



**PINN MEDICAL CENTRE PATIENTS' ASSOCIATION (PMCPA)
Registered Charity No. 1095260**

**MINUTES OF THE 14TH ANNUAL GENERAL MEETING
Pinner Village Hall, Pinner
Thursday 15 June 2017 – 8.00 pm**

1 Attendance

PMCPA Joanne Daswani (Chair)
George Bardwell (Secretary)
Phillip Snell (Treasurer)
Yvonne Haines (Trustee)
Nicky Heskin (Trustee)
Jagdish Kapur (Trustee)
Brian Yim Lim (Trustee)

Pinn Medical Centre Dr Amol Kelshiker (Senior Partner)
Dr Isobel Bleehen (Partner)
Dr Mehul Lakhani (Partner)
Dr Jonathan Rudolph (Partner)
Hilary Scott (Practice Manager)

2 Welcome and Introduction

The Chair welcomed the Members of the Association and colleagues from the Pinn Medical Centre (PMC) to the meeting; and introduced each of the Trustees.

3 Apologies for Absence

Apologies were received from James Kincaid (Vice Chair), Sheila Cole (Trustee) and Dr M Bahl, Ivan Benjamin, Jim Bradford, Leonard Hedworth, Rhoda Luer, Mr and Mrs Ian MacDonald, Carol McNally, Peter Stubbs, and Mr and Mrs John Warren (Members).

4 Minutes of Previous Annual General Meetings

The Minutes of the Annual General Meeting held on 16 June 2016 were unanimously approved. In respect of the Action points, the Secretary noted that Jo Telfer had very helpfully volunteered to take over organising the letter-box distribution of the Pinn Piper, and a start had been made on the voluntary switch of its distribution to email. The Pinn Medical Centre had now ensured that the composition of medical teams was kept up to date on its website. There were no other matters arising.

5 Chair's Report

The Chair presented a detailed report which is attached to these minutes. In introducing her report the Chair referred to the work of each of the four Subcommittees: they had been very active during the year.

The Communication, Website and Membership Subcommittee had organised a number of recruitment events during the year, such that membership had increased by 112 to a new total of 234. Much more, though, remained to be done, and the active involvement of the PMC was being sought to promote membership of the Association. In addition the Subcommittee had taken the lead in developing a new website - there would be a short demonstration later in the meeting. We were very grateful for the work of Neil Rands, an IT consultant who had varied out the detailed development work.

The Health and Education Subcommittee had collaborated with the PMC on two particular events – the Health Fair, and a talk on HRT by a consultant gynaecologist. The Marketing and Fundraising Subcommittee had organised two successful raffles at the Health Fair and the Pinner Village Show. Its proposed Quiz Evening had unfortunately been cancelled due to lack of support, but it was hoped to arrange another date in the Autumn. On Transport and Pinn Piper Delivery we were very grateful for the indefatigable work of Sheila Cole in this area, and – as noted above – to Jo Telfer for taking on the Pinn Piper. The very wide area now covered by the Practice made it more important than ever that patients should opt for electronic delivery of the Pinn Piper.

The Chair extended the congratulations of the Association to the PMC which, following a recent inspection, had been marked Outstanding by the Care Quality Commission. The Chair also expressed her thanks to Hilary Scott, the Practice Manager of the PMC, for all her support over the years. Hilary is retiring at the end of July.

Finally, the Chair reported to the Meeting that James Kincaid, a Trustee and Vice Chair of the PMCPA had decided to retire. He had been a co-founder of the PMCPA, and served as its first Chair in 2002. He was sincerely thanked for his tremendous work for the Association over many years.

6 Financial Report for the Year Ended 30th April 2017

Phillip Snell, the Treasurer, presented the financial report for the most recent year (attached). Although the report showed an excess of payments over receipts and a reduction of some £2,000 in the cash at bank over last year, the annual donation by the PMC of £3,500 was not included. It had now been received and led to a net surplus of receipts over payments. The report showed some significant donations from patients, and it was noted that the donation from the PMC would be used for the Association's operating costs; funds raised by the Association and donations from patients would go towards purchasing equipment for the PMC.

The increase in income from transport was due to increased demand, and more efficient collection from patients. A charge of £4 was made for transport to and from the surgery; £6 for transport to and from hospital.

The accounts had been signed off by the Independent Reporting Accountant, Ivan Benjamin, who had agreed to continue to serve in that role.

7 Election of Trustees

The Secretary invited Members attending the meeting to nominate themselves or others as Trustees (or as members of the four Subcommittees). None was forthcoming.

With one vote against but all others at the meeting in favour, the following Trustees were re-elected following a proposal by Chris Daly, seconded by Chris Worrall:

George Bardwell, Sheila Cole, Joanne Daswani, Yvonne Haines, Nicky Heskin, Jagdish Kapur, Phillip Snell, Brian Yim Lim.

