

**NOVUM HEALTH PARTNERSHIP
PATIENTS' GROUP**

**Meeting: 11 September 2023
The Primary Care Centre, Hawstead Road, London, SE6 4JH
6.00 p.m.**

MINUTES

Present: Cerys Smye-Rumsby (CS, chair), Suzy Wilkinson, Anthony Atherton (AA), Robert Thompson (RT, minute taker), Jeanne Mynett (JM), Paul Howell (PH), Susan Hodge (SH), Janet Thompson (JT) and Dr Judy Chen (Novum). Apologies had been received from Elaine Curley and Vincent Yip.

1, 2 CS's offer to take the chair was accepted by general assent and she welcomed members to the meeting. RT conveyed apologies as above. CS thanked AA and JM for attending the Sevenfields PCN Health Fair (along with herself) in August: she had been able to have productive conversations with them at that event, and would be happy to meet other PG members individually. She has also recruited another member for the PG, who will be able to attend future meetings.

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 either to ensure they are sent every time or to make paper copies available at Rushey Green for JM to collect.

Action point: RT will message the practice as above.

ii. PH suggested that the 'Making a complaint' information leaflet should be slightly reworded to make the possibility of emailing the practice (rather than sending a letter) more prominent. RT agreed.

Action point: RT will make an appropriate change and then send the document to the practice.

iii. CS asked whether any members had been able to speak to other people about health-related issues, as suggested at the last meeting.

JT and RT outlined the problems faced by an elderly neighbour (with another Sevenfields practice) who does not use WhatsApp and also has hearing

difficulties. For example, medication reviews had probably been missed because the patient had been unable to understand telephone messages. The practice had been asked to send text messages instead, but this had not happened consistently.

AA described a situation in which a patient had been discharged from hospital with a care plan from a private provider; it had not been made clear to her that this would have to be paid for from the outset. There did not appear to be a clear line of accountability for this plan: the local authority, the hospital and the care provider were all involved, but no-one seemed to accept overall responsibility. Members expressed surprise that the first six weeks of care had not been provided by the hospital discharge team, but felt that this issue was not primarily one for a GP practice's Patients' Group. Dr Chen suggested that an initial complaint might be made to the local authority's Social Care department.

5. Support for cancer patients

i. SH outlined her experience of the lack of community support for cancer patients in south-east London. She is actively involved with organisations within the NHS, such as the London Breast Cancer Alliance, and is happy with the support received from Guy's Hospital, but has found that there is no obvious local organisation to enable cancer patients to meet informally for mutual support. These personal experiences correspond with the findings of the 'Gaps Report' circulated with the minutes of the last meeting. AA pointed out that a lack of patient support groups is a general problem throughout south-east London: particularly at the neighbourhood level, the Integrated Care System encourages the formation of support groups, and it would be sensible to link up with whatever the ICS is trying to do. The lack of community support is recognised professionally.

ii. CS concluded that we have many contacts and sources of information; she had, for example, brought back from holiday a newspaper report about provision in Ireland, and there are examples of good practice closer to home. While there is official support, including the possibility of funding and the provision of meeting places, voluntary community groups must be set up by individuals acting independently, and this could be something the PG might consider doing, either alone or in partnership with other groups. It is important to remember that a support group can operate on any scale, including that of simple social events for a few people, and can offer help to patients at any stage from diagnosis onwards.

Action point: CS and SH will research possible sources of funding and advice, and devise a plan for the next steps in creating a support group.

