

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

**MINUTES OF THE 12<sup>TH</sup> ANNUAL GENERAL MEETING**  
**Held at the Pinner Village Hall, Pinner**  
**On Tuesday 9 June 2015 at 8.00 pm**

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

**1. Apologies for absence**

Apologies were received from James Kinkaid and Stephen Venus

**2. Minutes of 2014 AGM**

The minutes of the meeting held on Tuesday 2 September 2014 were approved. Proposed by Jenny Stephany, seconded by Chris Worrall

**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.

There were no questions arising from the report.

**5. Proposed new Constitution**

The Chairman referred to the draft new Constitution, which was intended to replace the previous version that had been in force since 2002. The draft had been produced over a number of months. It had been submitted to the Charity Commission, which had approved the sections that required its approval, and had also been reviewed by a firm of specialist charity lawyers. The major changes since the previous edition were reviewed.

**a) Objects and Powers of the Board of Trustees.**

**Jenny Stephany** raised the matter of Patient Representative Groups, and specifically whether, given the way that PRGs were changing, the new Constitution had gone through any Department of Health checks in this regard. She suggested that this needed to be reflected in the PMCPA's Objects.

Jim responded that the Trustees' role was now listed in Clause 4 and not in Objects. The current draft did not include reference to PRGs. The PRG concept had come into effect in April, by which time the draft Constitution had been finalised. No official notification had been made to the PMCPA that we have official status as a PRG, but we understand that the Association has fulfilled these requirements.

**Herbie Goldberg** suggested that the expanded Board of Trustees might become the PRG. Jim responded that the PMCPA was constituted as a patient association whereas what was being referred to here was the need for the surgery to have a PRG.

**Greg Ward** asked if the PMCPA does become a PRG, would its membership then go up to the full 20,000 patients and not simply those who are active members as set out in the new draft? Jim replied

that, as far as we know, the PMCPA will continue to perform the role that it has now. We have not formally been requested to take on the role of a PRG, therefore the PMCPA would keep its current name and Constitution once finalised.

**b) Membership**

Jim explained that historically, in the spirit of the PMCPA, all patients were considered to be members. It has never really been necessary to define it in the past. However, the Charity Commission defines us as being a “membership charity” and it would be impossible to communicate with all 20,000 patients, not least because of the costs of doing so. It would not be a one-off initial communication but ongoing every time there was a development such as the AGM. Therefore defining membership as proposed was the only way the PMCPA could act as a membership charity. He added that, although not all patients would be classified as members, unless they became actively involved, the “Pinn Piper” is delivered to 5,000 households so it probably reaches around 12,000 patients. Thus it can be seen that the PMCPA does reach out to a broad patient base and communicates as much as possible, given its limited resources.

**Tony Lily** asked if the Constitution would be put on the PMCPA website, to which Jim replied it would, as soon as it was approved.

**c) Appointments to the Board of Trustees (formerly known as the Management Committee)**

Jim explained that one of the criticisms levelled against the Management Committee at last year’s AGM was that the procedural guidelines for making appointments to the Management Committee were not transparent. The procedural guidelines had now been set out as clearly as possible in the Appendix to the new draft Constitution. Jim added that he wanted to clarify that any patient of the PMC could be nominated or put themselves forward for consideration as a Trustee and that, in addition, the Board periodically instigated recruitment drives to encourage new people to come forward.

There had also been criticism of the proposed tenure of office of Trustees and he pointed out that the new draft specified an initial period of 3 years with a maximum of 6 years tenure.. Should anybody come forward for election, and there were no current vacancies on the Board, Trustees who had completed their full six years would be asked to stand down.

**Jenny Stephany** asked if the Trustees were “Charity Trustees”, adding that if the Constitution did not say this, it should. It was noted that, as the PMCPA was a charity then anybody who was a Trustee was, by definition, a Charity Trustee. Jim added that the lawyers had reviewed the document and were happy with the terminology used.