8 Pinn Medical Centre Report

Dr Kelshiker opened his report by thanking the PMCPA for its continued work on behalf of patients of the Pinn Medical Centre. He also, in particular, wished to pay tribute to James Kincaid, the first Chair of the Association.

At some 20,000 patients the size of the practice had been fairly stable over the last two or three years. There had been no change in the partnership running the practice – but a regular turnover of salaried GPs (including those going on maternity leave) and other staff. There was now a greater emphasis on the early detection of medical conditions such as diabetes; and more generally there needed to be a partnership with patients to maintain and improve standards of health. There had recently been examples of doctors and nurses being harassed by patients over an inability to provide services that were not available under the NHS, even though they may be referred to on the internet. Increasing demands placed considerable pressure on all staff, particularly junior doctors in the practice, and it was important that patients should respect the staff of the PMC. Although there was undoubtedly a growth in demand for the services provided by the practice, there had been no growth in funding for several years. Indeed the current level of funding was under threat through a review of the personal medical services (PMS) contract under which the Pinn operated. This contract currently allowed the provision of extra services (eg paediatric services, 24-hour blood pressure monitoring etc.) that were not available in all practices; and the support of the PMCPA would be vital if they were to be retained.

Dr Kelshiker noted that the Pinn Medical Centre had, for many years, remained open from 8.00 am to 8.00 pm on every single day of the year. The provision of a walk-in centre open to un-registered patients was the only way in which the surgery could provide such extended opening hours to our registered patients. The practice would be piloting the use of Physician Associates – graduates in relevant disciplines who had received additional training in A & E or Urgent Care Departments of hospitals.

Medical practices in the Harrow Clinical Commissioning Group had now opted to introduce delegated commissioning under which decisions on services would be taken by the CCG on the advice of a committee comprised of local patient representatives.

In the general discussion that followed his report, Dr Kelshiker expressed concern about adverse comment in the media about some types of medication; noting that patients should consult their GP with any concerns. He acknowledged that the appointment system at the PMC remained under considerable pressure, although the use of Physician Associates should provide some relief. It was suggested that an article in the Pinn Piper might help to manage expectations and go some way to educating patients. A notice might also be displayed at Reception about the number of missed appointments in the previous week, and their wasted cost. Reference was made to the difficulty of securing extra funding for mental health – it being noted that frequently claims of extra funding in fact related only to re-badged funding with no overall increase. Responding to a question about the origin of various health initiatives, Dr Kelshiker reported that the PMC itself had introduced:

- Diabetic control checks to identify patients at risk of diabetes;
- Monitoring irregular heart rhythms as an indicator of susceptibility to strokes;
- Asthma/bronchitis treatment;
- The need for care plans for certain categories of patients.

In conclusion, Dr Kelshiker referred to his gratitude for the splendid contribution to the work of the PMC over many years by Hilary Scott, the Practice Manager. He was pleased to be able to report that they had now appointed Ms Rupa Yagnik, currently Practice Manager of the Elliot Hall Medical Centre.

9 PMCPA Strategic Plan

The Secretary introduced the Strategic Plan Framework which showed the progress made over the last year against the priorities that had been established. The Board had established as its Vision:

A patient community working in partnership with the Pinn Medical Centre to achieve the best possible care for the patients we serve.

And as its Values:

We represent Pinn Medical Centre patients.

We have a culture of consultation and collaboration.

We recognise diversity of need.

We take account of and influence wider local and national health care provision.

The original four Priorities had been:

- *Recruit Trustees;*
- *Strengthen the Charity;*
- *Increase and Diversify Membership; and*
- *Improve Communication Links with Patients.*

In the light of an increasing focus on patient choice and taking account of the needs and views of patients, the Board had decided on a fifth Priority:

- *Consultation with Members*

and would be pursuing this through the use of further surveys.

It was suggested that the profile of the Association could be raised by holding a public meeting about health care services in Pinner; and by organising further talks on health matters. It was also suggested that it was important to be clear about the benefits of joining the Association, particularly if more young people were to be attracted to membership, and if attendance at the AGM was to be increased.

10 PMCPA Website

Brian Yim Lim gave a brief demonstration of the new website (pinnpatients.org). One improvement over the old website was its ease of updating – five Trustees had now been trained in this. It also had improved re-formatting when being accessed by a tablet or smart phone; and the security level had been enhanced. The website was to be extended further to include a database facility. Feedback from members would be very welcome.

11 Concluding Remarks

The Chair thanked the Pinn Medical Centre for their attendance at the Association's AGM, and the membership more generally for coming to the meeting. A vote of thanks to the Board of Trustees was proposed from the floor.

***Pinn Medical Centre Patients' Association
June 2017***

