

NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP

Meeting: 5 September 2019
Baring Road Medical Centre: 4.00 p.m.

MINUTES

Present: Lee Walker (LW: chair), Robert Thompson (RT: minute taker), Janet Thompson, Patrick Connolly, Paul Howell (PH), David Williams, Chris Blake (CB), Suzy Wilkinson, Mike Gordon (MG), Marsia Stewart (MS: BRMC)

1. Apologies had been received from Jan Gimble, Bob Blunden, Pat Blunden and Seyhan Yusuf.
2. Minutes. Suzy Wilkinson should be added to the list of apologies received for the last meeting. Otherwise, the minutes were accepted as an accurate record.
3. Matters arising not covered later in the agenda:

a) IT appointment booking tests

PH reported that he had not had an opportunity to discuss the different IT booking systems available with Seyhan; he will do so as soon as possible, and will consider further IT issues raised under AoB below.

Discussion followed on the general availability of appointments, whether through the IT system or otherwise. Some specific issues emerged:

- One patient had begun booking an online appointment which required quite a complicated explanation; by the time it had been typed, the appointment had been taken by another patient. RT suggested that the system should have been designed to make this impossible; MS said that she had never heard of such a problem arising before, but would make enquiries. She pointed out that the IT systems are not the direct responsibility of the practice; however, the meeting felt that the practice is entitled to complain to the IT provider if the system does not behave as it should.
- There were several reports of patients signing in at 8.00 a.m. and finding that all of the morning's IT bookable appointments had gone. MS explained that appointments are released daily at 8.00 a.m. and 1.00 p.m., in either case for seven days ahead. Demand is always heavy, whether bookings are made online or by telephone.

b) Response to GP patient survey

MS reported that Dr Chen will address the issues raised in the survey when she returns from holiday, and will attend the next BRMC Patients' Group meeting.

No other matters arose from the minutes.

4. Surgery report

MS reported on recent staff changes and new appointments. These include a new GP, Dr Stevenson, who will share in the teaching of students from King's College; patients will be asked if they mind a student being present during their consultations.

Baring Road DNAs for the last three months were 131, a figure considered very satisfactory. By comparison the Rushey Green DNAs for the same period were 247.

The practice has completed its planning for flu vaccination, and walk-in clinics are scheduled for Baring Road on 18 and 27 September. Text messages will be sent to patients whose mobile numbers are available; letters will be sent to older patients. Pharmacies will also have the flu vaccine available.

MS was asked what provision was made for housebound patients. She replied that traditionally they would have been looked after by the District Nurse service, which of course has many other responsibilities; this year, one of the practice's own nurses will be assigned to visiting the housebound, and it is hoped that this will allow a higher priority to be given to the flu vaccination.

The meeting was shown a list of complaints received over the last three months; these were few in number and all had been resolved. In response to a question, MS explained that patients have the right to make repeated complaints even if they are considered unjustifiable, and complaining would not be a reason for removing a patient from the practice list. A third DNA, however, would trigger the possibility of removal.

5/6. As the special topics scheduled for discussion for this meeting were to be deferred to a later date, they were considered along with the suggestions in item 6 in order to arrive at a shortlist for future meetings. The outcome was as follows:

- a) Type 2 diabetes, diet and exercise. It was felt that this group of topics had wide relevance; Seyhan had indicated that he could contact a possible speaker.
- b) End of life care. Members referred to both distressingly poor and outstandingly good examples of end of life care (the latter at Lewisham Hospital), and it was felt that this was an area in which non-specialist experience might be especially relevant.
- c) Prescribing audits and monitoring of drugs. The meeting felt that efficient and effective use of medication is critically important to the NHS, and again is an area in which users might be able to provide useful insights. Discussion will include the role of pharmacies, especially in the light of the Pharmacy First scheme.
- d) Services for older people, including the falls service. Again, lay experience could suggest alternatives to hospital visits for elderly people who had suffered a fall, as such precautionary visits can be wasteful of resources and debilitating for the patient and carers. CB pointed out that an NHS falls clinic would soon be operating at the Ringway Centre, and said he would provide leaflets when they were available.

7. Dates of future meetings (subject to confirmation of Dr Arora's availability) were noted:
- 17th October 2019
 - 28th November 2019
 - 9th January 2020 (AGM)
 - 20th February 2020
 - 2nd April 2020
8. AoB
- a) MG raised a number of points related to his experience of BRMC, some of which related to previous agenda items.
 - Communication from the practice sometimes suggests a lack of organisation and internal communication. Examples included a letter sent on old BRMC headed paper, the content of which was impersonal, anonymous and so vague as to be alarming. MS readily accepted that none of these things represents good procedure, and will follow them up.
 - A mismeasurement of height had led to a potentially disturbing incorrect BMI result.
 - He expressed serious concern about the various ICT providers recommended by the practice, pointing out that these services gain access to a great deal of personal information. One provider used by BRMC has an insecure site and an expired domain name certificate. MS undertook to find out who chooses the providers to recommend and who is responsible for checking their suitability for purpose.
 - b) Also on the topic of confidentiality, MS was asked whether the practice ever employed casual staff as receptionists. It does not: all are DBS checked and subject to appropriate rules of confidentiality.
 - c) A member unable to attend had asked if an alternative time might be considered, and it was agreed that the timing of meetings might be a suitable topic for the next AGM.

The meeting was declared closed at 5.06 p.m.