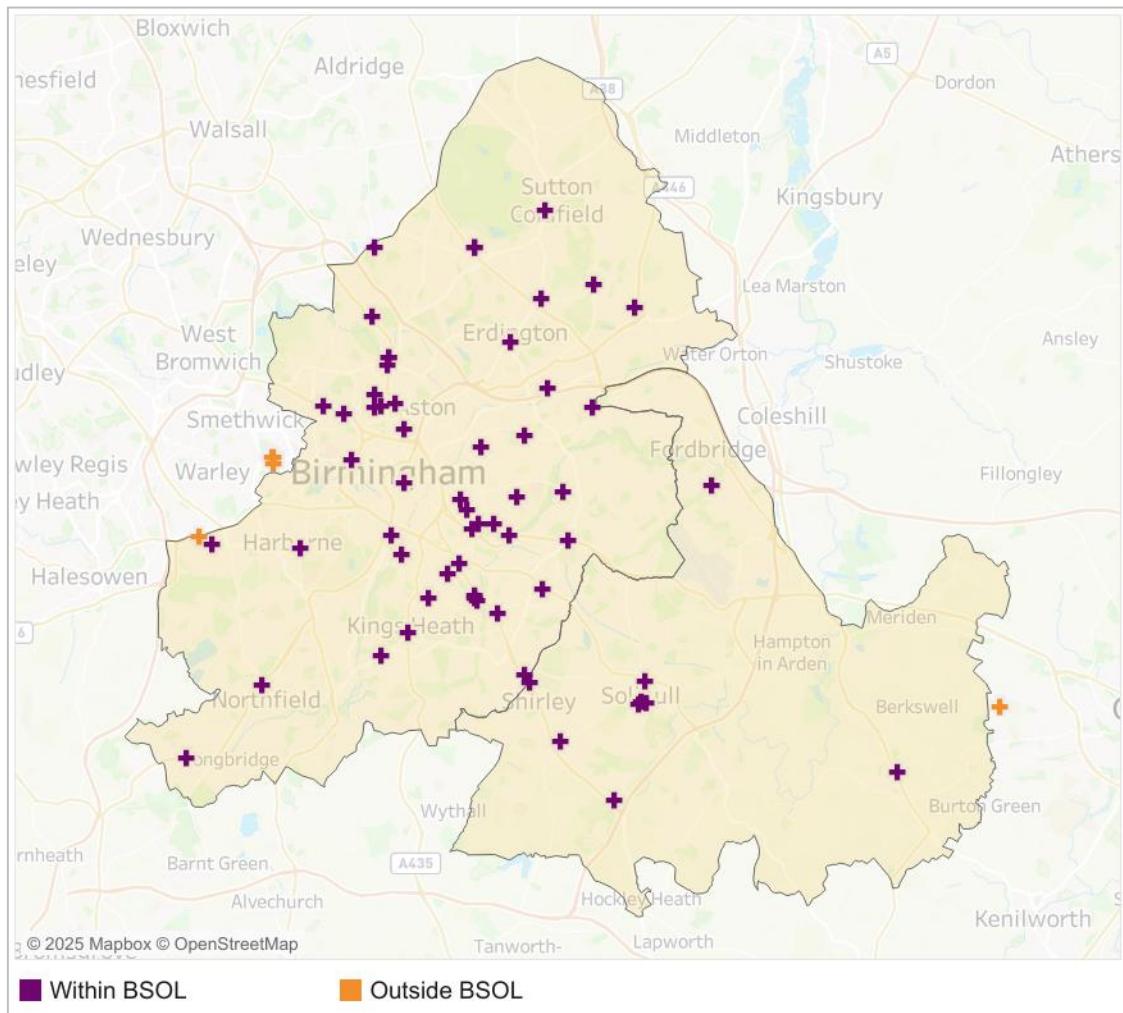
**Table 7.6: Community pharmacies open on Saturdays in Birmingham and Solihull**

Locality	Number of pharmacies
West	39
Central	39
East	37
North	27
South	25
Solihull	34
<b>Total</b>	<b>201</b>

### Sunday Opening

7.34 There are 60 pharmacies in Birmingham and Solihull and 5 others within one mile of its boundaries that are open on Sundays as shown in Figure 7.10 and Table 7.7 below.

**Figure 7.10: Distribution of community pharmacies open on Sundays**



**Table 7.7: Community Pharmacies open on Sundays by locality**

Locality	Number of pharmacies
West	17
Central	11
East	10
North	8
South	5
Solihull	9
<b>Total</b>	<b>60</b>

### **Summary of the accessibility of pharmacies in Birmingham and Solihull**

Overall, there is good pharmacy coverage to provide pharmaceutical services to Birmingham and Solihull residents both within and outside normal working hours. Majority of the residents are within one mile of pharmacy and the entire BSol population can reach a pharmacy within 20 minutes using a car.

## **Essential Services**

7.35 Essential services are the core services that all community pharmacies must provide under the NHS Community Pharmacy Contractual Framework (CPCF). These services form the foundation of community pharmacy practice and are aimed at ensuring accessibility, quality care and support for patients in managing their health. Below is the list and description of nine essential services provided by community pharmacies in the UK.

- Discharge Medicines Service.
- Dispensing medicines.
- Dispensing appliances.
- Disposal of unwanted medicines.
- Healthy Living Pharmacies.
- Public Health (promotion of healthy lifestyles).
- Repeat Dispensing and eRD.
- Sign Posting.
- Support for Self-Care.

### **Dispensing Medicines**

7.36 This is one of the core essential services provided by the community pharmacies under the CPCF. It ensures that patients receive their prescribed medicines safely, efficiently and in accordance with regulatory and clinical standards. It includes:

- Accurate dispensing of prescribed medicines.

- Clinically checking of prescriptions for the appropriateness of the medicines, potential drug interactions, dosage accuracy and clarifying any queries or concerns with the prescriber.
- Labelling and packaging in compliance with legal and clinical requirements.
- Provision of counselling and advice to patients on how and when to take their medicines, possible side effects and actions to take if they occur, storage and disposal instructions for unused medicines.
- Management of repeat prescription requests usually through the Electronic Prescription Service (EPS).
- Accurate record keeping of all dispensed items to ensure compliance to regulatory requirements and support clinical audits and continuity of care.
- Having safeguards in place for minimisation of medicine wastage and ensuring that unused and damaged items are safely disposed of, preventing misuse or harm to the environment.

7.37 Birmingham pharmacies **dispense an average of 6,696 items per month** while Solihull pharmacies **dispense an average of 7,940 items per month** (NHSBSA, 2024/25 financial year data). These numbers are lower than England's average of 8,689 items per month. This suggests there is a good distribution and capacity amongst Birmingham and Solihull pharmacies to meet current and anticipated need in the lifetime of this PNA.

### **Discharge Medicines Service (DMS)**

7.38 The Discharge Medicines Service became a new essential service under the CPCF from February 2021, at which point NHS Trusts were able to refer patients that would benefit from additional guidance around their prescribed medicines to their community pharmacy for the Discharge Medicines Service. The key objectives of this service are to reduce hospital re-admissions, reduce medicines-related harm during transfers of care, optimise the use of medicines, whilst facilitating shared decision making, improve communication between hospitals, community pharmacies and primary care teams and to support patients through enhancing their understanding and adherence to prescribed medicines following discharge from hospital.

7.39 This service is intended for patients who are discharged with changes to their medication regimen as well as patients who are likely to benefit from support in understanding or managing their medications, for instance those with polypharmacy, frailty or chronic conditions.

7.40 DMS follows a structured three step process which includes the following:

- Referral: Hospitals identify patients at risk of medication-related problems upon discharge and, subject to the patient consenting to a referral, they will send a referral to the pharmacy via secure electronic system such as Refer to Pharmacy, PharmOutcomes or NHSmail.
- Community Pharmacy Review: The community pharmacy reconciles their medicines by comparing the discharge summary with the current medication on records to identify and resolve any discrepancies. Tailored advice is provided to the patient about their medication changes, including potential side effects and usage instructions.
- Ongoing Support: The community pharmacist may follow up with the patient to ensure understanding and adherence and where necessary, could liaise with the GPs.

### **Dispensing Appliances**

7.41 This service is relevant to dispensing contractors like the community pharmacies and appliance contractor, providing appliances such as stoma care items, incontinence supplies and dressings. This service ensures that these contractors supply appliances as prescribed and in a timely and accurate manner as well provide advice on their safe and effective use. This is essential in supporting patients to have access to appliances they require for managing their conditions.

### **Disposal of Unwanted Medicines**

7.42 This service ensures that patients can dispose of their unwanted, unused or expired medicines safely through their local community pharmacy. This helps to prevent environmental contamination, reduce the risk of misuse and promote safe handling of hazardous substances, ultimately promoting public health and environmental sustainability. As part of this service, pharmacies are obliged to accept back unwanted medicines from patients and if necessary, sort them into solids, liquids and aerosols

and in accordance with the Hazardous waste regulations. The local NHS contract management team makes arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

### **Healthy Living Pharmacies (HLP)**

7.43 This is designed to improve public health by providing accessible health promotion interventions and wellbeing services and helping to reduce inequalities. It aligns with the promotion of healthy lifestyle which is a core requirement for all community pharmacies. Community pharmacy owners were required to become HLPs in 2020/2021 as agreed in the five-year CPCF. This requires pharmacy owners to comply with the HLP framework requirements through ensuring a health promotion environment which meets stipulated standards, embedding health promotion and prevention in their everyday practice and making sure their staff are well equipped to deliver high quality public health interventions. They are also required to ensure that they continue to meet the terms service requirements by reviewing their compliance against the requirements at least every 3 years.

### **Public Health (promotion of healthy lifestyles)**

7.44 This is a core part of the CPCF which requires all community pharmacies to actively contribute to improving public health by providing targeted health and wellbeing advice to patients and supporting NHS public health campaigns. This aims to improve public health outcomes, promote preventative care and enhance accessibility through the convenience and important role that community pharmacies provide to patients who may not usually engage with other healthcare services.

7.45 The key requirements of this service include the following:

- Provision of a health promotion environment for instance through having clear displays of health advice materials in the pharmacy.
- Provision of tailored health promotion and lifestyle advice to patients who are receiving prescriptions for conditions where lifestyle can make significant difference such as hypertension and diabetes. This includes focusing on areas such as smoking cessation, healthy eating, exercise, reduction of alcohol consumption and mental health support.

- Providing support for NHS campaigns through actively participating in up to six national public health campaigns per financial year (1st April to 31st March) as directed by NHS England through ways such as displaying and distributing the campaign leaflets and engaging patients in discussions related to the campaign themes.
- Signposting patients who require further support or specialised care to appropriate health, social care or voluntary services for instance referral to stop smoking cessation services and weight management programmes.
- Keeping records of the health promotion interventions undertaken and any referrals made and participating in evaluations to show the impact of such interventions.

### **Repeat dispensing and eRD**

7.46 Repeat dispensing became an essential service within the CPCF since 2005. This service enables patients to obtain repeat supplies of their medicines and appliances prescribed on a repeat basis from their nominated pharmacy, without the need for their GP to issue prescription each time a supply is needed. This service is suitable for patients on stable, long-term medications who understand how the service works and consent to participate. This helps to save GP and patients time, improve convenience and ensured ongoing medication adherence by allowing community pharmacies to be more actively involved in the safe supply of regular prescriptions of patients. This service was initially carried out with paper prescriptions. However, following the development of the Electronic Prescription Service (EPS), most of the repeat dispensing is now done through the EPS and referred to as the electronic Repeat Dispensing (eRD).

7.47 This service involves the community pharmacy ensuring that each repeat supply is required, confirming there is no reason why the patient should be referred back to their GP and if appropriate dispensing the repeat dispensing prescriptions issued by the GP at the agreed intervals based on the prescription batches.

### **Signposting**

7.48 This service involves pharmacies helping people who seek assistance by directing them to the most appropriate health, social care or support services for help when their

needs fall outside their scope. Examples include needs related to social care, specialist medical advice or community health programmes. This ensures that patients receive timely and appropriate care. Pharmacies are required to offer clear guidance on where the patient can access the required service. This could include providing contact details, directions of making a direct referral to such services if appropriate.

7.49 The lists of sources of care and support in the area can be obtained from NHS England and pharmacies should maintain an up-to-date directory of local services, including NHS and voluntary organisations to aid accurate signposting.

### **Support for Self-Care**

7.50 The key components of this service are provision of advice and information to patient, promotion of self-care, supply of over-the-counter medicines by community pharmacy teams to patients as well as signposting them to other services if a condition is beyond the scope of self-care. This service aims at empowering patients to manage minor ailments and common health conditions independently, with guidance from community pharmacy teams through their provision of advice and where necessary, sale of medicines. This also includes handling referrals from NHS 111.

7.51 Examples of minor ailments that can be addressed include cold and flu symptoms, sore throat, management of mild aches and pains, skin conditions such as eczema and insect bites, allergies and digestive issues such as constipation and diarrhoea.

7.52 Provision of this service by community pharmacies help to reduce the burden on GPs and urgent care services, highlighting the crucial role that community pharmacies play as the first point of contact for healthcare advice and fosters trust between the patients and the community pharmacy teams.

### **Advanced Services**

7.53 Advanced services are NHS Integrated Care Boards commissioned pharmacy services (NHSE delegated function) that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. There are currently nine advanced services within the CPCF:

- New Medicine Service (NMS).
- Pharmacy First Service.

- Flu Vaccination Service.
- Pharmacy Contraception Service (PCS).
- Hypertension Case-Finding Service.
- Smoking Cessation Service.
- Appliance Use Review (AUR).
- Stoma Appliance Customisation (SAC).
- Lateral Flow Device (LFD).

7.54 Below is a summary of the number of pharmacies providing these services by locality in BSol.

**Table 7.8: Number of pharmacies by locality in BSol providing the Advanced Services**

Locality	NMS	Pharmacy First	Flu	PCS	Hypertension case-finding	Smoking cessation	AUR	SAC	LFD
Central	46	46	40	40	44	33	0	0	38
East	56	58	43	41	58	32	0	1	29
North	37	37	33	35	37	26	0	1	33
Solihull	36	38	36	36	39	15	0	1	35
South	35	36	36	33	36	20	0	0	31
West	61	64	49	49	61	44	0	1	36
<b>Total</b>	<b>271</b>	<b>279</b>	<b>237</b>	<b>234</b>	<b>275</b>	<b>170</b>	<b>0</b>	<b>4</b>	<b>202</b>

Source: NHSBSA & NHS Birmingham and Solihull ICB

### **New Medicines Service (NMS)**

7.55 The NMS supports patients with long-term conditions who have been prescribed new medicines. It aims to improve adherence, ensure patients understand their medicines, and address any issues such as side effects or concerns. Community Pharmacists provide structured consultations over three key stages: the initial discussion, an intervention follow-up, and final review within four weeks of starting the medicine.

7.56 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete the CPPE Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.

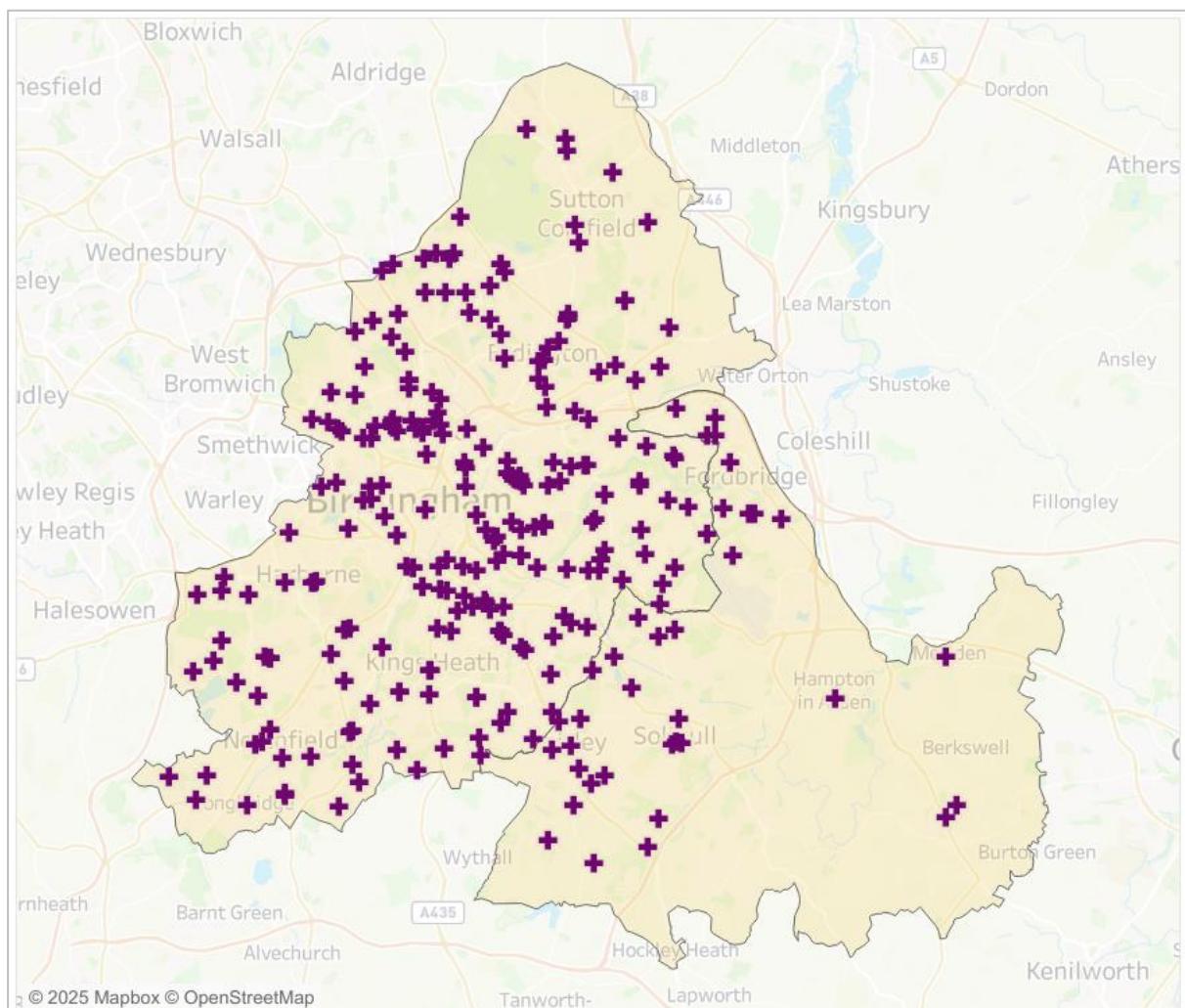
7.57 The NMS focuses on medicines for the following conditions:

- Hypertension.
- Respiratory conditions such as Asthma and COPD.
- Type 2 Diabetes.
- Blood thinners (including antiplatelet and anticoagulants).
- Hypercholesterolaemia.
- Osteoporosis.
- Gout.
- Glaucoma.
- Epilepsy.
- Parkinsons disease.
- Urinary incontinence/retention.
- Heart failure.
- Acute Coronary Syndromes.
- Atrial fibrillation.
- Stroke/TIA.
- Coronary Heart Disease.
- Depression (from October 2025).

7.58 Through this service, pharmacists play a crucial role in supporting patients to optimise the use of their medicines, improve adherence and resolve potential issues early.

7.59 NMS is provided by 271 pharmacies across Birmingham and Solihull.

**Figure 7.11: Distribution of community pharmacies providing NMS**



Source: NHSBSA

### Pharmacy First Service

7.60 This service builds upon the erstwhile Community Pharmacist Consultation Service (CPCS) by extending its scope to provide clinical consultations and NHS-funded treatment for a comprehensive list of minor illnesses. The Pharmacy First pathway integrates seamlessly into community pharmacy services, improving patient access to care and reducing demand on GP surgeries and urgent care. It allows pharmacists to clinically assess and treat eligible patients for the following conditions:

- Acute sore throat (5 years and above).
- Acute otitis media (1 – 17 years).
- Sinusitis (12 years and above).
- Impetigo (1 year and above).

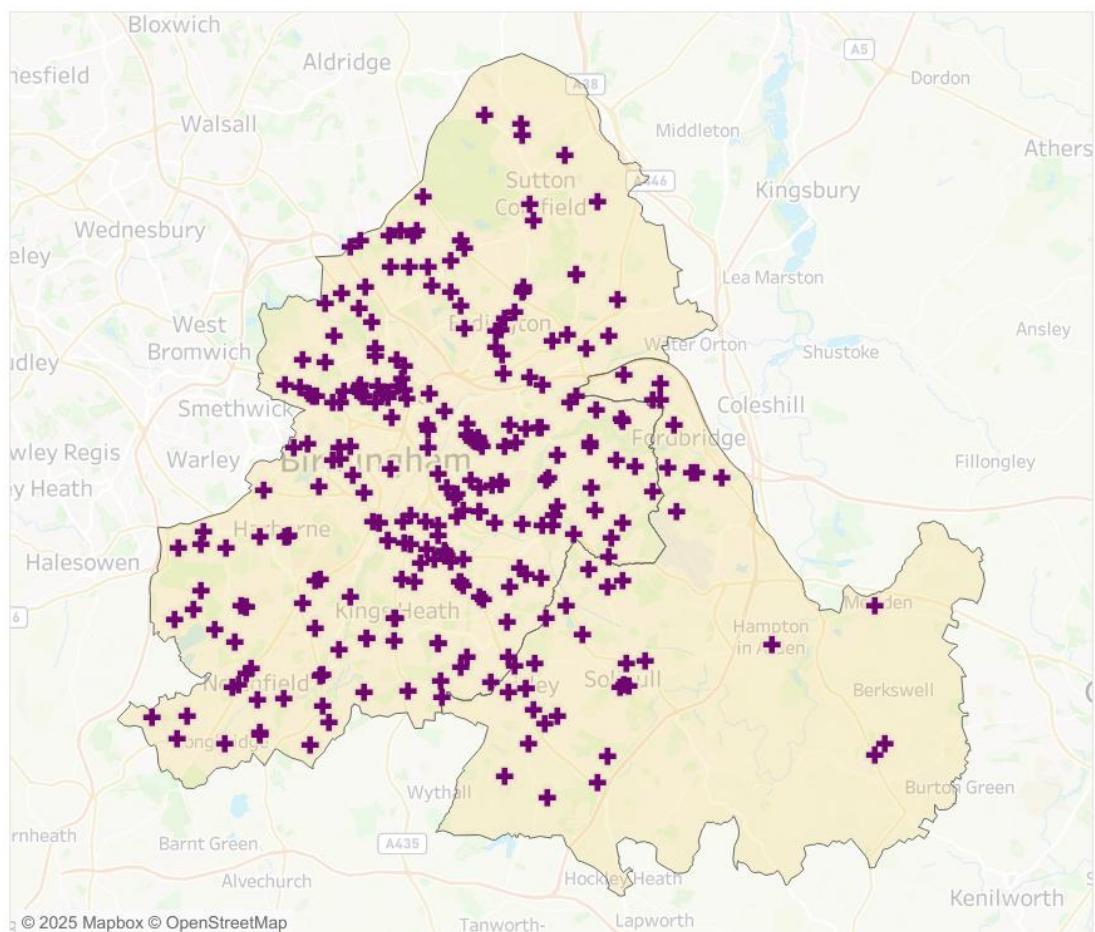
- Shingles (18 years and above).
- Infected insect bites (1 year and above).
- Uncomplicated Urinary tract infections (UTIs) in women (aged 16-64).