**d) Discussion of the proposal to adopt the new Constitution, and concerns raised by Members**

**Herbie Goldberg** said that, at last year’s AGM, the formal election of officers had not gone ahead because he objected to the lack of transparency of electoral procedures and processes. It had been agreed that the matter would be reviewed, that the Constitution would be modified as required and that there would be an EGM as soon as possible thereafter. Jim acknowledged that the EGM had not been held earlier in the year as planned, because the Charity Commission had failed to respond to the proposed changes over several months, despite constant chasing by the Secretary. The meeting recognised and accepted this explanation.

Herbie said he would oppose adopting the new Constitution at the meeting, making the following points:

- i. It was not the final document as it would be necessary to incorporate any modifications agreed at the meeting.

- ii. There were only about 40 Members present at the meeting. He believed we had around 100 members, but there were around 18,000 potential members. Therefore it could not be called a Patient Association with so few members.
- iii. A Trustee of a charity is somebody elected to ensure probity of it. It doesn't need a massive Board of Trustees to do this. Trustees should not be "shoved off of" the Board after 6 years.
- iv. He objected to the tight control that he felt the Trustees held over who could join the Board.
- v. He could see nothing in the proposed new version as to how the Chairman is elected.

**Linda de Rose** said that she was really saddened to hear this and various negative comments made by Mr. Goldberg. The Patients' Association was set up to help the patients and the surgery. They had gone out many times trying to get volunteers to come forward to serve on the Committee but, time and again, nobody came forward. This concern about the comments made was shared by many attending the meeting.

Addressing the various points raised by Mr. Goldberg, Jim said that the issue of a separate Board of Trustees had been considered, but the charity lawyers had very strongly advised against having both a Board of Trustees and a Management Committee. They said it was overly bureaucratic and cumbersome for a charity of our size. With regard to attracting new members to the executive, Jim stated that the board was keen to attract new trustees. He also believed that the Board should endeavour to reflect the profile of the patient community, but acknowledged that achieving this appropriately was problematic.

On the question of the selection of the charity's Chair, he repeated that anybody could put themselves forward for the role. However, he strongly believed that the Membership had to trust the Board to make the final decision and if they did **not** trust them, it was the memberships' right to vote them out of office.

**Jenny Stephany** said that she had served as a charity trustee and it was usual for the trustees to elect their Chair. She suggested that this should be added into the constitution, and that the Chair should be elected on an annual basis. Subsequently the Chair asked for a vote on who was in favour of the Board themselves electing a proposed chairman from the trustees. The overwhelming majority were in favour. The Board will consider further.

Secondly, Jenny said it was clear that a lot of effort had gone into pulling together a more appropriate constitution and she believed it should be adopted at the meeting, subject to whatever modifications were agreed there.

**Sylvia Colley** observed that not everybody who was involved with Trustee meetings needed to be a Trustee as there was provision for seconded members

#### e) **Steps required to finalise the Consitution**

**Chris Warrall** said he did not feel confident enough to accept the proposed new Constitution at this time. The meeting was therefore asked to vote on whether or not it was prepared to accept it, subject to any agreed amendments, or not. The vote was 18 for and 10 against. Jim said that, although there was a majority in favour, it was not overwhelming enough to carry the vote on a matter as fundamental as the Constitution.

**Prakash Daswani** suggested there was not a big difference between the two positions and that people should take a month to review the document and make their comments. It was important to note that the PMCPA was a small organisation doing important work on behalf of the patient community.

Jim concluded that the draft would be updated in light of comments made at the meeting and then published on the website. Members should review this and make any comments they wish to so that the document could incorporate these as appropriate. An EGM would then be set for November and to

approve the Constitution at that meeting. Essentially the AGM had approved the Constitution with discussed amendments, and the EGM should be a formality to confirm what had been agreed at the AGM. The Charity Commission would then be advised accordingly.

