

NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP

Meeting: 25 July 2019
Baring Road Medical Centre: 4.00 p.m.

MINUTES

Present: Lee Walker (LW: chair), Robert Thompson (RT: minute taker), Janet Thompson, Patrick Connolly (PC), Paul Howell, David Williams, Chris Blake (CB); Seyhan Yusuf (SY: BRMC)

1. Apologies had been received from Jan Gimble, Bob Blunden and Pat Blunden.
2. The minutes of the previous meeting were accepted as an accurate record.
3. Matters arising not covered later:
 - i. CB reported that some Sugar Smart material has arrived at the Ringway Centre, but not much. However, a class focused on preventing and managing falls is to take place there, and might provide a link with a possible speaker for our Patients' Group.
 - ii. The website has been updated, but does not include notification of PG meetings. RT will ask if these dates can be added when sending the next set of minutes.
4. GP survey. LW explained the purpose and structure of this national survey, and further detail was provided by SY on behalf of the practice.

Seyhan pointed out that statistical comparisons between large practices (e.g. Novum Health) and smaller ones were not necessarily fair, and that the partners had asked the PG to take this fact into account. The group accepted that many statistical anomalies are possible, but still felt that the relatively poor performance of Novum Health in some areas cannot simply be attributed to the size of the practice, particularly when the comparison is against the whole Lewisham CCG. All practices in England are expected to deliver the same level of service regardless of the list size.

CB suggested that members of the group should study the survey carefully before the next meeting, and this was agreed. At the meeting there was particular concern over apparent difficulty in making appointments, as the survey results in this area seem to bear out anecdotal reports. CB also mentioned an instance when information given by a receptionist (in this case that a prompt appointment could be arranged in person early in the morning) had proved to be incorrect.

SY stated that the partners would also be considering the survey results and he would provide a more detailed response on the remedial actions the practice will take at the next meeting.

5. Surgery report

SY produced a detailed and very informative written surgery report, including the complaints report, for which the group thanked him.

- i. The very low number of DNAs at BRMC in June (110) was noted with satisfaction. SY also drew the group's attention to a series of Quality Improvement sessions being undertaken by the practice; the outcomes will be passed on to the PG for our response. The sessions will cover a range of important issues, and it was agreed that the Patients' Group would like to be involved.

The PG suggested that the 'Prescribing Audit' session be expanded to cover prescribing advice given by local community pharmacies, which sometimes conflicts with advice given by GPs, and requested clarification on the meaning of 'Significant Events'.

- ii. Specific complaints. SY noted that most Baring Road complaints were either about the reception staff or about online access to appointments, and most have been resolved. Staff have been given training, and individual patients have been supported in using the appointment system.

There was, nevertheless, further discussion of the latter issue. It was noted that the booking systems are not particularly easy to use, even for people confident with ICT, and there are significant differences between the various platforms available, especially the functionality to choose site of appointment before time of appointment. It was decided that Paul Howell would liaise with SY to try to compare the different platforms and, if possible, to explore ways in which they could be made more user-friendly.

6. Suggestions for future agenda items:

- i) PC asked whether more visiting speakers could be booked for PG meetings. It was agreed that past visits have been very worthwhile; members of the group will be emailed for suggestions and SY will ask whether Marsia Stewart has any further suggestions.
- ii) Pat Blunden had asked the group to consider changing the day of future meetings to one when Dr Arora was available. It was agreed that ideally we should hold meetings at times when it is possible for a GP to attend, but SY is unsure of Dr Arora's planned work schedule in future. He will check on the availability of Dr Arora or another GP, as well as of the room, to see whether a different day would be better for future meetings beyond those already scheduled.

7. AoB

- i. There was some discussion of the NHS's efficiency in collecting charges due from overseas patients. It was accepted that as NHS primary care is free for all, collection of payments is not an issue relevant to our GP practice.
- ii. There was further discussion of the appointment system.

It appears that there has been a misunderstanding of doctors' ability to book appointments for a patient by writing on the patient's notes. These do not constitute appointments, which can only be made by the receptionists; any date and time written down is meant to be information for the patient to take to the receptionist before leaving the surgery. SY undertook to check that all BRMC doctors appreciate this.

- iii. Publicity for the PG needs to be more prominent in the waiting room; in particular, the PG notice board seems to have been taken over for general purposes.

The meeting was declared closed at 5 00 p.m.

Next meetings already scheduled: Thursday 5 September and Thursday 17 October, at 4.00 p.m.