7.61 Referrals can be done by GP surgeries, NHS 111, Urgent treatment Centres or be walk-in consultations. This does not limit the existing minor ailments that pharmacies have historically seen.

7.62 The funding and other arrangements for community pharmacies for 2024/25 and 2025/26 which was published in April 2025 shows that following the success of the pharmacy first service since its launch in January 2024, additional funding has been secured to enable the service to continue to grow. NHS England has undertaken a clinical review of the clinical pathways, and the updated pathways is expected to be published shortly.

7.63 In Birmingham and Solihull, the uptake of the service has been considerable, with 279 community pharmacies offering Pharmacy First.

**Figure 7.12: Distribution of community pharmacies providing Pharmacy First Service**

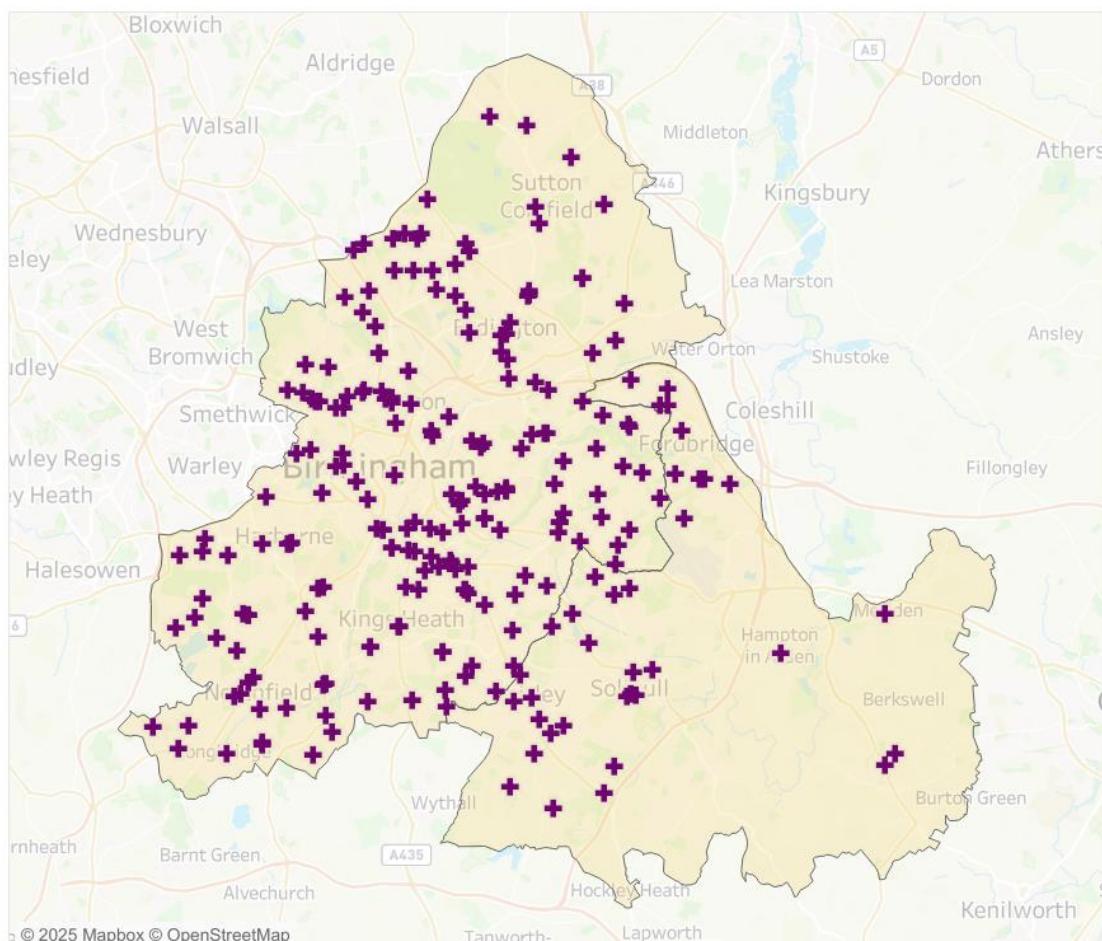


## Flu Vaccination Service

7.64 Community pharmacies administer NHS-funded seasonal flu vaccinations to eligible patients, including older adults, individuals with chronic conditions, pregnant women, and frontline healthcare workers. By increasing accessibility, particularly for vulnerable and hard-to-reach populations, the service enhances vaccination uptake. It plays a critical role in reducing flu-related complications, hospitalisations, and pressures on healthcare services during flu season.

7.65 Flu vaccination services are available at 237 pharmacies within Birmingham and Solihull.

**Figure 7.13: Distribution of community pharmacies providing Flu vaccination**



Source: NHSBSA

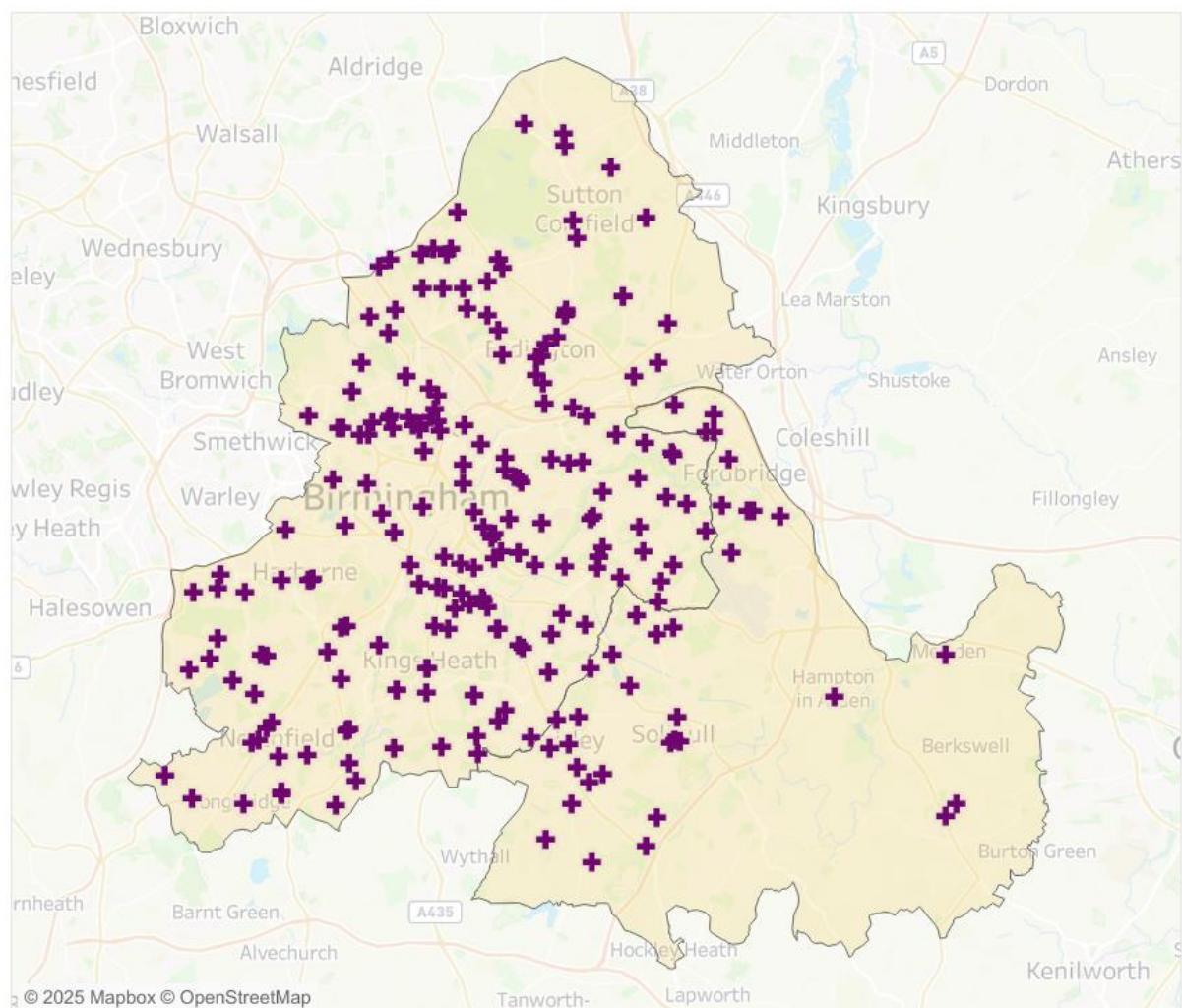
## Pharmacy Contraception Service (PCS)

7.66 The PCS provides ongoing access to oral contraception through community pharmacies, including initial and repeat supplies of contraceptives. Pharmacists offer

consultations to assess patient suitability, provide advice on proper contraceptive use, and support adherence to treatment. This service ensures easier and more convenient access to contraceptive services, particularly for patients unable to attend GP clinics, and plays an important role in reducing unplanned pregnancies.

- 7.67 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of an EHC consultation. Additionally, better use of skill mix for the PCS has been agreed through enabling the delivery of parts of these services by registered and non-registered pharmacy staff. This includes enabling the delivery of patient group directions (PGDs) by pharmacy technicians. For instance, the addition of drospirenone to be supplied under PGD.
- 7.68 All pharmacists, and other registered pharmacy professionals intending to provide the service, must complete Centre for Pharmacy Postgraduate Education (CPPE) emergency contraception training.
- 7.69 Birmingham and Solihull offer contraceptive services in 234 pharmacies.

**Figure 7.14: Distribution of community pharmacies providing PCS**



Source: NHSBSA

### Hypertension Case-Finding Service

7.70 This service focuses on identifying and managing individuals with undiagnosed hypertension (high blood pressure), a major risk factor for cardiovascular disease, which remains a leading cause of morbidity and mortality in the UK. Community pharmacists offer blood pressure checks to patients aged 40 years and over, or to those under 40 with a family history of hypertension, or where clinical judgement indicates a need. If elevated readings are identified during the consultation, pharmacists provide ambulatory blood pressure monitoring (ABPM) where necessary to confirm a diagnosis. Patients with confirmed hypertension or readings indicating potential risk are referred to their GP for further diagnosis and treatment.

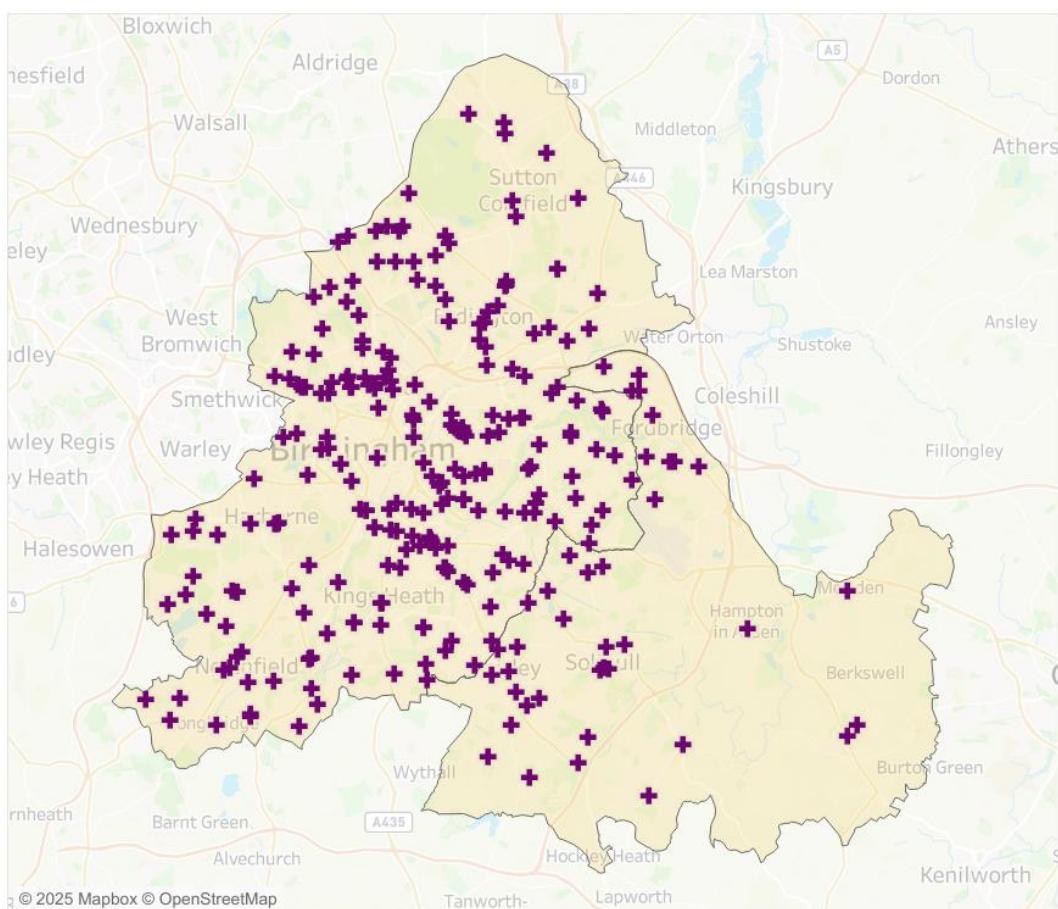
7.71 By detecting hypertension early, this service enables timely intervention to prevent complications such as stroke, heart attacks, and other cardiovascular events. It also

supports public health priorities by addressing health inequalities, empowering patients with awareness about their cardiovascular health, and helping reduce the burden on general practice and secondary care services.

7.72 As part of the agreements made in the 2025/2026 CPCF which was finalised in March 2025, updates to the Hypertension Case Finding Service specification will be made to further align the service to National Institute for Health and Care Excellence (NICE) guidelines, which will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specified time period. Changes will also be made to clarify when it is appropriate for general practices to refer patients to the service for a clinic check consultation. NHS England has also committed to re-look at home blood pressure monitoring to further support the diagnosis of hypertension.

7.73 Hypertension Case-Finding Service is widely available in Birmingham and Solihull with 275 pharmacies offering this.

**Figure 7.15: Distribution of community pharmacies providing Hypertension-Case Finding**



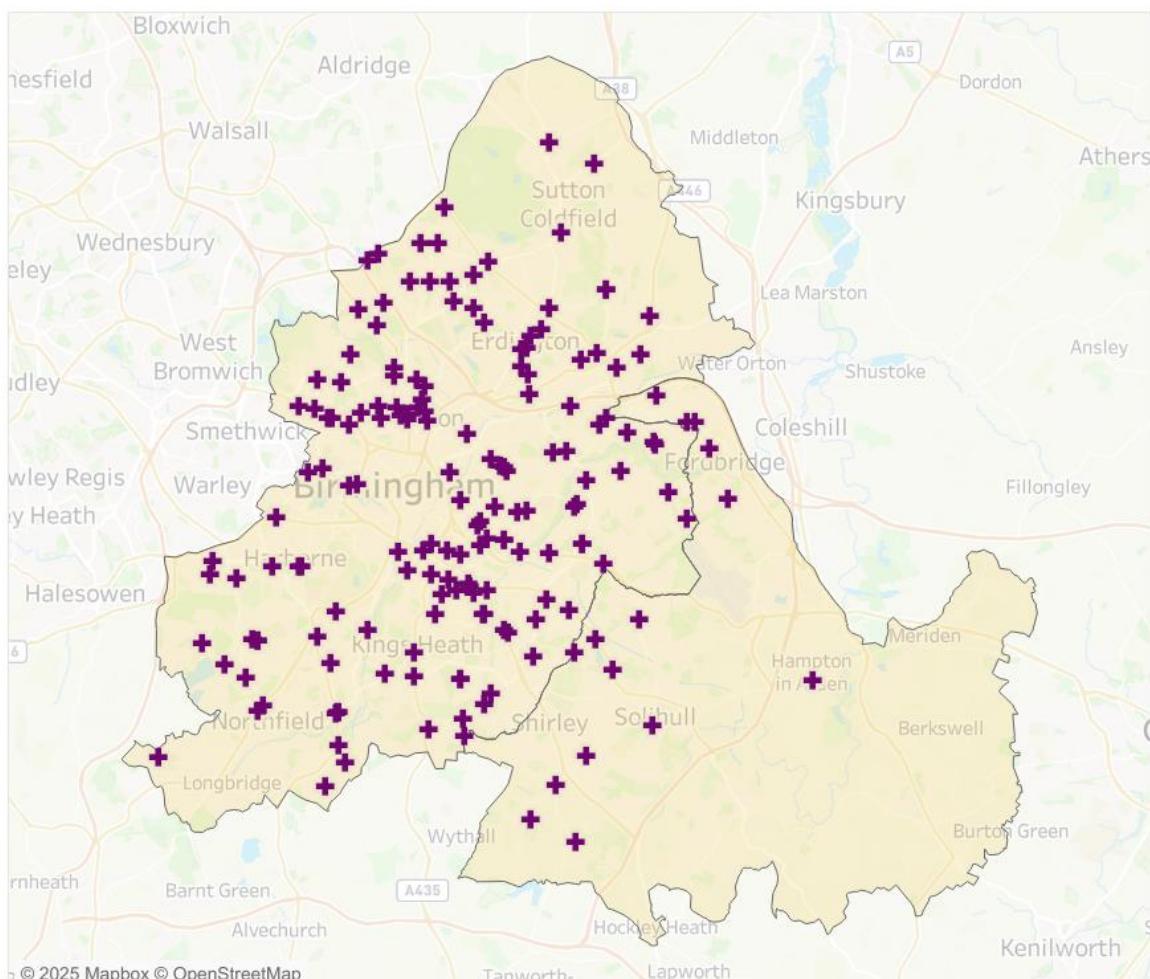
### **Smoking Cessation Service (SCS)**

7.74 Community pharmacies currently support patients who are ready to quit smoking by providing structured, one-to-one behavioural support alongside access to nicotine replacement therapy (NRT). This service supports patients who started a “stop smoking programme” in hospital to continue their journey in community pharmacy upon discharge. Thereby promoting healthy behaviours to service users which is an important part of the NHS Long Term Plan. At present, only NRT and behavioural support are available through the service.

7.75 Planned updates will expand the service to include the supply of Varenicline and Cytisinicline (Cytisine). Patient Group Directions (PGDs) will be introduced to allow suitably trained and competent pharmacists and pharmacy technicians to supply these medications so as to apply better use of skill mix. However, these changes are not yet in place. Before implementation, several key steps are required. This includes updates to the service specification, amendments to the Secretary of State Directions, development of supporting IT infrastructure and finalisation and publication of the relevant PGDs. A formal announcement is expected to be made in due course regarding the date from which the updated service model will apply.

7.76 One hundred and seventy Birmingham and Solihull pharmacies offer the service.

**Figure 7.16: Distribution of community pharmacies providing SCS**



Source: NHS Birmingham and Solihull ICB

### Appliance Use Review (AUR)

7.77 AURs are for patients using prescribed appliances including stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products. Community pharmacists review appliance uses to ensure proper usage, resolve issues, and offer tailored advice, either in the pharmacy or at the patient's home. This helps address problems such as discomfort or leakage, improving appliance performance and enhancing patient comfort and confidence.

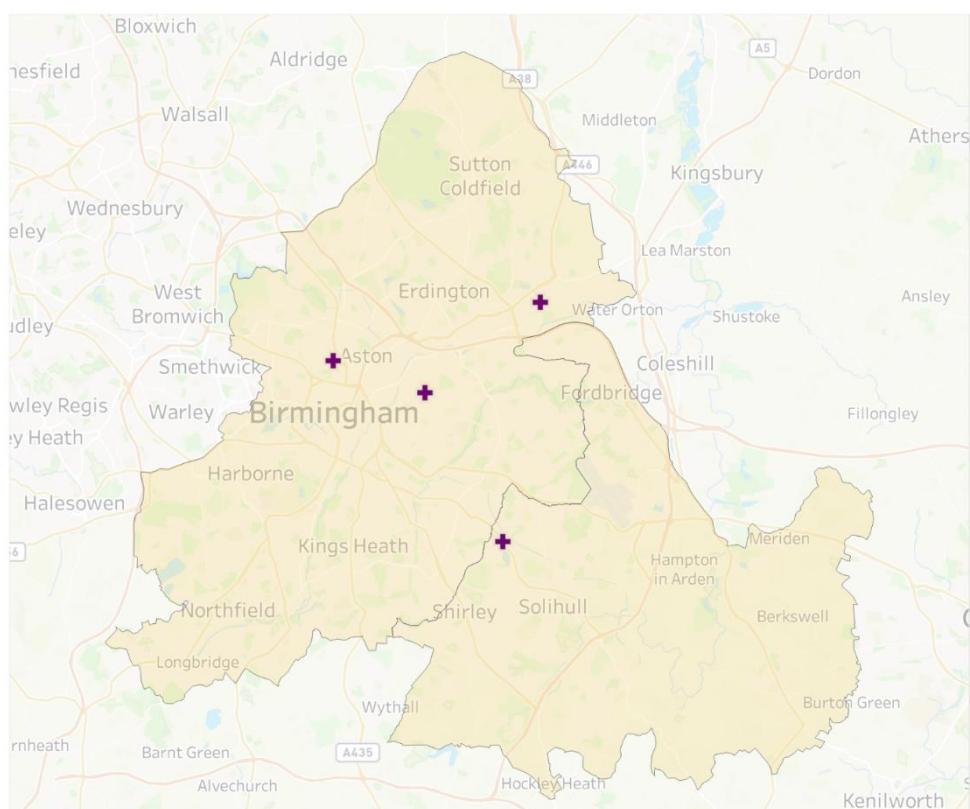
7.78 No pharmacies in Birmingham and Solihull are reported to have delivered this service in the previous financial year. However, AURs are available to residents from DACs in and outside BSol as well as other prescribing health and social care providers.

## Stoma Appliance Customisation (SAC)

7.79 The SAC service ensures stoma appliances are customised to meet individual patient needs. Community pharmacists make necessary adjustments to stoma bags to ensure a proper fit, improving comfort and functionality whilst addressing issues like leakage or skin irritation. This service helps prevent complications, enhances quality of life and supports patients in managing their stoma effectively.

7.80 Four BSol pharmacies provide SAC. This service can also be accessed from non-pharmacy providers within the area (e.g. community health services) and from dispensing appliance contractors in and outside the area.

