

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

**MINUTES OF THE 10<sup>TH</sup> ANNUAL GENERAL MEETING**  
**Held at the Pinner Village Hall, Pinner**  
**On Tuesday 9 July 2013 at 8.00 pm**

The Chairman, Jim Bradford, welcomed around 50 patients to the meeting, which was also attended by Doctors Rudolph, Bleehan and Lakhani and Ms. Hilary Scott, Practice Manager

**1. Apologies for absence**

Apologies were received from, Jackie Thomas, Lis Warren and Dr. Kelshiker.

**2. Minutes of 2012 AGM**

The minutes of the meeting held on Tuesday 3 July 2012 were approved. Proposed by Ralph Gartenberg and seconded by James Kincaid.

**3. Matters arising not appearing elsewhere in the agenda**

There were no matters arising that were not covered elsewhere in the agenda.

**4. Chairman's Report**

Before beginning his chairman's report, Jim Bradford acknowledged the Association's sadness at the recent passing of Dr Shashi Shah, stating he would be greatly missed by his patients and colleagues at the Pinn.

Firstly Jim welcomed Chris Daly, who had joined the Management Committee earlier this year. Two departures from the committee team were Ann Park and Linda DeRose, both because of increased family commitments. Jim thanked them both for their many years of work for the Association

Jim reported that the Harrow Clinical Commissioning Group had assumed executive responsibility for primary healthcare services in Harrow in April of this year, replacing the local Primary Care trust. The CCG is chaired by Dr Amol Kelshiker, who at last years AGM gave a presentation on this development (which is available to view on the Pinn website). A key aspect of this change is to give increased patient access and involvement in the development and management of Harrow primary care services. Together with other patient associations in Harrow, the Association is actively working with the CCG to facilitate effective channels of communication to ensure patient views are at the forefront of healthcare development in Harrow.

At last year's AGM, Dr Kelshiker had expressed concerns about government central funding for Harrow, based on the "National Funding Formula". Dr Kelshiker believed that this resulted in Harrow healthcare budgets being systemically under-funded. It was agreed that the Patients' Association would approach our local MP Nick Hurd, to raise the funding issue with the Secretary of State for Health. Jim reported that he and Dr Kelshiker had met with Nick Hurd in March of this year, and he

had agreed to represent our concerns with the minister, based on information to be supplied by Dr Kelshiker and the CCG team.

The annual patient satisfaction survey had been conducted earlier this year by the Pinn. This showed that whilst satisfaction with clinical care remained high it was disappointing to note significant areas of continued patient dissatisfaction concerning service areas (such as appointment availability, waiting times at the surgery, telephone system). A new development action plan had been agreed with the Association, and Jim expressed confidence that the Pinn management team would strive to make progress on areas of dissatisfaction.

Jim expressed his view that with the rapidly increasing healthcare needs of an ageing population, and developments in medical science which enabled ever more treatments to be provided, he believed that strains on the NHS in general, and the Pinn itself, were inevitably going to increase.

During the course of the year, the Committee had reviewed the Association's constitution, set down over 10 years ago. Not surprisingly, the Association had developed considerably over the years and it had been felt appropriate to amplify some of the activities undertaken by the Association as follows.

#### **PMCPA Constitution Addendums**

1. Make suggestions and proposals on behalf of patients to PMC management on non-clinical operational processes affecting patients eg waiting times, prescriptions etc.
2. Contribute to development of patient satisfaction research and the development of action plans in response to such surveys.
3. Engage and work with relevant healthcare organisations eg Harrow CCG, Harrow HealthWatch, and other Harrow patient groups.
4. Support the Pinn Medical Centre / Harrow healthcare management (CCG's) in addressing external factors affecting patient welfare eg government central funding, car parking facilities.
5. In the course of social activities eg quiz nights, at the discretion of the Management Committee, allow the raising of funds via specific activities (eg raffles) for local charities, relevant to patient support and care (eg St Lukes Hospice, Harrow Bereavement Care.)

Items 1-4 were explained by Jim for noting. Item 5 was technically not an activity covered by the constitution. Jim explained that raffle prizes are donated by individuals, mainly by committee members, local businesses, and the Pinn. No Association funds are involved, and it takes place in context of a social evening organised by the Committee, for purely social purposes, not fund raising.

