



**PINN MEDICAL CENTRE PATIENTS' ASSOCIATION**  
**Registered charity No: 1095260**

**Minutes of Board Meeting held at the Pinn Medical Centre**  
**Friday 12 January 2018**

**Attendance**

Joanne Daswani (Chair) - **JD**  
George Bardwell (Secretary) - **GB**  
Phillip Snell (Treasurer) - **PS**  
Sheila Cole (Trustee) - **SC**  
Yvonne Haines (Trustee) - **YH**  
Nicky Heskin (Trustee) - **NH**  
Jagdish Kapur (Trustee) - **JK**  
Brian Yim Lim (Trustee) - **BYL**  
Rupa Yagnik (PMC) - **RY**

**1 Apologies for Absence**

Dr Isobel Bleehen (PMC).

**2 Minutes of Previous Meeting**

The Minutes of the Board Meeting held on 13 September 2017 were approved.

**3 Action Points and Matters Arising from Previous Meetings**

The outstanding items from previous meetings relating to the PMC would be resolved in a meeting between George and Rupa.

An editorial piece on the PMCPA would be offered to The Villager and Pinner News to coincide with the recruitment of new Trustees (**GB**).

The Governance Handbook remained outstanding. (**GB**).

George had contacted the Harrow Patient Participation Network offering a link on the PMCPA website and would pursue (**GB**).

**4 Chair's Report**

Joanne thanked Nicky (and others who had been involved) for their work on a successful Quiz Evening. Although fund-raising had not been the main objective it had, in fact, raised £645. It was agreed that it would be good to repeat the exercise next year.

There was to be a talk on Dermatology, given by Dr Lakhani, on 26 February at 7.00 pm. Details would be circulated to patients (**PMC**); a poster prepared (**JD**); and the poster circulated to Members (**GB**).

Joanne reported on a letter of appreciation of the PMC from one of our Members.

The PMC reception for our volunteer drivers, and those who deliver the Pinn Piper, would be arranged by the PMC for Wednesday 7 February at 8.00 pm. **(PMC)**

## **5 Treasurer's Report**

Phillip had circulated the accounts for the period May - October 2017 to Trustees. The current balance was £7,128 which would allow an equipment donation to the value of some £3,000. It was agreed that any donation should be in respect of items that directly benefited patients through enhancing their care, and that were used by them.

George reported that he had submitted the Charity Commission Annual Return 2017 to the Commission on 26 October 2017.

## **6 Volunteer Drivers and the Pinn Piper**

There were currently 26 volunteer drivers. Sheila reported on the need to recruit more drivers - on one day last week eight patients had asked for transport. An advert and an article would be prepared for the Pinn Piper **(SC)**. Sheila and Joanne would discuss the provision of DBS checks for drivers **(JD/SC)**.

The PMC would liaise with Sheila over updating the Pinn Piper distribution list to ensure it was synchronised with the patient database **(SC/RV)**. George would continue to provide the list of Members who had opted to receive their Pinn Piper via email. **(GB)**

## **7 PMC Report**

Rupa had provided a full report on the PMC (attached as an Annex to these Minutes) covering the following:

- Staff Changes;
- Patient Engagement;
- IT;
- Clinical Performance; and
- Premises.

In discussion on the report George noted that he had received comments from two Members on the recent decision to stop providing travel vaccinations. Rupa drew attention to the section of the report setting out the background to this decision and the need to devote the nurses' time to patients with acute and chronic medical needs. On occasions providing travel vaccinations could take up to 30 minutes. The decision only affected vaccinations not available under the NHS - all vaccinations and other procedures available under the NHS would continue to be made available, as would providing patients with their immunisation history. George noted that the Travel Vaccination page on the PMC website needed updating and might usefully provide information about what remained available **(PMC)**.

The PMC would be organising a session to provide information on registering for PMC on-line services and installing the PMC app.

## **8 Expanding PMCPA Membership**

Trustees noted the Minutes of the most recent meeting of the Communications and Membership Subcommittee. In that meeting the following options had been discussed:

- Reversing the question on the new patient registration form such that it would read – “Tick this box if you don’t want to join our Patients’ Association”;
- Having a recruitment table in the PMC waiting area on the midwife/ante-natal morning;
- Visiting local schools or PTAs;
- Holding a coffee morning or other social event;
- Inclusion on prescription counterfoils;
- Another email by the PMC to all patients.