**Figure 7.17: Distribution of community pharmacies providing SAC**



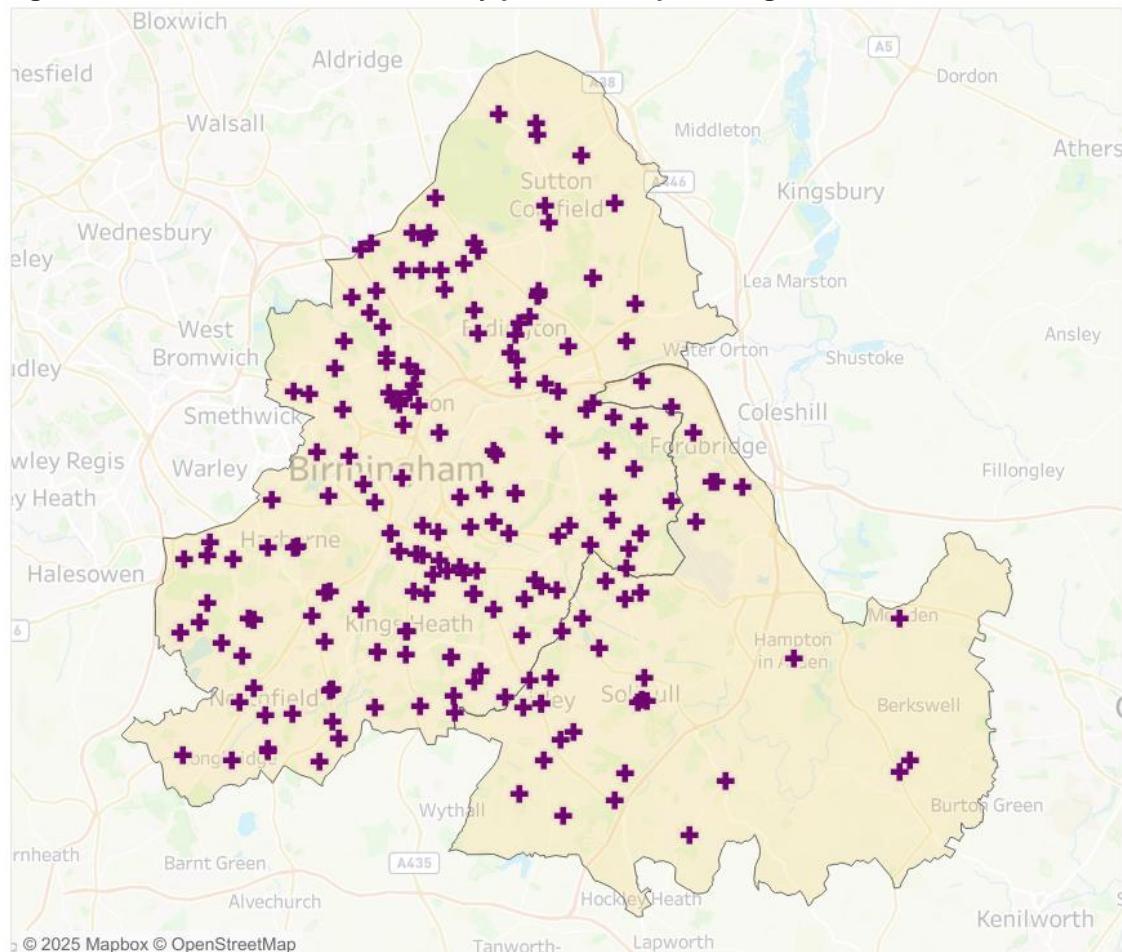
Source: NHSBSA

## Lateral Flow Device (LFD) Service

7.81 The LFD service provided patient with access to COVID-19 lateral flow tests. Community pharmacies distribute the kits, support correct usage and aid result interpretation. The service has currently been extended to 2024/25 and eligibility criteria updated for clarity.

7.82 The Lateral Flow Device (LFD) testing services is widely available in Birmingham and Solihull, with 202 pharmacies offering it.

**Figure 7.18: Distribution of community pharmacies providing LFD Service**



Source: NHS Birmingham and Solihull ICB

## Enhanced Services

7.83 Enhanced services are a third tier of services commissioned by NHSE. There are currently two nationally enhanced services available in BSol; COVID-19 Vaccination Service and the RSV and Pertussis Vaccination Service.

### COVID-19 Vaccination Service

7.84 COVID-19 Vaccination Service was initially commissioned as a locally enhanced service by NHSE regional teams in consultation with the local pharmaceutical committees. However, in December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for the commissioning of nationally enhanced services. Hence, the Autumn 2022, Spring

2023, Autumn/winter 2023/24 and Spring 2025 COVID-vaccination programmes were all commissioned as nationally Enhanced Service.

- 7.85 This service allows pharmacies to administer COVID-19 vaccinations, contributing to public health efforts and increasing vaccine coverage.
- 7.86 The pharmacy contractor must ensure that vaccinations are provided in line with the Green Book, including relevant details on the treatment of anaphylaxis and secure storage and disposal of clinical waste. The pharmacy contractor must ensure that it has a process in place to check any updates to the Green Book.
- 7.87 The pharmacy contractor is required to offer co-administration of the COVID-19 and seasonal influenza vaccinations to each patient they are able to vaccinate and shall only administer vaccinations to patients who meet the requirements set out in the Green Book. Where it is operationally expedient and clinically appropriate co-administration of other vaccinations commissioned from the contractor should be provided if possible.
- 7.88 People who will provide the COVID-19 Vaccination Service must complete practical training that meet the national minimum standards and core curriculum for Immunisation training for registered health professionals.
- 7.89 Pharmacy owners are expected to oversee and keep a record to confirm that all staff have undertaken training prior to participating in the administration of vaccinations. This includes any additional training associated with new vaccines that become available during the period of the service. They must ensure that staff are familiar with all guidance relating to the administration of the different types of vaccine and are capable of the provision of vaccinations using the different types of vaccine.
- 7.90 All persons involved in the preparation of vaccine must be appropriately trained in this and have appropriate workspace to do so.
- 7.91 All persons involved in the administration of the vaccine must have completed all the required online training and face to face administration training where relevant as well as reading and understanding any relevant guidance, patient group direction or national protocol for COVID-19 vaccines.
- 7.92 Only patients aged 18 years or over are vaccinated under this service unless or until the contractor complies with any relevant clinical checklists (including checklists

relevant to the vaccination of those under 18 years of age) and the Commissioner has indicated in writing that the pharmacy contractor may vaccinate those aged under 18 years of age.

7.93 The COVID-19 vaccination service is delivered in 144 community pharmacies in BSoL.

**Table 7.7: Number of pharmacies delivering Covid-19 vaccination by locality**

<b>Locality</b>	<b>Number of pharmacies</b>
East	35
West	29
South	22
Central	22
Solihull	18
North	18
<b>Total</b>	<b>144</b>

NHS Birmingham and Solihull ICB

### **RSV and Pertussis Vaccination Service**

7.94 As part of the national rollout of respiratory syncytial virus (RSV) vaccinations, pharmacies in selected neighbourhoods across three Midlands Integrated Care Board (ICB) areas were invited to tender to deliver RSV and pertussis (whooping cough) vaccinations. This follows earlier recruitment of pharmacies in the East of England and the planned introduction of an RSV vaccination programme in general practice from September 2024.

7.95 The invitation to tender was open to certain postcodes and localities within the following ICB regions, with up to 22 pharmacies in each ICB region to be selected:

- NHS Black Country ICB.
- NHS Leicester, Leicestershire & Rutland ICB.
- NHS Birmingham and Solihull ICB.

7.96 Tenders were accepted until March 31<sup>st</sup> 2024 after an initial deadline of March 14 was extended. The service is offered to both infants and adults and is expected to run until March 31, 2027, with commissioners having the option to extend it for a further two years.

7.97 It is aimed that the provision of the RSV and Pertussis Vaccination Service as a nationally enhanced service could contribute to addressing falling vaccine coverage, particularly in relation to less well-served groups of the population. It is therefore part of a broader plan to expand access to vaccinations in community settings, support general practice by increasing vaccination capacity and protect vulnerable groups, including older adults and pregnant women

7.98 The administration of an RSV or Pertussis vaccine, both of which are Prescription Only Medicines (POM) as part of the vaccination service are legally authorised by associated PGDs that are developed and clinically approved by UKHSA

7.99 The National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners sets the standards and lists the essential topics which should be incorporated into immunisation training for registered healthcare practitioners. People who will provide the RSV and Pertussis Vaccination Service must have completed practical training in vaccination that meets these requirements.

7.100 Pharmacy owners are expected to oversee and keep a record to confirm that all staff have undertaken training prior to participating in the administration of vaccinations. This includes any additional training associated with new vaccines that become available during the period of the service.

7.101 All persons involved in the administration of the vaccine must have:

- Completed the additional online RSV vaccination specific training modules and any pertussis vaccination specific training modules available on the e-learning for healthcare website;
- The necessary experience, skills and training to administer vaccines in general, including completion of the general immunisation training available on e-learning for healthcare and face-to-face administration training, where relevant;
- The necessary experience, skills and training to recognise and for initial treatment of anaphylaxis;
- Where a healthcare professional is administering the vaccine, they must have:
  - Read and understood the clinical guidance available and ensure they keep up to date with new and updated guidance as it is published; and

- Understood and be familiar with the PGDs for the RSV and Pertussis vaccines, including guidance on who can use them.

7.102 Pharmacy owners must ensure that staff are familiar with all guidance relating to the administration of the different types of vaccine and are capable of the provision of vaccinations using the different types of vaccine.

7.103 The eligibility criteria for the vaccinations are listed below:

#### ***RSV vaccinations***

- Those who are at least 75 years of age and have not yet reached 80 years of age at the date of administration of the vaccination; or
- Those who are 79 years of age on 31st August 2024 who can be vaccinated up until 31st August 2025; and
- Those who are pregnant and from 28 weeks of pregnancy until delivery.

#### ***Pertussis vaccination***

- Those who are pregnant and from 16 weeks of pregnancy until delivery. Maximum protection for the baby is achieved when vaccination occurs between 20 and 32 weeks of pregnancy.

7.104 The RSV vaccination service is being piloted at 27 community pharmacies in BSol.

**Table 7.8: Pilot locations for the RSV vaccination in BSol**

<b>Locality</b>	<b>Pharmacy</b>	<b>Address</b>
Central	Medipharma Chemist	29 Oak Tree Lane, Selly Oak, Birmingham
Central	Sirpal Chemist	274-276 Ladypool Road, Sparkbrook, Birmingham
Central	Askers Chemist	146 Alcester Road South, Kings Heath, Birmingham
Central	Shah Pharmacy	491 Stratford Road, Sparkhill, Birmingham
Central	Well	979 Stratford Road, Hall Green, Birmingham
Central	Shifa Pharmacy	512-514 Moseley Road, Balsall Heath, Birmingham
Central	Laser Pharmacy	854 Stratford Road, Sparkhill, Birmingham
East	Heathway Pharmacy Ltd	207 Heath Way, Shard End, Birmingham

East	Glebe Pharmacy	10 Glebe Farm Road, Stechford, Birmingham
East	Pan Pharmacy	160-160a Common Lane, Sheldon, Birmingham, West Midlands
East	Pan Pharmacy	2154a-2156 Coventry Road, Sheldon, Birmingham
East	Pan Pharmacy	299 Church Road, Sheldon, Birmingham
North	Mw Phillips (Sutton Coldfield) Ltd	Sutton Park Surgery, 34 Chester Road North, Sutton Coldfield
North	Mw Phillips Chemists	517 Jockey Road, Sutton Coldfield, West Midlands
Solihull	Castle Pharmacy	335 Chester Road, Castle Bromwich, Birmingham
South	Morrisons Pharmacy	Birmingham Great Park, Bristol Rd South, Rubery, Birmingham
South	Rajja Chemists	5 Dwellings Lane, Quinton, Birmingham
West	Villa Pharmacy	66 Victoria Road, Aston, Birmingham
West	Well	604 Walsall Road, Great Barr, Birmingham
West	Nishkam Pharmacy	21 Soho Road, Handsworth, Birmingham
West	M W Phillips Chemists	434 Kingstanding Road, Kingstanding, Birmingham
West	Soho Pharmacy	249 Soho Road, Handsworth, Birmingham, West Midlands
West	Ladywood Pharmacy	16 King Edwards Road, Ladywood, Birmingham
West	Mw Phillips	121a Shady Lane, Great Barr, Birmingham, West Midlands
West	Pike Pharmacy	Laurie Pike Health Centre, 95 Birchfield Road, Handsworth, Birmingham
West	Morrisons Pharmacy	280 Coventry Road, Small Heath, Birmingham
West	Tower Hill Pharmacy	435 Walsall Road, Perry Barr, Birmingham

NHS Birmingham and Solihull ICB

# Chapter 8 - Other NHS Services

8.1 This chapter looks at services that are part of the health service, that though not considered pharmaceutical services under the 2013 regulations, are considered to affect the need for pharmaceutical services.

## Locally commissioned services

8.2 These are services commissioned by Birmingham City Council and/or Solihull Metropolitan Borough Council to fulfil a local population health and wellbeing need. These services reduce the need for pharmaceutical services.

8.3 Birmingham and Solihull offer different sets of locally commissioned services; therefore, this next section of the document will examine each area separately.

### Birmingham

8.4 The following locally commissioned services are offered in Birmingham:

- Needle exchange service.
- CVD Heart Health Check in the Workplace.
- Supervised Consumption service.
- Smoking Cessation Service.
- Birmingham and Solihull Integrated Sexual and Reproductive Health.
- West Birmingham Minor Ailments Scheme
- Community Urgent Eye Care Service (CUES)
- Specialist Palliative Care Drugs (SPCD) service

8.5 Table 8.1 below summaries the availability of these services from Birmingham pharmacies at a locality basis.

**Table 8.1: Provision of locally commissioned services in Birmingham by locality**

Locality	CVD	Smoking cessation	Sexual health	Needle exchange	Supervised consumption	Minor Ailment	CUES	SPCD
Central	7	22	23	17	26	3	6	2
East	3	20	20	17	29	0	17	3
North	3	13	12	11	17	0	6	2
South	2	14	10	13	18	0	6	2
West	6	24	31	26	29	18	14	4
<b>Total</b>	<b>21</b>	<b>93</b>	<b>96</b>	<b>84</b>	<b>119</b>	<b>21</b>	<b>49</b>	<b>13</b>

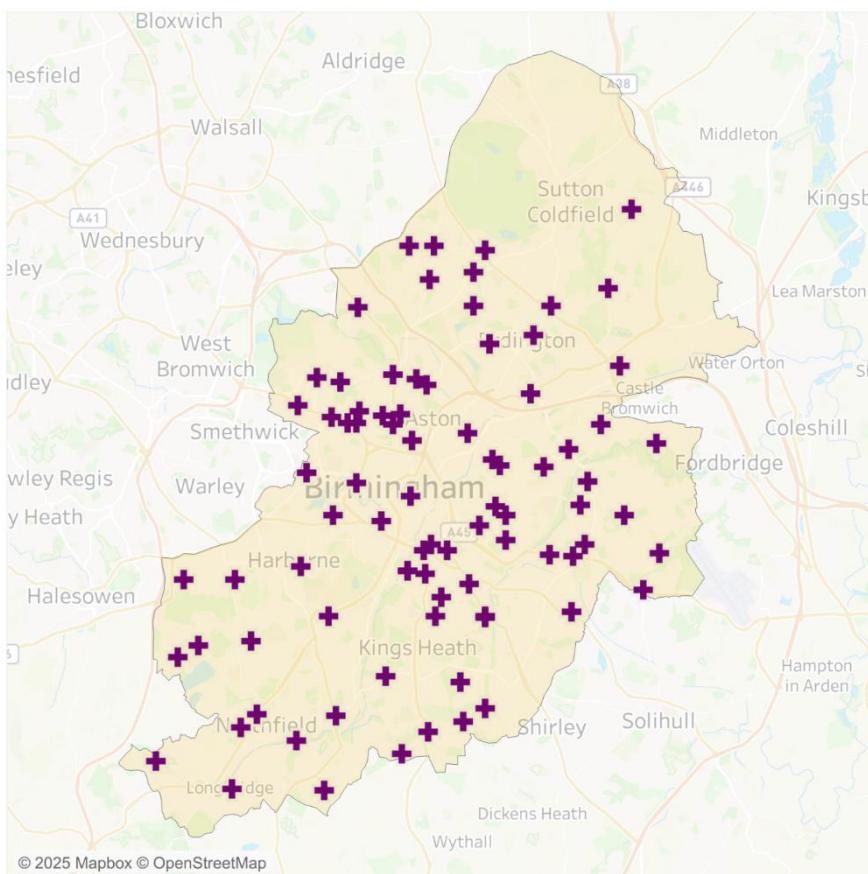
Source: Birmingham City Council & NHS Birmingham and Solihull ICB

### ***Needle exchange service***

- 8.6 The service is centred around the promotion of better health protection for intravenous drug users and to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.
- 8.7 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation as well as acting as a gateway to other services, including drug treatment centres. For instance, through this service, users can be offered referral to Change Grow Live (CGL) adult substance misuse services and health and social care professionals where appropriate.
- 8.8 The needle exchange service in Birmingham supplies sterile needles, syringes and sharps containers for return of used equipment. Associated paraphernalia such as vitamin C powder and swabs to promote safe injecting practice and reduce transmission of infections by substance misusers are also provided.

- 8.9 The service is not just for people who inject drugs, but also for those who consume them via other means, including steroids or other performance or image enhancing drugs (PIEDs), psychoactive compounds, chemicals, plants and methamphetamine, ketamine or other intoxicants.
- 8.10 The service also includes the provision of take-home naloxone for the reversal of opioid overdose to reduce the number of drug-related deaths associated with opioid overdose.
- 8.11 Needle exchange packs are supplied free of charge to anyone over 18 years of age. Those under 18 should be referred for assessment to the Aquarius Young People's Service.
- 8.12 84 pharmacies in Birmingham offer the Needle Exchange Service.

**Figure 8.1: Distribution of Birmingham community pharmacies offering needle exchange services**



**Source: Birmingham City Council**

### ***CVD Heart Health Check in the Workplace***

- 8.13 The Cardiovascular Disease (CVD) Heart Health Check in the Workplace is a proactive public health initiative commissioned by Birmingham City Council (BCC) in

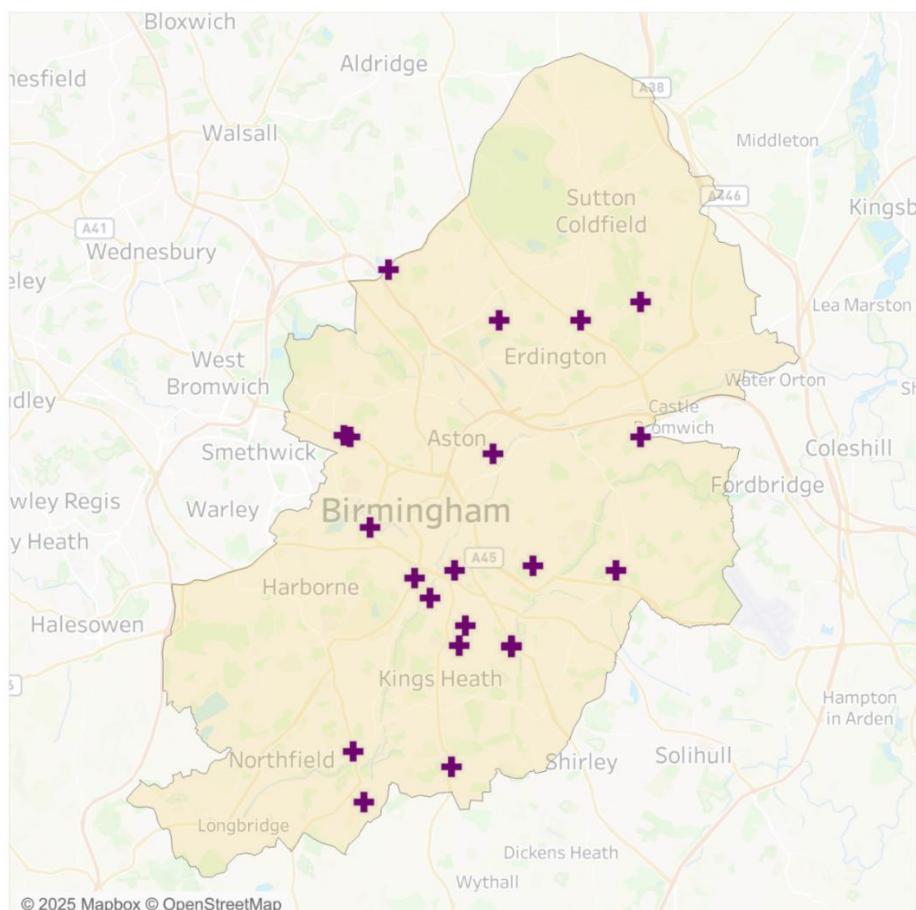
partnership with the Office for Health Improvement and Disparities (OHID). This scheme aims to identify individuals at risk of serious long-term health conditions and to reduce premature morbidity and mortality linked to cardiovascular issues within Birmingham's working population.

- 8.14 The primary goal of this initiative is to detect early signs of serious but often preventable conditions, such as stroke, heart disease, type 2 diabetes, kidney disease, and dementia, in adults aged 18 to 74 years. By targeting working-age individuals in their everyday environments, the service brings essential health screening closer to people who may otherwise delay or neglect routine check-ups.
- 8.15 The service is open to individuals aged 18–74 who work and are registered with a Birmingham GP and do not already have a diagnosed CVD-related condition.
- 8.16 The check itself includes a combination of lifestyle questions (diet, smoking, alcohol intake, and physical activity) and biometric measurements (height, weight, body mass index, waist circumference, and blood pressure). The results are used to calculate the individual's QRISK score—an established tool that predicts the likelihood of developing cardiovascular disease within the next ten years.
- 8.17 In the interest of safety and early intervention, any participant found to have a QRISK score of 10% or above, or who shows abnormal results, will have their information shared with their registered GP as a matter of urgency within five working days. All other results are reported to the GP within ten days.
- 8.18 Due to the high rates of domestic abuse identified in Birmingham via the Identification & Referral to Improve Safety (IRIS) service, all patients attending for CVD Heart Health Check in the Workplace must be asked about domestic violence and abuse during the check. Any patients who disclose abuse should be offered direct referral to the IRIS service.
- 8.19 The pharmacy providing this service holds full responsibility for GDPR compliance, quality of care, and result management as laid out in the service specification. Pharmacy providers must also hold appropriate insurance and health and safety policies, particularly for lone working in workplace settings.
- 8.20 It is mandatory that all staff delivering the health checks possess the Care Certificate and the NHS Health Check competency qualification and they must be proficient in taking physical measurements and in using both electronic and manual blood pressure

monitors. Furthermore, they are encouraged to be trained in motivational interviewing and behaviour change models (like COM-B) to support participants in making healthier lifestyle choices.

- 8.21 All staff are also expected to be trained in safeguarding and the IRIS domestic abuse referral process, ensuring they can conduct sensitive conversations and make timely referrals when necessary.
- 8.22 Providers must also adhere to principles of dignity, respect, and confidentiality, delivering services in a non-judgmental and sensitive manner, aligned with Caldicott principles, the Patient's Charter, and all relevant legislation.
- 8.23 21 pharmacies in Birmingham offer the CVD Heart Health Check in the Workplace service.

**Figure 8.2: Distribution of Birmingham community pharmacies offering CVD Health Check in the Workplace**



**Source: Birmingham City Council**

### ***Supervised consumption***

8.24 Birmingham City Council also commissions community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.

8.25 Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of harm that may arise from overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.

8.26 This service involves the client orally consuming methadone or buprenorphine prescribed for the management of opioid dependence under the direct supervision of a pharmacist in a community pharmacy. Where the service user has not collected their medication for three consecutive days, the supply must be stopped and not be started again without the agreement of the prescriber or recovery co-ordinator.

