

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

**Meeting: 7 April 2022
BRMC 5.00 p.m.**

MINUTES

Present: Robert Thompson (RT, minute taker), Janet Thompson, Anthony Atherton (AA), Dr Shashi Arora (Novum), Lee Walker (LW), Jeanne Mynett (JM) and Suzy Wilkinson (SW). Apologies had been received from Louise Brown, Elaine Curley, Debbi Gooch, Jan Gimble, Paul Howell, Pat Blunden and Bob Blunden.

- 1 RT welcomed those present and explained that Bob Blunden, who had planned to chair this meeting, was unable to attend for family reasons. It was agreed that RT should chair in his absence.
2. The minutes of the meeting on 24 February 2022 were accepted as an accurate record.
3. Matters arising:
 - i. JM asked whether management consultancy, mentioned in the previous meeting's minutes under item 3.iii, had been considered by the practice as a way of improving access to appointments. RT suggested that the management of appointments should be considered at a later date alongside an attempt to improve communication with patients about access and health care generally. A recent personal conversation had suggested that messages about online access were not getting through as intended: older patients seemed to be finding it very difficult to adjust their expectations away from their past experiences, and those who had not recently needed GP services often had literally no idea how to access them now. Perhaps the Patients' Group, as concerned lay people, could make a positive contribution in this area. The meeting agreed with LW that paid consultancy would not be a good use of resources.

SW asked whether the practice had already taken steps to increase patients' confidence in using online systems. Dr Arora answered that the CCG's drive towards online contact had encouraged practices to provide familiarisation and training sessions, but Novum's programme had been

disrupted by the pandemic and lockdown. The meeting welcomed her suggestion that it could now be revived with the support of the Patients' Group, perhaps as an open forum to which patients were invited.

ii. There was wide-ranging discussion of continuing problems in accessing appointments, whether by telephone or online. All appointments available for online booking seem to be taken very quickly after their release at 8 a.m. each day, an issue particularly acute at Rushey Green. The system apparently allows more than one person to attempt to book an appointment at the same time, so that patients might find that their chosen slot had been taken while they were typing in the details of their problem.

JM pointed out that patients are discouraged from using online channels by a system which creates further difficulties and frustrations, outlining as an example issues she had experienced in arranging a follow-up appointment. Unable to find an online appointment, she had telephoned outside the peak booking time: it was especially troubling that on more than one occasion the Rushey Green telephone had been engaged, without a queuing system, so that even in an emergency there could have been no access to the duty GP or nurse. On a more positive note, she commended the reception staff at Baring Road, who had eventually found a solution.

It was felt that Rushey Green is under greater pressure, leading to poor service. This pressure is reflected in the average length of time before all appointments are taken: at Rushey Green they are all booked after just a few minutes, whereas at Baring Road appointments are often (though not always) available until 8.30. JM asked whether a different approach to releasing appointments could be considered, such as asking people to call in at 8.00 for 'new' problems and at a later time about existing conditions. Alternatively, there could perhaps be a dedicated line or time slot for patients responding to practice requests to make an appointment. SW reported difficulty in accessing online appointments at Baring Road and expressed concern that an email message describing a medical condition for which an appointment was needed had not received an appropriate response.

Dr Arora said a range of possible alternative arrangements for booking appointments can certainly be discussed, ideally with Patient Group involvement. Appointment availability is the same as before the pandemic: the problems are caused by a surge in demand as restrictions are removed, coupled with a continuing requirement for clinical staff to

self-isolate if they or a contact test positive. The size of the workforce is determined by the practice's contract, and cannot be increased. LW suggested that these realities need to be faced: the solution must be to reduce the demands on the practice through effectively communicating ways of using online platforms and accessing other NHS services such as pharmacies. Dr Arora assured the meeting that receptionists do a good job of identifying patients who need GP appointments; this was accepted, but the telephone access problem may be compounded by callers who perhaps did not really need to call a GP practice at all. Improvements in communication may be the solution, and this could be an area in which the Patients' Group could give support.

4. Practice report

Questions and comments were invited in response to the practice report, which had been previously circulated.

i. The group asked whether abbreviations, acronyms and unfamiliar terminology could either be avoided or explained. Dr Arora said she would pass this request on to the Practice Manager.

ii. AA asked whether the typeface and layout of the report could be reviewed with regard to accessibility; he understood that there were established principles for making material easier to read. RT invited AA to email any recommendations he had, which will then be passed on to the practice.

iii. LW asked about references to prioritising certain activities; surely this entailed de-prioritising others, which should be identified? Dr Arora explained that the Primary Care Network had taken a decision to prioritise existing problems for which periodic consultations and reviews had fallen behind in the pandemic, and had taken on extra staff for this purpose. It was agreed that the decision was entirely sensible; however, RT suggested that as the word 'prioritisation' is sometimes used to put a positive slant on the neglect of something else, a brief explanation in the report could be helpful. Dr Arora said that the PG would be welcome to contribute to the practice's future discussion of prioritisation.

5. Appointment of Chair and Vice-chair

The meeting warmly welcomed the information that Bob Blunden had agreed to act as Chair for the rest of the year as long as support was

available from other members when (as on this occasion) circumstances prevented his attendance.

RT confirmed that he will continue as minute taker; SW said that, if necessary, she is prepared to chair occasional meetings when she can. It was agreed that Bob's formal appointment, and formal or informal arrangements for chairing in his absence, should be finalised at the next meeting.

6. AoB

i. JM mentioned an alarming experience in which clinical staff seemed unfamiliar with some new medication, including its potential side effects. The group sympathised, but felt that the problem really lay with the hospital osteoporosis clinic rather than the GP practice.

ii. JM had provided a recruitment poster for another practice's PPG to be adapted for our use, but nothing further had happened. It was agreed that advertising our PG would be a good idea, and perhaps the group itself could adapt or produce a poster provided that the practice was able to duplicate it. AA pointed out that the complaints procedure is not yet displayed in waiting rooms; again, perhaps the PG could produce the actual document if the practice gave permission for it to be displayed on notice boards.

iii. The group thanked Dr Arora for her contribution. SW said that whatever other problems occurred, the standard of clinical care delivered by Novum was excellent, and the group wholeheartedly agreed.

7. Dates of next meetings:

Thursdays 19 May, 30 June, 11 August, 22 September, 3 November, 15 December, all at 5.00 p.m. at BRMC. The timing of subsequent meetings can be discussed in due course, but it was decided that the meetings already arranged should stay as they are because they have already been entered into GP's schedules.

The meeting was declared closed at 6.09 p.m.