

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION
Registered charity NO: 1095260

MINUTES OF THE TRUSTEES MEETING
Held at the Pinn Medical Centre on Thursday 25 February 2016 at 17.30

Board of Trustees & other attendees		
Joanne Daswani	Chair	*
Sheila Cole	Trustee	*
Chris Daly	Secretary	*
Jagdish Kapur	Trustee	*
James Kincaid	Trustee	+
Brian Yim Lim	Trustee	*
Ivor Thomas	Treasurer	*
Isobel Bleehen	Partner GP - PMC	*
Hilary Scott	Practice Manager - PMC	*

* Present

+ Absent

~ absent no apologies

The Secretary confirmed that a quorum was present as defined in Clause 4.6 of the Constitution.

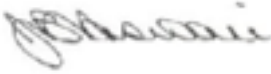
#	Recorded Minutes
1	Apologies for absence: James Kincaid - Trustee
2	Declarations of Interest There were no declarations of interest
3	Minutes of previous meetings The minutes of the Trustees' meeting held on 22 October 2015 and the Extraordinary General Meeting, held on 24 September 2015, were agreed, the latter subject to ratification by Members at the next Annual General Meeting. These minutes are now available on the PMCPA website.
4	Matters arising All action points from the previous meeting had been addressed. These were: <ul style="list-style-type: none"> I. Update the Charity Commission on the Constitution changes II. Plan the recruitment process, prepare all related documents and conduct interviews III. Complete and publish the 3-year Strategic Plan on the website.
5 5.1 5.1.1	Chair's report Recruitment Appointment of new Trustees Following a robust recruitment drive between November 2015 and February 2016, eight applications for consideration as Trustees had been received. An interview panel consisting of Joanne, James and Jagdish had interviewed all eight and agreed unanimously that they would recommend four of them for appointment. Their details and the reasons for the recommendations were set out in a Summary Report for the other Trustees to consider.

	<p>Chris congratulated the panel on an excellent job and he, supported by Sheila, Brian and Ivor, agreed the panel's recommendations. In reviewing the applicants, possible replacements for the Secretary and Treasurer positions had been identified as Chris and Ivor would be standing down at the next AGM. It was agreed that George Bardwell, Phillip Snell, Nicola Heskin and Yvonne Haines would be offered positions as Trustees, subject to ratification by the Membership at the next AGM (expected to be in June 2016). They would, though, be invited to take an active part in any Board meetings that took place in the meantime.</p> <p>It was agreed that all candidates would be told that the field of applicants was very strong. Unsuccessful candidates who expressed an interest in being part of a sub-committee would be invited to do so should they wish to be involved in a volunteer capacity.</p>
5.1.2	<p>Induction programme</p> <p>In accordance with the Charity Commission's recommendation, it is intended to hold an induction programme for the new Trustees. This would start with an initial welcoming meeting with Trustees and include a tour of the PMC facilities, to be conducted by the Practice Manager. Provisional dates in April were agreed and Joanne will co-ordinate this with the new Trustees and the PMC.</p>
5.1.3	<p>Further recruitment</p> <p>Chris advised that Clause 1.5(a) of the Appendix to the new Constitution requires the Board to invite further applications for appointment to the Board 28 days before the notice of AGM is published. It could be argued that this had already been complied with in the recent recruitment drive but it was agreed that notices should be published in the next edition of "Pinn Piper" and on the website. In particular, the Board was still looking for somebody with website and publishing experience.</p>
5.2	<p>GP Patient Survey – Ipsos Mori (January 2016)</p> <p>The Board reviewed the results of the survey in respect of patients' opinions on various aspects of the PMC. Joanne said that it gave a clear indication that patients were highly satisfied with the services and care they received from the staff (doctors, nurses and receptionists). She noted that opening times and convenience of appointments also scored highly. Joanne said that the PMC should be congratulated on maintaining these very high standards. Hilary circulated a summary of the results of the Friends and Family questionnaire, noting that the main areas of concern were the usual ones in respect of waiting times and continuity of appointments with the same doctor. She added that she was aware that telephones still represented a problem, that the existing system was old and that the PMC was considering replacing it. It was, though, expensive to do this. Options under review included systems that would recognise the telephone numbers of patients dialling in. Joanne asked if the PMCPA could collaborate with the Practice in improving patients' use of online services since this is an area requiring improvement despite the largest group of patients surveyed being in the 24 to 54 age range. This suggests that there are problems with patients accessing online services other than having the skills to do so.</p> <p>Jagdish commented that it was a pity 83 percent of patients didn't use the on-line service. Hilary responded that, apart from one GP in another Practice who put 100 per cent of available appointments on line, it was more usual to restrict the numbers offered by this means, hence the number of patients who did not use the facility. Joanne suggested it might be appropriate to promote the on-line facility through such means as "Pinn Piper". Brian commented that it would also be a good idea to promote the use of the online booking app "Patient Access", which patients could use to book and cancel</p>

