

**NOVUM HEALTH PARTNERSHIP  
PATIENTS' GROUP**

**Meeting: 27 November 2023  
The Primary Care Centre, Hawstead Road, London, SE6 4JH  
6.00 p.m.**

**MINUTES**

Present: Cerys Smye-Rumsby (CS, chair), Anthony Atherton (AA; from 6.34), Robert Thompson (RT, minute taker), Jeanne Mynett (JM), Paul Howell (PH), Susan Hodge (SH), Janet Thompson (JT) and Dr Judy Chen (Novum; by telephone from 7.00). Apologies had been received from Elaine Curley, Jan Gimble, Suzy Wilkinson, Gill Griggs (GG) and Vincent Yip.

- 1, 2 CS's offer to take the chair was again accepted by general assent and she welcomed members to the meeting. Apologies were conveyed as above.
3. The minutes of the meeting on 11 September were accepted as an accurate record.
4. The meeting with Trevor Pybus on 18 October had raised a number of questions the group may wish to explore.
5. The following matters, not covered later in the agenda, arose from the minutes of 11 September and discussion of 18 October:

11 September

i. JM had been able to collect a copy of the previous minutes at Rushey Green.

ii. It was reported that Dr Chen had attempted to arrange a visit from a social prescriber, but staff changes had made this difficult. She will continue to try.

iii. There was some discussion about identifying the names and roles of practice staff, whether by name-tags or through a display board in the waiting rooms. It was accepted that reception staff might, for reasons of security, prefer to keep their names secret, but otherwise it should be made as easy as possible for patients to know the name and understand the role of the staff member they are consulting

18 October

It was felt that the Patients' Group should explore the possibility of receiving minutes from PCN meetings and sending an observer to them.

## 6. Support for cancer patients

SH reported that she had been in touch with Dr Esther Appleby, the GP cancer lead for Lewisham. Local GPs accept that there is a deficit in community support for cancer patients in this area, and together with other organisations are exploring the possibility of setting up a support group if a suitable location can be found; once a building has been identified, Macmillan, who already run a centre within Lewisham Hospital, would be able to fund staffing. She has also been invited to meet the Lewisham cancer awareness team, whose role is to encourage the public to notice and report potential cancer symptoms at an early stage.

SH emphasised that a community support centre must be far more than a place to pick up information leaflets. It should provide a range of services and activities, following many examples of good practice elsewhere such as the centres run by Maggies.

SH had also spoken to Novum staff during an online training session. This event had not been as productive as it could have been; attendance from the Rushey Green branch had been minimal, apparently due a failure of communication.

CS thanked SH for the time she has spent in researching possible developments in Lewisham. She asked other members of the group to think about their own special areas of interest or concern, to see whether there are other issues the group could usefully explore.

**Action point (PG): members are asked to consider areas of personal concern which the group might discuss and explore.**

## 7. Mental health

GG had suggested this agenda item, which relates to her own area of expertise, but was unable to attend the meeting. The group agreed to defer discussion until GG is present; in the meantime, CS suggested that members might consider how they themselves stay mentally positive and investigate projects such as 'Five Ways to Wellbeing'.

## 8. Practice report

Members were all able to read the practice report, either on paper or online, before Dr Chen joined by telephone to address questions.

i. Dr Chen was asked why the practice seemed to have so many locum GPs. The reason is that it is nationally very difficult to recruit full-time salaried GPs;

the work is therefore covered by locums working part time, so that the list of names is long although the overall surgery hours are the same.

ii. The introduction of Chatdoc appeared to have been successful, as shown on a separate data sheet; the rush of phone calls at 8 a.m. no longer takes place, and the practice is confident that all patient contacts receive an appropriate response on the same day, often within an hour. Chatdoc provides a record of all contacts, unlike the phone system, on which abandoned calls left no information. Appointments, when required, could be arranged up to ten days in advance.