8.27 Pharmacies that provide this service:

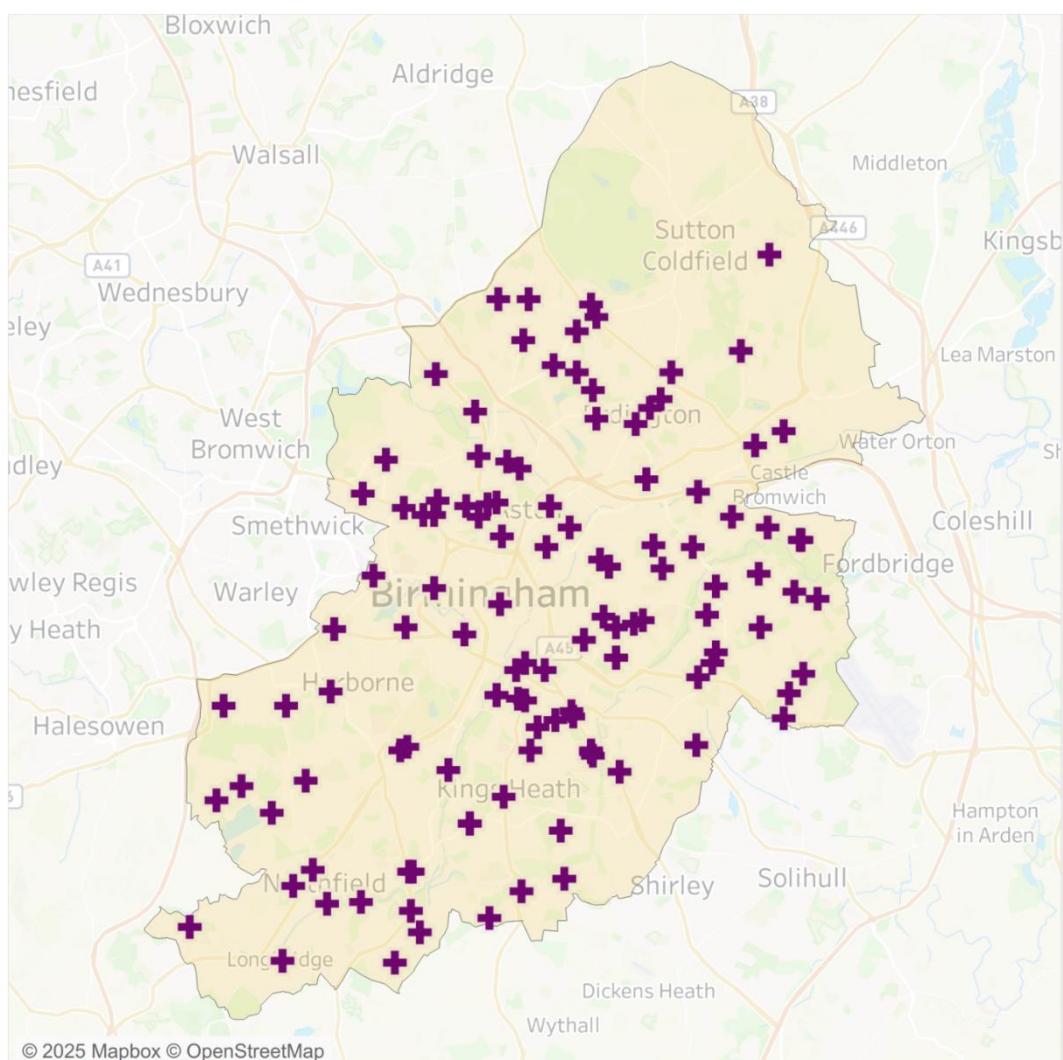
- Ensure each supervised dose is correctly administered to the service user for whom it was intended.
- Liaise with the prescriber, named key worker and others directly involved in the care of the service user.
- Monitor service users' response to the prescribed treatment.
- Help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

8.28 In addition to supply and supervision of orally formulated methadone or buprenorphine, some community pharmacies in Birmingham have been equipped to administer Buvidal injections (a long-acting injectable formulation of buprenorphine, available in weekly or monthly doses, designed to suppress withdrawal symptoms and cravings associated with opioid dependence, offering a more flexible alternative to daily supervised dosing). Community pharmacies provide this service as part of a collaborative effort to enhance access to opioid dependence treatment. This initiative involves partnerships between pharmacies and local Community Addiction Teams

(CATs), aiming to provide patients with convenient and timely access to Buvidal injections. Hence, patients are able to receive their treatment closer to home and reducing the need for frequent visits to specialized clinics.

- 8.29 Supervised consumption is widely available in Birmingham with 119 community pharmacies offering it.
- 8.30 One Birmingham pharmacy (BSB pharmacy on Shady lane, Great Barr) participates in the Buvidal pilot.

**Figure 8.3: Distribution of Birmingham community pharmacies offering supervised consumption services**



Source: Birmingham City Council

### ***Smoking Cessation Service***

- 8.31 The smoking cessation service is commissioned by Birmingham City Council Public Health. Although, just like the Advanced service named Smoking Cessation Service

(SCS), it is aimed at helping people quit smoking, it differs from it in scope, commissioning, funding, and patient referral routes.

8.32 The service is a comprehensive behavioural programme aimed at supporting residents to quit smoking, therefore contributing to the reduction of smoking prevalence in Birmingham. This service is primarily delivered through community pharmacies across the city, providing accessible and effective support for individuals seeking to stop smoking. It offers opportunity for self-referrals, referrals from GPs, social services, or local campaigns unlike the community pharmacy advanced smoking cessation service which primarily supports patients discharged from hospital who are referred to a community for ongoing support to quit smoking.

8.33 It utilises a combination of medication and advice/support that provides strategies to cope with quitting smoking, to reduce withdrawal cravings.

8.34 This service adheres to NICE guideline (*NG209*): *Tobacco: preventing uptake, promoting quitting, and treating dependence* and it is structured around a 12-week behavioural support programme combined with the provision of Nicotine Replacement Therapy (NRT).

8.35 The service involves the following:

- **Initial Consultation:** Assessment of the individual's smoking habits and readiness to quit.
- **Behavioural Support:** Regular follow-up sessions to provide encouragement, discuss challenges, and adjust strategies as needed.
- **Provision of NRT:** Supply of nicotine patches, gum, lozenges, or other approved products to alleviate withdrawal symptoms.
- **Monitoring and Evaluation:** Tracking progress and making necessary adjustments to the cessation plan.

8.36 The service will be accessible to all tobacco smokers aged 12 years and over who reside, work or are registered with a GP in Birmingham. One exception to this, however, are clients who wish to utilise ENDS (Electronic Nicotine Delivery Systems), commonly known as vapes, as a means of stopping smoking – due to current legislation, these products can only be supplied to clients aged 18 years and over.

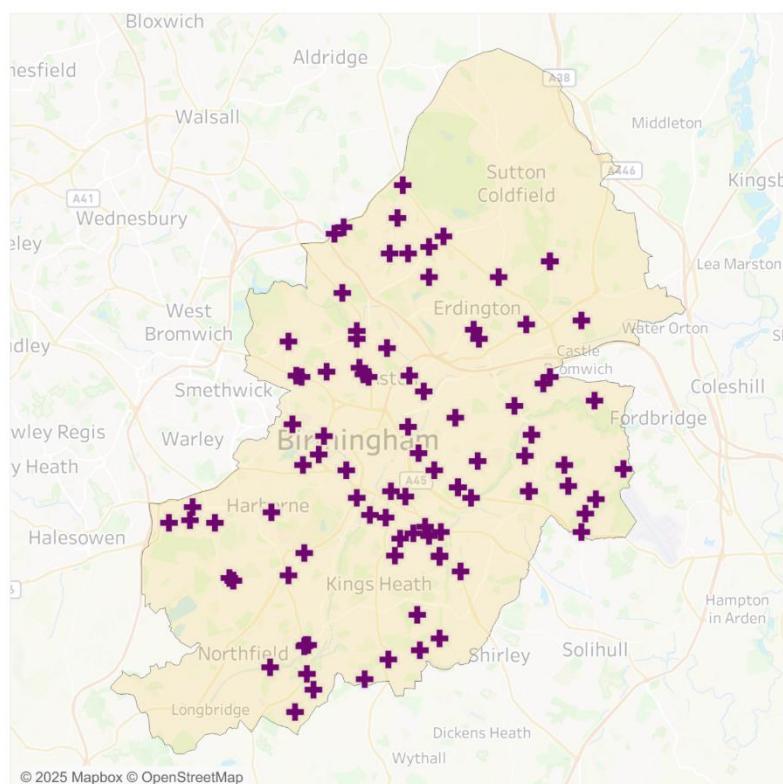
8.37 Providers must have systems in place to respond to age, culture, disability, and gender sensitive issues regarding accessibility.

8.38 Community pharmacies in Birmingham that are registered to deliver the Smoking Cessation Service provide consultations either in-person or remotely, depending on the patient's preference and circumstances. This flexibility ensures that individuals, including those who are housebound, can receive continuous support.

8.39 The provider must ensure all staff engaged in stop smoking provision (including locums) must be trained to Birmingham City Council's minimum standards for stop smoking support (level 2), as outlined in the National Centre for Smoking Cessation Training ([www.ncsct.co.uk](http://www.ncsct.co.uk)) and should be aware of current NICE recommended smoking cessation treatments. Additionally, all staff providing Stop Smoking Services must have completed the practitioner module online training from the National Centre for Smoking Cessation Training.

8.40 93 pharmacies in Birmingham offer the local Smoking Cessation Service.

**Figure 8.4: Distribution of Birmingham community pharmacies offering local smoking cessation services**



Source: Birmingham City Council

### ***Birmingham and Solihull Integrated Sexual and Reproductive Health***

8.41 Birmingham City Council and Solihull Metropolitan Borough Council commissioned this service from April 2024.

8.42 This service provides much more than what the National Advanced Pharmacy Contraceptive Service (CPCS) offers. It is a comprehensive, open access, sexual and reproductive health service which include not just provision of contraception but also testing and treatment of sexually transmitted infections (STIs). It also includes targeted services for high-risk groups (youth, LGBTQ+, underserved communities, outreach clinics in schools, youth centres, and pop-up settings as well as public health education and prevention initiatives.

8.43 In Birmingham, community pharmacies play a pivotal role in delivering integrated sexual and reproductive health services through the Umbrella programme. Community pharmacies are strategically located throughout Birmingham, providing residents with convenient access to sexual and reproductive health services. The extended hours and walk-in nature of pharmacy services make them an attractive option for individuals seeking timely and confidential care. This accessibility is particularly beneficial for young people, who often prefer the anonymity and convenience of pharmacies over traditional clinic settings.

8.44 This service aims to provide accessible, confidential, and free sexual health services to residents. Community pharmacies are integral to this model, offering a range of services designed to meet the sexual health needs of the population.

8.45 Community pharmacies participating in the Umbrella programme provide a tiered approach to sexual and reproductive health services:

- **Tier 1 Services:** These foundational services include:
  - Provision of free condoms.
  - Emergency hormonal contraception (EHC).
  - Chlamydia screening and treatment.
  - Sexually transmitted infection (STI) self-sampling kits (click and collect).
- **Tier 2 Services:** Offered by pharmacies with additional training and resources, these services encompass:
  - Initiation and continuation of oral contraception (combined and progesterone-only pills).
  - Administration of contraceptive injections (e.g., Sayana Press).
  - Hepatitis B vaccination (second and third doses).

- STI testing and treatment initiation.

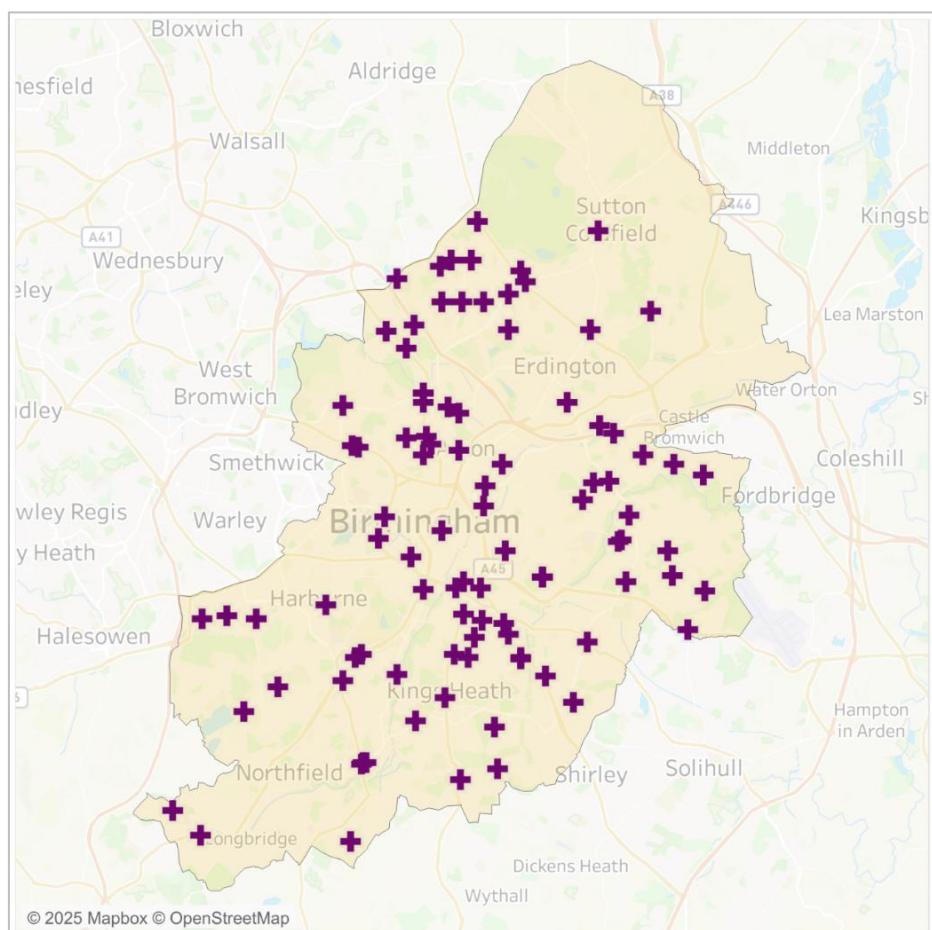
8.46 To ensure the delivery of high-quality services, pharmacy staff undergo comprehensive training programs which is a part of a broader quality assurance framework that includes regular audits and performance monitoring to maintain service standards and patient safety. The training programs cover various aspects, including:

- Confidentiality and safeguarding protocols.
- Effective communication skills, particularly with young people.
- Clinical competencies related to contraception and STI management.

8.47 The Umbrella programme represents a shift towards integrated sexual and reproductive health services, moving care from hospital settings into community-based environments. This integration allows for a more holistic approach to sexual health, addressing prevention, treatment, and education within the community. By collaborating with GPs, clinics, and other healthcare providers, community pharmacies contribute to a cohesive network that enhances patient care and outcomes.

8.48 This service is offered by 96 community pharmacies in Birmingham.

**Figure 8.5: Distribution of Birmingham community pharmacies offering sexual and reproductive health services**



Source: Birmingham City Council

### **West Birmingham Minor Ailments Scheme**

8.49 The Minor Ailment Scheme is a walk-in pharmacy service available to patients exempt from prescription charges who are registered with a participating GP in West Birmingham. This service enables patients exempt from prescription charges of all ages can access self-care advice for the treatment of minor ailments and, where appropriate, be supplied with over-the-counter medicines, without the requirement to attend their GP practice for an appointment and prescription. This service is also available to people seeking asylum, who have not yet registered with a GP practice and who currently reside in 'Contingency' Initial Accommodation or 'pre-dispersal' accommodation (currently this includes hotels, repurposed MoD facilities, student, and other self-contained accommodation), within the West Birmingham geography. People seeking asylum who have not yet registered with a GP practice can be provided with advice and/or treatment and signposted to a local GP practice for NHS registration.

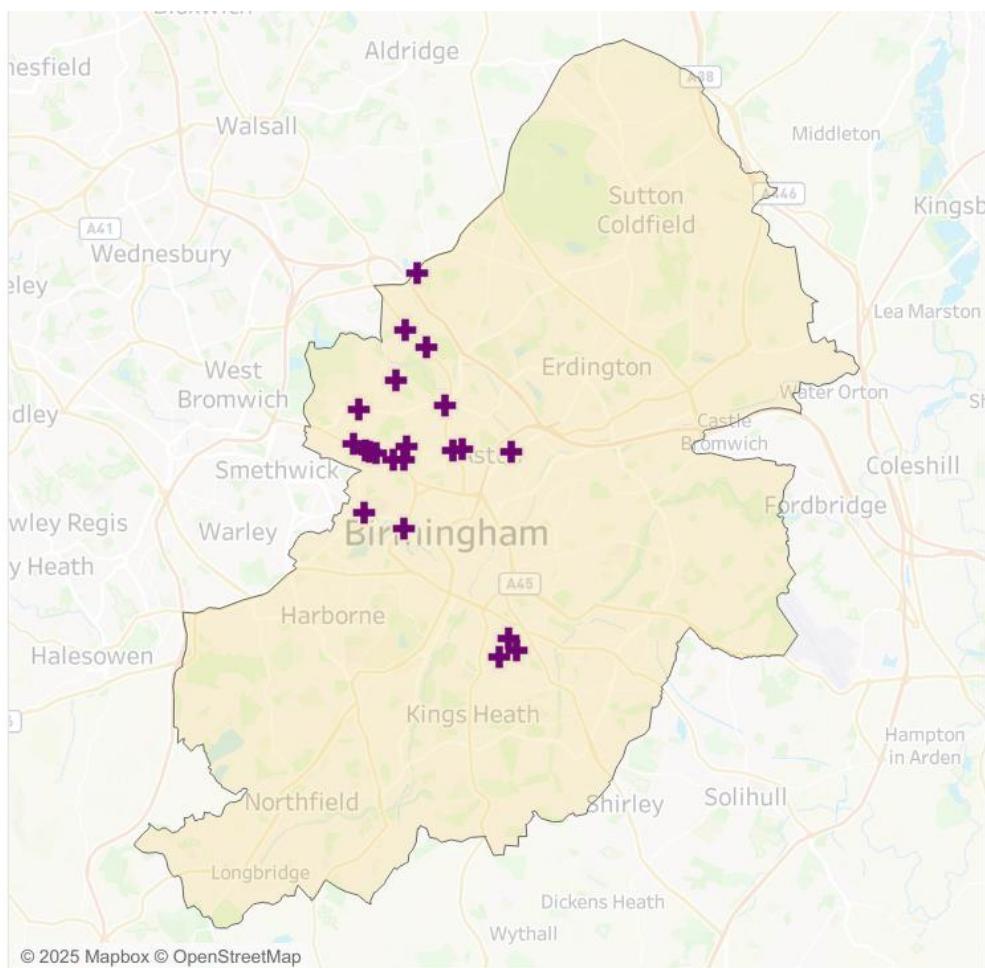
8.50 Under this scheme, eligible patients can attend participating community pharmacies, present their NHS number, and receive a free consultation with a qualified pharmacist, often in a private consultation space. Up to six visits per 12-month period are permitted, and it only covers current minor ailments, not restocking repeat medicines.

8.51 The scheme covers a wide range of conditions for adults and children, including:

- Acute cough, cold, flu, earache, headache, temperature
- Bacterial conjunctivitis, dry skin or eczema, dermatitis, hay fever, insect bites/stings
- Constipation, diarrhoea, cystitis (over 16s), heartburn, threadworm
- Mouth ulcers, teething, nappy rash, head lice, mouth or vaginal thrush
- Scabies, sprains & strains, sunburn, warts & verrucae, athlete's foot

8.52 Pharmacies providing this service must comply with all the requirements of the NHS Community Pharmacy Contractual Framework. There must be suitable access to a confidential patient consultation room on site to undertake a private consultation (should this be requested by a patient). The service must be available at the pharmacy throughout the whole core and supplementary opening hours.

**Figure 8.6: Distribution of community pharmacies offering West Birmingham Minor Ailment services**



Source: NHS Birmingham and Solihull ICB

8.53 This service is offered by 21 Birmingham pharmacies as shown in Figure 8.6 above.

#### ***Community Urgent Eye Care Service (CUES)***

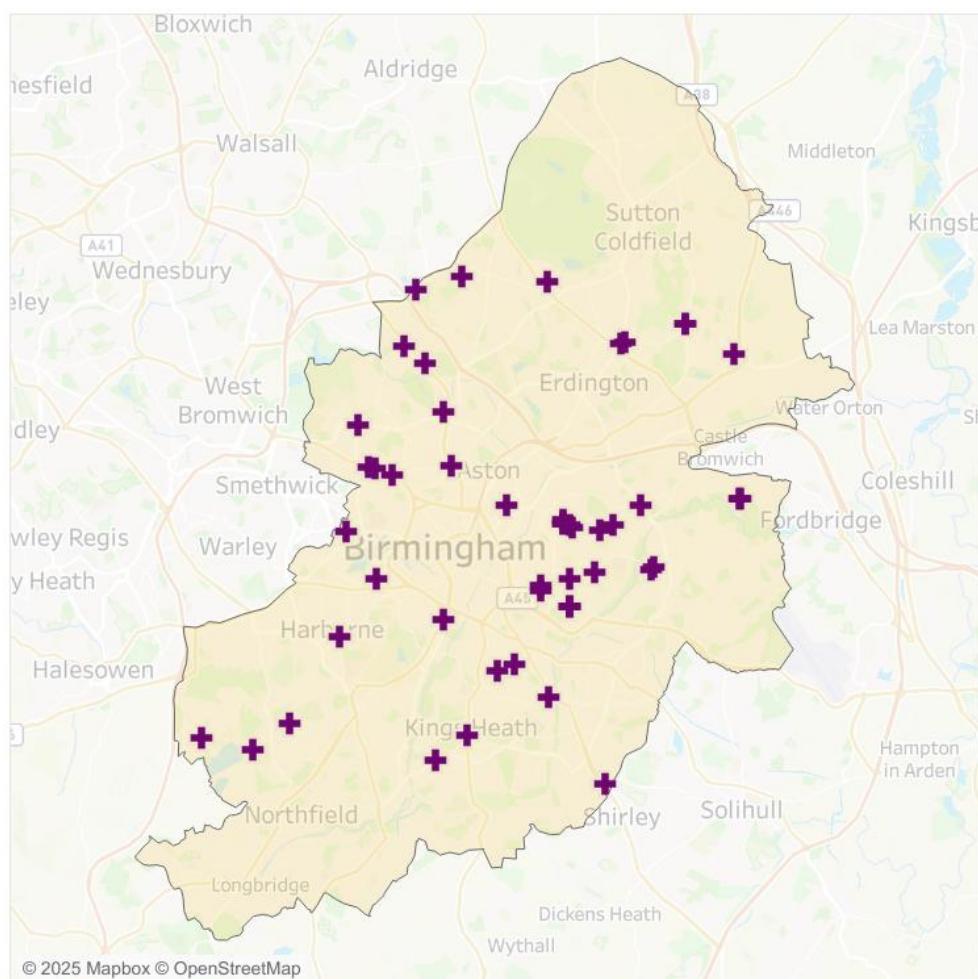
8.54 The Community Urgent Eye Care Service (CUES) aims to bring a consistent and cohesive service availability across the Birmingham and Solihull ICS. The CUES service augments the Minor Eye Conditions Service (MECS) and recognises the changes which were needed to be made due to the coronavirus pandemic. It aims to further reduce the burden on patients to physically visit their GP surgery, pharmacies and secondary care facilities.

8.55 Under CUES, a pharmacist may dispense or supply medication directly to a service user under the care of a participating Birmingham and Solihull ICB optometrist, presenting with a signed order on the agreed form. If the product recommended by the

ophthalmic optometrist is unavailable, then the pharmacist must refer the patient to another pharmacy provider or refer back to the Ophthalmic Optometrist.

