

**BIRMINGHAM LINKS – BIRMINGHAM EAST AND NORTH ACTION GROUP**  
**Minutes from meeting held on Thursday 21<sup>st</sup> October**  
**held at Sandalwood Room, Enta CIC, Mill Wharf, 10 Mill Street, Birmingham, B6**  
**4BS**

**PRESENT:**

- Gerry Moynihan (GM)(Chair)
- Sangita Alharya
- Jill Hoad
- Martin Pitcher
- Terry Paget (second part)
- Annette Hearnden (second part)

**HOST FACILITATORS PRESENT:**

- Andrew John - Gateway Family Services
- Karen Legg - Gateway Family Services (Minute Taker)

**APOLOGIES RECEIVED:**

- Annette will not be able to make first part
  - Tom McLoughlin
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**1. INTRODUCTIONS AND APOLOGIES**

**a) Introductions**

Introductions were made by all members present.

**Apologies**

Annette will not be able to make first part

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**2. ELECTION OF A CHAIR**

After a brief discussion it was agreed that GM be chairperson for this meeting.

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**3. MINUTES FROM PREVIOUS MEETING HELD**

**a) ACCURACY**

**Page 1** – Spelling of Doris Spiers to be corrected.

**Page 2** – To take out “There is a potential of Local Authority having great influence over Healthwatch. It seems that no one has foreseen this change.”

**Page 2 (final paragraph)** – Should be “AH clarified ...” rather than “JH clarified...”

**Page 3** Should be AJ suggested that no more than five items are submitted, rather than AJ wished to submit no more than five items.

**b) MATTERS ARISING**

4a) AJ indicated that further consultation of The White Paper – ‘Greater Choice and Control’ is 14<sup>th</sup> January 2011 and is on the website.

The final direction should be clear soon. LINK has sent a response to the Department of Health. Consultation now closed. White paper will answer these issues and there should be a clearer picture from the Regional Papers.

Uploading Healthwatch document. It is on a dedicated section and any additional papers need to be collated onto the LINK website.

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4b) AH will cover later.

4c) The Health and Well Being Partnership Event took place on 14<sup>th</sup> October after consultation closed.

5a) George Kingsley has spoken to BCC and is in process of contacting others. JH has given him contacts re. Electrosensitivity.

b) AH will cover later.

c) AJ received no e-mails re. further items for workplan or expressions of interest to be involved in the Art Project at Washwood Primary Care and Well-being Centre.

5a) AJ booked Enta CIC as Waterlinks not available.

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### **Additional Item: SUMMARY CARE RECORD**

Martin Pitcher of BEN PCT invited by Annette Hearden to speak on this

There has been an individual mail sent out to all patients in BEN PCT, except those where their GP has opted out. These will be 'picked up' later. Leaflets were sent out explaining what Summary Care Records are, when happening and how to opt out.

GM raised concerns over opting out indicating that it should be an opt in, as people are less likely to take positive action to avoid a situation that they did not ask for. If people need to sign up they are more likely to read documentation carefully.

MP indicated that there was a review over the opt out model and it has been decided that it will remain the same, but only for Critical information. Will need opt in for rest.

GM also suggested that the booklet was designed with a positive slant and did not indicate where people featured in it may have a Conflict of Interest. People wanted a GP to engage with them to find out their problems rather than assuming from reading notes on a screen.

SA raised concerns over the cost of such a high quality booklet, but JH indicated that people would be more likely to read this.

GM and SA noted that putting personal details on a computer is insecure and that some may just wish to have paper records.

MP countered that it can only be accessed from a secure site and only by health care professionals. The download of the relevant extract is automated and no processing of data occurs. MP indicated that at no time does the information leave the UK border. GM asked that this be minuted.

GM asked who would be responsible for the database with the PCT disappearing. MP could not give exact answer to this but surmised it is likely to be someone in the NHS

GM raised concerns over the booklet not being made available in other languages as large proportions of the population would not be informed

JH asked how people find out if their GP has opted out. MP indicated that as we approach the 'go live' date there will be more information

**Action: AJ asked that MP feedback on the issues raised, once he had received a copy of the minutes.**

MP asked for ideas on how those with Mental Health issues could be reached. It was suggested that MP pass information to Mental Health Action group. AJ suggested BLDPB (Birmingham Learning Disability Partnership Board). This was left open for further thoughts.

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#### **4. LETTER TO LORD CARTER AT THE CO-OPERATION AND COMPETITION PANEL**

GM gave a summary of the letter. The issue is being worked on by HOB and MHAG. The problem is that 3 PCTs had a legal requirement to divest selves of branches of Community Health. All had different methodologies. A panel has been set up to review this. Lord Carter has been asked to explain how the resultant SBCHT created will not be a monopoly. Which areas of health will it impact on and how can a reduction in staff not impact on care? The LINK should be asking Service users and Providers what they think. GM suggested that The PCTs have sent out a document without clarifying their legal position indicating that it is going ahead, ignoring statutory guidelines.