## 6. **Treasurer's Report and Accounts to April 2015**

The audited accounts were circulated and the various items of income, expenditure and cash at bank were reviewed by the Honorary Treasurer, Ivor Thomas. Ivor noted that income from patient donations for transport was up 12% but overall income was down by 18% because there had been nobody to run the annual quiz night. A major exceptional item was the £454 cost of legal fees in respect of the new Constitution. A 24 hour global light recorder (ECG monitor) had been purchased for the surgery out of the charity's funds. This cost £3,000 and the closing balance on the bank account was £1,526.

The accounts had been signed off by the Honorary Auditor and were accepted by the meeting.

## 7. **Election of Trustees and Officers and procedure for electing Chairman**

Three individuals had been put forward by the Board for election as Trustees. They were Joanne Daswani, Jagdish Kapur and Brian Yim Lim. Jim advised that all three were highly recommended by the Board and that they were technically capable and highly motivated. All three had been extensively involved in Management Committee's activities in recent months and each presented an outline of their background and qualifications. Jim Bradford advised that, once the matter of the new Constitution was finalised, he would be standing down as Chairman after having served for five years.

The meeting confirmed the reappointment of the existing Trustees, i.e. Jim Bradford, Ivor Benjamin, Sheila Cole, Chris Daly and James Kinkaid. The three proposed new Trustees left the room. Their appointments were proposed and seconded as follows:

Joanne Daswani.	Proposed by Anne Park.	Seconded by Lis Warren.
Jagdish Kapur.	Proposed by Chris Daly	Seconded by Herbie Goldberg
Brian Yim Lim	Proposed by Ivor Benjamin	Seconded by Linda de Rose.

All three appointments were confirmed unanimously.

As noted in 5(d) above, the meeting had agreed that it was up to the Trustees to decide who their Chair should be and not the Members.

## 8. **Question and Answer forum**

Members present were then invited to raise any questions they had for the Committee or the Doctors.

### a) **Display screens in Reception**

**Beryl Jones.** On a number of occasions, the display on the checking-in screens at reception had been in a foreign language and she could not find out how to get them into English. Hilary Scott responded that she had not come across this before but would look into it.

### b) **Changes in Community Services**

**Jenny Stephany.** Would the Committee and the doctors please comment on our input to the CCG, specifically on the changes to community services. Secondly, what is the future of the patient survey? Jim replied that the PMCPA input to the CCG is through the HPPN, which is heavily involved in discussions with them. **Lis Warren** added that there was a meeting with them a few weeks ago to

which all Harrow patients were invited. Only five turned up. Jenny responded that it was held at only a week's notice and also that it was at Whitsun. She was concerned on the implications if all community services go out to tender.

Dr. Lakhani advised that the contract for district nursing is held by Ealing Hospital, which also caters for Harrow in this respect. The contract was coming to the end of its five year term and the CCG is looking at how it works, what the needs are, how many district nurses do we need, and so on. He added that more services were moving from hospitals to the community in an attempt to ease the pressures on the former.

**c) Patients survey**

Hilary Scott said that the PMC was not doing the patient survey this year. It was no longer a part of their contract and so was not mandatory. It was being replaced by the "Friends and family" test. The PMC has decided that, although it won't do the survey this year, it will instead do surveys on smaller areas such as appointments. They do look at complaints and form views based on these.

Jim responded that this did not represent a structured survey but rather a structured small sample which the Trustees did not get to see. It was difficult for the Board to represent the views and concerns of such a diverse patient spectrum if their opinions could not be sought through an annual survey.

**d) Complaints**

**Terry Lily** suggested that the PMC should publish all complaints made and their responses to them. Dr. Rudolph said this could not be done because of patient confidentiality. However, the PMC does produce a summary at the end of the year including how many complaints were subsequently taken to a higher level. The summary could be put on the website but not individual complaints. Hilary added that the summary is fed back to NHS England. Dr. Rudolph advised that, last year, there had been 53 formal complaints which he goes through individually. This should be seen against a background of around 90,000 appointments per year. They do also try and keep a note of verbal complaints.

