PINN MEDICAL CENTRE PATIENTS' ASSOCIATION
Registered Charity No. 1095260

MINUTES OF THE 11TH ANNUAL GENERAL MEETING
Held at the Pinner Village Hall, Pinner
On Tuesday 2 September 2014 at 8.00 pm

The Chairman, Jim Bradford, welcomed just over 40 patients to the meeting, which was also attended by Doctors Kelshiker, Rudolph, Bleehan and Lakhani and Ms. Hilary Scott, Practice Manager.

1. **Apologies for absence**

Apologies were received from Senga Coburn, Josie Gowing, Ivor Delman and Ivan Benjamin**.**

2. **Minutes of 2013 AGM**

The minutes of the meeting held on Tuesday 9 July 2013 were approved. Proposed by Stuart Nattrass, seconded by Denis DeRose.

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**

The Chairman presented a detailed report on developments since the last meeting and on matters of interest in respect of current activities. Jim's report is attached for reference.

Various queries were raised by the meeting as follows:

a) **Clinical Commissioning Group (CCG)**

The CCG formally took on its responsibilities for healthcare in Harrow with effect 1 April 2013. Jim added that a shadow CCG had run alongside the PCT in the period leading up to this.

b) The budget funding deficit

Geoff Goodman asked how the "£21m budget deficit" was to be addressed. He added that there were a large number of diabetes sufferers in Harrow but there were only 2.5 specialists to look after them. This latter point was left for the doctors to address later in the meeting (see 7a below). On the matter of the funding formula (also see item 7a below) Jim advised that he and Dr. Kelshiker had met with the local MP, Nick Hurd, and discussed this matter in detail. Politicians at a senior level were now very aware of the situation in Harrow and the CCG continues to pressurise them for a solution.

c) **Harrow Patient Participation Network (HPPN) and its interface with other bodies.**

Jenny Stephany asked how the HPPN interfaced with the CCG, Healthwatch and the Health and Wellbeing Board at the local authority. Jim explained that the HPPN was a group of Patient Associations across Harrow which worked as a whole entity. It had been formalised as a group to work with the CCG on behalf of patients. The CCG had seen this as a positive development and there had been several constructive meetings with them.

Healthwatch is also working with HPPN and a Memorandum of Understanding had been drawn up reflecting that they recognised HPPN's existence and rôle. This document set out the working

relationship between the two parties and there had been constructive discussions with them (they also send a representative to HPPN meetings).

As far as the Health and Wellbeing Board was concerned, HPPN did not have a relationship with them and it was not obvious what that would be. The HPPN does, though, engage with other representative bodies in areas such as mental health.

d) **Abuse by patients and possibility of discontinuing the patient survey plus communications issues.**

Messrs. Natrass and Goldberg expressed concern about these matters, as well as the funding deficit. Jim responded that the Management Committee saw the survey as critical and believes the Committee could not function without it. He added that no final decision had been taken yet and that there might be a requirement for funding from the Pinn if the survey was to be continued.

On the question of patients being rude to doctors and receptionists it was agreed that these incidents needed to be recorded. If appropriate, patients should be suspended. Mr. Goldberg noted that the meeting was attended by less than one quarter of one percent of patients and believed there was a communication issue that needed to be addressed to get more to attend (and to defuse those issues that were causing some patients to be rude).

Jim advised that the rudeness issue was being considered by the Pinn (in terms of surgery notices concerning patient behaviour) but there was a limit to what the Committee could practically do. He agreed that the Committee could be more proactive in developing communications but said they were constrained by not having access to patient names, addresses, Email addresses and so on because of patient confidentiality. Attempts were in hand to get Email addresses directly from the patients themselves but it would be a very slow process. There was also the matter of lack of resources to do this and the fact that the PMCPA does not have its own web site but has to use the surgery's facilities. These issues are under ongoing review by the Committee.

Dr. Kelshiker said that the Pinn was very aware of patient dissatisfaction in some areas and that these factors were contributing to some patients being abrupt with staff. He said that the whole system of dealing with patients from the time they make their appointment to the time they see the doctor was reviewed every six months but any changes that are implemented take time to bed down.

5. **Treasurer's Report and Accounts to April 2014**

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

Income exceeded expenditure by £877 which was very similar to last year's surplus of £889. The raffle proceeds had been donated to Harrow Bereavement and St. Luke's Hospice, Kenton. The cash at bank amount at 30 April was £4,178 but, as noted in the Chairman's report, a large part of this has since been spent on equipment for the surgery.