**Action: AJ to be given a copy of this.**

AJ indicated that on 10<sup>th</sup> November 2010 there is to be a meeting at Moseley Hall Hospital, where Tracy Taylor Managing Director of SBCHT will be presenting 'The South Birmingham and Community Health Trust – What it means for Birmingham'.

***AJ left the meeting to attend another appointment.***

GM indicated that it may not be appropriate for just Tracy Taylor to be present as she has a conflict of interest. Perhaps J. Tringham should be invited as well. GM indicated that potential work for the action plan would be to liaise with GPs. This should be an item on the agenda.

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#### **5. BEN PCT AGM AND BOARD MEETING**

The board meeting was exceptionally poorly attended by the Public. Only 3 members of the Public (all LINKs members) were there. GM indicated he does not think it was in the papers, and the only notice that GM saw was in the Strategic Health Authority in Small Heath. The LINK has failed to engage the Public. AH indicated that they had not had the same event this year due to cost. GM indicated that documentation was also poor and that previously BEN PCT had wasted money.

AH asked after Programme Lead.

GM indicated that they are still waiting to hear about this from Vicki Fitzgerald and wished this to be minuted.

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#### **6. ANY OTHER BUSINESS**

AH indicated that at the last meeting Terry Paget and George Kingsley were interested in how to engage people without a voice. AH has put together a list of all current PCT groups so we can consider how best the LINK can engage with them. Some groups are intimidated by the LINK and afraid of being assimilated. May be a good idea for someone to go out and see them, to build a relationship. GM suggested that the host facilitate separate meetings and that Linda Onerhime as a LINK Community Outreach Officer should be able to help.

**Action: Suggested Elsie Gayle and Linda Onerhime should make the initial contact. AH and TP agreed as they could then reach vulnerable groups.**

**Terry Paget arrived.** Wished the meeting to be declared null and void, saying that any decisions made were not binding as the incorrect time of the meeting had been given. Chair asked host to investigate. As AJ not present questions over whether should re-schedule.

BACOP is running a Dignity in Later Life Conference on 18<sup>th</sup> November. Have asked the Birmingham Voluntary Services Council (BVSC) to send out the information.

AH has been liaising with a GP Practice Manager in Shard End, who is a PPI Lead for the 3S's Locality. They want to look at the way LINK and Consortia could work together. TP would like to be involved and has asked that AH give out his e-mail address. AH noted that the emerging consortia are looking at establishing a federation, but there is no decision as yet. If LINK can get have an early insight into the consortia framework and how it is developing, we would have a head start.

Practice Manager for 3S's would like to come to meeting and explain what doing and find how to develop a relationship with LINK. ASP may also wish to do the same. AH is to go to locality meetings and ask how it should be taken forward through a Lead GP or Practice Manager. AH wants to build up relationships as the PCT disappears. It would be a positive step to talk to consortia before they have formulated what they want to do and they can be told about the LINK.  
Wished to know whether the LINK was happy with approach?

With Enter and View scrutiny role, AH suggested that building links could be advantageous. If there is a positive relationship then, e.g. patient groups could link into LINK.

Badger who provide out of hours service for BEN, HOB and South want better PPI. Have a reference group, but have suggested that they liaise with the LINK. Opportunity to share ideas. The manager of Badger would like to come to a future meeting.

TP gave thanks to AH for being aware of Birmingham LINKs interests and making people aware.

AH has spoken to Rob the e-comms manager whom will create a page for the BEN Action Group on the NHS BEN website . Needs contact details and a photograph. Some information could be placed in an e-brief for BEN staff.

PALS manager will be moving to the new Birmingham Community Health Trust. Given the role of Healthwatch would it be useful for her to come to this meeting to share how the PALS team signpost people, respond to wide ranging concerns?

TP indicated that it would be advantageous to have an early 2 way liaison and reach a bigger audience than just this committee and could link staff with the LINK so they can share contacts.

GM suggested that it is the hosts responsibility to populate the action groups not the LINK and engagement is their responsibility. TP disagreed, saying that Gateway is just a facilitator carrying out the instructions of the Action Group.. GM and TP had a discussion about this.

AH spoke about Third sector links. There is an SLA with BVSC so will use time to work with them and share information. BVSC would like to come to a meeting of LINK as it transforms into Healthwatch. BVSC have forwarded information on free workshops (third sector advice clinics).

**Action: AH to pass information to AJ to circulate.**

TP proposed that there should be a leaflet for advertising Birmingham LINK BEN, similar to one that he has created for OPAG. There should also be a Blog. It would belong to the Action Group rather than Gateway or Birmingham LINK and would make this clear. TP offered to lead, but must be a group decision. It was agreed to pursue the Blog and leaflet.

**Action: TP offered to draft a leaflet to bring to the meeting next time and also to investigate a Blog**

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## **7. Date of next Meeting**

Wednesday 24<sup>th</sup> November - 11:00-13:00 – Waterlinks House if possible  
Will need lunch. AH said the venue could cater, but host will need to confirm what is required in advance.

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