

**NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP**

**Online Meeting: 27 August 2020
4.00 p.m.**

MINUTES

Present: Lee Walker (LW, chair), Bob Blunden, Pat Blunden (PB), Robert Thompson (minute taker), Janet Thompson, Patrick Connolly, Paul Howell (PH), Maureen Bishop (MB), Leanne Gayle (LG), Anthony Atherton (AA), Mythily Mahatharan (Novum), Seyhan Yusuf (SY, Novum).

1. Before beginning formal business, LW outlined the etiquette for conducting online meetings in terms of waiting for cues to speak, minimising background noise, muting devices when not speaking and so on.
2. LW then welcomed and introduced everyone who had signed in to the meeting. Apologies had been received from Pauline Garrod.
3. The minutes of the previous meeting were accepted as an accurate record.
4. There were three matters arising not covered later in the agenda.
 - a) Visiting speakers. In addition to topics already suggested (such as obesity and Alzheimers), nutrition and exercise were put forward as potential subjects. Some input from the practice is needed to identify and invite qualified speakers; LW will send SY a list of suggestions, and he will try to make some arrangements. PH offered to approach an acquaintance who is a qualified exercise instructor specialising in progressive conditions, and the group welcomed this suggestion.

There was some discussion of potential audiences and the way talks should be presented. It was agreed that for the foreseeable future they would need to be delivered online, initially to the Patients' Group to allow questions and answers as well as the possibility of following up relevant issues within the group. This would not preclude delivering the talk afterwards to a wider audience in a different way.

- b) LW asked about the patient survey. SY reported that a link had been sent to RT for distribution to the Patients' Group and will be sent by text to other patients today.
 - c) The online forum. The link to this has been circulated to the Patients' Group and will soon be sent to other patients by text. SY plans to work on some problems that have arisen with the forum next week, for example by compiling instructions and a troubleshooting guide for checking in. He will also provide a direct number for technical enquiries and seek to address some concerns about data.
5. SY presented a practice report (attached). The following points were raised in the subsequent discussion:

- i. LW asked what progress had been made in re-opening face-to-face services. SY replied that they are available when clinically necessary; the practice doors are kept locked but are opened when patients arrive for their appointments.
- ii. AA asked how the practice intended to provide flu vaccinations for patients still advised to self-isolate, who clearly should not come to potentially crowded sessions. It was agreed that this is a general problem about which the practice needs to offer advice; SY will find out the answer and report back.

For less vulnerable patients, clinics will be offered at both surgeries with social distancing measures in place, such as distancing markers, one-way routes through the buildings, and an attempt to limit attendees to 16, with outside queuing if necessary.

- iii. PH asked whether the group could be provided with a list of staff and their roles; SY pointed out that a staff list is available on the Novum website, but undertook to produce a hard-copy list for the group.
- iv. A range of issues concerning access to the practice were reported. These included patients apparently being 'sent back' in the telephone queue, unacceptably long waits and the fact that the system used apparently retains only 50 recorded calls, so that if a problem subsequently arises there may be no evidence of what was actually said. The process of contacting the practice for purely administrative matters, such as new referrals to Specsavers, appeared unnecessarily difficult.

SY replied that there have been problems caused by the sheer volume of calls, and that the practice is looking at different providers. MB reported that the messaging facility on the Novum website had worked efficiently, and certainly might be better for administrative matters than the alternative of sending a letter.

- v. Problems had also been encountered in logging in to Patients Access and obtaining personal information from this system. SY will try to find out the reason.

In summary, LW commented that there appear to be a range of serious ongoing problems which the practice really needs to address; difficulties are being encountered by people confident and competent in using ICT and are very unlikely to be confined to the cases reported.

6. Terms of Reference for a combined Patients' Group.

LW outlined the current documents governing the two Patients' Groups: Rushey Green used templates from the Patients' Association, which have, however, now been withdrawn, while BRMC has a ToR document of its own. It was agreed that the best course is to adapt the BRMC version to take account of procedures that have changed and developed over the years.

The most significant of these is the replacement of the former Newsletter by the posting of minutes on the website. After discussion, it was agreed that as PG meetings are public, and should therefore avoid personal and confidential issues, there is no problem in

posting the minutes in this way. They could also be printed out at reception on request for patients who might prefer a hard copy.

It was also agreed that the new Terms of Reference should include a clear statement about the practice's expectations of the group as well as an undertaking to ensure that clinical as well as administrative staff attend meetings, as had happened in the past at both locations.

7. AoB.

- i. LG commented that the complaints procedure had been supportive and effective, despite the issue of not storing phone calls noted above.
- ii. PH reported that he has again been approached about finding a quotation for re-upholstering the chairs in the waiting room, noting that when he looked into this previously he was told that replacement would be more cost-effective. SY responded that Dr Arora would still like to see a quotation for repair, which he will try to find; something must be done soon as fire-retardant coverings have split. PH will also make new enquiries.

The repairs needed to the flooring have been carried out.

- iii. AA pointed out that if the Patients' Group is to be representative and effective, more Rushey Green patients need to be involved. The practice has a responsibility to ensure that this happens. SY replied that video and poster material is being prepared and will soon be available.

LW suggested that progress in recruiting active members from Rushey Green should be a standing agenda item. This was agreed, but some of the obstacles to meetings at Rushey Green were revisited, for example difficulties in parking and the perception that the area might not be safe after dark. The meeting was reminded that previous discussions had explored the possibility of retaining separate groups but sharing some meetings through a video link. On its own, however, this arrangement would not be enough to encourage more Rushey Green patients to get involved. PB pointed out that several BRMC members had been recruited through personal invitation from Dr Arora, and it was agreed that an individual approach might be the most effective way forward.

The meeting was declared closed at 5.17 p.m.

Next meetings: Thursdays 8 October, 19 November, 17 December, 28 January 2021, all at 4.00 p.m., probably online.