



PINN MEDICAL CENTRE PATIENTS' ASSOCIATION (PMCPA)
Registered Charity No. 1095260

MINUTES OF THE 13TH ANNUAL GENERAL MEETING
Pinner Village Hall, Pinner
Thursday 16 June 2016 – 8.00 pm

1 Attendance

<i>PMCPA</i>	Joanne Daswani (Chair)
	James Kincaid (Vice Chair)
	Christopher Daly (Secretary)
	Ivor Thomas (Treasurer)
	Sheila Cole (Trustee)
	Brian Yim Lim (Trustee)
	George Bardwell (Proposed Trustee)
	Yvonne Haines (Proposed Trustee)
	Nicky Heskin (Proposed Trustee)
<i>Pinn Medical Centre</i>	Dr Amol Kelshiker (Senior Partner)
	Dr Mehul Lakhani (Partner)
	Dr Jonathan Rudolph
	Dr Isobel Bleehen
	Hilary Scott (Practice Manager)

2 Welcome and Introduction

The Chair welcomed 41 Members of the Association (including Trustees) to the meeting, and colleagues from the Pinn Medical Centre. The Chair noted that this was the first AGM since our previous Chair, Jim Bradford, had stood down. She wished to pay tribute to his work as Chair and to the part he played in the Association as a driving volunteer and distributor of the Pinn Piper. The meeting showed its appreciation to Jim. The Chair also noted that at its most recent Board Meeting, James Kincaid had been unanimously elected as Vice Chair of the Association – an appointment that was welcomed by Members.

3 Apologies for Absence

Apologies were received from Jagdish Kapur (Trustee), Phillip Snell (Proposed Trustee) and Jennifer McLivenny (Member).

4 Declarations of Interest

There were no declarations of interest.

5 Minutes of Previous General Meetings and Agenda

The Minutes of the Annual General Meeting held on 9 June 2015 were unanimously approved, subject to the correction of Section 6 which should refer to the “Independent Reporting Accountant” rather than the “Honorary Auditor”; and Section 7 where the name of Ivor Thomas should be substituted for Ivor Benjamin in the second paragraph, and the name of Ivan Benjamin should be substituted for Ivor Benjamin as the proposer of Brian Yim Lim– with apologies to Messrs Benjamin and Thomas.

The Minutes of the Extraordinary General Meeting held on 24 September 2015 were also unanimously approved.

There were no matters arising from either meeting that were not already covered by the Agenda – the order of which was agreed.

6 Chair’s Report

The Chair presented a detailed report which is attached to these minutes. In introducing her report the Chair referred to the considerable progress that had been made in preparing and implementing the Strategic Plan, from which the priority now was to increase and diversify the membership of the Association; to the very welcome agreement of the Pinn Medical Centre to contribute 15p per patient to the Association for its operating costs (not least in response to our assuming responsibility for distributing the Pinn Piper); and to the recruitment of four new Trustees. The Board would very much welcome comments on the Strategic Plan which would be reviewed later this year.

Four new Sub-Committees were now being established in respect of

- Communication, Website and Membership;
- Marketing and Fundraising;
- Educational Talks and Workshops; and
- Transport, Shopping and Pinn Piper Distribution.

Members were invited to volunteer to join a Sub-Committee – a strong patient voice was essential to the work of the Association.

Brian Yim Lim gave a brief report on the work on the Association’s website. It had been created last year not least to fulfill the responsibility of Patient Participation Groups to be as open as possible. Suggestions would be welcome from the Membership as to what information should be included on the website. And options for outsourcing its maintenance would be looked at.

Nicky Heskin reported that the Board had been considering a new logo for the Association. Two options were displayed to the meeting and the Membership voted by a margin of 25 to 15 for the logo which will now be incorporated into all our material (and is included at the head of these Minutes. The design costs of the new logo were £200. There would be no additional cost for its gradual incorporation into our material.

A volunteer was now sought to take over organising the distribution of the Pinn Piper, which had a print run of 5,000. It was suggested that we should look at the possibility of outsourcing distribution **(Action)**. And that we should encourage patients to look at the Piper on-line as an alternative to its delivery door-to-door.

The PMC said they would look at asking patients by email if they would be content to receive the Pinn Piper on-line (**Action**). It was noted that the material in the Piper was largely prepared by the Editor, Jo Daswani.

The Chair expressed her sincere appreciation for the work of Sheila Cole who had, since 2001, been responsible for arranging the distribution of the Pinn Piper and, since 2009, had been the mainstay of organising volunteers for driving and shopping.

7 Financial Report for the Year Ended 30th April 2016

Ivor Thomas, the Treasurer, presented the financial report for the most recent year (attached). It showed a strong financial position with a considerable excess of receipts over payments. It was noted that the donation from the PMC would be used for the Association's operating costs; funds raised by the Association and donations from patients would go towards purchasing equipment for the PMC.

