

NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP

Meeting: 28 February 2019
Baring Road Medical Centre: 4.00 p.m.

Present: Bob Blunden (chair), Pat Blunden, Paul Howell, Robert Thompson (RT, minute taker), Janet Thompson, Elaine Curley, Marsia Stewart (MS: NHP), Suzy Wilkinson, Gill Lewis, Monica Sorice (Rushey Green PPG), Jane Dolega-Ossowski (JD: NHP Senior Practice Nurse)

1. Apologies had been received from Jan Gimble,
2. Minutes of previous meeting

The minutes of the previous meeting, circulated previously by email, were accepted with the addition of an apology for absence from Pat Blunden.

3. Matters arising

One member of the Patients' Group had experienced substantial difficulty in accessing the online appointments system; despite previous reassurances to the contrary, some problems therefore remain unresolved.

4. Welcome to the Chair of Rushey Green Patients' Group

The group was pleased to welcome Monica Sorice, chair of the Patients' Group at NHP's other branch.

Monica noted a marked difference in character between the two groups, which she felt provided a sufficient reason for maintaining their independence for the time being. She would, however, welcome a return visit by representatives of our group to Rushey Green.

Monica also stressed the importance of personal responsibility in health management. With professional expertise in the catering industry, she would be happy to share her ideas on lifestyle changes at a suitable later date; this offer was warmly accepted.

5. Welcome to NHP Lead Nurse

The group was also pleased to welcome Jane Dolega-Ossowski, NHP's lead Practice Nurse. Jane spoke on various ways of extending digital contact with the practice beyond administration to include consultation as well as support groups for patients.

A wide-ranging discussion ensued. It was agreed that developments of this kind are desirable, but concerns were expressed about the possible exclusion of patients unable to use online communication as well as about the sustainability of digital systems in the face of changing

technology and the probability that any approach based on a social media platform will miss part of its potential audience. Existing platforms such as Facebook could be useful for some purposes (e.g. closed interest groups), but in general it was felt that the practice's website should be the primary digital port of call.

MS asked group members to report any problems they experienced with any of the practice's digital systems: feedback is essential to eliminate problems which are bound to arise. A tablet is to be installed in reception, which will be helpful in introducing patients to the various online resources available.

6. Services available at only one NHP site

MS confirmed that all services are now available at both practices with the exception of colposcopy, which is a specialism at Baring Road. For various reasons, travel vaccinations and ear irrigation had for a time been available only at Rushey Green, but this is no longer the case.

In the following discussion about ear irrigation and its alternatives a range of issues arose, including the need for high-quality training, referrals to private providers and the risk of infection or damage.

7. Surgery report

In her surgery report, MS explained that SELDOC no longer provides the first point of contact for out-of-hours GP services in Lewisham; instead, patients should initially contact NHS 111.

DNA figures are reported as being more or less unchanged from the pleasingly low level recorded at the last meeting.

The time of the PPG lunch on 12 March has been confirmed as 1.00 – 2.30 rather than 3.00 as previously suggested.

8. AOB

a) Janet raised a range of issues about health checks and general policy on lifestyle matters. She pointed out that although NHS health checks are available every five years to everyone between the ages of 40 and 74, this fact is not as widely publicised as perhaps it ought to be. In the ensuing discussion, it was noted that although these health checks are available as described, normal practice is to call people once only, usually at the age of 60. It was agreed that patients should be more actively encouraged to use this service, and that Patients' Groups could appropriately help in publicising it.

Janet also questioned the quality of training provided to the professionals conducting the health checks; she pointed out that as a vegetarian and regular runner she had been advised to 'eat more vegetables and take more exercise', and that providing general lists of 'good' food is ineffective if unaccompanied by advice on cooking. She drew attention to the concept of 'culinary medicine', whereby professionals are trained in understanding practical ways of

helping individual patients to support their health through diet, and asked whether NHP is actively seeking training in this area for its staff. Above all, it is critically important that the resources invested in health checks are purposefully used and that sufficient consultation time is allowed. On the latter point, it was felt that pressures to reduce consultation time to a minimum had been resisted.

JD responded that the concerns raised had been considered and that programmes of ‘social prescribing’, including cooking courses and specialised diet programmes for diabetics, already existed. She accepted that issues of diet had generally been neglected by medical professionals, and reassured the group that steps were being taken to improve the situation. The group undertook to play its part in promoting healthy lifestyle choices, for example by providing relevant material, available from Public Health England, on the Patients’ Group table in reception.

MS explained that NHP issues health check invitations to each patient once; all new patients are offered an NHS health check if they are over 40, but the practice of inviting younger patients to an initial health check had been discontinued because of the level of non-attendance after appointments had been made. It was accepted that the practice could not insist on new patients attending such appointments.

b) It was noted that references to the Patients’ Group on the website are not up to date. RT will in future send material directly to Karina Jaskevic, who is responsible for maintaining the website.

c) There was some discussion of ways to involve more patients in the groups, a particular problem at Rushey Green. It was suggested that ICT developments might encourage more involvement, as could visiting speakers focused on particular user groups, such as young parents. JD will approach Francis Fuller from Public Health England to speak at our next meeting and added that the practice could also approach specialist paediatric nurses if required.

d) A member of the group reported unexpected problems in obtaining a hospital request prescription; the practice was asked to explain the cause of the problem in due course.

e) It was agreed that the PG table should feature information about walking groups and similar activities. It was also noted that ‘social prescribing’ requires positive GP involvement.

The meeting was declared closed at 5.30. Next meeting Thursday 11 April at 4.00 p.m.