It was agreed that a further meeting of the subcommittee would be held to take these forward, in conjunction with the PMC. An important pre-requisite would be to be clearer about the purpose of the PMCPA. **(GB)**

George reported on a discussion he had held with Terry Lilley, a PMCPA Member who had suggested a number of areas through which the Association might expand its membership, and a number of the items raised above were discussed. In particular Terry was interested in the PMCPA adopting a more political approach to its work, although he accepted that there were restrictions on the political activities that could be undertaken by Registered Charities. Notwithstanding one of his suggestions, it was agreed by Trustees that we should neither join nor, on our website, make reference to the Patients Association, founded by Claire Rayner and based in Harrow. That Association adopts a strong campaigning style in its approach to the NHS and its funding.

## **9 Website and Database**

Brian reported that the Communications and Membership Subcommittee was now taking forward Phase 2 of the PMCPA website provision, which would include an improved database. In addition the Subcommittee would consider a survey of Members covering both patient services and what they wanted from the PMCPA **(BYL/GB)**.

## **10 GP Patient Survey**

A copy of the outcome of the Harrow CCG Patient Survey of July 2017 had been circulated to all Trustees, and placed on our website. George summarised the key finding as follows:

- Out of the ten main criteria the PMC was above the national average (in a positive way) on 4; 1% below the national average on 3; and more than 1% below the national average on 3 (overall experience, convenience of appointment, and waiting times at the surgery).
- Out of those same ten criteria the PMC was above the CCG average on 7, the same or within 1% of the CCG average on 2; and more than 1% below the CCG average on 1 (convenience of appointment).

It was noteworthy that for the PMC the percentage of patients saying they had trust and confidence in their clinicians was 99% for the GPs and 98% for the nurses.

## **11 Recruitment of Trustees**

It was agreed that we should embark on a recruitment exercise to recruit up to three new Trustees. A Recruitment Panel would be formed from available Trustees, and Rupa Yagnik from the PMC would be invited to participate in any shortlisting exercise. The Interview Panel itself would comprise three Trustees including the Chair. A set of papers would be prepared to support the exercise, as set out in the PMCPA Recruitment and Selection Policy **(GB)**. The aim would be to identify candidates to be put to the AGM for approval in June.

## **12 Charity Commission News**

The latest edition of the Charity Commission News had set out a series of issues on which charities needed to ensure they were complying with the latest guidance. These were allocated to Trustees as follows:

- Safeguarding Strategy - Joanne
- Disqualification Rules for Trustees - George
- The new General Data Protection Regulations - George and Brian
- Internal Financial Controls - Phillip
- Cyber Security Essentials - Brian
- Guidance on promoting diversity among Trustees - George and Joanne

## **13 The 2018 Annual General Meeting**

Joanne reported that she had approached the local MP Nick Hurd about being the guest at our next AGM - he had been unable to commit so far in advance but would respond nearer the time. An alternative might be a cardiologist who had recently given an excellent talk.

It was agreed that the venue for the AGM should be the hall at St Luke's. **(GB)**

## **1 Dates of Next Meeting**

It was agreed that the next Board Meeting would be held on:  
**Wednesday 18 April 2018 at 1800 hrs.**

***GB January 2018***

## Pinn Medical Centre Report

December 2017

### **HR**

There have been a number of changes since our last meeting; sadly we will be saying goodbye to two of our salaried GPs- Dr Shah and Dr Nalamala. We wish them both the very best for the future endeavours. We will be advertising for salaried GP positions in the new year. In our reception and admin team we have again had a few changes with staff leaving and newer members of the team being recruited. We are still looking to recruit reception staff. Lastly Mr Ormerod stopped working at PMC in December.

Dr Deepen Patel was voted employee of the quarter (Jul-Oct).

### **Patient Engagement**

#### Quiz Night

Thank you to all that made this possible. Although we called ourselves the village idiots we didn't do too badly for finishing in second place on the night! Hopefully we can build on this for next year.

