NOVUM HEALTH PARTNERSHIP
PATIENTS' GROUP

Meeting: 19 April 2023
Baring Road Medical Centre 6.00 p.m.

MINUTES

Present: Anthony Atherton (AA; chair), Robert Thompson (RT, minute taker), Janet Thompson, Paul Howell (PH), Jeanne Mynett (JM), Vincent Yip (VY), Cerys Smye-Rumsby (CS), Dr Michael Ho. Apologies had been received from Suzy Wilkinson, Patrick Connolly and Susan Hodge.

1 The Chair welcomed those present.

2. The minutes of the meeting on 6 March were accepted as an accurate record.

3. The following matters, not covered later in the agenda, arose from the action points in the minutes (in italics below):

i. *(Practice and PG): a forthcoming meeting to be arranged with a focus on patients' access to information, addressing both the practice's procedures and issues concerning online platforms. Please could this meeting be attended by both Seyhan Yusuf (for the technological matters) and a GP partner.*

This has yet to be arranged. Members reported continued difficulties in using Patient Access, and Dr Ho was asked why the Novum website links directly to Patient Access but not to other platforms available.

Dr Ho suggested that patients wishing or needing to use platforms other than Patient Access should go to those sites directly; the partnership website was never intended as a facility for booking appointments, and allows only a single link. Anyone who would like to use Patient Access but cannot get in to it could ask for their registration credentials to be reset by reception, so they can start again.

JM asked why Patient Access does not show complete medical records. Dr Ho explained that it can do so, but there are different levels of access because not everyone wishes confidential information to be available online. A consent form is available from reception for patients to access their records in this way.

In addition, some relevant information takes time to arrive or is not provided to the practice at all; the only information currently available from hospitals is in the form of clinical letters sent to the GP and patients. AA pointed out that the

South East London Integrated Care Board had discussed making hospital notes accessible to patients, and that this should happen soon.

On related topics, AA commented that the ICB had been working on improving access for vulnerable patients, for example those with learning difficulties. Special arrangements for access are being offered in Bexley to a wider range of patients, and similar arrangements need to be extended to other boroughs. Dr Ho agreed that vulnerable patients must be provided for, but pointed out that access remains difficult for the non-vulnerable as well.

Dr Ho also clarified that Exponential is not to be replaced as the partnership's telephone service provider, although a different application will now be used. There is a possibility that the PCN will choose a collective service provider for all of its GP practices, so it would be unwise to make a unilateral change.

ii. *(Practice): please could the practice ensure…that progress on the video moves forward in a measurable way?*

The plan to produce or identify a video explaining access arrangements has been put on hold for the time being, as these arrangements are likely to change fundamentally in the near future and the partnership does not have a member of staff with video editing skills.

iii. *Please could the GP joining us at the next meeting clarify the practice's official policy [about repeat face-to-face appointments], and if necessary explain why the suggestions [made at the previous meeting about GPs booking repeat appointments at once] could not be followed?*

Dr Ho addressed this question in depth. Some slots are indeed reserved for pre-booked follow-up appointments, but these are restricted to the most serious cases; if advance booking were used every time a further appointment was required, it would take up an unreasonably high proportion of the overall appointments available.

Patients having difficulty booking follow-up appointments could perhaps message the partnership explaining the situation. Any appointment made online will in any case be for a telephone consultation in the first instance, and this initial opportunity for the patient and clinician to discuss what is happening should not be considered a waste of time even if an in-person appointment follows.

VY asked why receptionists could not make advance appointments at the surgery; patients' notes could surely make it clear whether a face-to-face appointment was needed. Dr Ho replied that receptionists cannot be expected to weigh up every option and possibility; the partnership is simply trying to make the best use of an insufficient number of appointment slots.

PH commented that on a recent visit he found the waiting room very empty, suggesting that few in-person appointments were in fact taking place. Dr Ho responded that an empty waiting room means that the appointment system is working efficiently, and this was accepted.

iv. *Action point: please could the GP joining us at the next meeting outline in general terms how…errors [of coding, leading to unnecessary hospital appointments] arose, what steps have been taken to ensure they are not repeated, and how the practice ensures that medical records are corrected?*

There was some discussion of this point, but in the absence of the members who raised it at the last meeting it was difficult to grasp what had happened. Dr Ho wondered whether the issue concerned a precautionary appointment with a positive result; RT said he was clear the members concerned stated that there had been actual administrative errors.

