

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION
Registered Charity No: 1095260

MINUTES OF THE 9TH ANNUAL GENERAL MEETING
Held at the Pinner Village Hall, Pinner
on Tuesday, 3 July 2012 at 7.30pm

The Chairman, Jim Bradford, welcomed over 100 patients to the meeting which was also attended by Doctors Kelshiker, Bleehen and Lakhani.

1. Apologies for absence

Jackie Thomas; Practice Manager, Hilary Scott; Dr Jonathan Rudolph

2. Minutes of 2011 AGM

The Minutes of the last meeting were approved, with the amendment that Beryl Jones had been present at the meeting. Proposed by Sylvia Coley and seconded by John Warren.

3. Matters Arising

None that were not covered by subsequent agenda items.

4. Chairman's Report

Jim Bradford reported that last year the Association met against a background of a challenging twelve months for the Pinn Medical Centre when, shortly after its relocation to the new centre, it had to deal with a sudden and overwhelming influx of new patients resulting from the short notice closure of the Village Surgery.

Inevitably this caused major problems for the management and staff of the Pinn Medical Centre, and understandable patient frustration at the resulting disruptions to "normal service" at the Pinn.

Reflecting on the last year, the Chairman's overriding assessment was that the management and staff of the Pinn had worked incredibly hard and with not inconsiderable success to get the medical centre back on track. It is important that the Association recognises the efforts of the Pinn Medical Centre team and their genuine commitment to striving for ongoing improvement. However, the Association will of course press for ongoing improvements to patient service levels.

We are fortunate in having an excellent working relationship with the Pinn, meeting quarterly to discuss issues and seek improvements. To this end, a Patient Satisfaction Survey was conducted by the Pinn earlier this year, with input from the Association.

A management action plan addressing priority patient concerns has been agreed with the Association covering getting through to the surgery on the phone; booking of appointments, seeing a particular doctor and waiting times in the surgery. Outlines of these action plans are in the latest issue of the Pinn Piper.

Survey data has also been compared with similar studies at other surgeries both in Harrow and nationally. It is worthwhile noting that, in general terms, the relative performance of the Pinn against other surgeries is favourable.

The Association's patient transport service continues to be greatly appreciated and is expanding, being

fortunate to have recruited a number of new drivers over the last year. The Chairman thanked all the drivers for making this excellent facility possible and particularly Sheila Cole for her amazing stamina in co-ordinating the service.

The Association newsletter, the Pinn Piper, has an expanding circulation, Thanks were extended to Lis Warren, Editor, for her efforts and commitment despite a demanding full time job and to all those who turn out, wind, rain and shine to deliver the Piper.

A special parting thanks and best wishes were extended to Evie Ethimiou who, for family reasons, will no longer be able to support Lis in the design and production of the Pinn Piper.

Another highly enjoyable and successful Quiz Evening was held in March raising £550 for Association funds. In addition, a raffle in aid of St. Luke's Hospice and Harrow Bereavement Care generated £290. The Chairman thanked Jackie Thomas and Linda De Rose as always for a lot of work in arranging food.

5. Treasurers' Report and Accounts to 30 April 2011

Treasurer, Ivor Thomas, presented the Annual Accounts for approval.

Funds now stood at £2,288. No purchases have been made this year following the purchase of a BP machine costing £4,500.

A donation of £125 had been made by Mr and Mrs Habati who were very impressed with the Association's services. The annual Quiz Evening raised £941 with a further £390 being raised through the raffle on behalf of St Luke' Hospice and Harrow Bereavement.

Public liability insurance remains the same as last year.

Over the last ten years the Association has donated approximately £15,000 to the Surgery by way of purchases.

The Chairman thanked the Honorary Independent Accountant, Ivan Benjamin and the accounts were formally approved. Proposed by James Kincaid and seconded by Anne Park.

