

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION
Registered charity NO: 1095260

MINUTES OF THE MANAGEMENT COMMITTEE MEETING
Held at the Pinn Medical Centre on Monday 10 February 2014 at 14.00

Present: Jim Bradford (Chairman)
Dr. Isobel Bleehen
Sheila Cole
Chris Daly
James Kincaid
Hilary Scott
Ivor Thomas
Lis Warren

1. Apologies for absence

Jackie Thomas

2. Minutes of last meeting

The minutes of the last meeting, held on 14 November 2013, were agreed.

3. Matters arising

There were no matters arising not covered by the meeting agenda.

4. Pinn Medical Centre update

Hilary outlined the following developments:

a) Staff

Two new full time GPs would definitely be joining and an offer had been made to a third GP who had yet to respond. These appointments were to cover doctors who were either leaving or reducing their sessions. The net effect would be a marginal increase in GP availability. In response to a question from James, Hilary advised that the two new GPs would be taking their first full time GP appointment. After these changes the GP complement would be approx 50 pcnt full time and 50 pcnt part time. The minimum number of sessions for any GP was four per week.

A new permanent nurse had been appointed to cover for the one who was going on maternity leave.

b) Room conversion

The room conversion programme was ongoing and it was hoped to be completed within the next few weeks.

c) Appointments

The surgery cannot yet offer 48 hour appointments despite ongoing efforts to do so. This was being kept under review. There was a full complement of receptionists and cover was always available to cover any gaps that arise so this was not a problem area.

d) Patient Survey

The practice continued to review issues raised in the last patient survey and to monitor progress against them. These included items such as the appointment system and access to specific doctors. It was noted that the web site was now more up to date than previously and that benefits would be gained by using the “virtual group” more than it had been.

In response to a proposal made at the AGM, a discussion on the survey and its format had been held with a statistician patient, Mr Samuels, who had suggested that it would be better to concentrate on specific focus groups rather than the broader approach previously adopted. He was to have come back with proposals but had not been able to do this so a new survey had been issued in the old format. That said, it was still hoped to progress the alternative with Mr. Samuels when he had time to respond.

Jim advised that he had heard at the Harrow Forum that the Bacon Lane surgery had gone to a fully developed triage system and that this had dramatically improved appointment availability. Hilary responded that they were going to look at some software and that although they had not gone to a full triage system yet the matter was kept under review.

e) Care Quality Commission

The CQC had not yet visited the PMC and no proposed dates had been put forward.

f) Care Data

James noted that the deadline of 1 March for patients to opt out of having their medical records etc. stored on this database was less than eight weeks away but people were not responding, partly because many did not seem to be aware of it. He asked if the Pinn should be doing more. Lis responded that this had been publicised on the front page of “Pinn Piper” and Hilary added that it was also prominent in the Pinn website. It was noted that the deadline had been extended, that the Pinn had done more than some other surgeries and agreed that nothing further needed to be done beyond what already had been. Finally, it was noted that this was not the same thing as the “Summary Care Record” that was being distributed around the GP network.

g) Walk in contract

The walk in contract is up for renewal in May. The PMC has asked for it to be extended and the initial response was that it would be extended by six months only at this stage. This has not yet been confirmed. It was noted that all practices in Harrow are being asked to provide an 08.00 to 20.00 hrs. service which could impact the walk in contract longer term.

5. Management Committee Diversity

Jim advised that he had tried to drum up interest in joining the MC through various contacts but without success. He said it was essential to keep trying because the CCG wanted to establish a credible line of communication with patients and other organisations and this needed to be

representative. Jim will send a note to the Virtual Group saying this was their chance to be involved in developments in Harrow health matters. He will also give Hilary a note to be printed off and left in the waiting room. It was important that this initiative was seen to be coming from the Patients Association Management Committee and not from the PMC itself. It was agreed that if timing of meetings was an issue that was stopping people coming forward then meetings could be scheduled in the evening if necessary.

6. Patient Communications

Lis advised that she hoped to have "Pinn Piper" printed the following week. Hilary said they had started to produce the updated distribution address lists – Sheila said she would need two copies for every road.

The Quiz Night has been fixed for 5 April and a volunteer has been found to read the questions. Lis said she would ask to have it mentioned on the TV screen in reception.

James asked if the Management Committee should have its own web site and it was agreed that a lot more could be done if we had one but we would obviously need to have somebody with the appropriate technical skills to set it up and maintain it.

7. Transport Update and Issues

Sheila advised that there were now 28 drivers, some of whom were more readily available than others. Overall it was felt that the service provided by them was a good one.

8. Surgery Equipment Purchase Proposals

Hilary advised that the doctors had asked her to look at a particular piece of diagnostic equipment. Jim asked her to finalise this by the time of the AGM if possible.

9. Constitution Update

Various points had been agreed at the AGM and it was necessary to approach the Charities Commission before incorporating them into the constitution, although this was seen as a formality. Jim undertook to send them a copy of the old and new constitutions with a covering letter.

10. CCG/Harrow PPG Update

Jim to draft. Points noted by CD include:

- The Harrow Forum has a good relationship with Harrow Health Watch
- They always attend Forum meetings and a simple MoA has been agreed for the Forum to work with them.
- CCG sent out an invitation to all chairs of PPGs inviting them to an initial discussion. It was poorly attended. At the end it was agreed that the CCG would endeavour to work more closely with patient groups.
- As a result, Jim has initiated a process for the Forum to get its act together if they are to be taken seriously, including formulating a written constitution and code of practice.

- A meeting on 11 Feb will review this and set the process in motion for the election of a steering group. The intention is for this group to represent all PPGs in Harrow that choose to get involved and will be set up for a 12 months period initially.
- This election will be overseen by Harrow Health Watch to ensure that it does not become a “closed shop”.
- The CCG has already started using the Harrow Forum Group as a means of communication with PPGs.
- Harrow Forum now to known as Harrow Patients Network.

11. Any Other Business

There was no other business. Dr. Bleeheh and Miss Scott left the meeting.

12. Future Association Policy and Communications Strategy

The meeting then had an extensive discussion on changes in the provision of health care in Harrow (and nationally), how these would affect patients and the role of patient representatives in the process. Jim started the discussion by noting that the creation of CCGs with the doctors now being responsible for patient care (instead of the previous Primary Care Trust) was a fundamental change in health care provision.

The meeting reviewed how this was expected to work, the role of the various agencies, whether or not the 35 surgeries in Harrow would form any sort of formal structural arrangement between themselves for dealing with the CCG and other agencies, and so on. It was noted that the new arrangement had only been in place since 1 April 2013 and developments since then, such as the proposal to formulate “Patient Peer Groups”, were reviewed.

Jim had already circulated the proposed Harrow Patients’ Network Constitution and supporting documents in advance of the meeting and it was agreed that the proposed strategy set out in 10 above was the best approach. He will therefore attend the HPN meeting on 11 Feb to progress the finalisation of the constitution and to set in motion the steps necessary to appoint the initial Steering Committee.

13. Date of next meeting

No specific date was agreed. Jim will make proposals in due course.