The accounts had been signed off by the Independent Reporting Accountant, Ivan Benjamin, who agreed to continue to serve in that role. James Kincaid spoke in appreciation of the contribution made over many years by Ivor Thomas, who was resigning from the role of Treasurer.

8 Association Constitution

Chris Daly, Secretary, reported that the Charity Commission rules required that the two clauses contained in the Constitution relating to Remuneration of Trustees and the Dissolution of the Association (Clauses 4.5 and 10 respectively) should specifically be accepted by an AGM after their agreement by the Commission. These clauses have now been agreed by the Commission and are formally submitted to the meeting for readoption. A motion to readopt Clauses 4.5 and 10 of the Constitution was proposed by Jim Bradford, seconded by Chris Worrall and carried unanimously.

It was noted that the Pinn Medical Centre had now formally recognised the Association as its Patient Participation Group – there now being a requirement that each medical practice should have such a group. Charity Commission rules required that patients of the PMC had to register to become Members of the Association.

9 Election of Trustees

The Chair reported that neither Ivor Thomas nor Chris Daly were seeking re-election as Trustees and thanked them for their considerable service to the Association. In particular, Chris Daly had worked indefatigably on the preparation of a new Constitution. The meeting also showed its thanks, and the Pinn Medical Centre gave each of them a token of its appreciation.

The meeting re-elected the following Trustees unanimously following a proposal by Lis Warren, seconded by Chris Worrall.

Sheila Cole, Joanne Daswani, Jagdish Kapur, James Kincaid, Brian Yim Lim.

The meeting also agreed that the terms of Sheila Cole and James Kincaid should be extended beyond the normal maximum of six years.

The following new Trustees, who were recommended by the Board after a thorough recruitment and selection process, were also each elected unanimously:

George Bardwell proposed by Joy Daffon, seconded by Beryl Jones;
Yvonne Haines proposed by Beryl Jones, seconded by Chris Worrall;
Nicky Heskin proposed by Jim Bradford, seconded by Sylvia Colley;
Phillip Snell proposed by Lis Warren, seconded by Joy Daffon.

The Secretary noted that although elections to the Board of Trustees were for the Members to decide, the filling of offices within the Board (Chair, Vice-Chair, Secretary and Treasurer) were for the Board itself to decide. The Chair reported that George Bardwell and Phillip Snell had agreed to serve as Secretary and Treasurer respectively.

The meeting had a break to allow the Board and the Practice to meet Members informally.

10 Pinn Medical Centre Report

Dr Amol Kelshiker spoke warmly about the Association and its work over many years, noting that there would probably not have been a present-day Pinn Medical Centre without its work and support, and stressing the importance of the Association in improving primary care services. He added his thanks for the work of Jim Bradford, Ivor Thomas and Chris Daly.

Dr Kelshiker reported that the PMC had been successful in its bid to continue to provide a walk-in service on the premises. The 8am to 8pm service, for seven days a week, would remain as now. The PMC was also now improving its Care Planning Service through the use of Enhanced Practice Nurses. Three additional consulting rooms were also being provided. But the current Personal Medical Services contract was being brought to an end, and it would therefore be a challenge to continue to provide the full range of services such as ECG, audiology, and the anti-coagulant service. The recruitment and retention of GP's was also now presenting particular challenges. Many doctors were now prepared to work only five sessions a week, others were fulfilling roles on Clinical Commissioning Groups. All this meant that patients could not always see the doctor of their choice.

There was now, though, the prospect of considerable additional funding for NHS primary care services to ensure a transformation of those services. Dr Kelshiker concluded his remarks with a short presentation on the new national approach to the transformation of urgent care services in general and the 111 service in particular.

In a short question and answer session the PMC agreed to look again at the practice of requiring a consultation where patients wished to see the full range of their blood test results – although there were clear advantages in so doing. The organisation of doctors into teams under a named partner (which was welcomed by Members) was still in place - although the changes in personnel meant that the composition of the teams may not always be up to date on the PMC website. The PMC would look at this. **(Actions)**. Some disquiet was expressed about the

fact that hospital discharge letters to the GP were now routinely copied to the patient. The PMC partners, however, supported the practice as providing maximum information to patients for discussion, if necessary, with the GP.

11 Concluding Remarks

The Chair thanked the Pinn Medical Centre for their attendance at the Association's AGM. This was by no means universal among other Associations, but was clearly of great value and was very much appreciated. The Chair also particularly thanked all those Members who had attended the meeting. The Association relied on the involvement of Members if it was to be effective and would welcome further comments at any time.

