

Novum Health Partnership
Baring Road Branch Patients' Group

Online Meeting: 11 March 2021

6.00 P.M.

Minutes

Present: Patrick Connolly (PC, chair), Lee Walker (LW), Robert Thompson (minute taker), Janet Thompson, Paul Howell, Louisa Papadouri, Maria Curro, Maureen Bishop, Kate Tong, Ranjan Gimble, Louisa Brown, Bob Blunden, Pat Blunden, Jean Mynett, Suzy Wilkinson, Dr Judy Chen (Novum). Apologies had been received from Anthony Atherton, Juliet Price, Debbie Gooch, Elaine Curley and Dr Shashi Arora.

1. PC welcomed everyone who had signed in to the meeting and introduced himself as the newly-elected Chair, thanking the previous Chair, LW, for his support during the transition as well as Dr Chen and other members of the practice management team. He 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, and summarised the role and aspirations of the Patients' Group: the expectation is that the group will act as a critical friend of the practice, voicing compliments as well as complaints, and that members will focus exclusively on general issues rather than personal concerns. Members present, who included several very welcome newcomers, were then invited them to introduce themselves.
2. The minutes of the meeting on 28 January 2021 were accepted as an accurate record.
3. There were no matters arising not covered later in the agenda.
4. Dr Chen presented the practice's audit of cancer diagnoses covering the twelve months to November 2020, referring to information and charts on PowerPoint slides already circulated (attached). The Novum statistics were compared with those covering earlier periods for England as a whole, the South-East London CCG and Novum itself, and revealed the following key points:
 - On all bases of comparison, there were significantly fewer cancer diagnoses in 2019–20, a period which includes the start of the pandemic and the first UK lockdown, than in previous years.
 - The actual incidence of cancer is unlikely to have changed, so some cases must have been missed for various reasons to do with Covid. These might include the interruption to screening programmes and the reluctance of patients to come forward with symptoms.
 - Novum's incidence of different types of cancer during the audit period does not match earlier national averages: there appears to be a very high rate of lung cancer and a very low rate of prostate cancer. Both are concerning: the former

because it suggests that a high proportion of the patient population is ignoring health advice about smoking and the latter because it is unlikely to reflect reality.

- A high proportion of Novum patients were diagnosed after attending A&E or an ACU. This is unsatisfactory on many counts: cancer cannot be treated by an A&E response, and patients should ideally be referred to appropriate specialists by an experienced GP.
- While many patients had seen a specialist within two weeks of referral, some had waited longer. The reason was often waiting for a follow-up test: some delays arose within the system but others were the result of patients themselves not showing a sufficient sense of urgency. The practice will address the factors under its control by arranging for receptionists to make urgent appointments for patients needing tests or further examination.
- Many of the pandemic-related problems are national, and are shared with the rest of the NHS. It is clearly important for concerned patients to come forward without hesitation, and the practice is doing all it can to maintain screening tests.

PC thanked Dr Chen for the presentation and then invited questions.

Dr Chen was asked about the impact of the lockdown and how patients are being encouraged to come forward. She said that the first lockdown had led to a massive drop in patient contacts, whether through appointments initiated by patients or through routine screening, which had been suspended. This situation is much better now, with some screening services resumed; there is a national policy to counteract the reduction in presentations, with patients very strongly encouraged to come forward, and a campaign to promote cervical screening. For some conditions, however, screening is less effective: for example, prostate cancer screening produces a high number of false positives. It is therefore preferable to respond to patients' reports of early symptoms, and important that those experiencing symptoms consult their GP.

Though obviously serious, cancer is not the main cause of mortality in the UK, coming after cardiovascular conditions and dementia. The only general health screening available on the NHS is the 'NHS Health Check' available to those aged 40–74, which is primarily focused on cardiovascular health.

5. Practice report

Dr Chen commented briefly on the Practice Report which had already been circulated (attached for reference). All initial patient contacts during the lockdown involve telephone triage, with in-person consultation only when essential. Nurse appointments have continued for services such as cervical screening and childhood vaccinations; reviews of long-term conditions have been carried out by telephone as far as possible. She also referred to two other documents showing the uptake of vaccinations amongst different groups, one for all Lewisham PCNs and one for Novum (attached). The delivery of Covid vaccinations has been a major commitment and is inevitably disruptive

of other services; batches of vaccine are delivered at short notice and have to be administered quickly, making planning difficult. The practice tries to keep staff free to deal with vaccinations, although some appointments have had to be cancelled. The uptake of vaccinations has been quite good in respect of the practice population, which includes some groups which tend to be reluctant.

Dr Chen then responded to a range of questions, as follows:

- i. Are Primary Care Networks permanent, or just a temporary arrangement to deal with the pandemic?

PCNs are permanent, and have been developed from existing arrangements between neighbouring practices. An increasing amount of work, such as the provision of extended hours services, is being channelled through PCNs; practices in our PCN share staff and are working together on diabetes. These policies are unlikely to be changed by any future reorganization.

- ii. Has there been any progress on home visits for Covid vaccinations?

Delivery of vaccinations for those unable to visit vaccination centres has gone very well (see attached documents) and the practice is now prioritising asylum seekers and the homeless. Staff and residents in several care homes in our area have had their second vaccinations, allowing visiting to resume.

- iii. What has been the impact of Covid vaccinations upon other services?

Inevitably there has been an impact, for the reasons already stated, but this should be less marked now that vaccinations do not have to be given by GPs. Nurses and HCAs from Novum are involved, but they are being diverted from reviews initiated by the practice, so that appointments arranged by patients will be less affected; vaccination staff are not required every week, and the practice tries to vary the staff involved to minimise the overall effect on other activities. The practice is continuing to prioritise vulnerable patients, especially those who have not been in contact for some time.

- iv. Has there been an impact on mental health?

A higher rate of distress has been reported, and the length of time in lockdown is clearly having an effect. Vaccination is the key to ending the lockdown and resuming normal life.

- v. Is the vaccination uptake reported by the practice satisfactory?

As the attached documents show, uptake is not 100% but it is high in the most vulnerable groups. No-one is compelled to be vaccinated, and it is not the practice's fault if those invited choose not to attend; there are unfilled vaccination appointments, and the practice continues to look at ways of offering encouragement. Most vaccines require something like a 70% uptake to be effective; in the case of Covid, the objective is to reduce spread

and avoid severe cases rather than to eliminate the disease, so every individual vaccination is a step forwards.

vi. What is the policy about second vaccinations?

Different centres have different priorities and procedures are not consistent: at present our PCN is focused on delivering first vaccinations. An online facility which allows booking both appointments at the same time has now been made available for those in eligible groups.

6. AoB

A member of the group asked if anyone present had declined the vaccine; one had, due to pregnancy. There was a brief discussion of ways to persuade family members whose reasons for declining it were less well-founded: suggestions included pointing out the sheer number of people who have now been vaccinated, encouraging the doubtful to speak to a doctor and highlighting the danger of the pandemic.

There was also some discussion of side effects and of ways of reporting them: one suggestion was that two family members living together, especially blood relatives, should not have the vaccine at the same time in case both had an adverse reaction. Any side effect other than the ones listed in the information provided should be reported to the patient's GP, by email (the Novum website has a messaging facility).

LW asked how new members had found the meeting. Responses were positive: the discussion had been informative; the group was friendly and had considerable potential.

The meeting was declared closed at 7.10 p.m.

Next meetings: Thursdays 22 April, 3 June, probably both online at 6.00 p.m.