

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

**Online Meeting: 9 September 2021
6.00 p.m.**

MINUTES

Present: Patrick Connolly (PC, chair), Robert Thompson (minute taker), Janet Thompson, Paul Howell (PH), Anthony Atherton (AA), Pauline Garrod, Maureen Bishop, Lee Walker, Dr Judy Chen (Novum), Marsia Stewart (MS, Novum), Jeanne Mynett (JM, from 18.28), Suzy Wilkinson. Apologies had been received from Bob Blunden, Pat Blunden, Bee Godwin, Elaine Curley and Jan Gimble.

- 1, 2 PC welcomed everyone who had signed in and explained why this meeting had been called at unusually short notice: the meeting planned for 26 August was cancelled because the agenda contained two items requiring input from the practice and the practice was unable to provide a representative. Both were matters of some urgency, so the previously-planned next meeting on 7 October was too far in the future. This additional meeting, following the agenda for 26 August, had therefore been arranged.

The Chair's decision about these issues met with unanimous agreement.

The meeting was reminded of etiquette in terms of waiting for cues to speak, minimising background noise, muting devices when not speaking and so on.

3. The minutes of the meeting on 15 July 2021 were accepted as an accurate record.
4. There were no matters arising other than those already on the agenda.
5. The Chair sought the views of members on resuming face-to-face meetings, emphasising that the final decision as to what happens on its premises rests with the practice. Factors to be taken into account included possible future developments in the pandemic and the position of group members who for different reasons might wish to continue to meet remotely.

The general view of those present was that in-person meetings would be greatly preferable if they could safely be arranged; a similar view had been taken by other organizations, such as the Macular Society. Members were concerned that meetings should take place in a well-ventilated space or even outside, but it was accepted that outside meetings would not be practicable in the winter months.

Dr Chen said that she was happy in principle for meetings to take place in the board room at Baring Road, and would ask the administrative staff to check whether the windows open and the tables can be arranged to achieve suitable distancing.

The group would like remote access to remain an option, though MS reported that the internet connection upstairs at Baring Road is not good; the alternative of the Ringway Centre was considered, but there would normally be a cost involved in hiring a room there. The group agreed with Dr Chen that it would be improper to use patient records to contact a representative of the centre in the hope of making a special arrangement. The conclusion was that the upstairs room at Baring Road would be the preferred option, subject to making acceptable ventilation and distancing arrangements, and that we would continue to explore the possibility of setting up some form of remote access there.

6. The Chair thanked JM for her detailed response to the Primary Care Network meeting on 4 August (circulated with the papers for the current PPG meeting) and invited her to expand on the overall content of that event, which she had attended with AA. The programme had included formal presentations as well as group discussions involving representatives from different practices ranging from doctors and other practice staff to members of patients' groups.

The most significant presentation had concerned social prescribing and the role of voluntary groups; PH asked if we could explore these areas at future PPG meetings, a suggestion which met with general assent. Discussion had also covered recent survey reports, as outlined in JM's written description, and JM and AA were concerned that in some respects – notably ease of access – Novum appeared to compare badly with other local practices. There was support for the view that current access arrangements do not work: two members reported long waits on the telephone, only to be told that there were no appointments available.

The group initially focused on access. PC pointed out that the subject has regularly been discussed at our meetings. JM agreed, but felt that the difficulties caused by the restricted daily time slot for making telephone appointments (8 a.m.–9 a.m.) have never been fully recognised; they include particular issues for parents taking children to school, carers attending vulnerable people and anyone whose work requires total attention during that hour. Her discussions at the PCN meeting had revealed that other practices adopt more flexible arrangements, including delegating a GP to receive calls and make appointments throughout the day.

PC wondered whether this was the best possible use of GP time; JM replied that patients are not qualified to decide on that question, but she wanted to let the group know that other practices adopted procedures different from Novum's and possibly superior. It was pointed out, however, that not every practice is doing better and many patients elsewhere are extremely dissatisfied.