***Pinn Medical Centre Patients' Association
June 2016***

Pinn Medical Centre (PMCPA) Patients' Association
Registered Charity No: 1095260

Annual General Meeting
Thursday 16 June 2016 @ 8 pm
Pinner Village Hall

Chair's Report

Introduction and welcome

I wish to extend a very warm welcome to all of you.

We have made considerable progress since our last AGM, in developing areas of governance, establishing our focus and in delivering on some of our objectives.

In this report I have highlighted some of the key areas of our work, the main activities we undertook and the progress we have made so far:

- **Consultation on the Constitution**
- **Ratification of the new Constitution**
- **3 Year Strategic plan**
- **Funding**
- **Recruitment & Induction of Trustees**
- **Sub- committees**
- **Website action plan**
- **New logo design**

1. Governance/Constitution

Members may recall some of the challenges we faced at the AGM last year, and the year before, in relation to drafting and ratifying the amended Constitution. We subsequently spent a considerable amount of time last summer formally consulting with Members and incorporating contributions from them into the final draft. This was then presented at the EGM on 24 September 2015 and duly ratified by the membership with a vote of 86 for and 1 against.

We are extremely grateful for the level of support we received from the membership and especially to those of you who took the time to offer your contributions and to exercise your vote in helping us to arrive at a conclusive result. This result gave us a renewed energy and enthusiasm to continue with, and to build on, the work of the association.

2. 3-Year Strategic Plan

We are all aware of the challenges facing the NHS as a whole and Primary Care in particular. How do we as a patient group encourage proactive and positive engagement? After the Constitution was ratified and I was elected as Chair I thought it was important for us to define our role as a patient group. It is crucial that our actions have an impact on improving outcomes for patients here at the Pinn as well as influence some of the wider challenges facing the NHS.

Drafting the Strategic Plan helped us to prioritise our objectives over a period of 3 years. The four priority areas are to:

- I. Recruit Trustees**
- II. Strengthen the charity and innovate to meet new challenges in Primary Care**

- III. **Increase and diversify the membership**
- IV. **Improve communication links with the patient community**

The plan was posted on our website in October 2015 and reviewed and updated in February 2016.

I am pleased to say that in the past 10 months we have made significant progress against the following objectives:

➤ **Funding**

In writing this plan we recognised the need to secure funding to help us achieve the outcomes we wanted. We agreed that we should not spend any income from patients (most of which are donations) on our operational costs. We decided to approach the PMC Partners with a proposal where they contribute 10 pence per patient. The partners accepted our proposal and raised it to 15 pence, on condition we take responsibility for all costs relating to the Pinn Piper, as was previously undertaken by them. This funding, together with advertisements in the last 3 issues of the Pinn Piper, has provided us with a solid financial base to continue our future work. *(Treasurer's Financial Report).*

➤ **Recruitment of Trustees**

We introduced and implemented robust systems for governance and recruitment. We now have in place key documents such as:

- **A Code of Conduct for Trustees**
- **Job Descriptions for positions of Trustee; Chair; Secretary and Treasurer**
- **A Recruitment Policy**

After conducting a skills audit we were able to plan and implement a robust and transparent recruitment drive. The recruitment panel comprising of 3 Trustees shortlisted 8 applicants for interview and recommended the appointment of four candidates subject to approval by the membership.

➤ **Subcommittees**

For some time now Members and Trustees have discussed the need to have sub-committees undertaking different roles and responsibilities. We have now agreed the following sub-committees, each of which are linked to our priority areas. We hope to encourage Members to join at least one of these. They are:

Sub-committee	Lead Trustee
Communication (inc website) & Membership	George Bardwell (Lead) Brian Yim Lim Jagdish Kapur
Marketing & Fundraising	Nicola Heskin (Lead) Phillip Snell
Educational talks & workshops including preventative care, self care and community care	Joanne Daswani (Lead) Yvonne Haines James Kincaid
Transport, shopping and Pinn Piper distribution	Sheila Cole (Lead)

➤ **Website**

Members will have noticed our increasing use of the website to keep you and other patients informed of our activities. I wish to thank Brian for his lead in this area so far and for the time he spends keeping the site updated. Brian has written a comprehensive action plan on our next steps in securing improvements. He will share some of the key objectives with you tonight.

There is still a lot of work to be done and we are very keen to recruit a Trustee with specific skills in this area. If you have those skills or know of someone who might be interested, please get in touch with us today or by email. We are open to having a co-opted Trustee if the person is not a patient at the Pinn.

➤ **Membership**

We have increased our registered membership, from 78 to 135 in the past 10 months. This has been a slow process and we fully accept that this is an area that will continue to be a priority.

➤ **Logo**

We felt the logo needed updating and Nicky was asked to use her marketing contacts to help us with a design. The Trustees looked at about 10 designs, we narrowed them down to 5 and now to 2. Nicky will present them to you tonight and we would very much like your input in helping us to make our final decision.

