

NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP

Meeting: 17 January 2019
Baring Road Medical Centre: 4.00 p.m.

Present: Bob Blunden (chair), Paul Howell, Chris Blake, Robert Thompson (RT, minute taker), Janet Thompson, Elaine Curley, Patrick Connolly, Marsia Stewart (MS: NHP)

Apologies had been received from Pat Blunden, Suzy Wilkinson, Dr Shashi Arora, Lee Walker and Jan Gimble,

Annual General Meeting

1. *Elections for 2019*

The following were elected by general consent:

Chairman: Bob Blunden (nominated Chris Blake, seconded Paul Howell)
Vice-chair: Patrick Connolly (nominated Paul Howell, seconded Elaine Curley)
Minute taker: Robert Thompson (nominated Paul Howell, seconded Bob Blunden)

2. *Chairman's report*

The Chair thanked members for their contribution to our eight meetings in 2018, at which attendance had ranged from 6 to 11. Special thanks were extended to Dr Arora for her support during the merger and to Tuhin Miah for his enthusiastic and positive engagement with the Patients' Group throughout his time as practice manager.

The merger has been a difficult time for all concerned; it is hoped that in 2019 the Patients' Group will continue to support practical improvements and to relay patient experience to the practice.

Other agenda items

1. Minutes of previous meeting

The minutes of the previous meeting, circulated previously by email, were accepted unanimously.

2. Matters arising

- a) RT provided information the group had requested from NS about complaints, the uptake of flu vaccinations, and a COPD support group. This was received with thanks.
There was some subsequent discussion of the first two items:

i. The list of complaints was received with satisfaction, as there are very few relative to the number of people using the practice.

ii. Flu vaccinations. MS explained that uptake in Lewisham generally had been low; various explanations seem likely, such as late delivery of the vaccine and the fact that this year letters had not been sent to over-65s. Letters will be sent to this age group in future, and the start date of the vaccination programme will be announced well in advance. In response to specific questions, MS said that there is still a walk-in clinic available at BRMC, that all flu vaccinations of the practices' patients are recorded in one place even if the vaccination is administered elsewhere and that, due to Tuhin's prudent ordering before his departure, Novum Health Partnership had not run out of flu vaccine.

Members asked whether any statistics are available on the success of vaccinations, an important question in the light of the new vaccine introduced for older people, and whether there are serious side-effects. MS said that figures are not yet available; more generally, she explained that the vaccines may cause symptoms mildly resembling flu but nothing like getting the actual infection. The vaccination is important not only for vulnerable people who might be seriously endangered by influenza but also for their close relatives and carers, as well as for others whose work brings them into contact with sick people.

b) It was felt that previous problems with the online system have now been satisfactorily resolved.

c) It was noted that the Patients' Group is not mentioned, or at least is difficult to find, on the new website. MS responded that the website company had been asked to include it and she will check what they have done.

d) In discussion of patient appointments, two specific issues were raised:

i. It was reported that a patient who asked for a blood pressure check (requested by a hospital) at an appointment for a flu injection had been told by the nurse to get a do-it-yourself kit. It was generally felt that the issue was essentially one of communication and that the advice had been intended to be helpful. MS asked for specific details of the patient involved: it seemed that the nurse had not explained that appointments are too short to allow unexpected extra tasks to be carried out.

ii. Another patient had experienced various difficulties with prescriptions and with appointments after hospital visits. Again, MS said that she would follow up the individual details of the case; in terms of more general administrative matters, she said that the training and management of telephone receptionists were being improved, combining best practice from each of the two surgeries, and that arrangements were being made for her to monitor the phone system throughout the practice. There was some discussion of prioritisation, and whether receptionists could do more to identify relatively urgent situations.

3. Surgery report

a) Did not attend figures and policy:

In each of the three months October-December 2018, GP DNAs throughout the practice had ranged from 225 to 300, or 4.87% to 5.93%. Nurse appointment DNAs for the same period ranged from 6.27% to 10.05%. The group felt that these were very encouraging figures which partly reflect the success of the text-messaging service. The practice's policy is to refer patients who have more than three DNAs in a three-month period to the partners for a decision in the light of individual circumstances; MS confirmed that the NHS expects practices to have appropriate arrangements in place to avoid wasting resources.

It was suggested that DNAs should be added to a scrolling bar on the website, and this was agreed.

b) Staffing:

MS also reported that three new receptionists have been appointed for the practice as a whole, half of their time being dedicated to BRMC. The intention is partly to provide more resilience in case of illness or holiday absence, and to avoid the need to ask receptionists to work unreasonably long hours. In this connection, she is trying to ensure that the evening clinic on Wednesday functions efficiently, so that receptionists and patients do not stay beyond the official closing time.

c) Complaints:

Complaints since early December have shown a reduction on the period from October to early December, with a high proportion of the few issues that have arisen already resolved. The group felt that these were excellent results reflecting well on the practice.

4. AoB

a) MS asked whether the group would like the practice's lead nurse to attend the next meeting along with a nurse from the CCG. This proposal was greeted with enthusiasm. Her suggestion that the nurses might have ideas about visiting speakers to be invited to future meetings was also warmly welcomed.

b) Members were asked if they could take a few minutes to tidy the PG table when they come in to the surgery.

c) MS was asked how doctors respond when asked to deal with an unexpected situation, e.g. if a parent with an appointment for one child brings another with a medical problem.

She said that the doctors would normally address a child's medical issue there and then, but that an adult would be asked to make a separate appointment.

- d) MS passed on Dr Arora's invitation to the group to suggest a day for the 'Christmas' lunch. After discussion, 8 March was suggested as long as this date is convenient to Dr Arora.

Next meeting: Thursday 28 February, 4.00 p.m.