

PINN MEDICAL CENTRE PATIENTS' ASSOCIATION Registered Charity No: 1095260

Minutes of the Board Planning Day held on Sunday 18 July 2021 Grim's Dyke Hotel, Old Redding

Attendance

Kevin Mahon (Chair) Anita Manek (Treasurer),

George Bardwell (Vice Chair) Jo Telfer (Associate Board Member). Lunch only Larraine Solomon (Secretary) Martin Grossman (Trustee). Afternoon only

Nicky Heskin (Trustee) Jenny Stephany (Trustee)

Rupa Yagnik (Practice Manager PMC)

Dr Isobel Bleehen (Partner PMC). Morning only

Dr Hannah Bundock (PMC). Morning only Dr Jonathan Rudolph. Lunchtime only

1. Apologies for Absence

Aryan Jain (Trustee)
Phillip Snell (Associate Trustee);
Brian Yim Lim (Associate Board Member)

2. Updates Walk-In Centre

George and Larraine provided an update on the discussions they have participated in over the last 3 weeks regarding the future of the walk-in centre. The partners have signed a letter with the CCG but with a caveat that they would like to continue to see walk in patients. David Simmons, MP has agreed to raise the issue of funding with the Health Secretary to maintain the walk in arrangements. This is a live, ongoing issue.

Tithe Farm Vaccination Centre

Kevin advised that the vaccine programme in Tithe Farm / Byron Hall is now complete. This might be resurrected in line with further Covid / flu vaccines in the autumn.

The project was a tremendous success in which teams of Volunteers and Clinicians worked together seamlessly to provide an outstanding response to the local challenge of the pandemic. Operating under the auspices of the Health Sense PCN, the Tithe Farm Vaccination Centre vaccinated over 50,000 people. All age-groups targets were exceeded. The Pinn Medical Centre are very grateful for the help and support received from the PMCPA and the 550 Volunteers who helped make it happen – 380 of whom came from the Pinn alone.

Feedback to Trustees on CCG paper to the PMC

The PMC had been made aware of some views expressed by our patients. Some were critical of what was perceived as poor communication from the PMC especially with regard to the telephone answering service.

Kevin had previously met with Rupa and had talked through how these issues may be addressed. This paper was seen as being a useful precursor for the 'Awayday' planning session.

3. PMCPA Planning Day

Themes

Bearing in mind the challenges we had discussed following the CCG paper, Kevin framed the day, asking everyone to consider:

- Are we, as a Patients' Association, doing enough to reconcile these issues and, if we are, are we doing it in the right way?
- How can we help the PMCPA provide the services our patients say they want and need? Our role is to represent the voice of patients, providing support and challenge as a 'critical friend'
- Using the results of the patient survey can we identify developmental points for the PMCPA to inform our planning for the year ahead?

4. The Patients' Survey

- There were 60 respondents from 450 members surveyed.
- The Board considered the Executive Summary prepared by George. It contained several key elements.
- The full survey, including Members' names where provided, is being circulated to all Board Members. And the full survey, with patients' names removed, is also being sent to PMC Partners and the Practice Manager. The Summary is being sent to all Members by email and a copy placed on our noticeboard in the PMC and on our website. Members may request a full copy (with names removed).
- There was an expectation that the PMCPA should
 - help communicate important information from the surgery
 - provide the patients with a voice and perhaps on occasions where appropriate be an advocate for them
 - they should provide services, help and guidance for needy individuals, such as patient transport, support for Carers
 - there was a need to help cater for patient education
 - the PMCPA should be able to help the Practice fight against the diminution of services
- Many expressed their frustration at the difficulty of getting through to the PMC by phone
- There was a perception that appointments were becoming increasingly difficult to arrange and were not as plentiful as previously enjoyed

Action Planning Arising from the Survey

The PMC welcomed the involvement of the PMCPA in tackling these issues and accepted that while there was some work to do to reconcile some points, there were others within both the CCG paper and the Patients' Survey that were a little contentious. For example, on a daily basis, the team at the Pinn exceed their targets with regard to patients seen and the point was well made that although the data is revealing, it nonetheless did not accurately reflect the very many more patients that were content or better disposed to the service that the PMC provides.

There may well need to be more proactive approach in garnering responses of all types in order to have a fairer picture.

Actions to take forward are:

- Kevin to progress the idea of a Patients' Panel. This will need to provide added value, independent information to the PMC in addition to the current information they receive. Some of the feedback will be used to help share what the PMC do well. Questions and methodology to be agreed.
 - (Action KM)
- PMCPA Board of Trustees to consider ways in which to work with PMC to consider how patients can more efficiently access the surgery administration to obtain important information such as test results.
- Work with the PMC to improve communication about how to access relevant health services. This will be particularly important when the walk-in centre issue has been finalised. Dependant on funding, Rupa advised that it is likely that it will be renamed 'on the day appointments' service' and will be available for PMC patients only.
- Help to create a live dashboard of useful data which can be shared on both websites. This could include, for example, 'did not appear' (DNA) data on numbers who do not attend fixed appointments.
- Create a monthly closed report on monitoring performance to partners.
- Create a quarterly open report to Board of Trustees in partnership with PMC.

5. Communication

Given that the website is likely to hold many new features, it was agreed that we need a re-defined communications strategy and plan. George to re-establish working group, to include Larraine, Aryan and Neil.

Key issues to consider are:

• The Pinn Piper.

- Editorial team?
- Distribution strategy?
 - Online only or available as a hard copy in designated centres (e.g. PMC / pharmacy / other health providers), or is it feasible to deliver to member's homes?

• PMCPA website.

- We need a website strategy.
 - Additional content will be helpful (e.g. linked to other charities / NHS sites etc)?
 - o How do we keep it dynamic and up-to-date?
 - o Who will be responsible for updating it?
 - How should it align with info on the PMC website?

6. Arrangements for Next AGM

The pandemic has seriously affected our work this year.

In light of this Planning Day and the fresh direction under consideration, ther may be a need to consider the year ahead and the ramifications for the AGM schedule. George to investigate and make recommendations to the Board.

(Action GB)

7. Date of Next Meeting

The next meeting with a full agenda will be held on 23rd September by Google Meet. **(Action LS).**

In addition to this, we will also arrange a 'check-in' meeting towards the end of August to review immediate actions from this meeting

(Action LS)

8. AOB

• Kevin to contact trustees individually and collectively so that we drive the discussion forward without losing momentum, and to consider 'teams within teams' approach.

(Action KM)

• Kevin to continue to proactively explore different ways of working between the PMC and the PMCPA

(Action KM)

• George to contact Aryan to update him on this meeting and invite him to join the Communication work group.

(Action GB)

• Kevin to invite Trustees to chair meetings, ensuring that everyone participates and to give people a different voice.

(Action KM)

• Jenny to follow up on enquiry from the Pinner Association to become a link with the PMC / local healthcare.

(Action JS)

July 2021