	<p>appointments, and request repeat prescriptions.</p> <p>In response to a question from Ivor, Hilary advised that, although missed appointments were still a problem, the number had fallen as a result of the PMC's text message procedure for sending reminders.</p> <p>Joanne concluded that she would publish the report on the website and the Board endorsed her comments on the overall high standards achieved by the PMC.</p>
5.3	<p>Funding</p> <p>Joanne advised that, following discussions with Dr. Kelshiker, it had been agreed that the PMC would make a financial contribution of 15 pence per patient to the PMCPA to cover costs such as Health and Wellbeing evenings for patients, website developments, publishing "Pinn Piper" and various activities set out in the 3 year strategic plan. With around 20,000 patients this would amount to approx. £3,000 per year. This arrangement will be accounted for separately from donations and other funds raised by the PMCPA.</p>
5.4	<p>Committees</p> <p>It was agreed that consideration of any sub-committees needed as part of the Strategic Plan would be deferred until after the induction of the new Trustees so that they could be involved in the discussions. It was also agreed that minutes should be produced for all sub-Committee meetings in order that their discussions were fully documented.</p>
5.5	<p>Patient Engagement</p> <p>Progress on increasing the Membership database was disappointing but the PMC Diabetes Evening event was over-subscribed by nearly 30 pcnt. It was attended by about 70 people.</p>
5.6	<p>Quarterly Strategic Meeting with Dr. Kelshiker and Hilary Scott</p> <p>Joanne said she had met with Dr. K and the Practice Manager in January and discussed a range of topics of mutual interest, including the funding arrangement in 5.3 above. Suggestions for future health talks included:</p> <ul style="list-style-type: none"> • Dementia • Living with cancer • Irritable Bowel Syndrome and • Asthma & Lung disease/COPD. <p>It was agreed that we should aim for 3 of these events each year and that the relevant sub-committee would arrange them with the PMC. The priorities for the next two would be dementia and living with cancer.</p> <p>When sufficient PMCPA funds are available, the priorities for buying equipment for the PMC would be a portable ECG machine, new wheel chairs (to replace those that had "gone missing" from the surgery) and a set of sit-on weighing scales for disabled patients. Hilary advised that one patient wanted to donate £500 specifically towards the cost of new equipment. She also said it was intended to spray "PMC" on any new wheelchairs to prevent them being stolen again. Brian remarked that there were GPS tracking devices and alarms which could be fitted to the new wheelchairs at relatively low cost, and undertook to research this further.</p>
5.7	<p>Harrow Patients' Participation Network</p> <p>Through its Compact agreement Harrow CCG has requested HPPN to help enable all Practices to have a PPG by the end of 2016. There are currently three out of the 35</p>

	<p>Practices that do not and the HPPN has set up a mentoring programme to provide assistance to them in doing this, as well as to support practices that have only set them up recently.</p> <p>A schools programme has also been set up, incorporating aspects of preventative health education, career opportunities and young people accessing services on the NHS. Joanne is heavily involved in managing this and the mentoring programme.</p>
Action	<p>5.1.2: JD to arrange Induction event</p> <p>5.1.3: CD & JD to arrange publication in the next edition of the Pinn Piper.</p>
6	<p>Treasurers' Report</p> <p>Ivor outlined the income and expenditure situation for the financial year to date. He said that he expected there to be sufficient funds for the purchase of the ECG machine for the surgery. It was noted that there had not been any fund raising activities such as the quiz night this year and that one of the incoming new Trustees would be asked to take responsibility for fund raising activities.</p>
7	<p>Membership database and website report</p> <p>Brian advised that he had renewed the Association website domain and associated support services from our website provider at a cost of £127 for the coming year. Brian noted that it was presently a challenge to keep the website constantly up to date, and that the current practices were not sustainable if we were seeking to make regular and frequent updates, as we should be. He said that an alternative solution, such as a blog, could be integrated into the architecture of the website which would enable any member of the committee to post updates from a multitude of devices (e.g. computer, tablet, phone) – with the minimum of technical expertise. Brian said he would explore this over the coming months.</p> <p>A further area requiring improvement was messaging. The current webmail option was restricted to 250 messages per day. As we would expect membership to increase beyond this, Brian said that it would be necessary to reassess if the free webmail solution we currently use is still appropriate for the future, or if we should move to a commercial package with dedicated architecture for database management, and electronic (mass) mailings.</p> <p>Brian said that in order to promote our activities more widely, we should further explore the use of social media. A Twitter account has been started, and used most recently for the promotion of our trustee recruitment drive. There has been a following from local companies and other charity bodies, and we should expand this further and harness contacts within social media to promote our work and raise awareness of issues. Brian concluded that we needed to revisit the purpose of the web site and how we used it. He said that it might be worth outsourcing the design and maintenance to a professional service, which would free up resource on the committee to concentrate on the content. He undertook to produce a wish-list for the database and website for further consideration.</p>
Action:	<p>BYL to draw up an action plan with recommendations and costings</p>
8	<p>Transport and shopping</p> <p>Sheila advised that, although there were volunteers available to do it, we hadn't been doing any shopping or visits as there was no demand for it, with no requests having been received from the doctors. Hilary said she would highlight the availability of this facility to PMC staff.</p> <p>With regard to driving, Sheila said that the demand varied considerably from week to</p>