6. Sevenfields PCN initiatives

i. CS reported that there does not seem to be a single key person heading the PCN, which makes it difficult to get information from someone with a comprehensive overview. Dr Chen explained that the PCN does have a paid Chair, whose role, however, is additional to her GP work. Staff formerly employed by the CCG have been moved to new posts. AA commented that there seems to be no democratic voice in PCN decisions, and little or no information or feedback from the PCN about its initiatives. He felt there had been more patient input under the previous system. Dr Chen agreed that the PCN does not communicate well; PCNs are still relatively new, and practices are finding it hard to settle into a working relationship. Nevertheless, Sevenfields does have initiatives and undertakes important projects such as vaccination programmes. CS pointed out that the PCN does have a link worker (Trevor Pybus), with whom we should get in touch.

ii. The discussion then turned to social prescribing. AA suggested that access to social prescribing is limited by the PCN's lack of communication with patients and, indeed, GPs. SH asked how frequently patients are referred to social prescribing; Dr Chen said she would need to look this up. AA commented that patients referred to social prescribing often have underlying issues beyond the remit of the NHS, such as housing problems, but social prescribing should still be strongly promoted. He asked whether a social prescriber could be invited to a PG meeting, and Dr Chen offered to do this.

CS noted that there are recognised examples of good practice in social prescribing; one of these is based nearby, in Bromley-by-Bow, and her suggestion that a visit to the Bromley-by-Bow Centre be organised was welcomed. Trainee GPs at Novum might be invited to join. Dr Chen commented that the Bromley-by-Bow Centre had in fact been visited as a possible model for the Rushey Green building.

Action points (CS): (i) contact Trevor Pybus to find out what he is able to offer; (ii) investigate the possibility of a visit to Bromley-by-Bow.

Action point (Dr Chen): invite a social prescriber to a future PG meeting.

7. Practice report (already circulated)

i. AA noted that the report continues to be wasteful of space, for example in incorporating a header on every page.

ii. The group welcomed the regular updates it receives on staff changes, but agreed with JM's suggestion that information on staff and their roles could be given in waiting rooms and made more prominent on the website; SH pointed out that this kind of information is normally given in hospitals. There

was some discussion of staff name badges and whether their use should be a requirement.

iii. There was extensive discussion of 'Chatdoc', the WhatsApp-based system for contacting the practice explained by Dr Febles at the last meeting. This is now being trialled, for example by channelling the website messaging system through it. Some concern was expressed that when 'Chatdoc' becomes the sole channel for patient enquiries, the sheer volume of incoming messages will overwhelm the system or the team handling it.

Dr Chen explained that Novum's plans are based on actual experience elsewhere. The system should, for example, avoid repeated phone calls from patients trying to book an appointment, and thus reduce the number of incoming contacts; PH commented that it is essential to try. Some members felt that 'Chatdoc' had worked successfully in other practices, and it was clearly preferable to other online triaging methods. The government requires triaging systems to be introduced by 1 October, so that patients are no longer expected to book appointments at specific times; under the new system, messages can come through throughout the day and will be dealt with by a triaging team, including a GP, which will decide on the appropriate response.

Concern remains about patients unable to use smartphones, based in part on experience at other practices. Dr Chen reassured the group that support will be available; patients will be able to phone in or visit the surgery for a receptionist to complete their 'Chatdoc' form, and terminals might be provided in the waiting room. Other app-based platforms will continue to work, but will be channelled through 'Chatdoc'.

iv. Some questions were raised about annual reviews. CS asked whether statin prescriptions were included in this process. PH noted that text messages containing links were of no use to patients without smartphones; could the practice not send emails instead? Dr Chen replied that emails need to be sent individually, which would be too time-consuming; the practice always checks which patients have not responded, and will contact them in other ways.

v. AA asked about flu and Covid vaccinations; would it be possible for both to be administered at the same time? Dr Chen said that vaccination arrangements would be made by the PCN and were not yet known.

8. Next steps.

It was agreed that a wide range of actions for the PG had been discussed, so this item had already been covered.

9. AoB

i. SH had produced a 'complaints' poster for waiting rooms and also brought along a leaflet from the SE London Cancer Alliance outlining the timeline of reviews for cancer patients. Dr Chen will take the poster to the partners for their comments and approval, and SH will email it to RT to make sure its wording is consistent with the information leaflet. The timeline is now out of date, but Dr Chen will see whether an updated version is available.

ii. RT will not be able to attend the next meeting; CS will ask whether the practice can provide a minute taker.

Dr Chen was thanked for her attendance, and the meeting was declared closed at 7.28 p.m.

Dates and locations of future meetings:

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