Summary notes: SWB Allied Health Professionals Strategic Priorities

Workshop title:	Improving the future of AHP Services
Date and time:	13 August 2025, 10am to 12pm
Location:	Yemeni Community Association, Greets Green Access Centre, Tildasley Street, West Bromwich, B70 9SJ

The Improving the Future of AHP Services session took place on Wednesday 13 August 2025, from 10:00am to 12:00pm at the Yemeni Centre. It was attended by 26 people, including 19 participants representing a wide range of ages and backgrounds. Attendees included existing or former patients, young people involved with the Trust's Youth Space group and members of local organisations.

Introduction

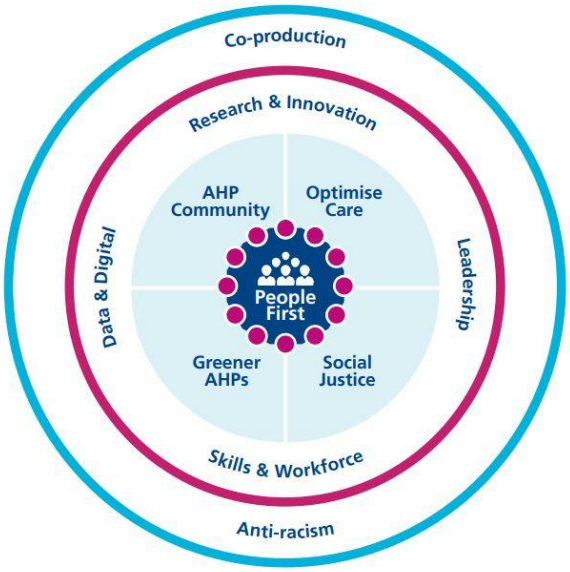
Paul McArdle, Group Director of Therapies at Sandwell and West Birmingham NHS Trust, opened the session by welcoming participant and facilitators, and giving a short overview of the agenda and led the rest of the workshop.

The roles of Allied Health Professionals (AHPs) was explained and how they are healthcare workers in the NHS who are not doctors, nurses, or midwives, but who play an important role in helping people stay healthy, recover from illness or injury, and live well. This group includes physiotherapists, occupational therapists, dietitians, speech and language therapists, radiographers, podiatrists, paramedics, orthoptists, prosthetists and orthotists, as well as art, drama, and music therapists. Their work covers prevention, diagnosis, treatment, rehabilitation, and providing specialist skills that support safe, effective, and person-centred care.

Participants and facilitators then on each table were asked to introduce themselves, explain why they had chosen to attend, and share what they had hoped to gain from the session. They then took part in a short game to identify AHPs by their uniforms using a board with the AHP names and placing AHP avatars next to them. This activity encouraged discussion and highlighted that recognising staff by uniform alone was more challenging than expected.

The AHP Strategy for England (2022–2027)

Following this ice-breaker activity, the group was informed about the national 'AHPs Deliver: The Allied Health Professions Strategy for England (2022–2027)' a five-year plan to support allied health professionals to deliver better care, tackle health inequalities, use digital tools, and help people live healthier lives, an that it aimed to focus on:



- Delivering better and fairer care
- Ensuring the workforce is equipped to meet demand
- Strengthening support for local communities.

Local Strategic Priorities

The local priorities for Allied Health Professionals in Sandwell and West Birmingham were talked about, focusing on:

- strengthening leadership and visibility
- driving digital transformation
- embedding prevention and co-production at the heart of services.

These priorities are designed to ensure that AHPs are recognised for their contribution, supported by modern and efficient systems, and actively involved in working with patients, carers, and communities. By doing so, the local approach aims to improve outcomes, reduce health inequalities, and make care more responsive to the needs of the population by improving:

- AHP leadership and visibility
- Digital transformation
- Prevention and co-production

Workshop Objectives

The objectives and expected outcomes of the workshop were then outlined. These included involving patients, carers, and service users; raising awareness of the roles of Allied Health Professionals; gathering lived experiences; and ensuring that the public voice plays a central role in shaping the design of future services. Feedback from this session would also be used to inform the wider local AHP priorities and shared with the AHP Council to support ongoing planning and development.

