

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

**Meeting: 3 November 2022
BRMC 5.00 p.m.**

MINUTES

Present: Bob Blunden (chair), Pat Blunden, Chris Blake, David Williams (DW), Patrick Connolly (PC), Anthony Atherton, Robert Thompson (RT, minute taker), Janet Thompson (JT), Paul Howell (PH), Jeanne Mynett (JM), Dr Judy Chen (Novum, by telephone). Apologies had been received from Jan Gimble and Elaine Curley.

- 1 BB welcomed those attending.
2. The group was then pleased to welcome Mr Krishna Gnanaseelan, one of the Physician Associates working for Novum, who explained the role of PAs both within Novum and in the NHS as a whole. He himself combines lecturing with working one day a week at each Novum branch.

PAs qualify through a postgraduate course, examination and rigorous practical training. They are often staff already registered in other medical disciplines (e.g. nurses or radiographers) who wish to extend their expertise, and should be regarded as medical professionals in a distinctive supportive role rather than be compared with GPs. It is hoped that PAs will soon be regulated by the GMC, which will allow them independently to prescribe medication and to order X-ray scans; at present, they already carry out a wide range of work including managing long-term conditions, analysing test results and developing treatment plans. At Novum, Krishna usually acts as the duty PA, to whom receptionists triage appropriate cases; he does a great deal of online work and also conducts telephone and in-person appointments. Novum employs five PAs, for whom the duty GP is always available in support.

JM asked about the processing of prescriptions. Krishna explained that repeat prescriptions requested by a PA must be checked by a GP, but GPs prescribe independently. If a prescription is late or inaccurate, the practice has a tracking system which can find the cause; such issues have to be dealt with on an individual basis, and he said he would try to investigate a problem JM had encountered.

The group thanked Krishna most warmly for an extremely informative, engaging and indeed reassuring presentation about a role still unfamiliar to many patients.

3. After a correction to the numbering of items and the addition of Suzy Wilkinson to the list of apologies received, the minutes of the meeting on 22 September 2022 were accepted as an accurate record.

The following matters arose from the action points in the minutes (in italics below):

- i. *'Please could the practice ensure that the information given in the 'Complaints Policy' is both clearly displayed in waiting rooms and readily available to patients in paper copies, along with complaint forms.'*

Members reported that notices are still not displayed in waiting rooms, although complaints policy leaflets are available from a rack in the waiting room at Rushey Green and on request at Baring Road. A paper complaints form is also available as an alternative to the online messaging system. The rack at Rushey Green is not in a prominent place.

The leaflet itself was considered unsatisfactory in terms of layout, print size, complexity of language and detailed content. JT pointed out that at the last meeting (if not previously) the PG had offered to review material intended for patients, and that this offer formed an action point in the previous minutes.

Requested action (practice):

a. Please can the practice ensure that notices guiding patients towards information about the complaints procedure are prominently displayed in both waiting rooms.

b. Please could the practice respond actively to the PG's offer to advise on communication with patients.

Action (Patients' Group): RT will send scans of the current complaints information leaflet and complaint form to the group. Members are asked to consider ways of improving these documents, which will be an agenda item at the next meeting.

- ii. *'Please could the practice look in to the possibility of separating general and repeat-prescription phone calls from the appointment queue, and let the PG know either what options exist or why the present system is the best available.'*

'Could a response also be given on the practicality of setting and monitoring realistic but transparent telephone service levels.'

Dr Chen explained that having a dedicated line for non-appointment calls would not help, as it would need to be staffed and would divert a receptionist

at peak times. Staffing, rather than the cost of hardware, is the main barrier to improving the service, so a better solution would be for general enquiries to be made outside the main appointment booking times. A dedicated administration line is liable to be abused by callers unable to get through on the appointment line. Repeat prescriptions are not in any case arranged over the telephone, because of the risk of misunderstanding or error. The group accepted that the system is therefore the best that can be arranged.

There was some discussion of uneven telephone responses at the two branches; callers to Rushey Green sometimes encounter an engaged tone without explanation, whereas those calling Baring Road hear a recorded message and are placed in a queue. The general perception is that it is easier to get through to Baring Road than Rushey Green. JM had visited Rushey Green in person and found a single receptionist, whereas on a similar visit to Baring Road she found several receptionists on duty.