	<p>week. She noted that, in the event of any incident involving one of the patients, such as being taken ill whilst being transported by one of the drivers, the driver would submit a written report to her. New procedures had been implemented in respect of driving patients to/from Northwick Park Hospital as we no longer had free parking there.</p> <p>Sheila then commented on the fact that the box containing contributions from patients had had money taken from it and thus was not available to go into the PMCPA's funds as intended. This had led to a new procedure at the PMC making it inaccessible to patients or other unauthorised people at the surgery.</p> <p>Finally, Sheila asked the PMC to provide an updated list of names and addresses to be used when delivering "Pinn Piper" as the old one was now significantly out of date. Hilary said she would arrange for this.</p>
Action	<p>HS to:</p> <ul style="list-style-type: none"> I. highlight to PMC staff the availability of this facility for patients II. provide an updated list for Pinn Piper distribution.
9	<p>Pinn Medical Centre report</p> <p>Hilary advised that the invitation to bid for the walk-in service had just been received. This will extend the service to three sites in Harrow; the Pinn Medical Centre, Alexander Avenue and one in the east of Harrow. She said that the PMC would submit a bid but noted that the service spec. criteria were demanding. She added that there was possible interest from organisations that were not GP practices to take it on. It is possible, therefore, that the walk in service could be run by a different provider at the Pinn Medical Centre. The new criteria included the need to triage within 30 minutes and to see the patient within 60 minutes of arrival and these faster response times could lead to an increase in the demand for these walk-in services. It might also be necessary to operate a separate IT system for them.</p> <p>The current walk-in contract expires 31 March 2016 and the new one is to begin 1st August. It was therefore probable that the PMC would be asked to extend its current contract until that date.</p> <p>The PMC also has a Personal Medical Services (PMS) contract, which is an enhanced version of the General Medical Service contract. If the PMC should lose the walk-in contract it could also lose the 8am to 8pm contract as well. The PMC contract is under review because NHS England wants all patients to have the same facilities available at all practices. Losing these contracts could have a big impact on the funds available to the PMC. The PMS is currently operated by 18 practices in Harrow but the proposed new arrangement is that the funds specifically allocated to it should now be spread over all 35 Harrow practices. This part of the PMC's funding would therefore definitely be reduced.</p> <p>Joanne said it might well be necessary for the PMCPA to become active in these discussions in order to protect service levels to the PMC patients.</p> <p>Hilary advised that the practice continued to struggle to attract and keep permanent staff (GPs) and so had to continue to rely on locums. Finally, Hilary advised that it was the intention to extend the PMC by building three additional consulting rooms at the back of the Centre.</p>
10	<p>Strategic Plan</p> <p>Joanne advised that she had updated the 3 year plan and would distribute it shortly. It would then be published on the PMCPA website.</p>

Action	JD to circulate updated SP to Trustees and publish on the website
11	<p>Annual General Meeting</p> <p>Ivor advised that the audited accounts for year ending 30 April 2016 would be available by mid-June so a provisional date of 15 June was agreed for the next AGM. This is subject to the availability of the new Trustees and of PMC senior staff. Joanne said she would check if we could use the hall at West Lodge to save the costs of hiring the Pinner Village Hall or somewhere similar. The PMC conference room was not large enough to accommodate the usual number of AGM attendees.</p>
12	<p>Date of next meeting</p> <p>The date for the next Board meeting was agreed as Thursday 5 May at the PMC, commencing 17.30. Chris will circulate the date to all Board members and co-ordinate replies and Joanne will check the new Trustees' availability.</p>
13	<p>Any other business</p> <p>There being no other business, the meeting concluded at 19.45hrs.</p>
Minutes Approved Date: 20 March 2016	<p>Signature: </p> <p>Chair PMCPA Joanne Daswani</p>