

BIRMINGHAM LINK – HOB Working Group Meeting
Minutes of meeting held Tuesday 28th September 2010(6.30pm - 8.30pm)
at Summerfield Primary Care Centre, Winson Green Road, Winson
Green, Birmingham, B18 7AG

PRESENT:

- | | | |
|-----------------------|----------------------|------------------------|
| ▪ Michael Tye (MT) | ▪ Isaac Otomewo (IO) | ▪ E. Otomewo (IO) |
| ▪ Peter Colledge (PC) | ▪ John Barnabas (JB) | ▪ Jarrar Mughal (JM) |
| ▪ P. Jabbar (PJ) | ▪ M. Choudhury (MC) | ▪ Manjit Singh (MS) |
| ▪ Lynda Scott (LS) | ▪ Noorin Akhtar (NA) | ▪ M. Shafique (MS2) |
| ▪ N. Qureshi (NQ) | ▪ Zhor Malik (ZM) | ▪ Gurdev.S. Manku (GS) |
| ▪ Chris Vaughan (CV) | ▪ Raj Rattu (RR) | ▪ Sushila Patel (SP) |

FACILITATORS PRESENT:

- Herveen Kaur (HK) - Gateway Family Services (Minute Taker)
-

1. APOLOGIES RECEIVED

- Ruth Leech
- Rehanna Ahmed

The Chairman welcomed members to the meeting and asked everyone to introduce themselves and sign the attendance sheet.

2. NOTIFICATION NUMBER INDIVIDUAL AND GROUP/ORGANISATION

Not discussed.

3. MINUTES FROM PREVIOUS MEETING

Not discussed.

4. MATTERS AND ACTIONS ARISING

Not discussed.

5. HOB PCT INPUT

a) Pharmacy Needs Assessment

IO explained the nature of the Pharmacy Needs Assessment (PNA). IO mentioned that the document lists all the community pharmacies in the area, opening times etc.

IO commented that they are asking all stakeholders and patients who use NHS services to tell them what they think about the service pharmacists currently provide.

The PNA is designed to answer three basic questions:

1. Is there a need for new pharmacies within the PCT?
2. Do existing pharmacies provide an adequate level of enhanced service?
3. Is there a need for the PCT to commission more services from the community pharmacies?

The PNA is out for consultation at the moment and IO would like us to take part and give our opinion. It can be found on:

<http://www.hobtpct.nhs.uk/component/content/article/211-pharmacy-needs-assesment>

MT mentioned if there was any input from mystery shoppers, IO informed the group that they got views from 4000 patients. IO explained that community pharmacists are also experts in medicine and that it seems like the general public are unaware of this. MC mentioned a past experience, and described how valuable the service was. Members mentioned whether there was a cultural issue here?

PJ mentioned that the broader range of services provided by community pharmacies are not always understood. It is about educating people. LS suggested a change in advertising. IO agreed and stated that there is a need to get the public to understand what is available.

MS asked whether there is a plan to ensure pharmacies are fairly spread out across the area. IO mentioned the 100 hour pharmacy; there is no exemption to where it can go. LS agreed that it is in their interest to be spread out.

IO believed that there needs to be a change in culture, everyone needs to be informed about the quality health care that Community Pharmacies offer – produce lots of leaflets and health information. MS mentioned Pharmacy First, he is surprised that not all GP's are aware of this, GP's should be promoting this.

LS - look at the key services that Pharmacies provide and make individuals aware of this. SP stated that all the above must be backed up by word of mouth, e.g. 'next time you can.....'. It is about changing people's mindset of a Pharmacy as just a place to buy medicine. We need a holistic approach. MS mentioned maybe putting a leaflet in each medicine bag given to a patient to build awareness.

The attitude of staff is vital. IO mentioned that some areas are better than others but wanted the members to discuss 'what kind of services you expect from a Community Pharmacist?' ZM questioned whether pharmacies were willing, able or capable of taking on more patients.

A discussion around contracts followed. GM wondered to what extent pharmacies must obeyed by their contracts or like doctors will be able to do what they wish? LS commented that there will be a minimum level of standards, but the quality of care is paramount. As a PCT NQ wondered what needs assessment had been done. LS commented that contracts are assessed all the time; any concerns come through the PALS service.

