

NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP

Ordinary meeting, 30 January 2020 (following the AGM)
Baring Road Medical Centre: 4.00 p.m.

Present: Lee Walker (LW; chair), Patrick Connolly (PC; vice chair), Paul Howell (PH), David Williams, Bob Blunden, Anthony Atherton (AA; Rushey Green PPG), Maureen Bishop (MB; Rushey Green PPG), Robert Thompson (minute taker), Janet Thompson (JT), Pauline Garrod (PG), Dr Judy Chen (Novum Health Partnership), Julia Enwright (JE; Novum Health Partnership), Dr Alexandra Holdsworth (Novum Health Partnership). Apologies had been received from Pat Blunden, Suzy Wilkinson, Mike Gordon, Jan Shah, Chris Blake, Stephen Binns and Angela Binns.

1. The minutes of the previous ordinary meeting had already been accepted as an accurate record.
2. There were several matters arising:
 - a) Dr Chen explained that the Type 2 Diabetes project explored at the end of last year has been put 'on hold' due to problems with the app, without which the complex care planning involved becomes administratively unmanageable. The project nevertheless has much to offer for committed patients, and the practice would like to re-visit it once the technical problems have been resolved.
 - b) The text messaging system is still not working quite as it should, with recipients of messages finding it impossible to opt out even if they returned the message 'stop'. The practice will look into this issue again.
 - c) Flu vaccination uptake has been better than last year; in connection with the previous point, it was noted that some patients received unnecessary or duplicate invitations. It was explained that there is a delay in notifying the practice of inoculations received elsewhere, which might provide a partial explanation.
 - d) LW drew attention to an online forum he had seen on which the patients of a practice can make contributions, noting that other practices run face-to-face and virtual Patients' Groups in parallel. Such an arrangement could, for example, allow more people to suggest agenda topics for the face-to-face meetings. Dr Chen recognised the value of an online forum, but pointed out that it would inevitably create administrative work and require some moderation, whether from an employee or a member of the PG. The practice is itself considering inviting particular patients to focus groups, which would then be advertised and open to all.
 - e) Problems continue to be experienced in using the appointment booking system, and were discussed at length with reference to both Baring Road and Rushey Green.

PH will again try to discuss the online system with an appropriate member of Novum staff, and expressed continued concern that afternoon appointments cannot be booked on the morning of the same day. Other members reported difficulty in getting through on the telephone and uncharacteristically unhelpful attitudes from receptionists, as well as long waits for appointments, which had been up to three weeks for patients with mental health issues. JE, as senior receptionist, asked if she could be given specific details of instances where patients had been unhappy with a receptionists's actions.

Dr Chen responded that the practice, like others, has invested heavily in trying to improve access. One issue is the relatively rapid turnover of receptionists, partly due to the stress of the job, which means that the receptionist who takes a particular call might not be very experienced. The practice does not record calls as a matter of routine, and might consider doing so for training purposes; the system also has the capacity to find out exactly how many attempted calls are abandoned, and this information could be reported back to the Patients' Group.

Dr Chen also reminded the group that the practice has to work with the resources available; as is inevitable, there is a telephone queuing system and requests to see specific doctors are bound to raise particular difficulties.

The question of the quality of advice received from receptionists arose again: AA noted that he had had to ask the receptionist whether a GP appointment would be available at Lewisham Hospital (it should have been offered as a matter of course), and the meeting again asked why there are persistent reports of patients feeling that their personal situation has not been considered. It was felt that receptionists might adopt a more proactive approach, and possible solutions suggested included a 'script' for receptionists to ensure that options such as telephone triage, visiting a pharmacy, or accepting an appointment elsewhere had at least been mentioned. Dr Chen agreed that the practice would look into the training and direction given to receptionists, but also indicated that they cannot be expected to give medical advice; they should, however, ask if the patient considers their situation 'urgent' and, if so, give appropriate information about the services available both through Novum and elsewhere.

