

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION
Registered charity N0: 1095260

MINUTES OF THE MANAGEMENT COMMITTEE MEETING
Held at the Pinn Medical Centre on Thursday 8 January 2015 at 16.30

Present: Jim Bradford (Chairman)
Isobel Bleehen (item 5 only)
Chris Daly
Joanne Daswani
Jagdish Kapur
James Kincaid
Hilary Scott (Item 5 only)
Jackie Thomas
Ivor Thomas

Also attending Brian Yim Lim

1. Apologies for absence

Sheila Cole and Vivien Keiles

2. Minutes of last meeting

The minutes of the last meeting, held on 14 October 2014, were agreed.

3. Matters arising

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

4. Database development

Brian demonstrated the database of (active) members' Email addresses and other details, with sub-divisions into groups such as the Management Committee. It was agreed that Brian should Email it to Sheila Cole so that she could use it online for transport issues.

Concern was expressed on the privacy issue and it was agreed that access to the database should be strictly on a "need to know" basis. This would currently be Brian, Jagdish and Jim.

Jim asked Hilary to e-mail the virtual group asking if they are happy for their e-mail addresses to be passed to the Patients Association. It was agreed that there should be a positive "opt in" for them to be added to the database, ie that individuals should be asked to confirm their agreement to this request.

In the longer term it was hoped to use the database to send out the Pinn Piper to save on printing costs and delivery times. The next issue will include a request for readers to volunteer their Email addresses for communication purposes.

5. Pinn Medical Centre update

5.1 Staff

Hilary advised that two full time GPs want to do less hours and that Dr. Holz was leaving. They were therefore advertising for three “whole time equivalent” GPs. The practice is also considering appointing people classified as Physician Associates. These are not as qualified as GPs but more so than nurses.

It was envisaged that GPs would continue to offer 10 minute appointment slots whereas Physician Associates would have 15 minute slots. They would deal with less serious medical conditions than the GPs. The associates would not be available on the on-line appointment booking system.

5.2 Demands from patients not registered with the PMC

Hilary said that a number of these had to be turned away over Christmas because of the substantial demand for appointments. Isobel added that they are registered with other practices but they come to the Pinn at their own surgery’s out of hours times. The PMC has deliberately not opted in to the scheme whereby patients not resident in the Pinner catchment area can register with the practice.

5.3 Funding

Jim reported that, following the Harrow MP’ meeting, initiated by the Pinn Patients Association, and supported by the Harrow Patients Network (an umbrella organisation of Patient Groups from across Harrow), Harrow CCG had been given a significant increase in funding. He was seeking confirmation of the exact level of increased funding, but believed it to be in excess of £3 million. There had been a long running campaign for increased funding for Harrow CCG, involving many individuals and groups, including the CCG itself. Jim added that he had formally asked Amol Kelshiker, (as CCG Chair), for a definitive summary of the overall position of Harrow CCG finances, as this currently lacked clarity in its public communication.

In response to a question from James, Hilary advised that the PMC would probably not know its funding levels for next year until after the year had started. She added, though, that this would not affect planning for core services as these continued on an ongoing basis. Isobel added that additional cash would not necessarily flow to the PMC because Harrow CCG might use it to, for example, provide an additional service or expand a particular treatment area.

5.4 Other developments

Walk in contract. This had been extended to the end of March and was under ongoing review.

Friends and family test. This was launched in December and there had been virtually no response so far. Jim said that the HPPN had taken this up with NHS England as they strongly believed the money would be better spent on the patient survey.

Patient participation days. The PMC was being asked to actively engage with patients. Hilary said they were starting with patients with diabetes and would be sending them invitations to

attend a group discussion one evening to discuss what could be done to improve the service for them.

Telephone consultations. Funding had been made available to start this. The Pinn are considering setting it up so that a patient could request a call back from a doctor and be given a specific time slot.

Check in screens in Reception. It was noted that new screens had been fitted but, for some reason, they were considerably slower than the previous ones.