6. Election of Officers

As all the present Officers and Members of the Committee had offered themselves for re-election and no other nominations had been received, a proposal to re-elect the Committee *en bloc* was carried unanimously.

Proposed by Ralph Gartenberg and seconded by Joy Daffon.

Ivan Benjamin was also re-appointed as Honorary Independent Accountant. Proposed by Jim Bradford and seconded by Dennis De Rose.

The Chairman stressed that the Association was open to all patients. The Management Committee has not changed significantly in the last few years and the Association are keen to get the support of new Committee Members, especially those under 40 and from ethnic minorities, so that the Association is more representative of the PMC patient profile.

7. Presentation on the future of NHS Services in Harrow by Dr Kelshiker, Senior Partner, Pinn Medical Centre.

Dr Kelshiker was humbled to see so many people at the AGM. He thanked the Association and all the volunteers for their invaluable and continued help over the last year emphasising that both the Surgery and patients benefit from all the services they provided.

He felt that the Surgery had gone through challenging times following the Village Surgery closure but that finally things were now settling down. There are approximately 19,200 patients and 19 doctors plus supporting clinicians and admin staff. The Pinn are now able to offer more services such as ultrasound and X-rays, etc with more services to come.

He then went on to give a presentation how the changes in the NHS will affect the patients at the Surgery and North-west London in general. Dr Kelshiker gave an overview on the funding formula for PCTs and its impact on Harrow's budget which was up to £600 less per patient than many Inner NWL PCTs.

He suggested that members of the Surgery could write to their MPs to apply pressure for a review of the poor funding Harrow receives. The Patients' Association agreed to get involved in this respect.

Harrow Clinical Commissioning Board will aim to increase the provision of a wider range of services and care in the Harrow Community. This will enable patients to be treated by their GPs and community services allowing them to remain at home and avoid the need to go to the hospital to receive this care. However, with increased specialisation and improved recover from certain conditions, eg heart attacks or strokes, it was better to centralise specialist units at major hospitals.

The CCB felt that A&E units should be open 24/7 with on-site consultants and services being available at all times.

He also stressed that prevention is the key to living longer and healthily and ultimately reducing the costs on the NHS and disability to patients.

A new serving dialling 111 is being rolled out to replace NHS Direct. Patients using this service will receive the best advice on where they should go in the event of any illness to receive the most appropriate service in a timely fashion. This will include a fast track intervention team to go to patient homes and in future the operative may even be able to book an appointment with a GP if that is preferable.

Jim Bradford thanked Dr Kelshiker for his presentation. Jim stated that the "funding formula" issue that will adversely effect financial allocations for Harrow was clearly of great concern and that the Patients' Association will raise the issue with our local MP Nick Hurd. Patients who wished to voice concerns in person, as suggested by Dr Kelshiker, should write to the Secretary of State for Health, Andrew Lansley.

The floor was then opened to comments and questions:-

June Tidman:

What is the timescale for implementing changes in NW London?

Some have already been implemented; others may take a further five years.

Ivan Benjamin:

Is it true that Alexandra Clinic is closing down?

No but the unregistered walk-in service only now operates between 8am and 4pm on weekends and bank holidays only.

Ralph Gartenberg:

Can anything be done to reduce waiting times?

Dr Bleehen responded that they were aware of the problem and that it is a challenge given (NHS budget) appointment times of 10 minutes. It is inevitable that doctors will sometimes over-run.

Beryl Jones:

Queried discharge from hospitals to be looked after by community services?

It is important to keep people out of hospital by being treated within the community wherever possible but Dr Kelshiker is aware that more occupational therapists and physios are needed. Makes more sense for the patient to be treated in own home rather than attending hospital.

Ms Stephanie:

What is likely implication of consultation on NPH and Ealing and how long will it take to implement?

NPH have best consultants but not enough, Ealing has more consultants but less patients. Inevitable that the emphasis will be on NPH but may take some time to implement.

Simon Albert:

Concerned about mental health services?

