NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP

Online Meeting: 15 July 2021
6.00 p.m.

Minutes

Present: Patrick Connolly (PC, chair), Robert Thompson (minute taker), Janet Thompson, Paul Howell (PH), Anthony Atherton (AA), Bob Blunden, Pat Blunden (PB), Pauline Garrod, Suzy Wilkinson (SW), Louise Brown, Dr Shashi Arora (Novum) and Abdul Choudhury (NIHR). Apologies had been received from Dr Judy Chen, Lee Walker, Bee Godwin, Louisa Papadouri, Elaine Curley and Jan Gimble.

1. PC welcomed everyone who had signed in. 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.

2. The minutes of the meeting on 3 June 2021 were accepted as an accurate record.

3. Matters arising:

   PC noted that the deadline for opting out of automatic NHS data collection had been extended, thus addressing our concerns about haste and lack of public awareness. AA reported that the practice had efficiently confirmed receipt of his own opt-out document.

   SW asked whether the Practice Report for 3 June had ever been provided. It had not, but the group accepted that Dr Ho had attended at very short notice on that day and a very comprehensive report had been provided for the current meeting.

4. National Institute for Health Research: potential involvement for the PPG

   PC introduced Abdul Choudhury, Assistant Research Officer for Primary Care Research, South London, to give a presentation on various ways in which PG members could become involved in ongoing NHS research. Before Abdul began, PC commented that he himself contributes to research at Moorfields Eye Hospital, and finds the experience interesting and rewarding.

   The content of the presentation is summarised in the powerpoint slides already circulated and attached here for convenience; they detail various ways in which volunteers, including healthy participants, can contribute to research either by providing data or by acting as a 'Research Champion'.

   A number of issues were raised in discussion both during and after the presentation. One of the project examples cited was 'Nitrate-Tod' (see NITRATE-TOD - The William Harvey Research Institute - Barts and The London (qmul.ac.uk)), a programme to assess the potential value of beetroot juice as a treatment for high blood pressure. In response to the question whether it might be better than current prescriptions, both Abdul and Dr

Arora emphasised that research must always be integrated with ongoing GP treatment, and patents should not stop taking their current medication. By definition, 'research' means that conclusions have yet to be arrived at.

SW asked about the relationship between NIHR work and research carried out by commercial companies. Abdul explained that NIHR research is carried out on NHS sites and fully funded by the Department of Health and Social Care; data is never shared without participants' consent. Commercial research is regulated by the UK government, but is not under NHS control.

AA commented that research projects seemed uninterested in those over 70. Abdul replied that while this may have been true in the past, it should not be now: with rising life expectancy it is important to understand why some of us experience more problems in old age than others, and researchers will need data from a wide range of older people.

PC then gave more details of his own involvement with research. Apart from the benefits of meeting other people with similar conditions, it was interesting to attend presentations by experts in different areas, not necessarily related to his own situation, and to be invited to provide feedback: for example, his group had been asked to analyse documents intended for a lay readership to see whether they could be improved in terms of comprehensibility, clarity and freedom from jargon. Patients can make a major contribution at the interface between professionals and themselves, and medical professionals are aware that research leaders often lack direct experience of relating to patients. Practical marks of appreciation, such as covering expenses, offering lunch and providing rewards in the form of shopping vouchers, reinforce the sense of making a worthwhile contribution. Abdul emphasised that PC's positive experience is typical: patients generally found their involvement empowering.

In conclusion, PC thanked Abdul on behalf of the group for an informative, positive and extremely well-structured presentation.

5. Practice report

A detailed practice report (attached) had already been circulated, and Dr Arora invited questions on its content.

PC asked about staff retention. Dr Arora explained that quarantine and other impacts of the pandemic had made the situation difficult: there had naturally been anxiety within the organisation, and staff had found remote working stressful. There had been an especially high turnover amongst reception staff, who had been put under a great deal of pressure. Three new salaried GPs had been recruited, two to work at Baring Road and one at Rushey Green.

SW asked about the return to face-to-face appointments which had been expected to follow the easing of restrictions. Dr Arora replied that there was no contradiction between providing face-to-face appointments whenever necessary and preceding them with telephone triage: initial telephone consultations enable GPs to prioritise their time in

view of a considerable backlog and contribute to patient safety by minimising the numbers physically passing through the premises. She pointed out that cleaning consulting rooms between in-person appointments takes a significant amount of time.

AA commented on the quality of administration at Rushey Green. He is entirely satisfied with the care provided by doctors, but receptionists had repeatedly failed to understand situations he described to them, particularly concerning repeat appointments. Emails were answered incompletely or not at all; complaints to the practice manager had not met with a satisfactory response, perhaps because the manager has far too much to do. He asked why it was impossible to send a direct email to an individual doctor familiar with his treatment.

Dr Arora responded that emails go to the practice centrally in case a particular doctor is unavailable. She invited a written account of the problems, which PC suggested should be outlined in a hard-copy letter; she also asked AA to follow the complaints procedure on the website and promised to look personally into the issues he had raised.

6. AoB

PB raised the issue of text messages sent to patients with ongoing conditions inviting them to reply 'Yes' if they would like to be contacted by the practice. At least one patient who did this repeatedly received no subsequent communication. AA described similar experiences of replies to text messages failing to get through, although the practice subsequently contacted him by telephone. He was also contacted by a hospital about the same condition, so the initial failure of communication would not have mattered in his case, but the same would not be true of everyone; he also asked about the apparent duplication of effort.

Dr Arora said that the text-messaging issue arose with new technology: the problem has been identified and patients affected have been or will be contacted. GPs are required to see patients with ongoing conditions every year, and are responsible for prescribing; they will not know if the same patients are also being contacted by hospital consultants.

PB drew attention to ongoing telephone problems, with patients being kept on hold for an hour only to be told to call back the following day. Dr Arora was asked whether the message that no appointments are available could be given at an earlier stage, so that only those with some other reason for calling would wait in the queue; she replied that she had considered discussing this option with the PPG, and would explore it with her colleagues. The shortcomings of the current telephone system are recognised: a new one is on its way, and in the meantime patients are encouraged to use the internet whenever possible. The practice normally has eight receptionists answering telephones at busy times and it is not possible to recruit more.

AA commented that it is also difficult to make appointments through the website, the earliest available often being a week in the future. PH asked why there cannot be separate telephone numbers for appointments, administration and perceived emergencies. Dr Arora said there were advantages in giving a single number for patients to contact the

practice, to avoid possible confusion; AA pointed out that there is theoretically a separate admin number already, but it simply feeds into the same single queue.

Dr Arora undertook to explore these telephone issues with her colleagues; AA expressed the hope that his criticisms would be taken in the constructive spirit in which they were meant, a sentiment echoed by the group as a whole in respect of other critical comments. Dr Arora assured the group that its feedback was indeed taken in that way and, in conclusion, wished to record her thanks to Dr Ho for stepping in at short notice to represent the practice at the previous meeting.

7. Dates of next meetings

Thursdays 26 August, 7 October and 18 November, at 6.00 p.m.

The meeting was declared closed at 7.15 p.m.