There were no queries on these financial statements. Chris Worrall proposed that they be accepted, Steve Venus seconded the motion and this was carried unanimously.

6. **Election of Officers**

Jim introduced the members of the Management Committee as well as two members who had been seconded since the last meeting – Vivien Keiles and Joanne Daswani. He explained that the usual procedure at this time would be to elect officers for the following year. However,

the constitution of the PMCPA was written over 10 years ago when the charity was set up, and has evolved greatly. He believed there are areas of clarification and improvement that can be made to the constitution and was also grateful that one of the members had identified that there may be points of order concerning our historical approach to electing officers to the Committee. The intention now was for the Committee to carry out a detailed review of the Constitution in the coming months and how it was applied in practice. This would include factors such as the definition of "Members" of the Association and involve reference to the Charity Commission and its guidelines as appropriate. Jim asked the meeting to agree the following resolution:

"The Committee recommend suspension of election of officers at this AGM, in order to ensure clarification of aspects of our constitution concerning the definition of membership, and related to this, the Association's election processes"

The resolution was proposed by Geoff Goodman and, other than two abstentions, was passed unanimously. In response to a question from Jenny Stephany, Jim clarified that the term "officers" meant members of the Management Committee. The present Committee would continue to fulfil its ongoing responsibilities in the mean time. Once the review has been completed, an amended Constitution will be submitted to the Charity Commission for approval, following which the Committee will call an Extraordinary General Meeting to consider and adopt the revised Constitution and to appoint Committee members for the following period.

7. **Question and Answer forum**

In introducing this session, Jim said he was grateful that all four of the PMC partners had attended the meeting after a busy day.

a) Funding

Jim invited Dr. Kelshiker to start with a comment on the funding issue. Dr. Kelshiker responded that, when the funding formula is applied as it currently stands, there is a significant shortfall against Harrow healthcare budget needs. There was a historical budget legacy of £25 million. He said that the Government acknowledged that Harrow was one of the worst funded CCGs in the country. He assured the meeting that the CCG was determined not to reduce the standard of care given to Harrow patients and would continue to exceed its budget if this was the only way to achieve it.

On the question of the funding of treatment for diabetic patients (see minute 4(b) above), Harrow CCG had led on this in approaches to the Government and continued to push hard on the matter. Dr. Kelshiker added that, although Harrow had a very high prevalence of diabetes sufferers, it had a low complication rate because of these efforts being put in and was also continuing to try and recruit more nurses.

James Kinkaid asked if part of the underlying problem was the funding formula itself. Dr. Kelshiker responded that the CCG believed the formula itself could not be right as, amongst other things, inner-London CCGs were over-funded by £20-30m on an ongoing basis.

Herbie Goldberg said that efforts should be made to get more patients involved to engage in this issue. He appreciated that the CCG was driving this hard and said that a vote of thanks was due to the practitioners who, despite the various problems, continued to give excellent service. Jim responded that if, for example, the CCG wanted patients to get involved in lobbying politicians, it was necessary for them (the CCG) to communicate this to individuals and to set up a framework, eg a petition, for them to be able to do so. The CCG should also tell the HPPN what they would like them to do in this regard.

b) **Ethnic profile of attendees at the AGM and on the Management Committee**

Chris Worrall noted that there were no younger patients and virtually no representatives of black or ethnic minority communities at the meeting. There appears to be a lack of willingness for them to volunteer or to get involved. Jim responded that the Committee had been trying for some time to get a broader representation involved but with limited success. He added that other charitable organisations experienced similar dilemmas. The Committee had, though, recently taken further initiatives to broaden the diversity of the Management Committee.

c) **Patients being asked to give reasons for making appointment to see doctor**

Herbie Goldberg expressed concern that receptionists were asking patients why they wanted to see a doctor, adding that they were not qualified to do triage. Dr. Rudolph responded that receptionists were not doing triage but would refer to a doctor to make an assessment if consultation or treatment appeared to be needed urgently. He added that the patient did not need to give this information if he or she did not want to but this practice was intended as a safety mechanism.

A second reason for asking was to direct the patient to the appropriate doctor as they all had different specialist skills.

d) **High turnover of doctors and other staff**

Dr. Kelshiker said that the environment and ambitions of staff in medical practices had changed fundamentally compared to a few years ago. People coming through medical school now were not interested in long term commitments to one practice or going on to become a partner. The surgery had an ongoing problem with shortage of staff and was trying to get the best balance between what the patients needed and what doctors wanted in their careers. If they don't get this right then doctors will leave. He said it was not a question of money.