#### Out of hours – phone lines

There have been an increasing number of patients who have been misusing the services provided by PMC after normal working hours in the weekday and weekend. Clinicians are clearing all their workload on a Friday to come into 30 plus messages from patients, for routine work, on a Monday morning. In order to manage this and make sure that anything urgent is dealt with appropriately and not left for a couple of days etc, we have decided to stop the usual phone line from ringing between the hours of 18:30 – 08:00 Monday to Thursday and 18:30 on Friday to 08:00 Monday. An answerphone message will be put in place so that the patients are assured that for a medical emergency that cannot wait until the next routine appointment they are able to access the walk in centre 08:00 – 19:45 every day, but for other routine matters they will need to call back on Monday at 08:15 when the lines re-open.

This decision has not been taken lightly and we will review the outcome of this at 3 months.

#### Travel vaccines

The current crisis within primary care and general practice means that we have had to take the difficult decision to stop providing travel vaccinations that are not part of our core contract as stipulated by the government. For many many years we have provided an enhanced travel service to all of our patients, but given the difficulty in recruiting nurses, and HCA's, we felt that it was more important to dedicate precious nurse time to patients with acute and chronic medical needs, who are struggling to get nurse appts, such as those who need dressings, injections for cancer treatment, and childhood imms, and smears to prevent cervical cancer. This decision was made after months and months of very careful deliberation.

## Prescribe Wisely

NHS North West London Collaboration of Clinical Commissioning Groups (CCGs) is launching two programmes to change the way we prescribe medicines across our borough

Earlier this year, NW London CCGs engaged with public and stakeholders around the following proposals:

- Reducing prescribing of medicines and products that can be purchased without a prescription
- Reducing waste associated with repeat prescribing

Following a period of engagement and supplementary EQIA work, the “Prescribing wisely\*\*” were approved by North West London Collaboration of CCGs and officially launched on 30 October 2017.

The engagement and supplementary EQIA processes gave rise to a number of responses around potential inequalities and risks. To mitigate against these risks, NW London CCGs have added exempted groups to the proposals.

The groups of people exempted from these proposals are:

- School age children, if the product needs to be given at school.
- Care home residents
- Individuals with funded care packages that require a carer to administer a medicine or treatment
- Anyone officially declared homeless
- People with a diagnosis of dementia
- People with a diagnosed learning disability

### **There are 2 significant changes with prescriptions:**

**1. Pharmacies will no longer be able to request batch scripts on a patient's behalf.** Patients must request any medications for themselves and can do so in the following ways:

- a. Online - patient access
- b. Drop Off - completing the script request form at reception and handing in
- c. Post

Patient Exceptions to this are:

- patients who cannot request their own repeat medicines, and who do not have a friend or carer who can request for them
- disabled patients who say that asking their community pharmacy to request their prescription is a ‘reasonable adjustment’ under the Equality Act 2010.

**2. Stop issuing certain medications that patients can buy over the counter.**

This is to save both money and time. This will be a GP decision!

Patient Exceptions are:

- School age children, if the product needs to be given at school
- Care home residents
- Individuals with funded care packages where a carer is required to administer a medicine or product
- Anyone officially declared homeless

- People with a diagnosis of dementia
- People with a diagnosed learning disability

If a patient wishes to complain about either of the above, they can contact the NWL Team on:

•020 8966 1106

bhhcomplaints@nhs.net

#### Reminder for use of WICs

We have reviewed our patient information leaflets for the Walk in Centre. We are trying to remind patients of the appropriate use of the WIC and also direct them to the services that may be they haven't considered for minor ailments.

#### PMC PA Volunteers evening, January 2018

It would be good to get a date in the diary for this so that I can make sure the conference room is available

#### **IT**

#### Shared Emisweb for the Walk in centre (WIC)

In January 2018, we are planning to launch a system that will allow doctors (with the patients consent) to view patient records for those patients who live in Harrow but are not registered at the Pinn. There are three WICs in Harrow, the other two WICs have already started to use this platform in Autumn this year. We hope to learn from and avoid the issues they faced when they launched this system. We do not anticipate major problems with this.

#### **Clinical Performance**

##### Cryotherapy

Pinn will not be providing any non-NHS cryotherapy treatments. Dr Lakhani and Dr Rudolph are working through the patients currently on the register but we will not be taking on any more patients.

##### **Premises**

##### Signage around the building

We have finally sorted out the signage in the building. You will find that the consulting rooms now flow around the building.

##### Security Cameras

We will be having additional CCTV cameras installed this December. Areas to benefit from the cameras will be:

- Admin office
- Reception back office
- Phone room
- Registrations office
- Garage
- Corridor to the extension

***Pinn Medical Centre***