Jim asked the AGM to vote on the following statement:

*"The Committee sees no obstacle to the continuation of raffles in support of local charities within a social activity context."*

The above was overwhelming endorsed (one against and one abstention)

Thanks were extended by Jim to members support in attending the AGM; to patient transport drivers, as ever so ably co-ordinated by Sheila; to all who deliver the Pinn Piper; and finally to all on the Management Committee, and Ivan Benjamin for his work as Honorary Independent Accountant.

## **5. Treasurer's Report and Accounts to April 2013**

The audited accounts were circulated and the various items of income, expenditure and cash at bank were reviewed by the Honorary Treasurer, Ivor Thomas.

Most receipts and payments items were similar to last year apart from two outgoings that were significantly higher (although the amounts themselves are not substantial):

### **a) Expenses associated with fund raising activities**

Last year, the food provided to the quiz night had been produced by volunteers making sandwiches etc. This year it had been necessary to buy in food from the local fish and chip shop. Despite this, the quiz night produced an overall surplus.

### **b) Sundry expenses**

The cost of hiring the Village Hall for the AGM had increased to £200.

The cash at bank had increased to £3,177 because there had been no requests from the surgery for anything new. Mr. Geoff Goodman enquired about the expenditure on public liability insurance. Mr. Thomas advised that it was necessary to have this as it gave cover for, for example, situations arising for drivers because of difficult wheelchair access. He added that this insurance had been in force for 10 years but there had never been a claim. The adoption of the accounts was proposed and seconded.

## **6. Election of Officers**

As all the present Officers and Members of the Committee had offered themselves for re-election, and as there were no further nominations, a proposal to re-elect the Committee en-bloc was carried unanimously.

Proposed by Ivan Benjamin and seconded by Geoff Goodman.

Ivan Benjamin was also re-appointed as Honorary Independent Accountant. Proposed by Jim Bradford and seconded by James Kincaid.

The Chairman advised that the Committee continued to search for new members who were more representative of the overall patient profile in terms of age, ethnicity etc., and asked patients who might know somebody who would be interested to put them in touch with the Committee.

7. **Question and Answer forum**

a) **Elaine Roland**

The three **automated arrival screens** at the surgery were recently all down and a very long queue formed. Hilary undertook to talk to the Reception Manager about bringing down extra help should this happen again.

b) **Ralph Gartenberg**

When will an up to date **list of patients' addresses** be made available for those delivering the "Pinn Piper".

Hilary responded that updating the list was a very labour intensive and time consuming exercise as it changes monthly. She will investigate whether the new computer system can help to speed this up.

c) **Beryl Jones**

Can the doctors give some idea **how much the hospital A&E charges** the surgery for individual cases?

Dr. Lakhani advised that the charge for an ambulance was £500, registering with A&E was £175 so with treatment and dressings etc. It could easily reach £1,000 per incident.

d) **Henry Samuels**

**How do we get the information concerned** with items 1 to 3 of the Constitution addendums and what activity is the Association undertaking regarding these areas.

Jim replied that there had been only one CCG meeting so far and James Kincaid had attended on behalf of the Association. He (Jim) would be attending the next one and will always try to ensure that we are represented at meetings. He had also attended two informal meetings with the CCG to discuss patient involvement and had written a paper on patient participation and how to carry it forward. However, despite those meetings, little progress had been made to date, and we await feedback from the CCG.

The Association was an active member of the Harrow Forum (an informal umbrella group of Patient Associations in Harrow).

On the question of communication with patients, information such as Management Committee minutes, patient satisfaction surveys are posted on the website and developments communicated through the "Pinn Piper". The Committee would like to strengthen communication to members via the website, but time and resource were issues

e) **Cathy Byer and Vivian Collins**

Both expressed **concern about the appointments system**, Ms. Byer having had three appointments cancelled and Ms. Collins stating that it was becoming increasingly difficult to make appointments and that waiting times were becoming worse.

Hilary undertook to investigate the first of these. With regard to the overall situation, Dr. Rudolph advised that the surgery was providing an average of five appointments per patient per year and that this is higher than the required average. He outlined the existing procedures re “emergency” appointments, patients’ ability to choose which doctor they saw and so on. He added that the topic is discussed actively every week but each time they think it has been solved, eg by appointing an additional doctor, the demand for appointments increases.

