

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION
Registered charity NO: 1095260

MINUTES OF THE MANAGEMENT COMMITTEE MEETING
Held at the Pinn Medical Centre on Tuesday 14 October 2014 at 16.00

Present: Jim Bradford (Chairman)
Chris Daly
Joanne Daswani
Vivien Keiles
James Kincaid
Hilary Scott (Item 7 only)
Lis Warren

Also attending Jagdish Kapur

Jim welcomed Jagdish, a potential new Committee member, to the meeting

1. Apologies for absence

Sheila Cole and Jackie Thomas

2. Minutes of last meeting

The minutes of the last meeting, held on 4 August 2014, were agreed subject to some minor changes which will be incorporated into a final version and circulated to the Committee.

3. Matters arising

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

4. Patient Communications

4.1 Pinn Piper

Lis advised that the latest edition of "Pinn Piper" was partially completed, and that she hoped to finalise it shortly. Jo and Viv have been involved in the process on a for information basis. At a subsequent point in the Meeting, Jim commented that there was no expectation that Jo, Viv or a combination thereof, would be taking responsibility for the production of the Pinn Piper, although any contributions would be welcome.

4.2 Patient Website

It is intended that PMCPA will have its own website, rather than to be a part of the PMC's, but the skills set needed to set it up and maintain it does not obviously exist in the Committee, although Jagdish commented he may be able to bring some expertise. Jim advised that he has a nephew who is a website designer and who, as an interim step, could provide advice. The Committee would then look for somebody within the patient community to provide support. Jagdish advised that there were cheap packages available on the market, albeit we would still need somebody to tailor it to the PMCPA's requirements. He undertook to look at these and report back.

Lis said that she had discussed communications with Jo and Viv and they believed that Facebook would also be a useful medium to engage with younger patients.

It was concluded that Jim should progress the matter initially with his nephew. He would do this as soon as he had time, with a view to having this started before the date of the next meeting.

Concerning Facebook, Viv will draft a notice to go on the board in the waiting room, asking for a volunteer to get involved with these developments.

4.3 Data base

Jim noted that it would be necessary to set up a data base of active members of the PMCPA as, amongst other things, formal communication with members will be required under the new Constitution. He added that he knew of one patient who would be very good at setting this up, but further discussion suggested the possible use of Microsoft Outlook and Mail Merge could be a self-managed alternative. Jo said that she had a staff member who could set it up, but would want to be paid for it. Jim will consider the alternative options

In doing the above it will obviously be necessary to get Email addresses from members and also to input these into the system and set it up so that messages could be circulated to the full group with a minimum of effort. It will also be necessary to send out letters with communications to members who do not have Email addresses.

Sheila knows who the drivers are but not their Email addresses and she will start asking them for these. A strategy for identifying as many "active members" as possible needs to be developed.

Jim concluded that the two developments, i.e. the database and the website, should be outsourced. After this, it was just a matter of maintaining them, recognising that it was necessary to find somebody to do this.

5. Transport Matters

Jim advised that Sheila had been having periodic problems in getting drivers. There was nothing further to report.

6. CCG/Harrow PPG update

Jim reported that the HPPN was becoming very active and was gaining formal recognition from The Harrow CCG , who had asked the HPPN for an introductory piece to be included in the CCG's next news letter.

The Harrow CCG Annual Meeting was taking place later in the week. Jim and Lis will be attending, and had tabled questions on the CCG budget deficit and Diabetes care respectively

7. Pinn Medical Centre update

Jagdish asked if the "rude patient" issue noted at the last meeting resulted in any patients actually being suspended. Hilary responded that it had done but there were various considerations such as patients with mental health issues where suspension was not necessarily the correct approach. It was also necessary to advise the Primary Care Support Service if the PMC was considering suspending a patient and giving them an explanation as to why.

In reviewing developments at the PMC, Hilary advised that things had been fairly stable recently and two new GPs had started.

7.1 Focus groups.

Mr. Samuels was not going to be available for at least three months so his proposed involvement in this area was not going to materialise.

7.2 Patient Satisfaction Survey.

Jim observed that this was a bigger issue than the focus groups. Hilary advised that the surgery had not planned to do the GPAQ survey this year as it had been intending to carry out the focus groups instead. Additionally it was now a contractual requirement to carry out the Friends and Family Test, i.e. would patients recommend the surgery to their friends and family. Hilary also explained that NHS England had rejected our PRG DES payment for last year as they claimed we had not met the criteria of each component. Hilary has appealed against the NHS England decision and is waiting to see if it has been successful.

Jim responded that it was essential that the Committee continued to get feedback from the patients. If the PMC won't do it then it would be necessary to set up something ourselves. He asked Hilary to keep the Committee informed as to the PMC's intentions here.

James noted that the Friends and Family survey was mandatory but it does not compare with the information provided by the satisfaction survey.

7.3 Summary Care Records

With regard to patients' summary care records, Hilary said that the PMC was working to provide on-line access by 31 March 2015. This would enable patients to be able to view and print a summary of their record if they wished to. She added that one area that was causing a lot of work related to 12-16 year olds, specifically whether or not they agreed to their parents seeing their records.

8. Harrow Healthcare Funding

Jo advised that she had written to the MPs Nick Hurd and Bob Blackburn about a different matter and had taken the opportunity to raise the question of the national funding formula and its adverse impact on Harrow in particular. A meeting with these two MPs and Dr. Kelshiker had been agreed for 17th November.

James responded that Community Voice had been actively following this matter for six years. The problem was the structure of the formula which consistently gave inner-London areas surpluses and outer-London areas deficits. He believed that the issue had to be dealt with at a national level and that local MPs would not have a significant impact on it. Jim countered that if there was a fundamental problem affecting health care in Harrow then it was right for the PMCPA to seek to engage the support of local MPs.

9. Constitution

Following discussions at the AGM in July, Chris and Jim had produced a revised Constitution which would be registered with the Charity Commission and presented to the PMCPA membership over the course of the coming months.

This had been circulated to Committee members and it was agreed that they should Email their comments/proposed alterations to Jim by latest 21 October. He would then follow these up with Chris and a revised version would be produced.

10. Date of next meeting

The next meeting will be held on Tuesday 9 December at 16.30