3. Transport

We continue to rely on the exceptional work by Sheila and her group of volunteer drivers and distributors. This is an important aspect of our work as a patient group and I wish to thank all of you for contributing towards its success.

Sheila has indicated that the next Pinn Piper will be the last time she will be taking the lead in organising its distribution. So we shall be looking for someone to take on this responsibility. Sheila will continue to organise the drivers and shopping.

4. Election of Trustees

Both Chris and Ivor have confirmed their wish to step down as Trustees and not seek re-election. We understand their desire to spend time pursuing other interests; nevertheless we shall miss their presence on the Board. They have both made valuable contributions to the association over the years and we wish to express our deep gratitude to the both of them. I am sure you will join me in extending to them our warm wishes for the future.

At the last Board meeting James Kincaid was unanimously elected as vice chair. James's vast experience and historic involvement are valuable assets to the Board and we are pleased he has accepted this role.

Following confirmation of Chris and Ivor's departure from the Board, we are left with two vacancies for the positions of Secretary and Treasurer. George has confirmed his interest in standing for the position of Secretary and Phillip has expressed his interest in the role of Treasurer. This is of course subject to their appointment as Trustees tonight.

The profiles of all four candidates were circulated to Members prior to the AGM today. You will agree they bring a diverse and valuable range of skills and experiences to the Board and to the association.

5. PMC

We continue to collaborate with the PMC. Hilary Scott and Dr Bleehen attend most of our Board meetings and I meet with Dr Kelshiker and Hilary every 3 months or so to discuss joint initiatives. One of the activities we are planning is a Health Fair in September.

The Health Fair poses an ideal opportunity for us to raise our profile and increase our active membership. We have looked at ways of promoting the association and have booked a Smoothie Bike to attract people to our stall. Carter's Chemist and Bodywise have agreed to jointly sponsor the Smoothie bike to the tune of £600. Nicky is organising a raffle and we are currently looking for prizes from local businesses. Your ideas and suggestions are very welcome and we hope you can come out on the day and give us your full support.

6. Harrow Patients' Participation Network (HPPN)

Our involvement with HPPN continues to grow with a positive and active representation on their management committee. The Compact between HPPN and Harrow CCG identified specific areas for closer collaboration between both parties. I have been asked to lead a mentoring programme for new and developing PPGs. We hope this programme will help us identify and disseminate some of the good practices used by PPGs in Harrow.

I also attended the NAAP conference last Saturday (11/6/16) and must say how pleasantly surprised I was at the interest delegates had for our work in Harrow. Barnet and other surrounding Boroughs are also keen to get involved.

7. July review of the Strategic Plan

The Board of Trustees will be evaluating the Strategic Plan at our next quarterly meeting in early July. We welcome your comments and any suggestions for future developments. These will be used to inform our self - evaluation and review/modify our objectives.

Conclusion

I wish to thank all of you, the volunteer drivers, shoppers, the Partners, and my fellow Trustees, for your support of the association. I am also immensely grateful to you and to the Board for the support you have given me in my first 11 months as Chair. It is a privilege to be involved in such a worthy cause and to have the opportunity to learn so much.

I hope I have conveyed to you this evening the energy and style of working within the Board. The ongoing health of the PMCPA depends upon our membership increasing and being actively involved. I hope you will be inspired to join one of our sub-committees and to encourage others to do so.

I shall be delighted to hear from you.

Thank you once more for your contributions and for your continued support of the association.

Joanne Daswani
Chair
PMCPA
16 June 2016

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION

Receipts & Payments Account for the Year Ended 30th April 2016

Receipts:	2016	2015
	£	£
Transport	1,083	1,294
Donations from patients	450	---
Donations from surgery	3,500	---
Advertising in Pinn Piper	150	---
	<hr/>	<hr/>
	5,183	1,294
	<hr/>	<hr/>
 Payments:		
Public Liability Insurance	84	84
Newsletter design and related work	250	----
Printing Pinn Piper and distribution	---	30
AGM costs	179	181
Purchase of item for surgery	---	3,000
Legal fees re new constitution	---	454
Website design and related costs	127	---
Printing posters and leaflets	60	---
N.A.P.P. Expenses	95	---
Sundry expenses	169	73
	<hr/>	<hr/>
	964	3,822
	<hr/>	<hr/>
Excess of Payments over receipts.....	£4,219	(£2,528)
 The cash at bank as at 30th April 2016 was	 £5,745	 £1,526

Approved and Agreed on behalf of the Association

*J. Daswani (sgd).....*Chair *I.Thomas (sgd).....*Treasurer

INDEPENDENT ACCOUNTANTS REPORT;

The above financial statement has been produced from the information and papers presented to me and I confirm that it is in accordance therewith.

I.Benjamin(sgd)..... Independent Accountant