- 8.56 Service users may self-refer or be referred by GPs, pharmacists, NHS 111 or other optometrists to this service. To access the CUES, the service user must be registered with a GP within Birmingham and Solihull ICB. CUES users will only be able to access medicines needed from a local pharmacy within Birmingham and Solihull.
- 8.57 This service is provided by 49 community pharmacies in Birmingham.

**Figure 8.7: Distribution of Birmingham community pharmacies that offer Community Urgent Eye Care Service**



Source: NHS Birmingham and Solihull ICB

### **Specialist Palliative Care Drugs (SPCD) service**

- 8.58 The Specialist Palliative Care Drugs (SPCD) Supply Service is a commissioned NHS initiative in Birmingham & Solihull, enabling timely access to anticipatory and end-of-life medications via participating community pharmacies, ensuring patients remain comfortable in their preferred settings. The key aim of this service is to provide a

network of community pharmacies, across Birmingham, Dudley, Sandwell, Solihull, and Wolverhampton, (and wider areas where commissioned), which are commissioned to improve access to specialist end of life drugs for patients, carers, and their representatives, to ensure there is no delay in treatment, reduce demand for hospital based services and to result in lower levels of unplanned hospital admissions.

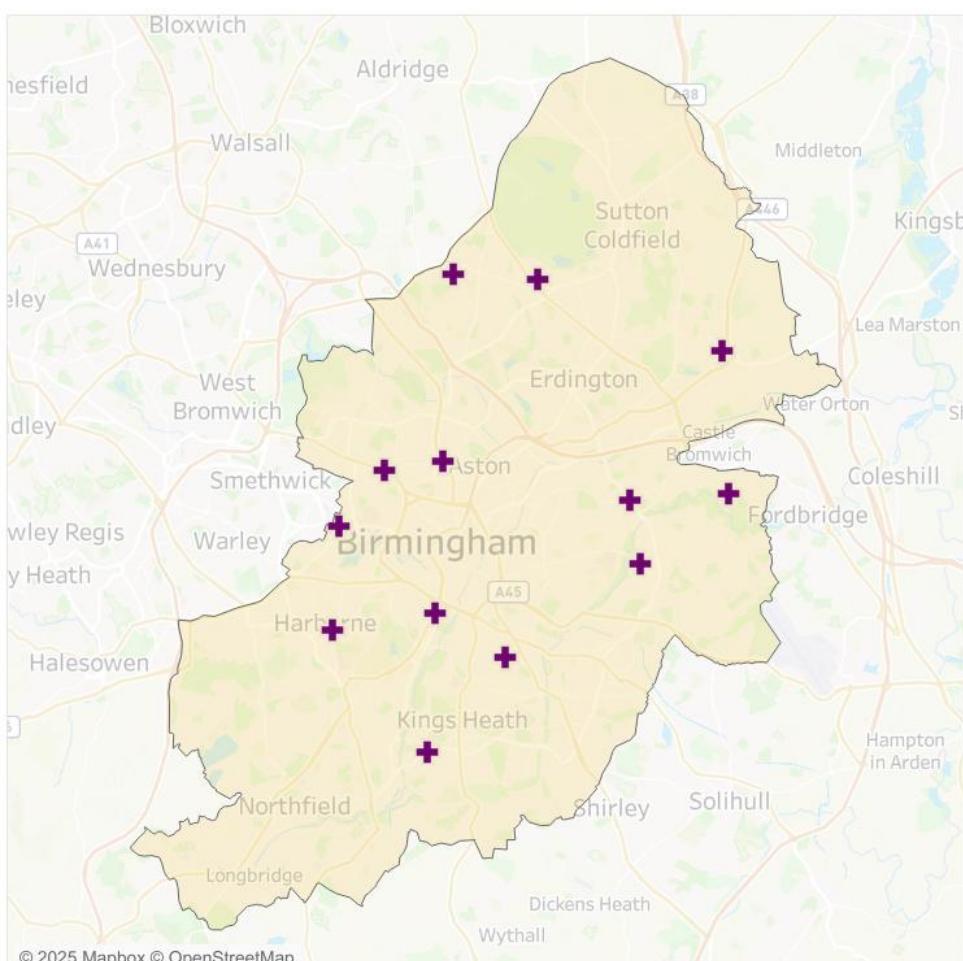
8.59 The aim of the service is achieved through the following:

- Ensuring providers hold agreed stocks of Specialist Palliative Care Drugs. This will ensure medicines necessary for effective symptom control are immediately available to patients, their carers, or representatives.
- Allowing on-demand, prompt access and continuity of supply of SPCD during pharmacy opening hours.
- Ensuring providers have systems in place and can access up to date and accurate information to contact, and direct service users to, an alternative pharmacy within the network of SPCD pharmacies to check stock availability where, under very rare circumstances, the Provider is unable to supply the required SPCD.
- Ensuring providers record details of any supply or signposting, under the SPCD scheme on PharmOutcomes, ideally within 72 hours but not later than within 7 days.
- Supporting patients, carers and clinicians by providing them with up-to-date information, advice and referral where appropriate, with the aim of reducing the demand for hospital-based services and lowering levels of unplanned hospital admissions.
- Providing advice on safe use of end-of-life drugs, their side-effects and safe disposal of controlled drugs to staff, patients, carers and their representatives.
- Provision of delivery services as well as collection services where applicable.
- Providing a mechanism for service providers/health care professionals such as district nurses to provide feedback regarding the service.

- Providing a list of pharmacies that have agreed to provide this service, together with their contact numbers, to community pharmacies, all GP practices, secondary care trusts, urgent.

8.60 This service is provided by 13 community pharmacies in Birmingham.

**Figure 8.8: Distribution of Birmingham community pharmacies that offer Specialist Palliative Care Drugs Service**



Source: NHS Birmingham and Solihull ICB

## Solihull

8.61 The following locally commissioned services are offered in Solihull:

- Needle exchange service
- Emergency Hormonal Consumption (EHC)
- Supervised Consumption service
- North Solihull Minor Ailments Scheme (MAS)

- Community Urgent Eye Care Service (CUES)
- Specialist Palliative Care Drugs (SPCD) Service

### ***Needle Exchange Service***

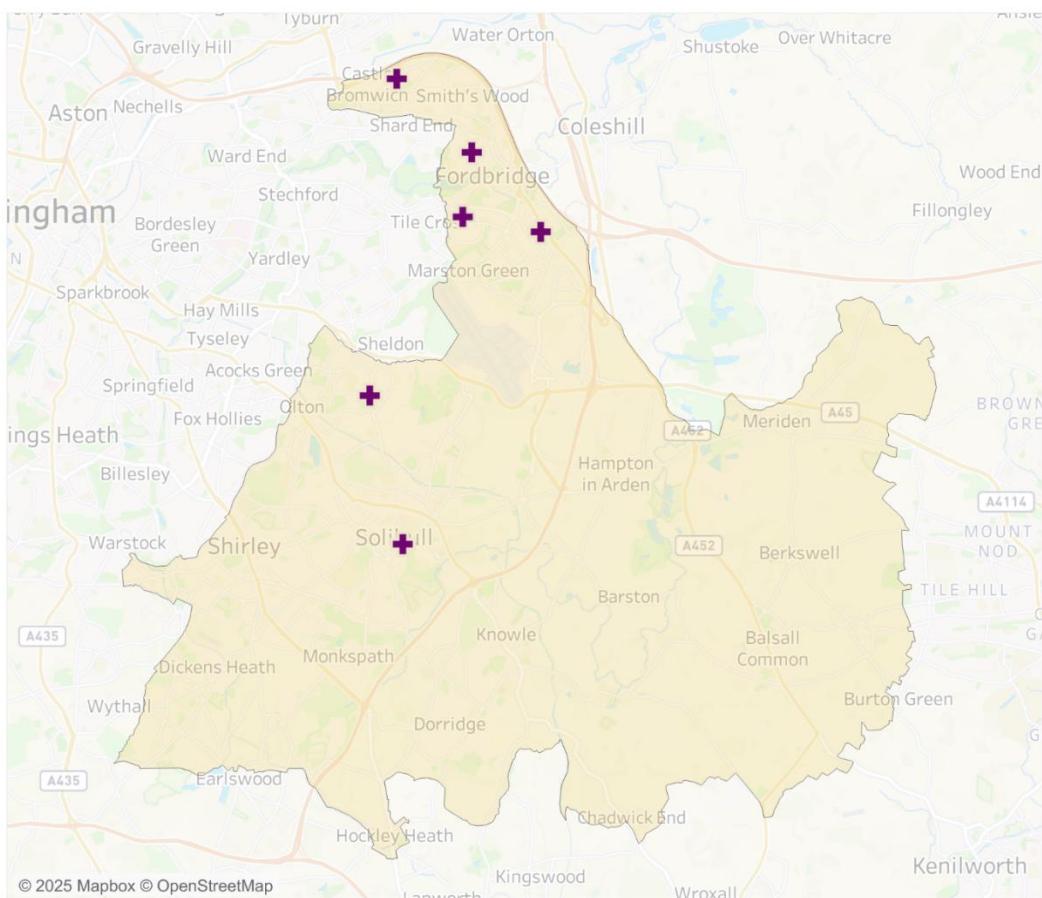
8.62 The needle exchange service in Solihull supplies needles, syringes and other equipment used to prepare and take illicit drugs. The service is centred around the promotion of better health protection for intravenous drug users and to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

8.63 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

8.64 The service is not just for people who inject drugs, but also for those who consume them via other means, including steroids or other performance or image enhancing drugs (PIEDs), psychoactive compounds, chemicals, plants and methamphetamine, ketamine or other intoxicants.

8.65 6 pharmacies in Solihull offer the Needle Exchange Service.

**Figure 8.9: Distribution of Solihull community pharmacies that offer needle exchange services**

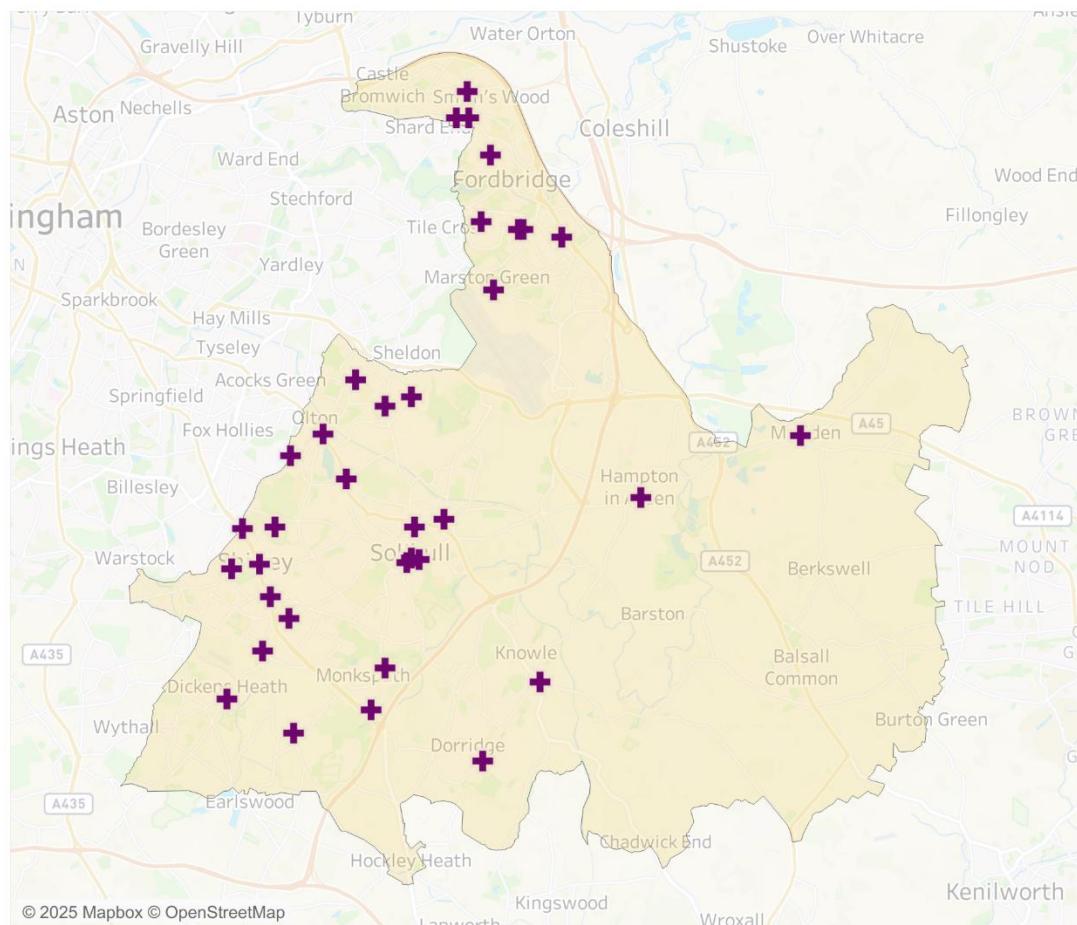


Source: Solihull Metropolitan Borough Council

### ***Emergency Hormonal Contraception (EHC)***

- 8.66 The aim of this service is to provide emergency hormonal contraception to female clients, aged 13 years and over, who present in person at the pharmacy and wish to prevent an unplanned pregnancy following unprotected sexual intercourse as defined in the Patient Group Direction (PGD).
- 8.67 Two PGDs are in use for this service: levonorgestrel and ulipristal acetate.
- 8.68 It is worth noting that as per the Community Pharmacy Contractual Framework (CPCF) arrangements announced in 2025, the national Pharmacy Contraception Service (PCS) will be expanded to include EHC, negating the need to have it as a local service.
- 8.69 35 pharmacies in Solihull offer the EHC service.

**Figure 8.10: Distribution of Solihull community pharmacies that offer EHC**



Source: Solihull Metropolitan Borough Council

### ***Supervised Consumption***

- 8.70 Solihull Metropolitan Borough Council also commissions community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.
- 8.71 Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 8.72 This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.
- 8.73 It is a medicines-adherence service which aims to reduce the risk of harm to the client by over- or under-usage of drug treatment, reduce the risk of harm to the local

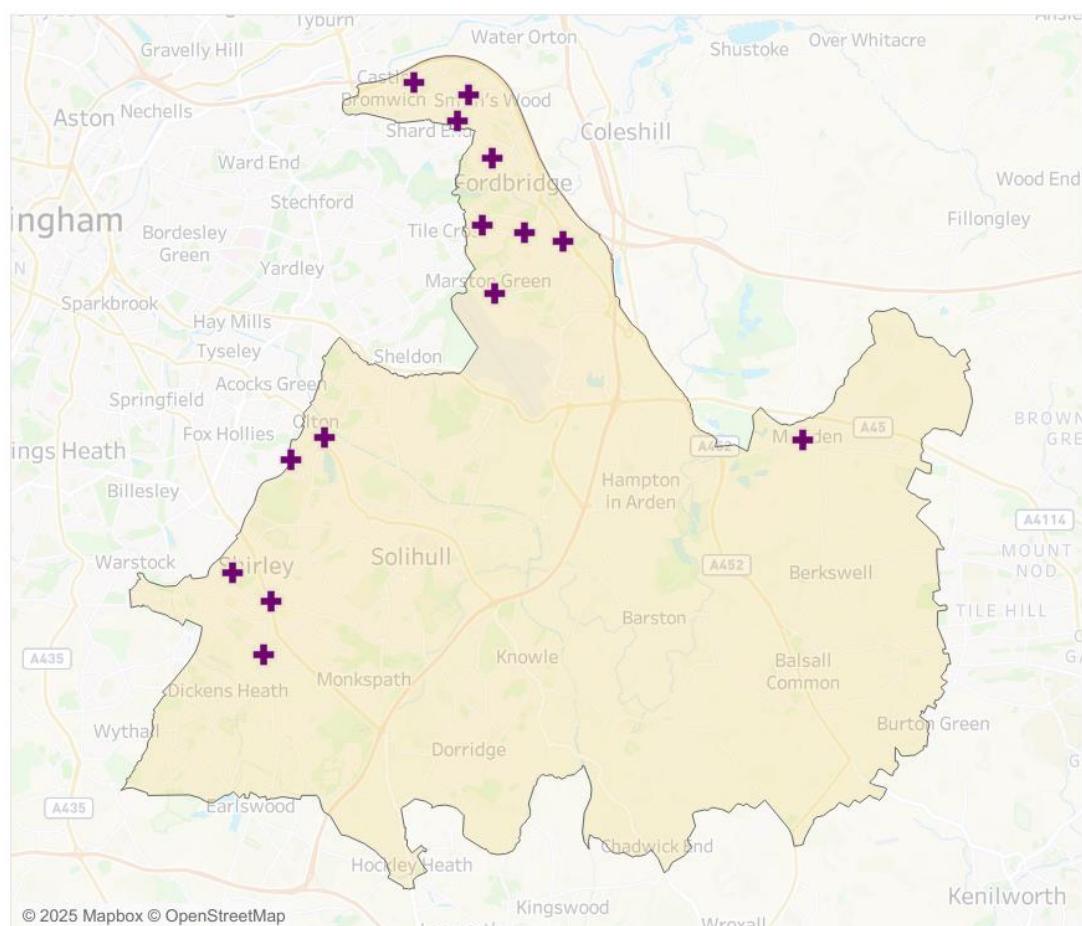
community by the inappropriate use of prescribed medicines via the illicit drug market or accidental exposure to prescribed medicines.

8.74 Pharmacies that provide this service:

- Ensure each supervised dose is correctly administered to the service user for whom it was intended.
- Liaise with the prescriber, named key worker and others directly involved in the care of the service user.
- Monitor service users' response to the prescribed treatment.
- Help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.

8.75 Fourteen pharmacies in Solihull provide the Supervised Consumption Service as shown below.

**Figure 8.11: Distribution of Solihull community pharmacies that provide the Supervised Consumption Service**



Source: NHS Birmingham and Solihull ICB

### ***North Solihull Minor Ailments Service (MAS)***

8.76 This service is available to all patients exempt from prescription charges, including those with pre-payment certificates, registered with the surgeries participating in the scheme. Only community pharmacies who are committed to making staff available to provide the service and who have successfully completed the appropriate training provided by Birmingham Black Country and Solihull Commissioning Support Unit (BBCS CSU) on behalf of the Solihull Clinical Commissioning Group (SCCG) will be included in the scheme. It is recommended that all pharmacists participating in the scheme should complete the most recent CPPE package on Minor Ailments.

8.77 In order to be eligible to participate in the scheme, the pharmacy must have a consultation room available for carrying out minor ailments' consultations. All participating community pharmacies will provide a professional consultation service for patients registered with participating GPs who present with one of the specified conditions.

8.78 Patient with symptoms of the following conditions may be referred into this scheme and advice and treatment should be offered in accordance with the regime as laid out in the protocols for the conditions:

- Athlete's foot, warts and verruca, nappy rash
- Cold sores
- Cough, colds, Flu, Earache, Nasal congestion, Sore throat, nasal congestion, hay fever/allergy relief
- Constipation, Diarrhoea
- Head lice, threadworms
- Temperature
- Vaginal thrush

8.79 The consultation by a pharmacist will consist of:

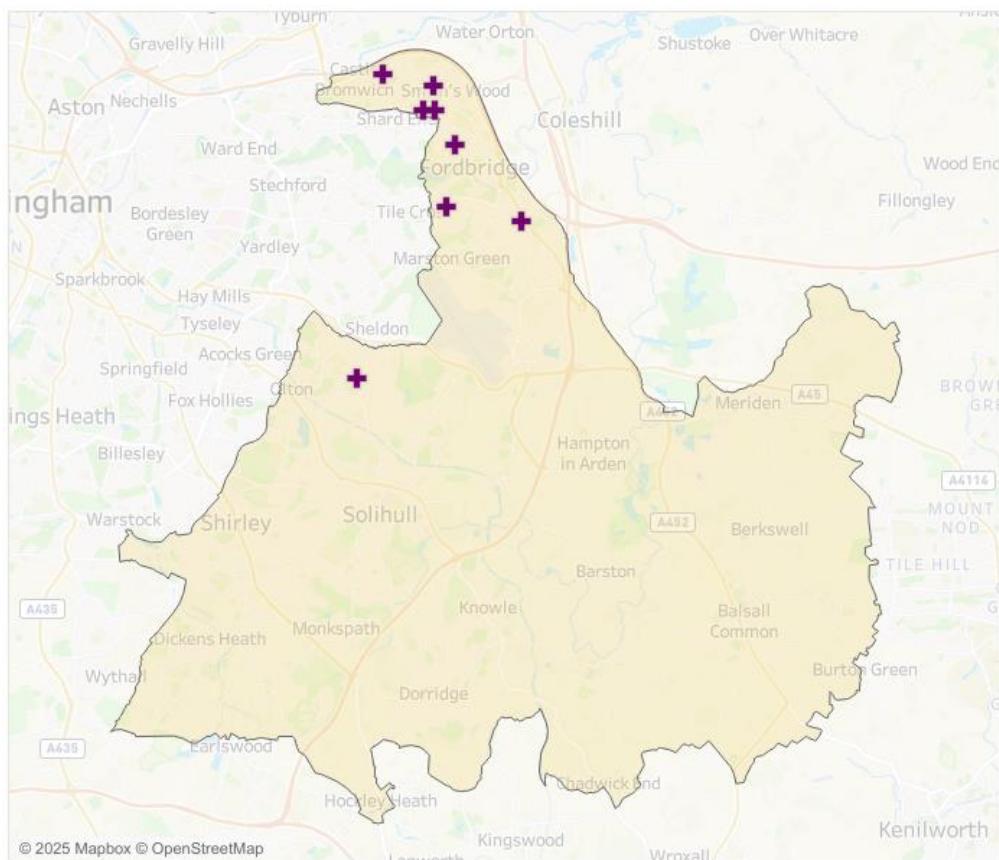
- Patient assessment
- Provision of advice

- Provision of a medication, if necessary, from the agreed formulary, appropriate to the patient's condition.
- Signing and completion of all required paperwork including the pharmacist's prescription and patient exemption form

8.80 If the patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should advise the patient to make an appointment at the surgery immediately and preferably assist the patient in doing so. If the surgery is closed and/or the symptoms are sufficiently severe, the patient should be advised to contact the "out of hours" service or attend A&E immediately. If the patient presents with symptoms indicating the need for a GP appointment, the pharmacist should advise the patient to make an appointment at the surgery and indicate an approximate time.

