

**NOVUM HEALTH PARTNERSHIP
PATIENTS' GROUP**

**Meeting: 5 June 2023
Rushey Green Group Practice 6.00 p.m.**

MINUTES

Present: Suzy Wilkinson (SW, chair), Anthony Atherton (AA), Robert Thompson (RT, minute taker), Janet Thompson, Jeanne Mynett (JM), Susan Hodge (SH), Dr Shashi Arora. Apologies had been received from, Patrick Connolly, Paul Howell and Cerys Smye-Rumsby

1. RT welcomed those present.
2. SW's offer to chair the meeting was accepted.
3. The minutes of the meeting on 19 April were accepted as an accurate record, although it was noted that Seyhan Yusuf is no longer responsible for the partnership's IT; in item 3.i of the minutes, the wording 'Seyhan Yusuf (for the technological matters)' should therefore be replaced by 'a technical representative'.
4. The following matter, not covered later in the agenda, arose from the action points in the minutes (in italics below):

(RT): practice admin staff will be asked to add JM to the paper copy list [for the distribution of papers].

JM noted that she had received a copy of the previous minutes.

The only other action point in the previous minutes, about item 3.iv, was not raised. [This referred to concerns about unnecessary hospital appointments and possibly inaccurate records which had been discussed on 6 March but could not be followed up at the last meeting because of a lack of information.]

RT will ask if members can provide more information in a suitably anonymous way.

Some further matters arose from the minutes:

- i. JM asked why the practice's telephone queue system could not inform callers when there were no more appointments available; she understood that this facility was available elsewhere. Dr Arora said that she would try to find out; the existing application is to be replaced in due course, and the new one might be more flexible.

- ii. AA asked why a patient representative had not been invited to take part in the selection of a new telephone application. Dr Arora explained that the process was at an early stage; a wide range of alternatives was being narrowed down by the CCG, from whose final recommendations the practice will be able to choose. The PG will be consulted at this stage. AA regretted that there was not more patient involvement in this process, given that a patient list of 21000 could well include telecommunication experts.
- iii. There was some discussion of repeat appointments. The group's general feeling was that patients were too often expected to arrange essential follow-up appointments through the normal system, and that these appointments could be made by GPs in advance. It was also frustrating that there was no 'fast track' for appointments subsequent to test results. Dr Arora said that GPs do have the option of making advance arrangements when they think it necessary; as with so many other issues, the practice can only do its best to meet demand that constantly exceeds capacity.
- iv. JM asked about the practice's level of staffing; she understood that on Thursday 1 June only a single GP had been available at either branch, and a receptionist had told her that on this day at least the online booking system had been suspended. She had been told that ten GPs would be available on another day.

SH wondered whether there had been some confusion of terminology, perhaps between 'doctor on duty' and 'duty doctor'. Dr Arora undertook to look into what had happened, pointing out that illness or sudden emergency could easily disrupt the practice's staffing plans with little or no notice.

Action point: please could the GP attending the next meeting outline the practice's planned staffing levels.

- 5. Posters and leaflets
 - i. The complaints and feedback poster was discussed. It was agreed that the function of this poster is to reassure patients that feedback is welcome and to explain as simply as possible how they can take the first step. SH's offer to redraft the poster was welcomed; she will redesign it in a form that will be clear and effective in A3 size as well as smaller formats.
 - ii. The redrafted version of the 'Guide to Making a Complaint' which RT had developed from the practice's previous leaflet was considered broadly satisfactory in terms of content; this document is not intended to replace a full 'complaints policy' but rather to provide a basic guide for a patient wishing to complain on their own behalf. It was agreed that members would think about ways of improving its layout, perhaps using both sides of an A4 sheet. The

final document will include information about ways of escalating complaints; Dr Arora confirmed that failure by the practice to respond in the promised time is in itself grounds for escalation.