Dr Chen addressed these issues of survey evidence and access. Regarding access, she said that demand is such that there will never be enough capacity to provide an ideal service; the partners are aware of the problems and are doing what they can to improve matters. Patients are encouraged to use NHS apps and the website whenever possible, and Novum has not followed the example of some other practices which require all patients to make initial contact through an electronic form. Telephone access depends on the availability of receptionists: recruiting and retaining receptionists is a perennial problem,

not least because good receptionists often wish to move on from this exceptionally stressful role. The situation has been particularly difficult over the summer because of staff absences due to sickness, self-isolation after contacts and leave postponed from the height of the pandemic; the practice is waiting for two new GPs to start at Baring Road, and extra locum time has been contracted to cover the interim period. For the telephone system, the practice is trying to devise a message which indicates that the day's appointments have gone while giving the kind of advice a receptionist might give if a patient's concerns appeared to be more urgent; it is important to make sure patients take appropriate action if an appointment is not immediately available.

About the survey results, she questioned whether they are truly representative. For example, many patients see no need to complete surveys if they are generally satisfied, and a high proportion of the practice's patient list do not have English as their first language, which introduces another barrier. Some elements of the surveys in fact indicate an improvement; in terms of the 'safety netting' of vulnerable patients and general disease management, Novum's performance is comparable with other practices.

Discussion then turned to general communication between patients and the practice. An example was given of a detailed message concerning the issues raised at the PCN meeting, sent to Dr Chen and unanswered for some weeks; a more recent letter about an issue considered an urgent matter of patient safety had also remained unanswered. MS responded that in neither case did the messages involve medical matters immediately urgent for their sender, and they were therefore not forwarded to a GP but left for administrative staff to deal with; the practice has around 21,000 patients and receives many messages marked 'urgent', which administrators have to assess. For the reasons already described, reception and administrative staff levels are minimal, so that MS herself has had to help out on reception rather than deal with complaints; this is regrettable, but a matter of priorities. The situation is made worse by a backlog of work already known to be outstanding in addition to an increase in the number of patients coming forward after isolating themselves in the pandemic.

These facts were of course accepted, but there was a view that incoming messages and complaints ought at least to receive an acknowledgement and a holding response. AA suggested that administrative staff, as the initial readers of incoming messages, were being expected to make judgements they should not have to, and expressed concern about the level of training given to non-clinical staff before they are required to take important decisions. His experience as a patient was far less satisfactory than it had been five years ago, not because of any shortcomings on the part of GPs or nurses but because of administrative mistakes and problems with technology; although these issues have been made more serious by the pandemic, they are of longer standing.

Dr Chen assured the group that receptionists and administrators fully understand how to discriminate between matters that need urgent medical attention and those that do not.

Another member raised an issue about outgoing communication. There was concern that the practice does not communicate effectively with patients who do not own smartphones, and this can cause a great deal of inconvenience; similarly, it does not give

adequate notice of appointments cancelled due to staff absences. MS pointed out that the practice itself will not have advance notice of staff absence due to illness or isolation, both of which have caused widespread problems in recent months, and can never do more than try to contact patients affected using whatever details they have provided; if these consist of a landline number only, it is impossible to leave a text message.

The Chair pointed out that many of the problems raised have been identified and discussed at previous meetings and are being addressed by the practice; we are living in difficult times, and the pressures on NHS staff need to be recognised. He thanked MS and Dr Chen for explaining the practice's current difficulties so cogently and expressed appreciation that the practice is not using an electronic initial contact form.

7. Due to the time spent on the two main items above and the fact that many practice issues had already been explored, the Practice Report was deferred until the next meeting.

8. AoB

The meeting previously planned for 7 October will not now take place (see new date below)

The Chair thanked Dr Chen and MS for joining the meeting to represent the practice; JM asked Dr Chen to contact her privately about the patient safety issue raised under item 6.

7. Dates of next meeting

Thursday 21 October at 6.00 p.m; arrangements to be confirmed in due course.

The meeting was declared closed at 7.15 p.m.