Dr. Bleehan added that there was now better stability of doctors which should help the matter, and also that they were trying to reduce the need for consultations by switching to telephone conversations with patients. The new pods installed at the surgery for self-checking of blood pressures were also a useful addition.

Ms. Collins responded that she thinks the problem is the number of patients at the surgery – **is there an agreed doctor/patient ratio?** Dr. Lakhani advised that it is 1 doctor to 1000 patients. This ratio is not unique to the PMC.

In response to a proposal that patients who have check-ups every 6 months for ongoing routine prescriptions should move to 12 months, Dr. Rudolph advised that best practice requires a maximum of 6 months between checks.

Jim additionally commented that the surgery continually reviews appointment optimisation to meet the needs of patients.

f) **Jenny Stephanie**

Please explain the link, if any, between the **Harrow Forum and Healthcare**. Secondly, is the PMC involved in the new **integrated care for NW London** and, if so, how are we impacted?

Jim explained that the Forum is an umbrella group for Patients’ Associations in Harrow. It does not yet have a formal constitution.

Health Watch is a new organisation that replaces Health Link. It operates nationally with a government mandate to be a “patients’ champion” within the context of the Health Act 2012. Anybody can go onto its website and ask to be put onto its circulation list. The Harrow Forum is actively working with Health Watch to develop patient contact and representation in Harrow.

With regard to the second question, Dr. Lakhani advised that all practices in Harrow are heavily involved. A new funding scheme has been set up to focus time and resources on those in the community with complex health issues that make them particularly vulnerable. This focus involved doctors, social services and other relevant agencies.

g) **Brian Cox**

Wanted clarification on a situation where a person’s three-month BP tests suddenly stopped because his GP had changed. He was also unclear after having first read that everybody over 65 should have annual checks whereas he now reads that they will continue to be invited to have extra tests. What has happened?

Dr. Rudolph would not guess as to the first part of this as it might be because of the individual patient. On the second part, he summarised that the practice reviewed all patients' records periodically and if they had been subjected to regular BP and/or other tests they would not be invited for additional tests. If, on the other hand, they had not been having ongoing checks then they would be invited.

h) **Henry Samuels**

Mr. Samuels had analysed some of the patient survey data for the practice and also nationally and he believed the situation could be improved by fine-tuning the model because local people differ from one area to another. He was also critical of the questionnaire itself.

Dr. Rudolph responded that the format was a national requirement and that we could not have our own specially tailored questionnaire.

i) **Jennifer McIlvenny**

Is there a time lapse between the PMC closing for the evening and the out-of-hours service (Harmoni) taking over? Also, does the latter provide feedback to the surgery for patients they have seen overnight?

Dr. Lakhani responded that there is no time lapse, the telephones are simply diverted from the surgery to Harmoni and vice versa in the morning. The surgery gets a report back from Harmoni the following day.

j) **Geoff Goodman**

Mr. Goodman has heard a lot of implied criticism this evening but he believes we are lucky in having the Pinn Medical Centre. He added that, as an example of the level of service provided, he had received texted reminders for his last two appointments. The meeting expressed support for his more positive view.

k) **Ralph Gartenberg**

There should be some form of **memorial for Dr. Shah**. Dr. Rudolph responded that the surgery was keen to do so and was waiting for some direction from Dr. Shah's wife and daughter.

l) **Ian Budd**

Dr. Kelshiker's reported last year that **management of finance** was a factor for the CCG. How much of the doctors' time does this take up?

Jim responded that the CCG was responsible for the budget, but specialist financial resource support was part of the CCG team. Dr. Rudolph added that, although Dr. Kelshiker has spent a lot of time in helping set up the CCG, a new doctor was covering for him at the surgery.

m) **Andrew Rudd**

Mr. Rudd referred to the Pinner Association of Churches' practice of providing Christmas lunches to elderly patients who lived alone. Hilary responded that doctors do refer such patients to the Association and asked if they would provide a poster to display in the surgery nearer the time.

**8. Any other business**

No additional matters were raised. Dr. Rudolph concluded that he would like to thank Jim and the Committee on behalf of the surgery for the contribution that they made and the issues raised by them with the surgery which "helped to keep them on their toes".

**The meeting closed at 21.35**