8.81 This service is provided by 8 community pharmacies in Solihull.

**Figure 8.12: Distribution of Solihull community pharmacies that participate in North Solihull MAS**



**Source: NHS Birmingham and Solihull ICB**

### ***Community Urgent Eye Care Service (CUES)***

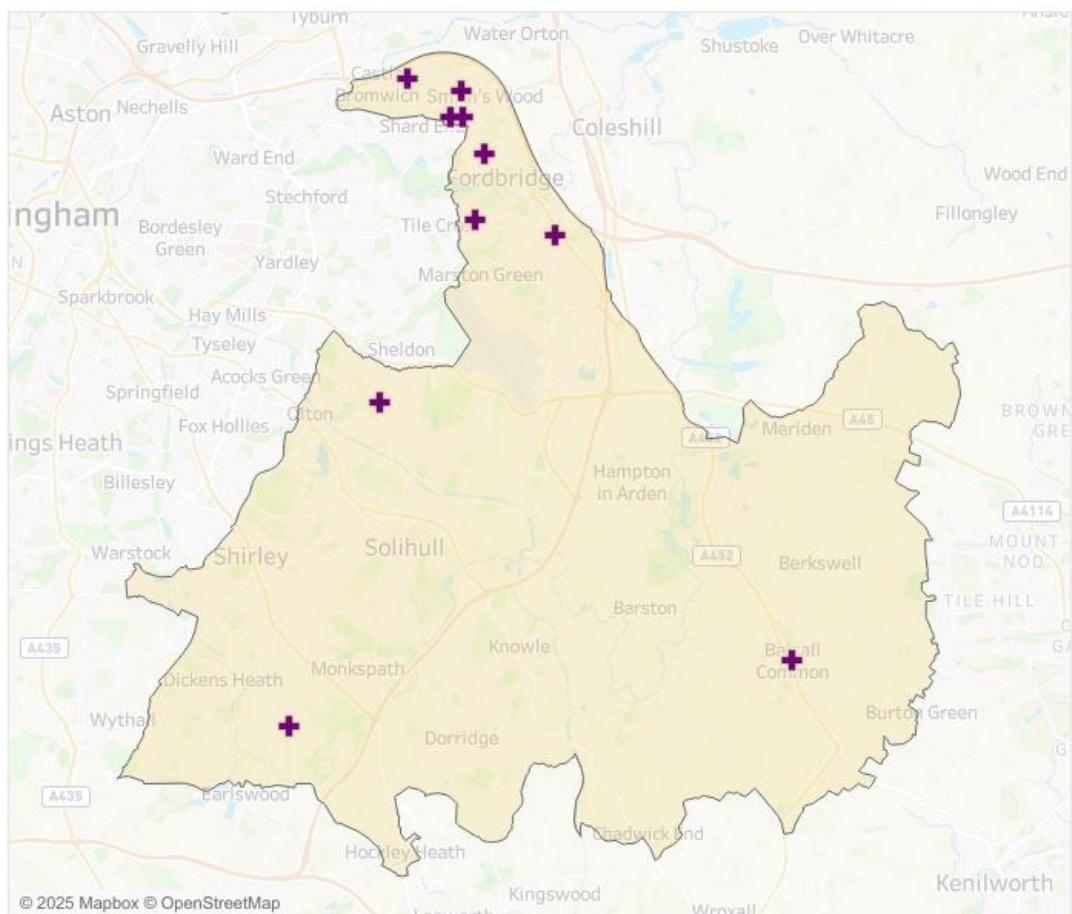
8.82 The Community Urgent Eye Care Service (CUES) aims to bring a consistent and cohesive service availability across the Birmingham and Solihull ICS. The CUES service augments the Minor Eye Conditions Service (MECS) and recognises the changes which were needed to be made due to the coronavirus pandemic. It aims to further reduce the burden on patients to physically visit their GP surgery, pharmacies and secondary care facilities.

8.83 Under CUES, a pharmacist may dispense or supply medication directly to a service user under the care of a participating Birmingham and Solihull ICB optometrist, presenting with a signed order on the agreed form. If the product recommended by the ophthalmic optometrist is unavailable, then the pharmacist must refer the patient to another pharmacy provider or refer to the ophthalmic optometrist.

8.84 Service users may self-refer or be referred by GPs, pharmacists, NHS 111 or other optometrists to this service. To access the CUES, the service user must be registered to a GP Practice within Birmingham and Solihull ICB. CUES users will only be able to access medicines needed from a local pharmacy within Birmingham and Solihull.

8.85 This service is provided by 10 community pharmacies in Solihull as shown below.

**Figure 8.13: Distribution of Solihull community pharmacies that offer CUES**



Source: NHS Birmingham and Solihull ICB

### **Specialist Palliative Care Drugs (SPCD) service**

8.86 The Specialist Palliative Care Drugs (SPCD) Supply Service is a commissioned NHS initiative in Birmingham & Solihull, enabling timely access to anticipatory and end-of-life medications via participating community pharmacies, ensuring patients remain comfortable in their preferred settings. The key aim of this Service is to provide a network of community pharmacies, across Birmingham, Dudley, Sandwell, Solihull, and Wolverhampton, (and wider areas where commissioned), which are commissioned to improve access to specialist end of life drugs for patients, carers, and their representatives, to ensure there is no delay in treatment, reduce demand for hospital based services and to result in lower levels of unplanned hospital admissions.

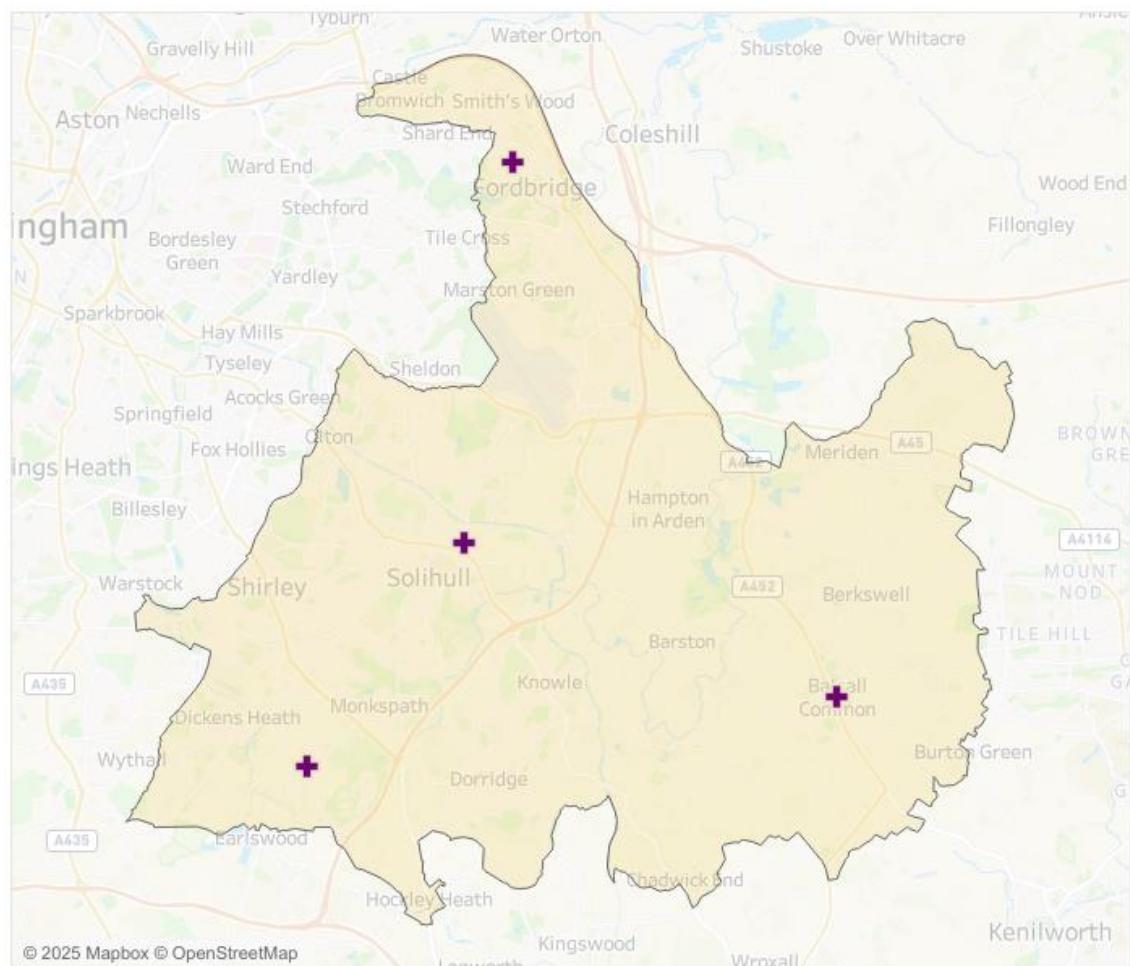
8.87 The aim of the service is achieved through the following:

- Ensuring Providers hold agreed stocks of Specialist Palliative Care Drugs. This will ensure medicines necessary for effective symptom control are immediately available to patients, their carers, or representatives.

- Allowing on-demand, prompt access and continuity of supply of SPCD during pharmacy opening hours.
- Ensuring Providers have systems in place and can access up to date and accurate information to contact, and direct service users to, an alternative pharmacy within the network of SPCD pharmacies to check stock availability where, under very rare circumstances, the Provider is unable to supply the required SPCD.
- Ensuring Providers record details of any supply or signposting, under the SPCD scheme on PharmOutcomes, ideally within 72 hours but not later than within 7 days.
- Supporting patients, carers and clinicians by providing them with up-to-date information, advice and referral where appropriate, with the aim of reducing the demand for hospital-based services and lowering levels of unplanned hospital admissions.
- Providing advice on safe use of end-of-life drugs, their side-effects and safe disposal of controlled drugs to staff, patients, carers and their representatives.
- Provision of delivery services as well as collection services where applicable.
- Providing a mechanism for service providers/health care professionals such as district nurses to provide feedback regarding the service
- Providing a list of pharmacies that have agreed to provide this service, together with their contact numbers, to community pharmacies, all GP practices, secondary care trusts, urgent

8.88 This service is provided by 4 community pharmacies in Solihull.

**Figure 8.14: Distribution of Solihull community pharmacies that offer SPCD service**



Source: NHS Birmingham and Solihull ICB

## Other prescribing centres

8.89 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services.

### Walk-in Centres

8.90 These centres provide urgent medical care for non-life-threatening conditions. Below are the walk-in centres across BSol:

- Solihull Hospital Urgent Treatment Centre on Lode Lane
- North Birmingham Urgent Treatment Centre in Good Hope Hospital, Rectory
- South Birmingham Urgent Treatment Centre located in Selly Oak

- Washwood Heath Urgent Treatment Centre located in Washwood Heath, Clodeshall Road

### **GP extended access hubs**

8.91 Enhanced Access Services are established to provide patients with improved access to GP appointments outside of standard working hours. These services are coordinated through various Enhanced Access Hubs across the area. Appointments are available during weekday evenings and weekends, aiming to accommodate patients who may have difficulty attending during regular hours.

8.92 The extended access hubs strategically located to serve different areas in Birmingham and Solihull

8.93 GP extended access hubs in Birmingham and Solihull include:

- Sparkhill Hub in Oakwood Surgery, Sparkhill
- Druids Health Hub in Druids Heath Surgery, Pound Road
- Washwood Health Hub in Pearl Medical Centre, Washwood Heath Road
- Burbury Medical Centre on Burbury Street
- Fernbank Medical Centre on Stratford Road
- Khattack Memorial Surgery on Bolton Road
- Harborne Medical Practice on York Street
- River Brook Medical Centre on River Brook Drive
- West Health Medical Centre on West Heath Road
- Chelmsley Wood Primary Care Centre located on Crabtree Drive

### **End of life services**

8.94 A range of services are available in Birmingham and Solihull to support individuals requiring end-of-life care, including inpatient facilities, community-based services, and support organizations. These services aim to provide compassionate care tailored to individual's needs, ensuring comfort and dignity during end-of-life stages.

8.95 End of life services is available to Birmingham and Solihull residents from the following locations:

- Marie Curie Hospice located on March Lane
- Willow House Palliative Care Unit in West Heath Hospital on Rednal Road
- Birmingham Hospice on Erdington and Selly Park
- Helping Hands Home Care Solihull on Stratford Road

### **Mental Health Services**

8.96 A variety of mental health services are available in Birmingham and Solihull to support individuals with their mental health. These services include community-based teams, specialized programs, and support organizations, all working collaboratively to provide comprehensive care:

- Birmingham and Solihull Mental Health NHS Foundation Trust on Summer Hill Road
- Birmingham Mind with various hubs in Birmingham (head office located on Graham Street)
- Solar (Children & Young People's Mental Health Services) with clinics in multiple locations.

# Chapter 9 - Conclusions and statements

- 9.1 This PNA has considered the current provision of pharmaceutical services across BSol and assessed whether it meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document.
- 9.2 This chapter will summarise the conclusions of the provision of these services in BSol with consideration of surrounding HWB areas.

## Current Provision

- 9.3 The Birmingham and Solihull PNA steering group has identified the following services as necessary to meet the need for pharmaceutical services:
  - Essential services provided at all premises, including those though outside BSol, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.
- 9.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The BSol PNA steering group has identified the following as Other Relevant Services:
  - Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside BSol, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- 9.5 Preceding chapters of this document have set out the provisions of these services with reference to their locality, as well as identifying service by contractors outside BSol, as contributing towards meeting the need for pharmaceutical services in BSol.

### Current provision of necessary services

- 9.6 Essential services are deemed as necessary services as described above. In assessing the provision of essential services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the

population. To determine the level of access within BSol to pharmaceutical services, the following criteria were considered:

- Distance and travel time to pharmacies.
- Opening hours of pharmacies.
- Proximity of pharmacies to GP practices.
- Demographics of the population.
- Health needs of the population and patient groups with specific pharmaceutical service needs.

9.7 The above criteria were used to measure access in each of the 6 localities within BSol.

9.8 There are 2.1 community pharmacies per 10,000 residents in BSol. This ratio is greater than the national average of 1.7 pharmacies per 10,000 residents.

9.9 A vast majority of the population in BSol is within 1 mile of a pharmacy. Additionally, all residents are within a 20-minute drive of a pharmacy. All GP practices are also within 1 mile of a pharmacy.

9.10 Factoring in all of this, the residents of BSol are well served in terms of the number and location of pharmacies.

#### ***Current provision of necessary services during normal working hours***

9.11 All pharmacies are open for at least 40 hours each week. There are 285 community pharmacies in BSol, and a further 34 within a mile of its border, providing good access as explored in Chapter 7.

9.12 The PNA has noted the loss expressed by residents over the closure of a pharmacy on Boldmere Road in Sutton Coldfield, Birmingham. The closure did not create a geographic gap as residents are still within a mile of a community pharmacy. However, this will need to continue to be monitored in case of any further developments.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in any of the 6 localities.

The PNA has heard feedback from patients that the closure in Boldmere has impacted people's experiences in accessing pharmacies. This will need to continue to be monitored based on any further changes.

### ***Current provision of necessary services outside normal working hours***

- 9.13 On weekdays, 45 pharmacies in BSol are open before 9am and 130 are open past 6pm. These are mapped out in Chapter 7 and show good coverage of services available on weekdays outside normal working hours.
- 9.14 201 of the 285 community pharmacies in BSol are open on Saturday while 60 are open on Sunday. Considering these pharmacies and those in neighbouring HWB areas, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in any of the 6 localities.

### **Current provision of other relevant services**

#### ***Current provision of advanced pharmacy services***

- 9.15 The following advanced services are currently available for provision by community pharmacies: Pharmacy First Service, New Medicine Service, flu vaccination service, Pharmacy Contraception Service, Hypertension Case-finding Service, Smoking Cessation service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device Tests Supply service.
- 9.16 New Medicine Service is widely available with 271 pharmacies providing it.
- 9.17 The Pharmacy First Service is provided by nearly all the pharmacies in BSol (279 out of 285).
- 9.18 Flu vaccinations are also widely provided, with 237 pharmacies in the area offering them.
- 9.19 A total of 234 pharmacies in BSol offer the Pharmacy Contraception Service.
- 9.20 A total of 275 pharmacies provide the Hypertension Case-finding Service.

- 9.21 The Smoking Cessation Service is offered by 170 BSol pharmacies.
- 9.22 Available NHSBSA data does not show any BSol pharmacy delivering the AURs. Four pharmacies provide SAC. Both these services are also widely available from other health providers such as district nurses and dispensing appliance contractors.
- 9.23 The Lateral Flow Device test supply service is provided by 202 out of the 285 community pharmacies in BSol.
- 9.24 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of BSol.

#### ***Current access to enhanced pharmacy services***

- 9.25 There are currently two nationally enhanced services commissioned by NHSE that are available in BSol. These are the COVID-19 Vaccination Service and the RSV and Pertussis Vaccination Service.
- 9.26 COVID-19 vaccination service is provided by 144 pharmacies.
- 9.27 RSV/pertussis vaccination is available from 27 BSol community pharmacies.

#### ***Current access to Locally Commissioned Services***

- 9.28 These services are commissioned by the Birmingham City Council and/or Solihull Metropolitan Borough Council. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing needs of the Birmingham and Solihull population.

#### ***Current access to Locally Commissioned Services in Birmingham***

- 9.29 Locally commissioned services in Birmingham include services include Needle exchange service, CVD Heart Health Check in the Workplace, Supervised Consumption service, Smoking Cessation Service, Birmingham and Solihull Integrated Sexual and Reproductive Health, West Birmingham Minor Ailments Service, Community Urgent Eye Care Service, and Specialist Palliative Care Drugs Service.
- 9.30 A total of 84 pharmacies in Birmingham offer the needle exchange service.
- 9.31 Twenty-one community pharmacies in Birmingham provide the CVD Heart Health Check in the Workplace.

- 9.32 Supervised consumption service is provided by 119 pharmacies in Birmingham.
- 9.33 Smoking cessation service is provided by 93 pharmacies in Birmingham.
- 9.34 A total of 96 pharmacies in Birmingham offer the sexual and reproductive health services.
- 9.35 West Birmingham Minor Ailments Scheme is offered in 21 pharmacies.
- 9.36 The Community Urgent Eye Care Service is available from 49 pharmacies.
- 9.37 Thirteen pharmacies participate in the Specialist Palliative Care Drugs (SPCD) service.

#### **[Current access to Locally Commissioned Services in Solihull](#)**

- 9.38 Locally commissioned services in Solihull include Needle exchange service, Emergency Hormonal Contraception, Supervised Consumption service, North Solihull Minor Ailments Scheme, Community Urgent Eye Care Service and the Specialist Palliative Care Drugs service.
- 9.39 Six pharmacies in Solihull offer the needle exchange service.
- 9.40 Thirty-five community pharmacies in Solihull provide the Emergency Hormonal Contraceptive Service.
- 9.41 Fourteen pharmacies in Solihull provide the Supervised Consumption Service
- 9.42 Eight pharmacies participate in the North Solihull Minor Ailments Scheme.
- 9.43 The Community Urgent Eye Care Service is available from ten pharmacies.
- 9.44 The Specialist Palliative Care Drugs service is available from four Solihull pharmacies.

## **Future Provision**

- 9.45 The Health and Wellbeing Boards have considered the following future developments:
  - Forecasted population growth
  - Housing development information
  - Regeneration projects
  - Changes in the provision of health and social care services
  - Other changes to the demand for services

## Future provision of necessary services

### *Future provision of necessary services during normal working hours*

9.46 The PNA is not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of the PNA.

9.47 The PNA is aware of and has considered the proposed housing developments in both Birmingham and Solihull, particularly the larger developments in the West locality (Birmingham). The analysis has considered these developments, as well as other causes of population increases. Dispensing levels among pharmacies in the Birmingham is relatively low (6,696 items per month compared to 8,689 for the national average). This suggest that the pharmacies, including those around the new developments, have ample capacity to cater for the additional pharmaceutical provision demands created by the expected population increase. This is further supported by the current pharmacy contractors, through the LPC, indicating they have capacity to carry out more dispensing. As seen in Chapter 4, these large developments span several sites which means that the increased demand they create will be shared across several pharmacies rather than placing the burden on a single pharmacy.

9.48 It is therefore concluded that pharmacy provision within BSol is well placed to support the changes expected during the lifetime of the PNA, though future PNAs should continue to monitor population changes closely.

Based on the information available at the time of writing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in any of the 6 localities.

Though the current pharmacies, with their relatively low dispensing averages, are likely to cope with the demand exerted by the ongoing housing developments, future PNAs should continue to monitor the situation closely.

### *Future provision of necessary services outside normal working hours*

9.49 The Health and Wellbeing Boards are not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in any of the 6 localities.

#### **Future provision of other relevant services**

- 9.50 The PNA analysis is satisfied that there is sufficient capacity to meet any increased demand of services.
- 9.51 The PNA did not find any evidence to conclude that the services these pharmacies offer should be expanded.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access in any of the localities.

# Appendix A - Birmingham and Solihull Pharmaceutical Needs Assessment Steering Group Terms of Reference



## Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment on behalf of the Birmingham and Solihull Health and Wellbeing Boards to ensure that it satisfies the relevant regulations, including consultation requirements.

## Delegated Responsibility

Each Director of Public Health recommends that the Health and Wellbeing Boards delegate the authority of the PNA to the steering group at the Health and Wellbeing Board meetings on the 30th January 2025 (Birmingham) and the 28<sup>th</sup> January (Solihull).

## Accountability

The Steering Group will report to a nominated Consultant in Public Health or Public Health Lead for each local authority.

## Membership

Core members:

- Consultant for Public Health / Nominated PH Lead – Birmingham
- Consultant for Public Health / Nominated PH Lead – Solihull
- NHS England representative.
- Local Pharmaceutical Committee representative.
- Integrated Care Board representatives.
- Healthwatch representative.

Once a commissioned provider is awarded the contract to support the delivery of the PNA, they will attend and chair the meetings. They will not be a core member.

Each core member has one vote. The Consultant in Public Health or Public Health Lead for each local authority will have the casting votes if required. Core members may provide a deputy to meetings in their absence.

The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. Other additional members may be co-opted if required.

Additional members (if required):

- ICB Commissioning Managers.
- ICS Community Pharmacy Clinical Lead.

In attendance at meetings will be representatives of an external provider who have been commissioned by Birmingham City Council to support the development of the PNA. Other additional members may be co-opted if required.

### **Frequency of meetings**

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in autumn 2025 to sign off the PNA for submission to the Health and Wellbeing Boards.

### **Responsibilities**

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
  - Any Local Pharmaceutical Committee for its area.
  - Any Local Medical Committee for its area.
  - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area.
  - Any LPS Chemist in its area.
  - Any Local Healthwatch organisation for its area.

- Any NHS Trust or NHS Foundation Trust in its area.
- NHSE.
- Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health & Wellbeing Board on both the draft and final PNA.
- Publish the final PNA before the end of 2025.

