

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION
Registered charity NO: 1095260

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

Present: Jim Bradford (Chair)
Chris Daly
Joanne Daswani
Jagdish Kapur
James Kincaid
Hilary Scott
Ivor Thomas
Brian Yim Lim

1. Apologies for absence

Sheila Cole

2. Minutes of last meeting

The minutes of the last meeting, held on 8 January 2015, were agreed.

3. Matters arising

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

4. Pinn Medical Centre update

a) Recruitment, automated prescriptions and "Friends and family" test

Hilary advised that two GPs were joining the PMC, i.e. Dr. Nicul Patel who would be doing eight sessions per week and Dr. Anupama Weerasinghe, who would do four. A new Nurse Practitioner will be starting in May and they are still looking for one more. There would then be a full complement of GPs and Nurse Practitioners. The intention is to have Nurse Practitioners who, as well as working at the surgery, would do on-call sessions and go out into the community as needed.

The pharmacist, Tricia Robinson, was leaving and it was hoped to replace her with a pharmacist/technician. Tricia may work occasionally on an ad hoc basis helping the practice with audits and medication reviews.

The proposal to send prescriptions to pharmacies electronically rather than them having to collect them from the surgery had been implemented, although doctors will still be able to issue them manually when needed.

Hilary circulated a summary of the initial results of the Friends and Family questionnaire, which had been completed by 176 patients by the end of March. Of these, 156 said they would definitely recommend the PMC and only 15 said they would not.

b) On-line access to patient records

Since 1 April It has been a statutory requirement for patients to be able to access a summary of their medical information and this was now available to them. Access to their full records will have to be made next year. One difficulty concerns the extent to which parents should, or should not, have access to their childrens' records. RCGP has issued guidelines in respect of children up to 12 years old and those up to 16.

c) Walk-in service

This has been extended to September 2015, after which all practices would be eligible to bid for it. Alexandra Avenue centre was now running full time. In response to a question from Chris, Hilary advised that practice management had agreed an upper limit of 21-22,000 for patients registered with the Pinn. The current number was 19,700.

Jim said that because A&E was struggling to cope with demand, some short-term funding had been made available to local practices to help out. Did the Pinn receive any of this? Hilary responded that there had been no change in funds made available in terms of the contract but the Pinn was being paid for any over-performance. This will stop in September when the walk-in arrangement is reviewed. Hilary added that other practices are using the PMC as an overflow but, when the Pinn gets over-loaded with walk-in patients, the non-registered ones are diverted to Alexander Avenue.

d) PMC website

Jagdish observed that some doctors did not appear on the website. Hilary advised that it was in the process of being updated. Brian said it was possible that the PMCPA website would be updated with news items before these were available on the PMC site. Hilary said this would not be a problem.

e) CQC visit to PMC

CQC haven't yet visited the PMC. They will be coming to Harrow during July to September and it was expected they would visit the Pinn then.

5. PMCPA Constitution

a) Progress since last meeting

The Charity Commission had confirmed its agreement to the Objects clause and said it would not get involved in the PMCPA's internal administrative arrangements. Chris advised that the draft had been reviewed by the lawyers and various changes had been proposed. Many of these were simply substituting one word for another or adding reference to the Charities Act 2011. He will make these changes accordingly.

b) Queries raised by the lawyers

Significant queries raised included the fact that any patient who wanted to be a member of the PMCPA would have to opt in. They had also queried the reference to Associate Members, i.e. patients over 18 years old who were not actively involved with the PMCPA and did not attend AGMs. Specifically, the lawyers said this category appeared to serve no purpose and should be removed from the Constitution.

Ivor strongly disagreed and said that all 19,000 patients should be considered members. Jim responded that the Charity Commission viewed the PMCPA as a charity and that any developments and notices would have to be communicated to all members. This would be impossible with a membership of 19,000. It was agreed that the number of members had to be kept to a manageable level but that the spirit of the organisation had to be that all patients were eligible to join should they chose.

The question of charitable status was raised and James advised it was necessary to avoid the PMCPA's income being taxable. Any proposal to change this status would have to be submitted to the AGM.

The comments from the lawyer had only been received on the afternoon of the meeting and it was agreed that Chris would go through them in detail, make any changes that were necessary and circulate the proposed definitive Constitution to the Committee by Saturday 18 April. It would be put onto the website in time for the AGM and it will also be mentioned in Pinn Piper. Hilary asked that Dr. Kelshiker be given a copy for information.

6. AGM Planning

Jim will draft a letter to members, i.e. those listed on the database. Jim would organise the notices to go into the surgery and on the PMC web site. Hilary said she would print the required number of copies of the minutes of last year's meeting.

7. Website development

The framework was being finalised by Brian and Jagdish. Following a demonstration of this by Brian it was agreed that the proposed format and structure were fine so they would now develop the actual content. Brian would ensure that it was "website friendly". Ivor suggested that it should be updated on a monthly basis, with a date added.

Hilary added that there should be a confidentiality agreement in respect of the PMCPAs meetings with the PMC. Hilary will ask members of the management committee to sign an agreement in due course.

8. Pinn Piper

Jo said she had agreed with Hilary that there should be three editions per year. It was agreed that the next issue would be around the end of June. The lady who had previously taken care of the graphics, Joanne, had left and Jo said she had to get somebody to redesign the logo, title etc. It was a time consuming task and she had agreed with Jim that a small fee of £60 be paid for the person's time. It was agreed that we should look for a sponsor for each edition to cover this cost. Sponsors might include a local pharmacy and their name would be mentioned in that edition. Jo will start approaching local businesses. Jim expressed concern that we might upset one pharmacy by promoting another one but it was agreed to give it a try.

9. **HPPN**

Jim advised that Jo had been standing in for him at recent meetings. A major item that was still in the background was following up the Jim Hurd (MP) discussion. He had agreed to take action by the end of December 2014 but nothing had been seen about him contacting the Secretary of State. It was agreed that this was a matter for the HPPN to follow up rather than the PMCPA.

Jim reminded the meeting that the HPPN represented a collaboration of Harrow patient groups. Their purpose was to hold the CCG to account over decisions they had taken affecting patients' healthcare, which they could do more successfully than individual practices. They have established useful contacts with various medical bodies such as Healthwatch.

Jo said that, at the last meeting, the Committee members were of the view that engagement with Harrow CCG remains superficial. Therefore the HPPN Chair, Robert Pinkus, would be meeting Dr. Kelshiker as the first step in opening dialogue towards a more constructive and mutually beneficial partnership.

10. **Any other business**

a) **Volunteer drivers**

Jim advised that there was concern about a shortage of volunteer drivers. Although there were nominally 27 of them, very few were actually doing the driving. The concern was noted but no immediate action agreed.

b) **Membership of NAPP (National Association for Patient Participation)**

The PMCPA had joined NAPP last year and Chris asked if the Committee wanted to renew this when it expired in 2015. The annual subscription is £40. Jo said she believed their periodic reports provided some useful information and that membership should be extended for another year. This was agreed.

11. **Date of next meeting**

It was agreed that the next meeting would be at the PMC on Thursday 9 July, starting at 16.30.