'The Pharmacy Needs Assessment: Help us improve your local pharmacy service' leaflet was given out to the group members.

b) Right Care Right Here

There had been a diary mix up here; action is to invite the consultants to attend a future meeting to discuss the above topic.

c) Dental Access – update

LS communicated that residents in Oscott, Perry Barr now have greater access to an NHS Dentist thanks to a brand new dental surgery opened this week by the Heart of Birmingham Teaching Primary Care Trust.

This is the first of three new dental surgeries to open this Autumn, offering weekend and evening appointments in a new, modern environment, and already more than 200 people have registered with the practice. NQ raised his concerns over the number of dentists being provided.

Actions:

- a) The host to invite the consultants from the Transport Strategy for Right care Right Here to the next meeting.**
-

6. FEEDBACK/ UPDATE

Concerns were raised over the services that will be left behind once the provider services arms of South Birmingham PCT, Heart of Birmingham teaching PCT and Birmingham East and North PCT merge into one. Concern was expressed at one large provider organisation for Birmingham as a whole and the future of all the services that will not be transferred.

South Birmingham Community Health Care will act as host to the community services presently provided by HOBt Community Services and BEN Community Health Services. Members were concerned about the effect on patient choice and competition for health services in Birmingham. LS led discussions on staff numbers and how the PCT are looking at a social enterprise model, and that South Birmingham Community Health Care services seems to be the best option. NQ was concerned whether (as patients) we have any influence over how it operates and wondered who will have the governing authority?

LS mentioned trust and accountability and that CQC and Monitor will be strengthened. Public engagement is paramount. LS also mentioned Governance, how important good patient care was, and how they were concerned not to drop quality of care. MS stated that if all provider arms merge into one, who will decide what to focus on? MS is skeptical, as no one has indicating what they are planning and proposing to do. LS mentioned that these are nationally driven changes and that they will try and improve communication.

MS2 mentioned that the end user should feel no difference once or if the merge takes place. MS2 also mentioned geographical issues, what affect will the merge have on travel and access?

MS has written to Tracey Taylor, Managing Director for South Birmingham Community Health. Discussions led to issues around the GP consortia, belief is that the sole purpose of them getting together is for commissioning and that agenda's are going to shift once this happens. LS communicated that it is unsure what is emerging for

Birmingham. A meeting with GP's has taken place, a debate on what GP's should do has started and it is clear that the patient should be the heart of the business.

MS was concerned about the level of service they had been receiving from the Host. Concerns were raised about the lack of communication between the PCT, the Host and LINK members. A more constructive relationship is required here, more communication between all parties involved so that everyone is informed of everything that is going on. Group members believe that this a major issue and needs addressing urgently. MS explained the role of the Host to group members as some attendees were unfamiliar with the service provided by them. MS explained that if anyone had had issue with the above arrangement to put all their concerns into an email to him. Discussion led to concerns surrounding the nature of sending out information. MS mentioned the Birmingham LINK website and the other Action Groups.

NQ is concerned about PPI's and what will happen to them. LS values PPI's and mentioned that once the GP Consortia leads are established, they will get together and will tackle the issues around Communication & Engagement. The need for better synergies were mentioned.

Group members would like Kevin McGee, CEO for Heart of Birmingham to attend the next meeting.

Actions:

- a) Group members to email MS with any concerns**
- b) LS to provide updates at future meetings on (i) Heath Exchange, (ii) Digbeth Trust and (iii) GP Consortia**
- c) LS to find out Kevin McGee's availability to attend a meeting**

7. DEVELOPING WORKPLAN PROGRESS

Not discussed.

8. ANY OTHER BUSINESS

There were discussions around accountability to the public in new GP Consortia. LS stated that she will be drafting a debate paper on how communication and engagement needs to be considered taking account of views of GPs and organisations like the LINK - to raise these issues.

LS mentioned her involvement in the Birmingham Be Heard Consultation Database, she realises that issued have been raised but would like to let all members know that they are being addressed. LS apologised.

MS attended a Strategic Health Authority meeting, there were concerns about health centres not meeting minimum standards. A need was expressed for better information around HealthWatch. Talks led to issues of diversity and equality. Reference was made to Andrew Lansley's plans.

Actions:

- a) LS to circulate the Birmingham Be Heard Consultation Database website details to all the members**

b) Group members to let LS know of their experience of using the Consultation Database.

9. DATE OF THE NEXT MEETING

Tuesday 26th October 2010

LS to help accommodate the meeting at Finch Road