## Appendix B – Pharmacy provision within Birmingham and Solihull

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Central	Community	FA215	Stag Chemist Birmingham Limited	553-555 Stratford Road, Sparkhill, Birmingham	No	Yes	Yes	No
Central	Community	FCL95	Masters Pharmacy	741a Stratford Road, Sparkhill, Birmingham	No	Yes	Yes	No
Central	Community	FCP42	Newborough Pharmacy	284 Baldwins Lane, Hall Green, Birmingham	No	No	Yes	No
Central	Community	FDG75	Shire Pharmacy	214 Edward Road, Balsall Heath, Birmingham	No	No	Yes	No
Central	Community	FDQ04	Medipharma Chemist	29 Oak Tree Lane, Selly Oak, Birmingham	No	Yes	Yes	No
Central	Community	FDX63	King's Pharmacy & Opticians	1-3 Pershore Road South, Cotteridge, Birmingham	No	Yes	Yes	No
Central	Community	FE326	Twilight Pharmacy	128-130 High Street, Kings Heath, Birmingham, West Midlands	No	Yes	Yes	Yes
Central	Community	FEH43	Sparkbrook Health Centre Pharmacy	Grantham Road, Sparkbrook, Birmingham	No	Yes	No	No
Central	Community	FEX08	Sirpal Chemist	274-276 Ladypool Road, Sparkbrook, Birmingham	No	Yes	Yes	No
Central	Community	FFA63	The Pharmacy Practice	282 Stratford Road, Sparkbrook, Birmingham	No	Yes	Yes	No
Central	Community	FFK75	Kings Heath Pharmacy	294 Vicarage Road, Kings Heath, Birmingham	Yes	Yes	Yes	Yes
Central	Community	FFY02	Boots	145-147 High Street, Kings Heath, Birmingham	No	No	Yes	No
Central	Community	FG295	Barkat Pharmacy	775 Stratford Road, Sparkhill, Birmingham	No	Yes	Yes	Yes
Central	Community	FG482	Sparkhill Pharmacy	805-807 Stratford Road, Sparkhill, Birmingham	No	Yes	Yes	Yes

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Central	Community	FHX90	Askers Chemist	146 Alcester Road South, Kings Heath, Birmingham	Yes	Yes	No	No
Central	Community	FJ079	Shah Pharmacy	491 Stratford Road, Sparkhill, Birmingham	No	No	Yes	No
Central	Community	FJ701	Jhoots Pharmacy	Unit 2, 480 Bristol Rd, Selly Oak, Birmingham, West Midlands	No	No	No	No
Central	Community	FJF91	Stag Chemist	230 Stoney Lane, Sparkbrook, Birmingham	No	Yes	Yes	Yes
Central	Community	FKA19	Well	979 Stratford Road, Hall Green, Birmingham	Yes	Yes	Yes	No
Central	Community	FKR26	Bournville Pharmacy	45 Sycamore Road, Bournville, Birmingham, West Midlands	No	No	Yes	No
Central	Community	FKR56	Evergreen Pharmacy	694 Yardley Wood Road, Kings Heath, Birmingham	No	No	Yes	No
Central	Community	FLL07	Evergreen Pharmacy Ltd	24 Watford Road, Cotteridge, Birmingham	No	No	Yes	No
Central	Community	FLV62	Balsall Heath Pharmacy	43 Edward Road, Balsall Heath, Birmingham	No	Yes	Yes	No
Central	Community	FM748	Boots	137 Monyhull Hall Road, Kings Norton, Birmingham	No	No	Yes	No
Central	Community	FME55	Browns Pharmacy	1054 Yardley Wood Road, Warstock, Birmingham	No	No	Yes	No
Central	Community	FMK17	A R K Healthcare Ltd	566-568 Stratford Road, Sparkhill, Birmingham	No	Yes	Yes	No
Central	Community	FMK97	Cotteridge Pharmacy	1889 Pershore Road, Kings Norton, Birmingham	No	No	Yes	No
Central	Community	FN392	Vicarage Pharmacy	280 Vicarage Road, Kings Heath, Birmingham	No	Yes	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Central	Community	FNH37	Jhoots Pharmacy	808-810 Pershore Road, Selly Park, Birmingham	No	No	No	No
Central	Community	FPP39	Olive Tree Pharmacy	463 Stratford Road, Sparkhill, Birmingham	No	Yes	Yes	Yes
Central	Community	FQ644	Hall Green Pharmacy	1096 Stratford Road, Hall Green, Birmingham	No	Yes	Yes	Yes
Central	Community	FQK52	Shifa Pharmacy	512-514 Moseley Road, Balsall Heath, Birmingham	Yes	Yes	Yes	No
Central	Community	FR246	Highfield Road Pharmacy	307 Highfield Road, Hall Green, Birmingham, West Midlands	No	No	No	No
Central	Community	FRE79	Prince Of Wales Pharmacy	161 Prince Of Wales Lane, Warstock, Birmingham, West Midlands	No	No	Yes	No
Central	Community	FRX47	Chemycare Pharmacy	2d Wake Green Road, Moseley, Birmingham, West Midlands	No	Yes	Yes	Yes
Central	Community	FT623	Baggaley Chemist	131 Alcester Road, Moseley, Birmingham	No	No	Yes	No
Central	Community	FTN75	Greet Pharmacy	Synergy House, 109-113 Percy Road, Sparkhill, Birmingham	No	Yes	No	No
Central	Community	FTP87	Laser Pharmacy	854 Stratford Road, Sparkhill, Birmingham	Yes	Yes	Yes	Yes
Central	Community	FTQ26	Fakir Chemist	2a Church Road, Moseley, Birmingham	No	Yes	Yes	No
Central	Community	FV367	Yardley Wood Pharmacy	401 Highfield Road, Yardley Wood, Birmingham	Yes	Yes	No	No
Central	Community	FVR41	Sparkbrook Pharmacy	153a Stratford Road, Sparkbrook, Birmingham	No	No	Yes	No
Central	Community	FW771	Billesley Pharmacy	698 Yardley Wood Road, Billesley, Birmingham	Yes	Yes	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Central	Community	FWG01	Whites Pharmacy	788 Alcester Road South, Kings Heath, Birmingham	No	No	No	No
Central	Community	FWL16	Fakir Pharmacy Cannon Hill	200 Edward Road, Cannon Hill, Balsall Heath, Birmingham	No	Yes	Yes	Yes
Central	Community	FWV41	Oaks Pharmacy	564-566 Bristol Road, Bournbrook, Birmingham	No	No	Yes	No
Central	Community	FX123	Robin Hood Pharmacy	1518 Stratford Road, Hall Green, Birmingham	Yes	Yes	Yes	Yes
Central	Community	FXR61	Ashtree Pharmacy	1534 Pershore Road, Stirchley, Birmingham	No	No	Yes	No
Central	Community	FYY02	Druids Heath Pharmacy	17 Pound Road, Druids Heath, Birmingham	No	No	No	No
Central	DSP	FP872	Maverick Pharmacy	Unit11, The Old Bus Garage, Harborne Lane, Birmingham	No	No	Yes	No
Central	DSP	FQC64	Stag Direct	10a Haden Street, Birmingham	No	No	No	No
Central	DSP	FWM83	Pharmacy Care Matters	197 Alcester Road, Moseley, Birmingham	No	No	No	No
East	Community	FCX02	Wellbeing Pharmacy	Clodeshall Road, Saltley, Birmingham	No	No	No	No
East	Community	FD274	Yardley Pharmacy	2 Willard Road, South Yardley, Birmingham	Yes	Yes	No	No
East	Community	FDC71	M Pharmacy	Yardley Green Medical Ctr, Yardley Gr Rd,B/Sley Gr, Birmingham	No	Yes	Yes	Yes
East	Community	FDG60	A+ Pharmacy	311 Bordesley Green East, Stechford, Birmingham, West Midlands	No	Yes	Yes	No
East	Community	FDW81	Allcare Pharmacy	674 Coventry Road, Small Heath, Birmingham, West Midlands	No	Yes	Yes	Yes
East	Community	FE187	Hingley Pharmacy	195-197 Alum Rock Road, Saltley, Birmingham	No	Yes	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
East	Community	FEL00	Saltley Pharmacy	118 Washwood Heath Road, Saltley, Birmingham	No	No	No	No
East	Community	FEN09	Hingley Pharmacy	48-52 Yardley Green Road, Bordesley Green, Birmingham	No	No	No	No
East	Community	FEQ38	Mohammedi Pharmacy	545-547 Green Lane, Small Heath, Birmingham	No	Yes	Yes	No
East	Community	FF210	Boots	Yew Tree Retail Park, Stoney Lane, Yardley, Birmingham	No	No	Yes	No
East	Community	FF246	A.G Pharmacy	Units 5-6,1160 Warwick Rd, Acocks Green, Birmingham	No	No	Yes	No
East	Community	FF991	Hingley Pharmacy	77 Yardley Green Road, Bordesley Green, Birmingham	No	Yes	No	No
East	Community	FGC41	Pak Pharmacy	38g Alum Rock Road, Alum Rock, Birmingham	No	Yes	Yes	Yes
East	Community	FGF98	Jhoots Pharmacy	184 School Road, Hall Green, Birmingham, West Midlands	No	No	No	No
East	Community	FGG94	Village Green Pharmacy	1095 Warwick Road, Acocks Green, Birmingham	No	Yes	Yes	Yes
East	Community	FHF48	Ward End Pharmacy	617 Washwood Heath Rd, Ward End, Birmingham	No	Yes	Yes	Yes
East	Community	FHL53	G Goulding Ltd	119 Church Lane, Stechford, Birmingham	No	No	No	No
East	Community	FJQ52	Stag Chemist	682 Coventry Road, Small Heath, Birmingham	No	No	No	No
East	Community	FJV46	Hustans Pharmacy	366 Green Lane, Small Heath, Birmingham	No	Yes	Yes	No
East	Community	FKL45	Solomon Dispensing Chemist	188 Alum Rock Road, Alum Rock, Birmingham	No	No	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
East	Community	FKW87	Heathway Pharmacy Ltd	207 Heath Way, Shard End, Birmingham	No	No	Yes	No
East	Community	FL174	Well	9 Olton Boulevard East, Acocks Green, Birmingham	No	No	No	No
East	Community	FLG00	Glebe Pharmacy	10 Glebe Farm Road, Stechford, Birmingham	No	No	Yes	No
East	Community	FM776	Jhoots Pharmacy	Acocks Green Medical Ctr., 999 Warwick Road, Birmingham	No	No	No	No
East	Community	FMP50	Pan Pharmacy	160-160a Common Lane, Sheldon, Birmingham, West Midlands	Yes	Yes	Yes	No
East	Community	FN034	Pal Pharmacy	508 Alum Rock Road, Ward End, Birmingham	No	Yes	No	No
East	Community	FNH35	Well	162 Shard End Crescent, Shard End, Birmingham	Yes	Yes	Yes	No
East	Community	FP007	Care Pharmacy	742-744 Alum Rock Road, Ward End, Birmingham	No	No	No	No
East	Community	FPE34	Manor Pharmacy	1756-1758 Coventry Road, Yardley, Birmingham, West Midlands	No	No	Yes	No
East	Community	FPW50	Ipharm Pharmacy	794 Washwood Heath Road, Ward End, Birmingham	Yes	Yes	No	No
East	Community	FPX85	Chesters Pharmacy	Unit 1,123 Shard End Cres, Shard End, Birmingham	Yes	Yes	Yes	No
East	Community	FQ288	Medicare Chemist	676 Coventry Road, Small Heath, Birmingham	No	Yes	Yes	No
East	Community	FQ688	Dispharma Chemist	183 Alum Rock Road, Saltley, Birmingham	No	No	Yes	No
East	Community	FQA48	Pan Pharmacy	2154a-2156 Coventry Road, Sheldon, Birmingham	Yes	Yes	Yes	No
East	Community	FQH93	Saini Pharmacy	38 East Meadow, Tile Cross, Birmingham	No	No	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
East	Community	FQH94	Jhoots Pharmacy	Fox & Goose Shopping Ctr, 898-902 Washwood Heath Rd, Ward End, Birmingham	No	No	No	No
East	Community	FQK66	Saini Pharmacy	292 Kitts Green Road, Lea Village, Birmingham	No	No	Yes	No
East	Community	FRC67	Pal Pharmacy	117 Alum Rock Road, Saltley, Birmingham	No	No	No	No
East	Community	FRE36	Shawsdale Pharmacy	Grnd Fl Hodge Hill Pcc, Roughlea Avenue, Birmingham, West Midlands	No	Yes	Yes	Yes
East	Community	FTK23	Shareef Pharmacy	149 Church Road, Yardley, Birmingham	No	No	Yes	No
East	Community	FTK44	Asif's Pharmacy	Alvi House, 38d Alum Rock Road, Birmingham, West Midlands	No	No	Yes	No
East	Community	FTQ27	Pan Pharmacy	136 Garretts Green Lane, Sheldon, Birmingham	No	No	No	No
East	Community	FTT74	Tesco Instore Pharmacy	Swan Shopping Centre, Coventry Road, Yardley, Birmingham	No	Yes	Yes	Yes
East	Community	FTW08	Richyal Chemist	229-231 Alum Rock Road, Alum Rock, Birmingham	No	Yes	Yes	No
East	Community	FV301	Chemycare	153 Station Road, Stechford, Birmingham, West Midlands	No	No	Yes	No
East	Community	FVK08	Chemycare	159 Church Road, Yardley, Birmingham	No	No	Yes	No
East	Community	FVN72	Jhoots Pharmacy	150 Bromford Drive, Bromford, Birmingham	No	No	No	No
East	Community	FVW90	Pan Pharmacy	91-93 Partridge Road, Birmingham, West Midlands	No	No	Yes	No
East	Community	FW084	Richmond Pharmacy	57 Richmond Road, Stechford, Birmingham	No	Yes	Yes	Yes
East	Community	FW343	Jhoots Pharmacy	6 Erminton Crescent, Hodge Hill, Birmingham	No	No	No	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
East	Community	FWP74	Noor Pharmacy	72 Golden Hillock Road, Small Heath, Birmingham	No	Yes	Yes	Yes
East	Community	FWT64	Hay Mills Pharmacy	1222 Coventry Road, Hay Mills, Birmingham	No	No	No	No
East	Community	FX593	Highfield Chemist	25 Highfield Road, Alum Rock, Saltley, Birmingham	No	Yes	No	No
East	Community	FX651	Shelleys Pharmacy	47 Yardley Green Road, Bordesley Green, Birmingham, West Midlands	No	No	Yes	No
East	Community	FXP84	Browns Pharmacy	3 Bell Lane, Tile Cross, Birmingham	No	No	Yes	No
East	Community	FXQ03	Asda Pharmacy	Asda Stores, Coventry Road, Small Heath, Birmingham	No	Yes	Yes	Yes
East	Community	FXR74	Pan Pharmacy	299 Church Road, Sheldon, Birmingham	No	No	Yes	No
East	Community	FXV00	Washwood Heath Pharmacy	881 Washwood Heath Road, Washwood Heath, Birmingham	No	No	No	No
East	DSP	FCL15	Supernet Pharmacy	219 Mansel Road, Small Heath, Birmingham, West Midlands	No	No	No	No
East	DSP	FFW82	Nationwide Care Pharmacy	Amington House, 95 Amington Road, Tyseley, Birmingham	No	No	No	No
East	DSP	FKF57	Quantum Pharmacy	Fairgate House Suite G14, 205 Kings Road, Tyseley, Birmingham	No	No	No	No
East	DSP	FTQ71	Care Services Pharmacy	Unit 1a, 154 Bordesley Green Road, Bordesley Green, Birmingham	No	No	No	No
North	Community	FA760	Prinja Pharmacy	1128 Tyburn Road, Erdington, Birmingham	Yes	Yes	No	No
North	Community	FAF31	N D Chemist Ltd	452 College Road, Kingstanding, Birmingham	Yes	Yes	Yes	No
North	Community	FAL49	K & K Pharmacy (1982) Ltd	2 High Street, Castle Vale, Birmingham	No	Yes	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
North	Community	FAP17	Stockland Green Pharmacy	Stockland Grn Med Ctr,192, Reservoir Road, Erdington, Birmingham	No	No	Yes	No
North	Community	FCM22	Walmley Pharmacy	5 Walmley Close, Sutton Coldfield, Birmingham, West Midlands	No	Yes	Yes	Yes
North	Community	FFH58	Prinja Pharmacy	1097 Chester Road, Pype Hayes, Birmingham	No	No	No	No
North	Community	FG001	Boots	44-46 Grace Church Centre, The Parade, Sutton Coldfield, West Midlands	No	No	Yes	Yes
North	Community	FHF15	Buchan's Chemist	194 Streetly Road, Erdington, Birmingham	No	No	No	No
North	Community	FHP80	Mw Phillips	Aylesbury Surgery, Warren Farm Rd,K/Standing, Birmingham	No	No	No	No
North	Community	FHR24	Mw Phillips (Sutton Coldfield) Ltd	Sutton Park Surgery, 34 Chester Road North, Sutton Coldfield	No	No	Yes	No
North	Community	FHV66	Wylde Green Chemist	441a Birmingham Road, Wylde Green, Sutton Coldfield, West Midlands	No	Yes	Yes	Yes
North	Community	FK024	Boots	84 Walsall Road, Four Oaks, Sutton Coldfield, West Midlands	No	No	Yes	No
North	Community	FK155	Jhoots Pharmacy	Ley Hill Surgery, 228 Lichfield Road, Sutton Coldfield, West Midlands	Yes	No	No	No
North	Community	FKD45	Wood End Pharmacy	103 Wood End Road, Birmingham	No	No	No	No
North	Community	FKM17	Mw Phillips (Sutton Coldfield) Ltd	9 Twickenham Road, Kingstanding, Birmingham	No	No	No	No
North	Community	FKR57	Boots	16 Mere Green Road, Sutton Coldfield, West Midlands	Yes	Yes	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
North	Community	FKX92	Asda Pharmacy	Walmley Ash Road, Minworth, Sutton Coldfield, West Midlands	No	Yes	Yes	Yes
North	Community	FLC06	Sutton Pharmacy	9 Walmley Close, Sutton Coldfield, West Midlands	No	Yes	Yes	No
North	Community	FMF18	Tesco Instore Pharmacy	11 Princess Alice Drive, Sutton Coldfield	Yes	Yes	Yes	Yes
North	Community	FMJ42	Boots	352-354 Birmingham Road, Wylde Green, Sutton Coldfield, West Midlands	No	No	Yes	No
North	Community	FMT83	Jhoots Pharmacy	Poplars Surgery, 17 Holly Lane, Erdington, Birmingham	No	No	No	No
North	Community	FMW29	Castle Vale Pharmacy	3 Tangmere Square, Tangmere Dr, Castle Vale, Birmingham	Yes	Yes	Yes	No
North	Community	FNH03	Healthcare Pharmacy & Travel Clinic	416 Birmingham Road, Wylde Green, Sutton Coldfield, West Midlands	No	No	Yes	No
North	Community	FP882	Peak Pharmacy	7 Churchill Parade, Sutton Coldfield, Birmingham, West Midlands	No	No	Yes	No
North	Community	FQF94	Mw Phillips (Sutton Coldfield) Ltd	26 Rough Road, Kingstanding, Birmingham	Yes	Yes	No	No
North	Community	FQR36	Your Local Pharmacy	238 Wheelwright Road, Erdington, Birmingham, West Midlands	No	No	Yes	No
North	Community	FR571	Mw Phillips (Sutton Coldfield) Ltd	273 Kingsbury Road, Erdington, Birmingham	Yes	Yes	No	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
North	Community	FRC69	Boots	Units 4-5, Princess Alice Retail Pk, Sutton Coldfield, West Midlands	No	Yes	Yes	Yes
North	Community	FRN17	Mw Phillips Chemists	517 Jockey Road, Sutton Coldfield, West Midlands	No	No	Yes	No
North	Community	FRN48	Superdrug Pharmacy	94-100 High Street, Erdington, Birmingham	Yes	No	Yes	No
North	Community	FRQ24	Manor Pharmacy	32-32a High Street, Erdington, Birmingham, West Midlands	No	No	Yes	No
North	Community	FRV61	Ashfurlong Pharmacy	233 Tamworth Road, Sutton Coldfield, West Midlands	Yes	Yes	Yes	No
North	Community	FTD45	Boots	631-633 Kingstanding Road, Kingstanding, Birmingham	No	No	Yes	No
North	Community	FTD59	Vesey Pharmacy	2 Coles Lane, Sutton Coldfield, West Midlands	Yes	Yes	Yes	No
North	Community	FVY09	Boots	20 Fort Parkway, Fort Dunlop Retail Park, Wood Lane, Erdington, Birmingham	No	No	Yes	Yes
North	Community	FXT87	Lodge Pharmacy	Dove Primary Care Centre, 60 Dovedale Road, Erdington	No	Yes	Yes	No
North	Community	FXV89	Erdington Day Night Chemist	213 High Street, Erdington, Birmingham	Yes	Yes	Yes	Yes
North	DSP	FM828	Quick Meds	Unit 2, Forge Ind' Park, Forge Lane, Birmingham, West Midlands	No	No	No	No
North	DSP	FXC79	Mediland Pharmacy	Unit 2 Central Square, Erdington High Street, Birmingham, West Midlands	No	No	No	No
North	DSP	FXW77	Summerhill Services Limited	Venture House, Slade Road, Erdington, Birmingham	No	No	No	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Solihull	Community	FAX38	Northbrook Pharmacy	Northbrook Health Centre, 93 Northbrook Rd, Shirley, Solihull, West Midlands	Yes	Yes	No	No
Solihull	Community	FDC65	Boots	Unit 4 Sears Retail Park, Oakenshaw Road, Solihull, West Midlands	No	No	Yes	Yes
Solihull	Community	FDP02	Buzz Doctor Pharmacy	229 Stratford Road, Shirley, Solihull, West Midlands	No	No	No	No
Solihull	Community	FDY44	Buchan Chemist	The Castle Practice, 2 Hawthorne Road, Castle Bromwich, Birmingham	No	Yes	Yes	No
Solihull	Community	FEF49	Boots	3 Hatchford Brook Road, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FG081	Asterwell Pharmacy	275 Longmore Road, Shirley, Solihull, West Midlands	No	Yes	Yes	No
Solihull	Community	FG519	Boots	7 Mell Square, Solihull, West Midlands	No	No	Yes	Yes
Solihull	Community	FG636	Tanworth Lane Pharmacy	198 Tanworth Lane, Shirley, Solihull, West Midlands	Yes	Yes	No	No
Solihull	Community	FGJ80	Gospel Lane Pharmacy	368 Gospel Lane, Olton, Birmingham, West Midlands	No	No	Yes	No
Solihull	Community	FHQ44	Boots	29-31 Greenwood Way, Chelmsley Wood, Birmingham	Yes	No	Yes	No
Solihull	Community	FK666	The Olton Pharmacy Ltd	159 Warwick Road, Olton, Solihull, West Midlands	Yes	No	Yes	No
Solihull	Community	FKH80	Tesco Instore Pharmacy	21-35 Stratford Road, Shirley, Solihull	No	Yes	Yes	Yes
Solihull	Community	FKL90	Castle Pharmacy	335 Chester Road, Castle Bromwich, Birmingham	No	Yes	Yes	No
Solihull	Community	FLE09	Browns Pharmacy	12-14 The Parade, Kingshurst, Birmingham	No	No	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Solihull	Community	FLH77	Knights Knowle Pharmacy	1709 High Street, Knowle, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FLV63	Shirley Pharmacy	5 Union Road, Shirley, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FLV81	Yew Tree Pharmacy	57-59 Yew Tree Lane, Solihull, West Midlands	No	Yes	Yes	No
Solihull	Community	FMC23	Saydon Pharmacy	156 Green Lane, Castle Bromwich, Birmingham	No	No	Yes	No
Solihull	Community	FN505	Balsall Common Pharmacy	192-196-198 Station Road, Balsall Common, Coventry	Yes	Yes	Yes	Yes
Solihull	Community	FN527	Boots	Chelmsley Wood Pcc, 16 Crabtree Drive, Chelmsley Wood	No	No	Yes	No
Solihull	Community	FN690	Meadow Pharmacy	Balsall Common H/Centre, 1 Ashley Drive, Coventry	No	No	No	No
Solihull	Community	FN833	Monkspath Pharmacy	6 Farmhouse Way, Shelly Crescent,Monkspath, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FP847	Mej Hingley & Co Ltd	101b Hobs Moat Road, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FPF87	Boots	239 Stratford Road, Shirley, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FPP87	Morrisons Pharmacy	George Road, Solihull, West Midlands	No	Yes	Yes	Yes
Solihull	Community	FQ117	Jhoots Pharmacy	Unit 1, Beechcroft Road, Castle Bromwich, Birmingham	No	No	No	No
Solihull	Community	FQD59	Knights Marston Green Pharmacy	60 Station Road, Marston Green, Birmingham	No	No	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Solihull	Community	FQF48	Tesco Instore Pharmacy	1505 Stratford Road, Shirley, Solihull	No	Yes	Yes	Yes
Solihull	Community	FR827	Haslucks Green Pharmacy	130 Haslucks Green Road, Shirley, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FRC16	Knights Dorridge Pharmacy	Unit 5, Forest Court, Dorridge, Solihull, West Midlands	Yes	Yes	Yes	No
Solihull	Community	FTT72	Superdrug Pharmacy	34 Mill Lane Arcade, Touchwood Court, Solihull, West Midlands	Yes	Yes	Yes	Yes
Solihull	Community	FVC24	St Mary's Pharmacy	48 Fenthams Road, Hampton-In-Arden, Solihull, West Midlands	No	No	No	No
Solihull	Community	FVH75	Browns Pharmacy	351 Warwick Road, Olton, Solihull, West Midlands	Yes	Yes	Yes	No
Solihull	Community	FW353	Croft Pharmacy	Hedingham Grove, Chelmsley Wood, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FW577	Cheswick Green Pharmacy	12 Cheswick Way, Cheswick Green, Shirley, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FW675	Dickens Heath Pharmacy	114 Main Street, Dickens Heath, Shirley, Solihull, West Midlands	No	No	Yes	No
Solihull	Community	FX239	Knights Pharmacy Solihull	3 Grove Road, Solihull, West Midlands	No	Yes	Yes	Yes
Solihull	Community	FXH78	Asda Pharmacy	Bosworth Drive, Birmingham	No	Yes	Yes	Yes
Solihull	Community	FXV40	Boots	255 Lyndon Road, Solihull, West Midlands	Yes	Yes	Yes	No
Solihull	Community	FXV69	Crest Pharmacy-Meriden	1 The Green, Meriden, Coventry, West Midlands	No	No	Yes	No
Solihull	DAC	FC714	Salts Medilink	226 Longmore Road, Shirley, Solihull, West Midlands	Yes	No	No	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
Solihull	DSP	FCV52	Konnect Pharmacy	Unit 13, Radway Ind Est, Radway Road, Solihull, West Midlands	No	No	No	No
South	Community	FA183	Knights Redhill Pharmacy	11 Alvechurch Road, West Heath, Birmingham	No	No	No	No
South	Community	FA360	Bellevue Pharmacy	69 Pershore Road, Edgbaston, Birmingham	No	Yes	Yes	Yes
South	Community	FAD47	Noor Pharmacy	Waterworks Road, Edgbaston, Birmingham	No	No	No	No
South	Community	FAW10	Clock Pharmacy	891 Bristol Road South, Northfield, Birmingham	No	No	Yes	No
South	Community	FCC38	Pershore Pharmacy	71 Pershore Road, Edgbaston, Birmingham, West Midlands	No	No	No	No
South	Community	FCG18	Boots	87-87a High Street, Harborne, Birmingham	Yes	No	Yes	Yes
South	Community	FCH29	Knights West Heath Pharmacy	5 Alvechurch Road, West Heath, Birmingham	No	Yes	Yes	No
South	Community	FCL96	Browns Pharmacy	228-230 Wychall Road, Northfield, Birmingham	No	No	No	No
South	Community	FCX95	Boots	61 Stevens Avenue, Woodgate Valley, Birmingham	No	No	No	No
South	Community	FD522	Selcroft Pharmacy	Selcroft Avenue, Quinton, Birmingham	No	No	No	No
South	Community	FDG00	G R Pharmacy	44-46 Hillwood Road, Northfield, Birmingham	No	No	Yes	No
South	Community	FDX11	Aston Chemist Ltd	4 Shenley Green, Shenley Lane, Selly Oak, Birmingham	No	No	Yes	No
South	Community	FF431	Knights Bartley Green Pharmacy	1 Curdale Road, Bartley Green, Birmingham, West Midlands	No	No	Yes	No
South	Community	FHG09	Sherwood House Pharmacy	Sherwood House Med Centre, 9 Sandon Road, Edgbaston, Birmingham	Yes	Yes	No	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
South	Community	FHK79	Boots	1 Middlemore Road, Northfield, Birmingham	No	No	Yes	No
South	Community	FHQ02	Dean Pharmacy	175 Weoley Castle Road, Selly Oak, Birmingham	No	Yes	Yes	No
South	Community	FHV47	Kd Pharmacy	2 The Fold, Kings Norton, Birmingham	No	No	No	No
South	Community	FJ513	Knights Jiggins Lane Pharmacy	17 Jiggins Lane, Bartley Green, Birmingham	No	No	Yes	No
South	Community	FLD52	Morrisons Pharmacy	Birmingham Great Park, Bristol Rd South, Rubery, Birmingham	No	Yes	Yes	Yes
South	Community	FN620	Faraday Pharmacy	17 Faraday Avenue, Quinton, Birmingham	No	Yes	Yes	No
South	Community	FNF93	Jhoots Pharmacy	131 High Street, Harborne, Birmingham, West Midlands	No	No	Yes	No
South	Community	FQ534	Castle Chemist	104 Weoley Castle Road, Selly Oak, Birmingham, West Midlands	No	No	Yes	No
South	Community	FRF17	Kings Pharmacy	118-120 Weoley Castle Sq, Weoley Castle, Birmingham	No	No	Yes	No
South	Community	FRF45	Browns Pharmacy	16-18 Hawkesley Square, Hawkesley, Kings Norton, Birmingham	No	No	Yes	No
South	Community	FTD62	Hyatt Pharmacy	49 Bristol Road, Edgbaston, Birmingham	No	Yes	Yes	No
South	Community	FTL22	Browns Pharmacy	5 The Green, Kings Norton, Birmingham	No	No	Yes	No
South	Community	FVX64	Knights Royston Hall Pharmacy	15 St Heliers Road, Northfield, Birmingham	Yes	Yes	No	No
South	Community	FW167	Superdrug Pharmacy	24-28 Grosvenor Shopp Ctr, Northfield, Birmingham	Yes	No	Yes	No
South	Community	FW465	Superdrug Pharmacy	124-140 High Street, Harborne, Birmingham	No	No	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
South	Community	FW779	Frankley Pharmacy	Hollyhill Ctr, 18 Arden Rd, Rubery, Rednal, Birmingham	No	No	No	No
South	Community	FWF13	Knights Lordswood Pharmacy	54 Lordswood Road, Harborne, Birmingham, West Midlands	No	No	Yes	No
South	Community	FWG91	Ridgacre Hse Pharmacy	Ridgacre House Med Ctr, 83 Ridgacre Road, Quinton, Birmingham	No	Yes	Yes	Yes
South	Community	FX156	Knights Longbridge Pharmacy	4 Sunbury Road, Longbridge, Birmingham	No	No	Yes	No
South	Community	FXD49	Pitman Pharmacy	620a Bristol Road South, Northfield, Birmingham	No	Yes	Yes	Yes
South	Community	FXR57	Hingley Chemist	Hollymoor Medical Centre, Manor Park Grove, Northfield, Birmingham	No	No	No	No
South	Community	FYA78	Rajja Chemists	5 Dwellings Lane, Quinton, Birmingham	No	No	Yes	No
South	DSP	FDL87	Zain The Chemist	181a Pershore Road, Edgbaston, Birmingham	No	No	No	No
West	Community	FA297	Hurcomb Pharmacy	Newton Health Centre, 241 Wheeler St, Newtown, Birmingham	No	No	Yes	No
West	Community	FAM20	Health Plus Pharmacy	219-221 Aston Lane, Perry Barr, Birmingham	No	No	No	No
West	Community	FAQ95	Dudley Road Late Night Pharmacy	328-330 Dudley Road, Winson Green, Birmingham	No	No	No	No
West	Community	FC133	Villa Pharmacy	66 Victoria Road, Aston, Birmingham	No	No	No	No
West	Community	FD732	Attwood Green Pharmacy	Attwood Green Hlth Ctr, 30 Bath Row, Birmingham, West Midlands	No	No	No	No
West	Community	FEF01	Well	604 Walsall Road, Great Barr, Birmingham	No	No	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
West	Community	FEG72	Nishkam Pharmacy	21 Soho Road, Handsworth, Birmingham	No	Yes	Yes	Yes
West	Community	FEK11	Boots	Unit Msu 10a, New Bull Ring Shop Ctr, Birmingham	No	Yes	Yes	Yes
West	Community	FEK70	Nechells Pharmacy	56a Nечells Park Road, Birmingham	No	Yes	Yes	No
West	Community	FEQ40	Al-Shifa Pharmacy	164 Lozells Road, Lozells, Birmingham	No	Yes	Yes	Yes
West	Community	FFE60	Beeches Pharmacy	81 Thornbridge Avenue, Great Barr, Birmingham	No	No	Yes	No
West	Community	FFT69	Calstar Pharmacy	151 Lozells Road, Lozells, Birmingham	No	Yes	Yes	No
West	Community	FFT99	Tesco Instore Pharmacy	Camden Street, Hockley, Birmingham	No	Yes	Yes	Yes
West	Community	FG666	Co-Chem Pharmacy	136 Heathfield Road, Handsworth, Birmingham	No	No	Yes	No
West	Community	FGD46	Evergreen Dispensing Chemists	147 Bordesley Green, Bordesley Green, Birmingham	No	Yes	No	No
West	Community	FGX88	Bloomsbury Pharmacy	Retail Shops, Oliver Street, Nечells, Birmingham, West Midlands	Yes	Yes	Yes	No
West	Community	FH800	Deu-Chem Ltd	269 Soho Road, Handsworth, Birmingham	No	Yes	Yes	No
West	Community	FHA34	Nucare Pharmacy	Victoria Road Medical Ctr, 229-233 Victoria Road, Aston, Birmingham	No	Yes	No	No
West	Community	FHF79	Summerfield Pharmacy	Summerfield Health Centre, Winson Grn Rd, Winson Grn, Birmingham	No	No	No	No
West	Community	FJ047	M W Phillips Chemists	434 Kingstanding Road, Kingstanding, Birmingham	No	No	No	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
West	Community	FJ811	Soho Pharmacy	249 Soho Road, Handsworth, Birmingham, West Midlands	No	Yes	Yes	Yes
West	Community	FJ852	Hockley Medical Practice Pharmacy	100 Warstone Lane, Hockley, Birmingham	No	No	No	No
West	Community	FJM76	Mw Phillips Chemists	158 Old Oscott Lane, Birmingham	Yes	Yes	No	No
West	Community	FJV53	Boots	2a Brindley Place, Birmingham	No	No	No	No
West	Community	FK725	Healthstop Pharmacy	168 Hamstead Road, Handsworth, Birmingham	No	No	No	No
West	Community	FK786	Handsworth Pharmacy	77 Holyhead Road, Handsworth, Birmingham, West Midlands	No	Yes	Yes	No
West	Community	FKE60	Ladywood Pharmacy	16 King Edwards Road, Ladywood, Birmingham	No	Yes	Yes	No
West	Community	FKK81	Asda Pharmacy	Old Horns Crescent, Great Barr, Birmingham	No	Yes	Yes	Yes
West	Community	FLH09	Rx Pharmacy	256 Wellington Road, Handsworth, Birmingham	No	Yes	Yes	Yes
West	Community	FLQ98	Heartlands Pharmacy	2 Towpath Close, Bordesley Village Centre, Birmingham, West Midlands	No	No	No	No
West	Community	FLR22	Bsb Pharmacy	Bel House, 199a Shady Lne, Great Barr, Birmingham	Yes	Yes	Yes	No
West	Community	FM213	Click4prescriptions	2 Trafalgar Road, Handsworth, Birmingham, West Midlands	No	No	Yes	No
West	Community	FM311	Horton Pharmacy	8a Frank Street, Highgate, Birmingham	No	Yes	No	No
West	Community	FMA33	Saydon Pharmacy	408 Coventry Road, Small Heath, Birmingham	No	No	Yes	No
West	Community	FML48	Madeenah Pharmacy	373 Coventry Road, Small Heath, Birmingham	Yes	Yes	Yes	Yes

