

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

**Meeting: 11 August 2022
BRMC 5.00 p.m.**

MINUTES

Present: Patrick Connolly (PC), Anthony Atherton, Robert Thompson (RT, minute taker), Paul Howell (PH), Jeanne Mynett (JM), Jan Gimble (JG), Elaine Curley, David Williams (DW), Chris Blake (CB) and Dr Alberto Febles (Novum). Apologies had been received from Suzy Wilkinson, Bob Blunden, Pat Blunden and Janet Thompson.

- 1 In the absence of Bob Blunden, PC kindly agreed to act as chair for this meeting and welcomed those attending.
2. The minutes of the meeting on 30 June 2022 were accepted as an accurate record.
3. Matters arising:
 - i. A range of issues arose related to item 4.ii in the previous minutes, which concerned access and the complaints procedure.

Some members referred to recent or ongoing complaints, particularly about administrative matters, noting that they had not always received a response within the timescale promised by the practice. Other PG members commented on access arrangements, especially the difficulty of getting through by telephone for those who do not use computers. In conclusion, a majority of the group wished it to be minuted that they felt continued dissatisfaction about access and the handling of complaints. There was also concern that information about the complaints procedure is not prominently displayed in waiting rooms.

- ii. On the subject of communication, it was noted that CB and DW had not been provided with hard copies of PG documents, although the practice had agreed to do so.
 - iii. It was accepted that the Patients' Group is not a forum for personal complaints. Members are entitled to question whether their experiences are typical, but personal issues should be pursued through the formal complaints procedure. JM asked whether a summary of different categories of complaint received over the preceding few weeks could routinely be presented in the Practice Report.
 - iv. Other specific issues discussed were appointments being offered at Rushey Green instead of Baring Road and the unavailability of blood tests at Baring Road. After discussion, it was accepted that the merger allows patients to be offered the option of an earlier appointment at the more distant centre, but does not oblige them to go there. Records are available to staff at both branches. Dr Febles explained that the practice cannot employ a full-time phlebotomist; an HCA is being trained to carry out this work, but is not yet qualified.

- v. There was some discussion of the perceived preferential treatment of patients booking appointments online. PH commented that any such preference is not intended, but simply results from the speed with which appointments can be arranged online. Nevertheless, online access is by no means straightforward: it is frustrating that a patient can click on an appointment time and fill in the details requested, only to learn at the end not only that this particular slot has already been taken but also that there are no others available. The group agreed that patients should be encouraged to use online access, but difficulties of this kind inevitably send people back to the telephone and mean that the potential benefits of online appointment booking are not achieved.
- vi. EC asked about follow-up appointments: was it possible for a GP to make them, or was the patient required to do so? In that case, could they expect to see the same doctor? The answer was that the patient did need to make the booking, and that it was very difficult to ensure that the same doctor was available for the next appointment. The policy of assigning patients to a named doctor does not work out in practice.
- vii. JM reported difficulties in accessing the version of AskFirst for computers, which may not work on older machines. This was another obstacle to online communication. JG outlined a procedure used elsewhere in which patients could phone in and have a receptionist make an online appointment on their behalf; as described, the system appeared to work well, but difficulties with phone access at Novum would make it problematic.

4. Practice Report

There was some discussion of the Practice Report. It was noted that, as sent, the report had a header on each page, which was wasteful of space and paper.

- i. RT asked about the Allegro machine; Dr Febles explained that it is a do-it-yourself device for measuring blood pressure, etc. It was observed that printouts of results were sometimes illegible, though this was an issue with older machines rather than the new ones.
- ii. JM commented that there is still no widely available information about the release of appointments at 1 p.m. It was suggested that this information, along with other relevant information such as the date and time of the next PG meeting, could perhaps be circulated by text message.
- iii. Dr Febles explained plans to replace the central Extended Access arrangements at Lewisham Hospital with extended hours at individual practices. GP services would in fact be provided at Lewisham on Saturdays; during the week, appointments would be available at Novum branches from 8 a.m. to 8 p.m. There was some discussion as to how these could be staffed. Dr Febles observed that the plans are still not finalised, and do not originate from Novum. It was agreed that Extended Access arrangements should be discussed at the next meeting, when the situation might be clearer.

5. AoB

- i. JM raised the issue of improving communication between the practice and patients as something the PG could help with. She asked whether any volunteers were prepared to come forward to contribute to a newsletter, which might be placed on the website, and showed the group a PG recruitment poster from Torridon Road which could be adapted for our use. It was accepted that communication needed to improve, and that practice staff would not have time to work on a newsletter, but no definite conclusion was reached.
- ii. There was some discussion of the timing and length of meetings. These are fixed up to the end of 2022; thereafter, when the practice is open until 8 p.m. for Extended Access, a later time for some meetings might be possible, and might in turn help the group to become more inclusive. At present, the working hours of cleaning staff (who have to lock up the building) mean that meetings should not go on beyond 7 p.m.
- iii. It was suggested that the PG Chairman should write formally to the practice about promoting the PG and reporting on its activities; this suggestion should be put to the Chairman at the next meeting.
- iv. Concern was expressed about the confusing nature of the practice website, which makes Patients' Group information posted upon it difficult to find.
- v. AA asked about the practice's approach to social prescribing, which he felt should be included in practice reports as an element of inclusive care. Dr Febles explained that a 'social prescriber' is a specialist to whom patients have to be referred by a medical professional; the social prescriber will give help with accessing other services and means of support, as well as assisting patients with organisation. Members of the group suggested that this provision should be more widely publicised.¹
- vi. RT passed on a message he had received about GP referrals for therapeutic exercise. Dr Febles said that the practice currently refers patients only to organised classes and gyms, but would be open to suggestions about possible online or home-based approaches. RT will reply to that effect.

Dr Febles was thanked most warmly for his contribution, and the meeting was declared closed at 6.40 p.m.

Future meetings:

Thursdays 22 September, 3 November, 15 December, all at 5.00 p.m. at BRMC.

¹ Here are some links we might consider (amongst others) at a future meeting:

[Social Prescribing in Lewisham - One Health Lewisham](#)

[NHS England » Social prescribing](#)

[Social prescribing: applying All Our Health - GOV.UK \(www.gov.uk\)](#)