Patients will be treated by a team. Dr Kelshiker was not aware of any change in Central NW London Trust.

With regard to diabetes, etc – what care will be available?

It is proposed that patients will have annual check ups and, depending on their level of control, they may need further check-ups every three or six months. With regard to looking after blood pressure, it is now thought there is better control and less medication if this is monitored at home – more representative readings – and then managed by GP.

Are we still able to get all prescriptions under NHS?

If it is a recognised clinical illness requiring prescription then yes. However, in some instances, it may be cheaper to buy medicines that are also available “over the counter” from the pharmacist.

Patrick Jenkins:

Will Dr Kirpalani be replaced in his “team”?

There is more fluidity in where doctors work but the Surgery now has a full compliment of doctors. A list of the “teams” will once again be given out to patients.

Brian Cox:

Unable to get an appointment with doctor of his choice and at a specific time which he finds unacceptable?

Dr Kelshiker said that people need to be reasonable and use other doctors as it is impractical to adhere to everyone’s wishes but that they are doing the best they can. Of course there is room for improvement but patients should use the other doctors in their team. They will have to wait if they need to see a specific doctor but that one can always get an appointment on the day with another doctor.

Post Meeting Note: Dr Cox wrote to Dr Kelshiker. He felt that his question has been misunderstood. He had not requested a specific time or date for an appointment but had been told that his regular doctor had no appointments which he felt was unacceptable as was any suggestion that such appointments were to be discouraged in favour of being seen by whichever doctor was currently

available. Dr Cox felt that the distinction between the two kinds of requests is critically important and requests that the PMC's appointment system recognise this.

(Dr Kelshiker has since responded to Dr Cox explaining that the Pinn are once again reviewing the appointment booking system).

John Caldran:

Can patients choose to use a BMI hospital on the NHS?

This is possible but certain procedures are restricted at private hospitals using NHS payments.

Anna Conway:

The number of patients at the Surgery is a concern?

The number of patients has now stabilised at 19,200. Resource is now in place to deal with this number of patients. There have been periods over the last twelve months where this had not been the case, hence perhaps the perception the Pinn did not have enough doctors.

James Kincaid:

Concern over unregistered patients and Surgery patients being penalised?

Appointments for unregistered patients number approximately 10,000 per year (we are only obliged to see 20 per day). In contrast, the Surgery provide a total of approximately 120,000 appointments per year.

Mr Lipman:

Will the excellent Minor Injuries Department at Mount Vernon be closing?

Will remain open but Dr Kelshiker hopes that minor injuries will also be dealt with by GPs.

Ann Saley:

How will the deficit in funds be dealt with?

There are areas where efficiencies can be improved. For example, the Surgery is charged £200-£300 each time someone goes to A&E compared with £50 for a walk-in centre. Expanded GP services are more cost effective than using hospitals

How is the Pinn Piper financed?

Financed by the Surgery (printing costs)

Stuart Natrass:

How will GPs becoming finance managers affect patients?

This will reduce the amount of GP time to see patients but senior GPs need to be involved in the strategic decision making process of the NHS to inform NHS managers and get the best care for their patients.

Henry Samuels:

Valued Dr Kelshiker's presentation, can this be put online for viewing?

Dr Kelshiker will see if this is possible.

Concerned amongst patients that their age will be detrimental to the care they receive?

Dr Kelshiker said this may have been the case in the past but today there is a strong emphasis on preventative healthcare. He categorically denied that age was a major factor in deciding levels of care.

Jenny Stephanie:

Password not working for online appointments, etc?

Dr Lakhani explained the procedure saying it can sometimes be confusing. If further problems she should contact Natasha Khan for assistance.

8. Any Other Business.

Liz Warren made a request that anyone with desk top publishing skills willing to help her put together the Pinn Piper should make contact with her.

Beryl Jones announced the NPH AGM is on 12th July 2012.

There being no further business, the meeting closed at 9.45pm.