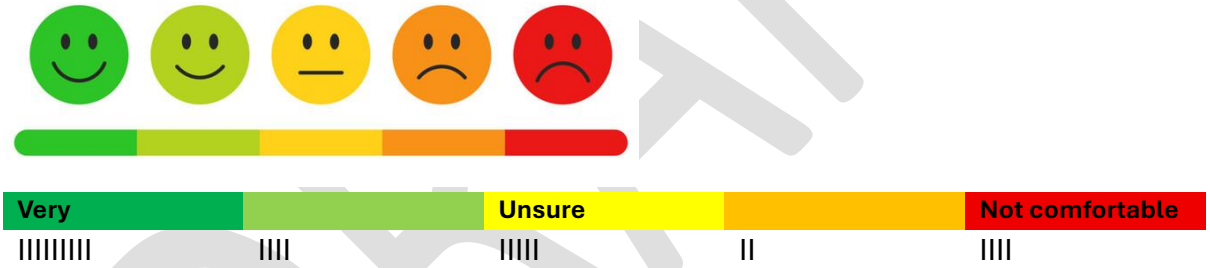
Next, the session moved on to activities and table exercises. The first exercise focused on digital care, exploring how comfortable participants felt when using digital healthcare tools. This activity encouraged discussion around confidence, accessibility, and the different experiences people have when engaging with digital services.

Activity 1: Digital Care - Tell us how comfortable you are using digital health tools on the scale.

Participants were asked to highlight on a scale how comfortable they felt using digital healthcare tools/apps and then to discuss the following questions and below is a summary of what they told us.

- What works?
- What are the challenges?
- What support is needed?

Participants felt a mixed levels of comfort with digital health tools, with some feeling very confident, others unsure, and a few individuals noted they were not comfortable. There was agreement, that digital healthcare tools are good when they work.



What works

The group highlighted several benefits such as digital tools can give people more control over test results and healthcare, boosting confidence, younger generations tend to adapt more easily to apps and technology and some GP receptionists actively help patients with connected apps. The NHS app, diabetes-specific apps, and digital equipment were noted as useful, while face-to-face checks remain important for reassurance.

What are the challenges?

However, participants also identified significant challenges. Limited or unreliable internet access, lack of smartphones or public computers, and difficulty navigating apps were recurring concerns. They worried about losing face-to-face care, misdiagnosis, and inconsistent systems across GP practices and hospitals. Personal barriers included fear, embarrassment, language difficulties, disabilities, and lack of confidence, alongside broader issues such as time pressures, insufficient information,

and concerns over security and the use of new AI tools. Many stressed that traditional systems should not be phased out entirely.

What support is needed

To make digital health more accessible, participants recommended clearer app navigation with prompts, dedicated support staff to guide users, and accessibility features such as audio translation, video resources, and voice activation. They emphasized the need for education, promotion, and consistent approaches across services, supported by extra security measures, more staff, and stronger community-based support.

Activity 2: Accessing AHP services

The next activity involved group discussions based on everyday scenarios provided to each table. Participants were asked to consider and discuss a series of questions:

- Who would you contact?
- How would you get help?
- What barriers might you face?
- What improvements would you suggest?

These conversations generated valuable insights into people's experiences and perspectives. A summary of the scenarios and the feedback from these discussions is outlined below.

Scenario: I have lower back pain which is worsening over time:

If someone experiences lower back pain that worsens over time, their first point of contact would usually be their GP, though they might also choose to self-refer to physiotherapy. If the pain occurs during a weekend or bank holiday, they could contact NHS 111 for advice, or alternatively seek help from a pharmacist or an urgent care centre. In the meantime, they may self-administer medication and attempt to manage the condition themselves before arranging to see a GP or contacting a physiotherapist for further guidance. However, challenges such as language barriers may arise, highlighting the need for more interpreters, while cultural considerations—such as male or female staff attending patients without a chaperone, can also be significant. Work needs to be done to improve access and ensure timely treatment, more allied health professionals (AHPs) based within GP surgeries would be beneficial.