Action point: RT will ask if members can provide more information in a suitably anonymous way.

Some further matters arose from the minutes:

v. Members are not confident that printed papers for meetings are being sent to those who cannot access the internet. JM asked to be included in the circulation of hard-copy documents.

Action point (RT): practice admin staff will be asked to add JM to the paper copy list.

vi. There was continued concern about the practice's handling of complaints, including failures to acknowledge receipt of complaints, slow responses, and 'final outcomes' which are unsatisfactory or incomplete. AA observed that there seemed to be no risk assessment for events which should be recognised as possibilities, such as problems with the telephone system. On a partly positive note about the practice's overall management and organisation, CS compared her experience at the Baring Road branch very favourably to that at Rushey Green.

4. Practice report and new access arrangements

The practice report had already been circulated.

Dr Ho outlined new arrangements being considered for access, partly because of a new NHS contract which requires practices to provide a response to patients at their first contact rather than ask them to call again later.

Patients will have to fill in a form outlining their problem, either online or by calling in for a receptionist to complete the form on their behalf. The kind of form being considered has been thoroughly trialled with patient input, and should be quick and straightforward to fill in. Incoming forms will then be triaged and appropriate responses sent to patients. All channels for making appointments will therefore be merged into one system.

PH asked whether video appointments would be offered. Dr Ho replied that a clinician might ask in a preliminary phone call whether the patient could communicate by some form of video link.

VY expressed concern about the reliability of triaging based on a form completed by patients themselves. Dr Ho explained that the triaging involved should not be critical; anyone facing a life-threatening emergency should call for an ambulance just as now. The partnership will aim to have a large enough team to carry out triaging quickly and accurately, as success depends entirely on the ability to give quick responses. Different systems are available, and the partnership will need to choose carefully between them, conduct a searching risk assessment, communicate effectively with patients and then carry out a careful trial.

There was some discussion of staffing difficulties. Dr Ho said that it is very hard to recruit permanent GPs, and that the current GP staff each see far more patients in a session than the BMA-recommended limit of 20. The partnership is therefore employing locum GPs and seeking to recruit more physician associates. VY asked about the experience of the physician associates; if they had come from a hospital background, for example, would they be able to identify urgent situations in a GP context?

Dr Ho replied that PAs generally have a degree in a relevant discipline and then undertake two years of training, including A&E experience. Employers can then mould the PA role to suit their requirements by offering further training, as happens in Novum; all PAs work under GP supervision, and it is essential to maintain a stable PA team so that their supervisors understand their individual strengths and capacity to make sound judgements. Novum has great confidence in its established and in-house-trained PAs.

AA asked about patient input into the design of the triaging forms. Dr Ho explained that the partnership will have to choose between pre-existing forms rather than devise its own; the forms have been thoroughly researched, but the PG cannot be shown an example until the partnership has made its choice. In any case, the final decision whether to proceed along these lines has yet to be taken.

Other aspects of the Practice Report were then discussed. AA observed that the layout uses more space than necessary and the print need not be quite so large; this was generally agreed.

Dr Ho explained that some NHS services are no longer provided in the same way as before. Physiotherapy appointments can no longer be booked through Ask First, but on-site consultation funded by the PCN is available by booking by phone or in person at reception. The group felt that this information should have been circulated to all patients; Dr Ho explained that the new arrangements may prove to be temporary, and the partnership is reluctant to advertise widely something that may change again in the next few months. Patients clearly need information, but it is difficult to keep up to date with a changing situation.

There was nevertheless a sense that information could be communicated more clearly: AA asked why he had been given just one day's notice for a Covid inoculation, for example. Dr Ho replied that this vaccination programme is managed by the PCN and he was not fully aware of its details, whether in terms of organisation or eligibility. He suggested that patients might look on the NHS website, and said he would try to find out himself.

As the time had now reached 7.30, other items on the agenda were deferred to the next meeting and no other business was considered.

The meeting was declared closed at 7.30 p.m.

Dates and locations of future meetings:

Monday 5 June	RG
Wednesday 12 July	BR
Monday 11 September	RG
Wednesday 18 October	BR
Monday 27 November	RG
Wednesday 10 January 2024 AGM	BR