Jim disagreed on this last point, saying that money was most definitely an issue. The UK had one of the lowest per-capita expenditures on healthcare in the developed world, and this led to the scenario that patients were allocated 10 minutes per appointment. This put pressure on the consultation. Secondly, he believed that the surgery needed to identify clearly what the key issues and concerns from patients were and he believed that the patient survey, in its present format, did not address this properly.

Hilary Scott advised the meeting there had been improvements at the surgery, including that an earlier problems with some receptionists had been resolved. (Jim had also commented that, in his opinion, reception staff generally provided an excellent patient service, under sometimes difficult circumstances). Much effort was going on in the background and there have been a number of positive developments, for example continuity of care where all patients over the age of 75 now have a nominated doctor, responsible for co-ordinating care requirements.

8 **Any other business**

There being no other business, the meeting closed at 22.00

2014 AGM Chairman's Report

Firstly I would like to thank you all for attending tonight's meeting. This is your association, and as a committee we can only work with your support and involvement

I am pleased to report that Association funds have recently enabled us to purchase a state of the art, 24 hour ECG monitor, at a cost of approaching £4000. As many of you will know, our funds come primarily through patient transport donations. So as well as providing a much valued service to the less mobile of our fellow patients, we are also able to support this kind of medical equipment purchase.

Earlier this year the Pinn Medical Centre conducted the now customary Patients Satisfaction survey. The Associations role in regard to this survey, is to consider patient views, and agree an action plan with the Pinn management team, to address patient concerns.

In summary satisfaction levels with the clinical services at the Pinn is high, but significant levels of concern remain over day to day issues such as availability of appointments, access to "usual" doctor, and continuity of care. An action plan has been prepared by the Pinn, and agreed with the Association, but progress has been slow due to operational pressures at the Pinn.

The Patient Satisfaction Survey is a crucial source of information to help the Association Management Committee objectively represent patient concerns.

At our last management committee meeting, we were informed by the Pinn that the patient survey may be discontinued. We have expressed the view that we believe the survey information is essential to the work of the Association. In the event of the Pinn no longer wishing to continue with this survey the Association would consider conducting our own patient satisfaction research. This would also give us the opportunity to make some changes to the survey, to improve the quality and usability of information obtained.

Retention of doctors at the Pinn appears to be an ongoing issue. Your committee were concerned to learn recently that there have been several resignations by doctors because of rude and abusive behaviour. Apparently this is not just the experience of a few newer doctors, but is a general concern amongst all the doctors . This kind of behaviour is not acceptable in the opinion of your Committee. We are considering whether there is a pro-active role the Association can take, for example through the Pinn Piper.

In my report last year, the issue of government funding for healthcare in Harrow remained a serious problem for the Harrow Clinical Commissioning Group, led by Dr Amol Kelshiker. In the year to April 2014, Harrow CCG expenditure was £10million in excess of budget. I understand that the Harrow deficit has been "bailed out" by surpluses from neighbouring CCG's in NorthWest London. This in itself demonstrates the inadequacies of the so called "government funding formula", which our Association brought to the attention of our local MP, Nick Hurd, last year.

Harrow CCG have a statutory obligation to balance income and expenditure. Whist a programme of efficiency savings and better working practices is in place to reduce the deficit, it is recognised in the Harrow CCG 2013/14 annual report, that there is no credible plan to balance the books. Without increased funding the inevitable conclusion is that healthcare services in Harrow will be detrimentally impacted. Doctors are potentially going to face having to balance patient needs, against budget constraints.

The budget deficit is of course a Harrow-wide issue. We are a leading member of a newly formalised grouping of patient associations across Harrow. This patient association led organisation, which is a registered charity, has the name of "Harrow Patient Participation Network" (abbreviated as HPPN).

This currently comprises around 15 active members, whose surgeries look after approaching 70% of the patient population in Harrow, and is growing in terms of membership

This HPPN was formally set up in Spring of this year, and I was elected as Vice Chair. Our key aim is to create a unified Harrow patient voice, providing a communication bridge with the Harrow Clinical Commissioning Group. I believe this is an important initiative, and will enable us to more effectively represent patient interests at the Pinn, and indeed across Harrow.

The development of this Harrow wide patient association group has been welcomed and supported by the Harrow CCG.

Communication from the Pinn Patients Association committee with individual members is an area we are keen to develop. We are considering the setting up of an independently managed Association website. The Association does currently have a section on the Pinn Medical Centre website, but we are totally reliant on the Pinn for making information available. This is clearly an unsatisfactory position, which we will endeavour to address over the coming year.

In closing

Personal thanks to my fellow Committee Members for all their work over the last year,