Prakash Daswani said that the PMC had improved enormously over the years and to have only 53 formal complaints out of 90,000 appointments was very good and should be publicised.

**8 Any other business**

There was no other business for the meeting but Dr. Bleehen made a presentation to Jackie Thomas to thank her for all her hard work over the years.

The meeting closed at 22.00

## Chairman's Report

Welcome to our AGM

In the last 6 months we have lost two of our trustees; Jackie Thomas and Lis Warren. Jackie was one of the founding members of our Association, and for many years organized our annual social quiz night, which many of us have enjoyed. As part of the event Jackie has raised raised hundreds of pounds for local charities including St Luke's Hospice and Harrow Bereavement Care. Lis edited the Pinn Piper for 5 years, and was a key member of the management team. Jackie, Lis, I would like to thank you both for all the work you have contributed to the Association.

In respect of the Pinn Piper, we are fortunate to have Jo Daswani on the team who has taken over the role of editor. Jo produced the last edition to a very high standard and I wish to thank Jo for her hard work and for making this a seamless transition

As of April of this year, the NHS required all GP surgeries to have a functioning "Patient Representative Group" (PRG's). As the name suggests the purpose of a PRG is to ensure patients have a voice in their healthcare management. To a large extent our Association has been fulfilling this function for some time.

PRG's are required to reflect, as far as practical, the patient community they serve, including gender, age and ethnicity. This is a challenging requirement given the diversity of any patient population, and an area where as noted at last year's AGM, the Association falls short. As one of the steps to address this requirement, we have expanded the size of the Board of Trustees to 11 under the proposed new constitution. With this formalized role as a "PRG", it is incumbent on us to understand the views of the Pinn's patients, as even 11 people cannot possibly be reflective of approaching 20,000 patients. I am therefore even more concerned as commented on at last years AGM, that the Pinn will no longer be conducting an Annual Patient Survey across a large representative sample. As suggested last year, The Association may have to take over this survey, perhaps on a bi-annual basis.

In the Q & A session I would like to put to the PInn Management team whether the Association can be expected to properly perform a PRG role, without knowing the views of a large and diverse patient community.

I will shortly be talking you through the key points of the proposed new constitution. This has been hugely work intensive, with around ten drafts, involving liaison with the Charities Commission and specialist charity lawyers. We had hoped to put this before you at a meeting earlier this year, but for no lack of effort, this has been a long and drawn out process. Chris Daley our secretary has worked tirelessly on this over a 6 month period, and has done a fantastic job pulling the constitution together. Thank you for all your hard work Chris.

Another key project has been the development of an Association website. This will enable the executive to more effectively communicate news and information to all patients, and obtain feedback. The project has been led by Brian Yim Lim, supported by Jagdish Kapur. Parallel to the development of the website, we have created a

database of members, which again will facilitate easier communication. My thanks to Brian and Jagdish for all their work on these developments.

The Association continues to be an active member of the Harrow Patients Participation Network (HPPN), an umbrella grouping of patient associations across Harrow. Around 90% of the patient associations across Harrow are now affiliated to the HPPN. The HPPN has regular meetings with the Harrow Clinical Commissioning Group which manages primary care across Harrow, representing patient issues and concerns. Jo Daswani has recently taken over from myself as the Pinn Patients Association representative.

Our patient transport service continues to thrive and be greatly valued, under the continued direction of Sheila Cole, who continues to give the role boundless energy. You are truly amazing Sheila, and thank you for all your hard work.

My thanks to Ivor Thomas our treasurer, James Kincaid, and Ivan Benjamin, our Honorary Independent Accountant for your work and support.

And finally my thanks to our patient drivers, Pinn Piper deliverers, and all those who support the work of the Association

Jim Bradford  
Chair (Pinn Patient Group)