After this long and complex discussion the following conclusions, proposed by the Chair, were accepted:

- i. The practice will report on the number of missed and abandoned calls
- ii. The practice will devise an algorithm to be used by receptionists in answering calls and advising patients
- iii. PH will consult about access arrangements at BRMC
- iv. AA could perhaps make enquiries about access at Rushey Green.

3. Discussion of end-of-life care facilitated by Dr Alexandra Holdsworth

The group welcomed Dr Holdsworth to update us on the practice's policies concerning end-of-life care. On behalf of the group, PC began the discussion by observing that many of us are dying, or know people who are, but the situation is often met with denial or ignorance; people are apparently unwilling to accept that they are dying, or to admit it to others. As a group, we wondered what policies the practice had in place to help patients, families and carers cope with terminal illness.

Dr Holdsworth responded that in many respects each situation is unique, so that a prescriptive overall policy would be inappropriate; however, the practice has taken active steps to identify and support carers. The group welcomed this development most warmly; JT was particularly appreciative, but asked whether it was structured in a way that would be helpful to carers who were friends and neighbours rather than family members.

Dr Holdsworth was asked at what stage treatment becomes, or should become, palliative care: it was felt that in at least one case known to the group too much stress had been placed on an attempt to cure rather than the management of the patient's condition. Treatment towards the end of this patient's life had been invasive and distressing.

She replied that all cancers are different, as are individual patients in terms of their medical condition, beliefs and wishes. Medical practitioners are of course aware of these issues, and aim to steer the best course in difficult circumstances; any care intended to improve a patient's quality of life rather than to effect a cure is palliative, and there is not necessarily a single point of change from one approach to the other.

The group asked about the practice's role in relation to other service providers. Dr Holdsworth explained that, as in other areas, the GP's role is to provide oversight and support, particularly through communicating with patients, their families and community services. GPs can often support consultants by spending time on explanations they had not had the opportunity to provide, or by helping patients to understand that specialists make an important but by no means the only contribution to their treatment. Other providers include organizations such as Macmillan and St Christopher's Hospice, who provide important elements of palliative cancer care in our area; AA commended the high standard of care offered by Macmillan nurses, whose personal and professional qualities he believed others should seek to emulate, and praised the end-of-life plan offered by Guy's Hospital.

Dr Holdsworth was asked whether the practice has any influence over the provision of palliative care by outside agencies such as Macmillan, and whether it could be extended to conditions other than cancer. She replied that because of the uncertain prognoses of conditions other than cancer, comparable procedures have not been developed for them. GP practices nevertheless have a key role and responsibility in co-ordinating care, and people should feel free to discuss their concerns with their doctors.

She also recommended the project ‘Co-ordinate my Care’, which helps patients to consider and record end-of-life decisions for themselves. The overall web address is:

<https://www.coordinatemycare.co.uk/>

and that of the ‘MyCMC’ patient portal is:

<https://www.coordinatemycare.co.uk/mycmc/>

4. AoB

There were two matters of other business:

- a) PG asked what procedures the practice has to help receptionists cope with patients with mental health issues, who might present as aggressive or unreasonable. Dr Chen replied that known issues of this and other kinds (e.g. visual or hearing difficulties) are included in a ‘special patient note’ attached to the medical record, which the computer system will then flag up for the receptionist; patients and carers are welcome to contact the practice if they have information they think should be recorded. There is also a ‘passport’ system for patients to disclose their own requirements to the receptionist.
- b) MB raised problems experienced at Rushey Green, where she has repeatedly made appointments on her mother’s behalf, after discussion with receptionists, only to find that the appointment is not recognised when her mother arrives at the surgery. These problems suggest a failure to read internal communications and notes concerning individual patients, which Novum will seek to address.

The meeting was declared closed at 5.30 p.m.

Next event: ‘Christmas’ lunch, Wednesday 11 March, 1.00 p.m.

Next regular meeting: Thursday 23 April, 4.00 p.m.