Scenario: I have repetitive strain / sports injury.

This group feedback that if an individual develops a repetitive strain or sports injury, they may attempt to manage it in several ways. Self-treatment, such as resting and using a massage gun, is often a first step, while others may choose to see their GP, consult a pharmacist, or search online through "Dr Google" for guidance. Alternative routes include attending a walk-in centre, calling NHS 111, or booking an appointment with a physiotherapist at their GP surgery. Some may seek out self-referral options, explore exercises and pain management strategies on social media, or even visit a sports venue for advice. In less positive cases, they might self-medicate or use alcohol to dull the pain, or simply endure the discomfort. Barriers often arise around understanding where to go for the right support and how best to navigate the available options.

Scenario: I have stomach problems and the doctor said it is irritable bowel syndrome or food tolerance.

This group feedback that if an individual has stomach problems and is told by a doctor that it may be irritable bowel syndrome or a food intolerance, they may begin by seeing their GP or speaking to the surgery receptionist to book an appointment with a dietician. The dietician can then help determine whether an intolerance is present. Additional support might come from consulting a pharmacist, joining a support group, or seeking advice from relevant charities or organisations. Some people may also use Google to better understand their symptoms, but having access to reliable information and resources is essential. Clear and consistent signposting to the right services and support is key in helping individuals manage their condition effectively.

Scenario: I noticed my grandad is off his food.

The group feedback that if someone notices that their grandad is off his food, they may seek support through several routes. They might begin by contacting NHS 111 for advice, where questions such as whether he is drinking and if his weight has changed over time would be explored. They could then call the GP to arrange an appointment for further assessment. It would also be important to notify any carers involved in his care,

and if needed, a referral could be made to other medical practitioners such as a nurse, community nurse, or another allied health professional to ensure appropriate support and treatment.

Activity 3: Self-care

The third activity focused on self-care, which refers to the steps people take to look after their own health and wellbeing, either independently or with support from others. Participants were asked to reflect on:

- What self-care meant to them.
- How they stay well.
- What barriers they may face
- Suggestions for improving the support available.

This exercise encouraged personal reflection and sharing of practical ideas to strengthen self-care at home and within the community.

How do you stay well?

People stay well in a variety of ways, combining physical, mental, and social activities to support their overall health. Regular exercise is seen as essential, not only for physical fitness but also for improving sleep, mental health, and general well-being. Many choose to eat a balanced diet, focusing on fruit, vegetables, protein, and home-cooked meals while avoiding junk and processed foods. Staying hydrated, taking multivitamins, and practising good hygiene are also considered important.

Social connections play a vital role, with people highlighting the benefits of socialising in person, over the phone, or through community activities for mental health and emotional support. Engaging in enjoyable activities and hobbies—such as gardening, swimming, crafts, reading, puzzles, listening to music, or learning something new—helps people feel fulfilled and purposeful. Relaxation techniques, meditation, spending time in nature, and spiritual practices such as attending church are also valued for maintaining calm and balance. Recognising the importance of self-care, pursuing enjoyable experiences, and sharing interests with others all contribute to a sense of well-being and an active, purposeful life.

What barriers might you face?

There are many possible barriers that can make it difficult for people to maintain their health and well-being. For some, healthy behaviours are not yet habits, and factors such as family responsibilities, caring for others, and busy occupations limit the time available for self-care. Personal challenges including self-doubt, low confidence, lack of motivation, or low self-esteem can also hold people back. Financial constraints are a

common issue, as healthy diets, multivitamins, and social activities can be costly, while fast food is often cheaper and more accessible.

