



Notes of Meeting with Heart of Birmingham Action Group

THURSDAY 12th January
Held at Muath Trust, the Bordesley Centre, Stratford Road, B11 1AR
6.30 – 8.30 pm

PRESENT:

Manjit Singh (MJ) Chair
 Gerry Moynihan (GM)
 Linda Isiorho (LI)
 Christine Oliver (CO)
 John Tyrrell (JT)
 Peter Colledge (PC)
 Tom Howell, Senior Commissioner NHS Continuing Care, Birmingham and Solihull NHS Cluster (TH)
 Lynda Scott, Joint Programme Lead for Communications and Engagement, Birmingham and Solihull NHS Cluster (LS)

FACILITATORS PRESENT:

Katy Bunn (KB) – Birmingham LINK Coordinator
 Pam Dixon (PD) - Birmingham LINK Advisor
 Christina Jobe (CJ) – Birmingham LINK Outreach Worker

APOLOGIES:

Asha Omri (AO)
 Elsie Gayle (EG)
 Norman Howell (NH)
 Councillor Atwal

Item	Notes/Actions	By Whom	Date
1	<u>WELCOME & INTRODUCTIONS</u> MS welcomed everyone to the meeting and introductions were made.		
2	<u>DECLARATION OF CONFLICT OF INTEREST</u> There was none.		
3	<u>Complex Care Update (Tom Howell)</u> TH provided an overview of Complex Care. TH to send the presentation to the Host for circulation to LINK members.	TH/Host	Feb 2012

Item	Notes/Actions	By Whom	Date
	<p>TH explained that NHS Continuing Healthcare is a statutory responsibility for all health and some social care needs if primary health is affected. The PCT assess, review and commission services for people who meet the eligibility criteria. A Decision Support Tool (DST) is used to determine eligibility. The DST can be administered in a community or acute setting.</p> <p>TH explained that for complex care, the main service provider is Birmingham Community Health Care Trust; however choice is available via the "any willing provider" model, linking to personal health budgets. The service is monitored through nurse assessors, however the Cluster want to move to a structured arrangement of monitoring, implementing a series of indicators in line with CQC requirements. E.g. satisfaction levels and unplanned admissions into hospital.</p> <p>Q: Are we really discussing who pays for what? NHS or Adults and Communities? A: It is about how care is being provided and the quality of care.</p> <p>JT thanked TH for the letter and asked how many Complex Care patients lack capacity and how many people have been assessed?</p> <p>TH commented that the Cluster does not currently have any data on patients that lack capacity. Currently around 1500 patients have been assessed across Birmingham and Solihull.</p> <p>Q: How do you view diversity? And how do you accommodate the needs of someone's culture or faith? A: Meeting an acute or complex unpredicted health need and culturally appropriateness is a challenge.</p> <p>Q: Is the service new? A: It is not new</p> <p>Q: Who provided the service before Birmingham Community Healthcare Trust? A. Provided by PCTs or in community health settings.</p> <p>Q: Was there a consultation? A: No, it is a transfer of community services back into the PCT.</p> <p>Q: Standards Diagnostic Tool – how does this address quality? A: CQC standards address equality and diversity. Equality Impact Assessment is being implemented and operationalised.</p>		

Item	Notes/Actions	By Whom	Date
4	<p>Cluster Update – Lynda Scott</p> <p>LS circulated a paper on Procedures of Low Clinical Value (PLCV) and suggested that Andy Wakeman is invited to speak to the group to provide a clinical perspective. Concerns were raised about the possibility of GPs refusing PLCV on the NHS but offering it privately – concerned that vulnerable people may be taken advantage of. Action: LS to invite the lead from the Cluster PLCV Steering Group; it could also potentially be raised here. Action: group to give a list of issues to LS to feedback to clinicians regarding PLCV.</p> <p>St James Medical Centre LS informed the group that in December around 50 – 80 patients were registering per day. Diane Reeves can provide an update re: consultation.</p> <p>TB Court case to take place in May. Sensitive case, therefore no information can be shared. MS informed the group that a debate on TB took place at a Full Council Meeting on Tuesday 10th January 2012. GM provided an update on what was discussed at this meeting. The Council have decided that inoculation will not be compulsory. HAOSC have been collating an evidence base to find out what has been happening with TB. Evidence shows that it relates to newcomer communities. There was no conclusion other than to increase awareness. Public Health (which TB comes under) will move to the Shadow Health and Wellbeing Board and consequently to the full Health and Wellbeing Board. It is a statutory duty for GPs to report suspicions around TB. MS questioned how this has progressed. Action: group to consider which elements of TB they want more information on. Action: Dr Chris Spencer Jones can be contacted to discuss the report in more detail. TB Awareness Day is on the 23 March each year.</p> <p>Open lists for doctors CO asked for clarity around what an open list is – are all GP practices supposed to have an open list? Concerns that not all practices are accepting new patients – particularly if patients have complex medical needs. Action: LS to clarify this position.</p> <p>Update from the Cluster LS informed the group that there are currently 5 Clinical Commissioning Groups (CCGs): one covering Sandwell and West Birmingham; one covering Solihull and three covering central Birmingham. CCGs are getting ready to take on commissioning. The Cluster will delegate responsibilities sooner rather than later. Currently discussing with CCGs the possibility of pooling resources such as technology and HR.</p>	<p>LS</p> <p>ALL</p> <p>LS</p> <p>LS</p>	<p>Feb 2012</p> <p>Feb 2012</p> <p>Feb 2012</p> <p>Feb 2012</p>

Item	Notes/Actions	By Whom	Date
	<p>Action: LS to invite a CCG chair to the next meeting.</p> <p>Action: documents to be re-circulated confirming CCGs and their boundaries.</p>	<p>LS</p> <p>HOST</p>	<p>Feb 2012</p> <p>Feb 2012</p>
<p>5</p>	<p><u>St James Medical Centre</u></p> <p>PD presented an evidence paper compiled by LI and CO regarding St James Medical Centre. Concerns around the way in which the GP practice was closed. No consultation had taken place and patients have been treated with lack of respect and dignity.</p> <p>LI and CO have been collating evidence and are putting together a timeline.</p> <p>GM suggested that this should be referred to HAOSC. HAOSC will then look into the issue and determine whether a service has been altered and whether there was a legal requirement to consult.</p> <p>LI and CO agreed to make a formal referral to HAOSC and to continue to establish their timeline.</p>	<p>All</p>	<p>Not agreed</p>
<p>6.</p>	<p><u>Freedom of Information request to the cluster</u></p> <p>MS not happy with the response or the clause that was included on the FOI response.</p> <p>MS suggested referring this to the Information Commissioner for a decision re: this clause. Would like the clause to be retracted.</p>	<p>MS</p>	<p>Feb 2012</p>
<p>7</p>	<p><u>Date of next meeting</u></p> <p>Date was not agreed; MS stated that the Group would like to meet on the second Thursday of each month. KB informed MS that all other LINK Action Groups meet on a 6-weekly cycle and perhaps this should be adopted for the group.</p>		
<p>8</p>	<p>Due to time, the following items were not discussed:</p> <p>Workplan</p> <p>Previous minutes and matters arising</p> <p>Any other business</p>		