Dr Chen said that this contrast was not due to any deliberate policy: it could depend on the time of day, or result from staffing problems beyond the practice's control. The phone system is set to give an engaged tone once the queue reaches a certain length, an arrangement which she believed had been requested by the PG. The practice is constantly trying to recruit more reception and administrative staff; patients can in fact ring either branch, and the practice will send a text message to that effect.

The second part of the previous action point (about service levels and monitoring) was not discussed.

Action (practice): patients will be sent a text saying that services can be accessed by ringing either branch's number.

iii. *'Please could the practice designate a colleague with whom the PG can liaise about PG information on the website. Please could it also nominate someone (not necessarily the same person) with whom the PG can explore more fundamental concerns about the website from a patient perspective.'*

Dr Chen indicated that this would be Seyhan Yusuf. PC pointed out that despite previous requests, the PG section of the website is not up to date. PH suggested that the website could have a much more prominent link to the Patients' Group, and perhaps a summary of Patients' Group activity, on the front page.

Requested action (practice): please can the PG section of the website be updated, and direct contact details for Seyhan forwarded to RT.

iv. *'Please could the practice let us know what [communications] it would like us to review.'*

This point had been covered under 3.i above.

- v. *'Please could a brief note about social prescribing be included in the next and subsequent Practice Reports.'*

This had not been done, but will be from now on. Dr Chen reported that good use had been made of social prescribing, but future arrangements will not be the same as they have been in the past and are still not entirely clear.

Action (practice): some detail on social prescribing to be included in future Practice Reports.

- 4. Terms of Reference

There was wide-ranging discussion both of the Terms of Reference document and of the overall role of the Patients' Group, structured around a list of suggestions produced by RT as secretary (attached). It was accepted that the requirement to change the Terms of Reference in the light of the merger of the Rushey Green and Baring Road practices provided an opportunity to revise the ToR document and to reconsider the purpose of the PG. In general, the group agreed that it should seek to involve a wider range of patients in some way, while recognising that past efforts in this direction had proved to be hard work with little reward.

RT suggested that a new ToR document should make provision for a small committee, to be elected from the active PG members, which would liaise periodically with the practice about the PG's aims and objectives, and also that the new document should acknowledge the constraints upon the practice. Both proposals met with a range of responses. The conclusion was that RT should re-draft the existing document in the light of this meeting's discussion, omitting points which are already implicit in other points, giving more detail on some of the new ideas and incorporating safeguards to ensure that both branches of Novum are represented. This draft document will be circulated in advance of the next meeting, when a decision will be taken about the next steps.

Action (RT): RT will produce and circulate a draft new ToR document.

- 5. Practice Report

Dr Chen expanded upon the Practice Report (previously circulated). It was noted that no-one had been able to open the link for the summary of complaints. Particular issues covered were as follows:

i. Missed appointments (DNAs) at Novum. These are difficult to understand: the majority are nurse appointments for ongoing reviews, at times which have been agreed by the patients concerned. The monitoring system has not at this stage distinguished between the two branches.

ii. Phlebotomy. Routine blood tests are no longer carried out at Baring Road except when required as part of reviews of chronic conditions. This is because the HCA who carried out most of this work has left, the level of demand does not justify an equivalent replacement and the service is widely available elsewhere.

iii. Extended access. The group welcomed the provision of extended appointment times in the area, but did not recognise the location of some of the surgeries involved. Dr Chen clarified that appointments will be made through a patient's own GP practice, and receptionists will give directions if required.

iv. Fund for patient experience. Dr Chen explained that a small amount of money is available for improving 'patient experience'. Possibilities considered included development of the website, activities to promote the Patients' Group and improvements to the waiting room at Rushey Green, which compares unfavourably with Baring Road. No decision was taken, but Dr Chen pointed out that the Rushey Green waiting room suffers a great deal of wear and tear.

6. AoB

PH noted that the information on the practice website about average GP salary has not been changed since 2018–19. Dr Chen undertook to ensure this information is brought up to date.

DW passed on complaints about care home residents having been told by receptionists that there was a two-week wait for appointments. Dr Chen replied that without further information the complaint was hard to understand: advance booking is only available for nurse appointments, and care home residents are normally prioritised.

JH observed that not all of the action points in the previous minutes had met with a response.

Requested action (practice): please could the practice ensure that the salary information on the website is updated and that each action point in minutes is responded to in some way.

The meeting was declared closed at 6.52 p.m.

Next meeting: Thursday 15 December, at 5.00 p.m. at BRMC.