Other barriers include limited access to resources, mobility challenges, and the need to balance multiple demands in daily life. Community barriers, lack of clear information about local activities, and stigma around seeking support can also make engagement more difficult. In some cases, individuals may struggle with self-neglect or feel incapable of self-care. Together, these factors ranged from personal ability and confidence to financial and social limitations which could prevent people from fully accessing or sustaining healthy lifestyle choices.


Suggestions to support you.
Participants suggested various ways the Trust and AHPs could support them, and these include making better use of pharmacies, dietitians, health coaches, and even trusted online resources like Google for information and advice. They felt it was important to know about activities and services in the local community, such as Healthy Sandwell, community hubs, social services, and local support groups like Youth Space, Headway, or Different Strokes. Building open and supportive relationships with services was also highlighted, alongside the need for staff education to help reduce stigma.

Additional ideas included offering more support from volunteers, improving local literacy, and providing encouragement to help people engage with services. Participants suggested services could be made more mobile, with meetings, trials, or workshops delivered in different locations to improve access. Finally, they felt that working with religious organisations and community groups would help reach more people and provide stronger local support networks.

Activity 4: What matters most

In the final activity, participants shared what mattered most to them when thinking about support from AHPs. They emphasised being listened to, treated with compassion, and shown understanding, with many valuing consistency in seeing the same professional and being treated with respect and equality.

Access to healthcare was a key theme, with calls for better access to GPs, dentists, counsellors, and more face-to-face appointments. Participants also highlighted the need for clear communication, timely care, and reliable information. Equality, inclusion, and a whole-person approach were seen as essential, with services expected to be safe, competent, and person-centred.

Next steps

Participants were thanked for their time and contributions, with the hope that they found the session useful. The team confirmed they would continue conversations with this group, with the aim of holding further themed engagement sessions in the future.

It was explained that feedback from this workshop will help shape the Trust's Allied Health Professional (AHP) priorities, which is due to be finalised later in 2025. And that a summary of the feedback will also be shared to ensure people's views have been accurately captured.

More information about the Trust's AHP services is available at https://www.swbh.nhs.uk/services/ . Participants were also informed they could share their experiences by contacting the Engagement Team at swbh.engagement@nhs.net.

Appendices: Feedback from tables session

Appendix 1: Digital Care

What works?

- More control of test results and healthcare can promote confidence.
- The younger generation are more confident with digital apps and technology.
- Some GP surgery receptionists help you to use the connected apps.
- Physical measure / face to face e.g. measure blood glucose levels, HR, sats.
- Could be practice specific, so consistency is needed.
- NHS app works.
- Self expression.
- Digital help tool.
- GP Appointment.
- New app NHS.
- Diabetes digital.
- Doctor's digital equipment.

What are the challenges?

- The internet is not always reliable or accessible.
- You don't always have access to smart phones.
- Struggle to work or use the apps.
- Not enough public computers.
- Getting a diagnosis face to face.
- Preventing misdiagnosis.
- Question not easy to follow up.
- Time.
- Fear.
- Embarrassment.
- Disabilities.
- Language.
- Self confidence.
- Self doubt.
- Overwhelming.
- Lack of access.
- Don't phase out the current systems.
- New AI.
- Not enough info.
- Getting the apps or access to digital health tools.
- Security.

- Not knowing you have IT in the beginning.
- All doctors and hospitals have different systems.

What support is needed?

- Prompts and direction within apps to help with navigation.
- A dedicated ‘go to’ person to support people to access digital apps.
- Audio translation within apps as some people cannot read their own language.
- Video resources.
- Education on use.
- Education
- Support.
- Publicity and marketing.
- Consistency of approach.
- Voice activation.
- Promotion pf the tool, service and the advantages.
- IT needs experience.
- Not enough staff available.
- Extra security and more checks on apps.
- They should have the same system across the patch.
- Provide support to local communities.