PH observed that at times there is still a very long phone queue. JM commented that in her experience the ten-day target for appointments was achieved only by asking her to go to Baring Road, a very inconvenient journey. Dr Chen replied that routine appointments for chronic conditions might take longer, especially if they were with a nurse; JM might have been asked to see a doctor at the more distant branch because no nurse was available. Chatdoc, with its associated targets, is really intended for acute enquiries.

AA asked why medication reviews could not be carried out by telephone. Dr Chen explained that it depends on the medication concerned; in some cases the physician does need to see the patient in person. JM pointed out that she has not had an annual review at all.

PH suggested that the group should delay discussing Chatdoc until there is more evidence available. Dr Chen added that telephone data could then be provided as well, and the group agreed with the proposal.

iii. AA commented on the multiple messages patients receive inviting them to make vaccination appointments. Messages from the practice do not mention alternative providers or make it clear that flu and Covid vaccinations can be administered together at pharmacies and hospitals. He and other members of the group had therefore made unnecessary appointments which had to be cancelled, creating more administrative work. PH commented that no information had been received about pneumonia and shingles vaccinations.

Dr Chen noted the point about advertising alternative arrangements; however, she explained that some vaccination messages are sent from organisations over which the practice has no control. Other vaccination centres do not necessarily state in advance that they can offer both vaccines at the same time. It would clearly be better to organise a single system for sending messages, but this is not within the practice's power.

iv. Dr Chen reported that the CQC had made some recommendations, upon which the practice had already acted. These mainly concerned the monitoring of repeat prescriptions.

In the past, with a paper-based system, patients had a physical record of the blood tests sometimes required for repeat prescriptions; this record does not exist in the same way with electronic prescription, although the principle and protocol are unaltered and repeat prescriptions requiring blood tests should not be issued without them. The CQC report noted that staff training in this area, and its monitoring by management, needed improvement.

Dr Chen reported that all aspects of this issue were being addressed. She also observed that Novum is the first local practice to be inspected after the Covid pandemic: a range of post-pandemic pressures still exist, and Novum's performance is not out of line with others in the area.

v. Dr Chen said that she was sorry to have missed SH's talk and apologised for the poor response from Rushey Green staff. She appreciated the effort SH had put in to preparing the presentation.

vi. SH said that it was worrying that the messaging system within Novum seemed not to have worked on this occasion, and that failures of communication appeared to be common. She asked whether her talk had been recorded, in which case it could be repeated.

**Action point (Novum): Dr Chen will find out if a recording had been made.**

vii. Novum's planned 'diabetes days' were discussed; AA asked what might happen during them and how the Patients' Group might contribute.

Suggestions included setting up a stall for information, forming a support group with PG help and assisting with consultation about the best forms of support. A health coach might be invited to give a talk, possibly through a Patients' Group contact, or people might be willing to share personal views and experiences. The PG could be publicised, and members might be able to offer a welcome. The best location for these events is still to be considered.

viii. JM asked about the official staffing level of the practice; she was surprised by the number of locums employed. Dr Chen explained that the official GP number for Novum is seven; of these, three are currently on maternity leave and their work is being covered by six part-time locums.

ix. JM congratulated the practice on the successful introduction of Chatdoc, and the meeting agreed.

## 9. AoB

i. CS asked the group to consider what issues other than diabetes might be addressed with the help of the Patients' Group.

**Action point (PG): members are asked to consider possible topics for future events similar to 'diabetes days'.**

ii. CS passed on a query from Dr Edward Morris. The practice in the past had sent condolence cards to bereaved relatives; he wondered whether it should do so again, and whether there were local artists who make suitable blank cards.

The general feeling was that although the intention is commendable, there is a real risk of condolence cards having an impact different from the one intended, for example by coming across as token responses at a time of profound distress or by being sent to an inappropriate family member. There could even be legal issues concerning confidentiality.

The group suggested that these concerns should be fed back to Dr Morris.

Dr Chen was thanked for her attendance, and the meeting was declared closed at 7.32 p.m.

Date and location of next meeting:

Wednesday 10 January 2024 AGM      BR