6. Pinn Piper

Jo Daswani confirmed that she will take over from Lis Warren as editor of the Pinn Piper. Concerning editorial policy and independence, Jim restated that it is a Patient Association publication that must be seen to be independent of the surgery. Obviously any clinically based content would have to be scrutinised and verified by the Pinn.

Jo and Jim have agreed that the next Issue will lead on the successful outcome of the MP's lobbying for increased CCG funding .

7. PMCPA Constitution

Chris advised that he had had a preliminary discussion with IBB Law to consider the proposed changes to the constitution. The Charity Commission were advised about these in November but they had only responded that day.

One area for consideration was whether or not to have a Board of Trustees separate from the Management Committee. IBB had advised that this could cause administrative difficulties and that, in a small charity such as the PMCPA, it was an unnecessary complication. However, there was a view that having a separate Board of Trustees was good governance and Chris had gone back to IBB to ask them to set out in greater detail what these administrative difficulties were. He added that he was extremely conscious of the cost of doing this on the charity's limited funds and he was keeping contact with the lawyers to an absolute minimum.

IBB had advised that, if any work was needed beyond the preliminary consultation, they were legally obliged to draw up a Client Agreement with the PMCPA. It did not, of itself, commit us to any additional costs but would simply be in place in the event that legal advice was required from them. Should this situation arise, the Committee authorised Chris to sign it on its behalf.

It was noted that, at present, all members of the Management Committee were also Trustees. IBB had advised that it was essential that Trustees had indemnity insurance to cover any liability that might arise from any action by, for example, one of the drivers. Ivor said that there was already such a policy and he undertook to let Chris see it.

Ivor asked why it was necessary for the PMCPA to remain as a charity if it was causing a lot of work, and therefore costs, in having the new constitution approved by the Charity Commission. He added that, of the original intended benefits, it had proven impossible to recover VAT on expenditure and the volume of donations had fallen to virtually zero. Jim responded that we should raise this at the forthcoming EGM but the Committee should have its own views agreed in advance to present to the meeting.

8. Proposal to hold an Extraordinary General Meeting (EGM)

Jim advised that the need to hold an EGM arose because last year's AGM had not formally re-elected the existing officers or elected the new ones. This was the prime reason for holding the meeting. It was also intended to advise members of developments around the new constitution, which would hopefully have been finalised in all aspects by the time of the meeting.

A further objective was to invite other members to offer themselves for election to the Management Committee should they wish to. In parallel with this would be the formation of a new Board of Trustees should it be agreed to do so, though the procedure for doing this would require careful consideration.

Taking account of Easter and school holidays, it was agreed that the meeting should be Monday, Tuesday or Wednesday in w/c 23 March. If the meeting hall is not available on any of those days it would have to be put back to a later month. Jim said he would check its availability.

In order to attract a reasonable number of members to attend the EGM, Jim will ask Dr. Kelshiker if he would make a keynote presentation similar to the one he made at the funding discussions with the MPS. The EGM agenda would be tacked on to the end of this.

9. Standing for election at EGM

Jackie said that, having been a member of the committee since the PMCPA was formed, she would be standing down shortly. She agreed to remain a member until the EGM and that the meeting would then be advised she was not seeking re-election.

10. Website Development

Jagdish reported that the structure of the website had been agreed but he needed to meet with Jim to agree the content. Jim responded that, whatever else, the website must include minutes of Management Committee meetings and the AGM, the Pinn Piper and a section setting out "what we were all about". Ivor added that the website needs to be "moving", ideally with a weekly update to keep readers interested.

Currently it was Jagdish, Jim and Brian who worked on the website and Jim said that he would welcome anybody else who wanted to get involved.

11. Report on HPPN

Jim advised that the HPPN had a new corporate identity, (Logo, and it continued to develop working relationships with key organisations including the CCG and HealthWatch.

12. Date of next meeting

It was agreed to target this for 8th April and Chris was asked to check the availability of the meeting room with Hilary, as well as her own and Dr. Bleehen's situation.

13. Any other business

There being no other business the meeting closed at 18.55.