

**NOVUM HEALTH PARTNERSHIP  
PATIENTS' GROUP**

**Meeting: 12 July 2023  
Baring Road Medical Centre 6.00 p.m.**

**MINUTES**

Present: Cerys Smye-Rumsby (CS, chair), Suzy Wilkinson (SW), Anthony Atherton (AA), Robert Thompson (RT, minute taker), Jeanne Mynett (JM), Chris Blake (CB), David Williams, Dr Alberto Febles (Novum). Apologies had been received from Patrick Connolly, Paul Howell, Susan Hodge (SH), Vincent Yip (VY) and Janet Thompson

- 1, 2 CS's offer to take the chair was warmly and unanimously accepted. She welcomed members to the meeting before outlining her own background and her interest in fostering good practice.

RT conveyed apologies as above. In addition, Patrick Connolly has decided to resign from the group for personal reasons; RT passed on Patrick's thanks to the Patients' Group and Novum's medical and administrative staff for their support, especially when he was Chair during the pandemic. Vincent Yip had sent an email about support for cancer patients, pointing out that existing sources of support should be investigated before new arrangements were considered; this message had been copied to the practice.

3. The minutes of the meeting on 5 June were accepted as an accurate record.

4. The following matters, not covered later in the agenda, arose from the minutes:

i. JM had not received a copy of the previous minutes through the post, as had been previously arranged. RT will remind the practice staff to ensure they are sent every time.

ii. JM had asked why the telephone system cannot inform callers waiting in the queue when all appointments have been taken. Dr Febles explained that the phone and appointment booking systems are separate and cannot be automatically linked; the availability of appointments is constantly changing, for example when patients cancel or fail to attend. CB and other members commented that the phone booking system appeared to have improved in recent weeks.

iii. CS raised the issue of social prescribing; she has experience in this area, and asked what arrangements existed at Novum. Dr Febles replied that the Sevenfields PCN has a social prescribing service, to which patients must be

referred by the practice; it is not possible for patients to access social prescribing through Sevenfields directly.

CS undertook to investigate and establish contact with other providers of social prescribing in the area and will report back to the next meeting. As an example of good practice she recommended the Bromley-by-Bow Centre. [Information is readily available online: see, for example, <https://www.bbhc.org.uk/wpcontent/uploads/2022/03/Social-prescribing-leaflet-March-2022.pdf> and <https://www.bbhc.org.uk/insights/>]

Locally, Community Connections Lewisham is the organisation responsible for bringing the voluntary sector to interact with health issues. [Its website describes it as ‘a ‘Social Prescribing’ service, supporting anyone living in the borough (aged 18+) who is looking for help to improve their health and wellbeing.’] This would be the organisation to approach for support for a new group. As an example of successful social prescribing, CS described the way a service had provided practical help for isolated widowers, such as transport, to encourage and enable them to meet for mutual support, an arrangement which they later continued without any formal intervention.

AA commented that there are certainly examples of good practice, but they are not being followed up in our area. He pointed out that social prescribing is an essential element of Personalised Care, which is gradually being introduced by the NHS; he felt that it would be many years before this approach became established. He also noted that Healthwatch Lewisham has an interest in developing social prescribing.

JM suggested that a speaker on social prescribing might be invited to come to a PG meeting. This was considered a good idea, but perhaps one to be left till a future date.

iv. Dr Febles addressed the issue of cancer care reviews. He explained that the system of calling patients for review is well established, though there may be one-off problems; patients are invited for a review three months after diagnosis, but they sometimes decline as they may at that point be preoccupied with their treatment and other practical matters.

AA said that his own experience suggests that the system is imperfectly delivered; CS observed that the figures relating to diagnosed patients and the consistency of their reviews must be available, and could be looked into later.

v. CS will investigate cancer support available locally (as suggested in VY’s email). She pointed out that some organisations offer support nationally

**Action point (CS): investigate what social prescribing provision and cancer support is already available locally.**

vi. Dr Febles explained how a number of patients were mistakenly identified as suffering from diabetes. An administrative error had been made, whereby the code to send messages intended for a particular category of diabetic patients was wrongly entered, thus inadvertently sending the messages to a different group. As this was a multiple message, a single keystroke sent information to many people to whom it did not apply.

RT said that while we would all prefer such errors not to occur, they are a fact of life and can usefully inform future training and protocols; humans are always liable to error, and systems need to be designed to minimise the risk and to spot mistakes before they have consequences. This was generally accepted.

5. Posters and leaflets

SH was unable to attend the meeting, so we shall address the redesigned complaints poster at a later date. RT will improve the layout of the complaints leaflet, incorporating JM's suggestions about large headings. The 'third party' complaint leaflet and recruitment poster were considered satisfactory.

**Action point (RT): improve layout of the Complaints document.**

6. Practice report

Dr Febles expanded upon the practice report already circulated.

- i. The most important issue was the trialling of a new system for contacting the practice. This trial will be conducted during two sessions each week, when patients contacting the practice will be asked to complete an online form for assessment by an experienced duty triage team. The team will then give an appropriate response, ranging from offering an in-person appointment to giving advice by telephone. The intention is for Novum to use a relatively simple platform based on WhatsApp; patients will still be able to phone to speak to a receptionist or send the required information by text message, and appointments made over the NHS app will be assessed in the same way.

SW asked what advantages were offered by this system. Dr Febles explained that the practice hopes it will reduce the bottleneck of contacts at the time appointments are released. JM expressed concern at the implications of assigning experienced staff to the triage team instead of other duties, and wondered whether the volume of messages coming in would create a backlog.

Dr Febles explained that the whole point of the trial was to find out whether the system was workable. There was some discussion of the value of a trial

without full implementation, but on balance the meeting was supportive of this initiative.

- ii. AA asked whether the 'virtual ward' development was intended only for patients recently discharged from hospital. Dr Febles explained that while the 'virtual ward' would mainly look after these patients, it would also care for those who were housebound or had long-term serious illnesses. All 'virtual ward' patients would be supported in using monitoring equipment, which would be provided, and the information sent from these devices would be reviewed regularly. The concept is not entirely new, and builds upon approaches already taken by district nurses and others.

## 7. AoB

- i. CS asked whether the Sevenfields PCN was promoting any interesting initiatives. Dr Febles mentioned anticipatory care for diabetes, and AA observed that this should be a priority; the incidence of diabetes is increasing, and it is hard for individuals to avoid consuming a great deal of sugar. CS will enquire about any other Sevenfields developments which might be helpful.
- ii. CS asked all members of the group to try, before the next meeting, to have a conversation with someone outside the group about health-related issues. This would be a way of drawing upon the experiences of those unable to come to in-person PPG meetings.
- iii. RT explained that the steering committee mentioned in the Terms of Reference had not been established due to our lack of a permanent Chair. The intention had been for this committee, in conjunction with the practice, to set objectives for the PPG which went beyond identifying problems.
- iv. SW and RT both wished to record their appreciation of prompt and helpful answers received in response to messages sent to the practice; in their recent experience, the system had worked extremely well.

Dr Febles was warmly thanked for his attendance and input, and the meeting was declared closed at 7.20 p.m.

**Action point (CS): check whether Sevenfields PCN has any interesting initiatives.**

**Action point (all): try to have a health-related conversation with someone outside the PPG, with the aim of bringing a wider perspective to the next meeting.**

Dates and locations of future meetings:

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