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
West	Community	FMN19	Medisina Pharmacy	11 Canford Close, Highgate, Birmingham	No	Yes	Yes	No
West	Community	FMP63	Mw Phillips Chemists	599 Kings Road, Kingstanding, Birmingham	No	Yes	No	No
West	Community	FMQ34	R & R Pharmacy	Broadway Health Centre, Cope Street, Ladywood, Birmingham	No	Yes	No	No
West	Community	FN006	Rana Dispensing Chemist	Finch Rd Primary Care Ctr, 2 Finch Road, Lozells, Birmingham	No	Yes	Yes	No
West	Community	FNC63	Handsworth Wood Pharmacy	110-114 Church Lane, Handsworth, Birmingham	Yes	Yes	No	No
West	Community	FNM58	Boots	66 High Street, Birmingham	Yes	Yes	Yes	Yes
West	Community	FP234	Zenith Pharmacy	9-9a Birchfield Road, Birmingham	No	Yes	Yes	Yes
West	Community	FP335	Star Pharmacy	295 Walsall Road, Perry Barr, Birmingham	No	No	Yes	No
West	Community	FPG17	Buckingham Chemist	408 Aston Lane, Aston, Birmingham	No	No	No	No
West	Community	FPL21	Marks Chemist	144 Soho Road, Handsworth, Birmingham	No	Yes	Yes	No
West	Community	FQD64	Asda Pharmacy	One-Stop Shopping Ctr, Walsall Rd, Perry Barr, Birmingham	No	Yes	Yes	Yes
West	Community	FRD28	Walkers Pharmacy	James Pearce House, 377 Queslett Road, Birmingham, West Midlands	No	No	Yes	No
West	Community	FRG16	Pike Pharmacy	Laurie Pike Health Centre, 95 Birchfield Road, Handsworth, Birmingham	No	No	No	No
West	Community	FRG56	Nishkam Pharmacy Villa Road	Orsborn House, 55 Terrace Road, Birmingham	No	No	Yes	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
West	Community	FRV46	Boots	28-29 One Stop Shopp Ctr, Perry Barr, Birmingham	No	No	Yes	Yes
West	Community	FRW73	Chemipharm	113 Lozells Road, Lozells, Birmingham	No	Yes	Yes	Yes
West	Community	FT012	My Local Chemist	Small Heath Medical Ctre, 2 Great Wood Road, Small Heath	No	No	No	No
West	Community	FT325	Gill Pharmacy	341 Rookery Road, Handsworth, Birmingham	No	No	Yes	No
West	Community	FT515	Wards Chemists	49 Coopers Road, Handsworth, Birmingham	No	No	Yes	No
West	Community	FVA95	Xtreme Pharmacy	62 Witton Road, Birmingham, West Midlands	No	No	No	No
West	Community	FW679	Vantage Chemist	24 Church Road, Aston, Birmingham	No	No	No	No
West	Community	FWG95	Medichem	51 Prestbury Road, Aston, Birmingham	No	No	No	No
West	Community	FWH99	Heathfield Pharmacy	147a Heathfield Road, Handsworth, Birmingham	No	Yes	Yes	Yes
West	Community	FWM18	Morrisons Pharmacy	280 Coventry Road, Small Heath, Birmingham	No	Yes	Yes	Yes
West	Community	FWT77	Tower Hill Pharmacy	435 Walsall Road, Perry Barr, Birmingham	No	Yes	Yes	Yes
West	Community	FWX61	Roots Pharmacy	168 Trinity Road, Aston, Birmingham	No	No	Yes	No
West	Community	FX767	Twilight Pharmacy	The Memorial Health Centr, 309 Bolton Rd,Small Heath, Birmingham	No	Yes	Yes	Yes
West	Community	FXE08	Hamstead Pharmacy	409 Rocky Lane, Great Barr, Birmingham	No	No	No	No
West	Community	FXK80	Pauls Pharmacy	31 Revesby Walk, Birmingham	No	No	No	No
West	Community	FY954	J Docter	Bloomsbury Village Centre, 67 Rupert Street, Nечells, Birmingham	No	No	No	No
West	Community	FYX05	Hallmark Chemist	245a Bevington Road, Aston, Birmingham	No	Yes	No	No

Locality	Contract Type	ODS Code	Pharmacy	Address	Early Opening	Open in the evening	Open On Saturday	Open On Sunday
West	DAC	FPE43	Salts Medilink	Apollo Building, Aston Hall Road, Birmingham, West Midlands	No	No	No	No
West	DAC	FXF13	Salts Medilink	Unit 1, Richard Street, Birmingham	No	No	No	No
West	DSP	FGJ17	Ipharm (Uk) Ltd	Unit 4a, 11 Jameson Road, Aston, Birmingham	No	No	No	No
West	DSP	FK636	Partnership Pharmacy	90a Heathfield Road, Handsworth, Birmingham	No	No	No	No
West	DSP	FKE36	Phlo - Digital Pharmacy	Office 002m, 1b1c, Aston Jennens Road, Birmingham	No	No	No	No
West	DSP	FL227	Mw Phillips	121a Shady Lane, Great Barr, Birmingham, West Midlands	No	No	No	No
West	DSP	FRK99	Five Ways Pharmacy	192a St Vincent St West, Ladywood, Birmingham	No	No	No	No

## Appendix C - Pharmacy provision within 1-mile of Birmingham and Solihull

HWB	Contract Type	ODS Code	Pharmacy	Early Opening	Open in the evening	Open on Saturday	Open on Sunday
Coventry	Community	FG189	Kk Mistry Pharmacy	No	No	No	No
Coventry	Community	FPP94	Bannerbrook Pharmacy	No	Yes	Yes	Yes
Dudley	Community	FDJ18	Grange Pharmacy	No	No	No	No
Dudley	Community	FGM94	Manor Pharmacy	No	No	Yes	No
Sandwell	Community	FAK78	Boots	No	No	Yes	Yes
Sandwell	Community	FC667	Vishnu Pharmacy	No	No	Yes	No
Sandwell	Community	FCK62	Al-Shafa	No	Yes	Yes	Yes
Sandwell	Community	FD488	Hill Top Pharmacy	No	No	Yes	No
Sandwell	Community	FDE69	Smethwick Pharmacy	No	Yes	Yes	No
Sandwell	Community	FF566	Rk Pharmacy	No	No	Yes	No
Sandwell	Community	FF663	Asda Pharmacy	No	Yes	Yes	Yes
Sandwell	Community	FFW01	The Bear Pharmacy	No	No	Yes	No
Sandwell	Community	FG316	Cape Hill Pharmacy	Yes	Yes	No	No
Sandwell	Community	FGF57	D R Dalvair Pharmacy	No	No	Yes	No
Sandwell	Community	FHJ26	Well	No	No	Yes	No
Sandwell	Community	FJG17	Khaira Pharmacy	No	Yes	Yes	No
Sandwell	Community	FKF59	Hagley Rd Pharmacy	No	Yes	Yes	Yes
Sandwell	Community	FMG67	Victoria Pharmacy	No	No	Yes	No
Sandwell	Community	FPA45	Bearwood Pharmacy	No	Yes	Yes	No
Sandwell	Community	FQM24	Brandhall Pharmacy	Yes	Yes	No	No

HWB	Contract Type	ODS Code	Pharmacy	Early Opening	Open in the evening	Open on Saturday	Open on Sunday
Sandwell	Community	FTC53	Jhoots Pharmacy	No	No	No	No
Sandwell	Community	FV044	Michaels Chemist	No	No	Yes	No
Sandwell	Community	FV199	Malchem Chemists	No	Yes	Yes	No
Sandwell	Community	FWA64	Boots	No	No	Yes	No
Sandwell	Community	FXF63	Regent Street Chemists	No	No	No	No
Sandwell	Community	FYL65	D P Forrest Ltd	Yes	Yes	Yes	No
Walsall	Community	FNJ22	Beacon Pharmacy	Yes	Yes	Yes	No
Walsall	Community	FQ029	Sutton Pharmacy	No	No	No	No
Walsall	Community	FWN81	Blackwood Pharmacy	Yes	Yes	Yes	No
Warwickshire	Community	FLM63	Ipharm Pharmacy	No	No	Yes	No
Worcestershire	Community	FFP70	Rednal Pharmacy	No	No	No	No
Worcestershire	Community	FPD67	Wythall Pharmacy	Yes	Yes	Yes	No
Worcestershire	Community	FTA06	Hollywood Pharmacy	No	Yes	Yes	No
Worcestershire	Community	FTX59	Knights Rubery Pharmacy	Yes	Yes	Yes	No

# Appendix D – Stakeholder consultation report

This report presents the findings of the stakeholder consultation for the Birmingham and Solihull PNA for 2025 to 2028.

For the consultation, the draft PNA was sent to a list of statutory consultees outlined in Chapter 1, paragraph 1.13. In total 4 people responded to the consultation, 3 via our consultation survey and one via a separate report:

- Pan Pharmacy
- Sandwell MBC – Public Health
- Boots UK Limited
- Healthwatch Birmingham & Solihull (replied in a separate report).

The PNA steering group constituted the majority of the stakeholders we must consult with for this consultation who fed into this PNA before it was presented for consultation.

The responses to the survey regarding the PNA were positive. They are presented in the table below. Additional comments received during the consultation with their responses are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	3		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	3		
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?		1	
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	3		
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	3		

Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	3		
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	3		
Do you agree with the conclusions of the pharmaceutical needs assessment?	3		
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?		1	

The table below presents the comments received during the statutory 60-day consultation period and the response to those comments from the steering group.

Comment received during consultation	PNA Steering Group response
<b>Sandwell MBC:</b>  This is a very thorough and comprehensive PNA, including considerations of protected characteristics in assessing need. The underrepresentation of minority groups is acknowledged, and we note that there was targeted engagement with community groups. However, for future PNAs it may be useful to consider how to increase diversity of engagement, e.g. assisted completion of surveys and/or focus groups via community groups.	Noted. The document has been amended to show that the engagement strategy, which was quite extensive, included sending paper surveys with assistance available to support residents to complete them.
<b>Boots:</b>  A thorough assessment of pharmaceutical services in the area reflective of the current state of affairs	Noted with thanks.
<b>Healthwatch:</b>  Summary of points raised in Healthwatch's response document:	Thanks for your comments and continued participation on the Steering Group. The topic of criteria for accessibility is detailed in Chapters 3, 7 and 8 of the PNA document.

<ul style="list-style-type: none"> <li>• Recognised the improvements in community pharmacy services locally following previous work such as the Think Pharmacy First impact report.</li> <li>• Key areas of positive feedback from residents included the accessibility of pharmacy services, helpful staff, and valued advice, including for the Pharmacy First scheme and vaccinations</li> <li>• Highlighted several challenges: long waiting times for prescriptions, stock shortages, inconsistent delivery services, communication issues, and variable customer service</li> <li>• Raised concerns about access to pharmacies in rural areas such as Meriden and Hampton in Arden</li> <li>• Documenting of service provisions offering home delivery</li> <li>• Suggested more clarity around follow-up mechanisms under the Discharge Medicines Service, the transfer of care between pharmacies, continuity of care when patients have repeated pharmacy visits</li> <li>• Highlighted that there is some work required to build confidence in communities as patients are being encouraged to use their pharmacies more to reduce burden on General Practice.</li> </ul>	<p>While important, a number of topics raised in the response, such as home delivery services are outside the scope of the PNA process. However, the ICB and LPC have received the comments, and highlight their continuing work with Healthwatch to address them. Their responses are contained in the Healthwatch documents referenced in Chapter 2 of this PNA (paragraph 2.17 &amp; 2.20).</p>
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