- iii. RT felt that the additional document outlining procedures for complaining on behalf of someone else needed clarification of certain issues, such as complaints on behalf of patients unable to give consent. There must be some legal or procedural guidance on these matters. RT will liaise with the practice about the best way to provide advice which is accurate and straightforward.
- iv. The Patients' Group recruitment poster was considered broadly satisfactory. The QR code linking to a registration form (tested by AA) met with approval, but other ways of registering an interest should be made more prominent. While it has never been a requirement for a patient to register formally for the PG, there was a feeling that information collected in this way could be helpful. RT will make some minor changes to this poster for discussion at the next meeting. On a related point, it was thought regrettable that there is no reference to the Patients' Group on the home page of the practice's website; SH commented that the Novum website generally seems much harder to navigate than some others.

Action points:

- a) **[SH] Revise feedback/complaints form with clearer basic information and better layout.**
- b) **[all in PG] Think about improvements in layout and in details of content for the Complaints document.**
- c) **[RT] Liaise with practice about wording for the 'Making a complaint for someone else' document.**
- d) **[RT] Make minor changes to the PG recruitment poster.**

6. Practice report

Dr Arora presented a detailed practice report. Its key points were as follows:

- i. The new system for access by filling in an online form will be introduced as soon as possible. Assistance from receptionists will be available over the telephone. The form will ask for information in broadly the same way as the NHS app, and Dr Arora emphasised that this system is not intended for emergencies.
- ii. The practice is generally well-staffed and steps are being taken to rectify a shortfall in HCAs. Candidates with hospital backgrounds have been interviewed, and will be inducted into primary care work once appointed. Dr Morris, who has worked at the practice as a locum, has now become a fifth GP partner.

- iii. The practice is engaging more comprehensively with long-term conditions, for example by employing a pharmacist to carry out medication reviews.
- iv. Physiotherapy funded by the PCN is available at both Novum branches.
- v. Long-term contraceptive services (already provided for Novum patients) are to be available as a PCN service at Baring Road.

SW asked about phlebotomy services. Dr Arora explained that these have been centralised by the PCN in the interests of efficiency, in the same way as Covid vaccinations.

AA commended the practice's continued engagement with GP training, and the group agreed. AA also asked what arrangements existed for social prescribing: Dr Arora explained that a social prescriber has been appointed by the PCN, to whom patients can be referred by GP practices.

JM asked whether up-to-date details of practice staff could be displayed in waiting rooms as well as on the website; turnover is fairly rapid, and it is hard to remember names. AA asked how many staff are employed by Novum; Dr Arora said the total is about 60.

7. AoB

SH circulated a timeline chart outlining post-diagnosis support for cancer patients. She raised two particular concerns:

- i. The timeline includes two post-diagnosis care reviews to be carried out by a GP or practice nurse within three and twelve months of diagnosis. There appears to be a major difference between the number of GPs who believe they have carried out these reviews and the number of patients who think they have received them. She was not aware of having had these reviews herself, and they do not appear on her record in Patient Access.
- ii. There is no support group for cancer patients in Lewisham, though other areas such as Southwark do have them. Novum alone is stated to have 436 cancer patients, so the numbers would certainly justify one. SH asked whether this figure is a cumulative total or the number of new diagnoses in a year.

AA asked whether the timeline applied to all cancer patients; SH confirmed that it does, and AA said he was also unaware of the three- and twelve-month reviews; neither had he received a personalised care support plan. SH pointed out that patients would like to be involved in their reviews even if they could be carried out without them.

Dr Arora responded that management of long-term conditions had been severely disrupted by the pandemic; GP practices were reinstating appropriate procedures, as had been outlined in the practice report, but this was taking some time. The support group could not of course be established by Novum alone, but she will make enquiries to see whether the PCN could set one up; she will also find out what the practice's number of cancer patients means.

SH will try to find a version of the 'Timeline' chart suitable for display in waiting rooms.

Action points (practice):

a) Could the practice please investigate the possibility of a cancer patients' support group being set up in our area?

b) Please could the GP attending the next meeting clarify the practice's policy about cancer care reviews?

Dr Arora was warmly thanked for her attendance and detailed contribution. The meeting was declared closed at 7.28 p.m.

Dates and locations of future meetings:

Wednesday 12 July	BR
Monday 11 September	RG
Wednesday 18 October	BR
Monday 27 November	RG
Wednesday 10 January 2024 AGM	BR