Appendix 2: Accessing AHP Services

Scenario: I have lower back pain which is worsening over time:

- GP 1st point of contact.
- Self refer to physio.
- If weekend or bank holiday, contact NHS 111 for advice.
- Can also use pharmacist, urgent care centre.
- Self administer medication.
- Choose to self manage then arrange to see GP.
- Contact physio for advice.
- May experience language barriers, so more interpreters needed.
- Cultural issues e.g. male/female staff seeing patients without chaperone.
- More AHPs need to be based in the GP surgery, so patients receive timely treatment.

Scenario: I have repetitive strain / sports injury.

- Self treat, rest and use a bullet massage gun.
- See your GP or consult 'Dr Google'.
- Speak to a pharmacist.
- Use a walk-in centre or talk to NHS 111
- Book to see a physio at the GP surgery.
- Look for information for a self referral.
- Suffer the pain.
- Look for exercises and pain management on social media.
- Visit a sports venue for advice.
- Self medicate and potent8ually use alcohol to numb the pain.
- Barriers include navigating the situation and to where.

Scenario: I have stomach problems and the doctor said it is irritable bowel syndrome or food tolerance.

- See a GP or speak to the GP surgery receptionist to book in with a dietician.
- Dietician can diagnose intolerance if there is one.
- Speak to a pharmacist, support group, related charity or organisation for more information or advice.
- Use google to understand symptoms.
- Have reliable information and resources to support.
- Good signposting.

Scenario: I noticed my grandad is off his food.

- Contact NHS 11 for advice – is the patient drinking yes or no, has the weight changed overtime.

- Call GP for an appointment.
- Have carers notified.
- Referral to other medical practitioner(s) e.g. nurse, community nurse, other AHP.

Appendix 3: Self care and prevention

How do you stay well?	Possible barriers	Suggestions to support you.
• Exercise helps with mental health with sleep well-being • Enjoyable activities • Socialising • Good hygiene • Diet • Relaxation • Good diet including fruit vegetables protein home cooked foods no junk or processed foods • Exercise • keep hydrated with water • keep calm • sharing what you like is good • socialising including telephone links with the outside world • swimming gardening • remain active • engaging in hobbies • listening to music • having purpose in life • learning something new • Healthy eating and exercising • taking multivitamins • socialising for mental health and well-being • reading on doing puzzles • Eat properly	• Behaviour isn't habit • Family • Care needs of others • Time • Occupation • Self doubt • Confidence • Finances • healthy diet can be expensive • motivation • time constraints • access • your ability • finding balance • stigma • eating healthy costs money, fast food is cheaper • money • Multivitamins are expensive • need to be mobile to social outside the house and sometimes this costs money • sometimes there are community barriers • not always available to do activities due to you time money your health • sometimes you don't know what's going on and where • busy lifestyle • not having a Cara • financial barrier	• Pharmacy • Google • Knowing about activities in the local community • Healthy Sandwell • Dietitian • open relationship with services • education of staff to avoid stigma • spell Greek I'm searching them on the Internet • local literacy • support volunteers she support • delivery of service maybe should be mobile • hold meeting trials • provide better support like community hubs, statute carers and social services. • Health coach • join local groups such as youth space headway different strokes • encouragement • variety of workshops to attend • working with and religious places organisations and

• be more physical through exercise • socialise more • meditate • spend more time in nature • spiritual activities or attend church • recognising self-care • doing craft •	• mobility • self neglect - unable to self-care • capability • low self esteem •	communities to support local people

Appendix 4: What matters most

- Listening
- Competent
- everyone is different
- patience
- being useful
- seeing the same professional
- compassionate
- providing safety
- giving time
- understanding
- health
- accessibility
- more counsellors to provide help for GP difficulties
- face to face appointments with GPs
- equality and inclusion
- timely manner
- being listened to
- better access to healthcare e.g. GP dentist etc
- being heard
- compassion
- being treated respectfully and equally
- interesting
- more information for what support is out there to help through investigation
- 360° approach
- Communication
- Accessibility
- Information
- Compassion.